Implications of ageing in Maldives

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Survival to advanced age is one of the great accomplishments of the modern era. This significant issue of the 21st century has major implications for health, policy-making and programme development, particularly for a country like Maldives.

Maldives is a developing country with limited natural and human resources and a unique geography that fragments the population across many small islands. These constraints add to the cost of providing social health-care services for the elderly.

Over the past few decades dramatic demographic transformations have taken place both in developed and developing countries. According to the United Nations (UNDP-2000), the proportion of older people in the population increased from 6% in 1950 to 8% in 2000 globally. It is estimated that the number of older people will increase from 606 million in 2000 to nearly two billion in 2050. Similarly, it was reported that in 1999 (United Nations-1999) one in every 10 persons was aged 60 years or over, a figure expected to increase to one person in every five by 2050 and one in three by 2150. This trend towards an ageing population has been driven by the process of social development (Davies, 1998) that includes improved nutrition and housing, and better health care. These improvements have resulted in a decline in mortality and an increase in fertility which, in turn, have contributed to longer life expectancy. Hence, the proportion of older people has and will grow significantly in the coming decades.

Although the percentage of older people is higher in developed countries, the pace of ageing in developing countries is more rapid and the transition from young to old more compressed in time (United Nations-1999). It is estimated that by 2025 two thirds of the global population of people 65 years and over will be in developing countries (Davies, 1998). In Maldives, life expectancy has increased steadily. According to the 2000 census life expectancy for males was 72.3 and for females it was 73.7 and 3% of the population was 65 years (Ministry of Planning and Development, 2001a).

The International Labour Organization (2000) also warned that by 2025 over 75% of the older people in the world would be in Asia. Not only has the number of older people in developing countries increased, the pattern of disease has changed for nearly all the developing regions; there is a predicted increase in noncommunicable diseases such as cardiovascular disease, cancer, pulmonary diseases and other chronic illnesses (Daves, 1998). As a result, there will be a gradual deterioration in the ratio between the economically active and inactive within the population. This worrying trend not only has major implications for socioeconomic development, but also for the provision of health services and health care for the older people.

The exact nature of the health needs of the expanding elderly population will relate, in part, to the general state of psychological wellness in this group. More attention will also need to be paid to issues relevant to all

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segments of the ageing population, including increased health-care costs, disability, later retirement, and care-giving for the impaired. It is projected that most of the elderly would be widowed women by 2015.

These demographic shifts will have a number of significant consequences in shaping social and public policy in Maldives. For example, the increase in number in the group aged 65 and above will necessitate significant expansion in services to address health issues.

The ageing process can have a profound effect on the nutritional status of the elderly, which is influenced by social, psychological and economic factors. As we grow older, many aspects of our lives change, leading to changes in selection, preparation and consumption of food. Twice as many older adults live in poverty compared with younger adults as a result of a decrease in income and increase in living costs such as medication, specialized aids and so forth. Psychological factors may also play a significant role in influencing nutritional status, and cognitive defects may affect an individual’s ability to prepare food or even to recognize hunger. Dementia is seen in many age-related diseases and illnesses including Alzheimer’s disease, stroke, and other cerebrovascular incidents. An elderly person who experiences dementia may forget to eat or have difficulty differentiating between meals and may only rely on certain foods. Stressful life events such as illness or death of a family member, depression and loneliness can also influence nutritional status. Age-associated changes in the oral cavity and gastrointestinal tract may have a significant effect on nutritional status. For example, an age-related decrease in gastric acid and enzyme production may reduce absorption of vitamin B12, iron, folic acid, and possibly zinc as well as calcium. Altered gastrointestinal motility may contribute to constipation resulting in poor appetite.

In Maldives, one of two bone diseases that are common in most of the elderly over the age of 65 are osteoporosis and osteoarthritis. Osteoporosis occurs more often in menopausal women due to the bone loss associated with a decrease in estrogen. Women are known to lose as much as 20% of their bone mass during the first five to ten years of menopause (Leibman 2002).

Depression is another big problem among the elderly population and we are no exception to this. For the elderly person and family, onset of depression in late life is doubly difficult to fathom, sometimes blurred with multiple physical signs and complaints of ageing. However, it is useful to remember that new psychological challenges during ageing can be stressful and confusing in the best of circumstances for healthy individuals too. Emotionally, one can reasonably accept for example, some physical disease in oneself or one’s spouse that will temporarily interfere with everyday routine. There will also be grief and sorrow when there are losses of friends and relatives due to disabilities, relocation or death. In addition, it is likely that some family entanglements and misunderstandings from the past will resurface, adding confusion and emotional strain. Finally, the awareness that life will be limited and the acceptance of the fact that some form of help will be required, in the form of either physical, financial, social or emotional assistance can be frustrating and upsetting. These profound events lead to depression in the elderly. Thus, the elderly are at risk of getting trapped in a vicious cycle of mental and physical illness that can lead to depression and so on.

Over the years, tremendous strides have been made in identifying and increasing awareness about the patterns of abusive relationships, child abuse and domestic violence. These have received significantly more recognition than abuse of elders and continue to receive more attention in the public and medical domains, although abuse clearly occurs in persons of all ages. As a result of an increase in the elderly population who need care, the number of those abused will also increase.
Each year hundreds of thousands of older persons are abused, neglected and exploited. Many are people who are older, frail and vulnerable, who cannot help themselves and depend on others to meet their most basic needs. Abusers of the elderly are both men and women, and may be family members, friends and “trusted others” (Hudson, M. 1991).

Mistreatment of the elderly is a multi-dimensional phenomenon that encompasses a broad range of behaviours, events and circumstances. Unlike random acts of violence or exploitation, abuse of the elderly usually consists of repetitive instances of misconduct. It also encompasses any act of commission or omission that results in harm or threatened harm to the health and welfare of an elderly person. In general, abuse of the elderly is a term referring to any intentional or neglectful act by a care-giver or any person that causes harm or risk to a vulnerable adult.

Presently, Maldives is moving away from the pattern of an extended family to a nuclear family. The tradition was that the elderly were looked after by the family members. Unfortunately, care-giving for the elderly usually comes at a particular moment in the family cycle when children become adults. They may have children or grandchildren of their own. Taking on the responsibility for support of parents may just be one more task that is added to the ones that are already performed with competence and energy. The adult child may be dealing not only with the problems of parents but those of his own family. A son or daughter may be having substance abuse problem, a failing marriage etc. In these situations the stress may be so much that the care-giver cannot take on additional responsibilities. Sometimes the adult child has to take care of a parent who has abused them. The situation becomes worse when a woman who has been sexually and physically abused is required to take care of the father who was the abuser. In Male’ the capital of Maldives the housing situation is really bad — in most nuclear families there is no room for elderly parents. So it is time for the government to look for alternative care for the elderly.

With the rapid increase in the older population, providing health-care services to meet the needs of the elderly has become a major challenge for all countries, but more so for developing countries such as Maldives. A wide array of health services is needed to prevent illness, minimize disability, and promote a level of wellness among the elderly population. It is well documented that chronic illnesses and other impairments associated with ageing can limit the older person’s capacity to perform activities of daily living and enjoy life.

As Maldivians live longer, health promotion and homes for the elderly become more important. Although the Maldives health policy advocates equitable distribution of health-care services to all citizens, having easy access to health services is a major concern for the elderly living in the outer islands, though there is health insurance coverage for people above 65 years. The government has achieved a great deal in the past decade to improve the health of the general population but not much has been done in the area of elderly population. The future role and scope of elderly care services are difficult to predict, but this is a matter that cannot be left to chance. We need to find ways to look after the elderly be it through nursing homes or residential care facilities.

References and bibliography
