

The feasibility of elderly care of institutional care in South Asia

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Abstract

A narrative review was carried out on existing literature on the feasibility of elderly care of institutional care in South Asia. Physiological changes take place in human body with increasing the age where proper care is necessary as senior people are vulnerable to various health problems. Appropriate institutional or day care is needed for elderly people. The paper shows the feasibility of institutional care with practicability approaches with exploring the existences in South Asian countries for elderly people. Articles were searched through using various search engines such as Google scholar with using few keywords. Further analyses were carried out using Microsoft excel for creating data matrix. The elderly population is increasing with decreasing fertility rate in the South Asian region where the concept of institutionalization care for elderly care hasn't yet established. Elderly care is just initiated and found to be poor in South Asian region. In order to tackle the health consequences of elderly people with increasing population elderly people required proper institutional care in either home or institution.

INTRODUCTION & BACKGROUND

Elderly population is increasing with decline in fertility rate where ageing people are globally concern [1]. The rapid growth of senior people in existed not only in developed nations but also in developing countries. Due to changing lifestyle, advancing technology and favoring environment & interactions life expectancy is increasing [2]. In 1950 there were 55 million people aged 65 and above in Asia whereas in 2000, this figure has increased to 207 million with the projection of 865 million in 2050 [1]. It has found that with the increasing age human physiological and sociological changes take places. In this stage of life, ageing have to go through various health and social difficulties; such as absence of proper health, chronic diseases and low access to medicine facilities due to poor financial support. Similarly, ageing people feel various socioeconomic insecurity such as deprivation, exclusion and negligence from home, community and society [2].

Health care services and provisions are available for old age people such as pension, retired advantages and certain amount of health care services in countries of South Asian regions. Services are provided through government sectors are not satisfactory where out of pocket is still high for ageing where they need to pay to have health and insurance services from private sectors [3, 4]. Traditionally, Asian people like Nepali, Bangladeshi, Indian families and communities were responsible for taking care of their own elderly members [4, 5, 6]. Due to change in modern value, with respect to dignity and honor the concept of elderly care nowadays is going through the paradigm shifts. The changes in the family patterns (joint family to nuclear family) are making the elderly people take shelter in the old homes where concepts of institutional care arise [4, 5]. Both formal and informal institutional care existed in the society [7].

This paper tries to show the feasibility of institutional care with practicability approach with exploring the existence practices in south Asian countries towards elderly care. This narrative review from south Asia will make clear about the existing structure, conditions and figure out the feasibility of elderly care with comparison and emphasis to figure out gap in existing services. Besides, it will identify the gaps and challenges for formal health services of this region along it will discuss how to improve the services for elderly people in this area.

Review

Methodology

We searched various literatures through Pubmed and google scholar to figure out the relevant and appropriate literatures in South Asian region. These databases were explored for the time period between the year 2000 and 2018. Different key words were used for searching, like elderly care, institutional care, south Asia. When we couldn't excess literature from South Asia keyword; we used 8 indi-

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vidual countries name, Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, India, Pakistan and Srilanka. Finally, Relevant articles were taken into consideration when the key words were included in research title and reviewed abstract of articles and applicable literature were saved in a database.

Inclusion and Exclusion Criteria

Articles were selected based on predefined inclusion and exclusion criteria. Following were inclusion and exclusion criteria; (a) Inclusion criteria: Report published in between 2000 to 2018 to avoid the old publication, English medium of publications were chosen. (b) Exclusion criteria: Reports published before the time period were excluded from the study. Only the information related with institutional care are included in the review.

Data Extraction and Analysis

Data were extracted with the help of Microsoft excel with the title name, journal name, year of publication and country name. Researcher separately extracted the data and cross validation was done. Data analysis was done by comparing the similarities and differences in between the countries in South Asia.

Findings

In South Asia, overall it has been found that elderly care is less accessible and found to be poor. However, the governments and different organization are providing limited care services in countries like Bangladesh, India, Nepal, and Srilanka.

Nepal

Nepal have initiated care for elderly people since long back. In 1976, Nepal initiated providing shelter to destitute elder people in PaspupatiNath temple (one of the famous Hindu temple) through the help of Ministry of Women, Children and Social Welfare (Ministry of women and senior citizen) [3, 6]. Currently, only 230 old people are living there. Moreover, about 1,500 elders are living in different old-age homes operated by different NGOs and other private organizations in Nepal. This services are donor based but still the services are not satisfactory [6].

Nepal has promoted elderly health care since Ninth National plan (1997-2002) by including the services for elderly people. The services like provision of monthly pension and senior treatment services are accessible formally to Nepali senior citizen since then [3].

Bangladesh

In Bangladesh the concept of institutional care for elderly people started with the concept of 'Shanti Nibas' where services like shelters, lifelong health care, Medicare and recreational services were focused. It has been found that elderly people are suffering from mental and physical abnormalities especially dementia in Bangladesh [8]. Bangladesh Association for the Gender and Institute of Geriatric Medicine are actively involved in helping elderly care with partnership of others national organizations [9]. Since the services towards elderly people started quiet before, yet Bangladesh needed to focus on elderly care as it has been predicted that the country will experience the rapid growth of elderly population near in future [10].

Srilanka

The feasibility of elderly care is much more established in case of Srilanka, where voluntary organization, private parties, religious bodies and government are providing services like elder friendly. Elder friendly services include day care centers in both urban and rural areas which is being functioned by Government, NGOs and volunteering organization [3].

Nation have initiated their support on elderly care through establishing National Committee on Ageing in 1982 where multinational bodies are working collaboratively. There is the provision of identity care for people over 65 years olds for convenient and quality services from the government departments, hospitals and banks [3].

India

India has different ageing care and support throughout the country. Services like regular exercise, health examination, meditation, recreational activities were focused for elderly people [4]. There are also some special diet focus institutional care which have focus particularly on mental health of elderly people [4].

Pakistan

In Pakistan institutional care for ageing is found neglected through literature. Some hostels are available for retired elderly person where they have to pay for their own expenses [11].

Bhutan

It has reported that more than 80% elderly people in Bhutan are satisfied with every services due to high social support from government and community [12,13]. In the places like Thimphu, Bhutan institutional care is known as royal society for senior citizens where services were accessible to elder people since long back [12].

Maldives

Dementia is regarded as a major illness among elderly people in Maldives where the institutional care found to be limited [13].

DISCUSSION

Best on our knowledge through literature review it has been found that the institutional care for elderly people is emerging in South Asia but haven't establish formally. Elderly is a phase of life where an elder person goes through various health problems and they need special focus and help in such stages of life. However, due to changing family importance, culture and modernization, importance of senior people in family is changing. Busy social and work life emphasized less time to look after elderly people where the concept regarding old age homes are flourishing. There is gap in between the institutional care in between low middle income countries and high income countries regarding institutional care [14].

It is necessary to have estimation of the monetary burden from societal and health policy viewpoint when talking about feasibility of elderly institutional care. The studies from lower income countries have specific focus on specific type of disease as a care for elderly rather than focusing on institutional care with calculating expenditure. It has been found that ageing tend to be poorer in Asian countries than in Latin America and Europe where older persons vary greatly in regard to their independence and economic self-sufficiency [2]. Lack of health financial research on elderly care in institution basis in south Asian region has led to lack of policies which supports the requirements and rights of ageing people [15].

Ageing populations faced a changing array of health problems and needed services. Chronic diseases and disability in elderly population services are more focused in urban area than in rural area in south Asia [16]. It has been found that in low middle income countries, less specialized informal paid services are available to families whereas elderly care is provided in managed way with having technical expertise in high income countries [14]. In China, professional nurses and physician are only allowed for taking care of elderly in institution and home care [2].

CONCLUSIONS

Ageing population is increasing in south Asian region where the concept of institutionalization of elderly care has been initiated but yet need to be established. With the increase of elderly people and changing ethics, values and morals of the society the home based family care is being less practice in Asia. The elderly care is seems necessary in south Asia in order to tackle the senior people health consequences. The lack of proper management of existing structure and policy formulation in sector of elderly care seems problematic where elderly is getting less focus in preventive and curative services in south Asian regions. Proper care of ageing people is one of the agenda of Sustainable Development Goal (SDGs) which falls under the elderly care where proper studies should be done on feasibility of elderly care on those areas.

RECOMMENDATIONS

Elderly care seems necessary in south Asian countries with the increase of elderly people. To meet this necessity, provision and execution of different informal and formal care are required to manage the situation of ageing people. The issues of financial and gender equity need to be addressed as it is unethical to refuse care of elderly people because of their financial constraints. Institutional care facilities should be given priority in the strategy of the health system. Also, geriatric social workers, in the meantime, have to campaign for home-based care so that active ageing can be promoted and ageing crisis can be prevented in south Asian countries.

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