

## Conference Paper

# The Ability to Meet the Elderly's Basic Needs for Healthy Ageing in Low- and Middle-Income Countries

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## Abstract

by 2050, 80% of the elderly worldwide will be living in low- and middle-income countries. Demographic shift is challenging low- and middle-income countries to ensure their social and health systems are ready for the elderly. This paper aims to identify what basic needs have to be fulfilled for the elderly to experience healthy ageing especially in low- and middle-income countries. The method used for this study was a literature review of official reports and statistics, and scientific journals. The first basic need is financial security. In countries where pension systems are weak, the elderly live in extended households sharing the budget with their children. The second need is for personal security and safety. Issues such as injuries, crime, and disasters become prominent. The third need is for mental health. The number of people with dementia in low- and middle-income countries is predicted to be four times higher than in high-income countries by 2050. The fourth need is for accessible health care. The biggest challenge for low- and middle-income countries is the ability for the elderly to afford health care. The last need is self-actualization. These needs have not yet been met and still challenge low- and middle-income countries even though they are essential for healthy ageing and elderly welfare.

**Keywords:** elderly, basic needs, low-middle income countries

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## 1. INTRODUCTION

According to data from World Population Prospects, the proportion of elderly around the world has increased rapidly in recent years and is projected to accelerate in the next few decades [6]. Between 2015 and 2030, the number of people worldwide aged 60 years or over is projected to grow by 56%, from 901 to 1.4 billion [6]. This demographic shift started in high-income countries, for example, Japan and France, and now the low- and middle-income countries are undergoing this change. It is predicted that by 2050, 80% of the elderly will be living in low- and middle-income countries [14]. This shift

challenges low- and middle-income countries to ensure their social and health systems readiness for the growing numbers of elderly. Therefore, it is important for all countries to promote healthy ageing and help the elderly build and maintain their functional abilities to meet their basic needs: learning, growing, making decisions, being mobile, maintaining relationships, and contributing to society. Among five key domains, the ability to meet basic needs is still proving to be problematic in low- and middle-income countries. The basic needs include financial security, personal security and safety, health care and health challenges, mental health, and self-actualization. This paper aims to identify what basic needs need to be met for the elderly to experience healthy ageing, especially in low- and middle-income countries. Additionally, it is hoped that this review raises awareness about the fulfillment of the elderly's basic needs.

## 2. METHOD

The literature review of "what are the elderly's basic needs that should be fulfilled" was conducted through online databases and a wider internet search including official reports and statistics, and other scientific journals between August and October 2016. We searched several references from Pro Quest, Google Scholar, EBSCO, and International Reports. Each source was searched using the keywords elderly basic needs AND low- and middle-income countries, elder mental health AND low- and middle-income countries, elder mistreatment, and health care for the elderly. The reference list shows some relevant studies (meta-analyses, reviews, and articles) that are related to this literature review.

## 3. THE LITERATURE REVIEW

Overall, existing reviews of the elderly's basic needs mostly discussed them on a global scale rather than specifically for low- and middle-income countries.

## 4. RESULTS

### 4.1. Financial Security

According to World Population Ageing [6], in countries where pension systems for the poor are weak, the elderly usually live in large extended households sharing the budget with their children. The elderly in most sub-Saharan African countries and several Latin American countries are commonly poorer than other age groups [6]. In

Indonesia, studies suggest that 13% of the elderly in Indonesia are considered to be poor, compared to 12% of people in other age groups. This indicates that the elderly's financial security in developing countries is still problematic [6].

Many studies argue that the elderly may cause economic distress. Older adult's consumption is proportionally higher than for other working ages [2]. However, it was found that in some low- and middle-income countries, such as India, the Philippines, and Thailand, consumption is prone to decline or stay constant at levels below 0.8% [6]. However, in Indonesia and Mexico, the consumption level in older adults is above 0.8% but under 1.0%. It is suggested that the level of consumption is related to saving rates [6]. Therefore, it can be concluded that in low- and middle-income countries, there is a tendency for saving to increase as the population ages.

In low- and middle-income countries, the biggest challenge is the elderly potentially becoming a financial burden on health systems, because health costs are higher for the elderly and national spending on elderly health is lower than 10% [2]. Thus, health spending is mostly private, leading to increased demands on financial resources and increased borrowing from relatives imposing a wider burden on them.

## 4.2. Personal Security

The elderly's vulnerability poses a threat towards their personal security. As the global elderly population increases, WHO estimates that 1 in 10 elderly will be abused each month [13]. The Global Status Report on Violence reported that the percentage of elderly abuse in middle-income countries is around 11% and in low-income countries, it is around 5% [13]. However, elderly abuse is still under-reported especially in the South-East Asia Region. The types of mistreatment that the elderly suffer are physical, financial, sexual, psychological, and neglect [6]. A study in China in 2012 showed that elderly mistreatment was significantly associated with being widowed/single/separated, 5 years or less of school education, living alone, depending solely on self-made income, having chronic disease, physical disability, high labor intensity, and depression with an estimated prevalence of 36.2% (Li 2012).

Not only elderly abuse but also issues such as falls, injuries, crime, and disasters become prominent. Approximately 28–35% of people worldwide aged 65 and over fall based on WHO data [12]. The Global Report on Falls Prevention in Older Age reported that in the South-East Asia Region, especially China, incidence of falls was around 6–31%. While in the Region of the Americas, (Latin/Caribbean region) the proportion of older adults who fell each year ranged from 21.6% to 34% [12].

### 4.3. Mental Health

Recent findings from WHO shows that approximately 15% of adults aged 60 and over suffer from a mental disorder, mostly dementia and depression. People with dementia in low- and middle-income countries are predicted to reach almost 120 million by 2050, while the high-income countries will reach under 40 million [14].

Studies from developing countries, like India, have reported a very high prevalence of depressed elderly individuals, 21.9% [1]. Barua (2011) found that the number of depressed elderly individuals was significantly higher in Asia. However, the proportion of elderly individuals effected by depression was significantly lower in Asia (4.2%) than Europe (10.9%) and America (8.4%). A study in a Chinese urban area found associations between living arrangements, including social interactions, and health-related quality of life [10]. It was found that the elderly who had close contact with friends and relatives had lower rates of problems from anxiety and depression [10]. Women over 60 years old who live alone had the highest proportion of reporting problems of mobility, discomfort, as well as anxiety and depression [10]. Having no living companion is a significant predictor of anxiety and depression among the elderly [10].

### 4.4. Health Care

Elderly vulnerability to chronic health conditions puts them in need of appropriate and accessible health care. The three biggest challenges to accessible health care for the elderly in low- and middle-income countries are (a) the capability to afford the health care visits (60.9%), (b) the ability to afford transportation (28.1%), and (c) the feeling of not being sick enough (27.3%). Other significant challenges are no available transport (20.7%), equipment or skill inadequacy of the health-care provider (7.8%–14.1%), the lack of knowledge about where to go (9.8%), and previous bad treatment (7.9%) [14].

Aside from healthcare accessibility, another important issue in low- and middle-income countries is the ability to treat disease early and prevent suffering from chronic conditions. Chronic disease or non-communicable disease (NCD) associated with age and triggered by behavioral risk factors are characteristic of and prevalent among low- and middle-income countries populations [2]. Risk factors are worsened by poverty. In South Africa for example, the burden of NCDs in the aged population rises and now reaches 41%. However, in China, the percentage is 22%, which is much lower than the growth of the aged population aged at 46%. This is also the case for Brazil [6].

## 4.5. Self-actualization

After all the needs, discussed above, are fulfilled, the highest need of humans can then be fulfilled. According to Maslow's theory of basic needs, this last and highest level of need is self-actualization [11]. Self-actualization can only be achieved once a person has acquired wisdom and maturity through facing the realities of life and has fulfilled other needs [4]. Thus, self-actualization cannot be achieved by young people.

## 5. DISCUSSION

In the present study, the elderly in low- and middle-income countries are commonly poorer than other age groups, and their level of consumption is lower than other working aged populations. The elderly are proven vulnerable towards certain health conditions, especially chronic diseases. The absence of personal security also effects the elderly's quality of life. The consequences of these factors are more severe than for other age groups, therefore the elderly tend to have a higher need for medical care. This leads to another issue because health care for the elderly in low- and middle-income countries is currently lacking as well. This situation means the elderly need financial support to receive the health care they need. Therefore, pensions for the elderly are strong basis from which to support the elderly financially as well as becoming social protection given by a country for elder, which is still weak until this day.

The high numbers of people with mental problems in low- and middle- income countries compared to high-income countries is probably because of stressors that cannot yet be overcome low- and middle- income countries. These are mostly chronic pain, frailty, and the burden of taking care of other family members with lack of support.

The health care challenges in low- and middle- income countries are mostly caused by poverty and worsened by poor education of the elderly. Poverty means they are unable to afford transportation and health care. Elderly with poor educational background often ignore the symptoms of illness, and if they are willing to seek treatment, they do not know where to go. The elderly are often mistreated, not only by their family but also by other caregivers. This happens because the elderly with poor educational backgrounds have no autonomy. For the elderly with NCDs, despite the differences in the NCD burden percentage as well as the proportion within each low- and middle- income country, NCD prevention and control is still greatly needed.

Demand for care aimed at effective prevention and treatment increases, but treatment costs are high and the provision of quality coverage is still lacking.

## 6. CONCLUSION

Elderly basic needs that should be fulfilled in low- and middle- income countries are financial security, personal security, mental health, health care system, and self-actualization. These needs have been shown to have not been thoroughly fulfilled until recent years and it is still challenging in low- and middle- income countries. The fulfillment of these basic needs is essential to experience healthy ageing, which is an investment for every country and its citizen's welfare.

Suggestions to overcome these findings are: (a) raise awareness about demographic shift in low- and middle- income countries, (b) governments provide firm pensions and health care systems, and (c) the elderly's family support them and let them be involved in making decisions.

Certain limitations apply to the current study. The lack of comparison across low- and middle- income countries limits the generalizability of the results. There is also a lack of comparison to previous studies in the discussion. The sources in the literature review are all from online literature, which restricts the amount of results available. Future studies regarding the elderly's basic needs should include larger samples from different geographical areas. Various sources of data might also be represented in the sample.

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