



HEALTHY AND SUCCESSFUL AGEING- A CONCEPTUAL OVERVIEW IN INDIAN SCENERIO

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Abstract

There are numerous definitions of aging and old age that may be found in the literature, but no general agreement on the age at which a person truly becomes old has been reached. Even while it is considered that the biological age corresponds to the point on the calendar when old age begins, this may not always be the case. Aging is a biological phenomenon with its own dynamics that is much beyond what humans can manage. However, it is also taken into account as a topic to the frameworks through which every community conceptualizes old age. When defining old in these societies, positions that older people are allocated are given greater weight than other socially constructed definitions of aging, which in some instances emphasize the loss of responsibilities that come along with physical deterioration.

1.1 INTRODUCTION

Individual differences in aging are influenced by biological, psychological, and social variables. The promotion of an interdisciplinary viewpoint that takes into account the broader range of factors impacting the aging person is of utmost importance. Aging is caused by biological variables that are inherent to the individual as well as cultural factors that include economic, political, and psychological aspects. Ageing shouldn't be generalized because different people and environments experience aging in different ways. Depending on the social, economic, and political approach, the aging of the population should be viewed differently, with the elderly moving from being treated as a social and economic burden to being seen as components of social capital for the advancement of society (Durstun, 1999; Gray, 2009).

The focus of attention in developing countries has recently shifted to old age, which is the final stage of life because its prevalence is growing more quickly. Elderly care receives significant funding in more developed nations, but is given very little emphasis in India. In the nation, the situation is terrible because the majority of the elderly live in poverty. Man has attempted to delay the terrible onset of old age from the beginning of time. However, no one can avoid this stage of life. Gerontology is a branch of study that attempts to make old age more enjoyable and manageable. (1909 Ramamurti). Although the exact cause of aging is unknown, there is evidence to support the idea that the slow breakdown of molecules, cells, organs, body systems, and the body as a whole is what causes ageing. The protective caps at the ends of packaged DNA, known as telomeres, gradually deteriorate with time, harming the DNSs. As a result, the cells are unable to repair this harm. Signaling systems are disturbed when the chemical molecules used for communication between body components are balanced. Organs begin to perform less effectively. Making lifestyle decisions that have a favorable impact on aging, however, can delay the entire slowing down process (Garinis, et al., 2008).

1.2 HEALTHY AND SUCCESSFUL AGEING- A CONCEPTUAL OVERVIEW

Given that the number of people over 65 is rising globally, it is essential for society to place a high value on helping senior persons in a nation maintain their health, physical condition, and general cognitive functioning by enabling a better social life. These three elements, which are discussed in more detail below, serve as the foundation for effective aging (SA). Healthy aging, which can be further divided into well-being and healthy biological aging (Kuh, D et. Al., 2013). By slowing the onset and pace of functional decline in older people, one of the key elements of this good biological ageing may be explained: maintaining excellent cognitive and physical functioning for the longest possible time. The likelihood of surviving into old age and delaying the onset of medical conditions and chronic illnesses, which typically accompany functional decline, are other crucial factors (Lewis, 2002). Fundamentally, cellular, systemic, or individual levels of the body are used to evaluate functional aging. Many physical activities, like getting out of a chair or walking normally, depend on how the body is functioning to be performed. The ability to accept the physical and mental tasks involved in daily living is typically what is meant when phrases like physical capacity and cognitive functioning are used at an individual level. Making the most of physical function as long as feasible is the key to optimal biological ageing (Bonder & Dal 2017).

Healthy biological aging is typically not the same as wellbeing; it includes mental health, participation in valued social roles, leading meaningful and useful lives, connecting with others in the community, and maintaining autonomy and independence. It can be suggested by an integrated life-course model of how the processes of healthy aging interact with one another, and it can also be related to early life development of the physical, emotional, and cognitive systems as well as to long-term ecological influences. This model is a developed version of the original life-course models that incorporate two sources of post-maturity and resilience in addition to accounting for the variety in genetic ageing. The first, known as "compensatory reserve," refers to the body's systems' ability to provide physiological compensation to repair damage with varying degrees of success when confronted with abrupt, low-intensity contacts. The second source, resilience, refers to how people modify their behavior or their surroundings in response to difficulties in order to adapt the influence on the rate of functional weakening (Ben-Shlomo & Kuh, D., 2002).

A theoretical approach to effective aging is necessary since more people in the recent past have experienced later adulthood and old age as periods of production and progress. In recent years, maintaining accomplishments and achieving new goals in older adulthood through behavioral and psychological processes have received a lot of attention. In order to gain a thorough understanding of human aging, Baltes and Carstensen (1996) undertook a philosophical, historical, and sociological overview in their study on the process of successful ageing. The study adopts a heterogenic perspective on effective aging by taking into consideration both losses and gains. Successful mastery over the goals is a result of the interaction of processes including selection, compensation, and optimization.

1.3 COMMON FACTORS THAT INFLUENCE HEALTHY AGEING

A rise in the requirement for assistance owing to functional incapacity may occasionally result from a correlation between the prevalence of various chronic illnesses and an increase in lifespan. (1994; Ory & Cox). For the elderly population, which is primarily characterized by diminished mobility, sadness, declining health, loneliness, and isolation, this could add years to their lives. 1996 (Rolls & Drownowski). The health state and functional capacity of older persons are influenced by a variety of factors in addition to biological circumstances. Other than demographic factors, environmental and social factors such as lifestyle factors, physical activities, genetic changes, dietary habits, and health status that significantly influence what constitutes a healthy aging are greatly amenable to change by implementing efficient public health interventions and programs (Omenn, et al. 1997).

Health is increasingly understood to include not only the absence of illness or disease but also one's overall sense of physical, mental, and social well-being. Unfortunately, mortality rates and a decline in disease, which are traditional medical endpoints on mortality and morbidity, were taken into account in significant prior studies to measure the promotion of health. This measurement of functional deficits and disability at old age was insufficient (Moinpour et al., 1989; Ware, 1987). However, there has been progress in recent years in establishing a comprehensive conceptual framework of health status for the elderly population (Stewart A, Hays RD, 1997). a relatively recent idea for a health index that is connected to quality of life. Other than the definition based on morbidity and mortality, HRQL (health-related quality of life) included a personal direction of physical and mental health, emotional well-being, and social functioning. Many recent global measures assessing health status take quality of life as a whole, which includes overall satisfaction and happiness (Power et al., 1999). By relating the health status of various groups through time and calculating the impact of public health programs and interventions on the well-being of the aged, this orientation aids researchers in determining the quality of life of the elderly (Ory & Cox, 1994; Ware, 1987). The most prevalent characteristics that affect healthy aging in elderly persons are:

HEALTH HISTORIES - The likelihood that we will retain our mental and physical talents as we age might be inferred from our family histories. As a result, prompt and effective medical attention, together with ongoing health supervision and support, can make people feel better (Sharby, 2005). Numerous studies have started to focus more on older adults and their lives as a result of the dramatic increase in older adults in recent years. These studies primarily explore the main factors related to their longevity, which include health, general influences, physical activity, general lifestyle, nutrition, and social connections. 2007's Akiko Ozaki. The Health Belief Model, which focuses on a preventive health model and screening behaviors, has been the most popular psychosocial approach to a person's health-related behavior. It is founded on value expectancy notions (Strecher & Rosenstock, 1997). The majority of people endure a decrease in health when they enter later adulthood. Surprisingly, there are signs that older people still have a happy outlook on life, which might be seen as a key sign of effective aging. According to the Berlin Aging study's findings (Baltes & Mayer, 1999), the oldest elderly people's ability to have a high quality of life may be restricted by accumulating health-related chronic life pressures. The younger adults were discovered to have much higher levels of positive social wellbeing than the older adults. In very old age, common chronic illnesses and functional deficits, typically affecting eyesight, mobility, hearing, and strength, tend to put a cap on one's well-being (Smith et al, 2002).

PERSONALITY- Genes and environment both play a role in this significant influence. At age 60, personality in our teenage years has a significant impact on how we will feel. In later life, the most outgoing and emotionally secure individual experiences the greatest happiness. (2011) Hopwood et al. The personality qualities and self-care attributes are primarily seen as evidence of resilience in both young and old people (Staudinger & Fleeson's) (1996). The inquiry focused on how internal resources function when dealing with the risk factors of old age, which include self-related as well as physical dangers. It studied self and personality in old and very old age, together with their particular life investments and coping techniques. The study's findings showed that even when individuals were subjected to greater physical restrictions, personal life investment, common coping mechanisms, and cautious flexibility in coping were all linked to greater levels of resilience. These findings were taken as evidence of the resilience of aging against the backdrop of a life-span theory of development.

LIFESTYLE FACTORS - Extrinsic elements have a neutral and beneficial effect on effective aging when seen in the context of normal aging. The shift from normal aging to effective aging can be enabled by supporting efforts to modify researches on the risk variables linked to lifestyle factors. (1987; Rowe &

Kahn). Ageing is accelerated by bad habits like smoking, drinking, eating poorly, and exercising (Blaxter, 2003). For instance, smokers are more prone to develop dementia and cognitive issues as they age. Healthy aging can be started and life variables adjusted with the right drive. The many situations of older people are consistently ignored in studies and research, which mostly concentrate on age-related losses. Lifestyle elements like nutrition, personal habits, exercise, and other psychosocial factors are frequently underestimated for their positive life-altering effects. According to the World Health Organization (WHO), personality traits like anxiety or avoidance are important because they can increase the risk of depression along with other factors like pain, chronic illness, inadequate support, restrictions on activities of daily living (ADL), genetic susceptibility, disability, and other unpleasant life events like poverty, separation, social isolation, divorce, and bereavement (Rangaswamy, 2001).

PHYSICAL ACTIVITY- According to studies, physical activity plays a significant role in preventing age-related cognitive impairment. Regular exercise lowers stress and contributes to a higher self-rated quality of life in a direct proportion to improved sleep. Socioeconomic status, place of residence, physical infirmity, upbringing, food, and employment are among the variables that affect physical activity. People who are physically active are thought to live longer and add years to their lives. According to certain studies, physical activity among elderly people is favorably correlated with cognitive performance. The emergence of ill health and physical impairments in old age was generally referred to as the same as aging.

1.4 CONCLUSION

The genes one is born with cannot be changed. When opposed to the influence that environmental factors have in the aging process, genetic factors have less of an impact. Unhealthy lifestyles, environmental conditions, societal issues including socioeconomic status, and even aging itself can alter the level of gene activity. Despite claims that a genetic predisposition typically coexists with environmental factors, there are some indications that depression is regarded to be a hereditary condition. Loss of energy, poor appetite, insomnia or hypersomnia, weariness, an inability to think clearly, suicidal thoughts, feelings of intense guilt, psychomotor anxiety or retardation, and lack of focus are additional symptoms of depression in addition to genetic predisposition (Ryan & Shea, 1996). In addition to personality traits, chronic diseases, a lack of adequate social support, limitations on performing activities of daily living (ADL), disability, and other unpleasant life events like poverty, bereavement, separation, divorce, and social separation, the WHO also notes genetic vulnerability as a factor increasing the risk of depression.

However, it is known that elderly people who are sad frequently put off getting help. Their quality of life typically depends greatly on their living surroundings. Childhood experiences of deep attachment to a family can act as a vehicle for self-expression, a repository for memories, and most importantly, a haven of safety from the outside world. A positive outlook on aging and old age can significantly advance the understanding of the need for social support for elderly women by highlighting the potential of the elderly to resolutely meet the challenges buried in the growth of their societies while addressing their own needs and maintaining their independence and autonomy. While efforts were frequently focused on describing and categorizing senior women's mental health and its social support networks at various socioeconomic and cultural contexts, the research that is currently available tends to take a moral stance in favor of them.

References

1. Beard, J., Biggs, S., Bloom, D.E., Fried, L.P., Hogan, P.R., Kalache, A. and Olshansky, S.J. (2012). Global population ageing: Peril or Promise?© World Economic Forum(No. 8912) Geneva .

2. Bengtson, V.L. and Allen, K.R. (2009). The life course perspective applied to families over time. In Sourcebook of family theories and methods Springer, Boston, MA pp. 469-504.
 3. Benzie, I.F. and Szeto, Y.T. (1999). Total antioxidant capacity of teas by the ferric reducing/antioxidant power assay. *Journal of Agricultural and Food Chemistry*, 47(2), 633-636.
 4. Cahn-Weiner, D.A., Farias, S.T., Julian, L., Harvey, D.J., Kramer, J.H., Reed, B.R. and Chui, H. (2007). Cognitive and neuroimaging predictors of instrumental activities of daily living. *Journal of the International Neuropsychological Society*, 13(5), 747-757.
 5. Davey, S., Singh, J.V., Raghav, S.K., Muzammil, K. and Shankar, R. (2016) Tobacco use and its impact on pulmonary health among elderly population in rural area of Muzaffarnagar - A cross-sectional study. *Indian J Tuberc.*, 63(3): 183-191.
 6. De Jong Gierveld, J., Keating, N. and Fast, J.E. (2015). Determinants of loneliness among older adults in Canada. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 34(2), 125-136.
 7. Elzaawely, A.A., Xuan, T.D. and Tawata, S. (2007). Essential oils, kava pyrones and phenolic compounds from leaves and rhizomes of *Alpinia zerumbet* (Pers.) BL Burtt. and RM Sm. and their antioxidant activity. *Food Chemistry*, 103(2), 486-494.
 8. Ghaneh, B., Saeed-Banadaky, S.H., Rahaei, Z., Rezaeipandari, H. and Mohiti Ardakani, E. (2016). Disability and self-care among elders in Yazd. *Elderly Health Journal*, 2(1), 39-44.
 9. Ghasemi, A., Abedi, A. and Baghban I. (2009). The impact of group education based on snyder's hop theory on the rate of happiness in elderly's life. *Knowledge and Research in Applied Psychology*. 11(41): 17-38.
 10. Hodgson, J.M. and Croft, K.D. (2010). Tea flavonoids and cardiovascular health. *Molecular Aspects of Medicine*, 31(6), 495-502.
 11. Jeyalakshmi, S., Chakrabarti, S., and Nivedita, G. (2011). Situation Analysis of The Elderly in India, 2011 Central Statistics Office, Ministry of Statistics and Programme Implementation. Government of India document, 18.07.2016
 12. P. and Manas, L.R. (2016). Frailty: an emerging public health priority. *Journal of the American Medical Directors Association*, 17(3), 188-192.
 13. Rajan, S. I. (2006). Population ageing and health in India. Mumbai, India: Centre for Enquiry into Health and Allied Themes, 27.06.2017.
 14. Shi, X., Wu, H., Shi, J., Xue, S. J., Wang, D., Wang, W. and Wang, C. (2013). Effect of modifier on the composition and antioxidant activity of carotenoid extracts from pumpkin (*Cucurbita maxima*) by supercritical CO₂. *LWT- Food Science and Technology*, 51(2), 433-440.
- Sigaroudi, A.E., Nayeri, N.D. and Peyrovi, H. (2013). Antecedents of elderly home residency in cognitive healthy elders: A qualitative study. *Global Journal of Health Science*, 5(2), 200.