

Challenges and Burden on the Physical Health of Older Adults

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ABSTRACT

Health care providers, gerontologists, psychologists, social workers, and policymakers are all focused on preventing elder abuse, improving life for the elderly, and reducing caregiver stress. Asian countries, which have a large population of older individuals, have a greater demand for in-place care for older adults because of their high rate.. An advocate for a community-based long-term care support system for older individuals and their carers is a major goal for this study article. To address the growing demand for in-home care for the elderly in India, this paper reviews secondary and tertiary sources of literature to establish a framework.

Keywords: adults, older, burden, physical health

I. INTRODUCTION

There is a direct link between the number of available study spots and the amount of money allocated to higher education programmes. Minister for Education and Science, based on a proposal from the Council of Higher Education, will determine how many study spaces are funded from the State budget in an institution of higher education, according to the Law of Higher Education Institutions. The number of student spots in institutions of higher learning that are established by local governments or other legal or natural entities can be determined.

Financial resources and procedures for funding higher education are outlined in the LIHE, Education Law and other legal instruments such as the Higher Education Act. When it comes to colleges and universities, the law states that they must be supported by its founders. An educational institution's founder must provide financial resources and oversee their use to ensure that the institution can carry out its mission and fulfil its founder's vision. There should be a combination of money from the general budget and money that institutions of higher education obtain through activities that help them achieve the goals set out in the constitutions they have in place.

Higher Education Council, mandated by Law on Institutions of Higher Education, has a wide variety of authorities and duties, including funding of higher education, which it is responsible for. If it wants to make recommendations to the Minister of Education and Science or the Cabinet on how to improve higher education and student fees, or on the draught State budget for funding higher education institutions, it can do so. The Higher Education Council, which has 12 members, represents the major players in the higher education industry. The members of the Higher Education Council have been approved by the Parliament (Saeima) of Latvia. On the other hand, the resources available to the Higher Education Council are limited.

II. REVIEW OF LITERATURE

In India, the elderly population is characterised by the feminization of ageing, the rapid expansion of the oldest-old as compared to the young-old, and an increase in their susceptibility (Irudaya Rajan, 2005). In India, there are already 100 million people over the age of 60, and by the year 2025, there will be approximately 80 million more (Sivamurthy, M. & Wadakkannavar, A.R., 2001). As many as 8 million people in our country are currently over the age of 80, thanks to an increase in life expectancy. As the older population grows, so will the number of people in their latter years who have functional and cognitive impairments as a result of that growth (Sharma, R., 2020). A person's capacity to carry out daily tasks, such as eating, bathing, dressing, paying bills, and preparing meals, can be hindered by functional constraints.

In addition to impairing a person's capacity to solve problems and make decisions, cognitive impairments cause a decline in mental sharpness. In the 60th National Sample Survey, the proportion of old men and women who are physically mobile decreased from about 94% to 95% in the age range 60-64 years to around 72% for men and 63% to 66% for women

over the age of 80. About 64,000 seniors in rural areas and 55,000 in urban areas have at least one physical or mental impairment. 3 percent of the elderly suffer from locomotor disability, which is the most frequent disability among the elderly. HelpAge India conducted a survey that indicated that over a quarter of the aged claimed poor health based on data on health and living situations.

There was a clustering of poor health among older persons who were poor, single, less educated, and less economically active (HelpAge, 2009). The number of senior persons who have functional or cognitive limitations, and hence require assistance, is expected to rise dramatically in the future decades if current incidence rates hold. India has a tradition of home-based care for the elderly, where the family is the primary institution. However, due to shifting family values, children's financial obligations, and elder abuse and neglect, the safety net of family care has been breached (Sharma & Kaur, 2016; Ting et al, 2009).

III. ODLER ADULTS HELTH STATUS IN INDIA

In India, the elderly live with their adult offspring in extended families or multigenerational houses, where they get financial, personal, and emotional support from their relatives (Nandal 1987, Jamuna, 1998). However, urban India has seen a surge in the number of nuclear households.

Outside help can be supplied if the family's co-residence is unable or unable to provide care and support for an ageing family member, or if the younger generation views the elderly as a burden that hinders their own independence and their own social and economic advancement (Irudaya Rajan et al,1999; Sharma & Marwaha, 2017). Research shows that an elderly person's well-being is dependent on their living arrangements (Sharma, R., 2013; Rajan, S.I & Kumar, S., 2003). Elderly people's mental health is influenced by their family and living environment, according to Ramachandran, Sarada Menon, and Ramamurthy (1981).

Recent statistics in Indian states show an increasing percentage of older people living alone. More than half the elderly in India live alone, with a wide range of percentages, from less than 1% in Jammu and Kashmir to as high as a whopping 14 % in the southern state of Tamil Nadu in 2005-06. (Sathyanarayana, K.M., et al., 2012). An increasing number of Indians are being abused by their own children or their children's spouses (Chaurasia, H. & Srivastava, S. 2020; Help Age India, 2014). More than a third of the elderly in India are abused by their children and their spouses, according to a research conducted in 20 Indian cities (Times of India, 2012).

Elder abuse studies have also linked caregiver stress to elder abuse. Depression and anxiety are common afflictions among caretakers, according to research (Basavakumar, S. 2018). Caregivers who are at danger for being abusive should be given more attention by agencies that protect victims and those that offer stress-reduction programmes for caregivers. Long-term full-time caregiving for a chronically sick patient without a proper support system can lead to caregiver burnout, which manifests as the same broad symptoms of disease as well as a host of other symptoms.

Elder abuse in India is primarily caused by caregivers who are under a great deal of pressure and are completely cut off from the outside world (Sharma & Kaur 2016). If there is no organised care system in the community, the choice to stay away from one's own children may not be the best option for the elderly. Observations made by the media reveal that persons who live alone are not safe, too (Indian Express, 2020; Times of India, Jun 15, 2011; Sep 29, 2012; Jan 24, 2013; Jun 14, 2014).

III. ANALYSIS OF WORK

In addition to the family who often rob and kill them, house helpers hired through agencies are also professional robbers. That's why many older people opt to live in an abusive situation with their abusers rather than relying on paid housekeepers who could rob or murder them for their valuable possessions. Abuse is more likely to occur if a person's physical and cognitive abilities are in decline. People's movement and independence are being hampered by the increasing number of vehicle accidents and deaths. IADL and physical activity therapies become less effective as a result (Sharma, R 2020; Patterson, 2010; Miller, 2000). Because of the increasing number of elderly individuals who are incapacitated, the situation will worsen in the future years (Gobbens, 2014). ADL evaluation is used in the majority of health care service models. Medical, nursing, social, pharmaceutical, home care, transportation, small modifications to the home to allow for disabled individuals to live in their own homes are just some of the services that are included in all-inclusive care programmes in many Western countries.

A growing proportion of senior care in modern nations is currently provided by public or private organisations (Ting & Woo, 2009). Asian countries are beginning to adopt the long-term care model that has proven so popular and successful in Western countries. Is it possible to implement a long-term care system like this in India? Because India is a developing country with limited resources, can we come up with a system of home care in which the community participates? A large percentage

of the elderly in India, who are disproportionately women and low- and middle-class families, are unable to afford the exorbitant costs of living in institutions. Some older persons, on the other hand, are unable to pay for the professional assistance they need because of concerns about their own safety, security, and trust in others. Moving to a paid old age home is becoming increasingly popular as a way to age in place while maintaining your dignity and autonomy.

III. CONCLUSION

However, given the sheer number of people in India, institutionalising the elderly is not a practical option. Our care models need to be tailored to each individual's socioeconomic status in the Indian environment (Sharma & Marwaha 2017; Sumit et al., 2011). Society owes it to its senior folks to ensure their well-being by providing them with high-quality home care services. In today's world, there is a growing demand for assisted living services that help residents maintain their freedom, privacy, safety, autonomy, and dignity, and so avoid having to relocate into institutions.

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