Psycho-Emotional Problems and the Coping Strategies of the Elderly in Urban India

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Abstract: *Today the needs and problems of the elderly are rejected to a vast extent and the matter is made worse as government classifies these people based on caste and other socio cultural dimensions. Therefore all the elderly are not seen in the same view. There are various other needs such as Biological, Social, Psycho- Emotional, Security needs and others. The elderly population in India has been rapidly rising. The cycle of age is catching up; the young country will be older in next few decades. The enhancement of medical facilities have pushed the average life expectancy increased to 68 years. In a country like India where elders are treated with utmost respect is now rapidly changing into a westernized world. The following descriptive study not only assesses the physical- psychological problems but also their needs. The sample size consists of 250 respondents above the age of 60.*

Key Words: *Elderly, Physical Problems, Social Problems, Coping Strategies.*

Introduction

Population ageing is the most significant result of the process known as demographic transition. Population ageing involves a shift from high mortality/ fertility to low mortality/fertility and consequently an increased proportion of older people in the total population. Many of the governments of developing countries, until the early 1980s, perceived that population ageing as an issue only among developed countries. However, as a consequence of their rapid fertility decline over the past few decades, these developing countries have been increasingly aware of various population ageing problems (United Nations, 2002).

A total of 418 million persons were at age 65 and over in the entire world and approximately 60 percent of these elderly persons were residing in developing regions, and this proportion increased by 7.7 percent in the second half of the 20th century. In Asia, the population aged 65 and over was 216 million in 2000, which corresponded to 5.9 percent of the total Asian population. This proportion in Asia was considerably lower than in Europe

(14.7%). Owing to the large population size in Asia, however, the elderly residents in the Asian countries amount to 51.6 percent of the aged population of the world as a whole. According to the 2000 United Nations population projections, this percentage would be expected to rise to 57.9 percent in 2025 and to 62.1 percent in 2050 (United Nations, 2001).

Objectives

1. To study the Psycho-Emotional Problems of the Elderly.
2. To assess the Physical Problems faced by the elderly of the elderly.
3. To review the Social Status of the elderly based on the problems they face.
4. To find out the Physic-care essentials of the elderly.
5. To find out Coping Strategies used by the elderly.

Methodology

This study has been undertaken in Dakshina Kannada District of Karnataka State, comprises of Corporation, Municipalities and Villages. The respondents of the study were the elderly or the senior citizens from 60 years and above.

Social mapping was drawn to see the different apartments, houses, shops available in the vicinity. During this process, the investigator could build rapport with the elderly for the collection of authentic data. The respondents could feel comfortable and express their needs and problems without fear or hesitation.

250 respondents have been selected using Simple Random Sampling from the sample frame. The sample frame was prepared using the help of District Survey Book, Help line for the elderly and the Trusts.

The "Interview Schedule" method was the tool for data collection that is used by the investigator for the purpose of collecting data from the respondents. The Interview Schedule contains a total of 61 questions in 6 different aspects of the problems under the study.

Attitude about Health among Elderly

Health featured as an important factor in well-being. Ill health and managing long-term health conditions impact on relationships and experiences of loss and can cause instability and uncertainty due to fluctuations. With age, the speed of the regulation of the body slows down because all physiological functions including cardio respiratory, digestive and excretory declines with age but to different extents.

Ailment, i.e. illness or injury, mean any deviation from the state of physical and mental well-being. An ailment may not cause any necessity of hospitalisation, confinement to bed or restricted activity. This also includes cases of visual, hearing, speech and loco-motor disabilities. Injuries cover all types of damages, such as cuts, wounds, fractures and burns caused by an accident, including bites to any part of the body.

With the global trend towards an increasingly ageing population, it is clear that nurses need to be equipped with the knowledge and skills to fulfil significant roles in responding to future health and support needs. It is important to evaluate the attitudes of nurses, healthcare assistants, and nursing students towards older people. A survey was undertaken in a rural county in the Republic of Ireland and accordingly it is reassuring that, the healthcare workers hold positive attitudes towards older people.

Health is very important for a healthy living let it be old, young or infants. Healthy body thinks positive and doesn't indulge in negative thinking. A relative majority (59.2%) of the elderly had minor illness such as blood pressure and sugar, while 22.4 percent of the respondents had good health on the whole. 7.6 percent of them had serious illness and a mere 1.2 percent of them are incapacitated to bed.

The study divides physical health related problems to various types:

1. Nutritional Problems: Food habits and Digestive troubles
2. Physical problems: Bone related, Chest problems, Eye and Ear concerns and Speech related problems
3. Neurological problems
4. Sexual related problems
5. Psychological problems
6. Social problems.

According to "Central Statistics Office Ministry of Statistics and Programme Implementation" by the Government of India (2011) states that about 64 per thousand elderly persons in rural area and 55 per thousand elderly in urban area suffer from one or more disabilities. Most of the common disability is loco-motor disability, about 3 percent of them suffer from it. The next is hearing disability (about 1.5%) and blindness (1.7% in rural and 1% in urban areas).

Table 1: Health Problems Faced by the Elderly

Health Problems	Yes	No	Total
Problems of Digestive Complaints	48 (19%)	202 (81%)	250 (100%)
Kidney Trouble	18 (7%)	232 (93%)	250 (100%)
Difficulties in Hearing	54 (22%)	196 (78%)	250 (100%)
Problems of Pains in Joints	160 (64%)	90 (36%)	250 (100%)
Problems of Pains in Chest	29 (12%)	221 (88%)	250 (100%)
Heart Trouble	33 (13%)	217 (87%)	250 (100%)
Difficulties in Breathing/Asthma	32 (13%)	218 (87%)	250 (100%)
Difficulties in Vision	122 (49%)	128 (51%)	250 (100%)
Problems of Diabetes	93 (37%)	157 (63%)	250 (100%)
Problems of Tremors	6 (2%)	244 (98%)	250 (100%)
Any Other Health Problems	27 (11%)	223 (89%)	250 (100%)

The above table represents the health related problems faced by the elderly in Dakshina Kannada. Majority (64%) of the respondents in the study said they had joints pain, while 49 percent of them complained difficulties in vision. 37 percent of them had diabetes, while 22 percent of them had difficulties in hearing. 19 percent had problems related to digestive system, while 13 percent had probems in breathing/asthma and heart. 12 percent and 11 percent had pains in chest and other health related problems respectively. A mere of 7 percent and 2 percent had problems with kidney and have tremors.

Nutritional Problems

Food is an essential content for any human to survive. The person's eating habits plays an important role for the wellbeing of himself. Nutritional problems do co-exist either due to deficiency or poor digestion absorption. Of the global population of over 6 billion, almost 10 percent are elderly. Consumption of alcohol and other dangerous solid or liquid food may cause lot of tension in the health as it results in change of food habits too. The alcohol high on sugar and liquid results in diabetes and ulcers. Heavy intake of fibre content develops gastric problems; excess proteins will affect kidneys and Urinary system**.** It is right to say that stomach is the answer and the problem for most of the physical problems and ageing people have to show more concern of digestion related issues. 19 percent of the respondents said they have complains related to the digestive system and further 7 percent of the respondents complained about kidney stones and constipation.

Awareness about proper food habits as per ones physical condition is utmost important. The elderly should be noted, and the children should take care of their aged parents and the food should be well cooked.

Physical Problems

The India Development Report 2002 also notes: 'most industrialized countries provide safety nets to their citizens. They take care of the poor, unemployed, sick and old through publicly provided safety nets. Conditions requiring chiropody was greater among the elder population. Nearly half of the elder population suffering from giddiness. The prevalence of deafness is known to increase with age amongst the elderly.

The most widespread condition affecting those, 65 and older, is coronary heart disease, followed by stroke, cancer, pneumonia and the flu. Accidents, especially falls that result in hip fractures, are also unfortunately common in the elderly.

M E Yeolekar (2005), states that very few people reach old age, completely free of disease. An epidemiological transition prevails whereby because of longer survival of man, more and more chronic degenerative diseases will have to be managed. Old age also tends to be characterized by concurrent presence of multiple diseases. Advanced age in fact is a risk factor by itself in the causation of several diseases particularly vascular. In developing

countries infectious diseases and tropical conditions like pneumonias, septicaemia and protozoa diseases that tend to get complicated, co-exist simultaneously with diseases such as hypertension, diabetes mellitus, coronary artery disease, stroke and neoplasm, situations that were hitherto predominantly associated with the developed nations. Degenerative conditions such as osteoarthritis, cataract and dementia tend to be universal.

Matilda, (1970) states that fewer men than women were in poorest health, and in the most restricted category of mobility. Similarly women aged 70 and over were more severely incapacitated on Townsends personal incapacity score than men in the same age group. One can speculate that this may be the price women have to pay for their greater ability to survive. The prevalence of some of the disabilities such as impaired bladder control, and foot has to be taken with utmost care.

1. Bone Related Problems in Elderly

In the Research of *"National Academy on an Ageing Society"* (2000) the term arthritis literally means "joint inflammation," but it is generally used to refer to a family of more than 100 different conditions that affect the joints and may also affect muscles and other tissues. The most common form of arthritis—degenerative arthritis or osteoarthritis—results from the breakdown of the tissue inside the joints.

Prakash (2000) in his study reported that 14.6 percent elderly persons had musculoskeletal problems in which 8.4 percent males and 17.3 percent females were suffering from arthritis of knee joints and 2.6 percent males and 2.7 percent females were suffering from spondylitis. Loss of estrogen at the time of menopause increases a woman's risk of getting osteoarthritis. 64 percent of the elderly said that they suffer from joint pain in this age.

The risk factors for osteoporosis are female gender, advancing age, small built, calcium and vitamin D deficiency, sedentary lifestyle, smoking, alcoholism and caffeine excess. Preventive strategies for falls need comprehensive medical, rehabilitative and environmental interventions.

2. Chest and Lungs Related Issues in Elderly

The elderly are more prone to chest related diseases as they grow older. They may face problems like heart failure, stroke, asthma etc. An article by Skarnulis (December 9, 2006) says that Cardiovascular Disease (CVD)

affects younger baby boomers more than one-third of men and women in the 45 years to 54 years age group, and the incidence increases with age. Cardiovascular diseases, which are diseases of the heart or blood vessels, are the leading cause of death in the U.S. They include arteriosclerosis, coronary disease, arrhythmia, heart failure, hypertension, orthostatic hypotension, stroke, and congenital heart disease. 13 percent of the respondents said that they have heart and chest related problems.

Wikipedia states that, asthma is the most common reason for presenting to the emergency room with shortness of breath. It is the most common lung disease in both developing and developed countries affecting about 5 percent of the population. Other symptoms include wheezing, tightness in the chest, and a non productive cough. 13 percent of the aged have difficulty in breathing and have asthma related problems.

3. Eye Related Illness

Barry (1977), the eye is one of our most important sense organs. With age the eye muscles tend to become less flexible, and various parts of the eye function less effectively. In general the, vision, like the other sense becomes less sharp with age. Colour vision becomes less good as one grows older. The lens of the eye gradually yellows with age.

An article by Skarnulis (2006) says that age-related eye diseases- mascular degeneration, cataract, diabetic retinopathy, and glaucoma - affect 119 million people aged 40 and older, according to the 2000 census. And that number is expected to double within the next three decades. A large 49 percent of the aged people said that they suffer poor eyesight.

4. ENT Related Illness

Hearing acuity also declines with age. Fine discriminations between similar sounds, pitches and frequencies become harder to make. Among the aged high frequencies become more difficult to perceive with increasing age. This is especially true with men. As people grow older, it becomes harder for them to hear high-pitched sounds and those at low intensity. If the vision holds up, he may learn to read lips.

An article by *Skarnulis* (2006) says that the incidence of hearing loss increases with age. 29 percent of those with hearing loss are 45-65;

43 percent of those with hearing loss are 65 or older. 76 percent of the respondents said that they have no problem in hearing, while 22 percent of them agreed that they have issues related to hearing

5. Muscle Related Illness

As people age, they begin to lose muscle mass all over their body. Most elderly people lose most of their muscle mass from their legs, core arms and face. However, it is possible to lose muscle mass in your chest, face, and mouth. If you lose muscle strength in these areas, then your speech and your ability to swallow could be affected. Other issues that affect your central nervous system such as Parkinson's disease and Ataxia can also cause dysarthria. According to Carefect Blog Team, home health care services (April 14, 2014), a slurred speech, or dysarthria, is a common disorder that affects much of the elderly population. The condition occurs when the muscles of the mouth, face and throat become weakened and stop working properly.

Neurological Problems

As we age, many neurological disorders become common. Life style or behavioral risk factor plays a role in the change. These are brain function changes that are inevitable, irreversible with current technology, and while mostly decremental, do not cause symptoms on their own.

An article by Santosh B Salagre (2007), states that sleep disorders are common in elderly with difficulty in onset of sleep or its maintenance, frequently leading to excessive daytime sleepiness. In most of the cases, it is secondary to some medication or medical or psychiatric illness, a disorder which is common in the elderly.

The aged brain leads to dementia, a brain disease that causes long term loss of the ability to think and reason clearly, that is severe enough to affect a person's daily functioning. For the diagnosis to be present, it must be a change from previous baseline mental function. The most 75 percent common form of dementia is Alzheimer's disease . Other forms include Lewy Body Dementia, Vascular Dementia, Front Temporal Dementia, Progressive Supranuclear Palsy, Corticobasal Degeneration. Vascular dementia is a type of dementia that is caused by disease or injury to blood vessels in the brain, mostly strokes. These cases are very rare to find but, Alzheimer is such a disease, normally be diagnosed only after second stage.

Psycho-Emotional Problems of the Elderly

Parkes (1971) base on the concept that any type of change whether positive (changing jobs) or negative (death of a close friend) can be stressful. Many of the life events with the highest stress ratings commonly occur in late adulthood, such as death of spouse or close family member, personal injury and illness, retirement, change in financial status and change in living conditions. These stressors are seen as having a cumulative effect in old age people.

Cowgill and Holmes (1972) says that there is a general tendency in old age to shift toward more sedentary, more advisory and supervisory activities, to those involving more mental exertion than physical and those directed toward group maintenance more than economic production. Changes in technology, the occupational system, urbanization, residential mobility and the family have all been harmful to old people.

Sometimes stressful events tax individuals beyond their ability to cope. Responses to stress can be grouped into three main categories:

1. Physiological responses
2. Behavioral responses
3. Self reported subjective states

Caplan, (1964), has identified the following characteristics of effective coping behaviors that cut across different types of life transitions and crises:

1. Active exploration of reality issues and search for information.
2. Free expression of both positive and negative feelings and a tolerance of frustrations.
3. Active invoking of help from others.
4. Breaking problems down into manageable bits and working them through one at time.
5. Awareness of fatigue and tendencies toward disorganization with pacing of efforts and maintenance of control in as many areas of functioning as possible.
6. Active mastery of feelings where possible and acceptance of inevitability where not possible. Flexibility and willingness to change.
7. Basic trust in oneself and others and basic optimism about outcome.

Depression and Suicidal Tendency

Rosalie and Robert (1984) Depression is a loosely used term that has entered the common language to depict a gloomy mood state in the elderly that could be transient or prolonged, reality based or without obvious reason. They have affective disturbance characterized by a variety of symptoms such as feelings of worthlessness, psychosomatic complaints, and lethargy, sleep and appetite problems, crying jags and suicidal thoughts. If in fact, a person is faced with a future that seems to offer much pain and little hope of personal pleasure or fulfilment, then suicidal plans may develop despite excellent reality testing and no previous history of cyclical depression. Many depression scales contain items about loss of libido, operationalized as having less interest in sex. Those items have been criticized because many elderly persons within and outside institutions have narrowed opportunity for sexual expression and therefore a socially determined lack of interest

Social Problems

Matilda (1970) states that old people have complex feelings of loneliness, alienation and disengagement of the very old. It's because of most often illness, housing difficulties and family problems. "I struggle on as I am", these feelings of resignation were to certain extent confirmed by a more indirect measure of positive and negative attitudes to the world around them.

In addition to feelings of loneliness and depression discovered a fair amount of psychiatric disorder. Their confusion and regressive behavior such as soiling and wetting, leaving taps on proved a great strain to some of the families. Specific anxieties such as fear of failing eyesight or decreasing mobility were common and often well founded. Suspiciousness, feeling of hostility or frank paranoid delusions was noted in old people. 32 percent of the respondents feel sad when their opinion is not considered in the family, while 23 percent feel that they are not accepted.

Several old people would not consult their doctors. Thus it may not be deducted that the doctors' unawareness of their patient's problems was due to lack of care or interest. Hence an important task for social workers would be to bring these clients psychiatric conditions to the attention of their medical practitioners and to collaborate with them in any attempts to bring about an improvement in their circumstances.

Leaner and Kube, (1955) highlighted three fears that come with old age.

1. Fear of Dependence and Uselessness

As a person ages he begins to fear retirement, unemployment, financial insecurity, loss of mental keenness and manual skill and the possibility of having to rely on children to support. But in India the situation is slowly changing but has not worsen, 89 percent of the respondent stated that family is responsible in taking care of the elderly. 93 percent of the respondents stated that Elderly should be taken care at home.

2. Fear of Illness

As one gets older, fall in health often becomes a problem. An old person is no longer able to see or hear as he used to, his reflexes slow down, strength begins to ebb and such things as digestion and circulation grow sluggish as in the study 59 percent of the respondents had minor illness and they feared it will lead to a bigger problem/chronic illness.

3. Fear of isolation

The aged develop the fear that in case they are afflicted by any infectious diseases, they may be isolated. The unpleasant specter of invalidism also moves step by step, threatening them to shut themselves off completely from their already shrinking social contacts. 4 percent of the respondents said that they were alone because their children had settled abroad and thus they feel lonely. The loss suffered due to death of friends, of spouses and of colleagues aggravates the older persons' feeling of isolation and imminence of their personal death.

Neglect

Depriving an elderly of food, heat, clothing or comfort or essential medication and depriving a person of needed services to force certain kinds of actions, financial and otherwise. The deprivation may be intentional (active neglect) or happen out of lack of knowledge or resources (passive neglect).

The prevalence of depression among geriatric population in rural area is very high. The depression was significantly more among females. Tellez Zento *et al* also reported the same observation. In his present study 15.8 percent males and 20 percent females felt neglected/ignored by their kins. This indicates the need of geriatric psychiatry services in rural areas of India.

Table 2: Duration of Living Alone and Reason for Living Alone by the Elderly

Reason for Living Alone	Duration of Living Alone				Total
	Less than 5 years	6-10 years	More than 10 years	Living with the Family	
Living with Family	0	0	0	218 100%	**218** **87.2%**
Children Settled Abroad	5 45.5%	4 33%	2 22%	0	**11** **4.4%**
Adjustment Problem with Children	1 9%	6 50%	1 12%	0	**8** **3.2%**
Wish to be Independent	4 36.5%	0	2 22%	0	**6** **2.4%**
Own Property	1 9%	1 8.5%	2 22%	0	**4** **1.6%**
Spouse Died and No other Family Member	0	1 8.5%	2 22%	0	**3** **1.2%**
Total	**11** **100%**	**12** **100%**	**9** **100%**	**218** **100%**	**250** **100%**

The above table shows the elderly who are living alone. It is heart warming to say that majority (87.2%) of them live with their family. Thus there is always a support and they do not feel neglected. Most elders (4.4%) are living alone because children are settled abroad and 3.8 percent of the aged have adjustment problems with their children. In rare 1.2 percent cases the aged are orphans having no spouse and any family members to look after them.

The old-age dependency ratio climbed from 10.9 percent in 1961 to 13.1 percent in 2001 for India as a whole. For females and males the value of the ratio was 13.8 percent and 12.5 percent in 2001. About 65 per cent of the aged had to depend on others for their day-to-day maintenance. Less than 20 percent of elderly women but majority of elderly men were economically independent. Among economically dependent elderly men 6-7 percent was financially supported by their spouses, almost 85 percent by their own children, 2 percent by grand children and 6 percent by others. Of elderly women, less than 20 percent depended on their spouses, more than 70 percent on their children, 3 percent on grand children and 6 percent or more on others including the non-relations. Of the economically independent men more than 90 percent as against 65 percent of women were reported to have one or more dependents.

Matilda (1970), states that nearly two-thirds of the old people were living alone. Those who lived alone had significantly more domiciliary services, both meals –on-wheels and home help, than the rest of the group. Not unnaturally they felt lonelier and more depressed than the rest. Although old people living with their spouses were on the whole less lonely, they experienced great difficulties when both partners were failed and incapacitated, or even when one of them was very ill or confused and had to be looked after by others. The ten of the applicants were living with their married daughters and their families. Old people who lived with married daughters and their families appeared to experience more stress and interpersonal difficulties.

The study stated that 92 percent of the respondents said that they were not being teased and 2 percent of them said they are not included in decision making so they feel insecure and lonely. The elders even after attaining retired age still carry the burden of the family members; this may be due to many reasons as some are financially dependent (19.2%); and 25.2 percent of them said they have dependents who are partially dependent.

Strategies to Cope with Health Related Issues

Prevention and control of health problems of elderly necessitates a multifaceted approach incorporating active collaboration of health, social welfare, rural/urban development and legal sectors. A community based geriatric health-care program should start with the development of a comprehensive policy so as to include not only medical aspects, but other determinants as well. Strong political commitment and social action are imperative for the effective implementation of customized policy at the grass root level.

Table 3: Coping Strategies Taken by Aged with the Health Related Issues

Strategy of Coping with Health Problems	Frequency	Percentage
Health Care	116	46.4%
Care of Family	38	15.2%
Love and Care of Spouse	24	9.6%
Meditation	8	3.2%
Daughters' Care	5	2.4%
Sharing Problems	3	1.2%
Prayer	5	2.4%
Not Aware of Any	49	19.6%
Total	**250**	**100%**

Elderly subjects may present stress symptoms due to physical, psychological and social changes during ageing process. Therefore the different copping strategies are to be taken to look after the aged. As per the table above the best (46%) way to cope with health issue is having a conducive health care or medical treatment to be taken. The rest of them say that most of the health issues are related to psychological understanding of the aged and thus the family care and love is important to cope with health issues, 15 percent say they are cared by the family and thus they cope health related issues. 3.2 percent of them meditate and 1 percent of the elderly say they share their grievance to others reducing their pains.

As the elderly population is likely to increase in the future, and there is a definite shift in the disease pattern, i.e. from communicable to non-communicable, it is high time that the health care system gears itself to growing health needs of the elderly in an optimal and comprehensive manner.

There is a definite need to emphasize the fact that disease and disability are not part of old age and help must be sought to address the health problems. The concept of Active and Healthy ageing needs to be promoted among the elderly, which includes preventive, promotive, curative and rehabilitative aspects of health (NPHCE).

Physical-Psycho Care

Social measures should develop a culture wherein children should voluntarily take the responsibility of looking after their aged parents; regulatory mechanisms, which makes it obligatory for the members of society to look after their elder parent's development of a health insurance scheme to cover their health-care needs; (World Health Organization 2001); development of pension schemes with contribution from employee, employer and government advocating the construction of elderly-friendly houses/roads/staircases; WHO (2003) promotion of primary prevention to inculcate healthy life-styles in early adulthood; information, education and communication strategies toward, three broad groups namely elderly persons, the middle aged who would move into elderly age group in the near future and younger people who are the potential care providers for their elderly parents/relatives regarding the issues of hygiene, nutrition, physical exercise, avoidance of tobacco and alcohol, accident prevention measures and awareness about recognition of early signs/symptoms of common geriatric problems training and re-training of medical and paramedical staff to effectively understand the special health needs of the elderly; immunization services; necessity of periodic health assessment in early detection of conditions, provision of prostheses and other medical aids development of gerontology units and ensuring effective communication; can be implemented in a strategic manner for achieving the best outcome.

Kumar and Anand (2008) states that the problems afflicting the elderly are multi-dimensional problems and invariably involve many aspects of national life. No single sector of national life is willing to accept the problem of old age as its own. Each sector is only too willing to pass the buck to another. For instance, the health sector believes that problems of the aged are essentially social in character; hence their care is the responsibility of the social sector. The social sector, in turn, considers that it is the responsibility

of the health sector and so on. The latter considers the problem as a matter of concern of labour and also being economic, so the onus is shifted to the realm of economic department. In recent years, scholars have focused on the comparative roles of informal care and formal care. Their relative importance in caring for the elderly has been a matter of debate. Issues such as the complementarity between, and the balance of, the two forms of age care, the diminishing role of informal care in contrast to the increasing role of the state, in the care of the elderly have engaged attention of scholars. It is increasingly felt that attempts should be made to weave the two forms of care together. The problems faced by the elderly generally arise from: inequality of opportunity for employment; inadequate income; unsuitable housing; lack of social services and of provisions for sustaining physical and mental health; stresses and strains produced by changing family patterns and family relations; and lack of meaningful activities in retirement. It needs to be understood that many of the problems require lifelong drug therapy, physical therapy and long-term rehabilitation.

In a review of less developed countries' governments' perceptions and policies on ageing (articulated in documents submitted to the World Assembly on Ageing, 1982 and the United Nations Population Inquiry of 1984), it was summarized that some of the vital issues common to all are the values of the traditional family system are still very important and the aged command respect and attention from the young members of the family who have the responsibility of caring for their elders. In recent economic and social changes, particularly migration, has created a decline in the traditional system of assigning responsibility in the family and in its capacity to cope with some of the fundamental needs for the elderly in the country. Many elderly persons are without means of support and without kin who are available or willing to look after them. The government here has thus to assume its responsibility.

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