
UNIT 1 AGING GRACEFULLY

Structure

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1.0 OBJECTIVES

After reading this unit, you will be able to:

- describe the process of aging in a life course perspective;
- enumerate the determinants of active aging;
- list the health promotion interventions; and
- describe psycho-social perspective of graceful aging.

1.1 INTRODUCTION

The aging process is a biological reality and has its own dynamics, which is largely beyond human control. Each society makes sense of old age in its own constructs. In the developed world chronological time (the age of education, working age, retirement age) plays a paramount role. The age 60 or 65, roughly equivalent to retirement age in developed countries, which makes people eligible for the state pension, is said to be the beginning of old age. In many parts of the developing world, chronological marker of aging has little or no importance in the meaning of old age as in most of these societies there is no universal state pension and people in traditional occupations retire only when they become dysfunctional.

Social meanings of old age are significant as specific roles are assigned to older people. In some cases it is the loss of roles accompanying physical decline, which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world (school age, working age, retirement age), old age in many developing countries is seen to begin at the point when active contribution to the family and community is no longer possible.

To remain productive to the family, the community and the society, it is important that each one of us ages gracefully and actively remaining as functional as possible. In this unit you will learn about the different aspects of active and graceful aging in a general manner and more specifically from the perspective of a health care professional. This unit would equip you to deal with your patients as complete individuals rather than treating their individual diseases.

1.2 AGING IN A LIFE COURSE PERSPECTIVE

A life course perspectives on aging is essential to understand the aging process in all its dimensions; physical, social, psychological and spiritual.

Health in old age is usually determined by the pattern of living, exposure to environmental hazards and opportunities for health protection and health promotion over the life course. The habits and life styles that lead to good or bad health are formed in early life and are unlikely to change very much in later life. As a result most diseases of old age such as coronary heart disease, chronic obstructive pulmonary disease and cancer evolve over many years and tend to continue for years. Promoting health and well being throughout the life span can only ensure good quality life in old age. It is erroneous to consider that old age would always be associated with disease and disability . Longitudinal studies have established that aging may be associated with better health and functional status in successive generations. In addition in the same generation also there will be distinct groups with good or bad health in old age depending on life style and behaviour.

Similarly socio-economic constructs of an individual forms over the lifetime. Prudent financial investments and retirement planning are essential for financial security in old age. However up to 90 per cent of older people in our country do not have the opportunity to make enough saving for the future because of poverty. Universal old age pension schemes in the pattern of developed welfare states are not yet available in our country though envisaged in the National Policy on Older Persons. The pattern of family structure, co-residency with younger generation and social net working are dependent on attitude and relationships built over the lifetime. However the ongoing changes in the form of economic migration, urbanization, smaller family norm and greater participation of women in work force have transformed our social structure significantly. Thus those entering old age and retired life need to consider the alternatives carefully right in time.

The personality of old age is also a reflection of life long attitude and behaviour and only minor changes occur with advancing age in absence of specific mental illness. Adaption to changing roles, loss of status in family and community and bereavement are psychological stresses, which older people face and need to cope with.

In most cultures older people tend to be more involved in spiritual activities. This attitudinal change is a major resource for coping with stresses of life. However spirituality also develops in a manner similar to experience of childhood and youth of observing the behaviour of the previous generation. In order to enjoy active and graceful aging it is essential to seek well being early in life in all its dimensions.

1.3 DETERMINANTS OF ACTIVE AND GRACEFUL AGING

Health and productivity in old age depend on a variety of factors of "determinants" that surround individuals, families and communities. A brief account of them are provided below:

1.3.1 Gender and Culture

Gender and culture are universal determinants of active aging because they influence all of the other determinants. Gender can have a profound effect on such factors as social status, how older people access health and social care services, meaningful work, shelter and nutritious foods, etc. It is well accepted that aging is more and more turning in to a feminine experience. It is also universal that aged women in most societies are likely to be in poorer state of health and with poor state of financial and social security.

Cultural values and traditions determine to a large extent how a given society views older people and how older people view themselves. It also determines the acceptability of co-residency with younger generations as the preferred norm. Cultural factors also influence personal behaviours and health.

1.3.2 Social Services and Social Networking

Social services and social networking have a major impact on the aging process. It is the social system that provides the long-term care. All over the world, family members (mostly women) and neighbours provide the bulk of support and care to older adults. Most people agree that the best place for the older people is the home. Many older people receive support from and provide support to people who are often old themselves; as well as from the younger generation. Strengthening of this system, by help from formal carers and health professionals and other forms of support including social security coverage, help families to look after older people better, is an important determinant of active aging.

1.3.3 Health System

Health system consists of all those actions and resources whose primary purpose is to improve and maintain health. Lives of most of us lie in the hands of the health system. Health system provides us the information and infrastructure for health protection, health promotion and different levels of prevention. The process of health promotion is long-term process, which ultimately aims at active and graceful aging. To promote active aging, health systems need to provide disease prevention, equitable access to primary care and a balanced approach to long-term care. An ideal health system that promotes active aging is always integrated with social services and ensures equitable and cost-effective distribution of resources. Uncoordinated and fragmented activities are usually inefficient and increase health care which are not necessarily due to lot of care always. The majority of health care expenses in older age occur in the last few years of life. If people live longer with fewer disabilities than originally projected then health care costs will be manageable and active aging can be considered as a reality.

1.3.4 Economic Factors

Three factors in the economic environment have a particularly significant effect on active aging : income, work and social protection.

a) Income

Many older people (especially women and those who live in rural areas) do not have reliable or sufficient income. This has a negative effect on their health and independence. The most vulnerable are those who have no assets, little or no savings, no pensions or who are part of families with low and uncertain income. Those without children or family run a very high risk of homelessness and destitution. Reduction of poverty by involvement in income generating activities for such poor people is an important requirement for active and graceful aging.

b) Work

There is an increasing recognition of the need to support the active and productive contribution that older people can and do make in paid, unpaid and voluntary work. In developing countries, older people are by necessity more likely to remain economically active into old age. However, abandonment of employment in traditional occupations has made older people jobless especially in rural areas. But emphasis only on paid work tends to ignore the valuable contribution that older people make in unpaid work in the informal sector and in the home. In most societies, older people often take prime responsibility for household management especially childcare when younger adults work outside the home.

You may be aware that in many societies in India, skilled and experienced older people act often as volunteers in schools, communities, religious institutions, businesses, health and political organizations. Such activities benefit older people by increasing social contacts and mental well-being while making a significant contribution to their communities and nations at the same time.

c) Social Protection

As you know in all societies, families provide the majority of support for older people who require help. However, with development, the practice of co-residency among several generations has started to decline, we are facing the challenges of providing social protection for older people who are unable to earn a living and are alone and vulnerable. In our society, older people who need assistance tend to rely on family support and personal savings. Social

insurance programmes are minimal in our country and in some cases, redistribute income to elite segments of the population who are less in need. A balanced approach to the provision of social protection and economic protection is essential for much societies to promote active aging.

1.3.5 Factors in Physical Environment

You should know that physical environment makes a great difference between independence and dependence for older people. For example, older people are more likely to be physically and socially active when they can safely walk to the neighbour's home, use local transportation and go to public places or places of worship. Older people who live in an unsafe or polluted area are less likely to get out and, therefore, more prone to isolation, depression, reduced fitness and increased mobility problems.

Older people who live in rural areas with fewer support services available need special attention in this regard. Urbanization and the migration of younger people in search of jobs may leave older people isolated in rural areas with little means of support and little or no access to health and social services.

Safe, adequate housing is especially important for the wellbeing of older adults. You will learn more about this in Unit 1, Block 4 of Course 1. Location, including proximity to family members, services and transportation can mean the difference between positive social interaction and isolation.

There is an increasing trend for older people (especially older women) to live alone. The proportion of older people living in urban slums is rising quickly due to the migration of older people to cities to live with younger family members. Older people living alone or living in these settlements are at high risk for social isolation and poor health. In times of crisis and conflict, displaced older people are particularly vulnerable.

Hazards in the physical environment can lead to debilitating and painful injuries among older people. Injuries from falls, fires and traffic collisions are extremely common. The consequences of injuries sustained in older age are more severe than among younger people. For injuries of the same severity older people experience more disability, longer hospital stays, extended periods of rehabilitation, a higher risk of dying and a higher risk of subsequent dependency. The great majority of injuries in old age are preventable and the traditional view of injuries as "accidents" needs to be changed.

1.3.6 Personal Factors

Biology, genetics and adaptability are the three key personal factors in how well a person ages. The changes that accompany aging progress gradually and individual differences are significant. For example, a fit 70 year old person's physical performance may match that of unfit 30 year old person.

During the process of aging some intellectual capacities (such as reaction time, learning speed and memory) naturally decline. However, these losses can be compensated by gains in wisdom, knowledge and experience. Often, decline in cognitive functioning are triggered by disuse (lack of practice), behavioural factors (such as alcohol use) and psychosocial factors (such as lack of motivation, lack of confidence, isolation and depression), rather than aging *per se*.

The influence of genetic factors on the development of chronic conditions such as diabetes, heart disease, Alzheimer's disease and certain cancers varies greatly among individuals. For most people, living disease and disability free life till old age depends as much on personal behaviours, coping skills and the physical, social and economic environment as on their heredity.

Successful adjustment to life after age 60 requires the ability to be flexible and adaptable. Most people remain resilient in old age and older people do not differ significantly from younger people in their ability to cope. Older people who adapt well to loss and change tend to have a sense of control, a positive attitude and a belief in their ability to succeed.

1) Enumerate social determinants of active aging.

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2) Enumerate a few conditions of late life associated with genetic predisposition.

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1.4 HEALTH PROMOTION IN OLD AGE

One of the myths of aging that you may have come across is that it is too late to adopt healthy lifestyle behaviours in older age. On the contrary, engaging in appropriate physical activity, healthy eating, not smoking and drinking alcohol; and using medications wisely in older age can prevent disease and functional decline, extend longevity and enhance one's quality of life.

1.4.1 Physical Activity

Participation in regular, moderate physical activity can delay functional declines and reduce the risk of chronic disease in both healthy and chronically ill older people. It improves mental health and often promotes social contacts. Being active can help older people maintain their activities of daily living as independently as possible for the longest period of time. There are also economic benefits when older people are physically active. Medical costs are substantially lower for older people who are active.

Despite all these benefits, a high proportion of older people in most countries lead sedentary lives. People with lower social status, backward classes, very old age and disabilities are the most likely to be inactive. Active and graceful aging can be promoted by encouraging sedentary older people to become more physically active and provide opportunities to do so.

In very poor segment of the society, older people may be engaged in strenuous physical work and chores till very late stage which may hasten disabilities and cause injuries. Health promotion efforts for these people should be directed at providing relief from repetitive, strenuous tasks and making adjustments to unsafe physical movements at work that will decrease injuries and pain.

1.4.2 Healthy Eating

Malnutrition in older adults includes both under-nutrition (for poor segment of the society) and excess calorie consumption (for efficient people). Malnutrition can be caused by limited access to food, tooth loss, socio-economic hardships, emergency situations, a lack of nutritional knowledge and information, poor food choices, disease and the use of medications, social isolation, and cognitive or physical disabilities that inhibit one's ability to buy food and prepare it, and a lack of physical activity.

Excess calorie consumption greatly increases an older person's risk for chronic diseases and disabilities. Obesity and a high-fat diet are highly related to diabetes, cardiovascular disease, high blood pressure, arthritis and some cancers. Insufficient calcium and vitamin D is associated with a loss of bone density in older age and an increase in painful, costly and debilitating bone fractures, especially in older women.

1.4.3 Addictions

As you know middle aged and older adults who smoke are more likely than non-smokers to have serious disabilities and to die prematurely of smoking-related diseases. Smoking may decrease the effect of needed medications. Exposure to second hand smoke can also have negative effect on older people's health, especially if they suffer from asthma or other respiratory problems.

Most smokers start young and are quickly addicted to the nicotine in tobacco. Therefore, efforts to prevent children and youth from starting to smoke must be a primary strategy in tobacco control. At the same time, it is important to reduce the demand for tobacco among adults (through comprehensive actions such as taxation and restrictions on advertising) and to help adults of all ages to quit. It is never too late to quit smoking. Quitting in older age can substantially reduce one's risk for heart, stroke, lung cancer, and fractures of hip and spine.

While older people tend to consume less alcohol than younger people, metabolism changes that accompany aging increase their susceptibility to alcohol-related disease, including malnutrition, liver disease and peptic ulcers. Older people also have greater risks for alcohol-related falls and injuries, as well as dementia and the potential hazards associated with mixing alcohol and medications. Treatment services for alcohol problems should be available to older people as well as younger people.

1.4.4 Medications

Because older people often have chronic health problems, they are more likely than younger people to need and use medication-traditional, over-the-counter and prescribed. In most countries, older people with low incomes have little or no access to insurance for medications. As a result, many go without or spend an inappropriately large part of their meager incomes on drugs.

In contrast, in wealthier countries medications are sometimes over-prescribed to older people (especially to older women). Adverse drug-related illnesses and falls are significant causes of personal suffering and costly preventable hospital admissions.

As the population ages, the demand will continue to rise for medications that are used to delay and treat chronic diseases, alleviate pain and improve quality of life. This calls for a renewed effort to increase affordable access to essential, safe medications and to better ensure the appropriate, cost-effective use of current and new drugs. Partners in this effort should include governments, health workers, traditional healers, the pharmaceutical industry, employers and organizations representing older people.

1.5 SOCIAL SUPPORT IN OLD AGE

Social support, opportunities for education and lifelong learning, and protection from violence and abuse are key factors in the social environment that enhance health, independence and productivity in older age. Loneliness, social isolation, illiteracy and lack of education, elder abuse and exposure to conflict situations greatly increase older people's risks for disabilities and early death.

1.5.1 Social Support

Connecting with family members, friends, neighbours, work colleagues and community groups is essential to health at all ages. In older age one is particularly important, since older people are most likely to lose loved ones and friends and to be more vulnerable to loneliness, social isolation and the availability of a smaller social pool.

Social isolation in old age is linked to a decline in both physical and mental capacities and an increase in health damaging behaviours such as excess alcohol consumption and physical inactivity. In our society, older men are less likely than older women to have supportive social networks.

Non governmental organizations and health and social service professionals can help foster social networks for older people by supporting traditional societies and community groups for older people, voluntarism, neighbourhood helping groups and visiting family.

1.5.2 Education and Literacy

Low levels of education and illiteracy are associated with increased risks for disability and death among older people, as well as with higher rates of unemployment.

Education in early life combined with opportunities for lifelong learning can give older people the cognitive skills and confidence they need to adapt and stay independent.

Studies have also shown that employment problems of older workers are often rooted in their relatively low literacy skills, not in aging. If older adults are to remain engaged in meaningful and productive activities, there is a need for continuous training in the workplace and lifelong learning opportunities in the community.

Like younger people, older citizens need training in new technologies in agriculture, electronic communication and other new technologies. Self-directed learning, increased practice and physical adjustments can compensate for reductions in visual acuity, hearing and short-term memory. Older people can remain creative and flexible. Their experience and wisdom brings added advantages to group problem solving in a workplace or community.

Intergenerational learning bridges generations, enhances the transmission of cultural values and promotes the worth of all ages. Studies have shown that young people who learn with older people have more positive and realistic attitudes about the older generation.

1.5.3 Violence and Abuse

Older people are increasingly at risk of crimes committed by strangers such as theft, assault and murder. But the most common form of violence against older people (especially against older women) is "elder abuse" committed by family members or other caregivers that are well known to the victims.

Elder abuse has been defined as single or repeated acts, or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. It includes physical, sexual, psychological and financial abuse as well as neglect, and is notoriously underreported in our culture. It is a violation of human rights and a significant cause of injury, illness, lost of productivity, isolation and despair.

Confronting and reducing this violence through multi-sectoral and multidisciplinary approach is required though often difficult to achieve.

Check Your Progress 2

1) Enumerate health promotion interventions in old age.

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2) Enumerate social interventions for better quality of life in old age.

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1.6 LET US SUM UP

Aging is a biological reality and most societies all over the world are experiencing the effects of population aging. It is important that the individual and the society make the aging experience a positive one by attaining the highest quality of life in the years gained due to advances in public health and social development. The goal of graceful and active aging is remaining independent as long as possible. Several factors determine active and graceful aging. Some of the important determinants are culture, gender, access to social services, social networking, presence of an effective health system, access to health system, financial security, working as long as possible, social protection, health status and friendly physical environment. In addition, certain individual characteristics physical activity, healthy eating, control of alcohol and tobacco use are as important as the above mentioned social factors. However, it must be understood that the aging being a life long experience, active and graceful aging must be visualized as a development process for the individual. Proper financial planning, access social security, building up of fruitful relationship and social networking are extremely important to achieve graceful old age.

1.7 KEY WORDS

- Chronological aging** : Sequence wise describing events of age.
- Elder abuse** : Violence committed against elder especially women by family members causing harm and distress.
- Functional aging** : Active contribution to family and community as long as possible.
- Psychological Stress** : Stress on Mental activity.
- Social networking** : System that provides support to older people from neighbours.

1.8 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) The social determinants of active aging are gender, cultural beliefs, social networking, family structure, co-residency with younger generation, availability of health system and access to it, financial security, employment and physical environment.
- 2) Conditions of late life associated with genetic predisposition are longevity, Alzheimer's disease, coronary heart disease, hypertension, coronary heart disease, hypertension, osteoarthritis, diabetes mellitus, breast cancer.

Check Your Progress 2

- 1) The health promotion interventions for active aging are physical exercise, balanced diet, avoidance of tobacco, alcohol and addictive substances and rational drug treatment.
- 2) The social interventions for better quality of life in old age are social networking and communication, voluntary work, indulgence in educational activities, learning of newly developing technologies; and protection against violence and abuse.