...NEWSLETTER...NEWSLETTER...NEWSLETTER...

TOWARDS HEALTH FOR ALL BY THE YEAR 2000 IN THE EASTERN MEDITERRANEAN REGION OF THE WORLD HEALTH ORGANIZATION

نحو تحقيق الصحة للجميع بحلول عام ٢٠٠٠ في اقليم منظمة الصحة العالمية لشرق البحر الابيض المتوسط

VERS LA SANTE POUR TOUS EN L'AN 2000 DANS LA REGION DE LA MEDITERRANEE ORIENTALE DE L'ORGANISATION MONDIALE DE LA SANTE

EMR Newsletter, Special Issue
No. 16, February 1982

.WORLD HEALTH DAY 1982...WORLD HEALTH DAY 1982...WORLD HEALTH DAY 1982...WORLD HEALTH

.ADD LIFE TO YEARS...ADD LIFE TO YEARS...ADD LIFE TO YEARS...ADD LIFE TO YEARS...ADD L

HEALTH FOR ALL BY THE YEAR 2000 IS ALSO FOR ELDERLY PEOPLE--SO LET US START NOW!

"While the increase in longevity adds years to life,
WHO is of opinion that it is even more important to add life to years,
and that this should be a vital concern for health and social services."

Dr A.H. Taba,
WHO Regional Director

..WORLD HEALTH DAY 1982...WORLD HEALTH DAY 1982...WORLD HEALTH DAY 1982...WORLD HEALTH

WHY A WORLD HEALTH DAY ON AGING ?...

WHAT CONNECTION WITH "HEALTH FOR ALL BY THE YEAR 2000" ?...

In 1950 there were about 200 million persons over 60 years of age in the world. By 1970 this total had risen to 307 million. Between 1970 and the year 2000, the number of the world's aging citizens is expected to rise to 600 million, the proportional growth being greatest in developing countries. The wellbeing of these hundreds of millions who are aging presents a special challenge to the World Health Organization's commitment to achieving Health for All by the Year 2000. While the rapidly increasing number of old people throughout the world represents a biological success for humanity, the advancement of the condition of the elderly survivors has lagged behind, especially in the mental and social health areas. The process of aging can be modified within surprisingly broad limits by factors such as personal motivation, physical fitness and a stimulating environment. Hence the stereotype of the aging person manifesting physical and psychological decrement, loss of role and of functional capacity, has to be abandoned.

IN THIS ISSUE...

.ADD LIFE TO YEARS...ADD LIFE TO YEARS...ADD LIFE TO YEARS...ADD LIFE TO YEARS...ADD L

Message from Dr A.H. Taba
WHO Director for the Eastern Mediterranean Region

for

World Health Day, 1982

HEALTH FOR ALL BY THE YEAR 2000 IS ALSO FOR ELDERLY PEOPLE -- SO LET US START NOW!

If the care of the aged as a health and social problem has not yet attracted much attention in our Eastern Mediterranean Region, it may be because our populations are proportionally much younger than in some other parts of the world. Hence the problem has not yet assumed the same importance as in more developed countries. Nevertheless, within the next twenty years, the number of persons aged 60 or more will increase from about 13 to over 24 million in our Region.

In our Region, too, we are fortunate in having a type of society which usually cares for the aged. Families and communities do not, as a rule, neglect their old, older and oldest members. However, with the rapid social changes taking place in most of the Region's countries, and the move of populations towards big cities with small and overcrowded accommodation facilities, old people may feel more and more isolated even if they are not, in fact, abandoned. These are trends which are only too likely to increase in the foreseeable future. In this developing world of ours, it will clearly put a tremendous burden of support on governments that are already struggling to provide for the equitable welfare of their people. Thus these increasing numbers of old and very old people represent a special challenge to governments and WHO in their joint commitment to achieving "Health for All by the Year 2000".

That the services for the care of elderly members of society should be integrated into the provision of primary health care for all, there is no doubt. While the increase in longevity adds years to life, WHO is of opinion that it is even more important to add life to years, and that this should be a vital concern for health and social services. What the World Health Day slogan implies is that, in terms of life, quality may be more important than quantity. What is the advantage of living longer if diseased or invalided ? Quality of life means improving physical ability, mental functioning and social wellbeing, calling for broad social interventions rather than medical technicalities.

./.

It is more and more evident that health services alone will not be adequate to cope effectively with the overall problems of old age. Social services will also have to be developed in such a way as to meet some of the needs created by urbanization and industrialization. Apart from primary health care workers to serve the community as a whole, including its oldest members, it will also be necessary to intensify and extend the training of social workers to deal with present and future problems. It is also necessary to increase the awareness among the decision makers, and the authorities responsible for planning health services, of the problems of the aged. Likewise, there is a need for much more research in this field in anticipation of forthcoming situations which will soon present themselves in our part of the world as they have already done elsewhere.

In view of the inevitable increase in the number of old people, the growing proportion of older to younger people, and the problems that social changes and new behavioural attitudes are already creating, the training of physicians and other health personnel in the growing number of medical schools and other educational institutions in our member countries should include at least some exposure to the problems of the aged. Despite other pressing needs, it would be unwise for our Member States to delay giving serious attention to the problems of old age. Although not yet conspicuous, they are bound to increase in the very near future. The authorities concerned would be well advised to prepare good plans now, if we are all to work together effectively to ensure a healthy, dignified, rewarding and productive life to our aging populations.

* * * * * * * * * *

The role of the World Health Organization should go beyond traditional medical concerns and should aim at involving the health sector in the larger context of improving the quality of life for the elderly. The potential exists for the elderly to contribute to society, since the great majority of aging people do not show symptoms of decline in their mental and physical condition. Where individuals, communities or governments have shown initiative in finding employment for the elderly, results have been very encouraging.

THE PLIGHT OF OLD AGE

How the situation can be assessed and remedied

For many years the World Health Organization (WHO) has devoted attention to the various problems of the aged, and the Organization's involvement in the sciences of gerontology and geriatrics and programmes of health and social services for this population group has been increasing progressively. The activities undertaken by WHO cover several fields directly related to the aged — namely the organization of health care services, particularly at the PHC level; education and training in geriatric care; and the health protection, mental health, nutrition, housing, and rehabilitation of the elderly.

Old age is not an illness

Modern medicine rejects the concept of old age as an illness. The complaints of the elderly and aged usually reflect illness, and not old age. This situation calls for special attention in providing health services for old people, a change in physicians' and in public attitudes to these complaints, a deeper knowledge of geriatrics, which in turn means taking into account the patient's physical state, his behaviour and his environment -- i.e. his family and the community.

Ill-health in the elderly is manifested by a variety of physical and/or mental defects or diseases, generally of a long-lasting nature, that were, for various reasons, neglected in middle-age or even earlier in life, or that occurred at a later age, depending very much upon the lifestyle adopted by the patient.

These diseases and ailments produce disabilities and incapacities, resulting in the elderly becoming dependent on the assistance of other persons. It is important to stress that the elderly are very often affected by multiple diseases of varying severity.

The most prevalent long-term diseases in the elderly include cardiovascular and cerebrovascular diseases, cancer, diseases of the locomotor system (arthritis and rheumatism), mental illness, and conditions affecting hearing and vision. Accidents also occur more frequently and may lead to invalidism. Cardiovascular diseases are very prevalent and their prevalence increases with age. The rate of most malignant diseases is much higher than in younger age groups. Falls are common in old age and bones more fragile.

Mental fragility

The process of aging also involves degenerative factors which contribute to ailments such as the so called senile dementia, and to psychiatric sequelae of infections, malnutrition, circulatory disturbances, failing sight and hearing, and slow locomotion. Examples of social factors are bereavement, social isolation, a feeling of uselessness, the inability to adapt and cope with a rapidly changing environment, and the inadequacy of society's attitudes towards its elderly members. Lethargy and lack of drive might also be due to depressive illness and not necessarily to the aging process. This should be taken into consideration for better management and more effective care of the elderly.

./.

Nutrition

The subject of nutrition of the elderly has been treated by Prof. Essam Fikry, of Egypt, in the April 1981 issue of the WHO magazine "World Health". Factors responsible for inadequate nutrition are poor dentition; lack of interest in food; the disadvantages of cooking for one person only and eating alone; insufficient means to afford appetizing or even just adequate foods; difficulties in shopping, resulting from impaired mobility; and possibly, poor intestinal absorption.

In many countries, and particularly in the Middle East, malnutrition often takes the form of obesity, and this is almost certainly a factor that shortens life. The cause of obesity, especially in women, is often an improper diet.

Physical and social environment

The physical environment in which old people have to live may present problems. Urbanization, town planning, and transportation are often conceived in a manner that isolates old people. New roads and heavy traffic make it difficult for them to move about freely, while air pollution is having an ever-growing impact on their health. In any case, nevertheless, the best place for the elderly will always be in their own community.

The social environment is usually very different in the developing and developed countries, as well as in urban versus rural areas. In the developing countries, especially in rural areas, the elderly still have a respectable social status by virtue of their age, and their care is primarily the responsibility of the family.

Too many old people are being kept in hospices because there is no other place for them. Hospitalization should be available to them for short periods in acute conditions, and also to give some relief to families caring for their old relatives at home. As far as mental illness is concerned, public educational programmes should be promoted to encourage the acceptance of mentally ill old people. Medical students, nurses, auxiliaries, and social workers must receive adequate education and training in mental disorders of old people.

Socio-economic factors

In developing countries such as most of those in the Eastern Mediterranean Region, many people are self-employed and can continue to work as long as they are able. However, even the developing countries are gradually moving towards the conditions prevailing in more industrialized ones where people are generally wage-earners and compelled to some form of retirement that leads to loss of status, reduction of social contacts and decrease in income.

Employment is more than gainful activity. It also includes day-to-day contacts with other people. Increased leisure is not always a blessing, particularly for those old people who do not have enough opportunities, facilities and capabilities to use their time in a useful, productive, creative and rewarding way.

Even when and where there is a social policy of retirement, senior citizens could be given the option of continuing their work on a full-time or part-time basis at a reasonable rate of earning for as long as possible if they so desire and provided they are still fit, both physically and mentally. A decent level of income is a pre-requisite for well-being.

./.

HOW TO REMEDY THE SITUATION

The role of the health team

In order to alleviate the plight and misery of old people, the physician and other members of the health team should have sufficient knowledge to make a correct assessment either at the elderly person's home or at the dispensary, and thus plan a sensible course of action. Next, the possible creation of specialized geriatric services at hospital level, to provide accurate diagnosis and advice on treatment and rehabilitation, could greatly assist the physician or health worker in looking after his elderly patients.

Special advice should be given by health workers and visitors on accident prevention, nutrition, and the availability of special services. Information about the needs of older people in the community would thus gradually be accumulated, and this would help greatly in the future planning of comprehensive community services. Many older people will, of their own accord, attend a health centre for examination if appropriate announcements are made, but the aim of "seeking-out" visits would be to reach elderly individuals who will not do so. The recognition of old age diseases at an early stage may enable the condition to be cured, or at least stabilized, or its recurrence to be prevented, and, especially where and when mental and social problems have been uncovered, much help may thus be given to the elderly at local community level.

Health education and information of the public

Old age should not necessarily be regarded as a time of ill-health and the expectations of the elderly could be improved by proper health education and information of the public at large, community and family. Health education and information is a continuous process, starting during the schooldays. Older people should first be kept informed of all services available to them.

Education and information of the general public is imperative if they are to accept that an increase of the aged population is a natural consequence of modern living through the extension of life expectancy and that old people have a rightful place in any society.

The occurrence of physical, mental and social illnesses in older people are too often unknown and unreported to the health and welfare services and it is thus recognized that there are many important but unmet needs in the community. Therefore, active attempts to identify the elderly people particularly at risk, and to set up necessary services in the community, should be an integral part of any Primary Health Care programme.

Whereas in industrialized countries morbidity increases markedly at about the age of 70 years, the limit may be brought back to 60 or even 50 years in some developing countries. If preventive measures and appropriate lifestyles have not been applied through the whole lifespan of the individual, a start should be made as soon as possible to seek out prematurely old people for special attention in any given community.

./.

Rehabilitation and social services

Apart from prevention and treatment, rehabilitation and the setting up of appropriate social and welfare services are important factors which may help remedy the plight of old people.

Rehabilitation is an essential follow up of treatment, especially in the elderly, with the aim to restore them, if possible, to their own home in as healthy and in as mobile a state as possible. Reintegration means that the old person is restored to society. He or she is not cast away as a second rank citizen, but participates fully in normal life, and on many occasions resumes a meaningful occupation, according to capacity.

For many reasons, it has been found necessary in all parts of the world to supply additional special services for elderly people. The purpose is to enable them to maintain a satisfactory standard of health and welfare in their own homes, and to remain independent there for as long as possible. Another important use for these services is to improve the social environment of old people, so that following their discharge from a hospital or other institution, their homes may be adequate for them in all respects.

Recommendation for the future

The steady demographic trend towards aging of populations in the developed countries, the already marked evidence of a similar trend in the developing countries, and the serious social and economic aspects of these trends call for studies which should throw more light on the problems of age-associated diseases, and result in a more comfortable life for the elderly and the aged. The major problem areas of aging and aged people from the health point of view extend from physical and mental health in their broader aspects to a wide range of nutritional, environmental, social and economic factors which have a direct impact on health. Social security and national programmes would be very valuable in delivering integrated individual and community health services, including preventive and curative care, rehabilitation, research, and permanent surveillance.

A vulnerable group

The aged should be considered as a vulnerable group especially susceptible to physical and mental deterioration and social crisis, all of which are closely interrelated. Health surveillance is imperative and demands thorough planning and organization of a system of delivery of integrated services, oriented towards keeping the elderly in their own homes and communities whenever possible. Such a system should form an integral part of the general health system, of which the Primary Health Care team represents, for all countries, the basic unit. Any system of care should be closely integrated with the social welfare services if comprehensive care is to be achieved.

Each country should assess the yet unmet needs of the aged and explore the most suitable pattern of care that fits into its health system, taking into consideration the current environmental and economic changes, such as rapid urbanization, industrialization, migration into the country, and the implications of these changes in relation to the family pattern and future way of life of the elderly and aged.

./.

Education and training

The education and training of general practitioners and physicians specializing in internal medicine should include a comprehensive review of the concepts of geriatrics. All medical schools should introduce into their curricula the study of aging in all its physiological, psychological, pathological, clinical, epidemiological and sociological aspects.

Any medical, nursing, auxiliary, PHC, social or voluntary worker employed in the delivery of care to older people should have attended an appropriate training course.

Education and information programmes for the population in general and the younger generations in particular, should be encouraged as contributing to the maintenance of health in the elderly.

As we are reminded by Dr Taba in his World Health Day message, the health problems of the aged in the countries of our Region will inevitably increase and receive a higher priority in the future.

* * * * * * * * *

The elderly and their families should be involved in the provision of their own care and this would require health information and education. In this regard, a knowledge of preventive medicine at an appropriate level would be important. Better techniques are needed for avoiding everyday problems of aches and pains, incontinence, anguish, depression, memory impairments, hearing and visual losses. The traditional health methods of physical exercise, proper diet and social relation increase the feeling of wellbeing and must be promoted. The introduction of such health life habits should occur early and be continued throughout life, as health promotion for old age. One specific measure related to healthy old age is the safe use of drugs by the elderly, especially the avoidance of self-medication and the careful instruction of the elderly as to the correct way to take medicaments.

HEALTH CARE FOR THE AGED

by Dr Kassem T. Al-Mufty, Director, Central Tuberculosis Institute, Department of Preventive Medicine, Ministry of Health, Baghdad, Iraq

The interest shown in the condition of aged persons started to increase in a relatively short time. This is due to the constantly increasing number of aged persons in the world populations.

We call "aged persons" any person aged 60 years or more. Their rate was 8.4 per cent of the total world population in 1970 and was highest in Europe with a rate of 16.7 per cent, but the percentage of aged persons in the developing countries will increase more and more in the years to come.

Five years ago, the average life expectancy in the industrialized countries was 72 years, whereas it was only 55 years in developing countries. Such a difference appears even more clearly between the populations of Europe on the one hand and those of Africa and South-East Asia on the other. The steadfast increase in the aged persons population in the community requires that health and social care for these persons be intensified, and more particularly in the developing countries. This was one of the objectives of the Alma Ata Declaration which called to supply individuals and families, at the community level, with services on a sounder and socially acceptable basis.

Regional activities were in general directed towards this end, in order to find out the aged persons needs, to compare the ways and means of fulfilling these needs in different countries, to re-examine the technology adopted, and to improve the knowledge of the effects of the increased numbers of aged persons on the family, the community and the health care.

The Declaration also reflects the interest manifested in the condition of aged persons in order to cope with their expected increase during the coming years. The steady evolution of the varied branches of medicine, the strengthening of health and preventive care, the decreasing rates of birth and death will lead to a rapid increase of aged persons within the community and will contribute to the continuation of such an increase over the coming three decades. Moreover, such phenomenon will be faster and larger in the developing countries.

If the present low birth rate in the industrialized countries is maintained, the rate of aged people in these communities will rise constantly.

The rapid evolution from rural life towards urbanization and urban life in many developing countries has brought substantial changes in the structure of communities in the economic, social, cultural and health fields. These changes are affecting the aged population. However, aged persons continue to have a special influence on the family structure and on the social, cultural and economic life of their communities.

./.

Some of the forms of interest shown in aged persons are exemplified by the wide progress made in research on diseases of the aged and the steadily increasing number of physicians specializing in this discipline. This research aspect constitutes by now an important branch of modern medicine. An urgent need also consists of directing medical studies towards the close relation existing between common diseases and their incidence as man is getting older.

Physiological functioning of organs and members of the human body weakens with age. Medical research has shown that diseases such as malignant tumours, atherosclerosis and diabetes are closely linked with old age. Therefore, aging should not be considered as a sudden event, but as an unavoidable and gradual decline in the general functioning of the human body. In fact, the organs of an aged person start functioning with an efficiency lesser than normal, which makes the aged person complain of functional, organic or psychic symptoms. This is why aged persons need twice more health care than the young. The high rate of diseases among aged persons reflects the close relationship between aging and diseases.

Old age diseases may be accompanied - or be the consequence - of other diseases. Progress made in the pathology of old age diseases as an autonomous branch of medicine will help the study, diagnosis and prevention of such diseases in order to find out the best modern means of treatment, especially as the occurrence of these diseases increases with the number of aged persons in the community.

Studies are also directed towards the avoidance of premature aging, the diagnosis of diseases which increase steadily with age, including several of them which attack man in his youth and may reappear in old age, including infectious diseases.

In conclusion it can be said that over the next three decades, the number of aged persons will steadily increase both in industrialized and developing countries, and that this increase will be even greater in the developing ones. Therefore, health care for aged persons should be intensified in connection with the marked progress in the treatment of aged persons diseases within the framework of "Health for All by the Year 2000".

* * * * * * * * * * *

The primary responsibility for the health of the elderly will remain with the elderly themselves and with the family. There is a real dilemma as to how service provision can be organized if only private provision is available. This would serve only the rich and, if there has to be any provision for the great mass of the elderly who will be living in the rural areas, this must be through existing public health services. Although in principle such services are available and accessible to all, in fact services for the elderly are provided through facilities which at present are under-staffed and under-provided with resources and medicaments.

AGING IN KUWAIT :

THE CHANGING ROLE OF THE FAMILY AND THE COMMUNITY IN THE ARAB WORLD

by Dr Samir N. Banoub, M.B. CH.B, D.P.H, DR.P.H.
Director, Office for National Health Planning, Kuwait

The Value of Elderlies

The value of elderlies is highly appreciated in the Arab World. Religious, cultural, traditional and social factors are the basis for such high status within the family and the community. The Holy Quran emphasized the merciful behaviour of offsprings towards their parents and recommended looking after them in old age. Their satisfaction is considered as a part of "satisfaction of God". A child or a youngster calls any elderly, even if he is a stranger as "Uncle" or "Aunt". He will automatically help him in crossing the street, and willingly would give his seat for him in a public place. Traditionally adding years to life was considered as a means to add experience and wisdom, ahd hence elderlies were always the family and community leaders. The impact of this strong religious and traditional power was obvious in the social life. The prevailing family pattern was the extended type of family, where the household accommodates for grandfathers, grandmothers, parents, wives and their children as much as it can. The prevailing occupations were mainly agriculture, herding, trading or small handicrafting. These occupations require cooperation and involvement of a sizeable number of workers. The best situation was that all of them were to be members of one extended family, or a tribe of families, and where the younger, by apprenticeship was learning from the older, and the Elderly was having an explicit power of leadership. Gradually as the person was aging he was giving up physical activities and focussing on intellectual activity of leadership, guidance and supervision. To the extent that personal decisions of offspring for the choice of a spouse was the parent's decision or at least only happening through parent's endorsement. This explains the likehood of consanguinity to strengthen the extended family ties.

Care of the Elderlies

Governed by these values and traditions, the only source of care of the elderlies was their offspring. Children are the source of social security, and this may clarify the high fertility pattern. Within the family, they are fully responsible for looking after their parents or their elderly relatives in old age.

The community had almost no active role since nothing was left for it, except for acting as a tough audit and observer for family members if they neglect their elderlies. This would be viewed seriously as unloyal and unethical by the community. Institutionalization of elderlies was and is still unaccepted by elderlies and is a source of shame to their offsprings. Recently some countries resorted to this solution to care for those elderlies who have no immediate relatives or no adequate financial sources.

There are no adequate historical data on the health status of the elderly population. Yet one can assume that with low life expectancy, limited health care services and technology, the elderlies were proportionately low in numbers, but were healthier. They were the survivors of infectious and chronic diseases. Yet those who were sick or crippled were having priority access to the available health services whether folk or modern health ones as a part of their right for care.

./.

The Critical Transition

Modernization and developments seem to be dramatically changing the historical status of the elderlies in their societies. The rapid social change is converting the family to form nucleus type of families, and elderlies are gradually loosing that power and prestige although they are still retaining most of their value within the family and the community. Here a double set of values is prevailing, where institutionalization of elderlies in nursing homes or extended care facilities is rejected as a solution, and at the same time new generations are gradually loosening their family ties and commitments towards their parents. I believe that the problem of care of elderlies is existing nowadays though still undermined in this transitional period.

Soon the community has to face reality and provide realistic solutions. Elderlies at the same time should adapt to the changing pattern of life. Alternative strategies are formulated in countries which became aware of this change. For example in Kuwait a set of strategies has been put to deal with the elderlies. These are:

- Raising the retirement age and encouraging part-time employment to ensure the active role of citizens in old age in the community.

- Nursing homes and institutions for the elderlies are to be discouraged. Their stay in medical care institutions should be reduced, unless for medical reasons.

- Encouragement for children to be responsible for their parents in old age, particularly by promoting the pattern of extended family. This can be achieved by social and religious motivation, financial support by the government, and legislation and planning for housing projects to keep the parents in the same building with or in the neighbourhood of their newly married sons.

The question is whether these strategies would succeed to overcome the problems, or that "modernization" is inevitably a one-package deal. To me, the ultimate goal should be comprehensive social and health care of the elderlies. No much emphasis should be put on the source of care, whether it is the family, the community or the government.

During this transition, the community is still holding the high value of its elderlies. This can be best used to stimulate and promote establishemnt of comprehensive social and health care programmes for the elderlies by the community or by the government. The decision should be made, guided by extensive social and anthropoligical research. Hesitancy in taking such decision will result in the growth of the problem where it may be too difficult or too late to seek radical solutions.

* * * * * * * * *

Traditional medical care is often more desirable for the elderly than western medical care. Indeed, western health facilities are grossly under-utilized by the elderly, although this might be overcome if more consideration were given to old people who travel long distances to wait in long queues for care.

AGING IN CYPRUS

by: Linos Shacallis, M.Sc.S.W., Nicosia, Cyprus

Aging is a fact of life and so is the concomitant decline of the potentialities of the elderly. In Cyprus, the number of elderly has never been so great as it is today. In the post-Second World War period, population trends reflect notable changes. Thus, while in 1946 the aged (65 years and over) constituted 5.8%, of the population, in 1960 the proportion rose to 6.4% and in 1976 it reached 10%. This is mainly due to an interplay of factors, the basic ones being reduction of birth rate and increase of life expectancy.

Reduction of birth rate

Since 1946 there has been a sharp decline in birth rate. The average annual rate of population growth, which in 1946 was 1.7 fell to 0.9 in 1976. This decline is attributed to various reasons, such as birth control methods, new attitudes towards the role of women in the family and in society and the desire of people to have fewer children in order to achieve a higher standard of living.

Increase of life expectancy

As a result of scientific advances and improved medical services, better nutrition and generally improved living conditions, life expectancy in Cyprus has increased substantially. Thus, in 1960 it was 66.2 years, in 1966 it rose to 70.5 and in 1971 it reached 72.8 years.

Social changes affecting the aged

Like most other developing countries, Cyprus is witnessing a fast urbanization growth marked by the rapid development of new urban centres. During the period 1960-1974, the urban population increased by 31% with a corresponding slight increase in the rural population of 0.4%. In 1974, urban population was 42.2%. As a result of the tragic events of 1974, when 40% of the population was displaced, the urban centres accommodate now about 60% of the population.

The urbanization and industrialization process affected considerably the extended form of family structure and introduced new social roles for women and children (higher education standards, massive entrance of women into labour force, evolution of the nuclear family).

Mobility of the population increased considerably and the elderly being less volatile and unable to follow their children were left behind - with a magnitude of problems (loneliness, nursing, care). Small peasant communities continued to offer considerable social and psychological support to their elderly members. The emerging need centered rather on the care for infirmity and disability resulting from advanced age. This need started appearing as a problem in the 1960's, but was not so acute until after the tragic displacement of 17 000 needy elderly in 1974.

./.

Social Policies and Services

- The Public Assistance Law guarantees a minimum level of subsistence for every individual who is found destitute or with an income below the minimum levels. About 55% of the Public Assistance cases are persons over the age of 65. Public Assistance benefits go together with social case work services with a view to helping with the social-psychological problems of the aged.

- The Social Insurance Law provides for old age pensions after the age of 65 for those individuals who were contributors to the respective Social Insurance Scheme.

- Free medical services are provided for all the displaced elderly, Public Assistance recipients and Social Insurance pensioners.

- Housing projects are in progress to provide accommodation for displaced aged who live in tents or in shacks.

- Home services are provided to the old who live on their own (cleaning, washing and cooking for those who cannot look after themselves).

- Institutional services are provided in a number of state, voluntary or private homes for the aged.

- Voluntary organizations are very active in providing varied services to the aged. Institutional care, meals on wheels, financial assistance, home help, recreations are some of the noteworthy services offered.

Growing awareness of the increasing problems faced by the aged in a rapidly developing society, coupled with the calamities of the events of 1974, have prompted the Government of the Republic of Cyprus to introduce, as seen above, a variety of progressive social policies and measures in support of its senior citizens.

Present policy trends emphasise the following considerations:

The functions of the family should be reinforced so that it can cope with the difficulties of present day life taking, as much as possible, proper care of the needs of its aged members.

Financial security and assistance where necessary as well as supportive services (home help, nursing, medical help) should be made available through the family, where such a problem exists.

Our policies should aim at the integration of the aged in community life, and segregation shcuild be avoided.

State social services, reinforced and supplemented by voluntary organizations, should be readily accessible and aim at enriching the quality of life of the aged.

Institutional care, though unavoidable, should be provided without losing sight of the principle that the aged should never be deprived of their rights in community life and participation.

Finally, meeting the basic human needs of the displaced elderly should be a matter of priority.

* * * * * * * * * * *

AGING IN DEMOCRATIC YEMEN

More Vitality throughout the Years

by Dr Aly Yussalem Bazerbis, Director or Health Education and Information, Ministry of Public Health, Aden

In the People's Democratic Republic of Yemen, as a result of inherited ways and customs widespread among citizens, we find that the aged persons are surrounded by great care and attention by their children and grandchildren. This is because the latter consider that aged persons have spent great efforts in the past in taking care of them until they arrived to their present situation. Therefore, they spare no effort to ensure the atmosphere and climate required by their relatives in their old age.

The Government also has created a special home for aged persons in Aden, the capital; this home contains 80 beds, 40 beds for men and as many for women. It is also supplied by all means and facilities needed to help aged persons to spend the remaining years of their life smoothly and easily. In so doing, the Government has contributed to add vitality to the remaining years of their lives.

The Social Security Law may be considered as a real gain for the Yemen working class and its trade union. Such law is due to the wise and sound direction of the Yemen Socialist Party and of the Revolution Government.

In fact, article 17 of this law provides that for the purpose of retirement, the duration of effective services of the worker is calcualted as from the day he attains the age of 16 years in service and that his retirement is compulsory at any moment convenient to him after he has attained the age of 70 years.

Article 18 adds that the worker is entitled to social security benefits in a number of cases, including retirement at his own request after achieving 30 years of effective services, whatever his age. He will also be entitled to these benefits in case of retiremeent at his own request when he has completed 25 years of effective services and has attained the age of 50 years.

Another paragraph of the same article provides that the worker shall retire when he attains the age of 70 years, unless he is able or willing to work, with the consent of the employer. However, if according to a decision from the medical authorities, or as a follow up to a work accident his health condition makes him unfit to work, he will be entitled to social security benefits, whatever his age or the duration of his services.

The worst enemies of man

Let us mention at last that the worst enemies of man's longevity are his failure to carry on with work and the lack of medical assistance. Therefore the efforts of scientists should be directed towards finding not only means of extending life, but also means of avoiding the incidence of body or mind diseases among aged persons and giving them a new strength, in order to allow them to lead a productive life and to carry out some works commensurate with their old age.

./.

In order to realize this dream, we give hereafter some advice which might help man to enjoy good health and have body and mind restfulness, which allow him to go through the old age without too much suffering or complication. This advice is:

Man should avoid habits detrimental to his health, like smoking, alcohol and other abuses. He should not go into fits of anger, fear or despair. Man must on the contrary remain merry, cheerful, optimistic and calm and practice sports, specially walking and staying into open and pure air, as much as possible, since his early childhood. Moreover, natural sleep restores to man his activity and his vitality.

We should eat vegetables, fruits, milk and its by-products, meat and fish in abundance, all these foodstuffs containing vitamins and nutritive, simple and varied stuffs in sufficient quantities.

We should develop humanitary feelings, because they are a source of spiritual joy. The love of man towards the community and the whole humanity is the best way to have a long and happy life.

At last, we should develop sobriety, temperance and the personal will to remain alive in order to be able to add vitality to years and not only add years to years, without any vitality.

* * * * * * * * * * *

In many places it has been found that woman ages earlier than man and that her life expectancy is shorter. This is particularly evident in rural areas, where she is bearing the major brunt of the burden, either in the house or outside, and spends a big amount of her body energy, draining out her vitality and strength. Besides her numerous cases of conception and delivery, she is responsible for all household chores, for bringing up the children, for carrying drinking water home, walking on foot in generally uneven mountain roads. She is also responsible for the laundry, the cooking of meals for all the family and for bringing them to her husband in the field or in the farm. Compared to her sister in developed countries, she is as a new car working for a short time on uneven roads and used without any sense, whereas her sister resembles another car, working for a period more than the double of the first one, but on even roads and in a wiser and more reasonable way...

Dr Aly Yussalem Bazerbis

AGING IN PAKISTAN : PROBLEMS AND PLANS

by Dr Firoza Ahmed, Joint Secretary, Social Welfare and Community Development, Ministry of Health and Social Welfare, Social Welfare Wing, Government of Pakistan, Islamabad

Aging is considered a natural phenomenon in Pakistan. Therefore, like all other countries of the world, Pakistan is also giving increased attention to the needs and problems of the aging population which is around 4.7% of the total population, i.e. 3,9 million people according to the latest census taken in 1981. Of these 2.07 million are males and 1.86 female. Also 1.11 million live in urban areas and 2.82 million in rural villages. Nearly ten per cent, i.e. 390 000 are disabled of all categories while about one per cent or 39 000 are severely disabled. Economically speaking most of them fall in the lower income groups.

Social situation

The social situation of the majority of the aging and the aged in Pakistan is very satisfactory indeed. The reason is that cultural values and Islamic injunctions coupled with family, ethnic and tribal traditions enjoin upon the members of the family, especially adult sons, to look after and serve their aging parents and even grandparents with reverence and respect. One of the Islamic injunctions calls upon sons to "serve parents with utmost devotion and humility". In particular mothers enjoy a unique position in the social system of Pakistan. Children are thus required to provide for their mother and father economically and serve them socially, so as to fulfil all their needs of life, thus affording to them full protection, security, service and affection. In return, the vast majority of grandmothers have proved excellent baby-sitters for their grandchildren and care-takers of their sons' homes in their absence.

Environmental aspects

As stated earlier, over 28% of the aging live in the urban areas and the remaining 72% in the rural areas. Their social, economic and physical needs in respect of housing, water supply, roads, communications, electricity and other amenities are almost the same as that of the other citizens of urban and rural areas. However, the dust in the villages and ever-increasing pollutants in the industrial areas do present greater problems of health for the aging population. So there is an urgent need for control of environmental pollution in big cities, particularly for the aging and the child population.

Policy on Aging

Government policy on aging is to promote family cohesiveness and motivate and help the people and their families to continue to have strong family relationships and kinshipties for their mutual benefit. The social welfare, community development, rural development, formal and non-formal education, and health education programmes and mass media particularly emphasize the services, which strengthen family relationships and help to make them still more positive and mutually beneficial, based on love, understanding and a sense of sharing joys and griefs together. The social welfare agencies specifically provide services. They are fully supported in this task by religious groups and community leaders.

./.

The Government follows the policy of providing pensions, gratuities, funds and benefits to its retired civil and military employees on retirement. Non-government factories, firms and corporations are also required to pay funds and gratuities to their retired personnel under this policy. However, a full-fledged social security system as prevalent in the West has not yet been adopted. Retirement age is 60 years in civil service. Extensions and re-employment opportunities are given to competent and capable employees.

Strategy for Aging

The Government follows the strategy of sharing social welfare and development responsibilities in respect of the aging with the community and non-government agencies. There are some 4 000 voluntary agencies (NGOs) in the country, which provide social welfare services to the people living in their respective jurisdictions. Government also provides financial and professional assistance for the establishment of model institutions for the very poor and indigent aged persons, directly under the Directorates of Social Welfare. However, the need is so small that only two institutions for the aging without familial support have been established by now, one each in Lahore and Karachi.

Services for the Aging

In addition to the services required for the mass of population in Pakistan, there are some special requirements of the aging and the elderly in the fields of health, employment, transport and recreation. Very few need social assistance from the community. This needed assistance is provided through the institutions of Zakat, locally by the Local Zakat Committees. However, the biggest need for the aging and the elderly lies in the field of health.

Utilization and Employment

In a developing country like Pakistan with shortage of skilled manpower, particularly due to youthful brain drain, the educated and trained aging and elderly persons are indeed an asset. The aging professionals, skilled persons, technologists, administrators, intellectuals, scholars, social scientists and workers, doctors and, in fact, all those aging who are physically fit and are capable of contributing to the national economy and betterment of the society, must be utilized fully towards that end. For this purpose, vocational training and retraining is very much needed. The social welfare programmes for the aging are financed by the Government and non-government agencies. They will continue to assume this responsibility in the foreseeable future also.

Role of Government: Federal and Provincial

The Government of Pakistan plays a pivotal role in the provision of services for the Aging. In the absence of a single NGO specially for the Aging in the country, since it is not considered a problem as yet, government role assumes a special place in meeting their needs and resolving their problems. This role lies mainly in the fields of medical and health and employment. In medical and health sector, provision of special health care measures, particularly in respect of detection and treatment of disease, malady or disability is considered essential for the aging.

./.

As regards gainful employment of retired civil and military personnel, quite a lot of them are re-employed in government, industry, commerce, farming, education and health. If adequate medical and health facilities are provided, almost all of them can continue to be gainfully employed and utilized by the economy and the society. We do believe here, that a doctor, a teacher, an engineer, farmer, a businessman and many self-employed categories of population never retire and continue to work as long as they can. However, the main role of the federal and provincial governments continues to be to guide, assist and help NGOs to serve and utilize the aging manpower, primarily through the family and community, where they belong. Government will hopefully motivate organization of at least one NGO in each Province and the Federal Capital in the near future, possibly during the 1982-year of the Aging.

Pakistan, therefore, is fully prepared for the observance of the year 1982 as the Year of the Aging, and participating with the United Nations as its permanent member in promoting this concept and practice. A National Committee for the International Year of the Aging 1982 is being organized at the moment to study the needs and the problems, strategies, plans and programmes for their betterment and welfare as human beings, as well as to utilize their knowledge and experience for their own benefit and for the good of their family, community, the nation and the humanity at large.

* * * * * * * * * * *

Contrary to widespread belief, a considerable proportion of mental disorders in old age are either treatable or partly preventable, and in any case modifiable by means that do not require elaborate technology nor the placement of patients in institutions. Dementia is not a normal concomitant of aging.

AGING IN EGYPT

An interview with Prof. Dr Essam Fikry, Chairman of the Board of Internal Medicine and Director of the Geriatric Research Centre, the University of Alexandria.

Q.- Is the number of old people increasing in this part of the world (Middle East) and what is it due to ?

A.- Yes, the number of elderly and old people is increasing in this part of the world, as shown by WHO and local statistics. Such increase, of course, depends upon better public health, better nutrition, better food intake, and better prevention of diseases. In Egypt, we have a special problem. Although the number of elderly is increasing - in 1937 there were about one million persons above the age of 60, in 1967 there were about two million, and they are estimated to be around three million nowadays - the fact is that in Egypt the percentage of old people is remaining around six per cent only of the total population. We explain this by the population explosion, as nearly 45 per cent of the people in this country are below 15 years of age. So, whatever the increase in old people, they still do not represent an increased percentage because of the concomitant increase in the number of child births.

Q.- As from what age is a person considered old in this part of the world ?

A.- In the western world and in developed countries, the number of years is increasing to 65 or 67. They tend to consider old age to be above 60. But in this country, 60 is considered the age of the elderly, the age of pension in the factories and government services. It used to be 55 many years ago, but now it is 60. At 60 we enter the domain of geriatric measures.

Q.- What is then the fate of old people ? Who is taking care of them ?

A.- In this country, a person who receives a pension after the age of 60 has probably been on the government or private payroll. For these people, there is a problem. Some of these persons have been in high administrative offices, and suddenly they find themselves with no work to do. They suffer what we call withdrawal symptom. Other people who are not employees, like merchants for instance, or farmers, or artisans, do not have a time limit at which they stop their activity. They work on and on and on as long as their health permits. Also, here in this part of the world, the Arab countries and Egypt, we still maintain family life. For any person who is aging, there still remains a family life and the children, sons and daughters, take care of him or her. But this is dwindling. There is a tendency to copy the western world in the formation of small families living in small apartments. When this will be more and more frequent, the presence of old people within their families will become more and more rare and we will have to resort to geriatric homes. We are only beginning to feel this in this country. If the apartments are becoming smaller, then these old people will not find a place to live. All the same, when the old man and his wife are left alone in the apartment, as long as they continue to live together it's OK, but when one of them dies, of course the problem arises: who will take care of this old and lonely person ? When the time arrives, then this country will have to pay more attention to geriatric homes.

./.

Q.- Do health services exist specifically for this age group ?

A.- In this country, the only place for specific health care of the elderly is the Geriatric Research Centre in Alexandria. Otherwise, these old people have health services included among general services for the population. There is no special service for them, no special hospital, no special out-patients department, no special care for them. Now the government has built some geriatric homes and the idea is appealing to the public. But all geriatric homes are already full up. There is a waiting list of two or three or sometimes five years before we can accommodate them. This of course explains or reflects the attention, or the realization, that geriatric homes do a service and are therefore needed. Their number is still quite small and insufficient.

Q.- What would you advocate to improve the lot of old people ?

A.- I would advocate two things: Raising public opinion on the necessity of caring for the elderly and encouraging the establishment of geriatric hospitals, homes and out-patients departments through official channels. The elderly, as we know, need more care at home. Special services should be set up to go to these people at home and see to them.

Q.- What can people do by themselves to avoid premature aging ?

A.- The elderly should be educated how to live as an old person. This should be done before they reach the age of 60. They should know that they are going to reach that age one day and what to do at this age. They should not be confronted with an empty life all of a sudden. The people surrounding them, the community, should be aware that old people are a special entity. They are not sick people, but they are old people and need a special type of care, not as a sick person but as an elderly person. The same attention that the community and the state give to children, for example, should be given to elderly people at the end of their years. People should be made aware of how to deal with elderlies, in their homes and outside, recognizing that they are old.

Q.- As far as the general structure of health services is concerned, do you consider that notions of geriatrics should be imparted to all medical students, nurses and other health personnel ?

A.- I strongly believe in this. I strongly believe that geriatrics should be given its proper share of attention. In this country, in the medical schools, we give lectures for undergraduate students in their first and second years and we also have postgraduate lectures for the doctorship and master's degree. In the nursing school, here in Alexandria, and in other nurses schools, even in dentistry, they also have courses in geriatrics and the care of the elderly.

./.

Q.- In your capacity as director of the Geriatric Research Centre, could you explain what are the activities of the centre ?

A.- The Centre started in the early sixties and its activities include giving lectures, as I said, to undergraduate and postgraduate students, as well as including questions on geriatrics in the terminal examinations of internal medicine, this for the teaching part. As for the research part, much has arisen from this Centre. I should say about 300 publication and research projects during the last few years. We have an out-patients clinic once a week, the attendance of which has been increasing a great deal, up to 3421 admissions in 1980. We have an eight-bed in-patients clinic in the Department of Medicine, exclusively for geriatric patients. It is interesting to note, from the statistical point of view, that the proportion of elderly people in the whole Department of Medicine is around 25 per cent, whereas the percentage of old people in the total population is only around 6 per cent. So, a quarter of all patients admitted to the hospital are old people. This shows the importance of developing a team of medical people, doctors, nurses, who are interested to deal with elderly people who need a more special type of care than the ordinary patients.

Q.- A last question: is old age preventable ?

A.- We cannot increase the human life span, but we can make more people live a better life. We cannot prevent biological aging, but we can prevent premature aging. This can be done in several ways including the style of life, the type of nutrition, the general health of the elderly, keeping him always occupied and feeling useful to the community. We can make the elderly healthy until he reaches a ripe old age. We would like him to live as a healthy person. This should be done by information and education of the public, by proper medical treatment and especially mental orientation of these old people and those who live around them.

* * * * * * * * * *

The role of the family is critical in maintaining the wellbeing of the elderly, and certain trends in present-day society are leading to a deterioration and not to an improvement of that wellbeing. What is clearly predictable is that the costs of institutionalization cannot be borne by developing countries, and it is therefore essential to develop policies that help the elderly within some socially supported situation. Institutional care, as it exists in the developed world, can never be an appropriate solution for developing countries.

WORLD ASSEMBLY ON AGING, Vienna, 26 July to 6 August 1982

A WORLD PLAN OF ACTION ON AGING

The World Assembly on Aging, which will take place at the Hofburg Palace in Vienna, Austria, from 26 July to 6 August 1982, will be a unique opportunity to confront the world community with the issue of aging and to call for international action. The World Assembly will consider the formulation of a World Plan of Action on Aging which should provide the framework for future international cooperation and national efforts to meet the problems and challenges of the aging of societies and individuals. The draft Plan will be prepared through a series of regional meetings, inter-agency consultations, and inputs collected from the important group of non-governmental organizations (NGOs) involved in this issue, and will reflect the world-wide interest in the issues of aging both as a developmental challenge and as a matter of humanitarian concern.

NGOs FORUM ON AGING

The International Centre for Social Gerontology will sponsor a non-governmental forum to be held in connection with the World Assembly on Aging. The conclusions and recommendations of the Forum will be submitted to the Secretary-General of the United Nations for presentation by the Forum chairperson to the World Assembly. Approximately 70 non-governmental organizations (NGOs) are invited to participate. The Forum will cover a number of major topics relating to the integration of the elderly in society, and giving special consideration to aspects of aging in developing countries.

RESOLUTION OF THE WHO EXECUTIVE BOARD

In a resolution passed on 27 January last, the WHO Executive Board, emphasizing the need to ensure that health issues on aging are given appropriate attention at the World Assembly on Aging and to promote intersectoral cooperation in implementing the plan of action that will be generated, requested the WHO Director General among other things:

... to continue to collaborate closely with the United Nations in the field of aging, in a role that goes beyond traditional medical concerns and which involves the health sector in the larger context of improving the quality of life for aging people;

... to submit a report on the social, health and other technologies that Member States can employ, in different socio-economic situations, to improve the social, mental and physical wellbeing of aging individuals;

... to make use of the managerial process for national health development, including relevant research, to help countries to anticipate changing age structures and to develop programmes and long-term plans that will help to sustain the growing number of aging people, in independence and dignity, within their own homes;

./.

... to ensure that reports on the implementation of the global strategy for Health for All by the Year 2000 take into account the status of older people.

The WHO Executive Board, also requested Member States, among other things, to include the elderly within national strategies for Health for All by the Year 2000 and to make provision for their health care within country health plans that take account of national needs and priorities.

A FILM ON AGING

"No Time to Lose". Aptly titled, this new, two-part film makes the point that time is overdue for a change in attitude towards the world's rapidly-growing 60-plus age group. It shows a worker facing mandatory retirement at 55 in the developed world and it depicts the threat to the extended family system posed by socio-economic change in the developing world. The film's theme: Decisions are needed now to add life to years for the 580 million senior citizens projected for the year 2000. Available in English, 16 mm., colour, 45 min. French, Spanish versions to come. Can be ordered from the WHO Film Unit, Division of Public Information, WHO, CH-1211 Geneva 27, Switzerland.

* * * * * * * * * * *

Although World Health Day is fixed on the 7th of April, the theme is valid all year round.

As is usual for World Health Day material, this issue is only an incentive for national health and welfare administrations to produce similar material in their own national language(s).