

# Responding to the Needs of Aging Population

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## ABSTRACT:

The phenomena of "graying" of population which was started in 20th century will continue in the next. It confronts the world with new challenges in the realms of health economy, politics, and cultural issues which are very difficult to overwhelm. The problems arising of this phenomena must be welcome, because they are indicators of upcoming development. Aging of population has occurred in developed countries since many years ago. Therefore their experience in dealing with the resulted problems will be of great help to the developing countries, but it must be remembered that every country has its unique needs and perspectives of future. Thus, modification of existing models of service delivery to elders in order to match with the specific conditions in each country is a necessity and major task for policy-makers. Regarding these facts, United Nations in their second General Assembly on the topic of "Aging" rendered the International Strategy for Action on Aging as general guidelines, but stressed that every country must tailor programs

to fit to its individual circumstances.

In this article, an overview of future demographic changes of the world, challenges of the aging population, and the world programs on aging will be rendered and then a brief glance to what is happening in Islamic Republic of Iran as a country which is going to age in next few decades will be presented.

## Introduction:

One of the most remarkable and far-reaching demographic developments of the 20th century has been the "graying" of population. For the first time in history, most people in societies such as ours can plan on growing old. Even those who are currently "old" can expect to live for many years.

The graying of population has three components. First, the increases in the absolute number of people 65 and older. Second, the increases in the proportion of the population that is elderly. Third, the increases in the oldest old or people who are 85 or older.

It has been shown that the latter is the fastest growing fraction of older people in all over the world, who have more chronic diseases and disabilities and need more special care

facilities.

Aging of the world will continue through 21 century. In 1992, 342 million people in the world were 65 or more, but this number is expected to increase to 2.5 billion (20% of the total world population) by 2050 (Olshansky et al. 1993).

Within industrialized countries, there are wide variations in the projected increases in the older people population growth. It is estimated that by 2025, the elderly population of the United States will increase by 100%, Japan,s by 136%, Canada,s by 200%, France,s by 60%, and the United Kingdoms by 25% (Dean 1990).

Similar, but more accelerated trend in older population growth has been projected for developing countries. In 1990, 58% of the worlds population aged 60 years and over lived in developing countries. By 2020, this will rise to 67%. In this same duration, the number of people over 60 in developing countries will increase by 200% compared to 68% in developed ones (<http://www.id21.org.insights/>,2005).

The major reason for future increases in the 65+ population is past increases in birth Rates. Past birth rates strongly affect the proportion of the total population that is 65+. Improvements in mortality rates among the elderly population have only a small effect on this proportion, but do affect the absolute numbers of elderly people and the age composition within the 65+group (Olshansky 1988).

Increase in the aged population is a consequence of development (UN

1997). Developmental achievements, including promotion of socio-economic and health status of people, introduction of more effective methods for birth control, and the advent of medical knowledge and technology are among factors leading to increased life expectancy (shadpoor 1999).

According to the last reported general census (1996) approximately 4 million elderly people (60+) live in Islamic Republic of Iran. They constitute 6.6% of the total population. It is estimated that this figure will rise to 8.5 million (near 10% of the total population) in the next 20 years. Also, the median age of Iranian people will increase by 10 years within this same interval (Delavar, 1999).

### Who Is Old?

Bio-psycho-social changes of aging occurs so slowly, during years and decades, which defining the exact time of its arrival is, practically, impossible. Therefore, there is no single age at which people, in general, can be said to be old. The common practice in the developed countries to distinguish people over age 65 as "old" started in Germany.

Otto von Bismarck (1880s), The Prime minister , selected 65 as the age of eligibility for certain social welfare benefits. In our country, due to WHO instructions and the existing regulations, 60 years has been chosen as the legal starting point of old age. there are, also, divisions within the group of 65+which make comparisons more applicable. Distinctions have been made between the "young-old" and "old -

old", which means under age 75 and over age 75. They, also, can be compared with "oldest-old" who are 85 and more. Each of these three groups have different special needs. The needs of young-old are, relatively, similar to those of middle age, but old-old group have somewhat different needs. Many of them are affected, at least, by one chronic disease such as cardio-vascular problems or osteoarthritis (Kane 2004) and although, the health status of them are compromised, but most of them would maintain their capacity to live an independent life.

Oldest-old group as mentioned above, are more frail and need more health services. Due to their multi-organ dysfunction, many of them are dependant to others for meeting their needs and some who affected by more debilitating conditions, like Alzheimer's disease, will be sent to nursing homes. It is important to keep in mind that variations in aging process among people are more prevalent than similarities, because many factors influence it, including heredity, race, sex, socio-economic status, environmental hazards, etc (Coffey 1994). Therefore, chronological age is not the sole determining factor in the advent of aging process. Besides, individuals may age faster in some dimensions than others, like being "old" physically but more "youth" psychologically or socially (Spar 2002). In other words, it is better to avoid generalizations when speaking of issues related to older people.

Some believe that what differentiate aging from other periods of life

is diversity and multiplicity of stressors (Jarvic et al, 2005). Aging accompanied by many losses, loss of job, social status, adequate income, loved ones, social circle, health, and independence. Some others think of aging as deficient adaptability and a gap between performance requirements and older people's capacity (Shah Ebrahim, 2002). What mechanism would it be, the ultimate result is a strain imposed to the organism and drive him/her toward imbalance, except compensatory means come to help him/her.

#### **Aging of Population In Iran:**

In Islamic Republic of Iran, the median age of population has increased during last decades. Official statistics show this figure has raised in the interval of 1976-1996 from 16.8 to 19.4 years, and it will increase to 32 years until 2020 (Delavar et al, 2003). Similar increases have occurred in life expectancy at birth of Iranian people, too. The people expected to live nearly 40 years in 1950s, now would expect to live around 70 years (Amani, 1999). The Iranian elderly female / male ratio is 46/54. This ratio is at contrast with the fact that women live longer than men. Perhaps, inadequate health care of pregnant women, and the negligent behavior of the traditional society toward women in last decades, have had contributions to this unexpected finding (foroghan, 2003).

In this population 77% are illiterate compared to 20% in total population (Mashayekhi, 1999). 57% of Iranian

elderlies live in urban and 43% live in rural areas (Mashayekhi, 1999). 61% of men and 3.3% of elderly women are in work force (Mashayekhi, 1999). 61% of elderly men still support their family financially and 68% of them provide the family with accommodation (Delavar, 2003).

Widowhood among elderly women of Iran is more prominent than men. Of course, this is, almost, a universal phenomenon. Of every 100 Iranian elderly living alone, 78 are women and, only 22 are men (Foroghan, 2003). Loneliness is one of the factors which make people more susceptible to mental health problems (Spar 2002).

A survey on demography and health status (Delavar1999) showed that the major problems of older people in Iran are economical. These problems lead to inadequate availability of health services and more fragility in this population. This same survey has shown that the followings are the 10 first leading physical health problems of the Iranian elderlies: mobility difficulty (53.4%); dizziness (36.7%); postural instability (33.7%); hypertension (33.1%); chestpain (29%); thinnitus (28.9%); visual problems (28%); auditory problems (28%); aging pectoris (24.9%); urinary frequency (23.3%). Constipation, diabetes mellitus and other urinary problems were the next. Mental health problems such as depression and deficient memory have found very prevalent in this same survey.

It, also, showed that every older individual in rural areas 13 times and

in urban areas 15 times presented himself of herself to physicians in a single year.

### **Challenges of Population Aging In Developing Countries:**

In developing countries, older people often live in large family households where care giving roles and responsibilities may be shared. Nevertheless, family caregivers experience psychological and economic strain. Furthermore, traditional family structures are under threat from changing attitudes towards older people, the education and employment of women, migration, declining fertility and HIV/AIDS, which has "orphaned" elderly parents and children. Without state provision family support for older people may fail (Prince, 2002)

Most of the developing countries are still struggling with the problem of birth control. Aging of population in these countries will lead to a phenomenon which is called double Burden. In Iran thanks to the successful implementing of birth control programs, total dependency rate is decreasing. This index has been lowered of 94 in 1986 to 65.6 in 2000 (Mahdavi, 2000).

Many of the developing countries have unresolved major problems like war within or without their boundaries, contagious diseases, poverty and malnutrition,... Therefore, their present difficulties are so overwhelming which do not allow them to think of future problems.

In these countries , the rate of population aging is much more higher than the developed ones and, there-

fore, they need more resources to respond to the needs of an ever increasing number of older people without enough previous preparations. Lack of adequate basic structures in insurance systems and

social security which encompass all population, will affect older people even more because they are more needy and if their needs do not meet properly, they gradually slide toward fragility.



#### Box1: WHO-Aging: A Policy Framework (<http://www.who.int/hpr/aging>)

- Address factors that contribute to the onset of disease and disability like Poverty low literacy levels and lack of education.
- Control tobacco use and alcohol abuse throughout the life course.
- Ensure appropriate nutrition and healthy eating starting at an early age.
- Promote physical activity at all ages.
- Create age-friendly, safe environments by making walking safe and implementing fall prevention programs.
- Increase affordable access to essential, safe medications and assistive devices such as eye glasses or walkers.



#### How The Globe Dealing With The Aging Of Population:

The first global movement for dealing with the issues related to the aging of world population began in 1982, with the general assembly of the United Nations in Vienna. Then, the year 1999 called by the UN as "Year of the Old Persons" and some advocative programs implemented all over the world. Second general assembly of the UN on topic of aging took place in Madrid with the

attendance and commitment of all members of WHO and proposed the following general instructions:

1. erasing ageism, elder abuse and negligence.
2. promoting social dignity of older people.
3. establishing a society for all ages
4. aging to be dealt as a part of development agenda.
5. being alert to sex discriminations in related programs.
6. using old people knowledge and

experience for better future.

7.giving old people the opportunity to work and participate in economic development.

8.providing more available social services for old people.

At the Assembly, the World Health Organization launched its life course

approach to healthy Aging. This built on the notion that industrialized countries have been able to postpone the onset of disability and disease. Actions are recommended in three essential areas: health, participation and security (see Box 1).



Box2: International Strategy for Action on Aging. 2<sup>nd</sup> World Assembly on Aging April 2002 (<http://www.un.org/ageing/coverage>).

- Empowerment of older persons to fully and effectively participate in the social, economic and political lives of their societies, including through income-generating and voluntary work.
- Provision of opportunities for individual development, self-fulfillment and well-being throughout life as well as in late life, through, for example, access to life-long learning.
- Guaranteeing the economic, social and cultural rights of older persons as well as their civil and political rights, including the elimination of all forms of discrimination on the basis of age.
- Commitment to gender equality in older persons through elimination of gender-based discrimination as well as all other forms of discrimination.
- Recognition of the crucial importance of intergenerational interdependence, solidarity and reciprocity for social development.
- Provision of health care and support for older people, as needed. Facilitating partnership between all levels of government, civil society, the private sector and older persons themselves in translating the International Strategy into practical action.
- Harnessing of scientific research and expertise to focus on the individual, social and health implications of aging, in particular within developing countries.



The World Assembly strategy stresses the need for action, for including old people in development programs, for promoting public-private partnership, for solidating inter-

generational relationships and attending to the unique perspectives and needs of developing countries. Topics covered by the strategy are shown in Box 2

As mentioned in International Strategy Guidelines, without a collective decision and coordinated activity, achieving the above goals will not be possible. In Iran, The Law of Third Development Program which was passed from the congress in 2000, has been mandated the Welfare Organization to develop an action plan for implementing the determined goals. Concomitantly a National council consisting of representatives of all related ministries, institutions and organizations would supervise policy-making and implementation of the programs on aging. Ensuring real participation of older people in determining social and health policies related to them, their representatives will attend in the Council, too. The Law of Fourth Development Program, also, has emphasized on service delivery to older people, and government has been mandated to provide needed services for 25% of Iranian elderlies during next 5 years.

Regarding complexity and breadth of the topics covered by the Assembly and the transient and inadequate attention of politicians to older population needs, these goals may not be achieved as fast and complete as expected. However, the importance of international meetings is in the symbolism and hope they provide to those who are attempting, often in small ways, to make improvements to the care of older people, to advocate the need for politicians to take an interest, and as a rallying call to older people themselves-many of whom do have votes, money and

informal needs of ensuring intergenerational influence. Almost everyone will become old-these are issues that will affect us all (Shah Ebrahim, 2002).

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