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A SOCIOLOGICAL APPROACH OF SENIOR CITIZENS OF INDIA

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Abstract: *This article helps students to evaluate their own attitudes toward people over 65. Old age spells risk for injury from falls that might not cause injury to a younger person. Every year about one third of 65 years old and over half of 80 years old fall. Falls are the leading cause of injury and death for old people. It begins with the students taking an opinion survey on the characteristics of older people and concludes with the opportunity for students to learn the actual statistics and summarize the Senior Citizens of India.*

Keywords: *Old Age, Senior Citizens, Gerontology, Health, Illness.*

INTRODUCTION

Old age consists of ages nearing or surpassing the life expectancy of human beings, and thus the end of the human life cycle. Euphemisms and terms for old people include old people (worldwide usage), senior citizens (British and American usage), older adults (in the social sciences), the elderly, and elders (in many cultures including the cultures of aboriginal people). The chronological age denoted as “old age” varies culturally and historically. Thus, old age is "a social construct" rather than a definite "biological stage".

Old age comprises the four dimensions: chronological, biological, psychological, and social. Chronological age may differ considerably from a person’s functional age. The distinguishing marks of old age normally occur in all five senses at different times and different rates for different persons. In addition to chronological age, people can be considered old because of the other three dimensions of old age. For example, people may be considered old when they become grandparents or when they begin to do less or different work in retirement.

DEFINITIONS

Old age comprises “the later part of life; the period of life after youth and middle age . .., usually with reference to deterioration” When old age begins cannot be universally defined because it shifts according to the context. The United Nations has agreed that 60+ years may be usually denoted as old age, and this is the first attempt at an international definition of old age. However, for its study of old age in Africa, the World Health Organization (WHO) set 50 as the beginning of old age. At the same time, the WHO recognized that the

developing world often defines old age, not by years, but by new roles, loss of previous roles, or inability to make active contribution to society.

A Pew Research Center study of 2,929 Americans, age 18+, found that they hold very different definitions of old age. Respondents under 30 said that old age begins at 60, but respondents 65+ said 74. Most Britons define old age as starting at 59 according to a survey of 2,200 people in the UK. The under 25s reckon 54 as the beginning of old age. The 80+ define old age as starting at 68.Another survey concluded that most Britons define the onset of old age as almost 70. Europeans on average set the start of old age at 62. Gerontologists have recognized the very different conditions that people experience, as they grow older within the years defined as old age. In the United States, most people in their 60s and 70s are in the best shape they have known. However, by their 80s most of these people will become frail, a condition marked by serious mental and physical debilitation.

STEREO OF OLD AGE

The distinguishing marks associated with old age comprise both physical and mental characteristics. The marks of old age are so unlike the marks of middle age that it has been suggested that, as an individual transition into old age, he/she might well be thought of as different persons "time-sharing" the same identity. These marks do not occur at the same chronological age for everyone. They, also, occur at different rates and order for different people of the same chronological age. A basic mark of old age that affects both body and mind is "slowness of behavior." This "slowing down principle" finds a correlation between advancing age and slowness of reaction and task performance, both physical and mental.

Old age spells risk for injury from falls that might not cause injury to a younger person. Every year, about one third of 65 years old and over half of 80 years old fall. Falls are the leading cause of injury and death for old people. Hair usually becomes thinner and grayer. Hearinti. By age 75 and older, 48% of men and 37% of women encounter impairments in hearing. Of the 26.7 million people over age 50 with a hearing impairment, only one in seven uses a hearing aid. Hearts are less efficient in old age with a resulting loss of stamina. Immune function. Less efficient immune function (Immunosenescence) is a mark of old age. Lungs expand less well; thus, they provide less oxygen. Pain afflicts old people at least 25% of the time, increasing with age up to 80% for those in nursing homes. Most pains are rheumatologic or malignant. Sexual activity decreases significantly with age, especially after

age 60, for both women and men. Sexual drive in both men and women decreases as they age. Skin loses elasticity, becomes drier, and more lined and wrinkled.

Sleep trouble holds a chronic prevalence of over 50% in old age and results in daytime sleepiness. In a study of 9,000 persons with a mean age of 74, only 12% reported no sleep complaints. By age 65, deep sleep goes down to about 5%. Taste buds diminish so that by age 80 taste buds are down to 50% of normal. Food becomes less appealing and nutrition can suffer. Urinary incontinence is often found in old age.

MENTAL REMARKS OF OLD AGE

Mental marks of old age include the following. Adaptable describes most people in their old age. In spite the stressfulness of old age, they are described as “agreeable” and “accepting.” However, old age dependence induces feelings of incompetence and worthlessness in a minority. Caution marks old age. This antipathy is toward “risk-taking” stems from the fact that old people have less to gain and more to lose by taking risks than younger people. Depressed mood. According to Cox, Abramson, Devine, and Hollon (2012), old age is a risk factor for depression caused by prejudice. When people are prejudiced against the elderly and then become old themselves, their anti-elderly prejudice turns inward, causing depression. “People with more negative age stereotypes will likely have higher rates of depression as they get older”. Old age depression results in the over-65 population having the highest suicide rate. Fear of crime in old ace, especially among the frail, sometimes weighs more heavily than concerns about finances or health and restricts what they do. The fear persists in spite of the fact that old people are victims of crime less often than younger people are.

Mental disorders afflict about 15% of people aged 60+ according to estimates by the World Health Organization. Another survey taken in 15 countries reported that mental disorders of adults interfered with their daily activities more than physical problems. Reduced mental and cognitive ability afflicts old age. Memory loss is common in old age due to the decrease in speed of information being encoded, stored, and received. It takes more time to learn new information. Dementia is a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Its prevalence increases in old age from about 10% at age 65 to about 50% over age 85. Alzheimer's disease accounts for 50 to 80 percent

of dementia cases. Demented behavior can include wandering, physical aggression, verbal outbursts, depression, and psychosis.

CARE AND EXPENSE

Frail people require a high level of care. Medical advances have made it possible to "postpone death" for years. This added time costs many frail people "prolonged sickness, dependence, pain, and suffering." These final years are also costly in economic terms. One out of every four Medicare dollars is spent on the frail in their last year of life ... in attempts to postpone death. Medical treatments in the final days are not only economically costly; they are often unnecessary, even harmful. Nortin Hadler, M.D. warns against the tendency to medicalize and over treat the frail. In her Choosing Medical Care in Old Age, Muriel R. Gillick M.D. argues that appropriate medical treatment for the frail is not the same as for the robust. The frail are vulnerable to "being tipped over" by any physical stress put on the system such as medical interventions.

MISCONCEPTIONS OF PEOPLE

Johnson and Barer did a pioneering study of Life beyond 85 Years by interviews over a six year period. In talking with 85+ year olds, they found some popular conceptions about old age to be erroneous. Many studies of old age overlook the 85+ survivors so their conclusions do not apply. Such erroneous conceptions include:

(1) People in old age have a least one family member for support,

(2) Old age well-being requires social activity,

(3) "Successful adaptation" to age-related changes demands a continuity of self-concept.

In their interviews, Johnson and Barer found that 24% of the 85+ had no face-to-face family relationships; many have outlived their families. Second, that contrary to popular notions, the interviews revealed that the reduced activity and socializing of the over 85s does not harm their well-being; they "welcome increased detachment." Third, rather than a continuity of self-concept, as the interviewees faced new situations they changed their "cognitive and emotional processes" and reconstituted their "self-representation."

DEATH AND FRAILTY

Older Adults' Views on Death is based on interviews with 109 people in the 70-90 age range, with a mean age of 80.7. Almost 20% of the people wanted to use whatever treatment that

might postpone death. About the same number said that given a terminal illness, they would choose assisted suicide. Roughly half chose doing nothing except live day by day until death comes naturally without medical or other intervention designed to prolong life. This choice was coupled with a desire to receive palliative care if needed.

The study of Older Adults' Views on Death found that the more frail people were, the more “pain, suffering, and struggles” they were enduring, the more likely they were to “accept and welcome” death as a release from their misery. Their fear about the process of dying was that it would prolong their distress. Besides being a release from misery, some saw death as a way to reunion with departed loved ones. Others saw death as a way to free their caretakers from the burden of their care.

POSITIVE APPROACHES TOWARDS OLD AGERS

Elderly people are now who you will one day become. Respecting their wisdom, knowledge, grace and fortitude should come second nature to younger generations but it isn't always the case. Sometimes we need reminding of why it is so important to respect our elders for what they have to impart to us that will help ease our journey through life. They should always be respected as if you want them to respect you.

What elders need ?

- Family security.
- Concern and care about them.
- Generally care about their health.
- People in old age have a least one family member for support.
- Old age well-being requires social activity.
- They need a sunshine life in their sunset time.
- Peaceful death.

CONCLUSION

Physical marks of old age & health problem Physical marks of old age include the following: Bone and joint. Old bones are marked by “thinning and shrinkage.” This results in a loss of height (about two inches by age 80), a stooping posture in many people, and a greater susceptibility to bone and joint diseases such as osteoarthritis and osteoporosis. Chronic diseases. Older persons have at least one chronic condition and many have multiple conditions. In 2007-2009.

The most frequently occurring conditions among older persons in the United States were uncontrolled hypertension (34%), diagnosed arthritis (50%), and heart disease (32%). Dental problems. Less saliva and less ability for oral hygiene in old age increase the chance of tooth decay and infection. Digestive system. About 40% of the time, old age is marked by digestive disorders such as difficulty in swallowing, inability to eat enough and to absorb nutrition, constipation and bleeding. Kvesight. Diminished eyesight makes it more difficult to read in low lighting and in smaller print. Speed with which an individual reads and the ability to locate objects may also be impaired.

Most of the elderly people were found to be average in the dimension of sociability and preferred remaining. The results of the study showed that there is a need for geriatric counseling centers that can take care of their physical and psychological needs. The stringent rules for eligibility to social security schemes should be made more flexible to cover a larger population engaged in social interactions. The implications of the study are discussed in the article.

The results of this study showed that a major proportion of the elderly were out of the work force, partially or totally dependent on others, and suffering from health problems with a sense of neglect by their family members. There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly.

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