INTRODUCTION

“Youth is the gift of nature but age is a work of art.”

Age is not a disease. We all live a life and die. Ageing begins with conception. So ageing is as old as time. All things change through time when we see changes from the beginning of time, this changes is called development, when viewed from angel of ending, it is called ageing. But it would be misleading to think of the ageing process only in term of time.

Every individual has developmental phases. These phases are the offerings of the dynamic creation of God. Each development phase has unique characteristic features and developmental tasks. Old age is the final developmental phase. At this phase older adults are better in interpreting things that are not always as these appear. So old age is adorned by folds of wisdom and generativity.

Biologically the process of ageing begins as early as puberty and is a continuous process throughout adult life. Socially, the characteristics of the members of the society perceived as being old vary with the cultural setting as from generation to generation. Economically specially in rural areas as elderly are simply seen as being those who are too old to work and earn. Chronologically numeric age has been traditionally used in defining the term “elderly”. Even though a single “cut off” age in which world defines the elderly would vary between country and region considering the biological, sociological and economic difference in their population. The United Nations in 1980 defined 60 years in the age of transition of people to elderly segment of the population. Some authors classify the elderly as the young old 60-70 years, old 70-80 years and oldest old 80+ years.

Age is really indefinite because for each single person, it relates to many things, i.e. physical and mental age need to be determined as well as the chronological age. The heart may age faster than the brain. In this case the person may be older physically than mentally. It is not uncommon to find an older person confirmed to a wheel chair, unable to walk, yet his mind may be alert and active. So the years alone don’t make a person old or young, i.e. without a purpose in life a person might be old at 40 and with a purpose he/she might be young at 65. Today because of the advertisement in science and technology the improving socioeconomic conditions and changes in values of modern society, it is very crucial not to forget our own values which are found in all the religious books regarding elderly.
The population of older adults is increasing at a fast pace due to increase in life expectancy, improved nutrition and health. In India growth rate of elderly is faster than other regions of the world. According to population census 2011, there are nearly 104 million elderly persons in India. Help age India suggests that number of elderly persons is expected to grow to 173 million by 2026.

Ageing is usually associated with Physical and Psycho social modifications because of decline in the normal functioning of the body resulting in poor mobility, vision, inability to eat and decline in memory. Majority of the aged people are seeing these problems in a negative manner. All these phenomena lead to several social economic problems.

Physical and mental health affect each other. Aged people with physical problems have higher rates of Psychological problems and even Psychological problems may compromise a person’s ability to fight physical problems. So physical, Psychological and Social Problems of elderly affect their activities of daily living and quality of life.

Traditionally family has been the Primary Source of support and care. In family mainly spouses, adult daughter and son are named as support system in providing Physical, emotional, financial support to older people in need. In India it is culturally accepted that children will take care of their parents in old age. Aged parents feel pride and satisfaction to be cared by children. But on the angle of old age, parents anxious as to whether they would receive such care.

Psychosocial changes of normal ageing includes acceptance or nonacceptance of physical changes, coping with personal loss, slower process of information, possible depressions and loss of self esteem. Mental changes include gradual mental dysfunction due to gradual decline in intelligence, memory, sensory changes resulting in inaccurate communication, disruption of sleep etc. Some of the sociological changes that come with increasing life span include reduced income, change in life style, widowhood, loss of other family members and friends, failed relationship, social isolation, isolation from services and activities etc.

The National Sample Survey Organization had conducted a nation-wide survey wherein specific data related to the elderly were collected. The health profile of the elderly had been studied at the primary health centre level by the Indian Council of Medical Research (ICMR). In addition, some studies had been carried out by medical colleges/institutions on the medical and social problems of the elderly. These were classified into three groups. Physical needs to nurture the human body in a state of health, psycho-social ones which promote stable personality and
maintain harmonious relationship with their brethren and the spiritual ones contributed to the vertical and horizontal peace and love.

In the ancient India old age was never a social problem. This was because of several cultural practices built into the social structure. Firstly, the ancient institution of joint family provided the main support for the old aged. The earning young adults provided for care of the elderly. The elderly in return had the responsibility to look after the children and the adolescents. In addition, this support had the blessings of practically all the religions and communities in the country in the form of respect for the elders built into system in the social structure.

Due to migration and urbanization, there are structural and functional changes in family. Joint family structure is transforming into Nuclear family. Medical, health and welfare systems are still underdeveloped. So older adults are forced to shift from their own place to some old age home and any other places.

Aged people have Physical, psychological, emotional, economical needs. These needs are unique and differ from individual to individual. Physical problems such as arthritis, visual problem, hypertension, hemorrhoids, hearing impairment and loss of teeth. They had perceptual, cognitive impairment most commonly depression, memory, loss of vision and hearing. Aged people are also vulnerable to social crisis. Most common social problems face by old age group are loneliness, insecurity and depend on children for financial support. Elderly have negative attitude toward life.

**Conclusion:**

Health problems are associated with age. So it is time to assess physical and psychosocial problems faced by old age group and to make aware aged group for regular health checkups and elderly detection of disease and counseling. National health policy has been formulated to ensure well being of elderly and encourage family to give care and support to elderly. How far it is successful to focus the needs of elderly, remains unanswered. It is time to scale up support system for empowerment of elderly at individual and community level.