Add Life to Years

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WRITING about the elderly in Bahrain means writing on subject which I know very little and I fear very much because none of us is going to leave this life alive, we are bound to die and most of us will get old before that natural event.

In the past Bahrain was fortunate to have traditional Society. This Society was formed of big or extended families. The family structure used to be between 9 - 12, they share nearly everything, they stand together in sadness and in happiness, if one of them becomes sick or in trouble, they extend their support to him or her. The father likes to see his sons get married and stay with him in the same house or build for him a house nearby. It used to be a sacred duty for the son to look after his old parents.

Each group of families called Community (Fareeg), where they support each other and protect the poor and sick among them.

The old men in these families are the wise men and the leaders of the Community. They are respected by the young men and it is considered an honour to serve them.

This Community was based on an Island which has two small cities and few villages and in turn few roads with little traffic, therefore, the old man could accommodate himself in these environment. There was little or no air pollution, which affects the health of old people more than the young ones.

The economic factors has a little influence, if any, in the daily life of the people. The productive life extends until death, there is no such thing as retirement age.

What happened to this Community ?

It became industrialized and urbanised to some extent and consequent to that —

1. The family unit became smaller, therefore the old man and woman have been left alone.
2. The family house has become smaller and is not suitable for big family and is not suitable or adaptable for an old man to live in.
3. The great economic progress has brought with it the great increase in the Cerebrovascular accidents, cardiovascular diseases, obesity and hypertension.
4. Many roads with busy traffic have emerged, which is difficult for an old man to adapt with.

5. The health frontier has become the greatest scene of progress, in hospitals, health centres, government and private sector, all of them providing a sophisticated service to the people but none has catered truly for the health problems of the old age.
6. Due to the economic factor the family bond of love and affection has been broken, which left the old man alone fighting the unknown on his own.
7. Due to the economic factor malnutrition has occurred in certain groups while obesity in the others.
8. The social environment has become so difficult because of industrialization and urbanization.
9. Due to urbanization, industrialization and westernization a retirement age has been created. This new phenomenon meant cutting the day to day contact with the people.

The group of people affected by these changes are 60 - 65 and above, this group constitute 8% of world population (291 million), among this group there is a female predominance.

The total Bahraini population over 60 years is 6158 male and 5538 female, while non-Bahraini 936 male and 468 female. The overall percentage is 3.7%, which is much lower figure than the developed countries.

As well in the developed countries there is female predominance, while in Bahrain there is a male predominance, is it because we exhaust our females by frequent childbirth and consequently over working them for the children and for the household ?

The chronic pathological processes that are typical for the elderly and the very old starts as early as 40 - 45 years, therefore these pathological process needs to be detected early, treated early in order to prevent disability.

What else can we do in order to help this group of people.

1. STATISTICAL MEASUREMENTS

It is possible to measure every facet of the phenomenon of aging with the help of proper statistical indices chosen according to the theme under investigation. The more common indices are as follows :

1. the proportion of aged people (e.g., those of pensionable age) in the total population;
2. the ratio of aged people to the population of working age or to the working population (both being dependency ratios);
3. the ratio of aged people to young (an indicator of the rate of renewal);
4. the proportion of the very old (chronologically) in the aged population (for instance, individuals aged 80 years and over within the age group 65 years and over);
5. the sex ratio (the number of males compared with the number of females of the same age).

Longevity as such may be determined from :

1. the expectation of life at various ages (60, 65, 70 years, and so on), by sex;
2. the probability of surviving from a given age (say 60 years) to another age (say, 65 or 70 years, and so on), by sex; or its complement, the probability of dying.

Each of these indices can be used to appraise progress and setbacks.

2. HIGH-RISK GROUPS

Demographers are able to enumerate or estimate on a regular basis selected groups that are likely to face particular risks with respect to their health or their economic and social status. Such groups include :

1. very old people (say, those aged 80 or 90 years and over);
2. aged people living alone (1 - person households);
3. aged women, especially the single and widowed;
4. aged people living in institutions.

By means of surveys, data can be collected on 5 other groups :

5. isolated old people (alone or aged couples);
6. childless old people;
7. aged people suffering from severe ailments or handicaps;
8. aged couples in which one spouse is seriously ill or handicapped.
9. aged people having to live on the minimum support provided by the State or social security, or on even less.

An individual may, of course, belong to more than one group. For instance, an 80-year-old person who is childless, partially handicapped, widowed, living alone, in an isolated dwelling, with minimum resources would belong to groups 1, 6, 7, 3, 2, 5 and 9 respectively.

3. THE SPECTRUM OF SERVICES

In order to ascertain the types and variety of service required for elderly people it is essential to define aims. The aims of health care for the elderly and the aged have been formulated in the following way :

1. to sustain them in independence, comfort, and contentment in their own homes, and when independence begins to wane, to support them by all necessary means for as long as possible;
2. to offer alternative residential accommodation to those who by reason of age, infirmity, lack of a proper home, or other circumstances are in need of care and attention;
3. to provide hospital accommodation for those who by reason of physical or mental ill health are in need of a full medical assessment, therapy, rehabilitation, or long-term skilled medical and/or nursing care.

4. PREVENTION

1. Old age should not be regarded as a time of ill-health and the expectations of the elderly should be improved by proper health education.
2. Health education is a continuous process starting during the schooldays, but for the present it is necessary to aim at specialized instruction for the elderly by means of the appropriate use of the mass media (journals, radio, and television). Older people should be kept informed about all the services available to them.
3. Education of the general public is also imperative if they are to accept that an increase in the aged population is a natural consequence of modern living and that old people have a rightful place in any society.

4. The occurrence of physical, mental, and social illness in older people, unknown and unreported to the health and welfare services, has been noted in many surveys, and it is thus recognized that there are many important but unmet needs in the community.
5. Active attempts to identify the elderly people particularly at risk, and to meet any necessary service requirements in the community, should be an essential part of a geriatric programme.
6. In the developed countries, morbidity increases markedly at about the age of 70 years. While preventive measures of any type should ideally have been operating throughout the whole life span of the individual, it is suggested that in a geriatric programme a start could be made to seek out older people, perhaps at 70 years and over, for special attention in a given community.

5. MANPOWER, TRAINING AND EDUCATION

The medical and social problems of old age should be included in the medical school curricula, as well there is a great need for post graduate courses and training in this field.

6. RESEARCH

Fundamental or applied should be promoted in this field.

7. GERIATRIC SERVICE

The doctors working in Health Centres, Hospitals owned by the Government or privately should be oriented to give service to the old age. At least one geriatric unit with all the modern facilities is needed in this country, consequently one consultant specialized in geriatric is highly needed. Dental surgeons should be oriented as well to provide a service for old age because oral health is one of the main stones of the general health of an old age. In general the doctors at large should be familiar with geriatric problem and they should aim at early detection of health conditions which remain the best protective technique.

8. HOUSING

The design of the housing units should take into consideration the extended family in order to keep the sons as near as possible to their fathers if not in the same house.

9. RAISING THE RETIREMENT AGE and encouraging the employment of those who retired and are fit to do full time or part time job, in order to continue their contact with people and their productive life.

10. ENCOURAGEMENT OF CHILDREN TO BE RESPONSIBLE FOR THEIR PARENTS in old age, particularly by promoting the pattern of the extended family, this can be achieved by social and religious motivation.

11. NUTRITION

Full scale educational programme should be tailored to educate the old age in order to prevent malnutrition or obesity, the latter has been found to predispose to diabetes and hypertension and in general it shortens life. The first could lead to many problems among them oestoporosis which can lead to pathological fracture.

12. ENVIRONMENT

We should aim at providing a better walking pavement and educate the drivers and the pedestrians to help the old age in crossing the roads.

We should aim as well to reduce pollution as much as possible.

Socially we should educate the public to keep in contact with an old age to help them and to make them actively involved in the community.

13. SOCIAL & WELFARE SERVICES

The services has to be extended to this age group in the hospital, in their houses and in geriatric units.

14. EXERCISE

In general old and young people should be encouraged to play some kind of sport which has been found, without a doubt, it delays the biological process of aging in the cell. There are many kinds of sport that can be played such as, jogging, squash, tennis, (not a double game) and many others that cannot be enumerated here.

15. LIGHTENING

The homes of elderly and the roads used by the elderly should have enough lightning to prevent accidents. This is essential because not a small number of old age will develop cataract and therefore they need a sufficient light to see.

Finally, I would like to remind you the World Assembly on Aging will take place at Hofburg Palace in Vienna from 26th July to 6th August 1982. The World Assembly will consider formulation of a World Plan of Action on Aging. The draft plan would be prepared through series of regional meetings, inter-agency consultation and inputs collected from the important groups of non-Government Organisations 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.

I am sure the medical profession in this country can participate in the formulation of the plan to be adopted by the World Health Organisation, the participation could be in the form of a Book on Aging and How to look after Aged people in Bahrain, establishing a Geriatric Unit in collaboration with Bahrain Government and subsidising or doing a research on Aging of the cells. □□