



People's Participation **Project: “Age Just a Digit”**

Context of the problem: Population ageing is a global issue which has multi-dimensional impacts on all economic issues of a nation. It is related to many demographic and vital statistics, economic status, health and social status of population. There is a huge variation of population ageing in India varying



over state to state, community to community, locality of residences and sex etc. Remarkable shrinkages of population pyramids on population for India and West Bengal over 2001–2011 indicates a decline in fertility leading to an increase in the proportion of elderly population. Attempts have been made to assess ageing and its related aspects in India and West Bengal. Aging is a universal and biological phenomenon which is accompanied by physical deterioration, increased risk of disease, functional deterioration and disability. It is a reality experienced by the elderly irrespective of their socio-economic and environmental factors.





Currently, India is experiencing a demographic transition due to fertility decline, availability and accessibility of adequate health care services, and modern medical advancements. As a result of this demographic transition, life expectancy of people has increased in India leading towards ageing. However, ageing increases the risk of physical, mental and social deterioration of a person affecting the overall quality of life. In addition, increased life expectancy leads to an increased burden of diseases, especially non-communicable diseases. Aging is an inevitable biological phenomenon. It is accompanied by an increased risk of disease, disability, decreased functional capacity, and eventually death.





In such a situation, healthy aging has become the focal theme of aging research. India has the world's largest aged population and most of it resides in rural areas. Technological advances in health care and improvement in living standards not only improve longevity, but also change the age structure of population and a higher dependency ratio. Ageing is also associated with coexistence of multiple morbidities and the most common morbidities are depression, musculoskeletal problems, hypertension, gastrointestinal problems, diabetes, and neurological disorders. Rapid economic growth, modernisation, and urbanisation led to an increase in nuclear families resulting in loneliness, moving to the old age homes and nursing homes. Moreover, loss of spouse, retirement, lack of social support and financial crisis led to psychological distress and loss.



Problem faces: Alarming, the proportion of psychological distress was found to be high among the elderly of this rural area. Therefore, all steps must be taken with special focus on the mental health of the old people so that they may continue to contribute to the upliftment of the society. Neurosis is a class of functional mental disorders involving chronic distress, but neither delusions nor hallucinations.

Common conditions in older age include blindness, locomotor disabilities and deafness, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia. Any individual from any segment of society may be socially isolated, but senior citizens are especially susceptible to the risk factors that may trigger social isolation. These include poverty, loss of earning, living alone, family violence, loss of a spouse, aging-related cognitive impairments and disabilities, and transport issues.



What we done: We have admitted aged people within different Govt run hospitals, arranged free Govt supported NGO runs shelter homes, arrange one-time food from Adyapeath temple- Belur Math Ashram & other religious and Individual run food centers, free locomotor and mental health treatment from NILD and Pavlov Mental Hospital, Bangur Hospital; distributed old clothes and nominal pocket money to aged poor people within Kolkata & North 24 Pgs District. In Covid period we have distributed cooked meals to those aged poor for long time.

- We have applied for aged women to free Government run shelters along with other facilities like food and medical treatment.
- Supports aged women to apply to Government schemes for old aged pension, Widow pension (Aged 60 +) to receive monthly financial supports.
- We tried to educate aged women in rural West Bengal through night schools. But the project could not succeed due to political & religious reason.
- We have arranged some aged people association to discuss, debate, chess, poetry among them by them; those male aged people also engaged on walking in morning with some simple yoga practices.
- Linkage with Rs. 5/- 'MAA Canteen' for daily one-time food.



Suggestions: Although the process of aging, disorders, and disabilities of old age cannot be totally prevented, suitable measures can be taken that would retard this progress, thereby leading to a longer period of health and thus preserving their QOL.

It is suggested the need for effective health promotion strategies to improve overall health status among the elderly. The health systems need to be aligned to meet the needs of the older people. Increasing awareness among the elderly about the available benefits is primary to its utilization among them. Emphasis should be on the prevention and management of chronic diseases. Provision for geriatric care with counselling should be arranged in the community to serve the elderly people especially to them who perceive their health as poor. Government/NGO Schemes need to be organized to meet the needs of reduced mobility and safety precautions of this vulnerable population. Providing for social assistance such as old age pension will further help improve their QOL.

