Loving Home Care for the Elderly

OM KUMARI KATHURIA

'Health for All' is what Florence Nightingale espoused 120 years ago.

The human race is growing older. Health care to the rapidly increasing members of elderly throughout the world is the challenge of the approaching century. Global demographic transitions resulting in greying of the nation is causing considerable concern. It is ironic where the aspirations of every country to ensure a long life and life expectancy of every individual is going to be achieved, there is a new global concern about maintenance of quality of life for the ever increasing elderly population.

To maintain 15-25 per cent of the total population of any country that consists of aged persons, many of whom will be economically non-productive and physically weak with multiple handicaps and disabilities due to chronic disorders poses a challenge (W.H.O.). Ageing is a vulnerable period. Apart from infancy it is the aged who are at a greater risk. Exposure to the hostile environment during the many years of life and irregular ticking of the biological clock make them particularly vulnerable.

Major Challenges

Health-related and economic challenges are the major challenges for the developing nations like India. There is a need to adopt housing, transport and personal security according to the special needs of the elderly. It is not only a developmental challenge, but also a matter of humanitarian concern for the world.

Health is said to be a human right : that is a condition to which every one has a just claim. Ageing persons require a wide range of preventive, curative and rehabilitative care. Florence Nightingale described much earlier what WHO says now, that health is not just the doctors, drugs and the hospitals, but the quality of life. They have special needs in nutrition, in hygiene, in exercise, immunization. The provision of adequate health measures is viewed as an essential component of a country's overall social policies. The oldest old consume disproportionate amount of health care and long-term services.

Incontinence causes loss of dignity and humilitation to the old people. It can be alleviated by simply providing a commode and referral to the physiotherapist who can recommend devices, however small, for many activities of daily living which may make all the difference between self-reliance or dependence.

Diseases and disabilities in the elderly are of a chronic nature needing home-based care. The special health requirements of the frail elderly must not be ignored. Old age diminishes the senses thus necessiating the use of aids. Louder bells, increased volume of the telephone, radio and television can be helpful. Loss of visual acuity is in itself frightening.

Malnutrition

Insomnia, fatigue, diminished resistance to infections and depression are the result of malnutrition of the elderly even in the affluent nations. Depression and loneliness may cause weight gain as well as loss. People eat out of comfort or out of boredom and obesity may become a problem. Adequate dental care and oral hygiene is another factor in maintaining adequate nutrition. Water is an important component of good nutrition the best defence against constipation, a very common problem of the elderly.

At least one meal a day should be in the company of others. Healthy old people make major contribution to the health and development of their country. Live well, eat well and be positive. Those who have survived to old age should be well informed about the many ways to prevent disease to maintain quality of life and to extend their survival.

Keeping warm during sleeping and living is another need of the elderly specially during winter, large number of old people suffer from cold.

Episodes of depression which

The author is Senior Lecturer, R.A.K. College of Nursing, New Delhi.

affect the elderly can be overcome by exercise. Lack of enthusiasm to exercise usually is a big problem and can be overcome by graduated exercise programme with companions. Simple walking with companions is all that is required.

Old people have many problems. They need attention, love and understanding from the members of the younger generation preferably of their own family. Rapid escalation in the number of elderly persons throughout the world urges the active involvement of health personnel from different disciplines in developing services for the elderly.

Importance of Home

Various surveys done in India and abroad have confirmed that most people consider the home to be the place where the elderly can derive the greatest emotional satisfaction. All the efforts should be directed to enable old people to continue living in their own homes. The various complimentary activities are to be planned in a way as to delay the loss of independence. Family is regarded as an indispensable circle within which the old people must be made to feel valued and useful.

In South-East Asia region the elderly have traditionally enjoyed a privileged place in society. They have been reversed and their advice has been sought on matters ranging from the souring of the next crop, to marriage in the family or settling of a community dispute to the remedy for a stomach ache. Through dialogue with the young they may be able to pass on the cultural heritage of the past.

All "hi-tech" services are ultimately designed to support the human touch that home and family provide. Home is where we want to be when we are sick and home is where we can recover fastest if we have the proper care.

The home is the desired setting for receiving cared. Unfortunately the traditional structures that once cared for the old are now in danger of disappearing for a number of reasons including a rural exodus and families experiencing reduction in their financial capacity to provide for their elders as a result of economic crisis and lack of policy for the vulnerable age group. These are the apprehensions and the anxiety among the social scientists in the west about the withering away of the family as a social institute.

Customs

The living customs in India and many other developing nations which incorporate the elderly into the life of the community must be maintained at all costs. If they are integrated they would make positive contribution in the society. In China where age carries less of a connotation of mental decline the elderly perform much higher on the tests than their American counterparts. A Study at Harvard reveals that cultural norms may be self-fulfilling.

Wisdom is equated with age and elderly are considered as the natural statesmen of the society in India and many other developing nations. Scientists confirm that wisdom is an assett that grows with age. It is defined as an expertise in fundamental matters of life. Research demonstrates that although it often takes older persons longer to make a decision it's often a better one.

The WHO regards the family as an indispensable circle within which older people must be made to feel valued and useful. Through dialogue with the young they may be able to pass on the cultural heritage.

We have entered into the age of ageing (Leo A. Kapiro, 1982) and the effect of this on our society should be viewed positively as a human triumph and not as a human problem.

To keep older people in good mental health the communities should entrust them with certain tasks such as looking after the children/involve them in activities that interest them. The old people contribute to the family income and their good work gives them a sense of purpose and meaning to their existence. Surrounded by the members of their own family they are still productive and still needed and they do not let themselves sink into a decline.

References

1. Franceschi, Joseph. 'Solidarity with the Aged.' *World Health*, Feb.-March, 1982.
2. Kemgan, M. William. 'The World Assembly on Ageing.' *World Health*, Feb.-March, 1982.
3. I. Ing. 'Controlling Elders'. *World Health*, Feb.-March, 1982.
4. Knight, Steel and Hank, Tassing. 'Health Care Moves to the Home'. *World Health*, August, 1994.
5. Chakravarty, Sujana. 'A Study of the Health Problems Encountered by Elderly Subjects and the Facilities Provided to them in Geriatric Institutions of Delhi'. Master of Nursing Thesis, University of Delhi, 1994.
6. W.H.O. *Journal*, July-August, 1994.