

HEALTH PROMOTION AMONG THE ELDERLY

Grace P.

Aging is a natural inevitable process. With increasing life expectancy at birth, and availability of better medical care facilities; India is at the middle of an extraordinary shift from being a young country with high mortality and high fertility, to reach the final stage of the demographic transition in a matter of a few decades. By the year 2001, India is projected to have the highest percentage of elderly population in the world. As more and more people survive and live longer into later years, non-communicable diseases are more likely to increase. Chronic disorders and functional limitations will result in a high demand for health care services.

Urbanization, migration, the break up of joint family system, generation gap, change in the role of women in the contemporary society, have altered the position and the status of the elderly people, which they have traditionally enjoyed. However, elderly Indians are reluctant to be hospitalized. On an average, the elderly Indian takes about 9.8 years to accept hospital care. The majority of elderly Indians, who are ill or otherwise, are being looked after by their members themselves. Very often, the family members find it difficult to look after elderly parents or grandparents due to various reasons.

It is important to let the elderly people know and feel they are being loved and respected no matter what their state of health may be. The objective of health promotion is to maintain the older people in the community with a higher quality of life.

a) **Nutrition:** As old age sets in, the appetite decreases and the quantity also decreases. On retirement, elderly people feel lonely and have low

self worth. So, it is very much necessary that a well-balanced nutritious diet that is easily digestible be provided. Small frequent meals are tolerated well. Liberal intake of fruits and vegetables is advised. Elderly women ensure adequate calcium intake.

b) **Skin Care:** The skin of the elderly people becomes wrinkled and dry because of which it can be very irritating. Care needs to be taken to keep the skin moist at all times by using a moisturizing lotion or a very mild soap, like baby soap.

c) **Accident Prevention:** Loss of balance is very common among the elderly. Besides, their bones get brittle and can break very easily. It is important to prevent falls and injuries. Use of walkers, building of rails along the walls, carpeting of the floors etc. are some ways to prevent accidents. Special care is needed while they use the toilet and the bathroom. A western commode is much easier and comfortable to be used by the older person.

d) **Functional Loss:** Most elders have impaired vision and hearing. It is important to look at them or face them while speaking. Speak clearly and loudly. Adequate lighting of the room is necessary. It is advisable to leave a lamp lighted in their room.

e) **Security:** Familiar surroundings and the presence of family members gives the older people a sense of security. The companionship of the spouse is very much necessary and also comforting for the older couple. Separation of the older couple by the grown up children puts on an additional strain on the elderly couple and is to be discouraged. Measures to ensure financial security in old age needs to be taken care of right from early adulthood itself.

f) **Increasing Self Worth:** Elderly people in the house have to be consulted and involved while taking important decisions. With their experience of life, they should be considered as a resource rather than interference. Continued income generation into old age is associated with a higher morale, happiness and better adjustments and better perceived health. Pension less and income less elderly people feel good when they are presented some money on birthdays, anniversaries, festivals etc. by their loved ones which they spend on their own. This will also help to increase their self esteem.

g) **Grieving Process:** Decay and death are unique to each individual. Many theorists such as Kubler-Ross have described the psychological and the physiological characteristics of grief. Grief is a normal response to the pain of loss and many elderly people experience imminent loss of their own lives or the loss of their spouse. Sharing thoughts and feelings by just being with them and listening to them can be very comforting for the elderly. They should be given respect about their wishes regarding refusal to take medication or hospitalization and dealt with compassion.

h) **Screening for diseases:** Sensory losses are common among the elderly and can have serious implications on the functional living and safety of the individual. Periodic otoscopic examination, eye examination, checking the weight and the nutritional status, periodic check up of the blood pressure, urine sugar and albumin, cholesterol screening, clinical breast examination, gynecological examination including a papanicolaou smear (PAP) for cervical cancer 

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is recommended every 1-3 years.

Self medication can be harmful to the older people. The medications are to be prescribed within the context of the individual patient and his or her illness or disease. Elderly couples living alone are at the constant threat from criminals and other bad elements of the society. Necessary precautions like safety alarms, reporting to the police in case of any perceived threats etc. has become necessary.

Above all, the attitude towards older people has to be changed. The younger generation has to be taught to respect the elderly. Certain ways by which we can show our respect and courtesy to the elderly are as follows:

- ◆ Offering your seat to an older person in the bus or train.
- ◆ Letting the older person ahead of you while waiting in a queue.

- ◆ Visiting them at home especially when they are alone or sick.
- ◆ Helping them to get their shopping done, or helping them to see the doctor.
- ◆ Helping them to fill forms, or read the bills etc.

As far as possible, the elderly people should be made to feel important and independent and their dignity should be maintained. WHO has suggested that maintaining autonomy should be the basic objective of care of the elderly. Any programs for preventing disease and disability for the elderly have to be multi-disciplinary and should involve inter-sectoral cooperation and community participation at all levels.

BIBLIOGRAPHY

1. Kennedy, M., Fletcher, R., and Plank, M (2000). Management Guidelines for

Gerontological Nurse Practitioners. Philadelphia: F.A. Davis Co.

2. ICMR bulletin (1996) Vol.26 (5): New Delhi.



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