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SHORT COMMUNICATION

Skincare in Elderly: An Ignored Domain

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ABSTRACT

The elderly population in rural India faces a multitude of skin-related problems due to unhygienic working conditions, exposure to allergens, and limited access to proper healthcare. Despite the prevalence of skin issues, skincare remains an ignored domain due to economic, social, and cultural barriers. This editorial highlights the various skin care-related problems faced by elderly rural women and men, explores the socio-economic-cultural reasons behind the neglect of skincare, and discusses emerging challenges in rural India. The article concludes by emphasizing the need for a coordinated response from governments, dermatological associations, civil societies, and individual dermatologists to mainstream skincare among rural elderly, ensuring affordable care and a dignified life.

KEYWORDS

• Aged • Elderly • Geriatric Dermatology • Pruritus • Skin Aging • Skin Care • Xerosis

INTRODUCTION

Sarla Devi is lovingly called "maa-budhi" in her small village of 200 odd households. Aged 66, she works tirelessly throughout the day starting from 5 AM. Early morning starts with milking buffaloes followed by preparation of meal on the traditional wood-fired open stove *(chulha)*. The day then leads into tilling the agricultural lands; tending to crops which includes watering, application of fertilisers, weedicides and pesticides; collecting harvest either manually or using harvester/thrasher. The evening includes collection of buffalo/cow faeces for preparation of cow dung or manure and the day ends with the preparation of dinner for the family, again on the traditional stove.

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The life of Sarla Devi is lived by many women in rural India, young or old. *But why is her story important?* This is because, the labour, rural women and men especially elderly, put in so tirelessly, yet not under very hygienic conditions has lead to several medical issues for them including skin.

68.84% of India lives in rural settings (Census 2011, Provisional Population Totals). This editorial will focus on this majority of India, that is, skincare in the elderly in rural India[1]. Firstly, we will discuss various skin care-related problems in elderly rural women and men. Secondly, we will ponder upon a host of socio-economic-cultural reasons making skincare an ignored domain among this selected population. Thirdly, we will discuss new emerging challenges in skincare in rural India, hitherto known only in urban settings, due to rapid urbanisation. Finally, we will end with suggestions on how to mainstream skincare among rural elderly so that affordable care can be provided ensuring a dignified life.

Social-cultural settings coupled with a lack of awareness about hygiene have a direct bearing on skin care-related problems in elderly rural folks. Let us discuss it in light of the story of Sarla Devi we narrated above. Parasitic infestations like scabies and fungal infections are the most frequently encountered skin manifestations in rural elderly, a direct result of un-hygienic working conditions and crowded living conditions. Milking of animals with bare hands can cause pressure dermatitis. Direct and prolonged contact with the source of heat (wood-fired open stove) can cause erythema ab igne and erythromelalgia. AirBorne Contact Dermatitis can be caused by allergy from pollen grains, congress grass etc. Contact with crops can cause Phyto Dermatitis. Contact dermatitis can be caused by exposure to dust from the harvester. Miliria, sweat dermatitis, lentigens, dermatosis papulosa nigra, seborrheic keratosis, xerosis, wrinkles, asteototic eczema and other degenerative changes can be caused by exposure to sunlight due to long working hours in the sun. Xerosis, or dryness of skin is the most common skin disorder in elderly,[2] the chief complaint of which is pruritus often accompanied by excoriation marks or inflammatory changes. Exposure to pesticides and insecticides can cause irritant contact dermatitis. The flood irrigation system adopted in agricultural fields results in prolonged exposure of skin with water and can cause skin inflammation with mild to moderate maceration with increased risk of fungal and bacterial infections. Working with agricultural implants can cause eczema. Itching, xerosis and keratoderma can be caused by continuous friction and lack of access to moisturisers. Onychomycosis, Tinea Mannum can be caused by working with cow/buffalo and their faeces.

This brings us to our next challenge. With so many skin diseases, why is then skincare an ignored domain? The key is economics. There is simply a lack of facilities in rural India, with over 90% of dermatologists practising in urban India.[3] Poverty coupled with lack of access to decent health insurance cover makes seeking an appointment with a dermatologist expensive. Whereas skincare medicines might be costly, there are numerous quacks who abusively sell cheap topical steroids as a solution to all skin ailments. Even preventive and hygienic measures like using gloves while handling cow dung, wearing face masks or protective equipment while application of pesticides can put a financial burden on families and are avoided. Socially; lack of awareness, education and counselling aggravates the challenge. For the people who yet manage to see a dermatologist an even less number follow up with complete prescribed treatment/protocol, with the majority dropping out the instant they get partial relief or if they suspect the treatment is expected to continue long and hence expensive on the pocket. Even here the access of women to a dermatologist is limited by her socio-cultural status. There is a lack of knowledge about nutritional and personal care required for healthy skin. Moreover, cultural believes like taking a dip in Pushkar lake can cure all skin ailments, about the power of seers who can through broom (*jhada)* cure all diseases worsen the paradigm of skincare in rural India.[4] All the above mentioned economic-social-cultural factors contribute to rational and scientific skincare a distant dream.

With the rapid growth of urbanisation, vices attached with it are also making inroads in rural India. Skin diseases associated with stress like Dermatitis artifacta, psychogenic pruritus, vulvodynia and other psycho-physiologic disorders like urticaria, psoriasis and rosacea are increasing in rural India. An upsurge is also seen in diseases like atopic dermatitis, pigmentary disorders, acne, skin ageing and various skin cancers caused by air

pollutants. Sadly, the pace with which stress and pollution are making inroads in rural India is not matched by the increasing penetration of dermatologists.

What is the way forward, then? The answer lies in a coordinated response from the government, dermatological associations, civil societies, medical colleges, hospitals and individual dermatologists. Comprehensive skincare should be part of a government-sponsored health insurance system. The importance of following through with medical treatment and the hazard of dropping midway should be part of the educational curriculum. Dermatological associations should sponsor research to understand skincare related challenges in the elderly. Civil societies, Medical colleges, hospitals and individual dermatologists as part of their social responsibilities must organise medical camps to provide quality and inexpensive health care coverage in hitherto uncovered areas. All stakeholders must come together to launch extensive information, education and communication (IEC) campaigns like skits, plays, radio programmes to create awareness about skincare targeted towards the elderly.

To sum up, we have looked at various skincare issues faced by the elderly in rural India like airborne contact dermatitis, photo-dermatitis, xerosis, lentigens, dermatosis papulosa nigra, seborrheic keratosis, onychomycosis, tinea mannum etc.[4] We have also looked at how these ailments are a result of the rural lifestyle. A mix of economic-social-cultural factors like poverty, lack of access to dermatologists and health insurance system, irrational cultural believes etc results in ensuring that skincare is an ignored domain. The need of the hour is to put the focus back on skincare in the elderly which can be achieved by close coordination between government, dermatological associations, civil societies, medical colleges, hospitals and individual dermatologists.

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