



PERCEIVED AGEING AND ELDER'S HEALTH; AN ANTHROPOLOGICAL STUDY OF OLDER PERSONS OF RAWALPINDI

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ABSTRACT... Culture and society always an important factor that contributed to build the stereo types rather positive and negative that affect our everyday life. As with other social issues ageing is also effected the cultural and societal stereo types. Concept of old age was not the only creation of old age rather it was started when they were young and strong concepts were developed and concreted with the passage of time as he get older and older. **Objective:** (1) To explore what Older Persons (OPs) perceived about old age. (2) To find the cross relationship between their concept of old age and their disease status. **Methodology:** Statistically calculated sample of 384 OPs were randomly interviewed by taking their verbal consent after introducing them about objective of study. Structured questionnaire was developed for data collection purposes. Data was entered and analyzed in SPSS. **Results:** among 384 respondents 31.3% perceived old age as illness and disease, 15.9% consider it stress and depression, 25.5% were of the view that old age is phase of social isolation and ignorance, increased dependency was also recorded 9.1% and less social participation as 11.7%. Hypertension was reported by 8.1% of the study respondents, Heart problem in 12.8% cases and Diabetes in 15.1% cases. **Conclusion:** Awareness of religious education along with role of social institution plays the leading role to reduce the intensity of negative stereo types and helps elders to develop positive concepts about their last age will be supplementary measure for active, and healthy and prosperous old age.

Key words: Older Persons, (OPs), Perceived ageing, cultural stereo types, Ageing, Poor health of OPs

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INTRODUCTION

Gerontology as a discipline concerned with the study of older age or ageing. Also covered within the concept is a more extensive meaning of the study of ageing that includes the study of later phase of life, older people and older age.^{1,2} Concepts of ageing prevail at two different levels, at individual and at societal. To completely recognize the significance of ageing entails an understanding of its impression upon the self-image of the individual. Further, then we required to know how the larger society perceives the position of OPs and the comparative status or stigma related with old age.³

The concept of ageing means relatively different thing to different peoples. Many of the gerontologists have a consensus that ageing is a process, or a set of multiple processes, of regular change and then decay that describe the

life span of an organism. Majority of us perceived ageing as, the loss of hair, teeth, memory, muscle strength, poor mental and physical health, and reduced reproductive ability, as well as the growth of wrinkles, joint pain, and what are commonly called the illnesses of old age.⁴

In this scenario, Blau (1956)⁵ explains that self-perceived age measures an individual's self-concept in relations of reference age-groups like "middle aged" or "old" or older age. Barak and Schiffman (1981)⁶ further explains in their review on self-perceived age, explains that most of the OPs have a strong inclination to see themselves as younger than their chronological time of age and that women see their age differently from male side. In this regard, Bowling et al. (2005)⁷ described that these generalities are constant with the results of succeeding experimental researches on the association among subjective age and

health, satisfaction with life, and quality of life.

Chaudhry et al. (2014)⁸ explains that the ageing though a significant phase of one’s life but yet unexplored in Pakistan’s perspective as it has numerous implications concerning its efficiency and contributions in the development of Pakistani society. Getting older in South Asian social environment is associated with a sense of getting forgetful as well as dying into a state of oblivion.

Studies reveals that self-perceived age offers a multi-dimensional concept about the ageing process and that also described some interactive concept healthier than chronological age, experimental data has focused on discovering the factors of this measure, that is by using it as the dependent variable in econometric models as explained by Barak and Stern(1986), Henderson, Goldsmith, and Flynn (1995).⁹ Bowling et al. (2005)⁷ by using a sample of 65 respondents, find that physical health and functional status are the main indicator of particular age. The Demakakos, Gjonca, and Nazroo (2007)¹⁰ study, on the other hand also explains that, considers self-perceived age as a possible covariate of various health consequences.

In Pakistani context Chaudhry et al. (2014)¹¹ stated that in regards to deliver better healthcare facilities for older people, Help Age International and United Nations Population Fund (UNFPA) lightens that ‘input can be allocated from two sources: government and the community. The focus of the program was not on extend human life span, but confirming that older people live active healthy length of their life.

Some other experimental data calculations have described that older people with positive self-concept and positive behavior towards ageing are predictive of healthier memory and hearing functioning, minor chances of facing cardiac diseases^{12,13,14}, decrease signs of depression, and consequently a stronger will to live long and wellbeing over time among older people.^{15,16,17,18}

Ageing in Pakistan is less important issue in policy making and legislation but if we observe it

is very important and very much concerned area of policy making and legislation in developed nations. Pakistan’s Government and other private stack holder made very few efforts in this regards. This study is focused to answer what elder’s perceived about old age as an old person. Study was also concerned to examine the relationship between their perception and disease occurrence ratio among them.

MATERIALS AND METHODS

Current study was conducted in Rawalpindi city and a sample of 384 was interviewed to satisfy the study requirement. Structured interview tool was implemented to collect the data. Every participant was fully informed about the objectives of study and insured that their name will be kept secret and only relevant information will be disclosed in data. And after getting their verbal consent information was gathered. Data entry was done in EpiData and analyzed in SPSS to test the results.

RESULTS

Response	Frequency	Percent
60-65	207	53.9
66-70	80	20.8
71-75	51	13.3
76-80	31	8.1
80+	15	3.9
Total	384	100.0

Table-I. Age Distribution of the Respondents

To satisfy the requirement topic age of every individual started from 60 years to onwards. Among 384 respondents 53.9% were fall under the category of 60-65 years of age, participation from 66-70 years age group was 20.8%. Percentiles also depicts the 3.9% of the respondents were belongs to 80 and above years of age.

Old Age is	Frequency	Percent
Illness and disease	120	31.3
Stress and depression	61	15.9
Social isolation and ignorance	98	25.5
Increased dependency	35	9.1
Less social participation	45	11.7
Poor physical and mental health	25	6.5
Total	384	100.0

Table-II. What Do You Think About Old Age

Table-II explains the concept of older persons about old age or we might say this table depicts the different perceptions of OPs about old age being an older person. In 31.3% cases OPs were of the view that old age is the name of illness and diseases, stress and depression was considered by 15.9% of the study respondents. In 25.5% time OPs said that they perceived that old age is more like social isolation and ignorance. In 9.1% cases OPs reported increased dependency, less social participation was recorded 11.7% times, and poor mental & physical health with percentile 6.5%.

Response	Frequency	Percent
Hypertension	31	8.1
Heart Problems	49	12.8
Diabetes	58	15.1
Arthritis	27	7.0
Asthma	27	7.0
Other	86	22.4
NA/ No disease	106	27.6
Total	384	100.0

Table-III. Do you have any of the following Disease?

In 8.1% cases respondents reported hypertension occurrence, in 12.8% cases heart problem is recorded, 15.1% OPs were diabetic, .7% complained about arthritis and asthma and 22.4% were reported other diseases like TB, Hepatitis, metal and psychological issues etc.

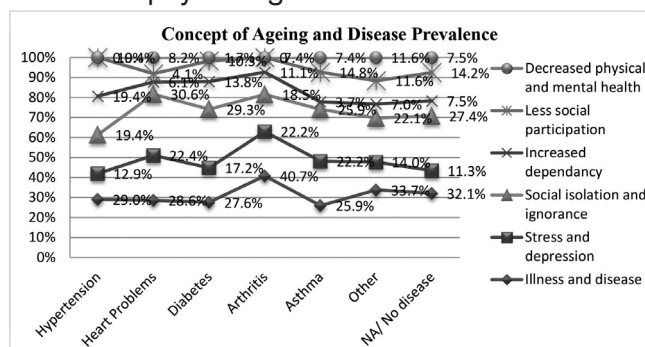


Figure1. Cross-tab. Concept of Ageing and Disease Prevalence

Above figure explains the cross comparison calculation between concept of old age and disease prevalence among Older Persons. Illness and disease was reported 31.3% of study participants as a definition of old age, among those 29.0% of elders reported Hypertension status, Heart problem was recorded 28.6% times, Diabetes was reported by 27.6% respondents,

Arthritis is highlighted with percentile of 40.7%, Asthma was also there with 25.9% and 33.3% of the OPs also reported other diseases like TB, Hepatitis, mental issue etc. In old age concept of stress and depression heart problem is mainly observed, in category of social isolation and ignorance. Similar case is with Heart problem disease, and if we look at increased dependency and less social participation hypertension is highlighted in 19.4% cases.

DISCUSSION

Ageing is global issue with all its impact and consequences as observed. This research focused to collect the opinion of OPs about what they perceived about old age. Concepts were constructed and developed not only by an individual but society and cultural values also played their role in this scenario. It is true that the image of OPs in developed and modern world is falling; studies were more focused in the concept of the image of ageing and deliberate this to be a significant indicator of the well-being and prosperity of older people as explained by Tobin (1999).¹⁹ Fischer et al., (2008)²⁰ further explains that growing old is now defined as “maintaining one’s identity in spite of the changes that come with aging and, embracing opposites—being changed and feeling being the same”.

Study findings unveils that respondents consider old age as illness and diseases, life as stress and depression, increases social isolation and ignorance, increased dependency, less social involvement, and poor physical and mental health respectively. When we calculated the cross comparison of their concept and their disease status we come to know that those OPs who perceived that old age is more like illness and diseases predominantly reported Hypertension, Arthritis, Asthma and other diseases like TB, Hepatitis, skin problem, and other diseases while on the hand other concepts of old age is relatively reported less percentiles of disease occurrence.

Theoretical paradigm in ageing is normally covered by Activity Theory, Disengagement Theory and Continuity Theory. Continuity theory is explained

that it is active to be inactive, we may explain this that if someone want to enjoy a successful old age then he should contributed in different socio-cultural and political activities but if he did not able to maintain an active status this means he will not able to sustain an active person role in old age. While disengagement theory is concerned with to leave social-cultural responsibilities either by willingly or by forces and on the other hand continuity theory explain that successful ageing is only achieved by continuing past life style. But unfortunately all three school of thoughts not proved these theories by using empirical or historical evidences as reported by Eiopoulos(2010),²¹ Moody, (2010)²² and Tabloski (2006).²³

Different social and cultural forces help to develop the concept about old age. As Irwin explain that researcher from different disciplines and having a range of diverse viewpoints explained developments were reported to place OPs at the corner of society, as different modes of socio-cultural exclusion and at high risk of poverty. These factors contributed to develop negative stereo types among elders about old age. Processes of ageing, historic changes and the ordering of life development divisions in work society all appear as dominant factors which marginalize OPs, isolated them from centers of power and of knowledge.²⁴

Bengtson et al. (1975)²⁵ explain the development of stereo types by using data from a relative research of 5450 young adults in 6 developing countries and come up with parallel findings that social change was associated to negative perceptions of ageing. One of the previous studies depicts a view point that ageing can affect older individuals' described wish to live. When society subliminally uncovered OPs to negative perception of aging, they were importantly more likely to reject life extending health treatment in supposed situations, whereas those in the positive stereotype group were significantly more likely to accept life prolonging medical treatments¹⁸.

CONCLUSION

Present study was focused to explain the concepts

of OPs about old age. Studies unveils that OPs perceived that old age is basically the name of social isolation, depression, illness and disease, dependency, poor mental and physical health etc. and most of the OPs who consider elder age as illness and disease reported more diseases in this study. As existing literature also expose that negative stereo types help to build such concepts about old age. We might conclude the study with these words; promote religious education along with other social education in our communities to establish a better picture of older life along with the development of positive stereo types and perceptions to live a happy and healthy ending.

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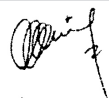
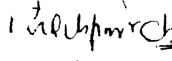
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