

Definitions of Aged

Human beings have to undergo from diverse phases of life. One of that life stages is referred as old stage. There are various notions widespread in the mentality of folks regarding old age. Some people think that “being old” is problematic, while some folk have the views about old age as a nifty asset for the society.

Older people are not only the care receivers but also the care bringers in Pakistani society. Here in Pakistan older population held high esteem. The older people with their fruitful experiences contribute a lot in the larger community. Aged persons enclose full maturity and a rucksack of experiences which are to be utilized for the development of community. The social and economic contribution of older persons reaches beyond their economic activities. They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community. Moreover, these roles contribute to the preparation of the future labors force. All these contributions, including those made through unpaid work in all sectors by persons of all ages, particularly older age, has not been recognized.

The aged are defined in terms of specific chronological age under two criteria: (a) persons sixty or more years of age and (b) persons with sixty five years of age and over. (Clarke, 1970) This has a relation with the retirement age adopted by different countries. In Pakistan the retirement age is sixty years and the same has been taken as a minimum age for a person identified as old or aged or elderly.

The united Nation’s publications have also defined elderly or aged, using two criteria of sixty and sixty five years on the basis of age of superannuation prescribed by the national governments.

Introduction to gerontology

The aging process begins the moment we are born. As we age, our bodies and minds grow, develop, and mature. During childhood, the course of our development is influenced by many factors including our personal characteristics, our family background, how we are raised, where we grow up, and who raises us. Similarly, our development throughout adulthood continues to be influenced by our health, attitude, and behaviors and our interactions with family, friends, and the environment around us. Therefore, it is shortsighted to limit discussions about aging to matters of physical health and decline. Aging is a complex process influenced by many other personal and social factors.

Gerontology is the scientific study of aging that examines the biological, psychological, and sociological (biopsychosocial) factors associated with old age and aging. The factors that affect how we age are broad in scope and diverse: biological factors include genetic background and physical health; psychological influences include level of cognition, mental health status, and general well-being; and sociological factors range from personal relationships to the cultures, policies, and infrastructure that organize society.

The study of aging is so important and popular that it has its own name, gerontology. *Social gerontology* is the study of the social aspects of aging. The scholars who study aging are called *gerontologists*. The people they study go by several names, most commonly “older people,” “elders,” and “the elderly.” The latter term is usually reserved for those 65 or older, while “older people” and “elders” often include people in their 50s as well as those 60 or older. Although sometimes confused with the term gerontology, geriatrics is a medical term for the study, diagnosis, and treatment of diseases and health problems specific to older adults. In the field of social sciences, the term older adults is used to describe people age 65 years and older and is the preferred term when speaking about aged individuals. The term patient is medically oriented and can refer to a person of any age. The term elderly has the social connotation of being white haired and medically fragile. Because many people age 65 and older do not have gray hair and live vibrant healthy lifestyles.

Gerontologists say that age and aging have at least four dimensions. The dimension most of us think of is chronological age, defined as the number of years since someone was born. A second dimension is biological aging, which refers to the physical changes that “slow us down” as we get into our middle and older years. For example, our arteries might clog up, or problems with our lungs might make it more difficult for us to breathe. A third dimension, psychological aging, refers to the psychological changes, including those involving mental functioning and personality, that occur as we age. Gerontologists emphasize that chronological age is not

always the same thing as biological or psychological age. Some people who are 65, for example, can look and act much younger than some who are 50.

The fourth dimension of aging is social. Social aging refers to changes in a person's roles and relationships, both within their networks of relatives and friends and in formal organizations such as the workplace and houses of worship. Although social aging can differ from one individual to another, it is also profoundly influenced by the *perception* of aging that is part of a society's culture. If a society views aging positively, the social aging experienced by individuals in that society will be more positive and enjoyable than in a society that views aging negatively. Let's look at the perception of aging in more detail.

HISTORICAL PERSPECTIVES ON AGING

Throughout history, older adults have been generally valued for the experience, insight, and wisdom they can share with others. Leadership is frequently given to older adults because of a social belief that wisdom and experience are acquired over time. However, conferring respect and responsibilities to older adults has not always been consistent. It tends to occur more in preindustrial or agrarian societies where families are intergenerational and members are dependent on one another for survival and support.

For example, in 2004, hours before a tsunami in the Indian Ocean reached the shore, villagers from small fishing communities followed the leadership of their village elders and fled to safety. The suggestions of the elders were followed because the elders held the respect of the others and possessed the ability to interpret environmental cues that signaled impending danger, cues that were passed down to them from village elders long ago.

In industrial societies, older adults are generally less valued than they are in agrarian societies. During the 20th century, as industrialization, family members became less dependent on each other for support, frequently leaving older adults to manage for themselves, many in poverty. In 1964, in America President Johnson launched the War on Poverty, which fought for the development of rights, opportunities, and social services for all poor Americans to help lift them out of poverty. From this initiative, the Older Americans Act (OAA) of 1965 was passed into legislation specifically to address the needs and rights of older adults. The OAA continues to be reauthorized and is expected to be reauthorized indefinitely. It is one piece of legislation that represents the United States' commitment to promoting the rights and welfare of older adults.

Aging

Aging is the accumulation of changes in an organism or object over [time](#). Aging in humans refers to a multidimensional process of physical, psychological, and social change. Some dimensions of aging grow and expand over time, while others decline. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. Research shows that even late in life potential exists for physical, mental, and social growth and development. Aging is an important part of all human societies reflecting the biological changes that occur, but also reflecting cultural and societal conventions.

Definition of Successful Aging

Older persons achieve a truly successful aging with a focus on quality as well as quantity of life in the terms of productive healthy, successful and effective.

“Successful aging” conveys decidedly positive connotations about a person's status. However, several different criteria may be used as the standard for defining successful aging. These include some combination of

- a. Avoiding premature mortality;
- b. Maintaining functional health status compared with others who are declining;
- c. Improving functional status compared with one's own previous levels;
- d. Remaining independent despite the onset of illness and functional losses;
- e. Remaining productive and contributing to society through channels such as part-time work or volunteering;
- f. Retaining one's material and economic resources for as long as possible;
- g. Maintaining one's intellectual, cognitive, and creative skills;
- h. Adjusting psychologically to the losses that can be encountered during later adulthood;
- i. Maintaining positive outlooks along broad dimensions such *as* life satisfaction, self-concept, and future orientation; and
- j. Achieving an especially well-integrated life perspective and personal quality that is often called wisdom.

These options differ in specific versus general focus, but regardless of which one is chosen, they indicate that "successful aging" is defined by much more than the function of a single organ or the absence of individual illnesses.

What is Healthy Ageing

Every person – in every country in the *world* – should have the opportunity to live a **long and healthy life**. Yet, the environments in which we live can favour health or be harmful to it. Environments are highly influential on our behaviour, our exposure to health risks (for example air pollution, violence), our access to quality health and social care and the opportunities that ageing brings.

Healthy Ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Everybody can experience *Healthy Ageing*. Being free of disease or infirmity is not a requirement for *Healthy Ageing* as many older adults have one or more health conditions that, when well controlled, have little influence on their wellbeing.

Healthy Ageing and functional ability

WHO defines *Healthy Ageing* “as the process of developing and maintaining the **functional ability** that enables **wellbeing** in older age”. **Functional ability** is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person’s ability to:

- meet their basic needs;
- to learn, grow and make decisions;
- to be mobile;
- to build and maintain relationships; and
- to contribute to society.

Functional ability is made up of the **intrinsic capacity** of the individual, relevant **environmental characteristics** and the interaction between them.

Intrinsic capacity comprises all the mental and physical capacities that a person can draw on and includes their ability to walk, think, see, hear and remember. The level of intrinsic capacity is influenced by a number of factors such as the presence of diseases, injuries and age-related changes.

Environments include the home, community and broader society, and all the factors within them such as the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them and the services that they implement. Being able to live in environments that support and maintain your intrinsic capacity and functional ability is key to *Healthy Ageing*.

Key considerations of *Healthy Ageing*

Diversity: There is no typical older person. Some 80-year-olds have levels of physical and mental capacity that compare favourably with 30-year-olds. Others of the same age may require extensive care and support for basic activities like dressing and eating. Policy should be framed to improve the functional ability of all older people, whether they are robust, care dependent or in between.

Inequity: A large proportion (approximately 75%) of the diversity in capacity and circumstance observed in older age is the result of the cumulative impact of advantage and disadvantage across people's lives. Importantly, the relationships we have with our environments are shaped by factors such as the family we were born into, our sex, our ethnicity, level of education and financial resources.

Elder Abuse:

One of the major and important aspects of aging problem which so far has not been given attention in Pakistan is emotional abuse and violence against elderly. Elder abuse can be observed in many forms but most common is emotional abuse. This include following attitudes and behaviors in emotional abuse towards aged person: lack of attention, belittling naming, debasing commentary, exploitation, threats of violence, loud talking and confinement.

One of the more communally accepted definitions of elder abuse is "a single, or repeated act, 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." This definition has been adopted by the World Health Organization from a definition put forward by Action on Elder Abuse in the UK.

Although there are common themes of elder abuse across nations, there are also unique manifestations based upon history, culture, economic strength and societal perceptions of older people within nations themselves. The fundamental common denominator is the use of power and control by one individual to affect the well-being and status of another, older, individual. There are several types of abuse of older people that are universally recognised as being elder abuse and these include:

- 1. Physical:** e.g. hitting, punching, slapping, burning, pushing, kicking, restraining, false imprisonment/confinement, or giving too much medication or the wrong medication;
- 2. Psychological:** e.g. shouting, swearing, frightening, blaming, ridiculing, constantly criticizing, ignoring or humiliating a person. A common theme is a perpetrator who identifies something that matters to an older person and then uses it to pressurize an older person into a particular action;
- 3. Financial:** e.g. illegal or unauthorized use of a person's property, money, pension book or other valuables (including changing the person's will to name the abuser as heir), often fraudulently obtaining power of attorney, followed by deprivation of money or other property, or by eviction from own home;
- 4. Sexual:** e.g. forcing a person to take part in any sexual activity without his or her consent, including forcing them to participate in conversations of a sexual nature against their will;
- 5. Neglect:** e.g. depriving a person of food, heat, clothing or comfort or essential medication.
- 6. Rights abuse:** denying the civil and constitutional rights of a person who is old, but not declared by court to be mentally incapacitated. This is an aspect of elder abuse that is increasingly being recognized and adopted by nations.

7. Self-neglect: elderly persons neglecting themselves by not caring about their own health or safety.

Theories of Aging

1 Disengagement Theory

This is the idea that separation of older people from active roles in society is normal and appropriate, and benefits both society and older individuals. Disengagement theory, first proposed by Cumming and Henry, has received considerable attention in gerontology, but has been much criticized. The original data on which Cumming and Henry based the theory were from a rather small sample of older adults in Kansas City, and from this select sample Cumming and Henry then took disengagement to be a universal theory. There are research data suggesting that the elderly who do become detached from society as those were initially isolated individuals, and such disengagement is not purely a response to aging.

2 Activity Theory

In contrast to disengagement theory, this theory implies that the more active elderly people are, the more likely they are to be satisfied with life. The view that elderly adults should maintain well-being by keeping active has had a considerable history, and since 1972, this has become to be known as activity theory. However, this theory may be just as inappropriate as disengagement for some people as the current model on the psychology of aging is that both disengagement theory and activity theory may be best for certain people in old age, depending on both circumstances and personality traits of the individual concerned.

3 Selectivity Theory

Selective theory mediates between Activity and Disengagement Theory, which suggests that it may benefit older people to become more active in some aspects of their lives, more disengaged in others.

4 Continuity Theory

The view that in aging people are inclined to maintain, as much as they can, the same habits, personalities, and styles of life that they have developed in earlier years. Continuity theory is Atchley's theory that individuals, in later life, make adaptations to enable them to gain a sense of continuity between the past and the present, and the theory implies that this sense of continuity helps to contribute to well-being in later life. Disengagement theory, activity theory and continuity theory are social theories about ageing, though all may be products of their era rather than a valid, universal theory.
