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SOCIOLOGY OF HEALTH, AGING AND WELLBEING
A SOCIOLOGICAL STUDY OF THE AGED WITH SPECIAL REFERENCE TO SANJEEVINI OLD AGE HOME

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ABSTRACT :

Age is a productof the social norms and expectations that may apply to each stage of life. Age represents the wealth of life experiences that shape whom we become. With medical advancements that prolong human life, old age has taken new meaning in societies with the means to provide high quality medical care. However many aspects on social class, race, gender, and other social factors are very important ingredients that contributes the aging factors among the elderly.

Social gerontology is a specialized field that examines social aspects of ageing. Researchers focus on developing a broad understanding about the experiences of people at specific ages, such as mental and physical well being, plus age – specific concern such as process of dying. Social gerontologists work as social researchers, counselors, community organizers and service providers for older adults. With many households confined to the nuclear family, the attitudes towards elderly have changed. It is no longer typical to live with their children and grand children. Researchers believe industrialization and modernization have contributed greatly in lowering influence of elders once held. The older population can be divided into three life stage subgroups the young-old (65-74), middle old(75-84) and old-old(85yrs and above).

There has been a gradual increase in the population of the aged, a developing country like India is unable to cope the needs and problems of its aged population. The government and NGO's have played a key role in bringing to the forefront the health problems of older people in society at large.

This paper looks at the role of the NGO'S through various welfare activities and critical care for the elderly. These institutions work relentlessly for the betterment of senior citizens. Here elderly gets alternative care, also these elderly are facing declining family care and inadequate medical follow-up . This paper also concentrates on physical, mental and social health risks of older people in a socio-Gerontological perspective background.

KEYWORDS : *social gerontology, critical care, mental & physical wellbeing.*

1]INTRODUCTION

The society organises our lives in patterned ways that correspond to being a child, an adolescent , an adult and older person.Growing old is complex and gradual process having biological,psychological and social dimensions, which not only do not fully correspond with one another but also donot exactly coincide with one's chronological age. It is however true that the chronological age is an index of the growing and developmental process that refers to sociological,biological, and psychological dimensions. So

chronological definition of what constitutes old age is useful for purpose of the study. Growing old brings with its distinctive experiences and also significant disadvantages, which includes experience of prejudice and discrimination with low income. For this reason like class, gender, and race, growing old is dimension of social stratification.The most rapid growth of 65 and older group will take place in the industrialized nations of the world, where families have fewer children and people live longer than in poorer countries.In Industrialisednationspercentage of older population grew from 8% in 1950 to 14% in 1998, and is projected to reach 25% BY 2050. It is result of increasing longevity. The world's average life expectancy grew from 46 in 1950 to 50 in 1985 and will threaten to strain medical report. So this Industrialised nation, the cost of providing healthcare to older people is likely to overtake government budgets. The rise of aging population takes place in a broader context of ''ageism '' and age relations. U.S. Gerontologist Robert Butler created a concept ageism to describe discrimination against old people and changes associated with ageing.

Aging can be present, for example in the realms of ideas and beliefs, interpersonal interactions, and institutional practices and policies. How ageism takes place varies by local and national contexts. There is no one way ageism takes place; its prevalence, forms, and intensity can differ by class, profession, gender, sexuality and ethnicity. Age relations approach builds on the concept of structural ageism, exposing a system of inequality based on age that privileges the not-old at the expense of the old.Such an approach makes explicit how ageist attitudes can be insidious, pervading everything from an individual's sense of self and others, to biomedical practices. Thus this collection not only exposes micro level age based stratification, but also microlevel ageism including that which may be internalized by the old themselves.

Irving Zola[1972] Eliot Friedson[1970] and Jesse pitts[1968] refers to Bio-medicalisation and Gerontechnology which defines any emotional, mental and physical processes as medical problems, which has remained a focus of sociological analysis ever since.Medicalisation affects all ages, it has particular implications in ageist societies. In some societies that position youthful bodies as the norm, the changes associated with aging are ripe for being labeled pathological.

Sociologists, anthropologists and gerontologists have carefully documented the transformation of the emotional, mental and physical changes associated with ageing into illnesses.[Cruick Shank 2002, Estes and Binney 1989, Gurbriem 1986' Kaufman 1994, and Lock 1993]. For example biomedical construction of Alzheimers's disease redefined memory loss as an illness category during the 1960's and 1970's [Gubriem 1986]. What had been a normal component of ageing was reconfigured into disease through the creation and delineation of medical diagnostic categories. Hence this paper carefully studies and analyses the old age in an NGO through socio-gerontological approach.

2]ABOUT SANJEEVINI

Since 2011 Sanjeevini citadel healthcare provides a opportunity, where elder people live in harmony and fulfilled lives. Personalised attentions are given to individual needs and integrate them with community living. We continuously strive to promote respectful living, irrespective of caste, creed and religion. To achieve this purpose we undertake, support and execute the needs of older people with humane approaches such as providing nutritional food, medical care and recreational facilities to lead a calm and meditative life. Sanjeevini with its well trained staff provide companionship, emotional support and community participation to overcome social isolation. So that they can re-establish values of life comprehensively, also we encourage older people to stay active and healthy. Sanjeevini identifies the older adults in need of prevention and early intervention services. To understand functional assessment of elderly patient, the physical therapy, nursing care, personal care and residential living in a care community provided. Since older people are marginalized in today's complex materialistic social system, Sanjeevini is striving honestly to provide them a parallel system and environment filled with care, compassion and empathy. A holistic path is believed to provide allround service to the respectful elder people.

3]REVIEW OF LITERATURE

Bleisner and Mancini[1987] reported a study in which old parents held expectations for more abstract demonstrations of family responsibility such as affection, thoughtfulness and open communication . They expressed concern about how to negotiate the desired level of non-interfering closeness with their children and how to discuss their wishes with respect to issues such as care in a future medical emergency.
Markides[1989] attempts have been made to measure 'adjustment' 'mental health', 'life satisfaction' and 'morale' in relation to ageing. The most popular work that emerged was a measure of life satisfaction termed as life satisfaction rating [LSR] by Neugarten et.al.,[1961] The rating identified five components that indicate positive life satisfaction such as 1] Enthusiasm2]Accepting responsibility for one's action 3] Agreement between desired goals and achieved goals.4] Positive self concept 5] General mood of happiness and optimism.

Jayashree[2000] expresses the important role in maintaining intra-family relations , various studies have explored the type of living status of the elderly and indicated the better status of the elderly in the joint family. Few studies have also highlighted the fact that despite living in the joint family, the elderly face problems due to urban living conditions and poor sanitation along with intergenerational differences and inadequate time and effort by the family in caregiving responsibility towards the elderly.Acute lack of accommodation , excessive rents, and migration of the young adults have prevented many elderly from living with their children,especially among the elderly women, leading to distress, loneliness, increase in responsibilities and lack of caregivers.

Phillipson[2002] have revealed that the increasing process of industrialization , modernization and Urbanisation as a result of globalization andeconomic liberalization, have had a negative impact on traditional welfare institutions and socio-cultural values.These processes have also resulted in growing individualism, vulgar materialism andselfishness. In this way, the changes in value system and institutional setup have had a negative impact on the relations between the young and the old. It is all the more essentialto highlight on intergenerational relationships.

Heip Age India[2001] have express life in urban areas is characterized by retirement and withdrawal from the labour market that makes the elderly dependent on the pensions and other benefits among increasing cost of living . Retired elderly from the upper strata of society continue to maintain their status as the household head in view of their better education, and income. The concept of retirement as a period of rest, developing new interest, renewing social and familialinteraction and channeling energy towards productive areas is completely last if the retired elderly have to cope with financial, health familial and social problems. Despite their hard years of work, the retiredfelt that their savings gratuity and pensions are not adequateto fulfill their liabilities and hence, majority have to seek employment or struggle even harder after retirement. Therefore they face many psychological and physical problems

The review of earlier studies on the quality of life and problems of elderly in India clearly shows that adapting to old age is dependent on several socio-economic, cultural and psychological factors are responsible. The researchers show that continuous research, health programmes and modifications of policies are required to make better life of elderly.

4]ELDERLY IN OLD AGE HOMES

Many elderly in India are opting for old-age homes [OAH] as their place of stay in their later stage of life. The NGO'S and government in India must look out for institutional support and care for the elderly. The population over the age of 60 years has tripled in last 50 years in India and will relentlessly increase in the near future. According to 2011 census older people were 8.14% of the total population. The projections for population over next 50 years in next four census are 133.32 million [2021], 178.59[2031], 236.01 million [2041] and 300.96 million [2051]. It is the result of changing fertility and mortality in the last 40-50 years [Ministry of Health and Family welfare, 2011] and [Central statistical office, New Delhi 2011]. When joint family system was dominant it was never been a problem in India, Where values of looking elderly was upholded by giving them all kinds of support like emotional, psychological or economic. But with the

increasing influence of industrialization and modernization resulting in transitional changes in value system, joint family is breaking into several scattered nuclear families. Such changes in family structure and changes in psycho-social values compel elderly to live alone or to shift from their own homes to old-age homes.Many old-age homes are coming into existence as a new occupancy for the elderly in the present Indian society.

5]METHODOLOGY

5.1]Location of the study

The study on which the paper is based was on Sanjeevini citadel centre located in NRI Layout of Ramamurthy nagar in Bangalore city of Karnataka state.

Data design ; Cross-sectional exploratory study.

Sample; In the present study 100 elderly people residing in OAH were studied with interview and systematic random sampling.

Data analysis; Semi- Structured proforma to gather details of the elderly people through quantitative data, to interpret studies.

5.2] Objectives of the study

***** To study the Health and social problems of the elderly
* To study their socio-demographic composition
* To study prevalence of depressions, cognitive impairment of elderly.
* To study prevalence of physical illness.
* To provide insights regarding implementation of Health promotion for the aged.

Table here

6]SCOPE FOR FURTHER RESEARCH

Here the paper is restricted, and limited on A Sociological study of the aged with special reference to Sanjeevini old –age home, is a significant contribution to the sociology of the aged and also for the , Gerontology that analyses the various problems of the old-aged people in the social sphere . Since gerontology is ever expanding discipline that addresses the plight of old-age people globally.

7] Limitations of the study

The study on the aged is very voluminous, the present study is restricted to the particular NGO[OAH] so the scope of the study is restricted. A micro approach was adopted to the particular study, Hence a detailed study was not possible.

8] FINDINGS OF THE STUDY

8.1] Health status of the aged

The study of the geriatric health problems is key to address in India to plan proper health care for the elderly. There is a limitation in equitable distribution of the health care. In this study of sanjeevini which houses many elderly people suffer from various health diseases such as depression around 32% the prevalence of depression was higher in the age group of 70-79. But high amount of depression was noted from female elderly. Overall 44.7% of the elderly population was found to be suffering from arthirities, Among those interviewed 47% reported having diabetes. In that more than 50% of the elderly men suffer diabetes mellitus. About 39.2% had cataract and there was no difference in prevalence between male and females. Ischemic disease in the present study 0f elderly people [IHD] was 21.2%. The male patients were more than female elderly. About 1.7% of the study population suffered from Parkinson disease. In this study sample 3.10% had reported an episode of paralytic attack.Among males a higher proportion reported stroke than females.

8.2] Somatic disorders

Somatic symptoms cause disruption in daily life, excessive thoughts, feelings or behaviors related to health concerns such as disproportionate and ongoing thoughts,and higher level of anxiety about health. The elderly people with somatic disorders typically go to primary care provider rather than mental health professional. Somatic disorders infact begins at the age of 30. Sanjeevini old-age home provides treatment for somatic symptom disorder, by providing support, monitor health, avoid unnecessary tests and treatments. Providing psychotherapy that changes thinking and learn to cope with pains, stress, and improve functioning. Antidepressant medications also provided if the person also experiencing depression.

8.3] Cognitive impairment

Also called as cognitive decline in amultifactorial, this means that difficulties with memory, thinking and other brain related issues. Many common causes of cognitive impairment in older people includes.

A] Medication side effects

Sedatives,tranquilizers,and anticholinergic medications are the cause that such old-aged individuals are treated in the sanjeevini who are brought from other medical centres who failed to assess the problem.About 5 such aged people are presently treated here.

B]Metobolic imbalances

It is theabnormalities in a person's blood composition [chemistry] such as abnormal levels of blood sodium, calcium or glucose. In the aged this problem leads to kidney and liver disfunction and it will also affect brain function.

C] Harmonal problems

Imbalances in estrogen and sex hormones affect cognitive function, even thyroid hormones are affected.

D] Delirium

It is very common problem among hospitalized older adults; it can also occur due to infection or other health problems in older people, it is a state of serious illness worse than usual mental function.

F]Psychiatric illness

This condition can cause problem with thinking, concentration, memory. It can also cause paranoia and other forms of late life psychosis. Those conditions are very common in older adults, in some cases of sanjeevini old-age home, the elderly with bipolar disorder, schizophrenia were been diagnosed at earlier stage.Neurodegenerative conditions tend to slowly damage and kill neurons. This can cause mild cognitive impairment, and then eventually dementia. Many old-age people suffer from neurodegenerative conditions like Aizheimersdisease, Lewy-body disease and frontotemporal degeneration.TheSanjeevini old-age home, as a care provider ask both patient and family about this. Older adult with cognitive impairment are often cannot report of what difficulties they are having , instrumental activities of daily living [IADLS] in particular are often affected by cognitive impairment, so Sanjeevini old-age home monitors the older persons problems with tasks such as

1] Mental preparation
2] Self management
3] Managing forms of communication
4] Management of finances
5]Medication management
6] Task management

Difficulities in instrumental activities of daily living, which geriatricians refer to as functional impairment. It is important to check for the presence of other behavioural mood, and thinking symptoms that may be related to certain causes of cognitive impairment in the aged people.The elderly suffers from symptoms in this process such as, Hallucinations, Delusions, Personality changes, Apathy , Depression symptoms , Anxiety symptoms , confusion about visual-spatial tasks.In this study of Sanjeevini old-age home it is noticed that Sanjeevini takes a care of elderly to the core by reviewing all medications, with a focus on identifying those known to worsen cognitive function , certain types of medications tend to dampen brain function among elderly patients and may cause a noticeable worsening in cognitive abilities. Here are list of medicines that are prescribed for various ailments that may also have negative impact on elderly people.

Medicines	Prescription
1] Benzodiazepines ,Diazepam	Insomnia/ Anxiety Ativan, Restoril, Xanax
2] Zolpidem[AMBIEN]	Sleeping pills
3]Anticholinergics	Sedating, overactive bladder, muscle Relaxants, sleeping aids.
4] Antipsychotics	Mood stabilizing drugs, dementia.

After overall evaluation these factors to be followed
a] Documentation of old-age patients family's cognitive concerns.
B] Documentation of any functional impairement the older person is experiencing or other haalth problems in older people, it is a state of serious illness worse than usual mental function.
C] An objective assesement of the older person's memory and thinking skills.
D] An evaluation for common medical causes and contributors of cognitive impairement

8.4 [Social problems of the aged

1] Lack of social support

Elderly in India are vulnerable due to less government support. Social isolation and loneliness has increased , Insurance coverage of elderly sensitive is non-existent in India. Also pre-existing illness are usually not covered making insurance polices viable for elders. Pensions are restricted to elders who served in public sectors . In this study about 45% were not happy in life and many felt that they are burden to the family.

2] Social insecurity

The urban elders are very vulnerable compared to their rural counterparts. Many socio-cultural dimensions classifies thsespeople . In this study it was found that major proportion of elderly women were poor. Also women accounted for lowest consumption expenditure.

3] Access to Health care

With increasing trend of Nuclear family elder care management is getting very critical , especially for working adult children. Managing a homecare for the elderly has become massive challenge as multiple service providers such as nursing agencies, physiotherapists,and many un-organised players extend sub-optimal care. The concept of geriatric care has remaind a neglected area in the country. Geriatric care is a new relatively new in many developing countries like India with less knowledge of functional and clinical implications of ageing. Takers for the geriatric course are very few. Most of the facilities such as day care centres , old-sage homes, recreational facilities are urban based. But reaching to 75% of the elderly that reside in rural areas with geriatric care is very challenging. The key challenges to access and affordability for elderly population include social stigma of ageing, depression, reduced mobility, social and structural barriers.

4] Economic dependency

According to National sample survey organization nearly half of the elderly are dependent on others. While 20% are partially dependent for their economic needs, About 85% of the aged had to depend on others for their day to day maintanence. Situation is still worse for the elderly female. There is a multiple risk of abuse , also due to financial dependence elderly persons are vulnerable to infections and diseases. In this study we witnessed that about 32.3% of the elderly choosed old-age home due to migration of younger generations to abroad. 42% of them enrolled in sanjeevini old-age home due to lack of proper care in the family . Insufficient housing of 20% elders, also intolerance towards elders in the family constitude 5.7% elders housed in Sanjeevini Health care.

5] Lack of social recognition

Elderly people suffer social recognition with age. The restricted participation in social activities is narrowed down by loss of death of relatives , friends and spouse. Due to loss of social roles they once performed, they are likely to be lovely and isolated severe chronic health problem enable them to become socially isolated. The term '' senescence '' refers to the ageing process, including biological, emotional, intellectual, social and spiritual changes. All these factors have isolated the elderly.

6] Demographic profile of sanjeevini [OAH]

Demographic indicators shows the age group divided into three categories the first one at the age group between 60-69, which accounted for 27%, the next group of 70-79 years, where male and female elderly are almost equal in sanjeevini also combines the majority of elderly that is for 67% .The old-old group or octogenerians who contributes to only 6% of the elderly group in this NGO.

9]Implementation of health promotion for the aged

Health promotions should be seen as a process of community qualification , aiming to improve life and health conditions of the elderly . The health promotion actions results from the combination of state actions in the respective health policies, community actions, actions of individuals to develop their own capabilities, also intervention for joint actions by different sectors. Preventing various health problems by providing food supplies, adequate nutrition, good sanitation, immunization against infections, diseases , endemic diseases, availability of essential medication, create awareness about the physical capabalities of fragile elders. Even public and social policies of the state should address elderly with dignity. Many guidelines can be bought into action they are

A] Promotion of active and healthy ageing
B] comprehensive and integrated elderly health care
C] Encouraging inter-sectional actions.
D]Implementation of home care services.
E] preferential care at health facilities.
F]Strenthening social participation.
G]Permanent education and development of health care workers in elderly care.
H] Educate and inform about National health policy for the elderly to healthcare workers and managers.
I]Promotion of international cooperation in elderly healthcare experiences.
J]Promote the research and development studies related to elderly.
K]Establishing global Gerontological evaluation.

This study purely aims at to recover, maintain, and promote the autonomy and interdependence of the elderly by means of sociological ,gerentological and collective healthcare measures through healthcare promotion actions.

10] SUGGESTIONS AND RECOMMENDATIONS

- Need to generate emotional support facilities by government and voluntary organizations .
- Make arrangements for institutional support and care of the elders.
- Service providers should be encouraged to be flexible and creative in their responses to older people with complex needs.
- The government should plan meetings at regional level like municipalities and local bodies in these meetings care providers, elderly people and their families should exchange knowledge about elder abuse and best practices in dealing with it.
- Enact the National policy of older people[NPOP] effectively.
- National council of senior citizens [NCSRC] established in 2012 for the welfare of the elderly should be implemented.
- The role of media , Newspapers ,journals , articles and social media especially should educate the younger generations to respect and value the elderly.
- To organize geriatric awareness programmes through government, Non-governamental organizations, mass media, and street plays on the issues of the aged , such as discrimation against the aged, Healthcare, social therapies, control of violence against aged, Legal awareness towards elders.

CONCLUSION

It is important to understand the social aspects concerning aged in the country as they go through process of ageing. Increased life expectancy, rapid urbanization and life style changes have led to the emergence of varied problems of elders. So it must be remembered that comprehensive care to elderly is possible only with the involvement and collaboration of family , government and community. India should prepare to meet the growing challenge of caring its elderly population . There is a need to intiaterequiste and more appropriate social welfare measures to ensure life with dignity for elderly. In addition , there is also a need to develop an integrated and responsive system to meet the care needs and challenges of elderly in India. All social service institutions in the country needs to address the social challenges to elderly care in order to improve their quality of life . The elders constitute the rapid growing segment of the population in India in future. But interpersonal relations can have substansial positive effects on well being of the elderly. Also healthcare providers , should be educated about the benefits to the elderly of increased autonomy and friendships. Although the increased incidence of chronic diseases is often associated with ageing, but ageing and prevention are challenging and complex. Thus the younger generation should recognize and respect the elderly. Its high time that public should be made aware of this growing problem. The solution to the old-age problem, demands integrated measures to tackle the problem of individuals in different phases of life and not only when they reach their senescence period. The old on their part should also learn to adjust with life in the whole society to address the issues of the aged in aholistic manner.

REFERENCES

1]Anand, Meenu[2004] Age well; feel young and be young , social welfare, vol 5,No-7, pp 1/-5.
2]Atchley R. C [1989] A continuity theory of normal ageing, Gerentologist vol.29, No-2. Pp-183-190.
3]Bawdekar and Ladusingh [2009] Intra-household support for healthcare expenditures in kerala, paper presented for XXVI IVSSP International population conference at manekech, morocco,27 sept-2 oct.
4]Bhan, Nanditha [2008] Globalisation social change and India's elderly ; some debates from equity and health, at http;// w.w.w. aaahrh.org/3rd conf 2008 paper presentation.
5] Bhatia et al [2007] Astudy of health problems and loneliness among elderly in Chandigarh, Indian journal of community medicine, vol.32, No-4, pp255-258.
6] Chakrawarthy, Indrani [2004] productive ageing; An emphiricalassesement of views of senior citizens in P.V. Rammurthi and D. Jamuna [eds], Handbook of Indian Gerentology, seriel publications New Delhi pp 399-413.

7] Devi, SreeBala [2005] challenges and issues informal care giving, Indian Journal of Gerentology vol.19, No.4.pp447-456.
8] Gupta, Indirani and Deepasankar [2003]Health of the elderly in India- A Multivariate analysis, Journal of health and population in developing countries. W.w.w.jhpde.unde,edu/24 june 2003.
9]w.w.w. The Hindu .com
10] w.w.w. Indianenvironmentalportal.org.in