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Health Problems of the Aged Among the Angami Nagas

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ABSTRACT The present study was undertaken to find out the health problems of the Angami aged of Nagaland. The study reveals that majority of the aged suffer from one or a combination of ailments but many of them either regard themselves to be in excellent condition or are indifferent to their health or consider it as common in old age. Despite of all ailments and handicaps, the medical facilities available for the aged are inadequate and many aged are compelled to seek help from private practitioners inspite of their poor economic status.

Human organs gradually diminish in function over time, although not at the same rate in every individual. By itself, this gradual diminution of function is not a real threat to the health of most old people unless they fall prey to some disease. Diseases are the chief barriers to extended health and longevity. And when they accompany normal changes associated with biological aging, maintaining health and securing appropriate health care becomes especially problematic for older people.

Health in simplest term is defined as the absence of disease or illness. Health is not only a biological or medical concern, but also a significant personal and social concern. In general, with declining health, individuals can lose their independence, lose social roles, become isolated, experience economic hardship, be labeled or stigmatized, change their self-perception, and some of them may even be institutionalized.

According to Phelps and Henderson (1952:217), "old age is a natural and normal condition... Its pathologies are the same as those that occur at any other age period, but they are intensified by illness, family disorganisation, unemployability, reduced income and dependency." Of all the problems of old age, the problem of health is a major problem because it is accentuated by an "increasing number of physical handicaps, more frequent and serious illness, more mental disturbances and a general reaction among the aged that ill health is their major problem."(ibid: 225).

Health status of the aged people varies individually. In this regard De Souza (1982) describes four factors which determine the health status of the aged: (i) the nature and condition of their hard work combined with poor nutrition leads to the state of general disability and most of the aged suffer from what may be called 'deficiency' illness; (ii) environmental conditions such as poor sanitation, lack of basic amenities such as water and proper drainage system tend to make the environment itself a health hazard; (iii) inadequate and unbalanced diet; and (iv) the availability and quality of health services.

In terms of health status, Wan (1982) reveals that the difference between the sexes are clear and women have higher rates of morbidity, though, in fact it has long been observed that 'women are sicker but men die sooner'.

STUDY AREA

The Angami Nagas, one of the major tribes of Nagaland, live in the southern part of Nagaland, i.e., Kohima District. Kohima district lies between 25°11' N and 25° 58' North latitudes and 93° 20'E and 94° 55'E longitudes. It is the largest and physically most developed district in Nagaland. It covers an approximate area of 4041 square kilometres (Census, 1991), i.e., 24.27 % of the total area of the state. Kohima, the capital of Nagaland, is situated at 1,444 metres above sea level. The district is strategically located as the gateway to the state of Manipur, and Phek and Wokha districts in Nagaland, a factor which has further enhanced its importance in the commercial and administrative spheres. It was formed in December 1973 by bifurcating the original Kohima district of Nagaland into Kohima and Phek districts. The Kohima district was further bifurcated into two districts, i.e., present Kohima district and Dimapur district on 28th April 1998. It is situated in the south-western corner of

Nagaland. It is bounded on the south by the state of Manipur, west by Dimapur, north by Wokha district of Nagaland, and east by Zunheboto and Phek districts of the state.

METHODOLOGY

The data have been collected from four villages in Kohima District. The aged population in this district is found to be 3.6% of the total population. So the total sample size is 380, which is 3.6% of the total population of the four villages. By using the multi-stage sampling design, first the Angami region has been classified (stratified) into four categories (each region forming a stratum). Then the nearest village from Kohima town in each of the four Angami regions in four directions has been selected. As for the aged population they have been stratified into four strata: Literate Male, Illiterate Male, Literate Female and Illiterate Female. Out of the total sample size 280 respondents are from Kohima village, 44 from Phesama village, 42 from Jotsoma Village and 14 from Piphema Village, making use of such device as stratification and sampling with "probability proportionate to size". Household census is used as the sampling frame and the respondents were finally identified by applying systematic sampling, selecting every kth aged on the list for each village.

The health status of the Angami aged is discussed on the basis of the parameters like physical ailments, physical disabilities, mobility, and medical facilities for the aged.

RESULTS AND DISCUSSION

(i) Physical Ailments Among the Aged: Illness is defined as "any condition, i.e., any disease, impairment, symptom, or a group of related symptoms which was reported by the aged as having bothered them" (Shanas Ethel, 1968). Illness affects both the society and the individual in a variety of ways. For the society, ill health exacts a high cost in economic terms by both loss in economic production and the cost in providing health care services. Illness also has consequences for the individual. Those who are ill cannot perform their normal economic and social roles properly. As a result they often become victims of stress and depression, which complicate their illness further making it often difficult for the doctors to be able to treat such individuals.

Table 1 shows the incidence of different physical ailments among the aged Angamis. It is evident that many of the aged among them suffer from a combination of ailments. 10.26 percent of the aged are found to be suffering from cough and fever. But none of the aged Angami respondents is found to be consulting doctors for this. Sore throat and running nose are complained by 8.94 percent of the aged. Women are found to be affected more frequently than men are. It is found to be associated with cough and fever.

Indigestion was a complaint made by 5.26 percent of the aged respondents. It is found to be more in men than in women. None of the respondents is known to be consulting doctors for this ailment. Indigestion is often aggravated by poor mastication of food. A possible cause of indigestion among the aged, apart from faulty food and insufficient intake of fluid, would be their capacity to chew food properly. According to Becker (1959: 13), "Teeth are essential for the proper mastication of food, and much flatulence and dyspepsia in the older person can be corrected by obtaining properly fitted dentures".

Table 1: Physical ailments among the aged

S.No.	*Ailments*	*Men*	*Women*	*Total*	*%*
1	Cough & fever	18	21	39	10.26
2	Sore throat & running nose	6	28	34	8.94
3	Indigestion	11	9	20	5.26
4	Vomiting	-	2	2	0.52
5	Abdominal pain	34	26	60	15.78
6	Constipation	18	20	38	10.00
7	Frequent headache	48	56	104	27.36
8	Backache	37	92	129	33.94
9	Fever with shiver	3	9	12	3.15
10	Night blindness	-	-	-	-
11	Skin diseases	-	-	-	-
12	Tuberculosis	4	-	4	1.05
13	Cancer	2	1	3	0.78
14	Blood Pressure	13	4	17	4.47
15	Joint pain	42	33	75	19.73
	Total	236	301	537	100
	Percentage	43.94	56.05	100	

Table 2 indicates that only 28.15 percent of the aged have most of the natural teeth intact, and 41.57 percent of the aged have only some natural teeth. These conditions are not conducive to proper mastication of food. Soodan (1973) study on the aged in Lucknow also indicates that a majority of the aged had either only some natural teeth left or only tusk-like remnants. But this does not pose a serious health problem for the aged in

Table 2: State of dentures of the aged according to age group

State of denture	*60-65*	*65-70*	*70-75*	*75-80*	*80+*	*Total*	*%*
Majority teeth intact	68	30	5	3	1	107	28.15
Some naturalteeth intact	45	42	21	28	22	158	41.57
Toothless	2	10	23	19	26	80	21.05
False denture	6	12	9	1	7	35	9.21
Total	121	94	58	51	56	380	100

both the studies because they considered it as a sign of aging and not as a problem.

21.05 percent of the aged are toothless and 9.21 percent have false dentures. Though majority of the aged Angami respondents are either toothless or with only some natural teeth intact, they do not consult doctor for denture. This does not seem to bother them much since they have become old and denture is not necessary, which is a misconception among the aged.

About 62.62 percent of the aged need dentures for proper mastication of food, lacking which they are likely to continue suffering from indigestion and other related ailments.

Vomiting could be due to various reasons such as over-eating, stomach upset, severe cold or due to other problems but this is a very insignificant problem as far as the Angami Nagas are concerned. The present study shows that only 0.52 percent of the aged complained about vomiting.

Abdominal pain is a common ailment in the Naga villages but it is rarely considered important enough to be reported to others. Most people continue to perform their normal function despite abdominal pain for several days. They begin to take medicine or talk about it only if the pain persists and becomes unbearable. This is perhaps the reason why only 15.78 percent of the aged respondents reported that they suffered from abdominal pain. One would otherwise expect the figures for this category of people to be much larger than the present study shows. That it is more frequent in men than in women is also due, to some extent, to cultural factors. The women complain about their ailments much later than the men do. Many men stop doing work immediately after such a complaint but many women continue even after they begin to suffer from similar ailments. The present study also shows that only 36.66 percent of the respondents have consulted doctors for treatment.

10 percent of the aged interviewed suffer from constipation. It is more so in women than in men, although it is difficult to explain in terms of socio-cultural variables why it happens so. None of the aged respondents has reported having consulted the doctor in this respect and most of them are on self-medication.

Frequent headache is bothering 27.36 percent of the aged. It is more pronounced in women than in men, although the reason for this difference is not known. None of the aged respondents has consulted any doctor in this respect.

Backache is also found to be more frequent in women than in men. 33.94 percent of the aged respondents complained about backache. Out of this, only 8 (6.20 percent) of them had consulted doctors for treatment. Some of them reported that it was common in old age and treatment was not necessary. 3.15 percent of the aged respondents complained about fever with shiver. It is also more common in women than in men.

Only 1.05 percent of the aged complained about tuberculosis. None of the women is reported suffering from it and those who are infected are under medical treatment. There is some reason to suspect that the figures on tuberculosis-affected persons are lower than the actual figures. There is always a fear that such a person is socially boycotted and there may be social as well as health consequences on the children as well. Under reporting could also have taken place due to the habit of the Angamis not to go to the doctor until it is really important for them to do so or until some one forces them to see a doctor. Many such persons may simply pass off as those suffering from fever and shiver or simply from severe cough.

Cancer is found only in 0.78 percent cases of the aged respondents, which could again be due to lack of facilities for detection of the same. It is more pronounced in women than in men.

4.47 percent of the aged has high blood pressure as diagnosed by the doctors who they consulted. It is found to be more in men than in women. The detection of blood pressure is often very tricky and eludes those who suffer from it. In a society where seeing a doctor is not something that happens easily, it is quite possible that there are more people suffering from it than

reported by the present study. It is also expected to be higher in the urban areas than in the rural areas, where the present study was mostly done.

Joint pain is a common complaint for 19.73 percent of the aged. None of them had consulted doctors for treatment of this problem. None of the respondents is found to be suffering from night blindness and skin diseases.

Most of the aged respondents complained about frequent headache and backache but only 8 (6.20 percent) of them had consulted doctors for treatment. According to them, it is common in old age and it occurred because of the hard work in their youth. So it is not considered necessary to understand the people's perception of the cause of a sickness or ailment. The people consult doctors only if they perceive an ailment to be unnatural for their age or sex. Such perceptions often lead to complications of health, making it that more difficult to cure a person. There is, of course, a brighter side to it as well. If they do not go to a doctor immediately or do not start medication considering an ailment as natural, such persons often develop immunity and the ailment does not repeat itself easily.

Tuberculosis, cancer and blood pressures are more among the aged men than aged women. In general, women complained more of ailments than men did.

(ii) Physical Disabilities Among the Aged: The term 'physically handicapped' includes "the blind, the partially sighted, the deaf, the dumb, the epileptics, the cripple, the cardiac patient, the spastics, the diabetic and includes all persons who have either completely lost the use of or can make only a restricted use of one or more of their physical organs." (Planning Commission 267-268). For the purpose of this study a person is considered blind who could not "count the fingers of an outstretched hand held at a yard's distance", which thus covers all the persons who cannot see for ordinary purposes of life (Hasan, 1960: 2). Any person whose "sense of hearing was non-functional for the ordinary purposes of life", was considered deaf, and one whose sense of hearing was not non-functional but impaired to an extent that he experienced difficulty in communicating easily with others was considered 'hard of hearing'. A person was considered dumb if his power of speech was non-functional for the ordinary purposes of life and who could not express himself in an articulate language. A person who had lost "the power of motion, sensation or function or any part of the body" and who was deprived of the power of action was considered paralytic (Chamber's Dictionary).

Table 3 shows the number of aged with different physical disabilities according to age groups. The physical disabilities among the aged are discussed below:

30 percent of the aged complained about impaired eyesight. Out of this, most of them are found in the age group of 75 to 80 years. Impaired eyesight was actually a common complaint in all the age groups. Only 11 (4.64 percent) of the aged are wearing spectacles prescribed by doctors. 95.36 percent of the aged complaining about impaired eyesight has not taken care of their eyesight. The reasons for not using spectacles are reported as follows:

(1) It is common in old age,

(2) They could not afford to buy spectacles,

(3) It is inconvenient to wear spectacles, and

(4) Without wearing spectacles also they can carry on with the daily activities.

Only 1 (0.26 percent) aged respondent is found to be blind belonging to the age group of 60 to 65. There are however many among them who have various degrees of blindness. Some of them cannot put the thread across the eye of the needle, whereas others cannot recognize a person approaching until the same arrives very near.

Table 3: Nature of physical disabilities among the aged according to age groups

Physical disabilities	*60-65*	*65-70*	*70-75*	*75-80*	*80+*	*Total*	*%*
Impaired eyesight	25	19	25	27	18	114	30.00
Blind	1	-	-	-	-	1	0.26
Hard of hearing	35	40	25	22	32	154	40.52
Crippled	-	-	-	-	-	-	-
Paralytic	-	-	5	2	6	13	3.42
Deaf & dumb	-	-	-	-	-	-	-
Diabetic	2	1	-	-	-	3	0.78
No disabilities	58	34	3	-	-	95	25
Total	121	94	58	51	56	380	100

There are still others who need to adjust the distance of the book or newspaper in order to be able to read the same.

Hard of hearing is a major complaint for 40.52 percent of the aged. Among the physical disabilities, the aged complaining about hard of hearing is the highest in all the age groups. But only 5 (3.06 percent) of the aged are using hearing aids. Maximum of them said that they could continue with the daily chores without any problems. So hearing aids are not considered necessary.

All the paralytic respondents are bed-ridden. 3.42 percent of the aged are paralytic and are found only in the later aged groups. 0.78 percent of the aged complained about diabetes. All of them have consulted doctor for treatment. Diabetes is totally absent in later aged groups and is found in the lower aged groups only.

Thus, hard of hearing and impaired eyesight are common complaints among the aged but only 4.21 percent were found taking care of themselves. 25 percent of the aged respondents reported no disabilities at all. None of the aged is found to be crippled or deaf and dumb.

Among the respondents complaining about hard of hearing, it is found to be the highest among the 80+ age group, and lowest among the age group of 75 to 80. Impaired eyesight is highest among the age group of 75 to 80 and lowest among the 80+ age group. Blindness and diabetes are found only in the lower age groups. Thus, blindness and diabetes are more common among the younger aged than the older aged. Aged persons having no disabilities are found only in the lower age groups. Thus, it appears that as they become older the physical disabilities also increase.

Thus, most of the aged respondents have been suffering from one disability or the other. Inspite of the disabilities, some are continuing with their daily chores. Of those who are still working, they often have to continue with the daily chores in order to maintain their family and some said that they felt bored remaining idle. So they wanted to do some work for exercise and to pass their time.

(iii) Physical Mobility Among the Aged: Physical mobility may be defined as the ability to move from one place to another. The study on the physical mobility of the Angami aged reveals that though 75 percent of the aged complained about their disabilities, 71.84 percent of the aged respondents moved freely without requiring any assistance. Table 4 shows that 12.63 percent of the aged respondents roam about only in their neighbourhood, 11.84 percent inside the house only, and 3.42 percent are bed-ridden. Of those aged who are moving freely everywhere, the number of respondent's decreases as the age increases. In the age group of 60 to 65, there are 118 (43.22 percent) aged respondents moving freely but in the 80+ age group only 5 (1.83 percent) are moving freely. Reverse is the case with those who are confined only in the neighbourhood and within the house. Thus, it has been found that in all the age groups, physical mobility decreases as age increases.

(iv) Medical Care for the Aged: The aged people, like others, receive free medical assistance from the government hospitals and dispensaries, the local bodies and other charitable organizations. If they can afford it, they consult private practitioners. But it is a common experience that the outpatient departments in every hospital or dispensary are over-crowded and the economically poor aged persons have to wait for hours to get their turn, as they cannot afford to see a private doctor. This is despite their belief that the same doctors give much better attention at their private clinics than at the government hospitals. There is no separate geriatric unit for the aged in any of the hospitals or dispensaries in Nagaland. Going to these outpatient departments thus proves such a traumatic experience for most of them that the aged patients prefer to refrain from visiting them unless it is unavoidable.

Since all the villages under study are within

Table 4: Physical mobility among the aged

Extent of physical mobility	*60-65*	*65-70*	*70-75*	*75-80*	*80+*	*Total*	*%*
Move freely everywhere	118	86	42	22	5	273	71.84
Neighbourhood only	2	4	7	17	18	48	12.63
Inside the house only	1	4	3	10	27	45	11.84
Bedridden	-	-	5	2	6	13	8.42
Total	121	94	58	51	56	380	100

the vicinity of Kohima town, the capital of Nagaland, they were all expected to have better medical facilities than the other remote villages. However, the present fieldwork showed otherwise, as revealed in Table 5.

The study reveals various experiences of the aged respondents about medical aid. Only 29.73 percent of the aged respondents have medical facilities nearby where they can get access to it any time. 70.26 percent of the aged have to go to far off places to get the treatment. Of those who are getting medical treatment in hospitals and primary health centres, 57.36 percent are satisfied with the treatment but 42.63 percent are not.

Table 5: Experience of the aged about medical facilities

Medical facilities	*No.of cases*	*%*
Health centre nearby	113	29.73
Health centre far away	267	70.26
Satisfied with treatment	218	57.36
Not satisfied	162	42.63
Total	760	

Though most of the aged respondents go for the medical facilities available in government-run hospitals and health centres, some are compelled to go to the private clinics or hospitals since there are not enough facilities in the former.

The present study shows that there is insufficient supply of medicines in government-run hospitals in Nagaland and as such it prevents the aged from receiving proper medical treatment. In the health centres and dispensaries also insufficient supply of medicine is usual. Besides the doctors and staff hardly do their duty of taking care of their health needs. They are either absent from duty or ignore the visiting patients.

Table 6 shows the type of medical treatment the aged people generally seek when they fall sick. 26.84 percent of the aged go for treatment in government hospitals, 38.42 percent in primary health centres, 16.84 percent in private clinics, and 2.84 percent go for indigenous medicine. 15 percent of the respondents reported that they did not go anywhere for any type of treatment.

CONCLUSION

The aged respondents are normal people. They may also become ill like others. Old age in itself is not a disease. It is normal and natural condition. Every living organism has weaknesses and disabilities. Among human beings too, the pathologies of old age are the same that occur at any other age except that they are intensified with advancement in age. The aged people are likely to suffer a number of physical ailments and handicaps, and more frequent serious illness. Chronic and degenerative diseases and physical immobility are some major causes of dependency among the aged.

Table 6: Sources of medical treatment

Types of medical treatment	*No. of cases*	*%*
Government hospitals	102	26.84
Primary health centres	146	38.42
Private clinics	64	16.84
Indigenous medical treatment	11	2.84
No aid sought	57	15.00
Total	380	100.00

The present study has revealed that majority of the aged people suffer from one or a combination of ailments. Many of them either regards themselves to be in excellent condition or are indifferent to their health despite their suffering from illness. When asked about their physical ailments or handicaps common in old age was reported by many but they often considered such problems to be natural. A majority of the aged respondents were found indifferent to their health because their illness had not disturbed them sufficiently or no medical facilities were available nearby or because of lack of money to consult doctors and undergo treatment.

Most of the aged complained about frequent headache, backache and joint pain but they consider it as common in old age and consulting a doctor is not necessary. Only few have consulted doctors for treatment. Because of such notions of the aged, their health problems are likely to be further complicated, although they are also equally likely to develop immunity from many ailments. Women respondents complaining about physical ailments were more in number than the men respondents.

Most of the aged respondents have only some of their natural teeth intact. But this does not seem to bother them much. Since they have become old, falling of teeth is seen as something natural and denture is not considered necessary, which is a misconception among the aged. The aged with complaints of tuberculosis, cancer and blood pressure were very few. All of them consulted doctors and received periodical medical assistance.

Physical disabilities are some of the problems that prevent the aged from attending to their daily chores and put them in isolation. Among the physical disabilities hard of hearing and impaired eyesight are the common complaints among the aged but this do not seem to bother them much since they can continue with their daily chores without using hearing aids or spectacles.

It is encouraging to note that in spite of their physical ailments and disabilities, most aged respondents could move about freely as they liked and did not require any personal attendance. At the same time, they continued with their daily chores.

Though the health status of the aged in general is quite satisfactory, the present medical facilities are far inadequate if the aged people start visiting the government hospitals and dispensaries. Most of the aged people seek medical aid from government hospitals and primary health centres where the facilities are always inadequate. Some of course can afford to seek help from private practitioners.

In Canada, society as a whole bears the cost of health services. Access to health services is regarded not just as a social concern but also a 'right'. Canada has also accepted the basic principle of public responsibility for ensuring that aged persons receive at least a basic subsistence allowance. This takes the form of the 1927 Old Age Pension Act that established a national non-contributory, means-tested plan providing for $ 20.00 per month at the age 70.

In England comprehensive medical services to aged are provided under National Health Service Acts. It provides a variety of services in the hospitals, in the clinics of private medical practitioners and at the homes of the sick. In Soviet Union, the public health services are operated by the State which finances and administers all medical health assistance agencies. In Denmark, it is compulsory for every person over 16 years of age to become a member of a fund on the basis of his income. Medical attention to the old or the chronic sick is given through services being paid by the National Health Insurance. The health needs of the aged in the United States are provided under Medicare, which provides numerous benefits.

Thus there are three major health needs of the aged in Nagaland. One, the concept of illness as 'common in old age' should be removed from their mind and for any type of ailment or handicaps, proper medical treatment should be given to them. Secondly, medical facilities in government hospitals and primary health centres should be improved. Thirdly, geriatric units should be set up to let the aged people get easy access to the medical facilities.

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