Emerging needs of the elderly

Manuel Carballo

The 20th century has been one of profound social and demographic change. Almost everywhere, albeit to different degrees, infant and young child mortality has decreased, birth rates are falling, and life expectancy has significantly increased. Together, these changes are now altering the ways in which societies are organized and function, and are calling for a major readaptation on the part of governments, communities, families and individuals. At the same time as the life span of people has increased, so has their physical potential to function well in society: so now there is the need to provide them with the required psychosocial space if they are to continue contributing to, and enjoying, the fruits of society.

Demographic effect

Today, some 31 countries each have over 2 million citizens aged 60 and over, and by the year 2025 it is estimated that there will be 1200 million people in this age group, i.e., over twice as many as there were in 1990. As with other health developments, the "greying" of society has been most obvious in the richer, more economically developed countries. In Europe, for example, where birth rates have been falling and where living conditions have been steadily improving for much of this century, some 20% of the region’s population is now aged over 60.

This trend towards "older" societies is spreading geographically as a result of improved social and economic conditions. For example, in Japan and Singapore, by the year 2025, people aged 60 and over could constitute 29% and 27% of those countries' populations respectively, whereas in Sweden, where over 20% of the population is already aged over 60, by 2025 it will have increased to 30%. In China the year 2000 will see more than 80 million people aged 65 and over, and India can expect a similar figure to be reached by the year 2015.

Changes in life expectancy depend on many factors. Not only do social and economic conditions play an important role, but the quality of, and access to, health and social services are also an important and necessary ingredient. However, no social and demographic change of this magnitude can occur without, at the same time, provoking new demands and new challenges. The aging of society is no exception to this rule, and the coming years will test the capacity of society and its institutions to respond meaningfully to the broad health and social needs of older people. The first challenge results from the evolution of the family during this century. Smaller, more mobile and more independent than extended family networks in

Over the next 40–50 years, the world’s population aged 65 or over will rise from 184 million to 678 million. The immediate challenge is to address the needs of the elderly in ways that will give quality of life a high priority.

Grandmother and grandchild in India. People aged over 65 are forming a greater proportion of the population all over the world.
Longevity is something we all aspire to, but old age entails special hazards that need to be addressed by the health sector.

In the past, the contemporary family is less able or prepared to care for older relatives than before.

Another challenge concerns the changing face of employment and the need in many countries for older people to retire earlier in order to make way for younger colleagues. The elderly are thus faced with the growing contradiction of being physically fitter for longer than before, but at the same time being confronted with longer years of economic inactivity.

Meanwhile, social attitudes to the elderly have also changed. Because they are seen as physically fitter (which for the most part many of them are), and more mobile and economically independent, they are also thought to be more psychologically able to cope for themselves than before.

Facing the problem

Yet no matter how healthy or autonomous older people appear to be, the fact remains that age brings with it the heightened risk of a variety of degenerative diseases and psychosocial concerns. Cardiovascular diseases, diabetes, osteoporosis, difficulties of hearing and vision, as well as Parkinson and Alzheimer diseases and dementias, are all more common in the later years. While many of these problems are becoming treatable, they show few signs of being curable. Instead, they are becoming the chronic diseases of modern society, often difficult to manage socially, and ever more costly to manage medically. The psychosocial needs of the elderly also become more pronounced with age. The need for companionship, the need to feel wanted, and the need for social and emotional support are central themes in the everyday lives of older people.

The question of how to prevent or deal with the medical and social disabilities of older people has thus become an overriding concern which will continue for years to come. Society will need to find ways of involving older people while maintaining and respecting their autonomy, and at the same time providing them with the support they require in the later years. In some areas, this is required even though the proportion of economically productive people who are able to contribute to the financing of the public sector services is decreasing. Society may need to find new adaptive social, medical and public health mechanisms because the cost of services is increasing for the elderly and outpacing the capacity or desire of society to deal with these issues in the way it used to.

This challenge calls for imagination, commitment, and in the context of many societies, a rethinking of health and social policies. Everywhere, it will require reorganization of health and social services, and training of new cadres of workers able to cope with the needs of "greying" populations. It may require new societal approaches to the biological family and to "surrogate" families of choice, and especially to finding ways in which they can be supported so that they, in turn, can relieve some of the pressure from the formal sector. Everywhere, longevity as one of the fruits of social development will call for more attention to be paid to the quality of life as well as to the number of years lived.

Dr. Manuel Carballo is with the Unit of Injury Prevention, World Health Organization, 1211 Geneva 27, Switzerland.