



Aging vs Alzheimer's Disorders and Medicaments in Developing World

Mohammad Taghi Sheykhi 

Professor Emeritus of Sociology, Alzahra University, Tehran, Iran.

•Correspondence.

Prof. Mohammad Taghi Sheykhi, Ph.D

 mtshykhi@alzahra.ac.ir

Received. 20 April, 2019

Accepted. 30 May, 2019

Published. 15 June, 2019

Checked for Plagiarism: Yes

Peer reviewers approved by:

Dr. Melika Andrew

Language Editor:

Prof Dr. Muhammad Azam Kakar

Editor who approved publication:

Prof. Dr. Nanuli Doreulee

Abstract

The present article exposes the relationship between aging and facing Alzheimer's disorders within increasing number of people with special reference to the developing countries. In modern times, many developing countries are benefited of more access to hygiene, medicine, education, communications, social networks, and the like. All such factors have determining roles in people's aging and life expectancy. For example, many Asian countries have doubled or tripled the number of their elderly citizens between 1995 and 2015. Therefore, aging is undoubtedly increasing, while medicaments and geriatrics are not increasing at the same rate—leaving behind increasing Alzheimer's disorders. Trouble is even much more over the age of 65, when one of the two (couple) is dead, and remaining person must self-control oneself. So, what the developing countries need to do; is to further invest on medicaments and geriatrics for the people heading to the age 65 and beyond. It must be accepted as a gerontological fact that aging is ever enlarging and extending—needing further means to put up with that.

Keywords: Alzheimer's disorders, Social networks, Hygiene, Geriatrics, Developing countries, Services, New expectations

Introduction

The paper reflects an image of Alzheimer's disorders in the world. The world's elderly people are facing Alzheimer's disorders within the emerging aging people leaving behind various issues. Aging in Iran is also in parallel with poverty and health deficiency. People are getting aged before becoming rich. Spread of Alzheimer's disorders while needing more and additional capital to invest, is in low position of investment. Under such circumstances, the countries of the region need new paradigms and policies to combat the



emerging Alzheimer's within the aging cohorts. Aging as a new phase of life needs new strategies to put into effect, to take care of those involved with Alzheimer's disorders. Aging as a new part of life needs more scientific studies, and the practice of plans to modify the issue. Issues stemming from family relations, food services, retirement, and economic well-being and Alzheimer's disorders of the aging population are sociologically appraised in the present article. Age-related topics are studied, and the demographic profiles highlight the relevant issues of the phenomenon. The scenario leads to new challenges particularly in Asia where the history of aging is not too old. We have tried how aging affects the quality of life in all areas. The Asia, with a larger population, and larger young population structure, will experience aging even faster than the West. While aging is in process in Asia, food services and Alzheimer's disorders services move slowly. However, per capita income, financial resources of the elderly etc., all affect the quality of life and food services of the aging population too.

Age, being a characteristic that every society moves people into and out of statuses, roles, rights and obligations, is reflected differently in various societies. The process of creating social categories based on age is known as age grading and aging, and varies from culture to culture and from one historical period to another. We will see how changes in proportion of people in a population at each age level have important social consequences in different societies. One of our objectives in this paper is to find out the connotation of such changes in Asia. Population aging or graying due to increased longevity, and a declining birth rate, are more prevalent in the industrial world rather than the developing world. This article finds out how due to change in population structure, population aging and Alzheimer's will immediately change trends in the decades ahead with special reference to Asia. Population aging as an unprecedented phenomenon in human history is increasingly observed in the

developed and the developing world leaving behind social, economic, health, food problems and Alzheimer's disorders [1]. Currently, increase in the proportions of the elderly (60 years and older), accompanied by declines in the proportions of the young age groups (under the age of 15), have created various problems, or are potentially responsible for challenges in different dimensions. According to projections, by the year 2050, the number of older persons in the world will exceed the number of the young for the first time in history [2]. Such a scenario will lead to new food and other challenges in human life. However, by 1998, this historic reversal in relative proportions of the young and the old had already taken place in more developed regions [3].

The phenomenon of aging, being pervasive, is affecting each and every one of us in every society irrespective of age and sex. It has a direct bearing on the intergenerational equity and solidarity which are the very foundations of the societies. Hence, quality of life was widely affected due to this current change. Likewise, the consequences and implications of aging are reflected in all facets of life, such as, affecting the quality of life poverty and Alzheimer's in all areas. For example, in the economic area, population aging will have impacts on economic growth, saving, investment, consumption, labor market, pensions, taxation etc. Also, in the social sphere; aging affects health and health care, food, family composition, Alzheimer's, living arrangements, housing etc. All these and even more, inevitably affect various dimensions of quality of life. However, the trend towards aging is largely irreversible in the decades to come simply as a result of demographic transition taken place in the world in which fertility and mortality both have decreased in an unprecedented manner. According to the UN estimates, the world added approximately 600 million older people to its population at the turn of the century, i.e. almost 3 times the number it had in the mid of the 20th

century. However, by the mid of the 21st century, the world aging people will again triple –reaching about 2 billion. Such a great change in population structure needs more attention, more relevant resources, more food and appropriate planning at all levels [4]. Though the developed regions experienced aging earlier, yet the less developed regions including Asia are following the same path. In the more developed world in particular in the Western Europe, almost one- fifth of the population was estimated to be aged 60 years and older in the year 2000. By the year 2050, this proportion is projected to reach one- third. On the other hand, while only about eight percent of the population in Asia is currently over the age of 60, this proportion will increase to 20 percent by the mid of the 21st century [5]. Such a dramatic change will need relevant and appropriate infrastructures including medicaments to be able to handle the Asian aging population, and to be adequately responsive to the quality-of-life needs and the Alzheimer's disorders of the emerging elderly.

As the speed of population aging is much faster in Asia as compared with Europe, and the whole developed world, Asia has much more to do, to adjust with the consequences of such aging population. Likewise, population aging in Asia is taking place at much lower levels of socio-economic development than it was the case in Europe in the mid of the 20th century. Demographically speaking, in 2000, the median age for the world was 26 years. The country with youngest population is known as Yemen, with a median age of 15 years, and the oldest is known to be Japan, with the same indicator of 41 years. By 2050, the world median age is projected to have increased by about 10 years i.e. to 36 years. The country with the youngest population at that time is predicted to be Niger in Africa, with a median age of 20 years, and the oldest is expected to be Spain, with a median age of 55 years by that year [2]. Such a change will give a different perspective

to the aging population as far as their quality of life is concerned. A new phenomenon of the “elderly aging” is also growing, and it is estimated that those aged 80 years, are currently increasing at the rate of 3.8 percent per annum, and the number of which comprise more than one tenth of the total number of the older people [5]. Under such conditions, one fifth of the older persons will be 80 years and older by the mid of the 21st century. Such a scenario indicates that the dependency burden on working age groups (15–46) will be remarkable and heavy. While the majority of the aging populations are women, more due to the fact that the female life expectancy is higher than men, as estimated in the year 2000, there were 36 million more women than men aged 60 years and above. Also, as the ratio will have more change/ gap at the age of 80 and above, i.e., almost two men for every five women, more specific plans should be implemented so as to protect the quality of life of such potentially vulnerable people [5]. So far as the income is concerned, countries with higher per capita income tend to have lower rates of the elderly participation, and on the contrary, to a greater extent, older people participate in labor markets in the less developed regions including Asia largely due to the limited coverage of retirement schemes, and the small incomes when provided [4]. Therefore, many have to work even at the ages not suitable and recommended for their physical conditions, which eventually leads to poor quality of life among them. Another factor responsible for low quality of life among the elderly is known as illiteracy. Though a lot of efforts have been made to eradicate illiteracy, yet it is common especially among the Asian elderly population. According to the estimates, almost half of all the people 60 years and above in the less developed regions including Asia have been declared as illiterate by the year 2000. Only about 1/3 of older women and three fifths of the older men

could read and write at basic level, where as in Europe, literacy has almost approached full coverage expect in some countries [4]. In the study of older people in modern society, growing attention has been focused on their life–satisfaction and quality of life [6]. Life–satisfaction is related to the degree to which people feel they achieve their aspirations, access appropriate food, morale and happiness. But, how the quality of life is measured is difficult to decide. In a nutshell, ways of measuring quality of life of the elderly people could include: their individual characteristics, physical and mental health, dependency, their housing, social environment, comforts, food services, and security etc. However, to develop a system of health care and security for the elderly, paying special attention to the needs of the women is highly recommended with a view to enhancing the ability of families to take care of the elderly people within the families in general.

Methods of Research

Methodology used in the present article is of qualitative type. In that, various paradigms for finding facts have been used. Qualitative research usually studied the people in their natural settings. In finding facts for the research, the researcher engaged in careful data collection and thoughtful analysis of what was relevant. In the documentary research applied in the present article, printed and written materials were widely regarded. The research was performed as a qualitative library type in which the researcher had to refer to relevant and related sources. In the present research, various books on aging were thoroughly investigated, and the needful inferences were made. The data fed by the investigator in the present research is dependable. Though literature on Iranian aging is very limited, yet the author has tried to investigate many foreign resources as well, in order to elicit the necessary information in order to build up the text.

Scope of the Issue in Iran

Alzheimer's disease being an aging problem across the world is the result of dementia in Iran as well. According to statistics, one in ten of the Iranian people is afflicted with the Alzheimer's disorders [4]. There are more than 700000 Alzheimer's patients in the country [4]. Under such circumstances, there are no responsible institutions in the country to look after such growing patients. Alzheimer's disease as one of the most common diseases is a result of aging, appearing due to loss in brain functioning, but many people simply know it as forgetfulness. It could be evaluated by a doctor while being described by the patient. However, Iran has been described as a high-risk country as far as Alzheimer's disease is concerned. According to "World Life Expectancy" in 2014, Iran's ranking stood 30th among 116 countries with an indicator of 7.75. In the same table, Finland had the indicator of 53.77 standing at the top of the table as far as Alzheimer's disease is concerned. Based on Alzheimer's official site, a large number of people in US are involved with Alzheimer's disease. Out of 5.4 million people afflicted with Alzheimer's disease in US, 5.2 million are over 65 years of age [7].

Old Age Crisis

While the age of retirement is lowering in many parts of the developing world due to large number of young people waiting to get into jobs, it is in contrast increasing in the Western world especially in European Union due to increase in the number of the aging people and lack of youth to enter into active production sector. However, the emerging problem is somehow currently being solved within many European countries by attracting guest workers from the developing countries. To ensure that, financial support continues to protect the old, and promotes economic growth, countries need to consider comprehensive pension reforms. Based on estimates, over the next 25 years, the proportion of the world's population over 60

will nearly double, i.e. from 9 percent to 16 percent. However, populations are aging much faster in developing countries than they did in industrial countries. As today's young workers near retirement around the year 2030, 80 percent of the world's old people will live in what today are developing countries (mainly Asian) [5]. More than half will live in Asia, and more than a quarter in China alone [8]. These countries need to develop their old-age systems quickly, and make them sufficiently resilient to withstand rapid demographic change. Under the conditions that the extended family system and village support networks on which two-thirds of the world's old people depend, tend to break down due to pressures of urbanization, industrialization and rapid socio-cultural mobility, the elderly people come to be at loss. As a result of all these factors, old-age systems are in serious financial trouble. However, the situation happens to be more acute in Asia.

Challenges Emerging

In traditional communities, work and organizational structure of family were inter-connected. Relations and contacts within age groups were close, and there was mutual dependence between the young and the elderly groups. Such close connections and exchange of functions between generations within the family network ensured the survival of elderly people where there were no other forms of guaranteed social support in old age. The type of network allowed the elderly to have enough authority and participate in family functions based on family division of labor. However, industrialization and the process of social change in both Asia and Europe have led to social differentiation of age groups with reference to economic functions, official retirement and other such conditions [4]. Currently, due to the modernization of societies in different educational, scientific and technical aspects, the younger generations are capable of providing for themselves. Therefore, the older generations are left isolated and

dependent on pensions and other kinds of social help. This process eventually promotes relative independence of generations from each other, diminishes the necessity for cooperation and results in the destruction of family solidarity and mutual dependence. Therefore, in modern societies, responsibility for the elderly is more and more becoming formal and depersonalized. Under such a network, the elderly people do not play their former roles. They depart from the family, i.e. not carrying out the role of the grandparents, and the younger generations tend to less require the support of the elderly Aleksandrova [9].

Socio-economic Effects of Aging

The inevitable harmful social and economic effects of aging is becoming obvious more than ever before with special reference to Asia. Most prominent among the concerns that are being voiced with respect to aging is how to fund social security programs in the face of increasing numbers of retired persons, and how to pay for rising health care costs generated by the elderly people [10]. These concerns have at times, led to the conclusion that population aging is bound to be more a catastrophic drain on economic resources. Actually speaking, while the Western (European) countries are and will continue to be rather well equipped to handle the present and projected increase in the older population with their routine needs, yet the emergence of the elderly social problems such as Alzheimer's disorders is something more recent. The whole scenario is more problematic for Asian countries rather than the Western European ones, wherein there are shortages of necessary infrastructures, and the societies that are rapidly changing to new cultural forms. Thus, the Asian elderly are much more socially and economically insecure in different dimensions. Living in a demographically diverse world, has also led to unprecedented aging change too. While the global population increased by two billion during the last quarter of the 20th century; reaching six billion in

2000, resources have not increased that much to respond the increasing elderly with special reference to Asia. As projected, the population will increase by another two billion during the first decades of the 21st century, and as nearly all the increase has been, and will be in the developing countries including Asia, aging problems will emerge more acutely, including Alzheimer's disorders than ever before [11]. We, as living in a world of unprecedented demographic diversity, should be more cautious, and planning-minded. As the traditional demographic groupings of countries are breaking down, more socio-economic problems of the aging populations are emerging. Over the next 25 years, increases in population in South Asian and the Middle East are expected to be larger than the past quarter of the century. In contrast, in European countries, and in East Asia, population growth has slowed or stopped, and rapid population aging has become a serious concern [12]. Increasing levels of aging accompanied by increasing mobility and urbanization, are affecting economic and social outlooks of many countries. The challenges found due to such diversities require adequate responses. The most urgent of these, occur where rapid population growth, high levels of poverty, and low level of economic growth coincide. Under such conditions the elderly face various problems.

The Elderly Vulnerability

Deteriorating environmental conditions and extreme events do not affect all countries and populations in the same way. Hence, many factors contribute to their vulnerability including poverty, poor health, Alzheimer's disorders, low levels of education, gender inequality, lack of access to resources and services, and unfavorable geographical locations. All these, somehow or the other affect the elderly people more in Asia rather than the West. Under the conditions wherein the populations in general are socially disadvantaged or lack political voice, the elderly people in particular are also at greater risk. Vulnerable aging

populations include the poorest, the least empowered segments and especially the women. These vulnerable aging people have limited capacity to protect themselves from current and future environmental and social hazards, such as polluted air and water, catastrophes, and the adverse consequences of large-scale environmental change such as biodiversity loss and climate change [13]. To ease and solve the problems of the elderly people especially in Asian context, more interdisciplinary research and education addressing the above topics is necessary at all levels. The different disciplines should also conduct their studies in ways that make the result mutually accessible to the elderly.

The Older Widows

The aged members, especially old women face a serious situation in today's family structure. The demographic scenario of aging indicates a rise in the longevity of women [14]. As the proportion of the elderly people increases in the society, the increasing proportion of widows and widowers too, is very likely to emerge. Comparing the proportion of widows with the widowers, the number of the former is higher due to the fact that women marry earlier than men, and also they tend to outlive men. Similarly, after the ages of 60, women have the chance of longer life. The chance of remarriage for men in their later life keeps the proportion of widowers lower than the widows almost everywhere. However, the consequences of widowhood leading to isolation, loneliness and Alzheimer's disorders are more faced by the women rather than men. Research shows that widowhood appears as an effect of marital dissolution worldwide. Apart from divorce, it in most cases happens as a natural event due to the death of a spouse. In both cases, women tend to suffer longer term of negative social and economic consequences, while men do not [15].

In spite of recognizing the problems faced by the elderly widows in many parts of Asia, governments are not ready to take more responsibility, but want the individual family to help its members in a crisis situation such as widowhood. The challenges faced by the widows towards the end of the 20th century, have aggravated even today among large number of widows. To solve and improve the problem, assistance, cooperation and contributions of different institutions are required.

Theoretical Context of Aging

Aging as a transition in life course is fundamentally different from other ascribed statuses, such as race and gender. Being black or white, male or female and the like is a lifelong status, except in rare cases. Age, in contrast, is a transitional status because people periodically move from one age category to another. This process of a person moving through the life course from birth to death is called aging.

As people age, they face different sets of expectations and responsibilities, enjoy different rights and opportunities, and possess different amounts of power and control. Consequently, transitions from one age status to another are societally important [16]. They are often marked by rites of passage, and public ceremonies, i.e. full of ritual symbolism that record the transition being made. Weddings, retirement dinners, funerals etc. are all examples of rites of passage in an industrial society. It is somehow or the other different in different societies. To better understand aging process, the five key sociological concepts will be helpful as we explore further the ideas of age, aging, and age structure with Asian and European connotations. Age structure is a specific element of the social structure of all human societies. That helps a society in allocating its resources.

Also, historical or cultural differences in age structure create different contexts for social action by individuals and groups. Changes in age structure also bring about problems of functional integration. Different proportions of age groups in a population

affect power too, such as age for voting etc. Discussion of the meanings of age connotation in different societies is different from one culture to another. Generally speaking, age shapes the flow of people into and out of social roles and statuses (social networks), and the rights and responsibilities that go with them, which is different from one society to another. Age also organizes the distribution of valued resources in a society such as money, power and prestige [17]. From the point of view of conflict theory, old people became a social problem when those in power in industrial world found it advantageous to push them aside. As the industrial revolution spread out more than a hundred years ago, managers of big businesses found old people as nuisance. At that time, they drew more wages than young workers who wanted the jobs of older workers. As older workers were pushed out of their jobs, the percentage of those over 60 who worked declined steadily. As the aged lost out to younger groups, with the new technical and institutional resources, the meaning of: to retire changed from “to withdraw from public notice” to “to be no longer qualified for active service” [18]. To be old comes to mean to be cast away; that is, to have almost nothing, and to be dependent on whatever someone might give you (in old age). Conflict theory also explains how older people reacted to the social changes that brought them poverty and deprivation. They consolidated into a powerful lobbying force for social security. Therefore, the social security benefits currently available for the aging population, is the result of direct conflict between competing interest groups. The old banded together to push their interests and concerns, and that was a starting point for the aging benefits in the West. The conflict perspective emphasizes that power, privilege and other resources are limited, and that they are distributed unequally among the various groups in the society. As it pursues its own interests and values, each group comes in conflict with the others. Thus, say conflict theorists, whenever you examine a social

problem, you should look at the distribution of power and privilege, for social problems center around the conflicting interests and values of a society's groups [19]. Conflict in society, then, is both natural and inevitable. Though it always exists, yet, it played highly a vital role to provide the elderly with retirement security, especially in the West in early 20th century. Therefore, the poor and neglected elderly could reach their rights with the framework of conflict theory.

Asian Outlook

In Asia, aging has become an issue of concern for different sectors of governments dealing with the socio-economic needs of the elderly people. Though older people are expected to be respected, yet many societies are witnessing a new trend. Because of rural–urban migration, industrialization and shifting employment patterns among the younger adult population, older persons are facing increased social isolation and many other challenges including Alzheimer's disorders in many Asian regions, particularly in rural areas. From a socio-psychological point of view, these isolated people in a community such as a large city feel alienated [20]. However, in some countries such as Thailand, the elderly people are valued for their contribution to society and are encouraged to remain active [21]. In addition to many other roles played by the seniors, most of the older persons in Thailand play a leading role in religious observances by supervising and providing information concerning religious activities to younger members of the family and community. They also transmit their traditions and culture to the younger generations. Though the developing Asian countries have been experiencing rapid social, cultural and economic changes, yet the conditions of the elderly have not improved and changed in a satisfactory manner. As far as the elderly women are concerned, they are in a worse situation. They are identified as subordinates to men throughout their lives, and when they are ultimately left alone when get old, they are deeply poor and

destitute. While in the developed countries retirement is expected to be the period to enjoy personal and leisure activities. In the developing Asian countries, the elderly are still preoccupied with their basic livelihood. As social welfare and health insurance in many developing Asian countries have limited resources, the individual financial resources play a significant role to enhance and improve one's quality of life [22]. Under such a scenario, the elderly in developing Asia financially remain dependent on others. To illustrate it more thoroughly, they psychologically and physically depend more on others rather than the state, or the relevant agencies. Very few of Asian countries have infrastructures enough to help their unable and the elderly people with Alzheimer's disorders. One of the countries well-functioning in the course is known to be Singapore wherein the strong financial resources have helped the aging population, and thereby enhanced their quality of life in different ways [23]. Modernization in many parts of Asia has greatly influenced the lives of the elderly due to increasing change in the family structure and ties, more mobility among the families, more employment by the women etc. All these have caused the families to be more segmented, and consequently not to have time enough to invest in the elderly people. Also, with the increasing decline in fertility and mortality rates, population aging is appearing more than ever before: generating significant demands for long-term care. Hence, the demographic trends are dramatically changing the face of many nations in Asia, or will soon do so in the future. One way of measuring the speed of these shifts is through a measure of "population aging". Although the phenomenon is very recent in Asia; but it is rapidly spreading in many parts of the continent.

However, as explored, still majority of the elderly wish to live with their adult children. There is clear evidence showing the familialism and family-feeling among the elderly in most parts of Asia. As observed, modernization is seen a paradoxical phenomenon in Asia since it is eroding the traditional support system [24]. However, today the elderly people have come into the agenda of many Asian countries as it happened in the West previously. Similarly, Asia too needs to develop enough literature on the topic. It is becoming the region where the majority of the elderly people are concentrated. That is to say, the majority (52%) of the world's senior citizens (people 60 and over) live in Asia; four in every fifteen are concentrated in Eastern Asia including China, and one in six inhabit South-central Asia including India [25]. Similarly, about one in fifteen live in South-east Asia including Indonesia, and Western Asia includes the rest. Such development is largely due to economic success in the region, and a result of success in population control since early 1980s. Increased life expectancy which also resulted in or is a consequence of improved health care and living standards. This has led to increasing old age in all societies, but more in the Western world. However, while until around the 1970s many countries especially in South-east Asia were still considered to have young populations, since 1980s the older age categories have increased; making it necessary to examine the conditions of these growing elderly people with special reference to their food habits. It is noted that since 1950s, life expectancy of men has increased by 20 years or more in Indonesia, Republic of Korea and Thailand, and by 15 years in Japan. While the number of women has even increased more dramatically [26], these developments have eventually resulted in an accelerated increase in the proportion of the elderly people in almost all parts of Asia, but with some fluctuations. The elderly people's conditions are not the same all over Asia. For example, in the South-east Asia, the proportion of those aged 60 and over is not yet as high as in Japan. There is a growing

concern in this regard since the necessary institutional arrangements for taking care of them outside the family are not yet in place. Therefore, much has to be done to bring it in order and adequacy.

European Outlook of Aging

The establishment of individual and universal mandatory pension rights has come to be known as an efficient way to eradicate poverty in old age among both women and men. Health promotion and well-being of these people in Europe are among the issues which have been of priority and well attended in Europe as compared with Asia in the course of the twentieth century [27]. Sociologically speaking, the discipline of sociology came into being to explore and solve, inter alia, the emerging challenges and the social issues of the elderly people, and thereby to enhance their quality of life. A major task of sociology being to analyze the social problems, gradually social welfare enhanced first in Europe leading to social order which included the elderly welfare too.

"Modernization" which first occurred in Europe, was a multidimensional concept. It was divided into four distinct elements:

- *economic modernization (industrialization),
- *political modernization (democratization),
- *societal modernization (realization of freedom and equality), and
- *cultural modernization (the move towards rationalism). All these four dimensions affected the elderly lives somehow or the other. The process of modernization still advancing is changing the lives of the elderly in almost all the European countries, namely, changing their quality of life [28]. Progress in general quality of life has contributed to the major "social risks" such as illness, accidents and impecunious old age to be protected in Europe on larger scale as compared with Asia.

At the same time, while poverty is lower among the elderly people in Europe as compared with Asia, yet social exclusion is appearing in the continent as a new concept. Poverty and social exclusion being central issues of social policy, so far as the elderly are concerned, they have been well addressed in Europe (Ibid, 1984). It could be illustrated as follows:

Fig.1. Poverty and Social Exclusion

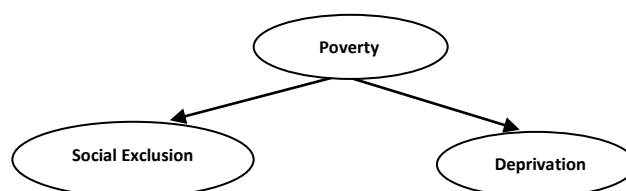


Table 1. Comparative Aging Indicators of Europe and Asia in Selected Countries in Three Periods (%)

Europe				Asia			
(Region)	Percent 65+			(Region)	Percent 65+		
Country	1995	2005	2015	Country	1995	2005	2015
Europe	13	16	17	Asia	5	6	8
Denmark	15	15	19	Armenia	7	11	11
Finland	14	16	20	Azerbaijan	5	7	6
Ireland	11	11	13	Iraq	3	3	3
Norway	16	15	16	Jordan	3	3	3
Sweden	18	17	20	Lebanon	5	6	7
Britain	16	16	17	Saudi Arabia	2	3	3
Austria	15	15	18	Turkey	4	6	8
Belgium	16	17	18	India	3	2	6
France	15	16	18	Iran	4	4	8
Germany	15	18	21	Nepal	3	4	6
Luxembourg	13	14	14	Pakistan	3	4	4
Holland	13	14	18	Sri Lanka	4	6	8
Switzerland	15	16	18	Indonesia	4	5	5
Czech Rep.	10	14	18	Singapore	7	8	12
Hungary	14	16	18	Thailand	4	7	11
Poland	11	13	16	Viet Nam	5	7	7
Romania	11	14	15	China	6	8	10
Russia	11	13	14	Japan	14	20	27
Italy	16	19	22	Korea, North	4	8	10
Portugal	15	17	20	Korea, South	5	9	14
Spain	14	17	18	Taiwan	7	9	13

Source(s): World Population Data Sheet(s) 1995, 2005 and 2015.

Since new forms of administration occurred in Europe much earlier than Asia due to the emergence of industrialization, elderly issues, and the methods to eliminate them started earlier in that continent, especially in the Western part as compared with Asia, and that is why the quality of life there, started to be enhanced earlier too.

Some of the quality-of-life indicators as found [21], could be outlined as follows:

- Life expectancy,
- Availability of health care services,
- Availability of adequate food,
- Affordability of health care,
- Quality of health care,
- Quality of health control,
- Quality of housing,
- Affordability of housing,

Comparative sociological research indicates that there are meaningful differences between the above indicators in Asia and Europe so far as the elderly are concerned. The main causes of difference between the two stems from lack of resources, lack of capital, underdevelopment of administration etc.

Aging vs. Family Budget

Improvement of food products is highly related to industries and industrial development. Therefore, linkage of industry and food is of prime importance. Food problem is also in association with cultural change, adoption of new patterns of life, new lifestyles etc. Food futurology and projection is also a phenomenon which must always be taken seriously in the present changing world. One of the factors impacting food industry stems from climate change and shortage of water resources in countries like Iran. Therefore, new paradigms and strategies are required to be adopted [29]. Similarly, exploitation of the limited water resources being unreliable is inevitable [30]. Despite the limited resources of water and food, wastage of food stuff is currently unprecedented; in many cases between 30 and 50 percent of food materials is wasted [31]. This paper

also explores how aging is advancing in Developing World, simultaneously with increasing needs of the aging families i.e., an unprecedented phenomenon. Population aging which has mainly three causes: migration, longer life expectancy, and decreased birth rate, is confronting many unplanned and unpredicted issues such as Alzheimer's disorders, health and wellness challenges. This relationship requires revised budgeting to cope with the soaring needs of the elderly people in developing countries. Older people have different requirements from society and government as opposed to young people, and frequently differing values as well. The future of the aging families to 2030 requires improved budgeting system. That is, shift in aging system requires improved allocation of resources so far as the rising needs including food habits of the elderly people is concerned. The paper defends the principle that better support for family caregivers is critical since their availability often provides better quality of life. However, improved budgeting system would protect the aging people from all forms of abuse and neglect. That is, extra funding will support services to such vulnerable peoples regardless of their caste, class or creed. To conduct this research, some 500 elder men and women have been interviewed to find out their satisfaction versus their current rising needs. Factors responsible for the scenario include the amount of income, quality of care provided to them, and of their satisfaction with the policies used in favor of the aging people. Similarly, their satisfaction with the services provided to them against their rising needs was investigated. The way the needs of the elderly people are met vis-à-vis their running budget, is also problematic for those people. One key question for the elderly people is to find out how they are interested in residing in nursing homes against the budget that they possess. It was also found out that the aging people highly depend on subsidies to cope with their needs. While rising prices are in process, the elderly people were

inquired as to how they secure/meet their rising needs. As health insurance is not yet of full coverage in developing countries, this very question was also inquired from the aging interviewees. Other items such as Alzheimer's disorders, food/calorie needs, transportation needs, social needs, housing needs, emotional needs, and need for respect within the aging families were also investigated. Finally, the quality of securing the general needs of the elderly was searched as well in order to scale and compare it with their family budget in a sociological context.

Conclusion

As a result of development of technologies, industrialization, communications and education, aging is widely increasing in developing countries especially within the well off, and those in a higher quality of life. While one side is improving, and the number of those (65+) is increasing, many of such people are facing Dementia and Alzheimer's disorders. Under such circumstances many developing countries do not have means enough to fight the Alzheimer's disorders. Developing countries are generally lacking geriatrics and medicaments enough to put up with their increasing aging people. Such impaired people have to stay with their families and resistant against the emerging disorders. The article reflects how women are in a worse situation during the aging life, especially when the husbands have passed away. Such lonely people have to put up with their deteriorating health conditions. People with Alzheimer's disease usually depend on their children to be given care. Shortage of nursing homes in developing countries deteriorates the conditions of people with Alzheimer's disorders in developing countries. Madrid International Plan of Action on Aging in 2000, put the matter on the agenda and widely appraised it. Moreover, the developing countries are badly in short of rehabilitation centers for their aging people with Alzheimer's disorders.

Ethical Considerations

Compliance with ethical guidelines

There was no ethical consideration to be considered in this article.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of interest

The authors declared no conflict of interest.

References

1. Cumming, E. and W.E. Henry, 1961, *Growing Old: The Process of Disengagement*, New York: Springer.
2. *Population Newsletter*, No. 27, Dec 2001, UN Population Division, Department of Economic and Social Affairs, New York.
3. Kohli, M., 1981, "Retirement and the Moral Economy: An Historical Interpretation of the German Case". *Journal of Aging Studies*, 125-144.
4. Sheykhi, M. T., 2015, *Demography: Issues and Indicators*, Tehran, Enteshar Company.
5. *World Population Aging*, 2015, United Nations, New York.
6. Hughes, B., 1990, *Quality of Life in Peace*, S., *Researching Social Gerontology*, PP.46-58, London, Sage.
7. TV Network 3, July 13, 2016, Retrieved.

8. Finance and Development, June 1995, Washington DC., IMF Publications.
9. Aleksandrova MD., 1974, Problems of Social and Psychological Gerontology, Leningrad, University of Leningrad Press.
10. Mullan Phill, 2000, The Imaginary Time Bomb: Why Aging Problem is Social Problem? New York, I. B. Tauris Publishers.
11. Crimmins, E. M. and D. G. Irgegneri, 1993, "Trends in Health among the American Population", in Anna M. Rappaport and Sylvester J. Scheiber (Eds.), Demography and Retirement: The 21st Century, Westport, CT: Praeger, pp.225-253.
12. Population and Development Review, Vol. 28, No. 2, June 2002, Population Council, New York.
13. Hayflick, L., 1996, How and Why We Age, New York: Ballantime.
14. Desai, N. and U. Thakkar, 2003, Women in Indian Society, PP.85, New Delhi, National Book Trust.
15. Neubeck, K.J., 1996, Sociology, pp-478, New York, McGraw-Hill Inc.
16. Keller, S. and others, 1994, Sociology, London, McGraw-Hill.
17. O'Rand, Angela and others, 1990, Concepts of the Life Cycle, Annual Review of Sociology, 16: 241-262.
18. Achenbaum, W.Andrew, 1978, Oldage in the New Land, The American Experience Since 1970, Baltimore, Johns Hopkins University Press. [\[crossref\]](#)
19. Henslin, James S., and other, 1983, Social Problems, London, McGraw- Hill. Inc.
20. Experts, A Team, 2000, Advanced Learner's Dictionary of Sociology, New Delhi, Anmol Publications.
21. UNFPA, Population Aging and Development, 2002, New York.
22. International Federation on Aging (IFA), 2001, Montreal Conference Selected Papers, Montreal.
23. World Population Data Sheet (WPDS) 2017, Population Reference Bureau, Washington DC.
24. Cockerham, W.C. 1997, This Aging Society (2nd ed.), Upper Saddle River, NJ: Prentice Hall.
25. Conception MB, 1996, The Graying of Asia: Demographic Dimensions in: Added years of Life in Asia, Current Situation and Future Challenges, Bangkok, ESCAP, 1996 (Asian Population Studies Series, NO.141).
26. Human Development Report 1997, New York, Oxford University Press.
27. Nord, E., 1999, Cost-Value Analysis in Health Care: Making Sense Out of QALYs, New York: Cambridge University Press. [\[crossref\]](#)
28. Streib, G., and C. F. Bourg, 1984, "Age stratification Theory Inequality, and Social Change", in R.F. Thomason (Ed), Comparative Social Research, Greenwich, CT, JAI.
29. Sheykhi, M. T., 2018, Industrial Sociology, 3rd ed. Harir Publications.
30. Water and Food Security, WWW and FAO Stockholm, August 2012.
31. Gustaf son & Lundqvist, J., 2012, Food Supply Chain Efficiency "From Field to Fork": Finding n New Formula for a Water and Food Secure World. In a Jagerskog & T. Jonch Clasusen (EDs), Feeding a Thirsty World _ Challenges and Opportunities for a Food Secure Future (PP 31-38), Stockholm: Stockholm International Water Institute.

GMJ Medical Press, LLC

Copyright. © 2019 The Author(s); This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation. Sheykhi MT. Aging vs Alzheimer's Disorders and Medicaments in Developing World. GMJ Medicine. 2019; 3: 105-117.

<https://doi.org/10.22034/GMJM.2019.3.105>