

The Challenging World of Older Adults

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Abstract: The advancing era of researches in social sciences has very neatly included the population of older adults as an important interest area. Not only the number of older adults is increasing in the world but with them the problems of this old age is also magnifying. Adding to the studies on old age, the current paper brings a comprehensive discussion of emerging gerontological researches with a special focus on ageing as a process. The paper defines ageing in numerous ways and enlists the different theories that explains the process of ageing and people's life in old age. The paper furthers to explain the problems and challenges faced by elderly due to numerous reasons like cognitive decline, poor psychomotor skills, lack of social support, urbanisation, migration, advancing technology to name a few. With this paper, an attempt has been made to popularise the life of older people among scholars, so that the various functional organisations working at both government and private levels can come up as a help and intervention programs and policies can be made for older population to help them live a comfortable life.

Keywords: Ageing, Old age, Issues and challenges, Problems of old aged

I. INTRODUCTION

Ageing is a developmental process wherein a person grows up and old and continues this throughout lifetime. Though, the process of ageing begins at birth and continues through childhood, with major developmental changes, ageing in this paper will refer to physical, cognitive and socio-emotional changes undergone by older population. Ageing can be defined in several ways. Chronological ageing implies to number of years a person has lived so far. On one hand, where biological ageing talks about loss of cells, tissues, poor metabolism and degrading physical functions, psychological ageing refers to loss of memory, learning, intelligence, changing personality and adopting coping in this age. Social ageing exhibits shifting roles and relationships, changing family and friends circle and declining older contacts.

Ageing is defined as a periodic change in an individual's life implying that as time passes, the individual is undergoing constant changes both in conditions and in himself [1]. The process of ageing can neither be avoided nor stopped. It includes a slow process in which as time is passing, the structure and vital organs of both humans and animals are gradually degenerating [2]. Toner (2003) does not see ageing as an illness but rather as an independent, though associated, risk factor of disability and death [3]. Ageing mark the beginning of a new life with bodily systems soon declining in their functionality. This new life has become an important research area.

Old age is decline in bodily strength and mental capability, walking into economic crisis, step back from social activities, loss in power, position, role and responsibility. It is transforming period where an active, independent and earning person moves to becoming a dependent individual who lives on care and financial support of either his/ her children or some caregiver. It is period in an individual's life when the body system and its functionality begin to diminish. Old age is not easy because the perception of other people towards elderly changes and they start seeing them as incapable and added burden and liability to their comfortable living [4]. Old age has many markers that testify an individual to have become old. Some judge on the basis of chronological years a persona a lived, others use biological markers like declining eyesight and hearing, wrinkling skin, increasing illness, etc., while still others see potential and strength an individual has and employ in performing a task, compared with previous performance, interest, attention span and motivation to perform. This gradual belief in seeing oneself as old creates an 'old age complex' in them. The change in ageing pattern from low to high mortality and fertility and shift from communicable to NCDs is a recent occurrence in world. However, World Health Organization (2015) believes that developing nations are slow in formulating policies for ageing people and hence, has conducted a multi-country longitudinal study to gather information about ageing issues [5]. WHO sampled six countries (China, Ghana, India, Mexico, Russia and South Africa) and made a cohort of 50 participants to represent nationally on Global Ageing and Adult Health (SAGE), and found that the elderly health status of these nations is declining with age and females to be performing poorer than males. The study also found that older people with disability had higher tobacco use, alcohol consumption, high risk waist hip ratio, hypertension or obesity but varied by country.

National Institute on Ageing (NIA) has also been conducting recent researches on genetic, biological, behavioral, social and economic issues and medical conditions related to ageing in order to understand their world with the objective of: to present world with data on ageing population so as the concerned authorities and government can formulate policies, strategies, treatment to prevent, delay or slow down the challenges and problems faced by elderly [6]. Elderly with cardiovascular diseases were found with shared financial incentives for physicians and patients helped in reduction of lipoprotein cholesterol responsible for the disease [7].

Biomarkers of ageing are significantly related with physical function, morbidity and mortality and hence reflect difference in biological ageing and functional decline. Similarly, other studies found barriers faced by elderly in implementing healthy ageing policies [8]; risk genes for myasthenia gravis- weakness of muscles- and genetic mutation that are responsible for dementia in elderly [9]; prevention and delay of diabetes in old age by bringing changes in dietary habits and physical activity [10]; and importance of health status, a global biomarker for old age [11].

This trend of increasing aged population in developing countries can also be attributed to rising chronic non-communicable diseases like cancer, diabetes and cardiovascular diseases which are a result of changing lifestyle and diet, in addition to economic and social costs attached with them [12]. 23 developing nations are suffering with economic losses from non-communicable diseases between 2006 and 2015. Keys to lower these costs lie in reducing severe disabilities, enhancing health conditions, and improving environmental characteristics that determine if elderly can live independently. Economic costs can be reduced by keeping older people healthier for longer and providing good child health so that its nourishment can benefit people when they get older. However, rising poverty in developing nations, has been seen as an obstacle in achieving this goal health goal [5].

It is not only increasing life expectancy of elderly increasing their population, death rates of older people have fallen making them live for more than 80 years. An elder who is treated well with appropriate also reduced because of better medical policies keeping them healthy and independent in late ages and show healthier participation in society. Other broad social trends like globalization, urbanization and technology advancement in developing countries are also affecting lives of older people. Because of migration very few children remain with elderly to look after them, because (a) people have fewer children; (b) they move for education or marriage; and (c) they are less likely to prefer to stay with old parents. Since, familial support is declining; society now requires formulating better information and tools for well-being of elder population.

II. PROBLEMS OF THE AGED PEOPLE

With advancing technology, education, medicine and food and sanitary supplies it has become common to see older people above 70 years old. Although these technologies have increased the lives of elderly it nowhere means that it has improved their quality of life as well. While some older people can be found to be independent, healthy living and contributing to community others still cannot be seen without illness, struggling in their last days. In India, the population of elderly is increasing steadily. Hence, they are given various facilities and senior citizen benefits which support them both financially and mentally, especially when they are residing alone. With increasing cases of rural to urban migration, the children are seen to move away from their families leaving their aged parents behind. Some children do keep regular contact with their parents while some do not look after their parents at all. In such conditions, the elderly is left on their own to manage and survive their living leading them to suffer through various problems including physical, socio-economic, psychological and health, crime and abuse and others [13].

Physical changes and Health problems

The process of ageing leads to weakness in physical functions and loss of good health. As people's age increases, the vital organs of their body begin to decline reaching to a limit where the body will fail to cope with these new challenges leading to complete breakdown. A healthy body has healthy renal, hormonal and thirst regulatory systems that balance the sodium and water level in body. But as the persons nears old age, the kidney reduces in size from 200 grams to 90 grams or lesser. This reduction in kidney size, reduces its functionality of maintaining sodium and water level as needed by body. Similarly, the weight of human brain reduces from 1375 grams to 1200 grams as the person becomes 80 years old leading to change in body composition, obesity and fat increase, facilitate diabetes and cardiovascular diseases [3]. Loss in functionality also sets the way for stress in. Stress occurs when the individual loses his resources or coping skills to fight back with the challenging situation.

Medical sciences have indeed promoted long life but not guaranteed good health which means elderly are seen to be living longer but are definitely not immune from falling ill, morbid diseases and mortality [14]. Phelps and Hedeenson (1952) stated that old age is a natural and normal condition that carries similar intensity of pathology as any other age group illness but it is magnified by family disorganization, unemployability, reduced income and dependency [15].

Non-communicable Disease (NCD) like cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, eyesight conditions, etc., are seen to be directly proportional with age. However, along with these conditions, physical disability has also been seen to prevail. Over 38 million elderly people were found to be blind globally and other 110 million had low vision in 1990, mainly because of cataract of which 88% were from developing nations.

According to demographic data (1996), 9 million elderly population suffered from hypertension and the prevalence of coronary heart disease was 3 times higher in urban cities than in rural [16]. 5% are found to be diabetic (177 for urban and 35 per 1000 for rural); 200 in 100000 are suffering from strokes [17] and 0.35 million were diagnosed with cancer. Reports from multi-country Global Burden of Disease project and other researches state that medical issues with older population will increase and in another 10-15 years, death and disability from NCD will be common everywhere [18] and by 2030 it will become a burden on the developing nations as NCDs have already accounted for 87% of diseases in 60+ populations.

The prevalence of mental illness and substance abuse is also seen rising in older population which is 2.8% to 4% among 50-69 years and 1.4% to 1.7% above 70 years [19]. Mental illness among 60+ was 89 in 1000 old population which was 4 million in whole country. Prevalence rate for mental illness increases with age, 71.5% for 60+ to 124% in 70+ to 155% in 80+ [20] and social stigma and lack of trained mental health professional in India prevents its treatment. 27% of the Indian elderly population was dealing with mental illness like depression, anxiety, bipolar disorder, dementia and alcohol dependence [21] and a significant positive correlation between old age and mental illness in rural areas [22]. The memory capacity of elderly drops with age but the cause is unclear. This condition worsens to form dementia or Alzheimer's disease (AD) becoming one of the major death reasons of elderly. Though AD is strongly associated with age, ageing process is lesser to blame. The symptoms include poor social interaction, poor memory, poor efficiency in handling tasks, poor judgement and losing things easily. Depression is another mental illness to be very prevalent with old age, usually associated with high chance of committing suicide and strongly associated with loneliness and pain occurring simultaneously to disturbed elder people.

Substance abuse is a common phenomenon in old age. More than 60% of Indian older adults smoked cigarettes, *bidis* and chewed tobacco of which 63% were obese and had body mass index of 25- 29.9 [23]. According to a report by Institute for Health Metrics and Evaluation, (2014) 2.7 million Indian old adults died of non-communicable diseases (cardiovascular mainly) in 2013 [19]. Cancer, though not related with age, has seen to occur among older population with higher rates. Around 18% of cancer patients were from age range of 65 to 74 years and 22% of patients were 75 and above. Deaths with cancer has also been observed and

found that in 100,000 deaths 1500 are elderly of 75 years or above. Falling has also seen as a frequent condition with elderly due to weak body systems and degrading bones and muscle powers. Falling increases the risk of arthritis and stroke and can also cause depression, loss of sight, medication and poor cognitive ability.

Social Problems

As the world is evolving and the era of industrialization, globalization and economic liberalization is flourishing [24], a trend of innovative and modernized techniques and gadgets are witnessed. While the young people are busy building their career, middle aged are working for living, the elderly are struggling with their retired lives. This has become a very prominent issue due to change of time, values and family structures. The older people either engage themselves in community service or manage the household chores and follow their routine lives.

With increasing mobilization and migration to cities, the Indian value of joint family system has distorted leading to growing nuclear families bringing change in the lives of elderly. This change in family and kinship bonds fail to deliver social support and sense of security to elderly. Earlier, the senior citizens of the family were believed to hold important position in the family and were given utter respect from the younger ones. Children looked after them, seek their opinions, decisions, suggestions and celebrated festivals and social gathering with them. Elderly also held power and status and claims on finances and property.

But due this familial change, joint families are disintegrating very fast [25, 26]. One fifth of 60+ elderly was either living alone or with spouse only with children living far away and their finances were looked by friends or relatives [27, 28] Alam, James et al., (2012). In addition to this, the seniors of the families have begun to lose their authority, status and power [24] and diminished the strong bonds and mutual help as before [29]. A trend of post parenting or uni-member household or living with daughters is seen to be increasing [30] either due to no children or due to separation in order to maintain their self-respect or avoid any conflicts. This has also resulted in reduced frequency of interactions and promoting individualization and commercialized transaction making elderly feel alienated and lonely [31]. The increasing trend of dual career (women also working) makes it difficult for daughters or daughter-in-law to give time and effort for elderly care [32, 33, 29]. Younger generation is found to be believing elder caregiving is not their duty and suggested Old Age Homes as a safe alternative [34].

Today, there is a steep decline in size and quality of social support network in both rural and urban areas. The reasons accountable for this decline are modernization, out- migration, dual career families and loss of responsibility in children. They have all adversely affected elder care.

Feminization

United Nations (2013) state that the life expectancy rate shows a different pattern for both genders globally like 85 men per 100 women (60+) and 62 men in 100 women (80+) [35]. In India, older women of 60+ age was 0.07 years more than men in 1950-55; doubled by 2010- 2015; and is expected to reach 2 years by 2050- 2055. This suggests that older females live longer in India and hence widowhood is higher among them due to high female life expectancy and increase in average male age at first marriage. In 2012, only 8% men and 35% women and 27% men and 60% women were widowed of 60+ years and 80+ years age respectively [23].

This implies that there are certain problems that are centralized to elderly women only. In Indian Hindu community, widowed women have seen to face higher social stigmatization and discrimination [36]; higher financial problems, poor participation in economic activity, income insecurity and troubled living arrangements [37]. HelpAge International (2010) reported that since, they do not get pension like older men, they have a triple workload of working for earning, handle household chores and look after other family members. Female widows also lack in taking health services, making them face greater chronic illness and health problem than men [38]. They suffer from multiple pregnancies and poor delivery services, childhood inequalities, poor access to health services, education and income [39, 40].

Financial Problems

With increase in modernization and urbanization in India, older population is facing earning and housing security issues. Although pensions are a form of financial help given to older people in old age it is not available to all elderly. Globally only 51.5% of senior citizens receives pension of which 16.9% in sub- Saharan Africa; 29.5% in Middle East, 36.7% in North Africa, 47.0% in Asia and Pacific, 56.1% in Latin America and Caribbean receives pension [41].

Due to this income inequality, millions of older people have to live in poverty and work and 42% of 60+ adults and 22% of 80+ adults continue participate economically [42]. In rural area (47%) workforce participation was higher compared to urban areas (29%) and higher for males than females and found that 70% of older Indian workers worked because of economic necessity and not personal preference [28].

Problems with Advancing Technology

While elderly are already dealing with a number of economic, health and cognitive crisis, energy required to invest in technology becomes a challenging for them especially when the technology designs does not cater to declining age related changes like decline in psychomotor and perceptual abilities [43, 44].

These technologies have become a necessity of the hour. The ones getting pensions others who with income sources are unable to afford phones and gadgets even when it is essentially required with internet connection for entertainment and connectivity purposes. Only 12% of elderly are able to access internet using smart phones [45]. But the inaccessibility is not limited to only affordability. The ones who can afford also find difficulty in using gadgets because of their rising cognitive impairment. Older population with poor cognition and poor motor skills [46] and low self-efficacy beliefs [44, 47] were less likely or incapable to learn complex technology. This low self- efficacy belief is attributed to inattention given by younger generation and they are not assisted in internet and phone usage, they face difficulty comprehending new information. If older people find new technology incomprehensible, they begin to find it less appealing and report unwillingness to engage in new learning [48].

The poor design of new devices like small screens and virtual keyboards also hinder learning as it requires vision, hearing and motor skills uncommon to this age [49, 50, 51]. Older people also show they concern and fear with privacy loss in relation to virtual world and hence are not comfortable with sharing information online, considering it harmful.

Psycho-emotional Disturbance

Sense of belongingness and social support is welcomed and required by all. Such belongingness with people, place and environment like position in society, privileges and authority gives meaning to their life and when they become old, they give guidance, counselling, knowledge and experience to younger generation in return. But this modernization has embarked a feeling of displacement, in old people, of folk knowledge with technical advanced knowledge making them feel low, neglected, dependent, lonely, powerless and meaningless [52] especially when they are poor, inactive and burden on family.

This neglect and dependency make the elderly experience social isolation and loneliness due to continuous lessening interaction with others in family converting their free time into burden and boredom. But this psycho-emotional change is not common for every older person. It depends on nature of compositions, economic class and relationship bonds. Less indeed there are certain problems that are common to all senior citizens like loneliness, boredom and depression as they result from lack of satisfying activity, poor social circle, lack of honour, respect, love and attention from family and teasing and torturing by younger generation in families [53]. The condition is all the more depressing if the old couple has to stay on by themselves, and becomes even worse if a spouse is a chronic patient or dead. Adding to their worsening condition, this declining cognitive, conative and affective process also breaks the self of old aged. It shatters their self-concept and self-esteem. Older people suffer more from psycho-social distress than young people [54] and vulnerabilities differ with gender. They face lack of role, powerlessness and depression and lead to inadequacy and insecurity [55] and lead to lack in social interest; suspiciousness and antipathy [56]. Social isolation is both cause and reason of ageing and pathology. Researchers have summed the reasons of psycho-emotional distress in ageing population to death of a loved one, death anxiety, conflict and disappointments in children, fatal illness and its reaction like shock, anger, dependency, depression and dejection [13].

III. CONCLUSION

With these challenges noted above, it can be seen that elderly are living with a lot on the daily basis, dealing and struggling with various issues and problems. The present paper made a successful attempt of showcasing all the issues and challenges faced by elderly with advancing age. They are useful in building a literature background for upcoming researches by researchers interested in studying the life of old age, what changes the process of ageing bring for older adults and how have elderly facing and dealing with the changes. The paper also presents the current demographic status of older population to bring in light the scenario of elderly working or retired, women or men, living in rural or urban region and living alone or with family. The author hopes that this paper can give researchers a future direction for study and can help organizations build interventions or policies to make a better life for older adults.

IV. REFERENCES

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