

SOCIAL AND HEALTH PROBLEMS OF THE ELDERLY

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Gerontology, the study of ageing and the elderly, deals not only with the physical process of ageing, but also with the related social and cultural factors. There are two contradictory processes we are concerned with. Elderly people in modern societies are of lower social status and with less power than in sub-modern societies, but are less prone to accept ageing as an unavoidable process of decay of the human body. Gerontology, the study of ageing and the elderly, deals not only with the physical process of ageing, but also with the related social and cultural factors. There are two contradictory processes we are concerned with. Elderly people in modern societies are of lower social status and with less power than in sub-modern societies, but are less prone to accept ageing as an unavoidable process of decay of the human body. Advancements made in the fields of medicine and nutrition demonstrate that what once was unavoidable, when ageing is concerned, can now be prevented or delayed. *Acta Medica Medianae 2007;46(2):45-48.*

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Introduction

We are living in a society with the constantly growing proportion of people over 65 years of age. More rapid rate of ageing is characteristic of the modern world. At the same time, social implications of ageing should be viewed in a wider context. What ageing is, the opportunities and burden it is associated with, is dramatically changing. Gerontology, the study of ageing and the elderly, deals not only with the physical process of ageing, but also with the related social and cultural factors. There are two contradictory processes we are concerned with. Elderly people in modern societies are of lower social status and endowed with less power than in sub-modern societies, but are less prone to accept ageing as an unavoidable process of decay of the human body. In such cultures, as well as in the modern non-western societies (India and China) the elderly were respected as the repositories of inherited wisdom and experience and they were the principal decision-makers. Nowadays, however, in constantly changing societies such as ours, the accumulated knowledge of the elderly is rarely viewed as the source of wisdom – it is commonly regarded as something outdated and obsolete. On the other hand, the elderly are now less prone to accept ageing as an inevitable process of bodily decay.

Here, too, we may observe the traces of influence of nature socialization. In the past, the ageing process was considered an inevitable manifestation of the passing of time. Now, ageing is less and less considered a natural phenomenon. Advancements made in the fields of medicine and nutrition demonstrate that what once was unavoidable, when ageing is concerned, can now be prevented or delayed. People now live longer than a century ago, as the result of better nourishment, hygiene and health care (1).

Due to altered demographic statistics sociologists and gerontologists today speak of population ageing. In Britain in 1850, the proportion of those over 65 years of age was around 5%, while this proportion is 25% today and increasing.

Almost all developed countries will experience ageing of their populations. Peter Peterson described this demographic change as a „gray dawn“. In the developed world, every sixth person is over 65 years of age. In the next 30 years it will be every fourth person. Up to 2030, the proportion of those over 65 will be 33% in Australia, or 50% in Germany (2). The number of „very old“, those over 85, is increasing more rapidly than the number of „old“ – those below 85. In the next 50 years, the number of people over 85 years of age will increase by six times. The process is sometimes termed as „ageing of the elderly“(3). With the increasing number of the elderly, the pressure on the social and health care systems is increased, too. The programs to support the elderly is financed by the able-to-work population. The increasing life span means that the pensions would have to be paid longer.

People variably perceive ageing and old age as an inevitable fact for those lucky enough to

experience it at all; and there is only one way to live longer – it is to get old. A positive approach which does not equate old age with disease is very significant – life should be enriched with new contents; the key concept is not to live longer but to live better.

The psychology of ageing is markedly influenced by the general attitude towards the elderly. Social psychology indicates the changing attitude towards them. The attitude is still present today which regards the elderly as the source of wisdom, an oasis of parental love and incorruptible justice. The decline of intellectual functions is a characteristic of old age and it is much more rapid in those with lower intellectual capacities; those with higher intellectual potentials lose their mental abilities much slower – that is what we term „knowledge crystallization“. A high level of intellectual abilities provides a desirable level of spiritual potential. The people who were occupationally exposed to intense intellectual efforts retain the intellectual abilities well into their old age. Those who stopped to be intellectually challenged and stopped learning long before old age are thus in an unfavorable situation (4).

„Humanity of a society is measured according to its attitude towards children and the elderly“. Together with the quality of life and healthy lifestyles in old age, the most important are premorbid personal characteristics and lifestyle in young and in mature age. Even the ancient Greek physicians and philosophers pointed out that serene and tranquil old age was most commonly encountered in people who had always lived a peaceful life, fulfilling their tasks, and that geroprophylaxis should start in childhood and young age. Cicero insisted that various old age virtues, such as better judgment, tolerance, wisdom, moderation etc. are usually encountered in those old people who had possessed these early in their life and who were persistent and physically and mentally active.

Psychosocial medicine teaches us that every disease or disorder is more or less conditioned by unfavorable social factors.

What are the determinants of a healthy life style in old age?

Let us start with the family as a basic unit of social structure. Family is very important for the elderly, since it represents a natural framework of life and death. For an old person's quality of life it is especially important that he is well-integrated, accepted, surrounded by love and respect and not rejected. In modern societies and in some developed countries there lies the cause of mental deterioration of a great portion of elderly population. Since traditional patriarchal familial relationships have been gradually disappearing, the elderly have lost the halo of wisdom and their social prestige has been degraded. These social and ethical deformations are the darker side of our civilization.

Differentiation of the degree of mental changes in old age can be influenced by the intellectual and educational level. A well educated

70-year-old man, with a wide range of interests, trying to be up-to-date in the fields that attract him most, has much more chance to preserve his mental balance and intellectual elan compared to his uneducated and disinterested peer, in whom passivism and decline of health, physical and spiritual vitality, are much more likely to occur (5). Therefore, the age of these two is similar only chronologically. Essentially, these are two completely different worlds. It is thus said that every environment, every culture produces its own type of the elderly, making the domain of old age huge and very variable.

A positive attitude of psychology is to be oriented towards the things an old person can do better compared to younger ones. „One fulfilled day brings about peaceful sleep and a fulfilled life brings about good old age“(5).

Numerous factors determine the length of life.

1. Gerontologists are joking that the best way to ensure longevity is to choose longevous parents. Longevity is best predicted based on the duration of life of one's mother and father and grandmothers and grandfathers. If someone's grandmothers and grandfathers had lived 80 years, it gives him the chance to live 4 years over the average.

2. Diet. Alikiser describes in detail the status, habits and behavior of long-lived individuals: „...these are rural community members, doing farm work whole their life, economically well-provided, lean, well-ambulatory, hard working, with balanced reactions, generous and kind. They systematically perform physical activities/jobs and keep their personal hygiene“.

It is also mentioned that long-lived persons usually eat dairy products, fruit and vegetables, occasionally meat, and drink lots of green tea with every meal (6). All the investigators stress that as a rule long-lived persons do not drink alcohol nor they smoke.

3. Environmental factors. Russian scientists have studied long-lived persons in Dagestan, Azerbaijan, Belarus and other ex-SSSR republics. They concluded that the average life span is markedly longer in these countries. According to the data reported at the IX Congress of Gerontologists, Azerbaijan occupies the first place in the world by the number of long-lived individuals (6).

According to Alikiser, there are markedly more long-lived individuals in the highlands than in the lowlands (4 times more).

Out of the environmental factors influencing longevity, Jones, a USA gerontologist, reports several factors and assess their impact on longevity:

- Rural environment prolongs life by 5 years;
- Marriage prolongs life by 5 years;
- One pack of cigarettes a day during whole life shortens life by 7 years;
- Two packs of cigarettes a day shorten life by 12 years;
- Obesity, considered by Jones as a very important determinant; with higher BMI life shortens – eg. if someone has body weight 70% above the normal, his life span is shortened by 15 years.

Jones makes an interesting comparison summing up the adverse and favorable effects on life span and says: „... if an unmarried man who smokes a lot and works as a clerk in a big American city is compared to a married non-smoking woman living in a Scandinavian village, we may expect the difference of 25-35 years in expected life span in these two persons to the advantage of the second.

Lukianov, a Russian scientist, sums up the results of his own and other authors' studies of the factors influencing health and longevity. He rejects the idea of one major factor and suggests a „prophylactic complex“ of factors of significance for health and longevity. The complex, according to him, contains 10 factors to be considered in our efforts to prolong life span:

1. Health preservation from early childhood and young age;
2. Occupation of social benefit, chosen by the individual;
3. Good living conditions;
4. Scientifically structured diet;
5. Rest – both active and passive – taken before the exhaustion;
6. Physical activity and burden;
7. Abundance of fresh air – oxygen – at home and at workplace;
8. Optimism, high ethic standards, positive emotions;
9. Personal hygiene;
10. Health monitoring and check-ups.

Psychological status has an important influence in view of life span prolongation. Here, too, as always, it is supposed that stress and discontent influence life span to be shortened. It has also been proven that women on the average live 5 years longer than men; the difference increases with higher standard of living (7).

Our society is characterized by an abrupt increase in the number of old people. There is a general tendency of growth of the elderly population worldwide – in our society according to some statistical data there are around 2 million old persons. Another fact in our society is related to our abrupt development and the tendency of separation of the elderly from younger generations. The situation like this requires a sequence of social interventions for the management of the elderly. These measures among other things may involve the work of the gerontological and geriatric centers, advisory offices and services to help the elderly, construction of special flats for this subpopulation as well as eldercare centers (8). Management of the elderly most commonly involves the fulfillment of their physical needs; however, their psychological demands should also be satisfied. The elder care should become the basis of our social system in view of rapid ageing of humankind (9). What should be done when an old person cease to be productive? In some countries, it is provided for the elderly to do

some jobs in order to feel useful and needed by the community. According to the Inca legislature, those who could no longer be engaged in hard work had the duty to protect the crops from birds and grasshoppers. In other ancient cultures, old people were expected to be story-tellers, entertainers and instructors who maintain high morality. In oral tradition based civilizations the elderly represented a treasury of knowledge. In Africa, where there are no written documents, death of old people was regarded as the destruction of library. Very cruel destruction of old people was recorded, too. I will not address the issue in respect of the humankind.

Nada Smolic-Krkovic, a gerontologist, points out that it is essential for an old man to remain mentally and physically active (without exhaustion). Generally, the rules necessary for the preservation of physical and mental health in old age are similar or identical to those valid for other age groups (10).

No matter how we live, no matter what we do or how much we love our life, no one could ever outwit the basic law of biology - death; or, as our famous lawyer has said „I have been able to win everything except years“.

Attitudes towards death greatly vary. Some do not want to think about it, while others meticulously prepare for death; the elderly often have neutral attitude towards death. Young people are usually afraid of death. Well-integrated old people do not feel fear of death. Persons without personal identity do not accept the natural course of their own lives. They are tortured by remorse and despair, since they do not have any more time nor ability to start a new, more successful life. The roots of successful maturity and old age, Erikson said, are situated in the childhood. Trust and confidence of the elderly have roots in the confidence gained in the beginning of life – „if a child did not manage to establish trust and confidence, his world is like quick sand.“ Successful old age depends on other life stages, and Erikson said: „In the aging person who has taken care of things and people and has adapted himself to the triumphs and disappointments of being, by necessity, the originator of others and the generator of things and ideas - only in him the fruit of the seven stages gradually ripens. I know no better word for it than ego integrity.“ He believes that ego integrity of the elderly is essential for the development of the young „... healthy children will not fear life if their elders have integrity enough not to fear death.“ (11) „If I was to be born again I would travel much more, walk barefoot through the grass, eat more ice cream...“ the famous words by Marquez, the renown writer, which we often hear from our elderly, should be the leading torchlight in our efforts to understand the needs and help these people“ (12).

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SOCIJALNI I ZDRAVSTVENI PROBLEMI ŽIVOTA OSOBA U POZNYM GODINAMA

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Gerontologija, proučavanje starenja i starih bavi se ne samo fizičkim procesom starenja već i društvenim i kulturološkim faktorima u vezi sa njom. Ovde je reč o dva prilično kontradiktorna procesa. S jedne strane, stari ljudi u modernim društvima imaju niži status i manje moći nego u podmodernim kulturama, dok sa druge, manje su skloni da prihvate starost kao neminovni proces propadanja tela. Napredak medicine i ishrane pokazuje da sve ono što je nekad bilo neizbežno, kada je reč o starenju, može da se spreči ili uspori. *Acta Medica Medianae 2007;46(2):45-48.*

Ključne reči: socijalni problem, zdravstveni problem, stare osobe