

SOCIAL EXCLUSION AND HEALTHY AGEING: AN ANTHROPO-PATHOLOGICAL STUDY ON OLDER PERSONS' HEALTH

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ABSTRACT: Background: Ageing the last stage of human lifecycle is invariably inevitable. With modern technological and scientific developments the basic health facilities have improved, increasing the life span and promoting longevity. However, 'life expectancy' and 'quality of life' have proved to be inversely proportional and negatively correlated. The participation and involvement of the senior citizens in different areas of social activities visibly narrows with ageing thus victimizing them to social exclusion which in turn affects their health negatively. **Objective:** The research explores the role of social exclusion in the health status of older persons. **Material and Methods:** To collect biostatistical data on older person and to unearth the effects of social exclusion on health a structured questionnaire was prepared. The questionnaire was vigorously pre tested before the data was collected on the set objective. **Place and Duration of Study:** The data was collected from the locale Rawalpindi city inclusive of various union councils, over a period of three months. **Results:** The study revealed that 62.4% of the respondents related social exclusion with ageing. Moreover, it was indicated that respondents who belonged to the age group of 66-70 comparatively felt more socially excluded than any other age group. Moreover the respondents who felt socially excluded suffered from various physical and psychological diseases including mental distress (88.37%), cardiovascular diseases (83.60%), hypertension (71.05%), diabetes (65.21%), and asthma (45%) **Conclusion:** Social exclusion and deteriorating social role of older persons affects their general health. Older persons that are largely marginalized need to be identified as equal citizens of the community and policies at national level require to rectify the situation.

Key Words: Ageing, Social Exclusion, Dimensions of Social Exclusion, Health issues, Anthro-pathological view

INTRODUCTION

The world population is inescapably going to be older due to improved medical and health facilities resultant of new discoveries and development in the medical science. This has promoted the tendency of longevity among people. Chaudhry et al defined old age as "the final segment of the lifespan and for those who must have a number attached to this, it is further defined that old age begins around 60 years of age" [1]. Ageing is basically the last phase of human life which majority of the humans nowadays reach due to improved medical facilities. Lyons cited Cohen (2002) who was of the view that "the age of a person can be defined in many ways, encompassing biological, psychological and socio-cultural processes" [2,3]. The continuity theory addresses that the latter part of life is simply a continuation of the earlier part of life, a component of the entire life cycle [4-6].

Gerontology is the field which studies old age, related concepts and issues. The field has been structured to make people understand the concept of "Ageing and old age" and to spread awareness regarding the impact of contact of human aging biology, behavior, social structure among other factors" [7]. "Social Gerontology "is a wider discipline that approaches ageing from the perspective of social sciences to achieve a better understanding of ageing and old age [8].

Anthropology is all inclusive. "It is the only human science that explores humanity in a systematic way connecting the past with the present scenario of man, explaining the changeover various epochs of history [9]. Man's life cycle is assumed to include "conception, birth, adolescence, adulthood and Aging" [9]. In the light of cyclical theory and progressive refinement, the concept of ageing and its stages can be understood.

World's history of gerontology shows that in 1950 the maximum number of elderly citizens, aged 60years or

above, was 205 million. The number started shooting and reached up to 606 million in 2000 and is expected to rise further to two billion by the year 2050 [10, 11]. With the rise in the ageing population and lack of awareness regarding the psychological problems of the aged the need of national policies focusing older persons rises. There is a common perception, though largely unsubstantiated that decision making abilities decline with aging.

Changing scenarios in life expectancy have inevitably affected the quality of life. Social exclusion is one of the primary challenges raised due to increased life expectancy. Exclusion is multilevel and structured segregation of the aged from various social, cultural and economic activities. Gorden et al defines social exclusion as lack of social interaction, communication and activities in routine life [12] while SEU linked this with unemployment, poor housing, bad health and breakdown in family relationships [13]. Scarf et al. cited the work of Madanipour et al. who offers another useful definition which highlights the spatial element of social exclusion. It is a "multi-dimensional process" inclusive of various forms of exclusions i.e. "decision making and political processes", right "to employment and material resources" and assimilation into the "cultural processes" [14, 15]. All these forms when combined create an acute form of exclusion that has a spatial manifestation in particular neighborhoods". Social exclusion is thus basically the processes in which older persons are excluded in the decisions of family, employment opportunities, cultural gatherings and activities and political activities." It is a "dynamic process of being shut out, fully or partially, from any of the social, economic, political or cultural systems determining the social integration of a person in that particular society [16].

Barnes et al conceptualized social exclusion across seven domains. The domains include, "Financial products;

Common consumer goods; Local amenities; Social relationships; Cultural activities; Decent housing and public transport; and Civic activities and access to information” [17]. Further, they quoted in the report on the ELSA further identified seven dimensions of social exclusion which includes social contacts, recreational activities, civic activities, financial activities, material goods, neighborhood exclusion and basic services of life [17]. Barnes *et al.* also points out the issue of social exclusion and reported that “ageing is associated with an increased risk of exclusion from basic services and material goods, and also social relationships [17]. Scharf *et al.*, strengthens the hypothesis and states that older persons in their life specially experienced social exclusion from the basic services of life [18]. Social exclusion thus encapsulates the lives of the older persons which effects their overall wellbeing and health.

Social exclusion leads to marginalization and deteriorating health as Chaudhry *et al* quotes Wait that social exclusion of older people puts negative effects on older people mental health [19, 20]. The findings of Wait as regards the OPs in Rawalpindi showed that living in multigenerational families led to various compromises on the part of older persons. The economic clutch faced by the middle class and lower middle class of Pakistani society has really put the OPs at the risks of social exclusion and made them prone to face loneliness as well as many other psychological complications [20]. Older population thus when excluded from social activities, equal opportunities in terms of family decisions, social gatherings, employment, politics and recreational activities not only disturbs their emotional well being but also affect their health.

Kneale quoted the work of Cattell on social exclusion and its effect on older person’s health. Being socially excluded could lead to a number of negative outcomes, many of which are likely to have financial implications for individuals and society. Exclusion from social relationships affect a person’s wellbeing as it leads to a sense of loneliness affecting both physical and mental health, both of which have substantial cost implications. Similarly, social exclusion raises levels of stress among people which can have adverse health outcomes. Social exclusion is thus a breakdown of relationships between older persons’ and society [21, 22]. Thus the victims of social isolation are more vulnerable to mental and physical diseases. The connection is with economic condition basically determines the poverty and social exclusion and creates a compulsion. Due to the economic breakdown it creates the ways of unemployment and lack of job opportunities and labor. In this way exclude the elders from the financial activities as a result elders cannot meet up their needs and living a life of poverty. Due to all these the orders cannot reciprocate with other members of society which in a way leads to many psychological and social issues for older persons.

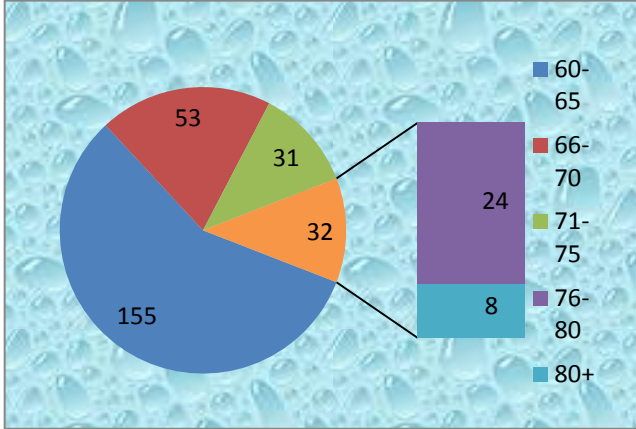
As people age, their need for informal support and social care increases. This is especially so in older people who have just retired and the frail and oldest old (aged 80 and above). This is the result of a change in their social networks such as fewer contacts with former colleagues and reduced social contacts as a result of their increasing frailty (e.g. following a stroke or other decrease in their mobility levels). However, despite their stronger need for increasing social support, these problems may increase, adding to their social isolation and loneliness in the community [23-25]. Research findings from the Growing Older Program in the UK found that (1) older people who are living with a partner, companion or family members, are more likely to use positive strategies to promote personal optimism in old age. (2) Maintaining contact with other people is crucial in maintaining a reasonable quality of life (QOL). But it is the quality and ‘density’ of contact that matters, not the frequency. Older people with lots of friends and good-quality relationships, report the best QOL. For people from ethnic minorities, whose friendships are more likely to have been disrupted by migration, contact with family members is particularly important [26].

MATERIALS AND METHODS

An extensive structured questionnaire was developed to collect data on social exclusion and its effects on older person’s health. The tool was pre tested before the collection of required information from the respondents. The study was conducted in Rawalpindi city. The size of the sample population is 271 respondents. The duration of data collection process lasts for one month. The collected information was cleaned and converted on a tally sheet for further analysis on SPSS (16.00) version software. The gathered information was interpreted with the help of Frequency tables and cross tabulation.

The above chart provides the tabulated data of the age distribution of the respondents of the present study. The criterion for data collection was age oriented, that started from 60 years to onwards as the respective study was particularly on senior citizens. From the total sample, n=271, 155respondents belonged to the age group of 60-65. The participation of age group 66-70 was53 respondents. While 31respondentsfall in the age group of 71-75. 24 respondents were of the age group of 76-80 and8respondentsbelonged to the age of 80 +.

The percentile analysis of the above data depicts the extent to which the respondents felt socially excluded. From the total n= 271 respondents 62.4% were of the view that they felt socially excluded and were expelled from the whole societal setup as the age increased while 37.6% of the respondents did not feel excluded as they were still active participants of the society. The majority of the respondents shared that as



RESULTS

Figure.1: Age distribution of the Respondents

their age increased, their social roles decreased. They became economically dormant and thus their status, within the family and the overall community slowly declined. They believed that as one ages, the opportunities to earn a living decrease which inevitably make an individual a “dependent”

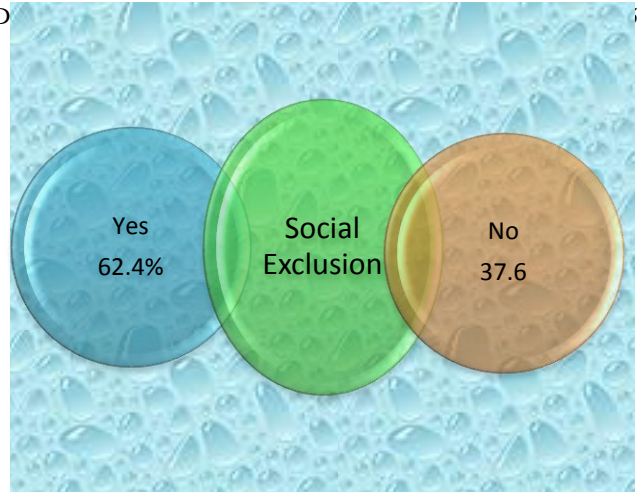


Figure 1: Percentile Analysis of Social Exclusion among Older persons

rather than a bread earner. This dependency severely affected their psychological health which in turn affected their physical health too.

Table 1: Cross tab analysis of Social Exclusion and Age Distribution

Social Exclusion	Age Distribution of Respondents					Total
	60-65	66-70	71-75	76-80	80+	
Yes	66.45%	67.93%	54.84%	37.5%	50%	62.36%
No	33.55%	32.07%	45.16%	62.5%	50 %	37.64%
Total	100%	100%	100%	100%	100%	100%

The above table 1, is a cross analyses of social exclusion and age distribution of the respondents. The overall cross tabulation reveals that almost every old age defined group becomes a victim of social exclusion with time and are inescapably victims of marginalization from all social activities, gatherings, health facilities, employment, recreational activities and most importantly decision making etc.

The data reveals that the respondents belonging to the age group 66-70 had the highest frequency i.e. 67.93% of responses revealed that they felt socially excluded and that age based discrimination was at large in the society.

66.45% of the older persons’ who belonged to the age group of 60-65 also agreed to being socially excluded.54.84% of the respondents in the third age group of 71-75 also felt ignorance and social exclusion. The respondents from age group 76-80, only 37.5% agreed. While, the respondents belonging to the age group of 80 + only 50%felt social excluded.

The S-Shaped trend shows that the initial stages of social exclusion i.e. from the age of 60-70 the individuals find it

difficult to cope up with the drastic changes in their social roles and status specifically within the family and generally in the overall community. Even though with time they find various other pastimes and general activities to make themselves useful like, taking care of the grandchildren, helping with grocery shopping on daily basis etc. however, as their age increases the dependency also increases. The social activities becomes further narrowed which eventually again cause an influx in the feelings of being socially excluded.

The table 2 below, highlights the comparison between social exclusion and diseases status. Older persons suffer from many chronic diseases in old age which include Hypertension, Cardiovascular diseases, Asthma, Diabetes, Mental Distress and various other diseases like TB, hepatitis, skin disease etc. 71.05 % respondents who were socially excluded also suffered from hypertension. 83.60% respondents were of the view that social exclusion is the root cause of them developing cardiovascular disease. 65.21 %of the socially excluded respondents were diabetic and 45% respondents showed the tendency of Asthma with regards to

social exclusion. 88.37% respondents had mental distress (depression, anxiety, insomnia, obsessive compulsive

Table 2 Cross tab analysis of Social Exclusion and Disease Status

Social Exclusion	Do you Have any of the following diseases?							Total
	Hypertension	Cardiovascular disease	Diabetes	Asthma	Mental distress	Other Diseases	NA/ No disease	
Yes	71.05%	83.60 %	65.21%	45%	88.37 %	78.95 %	79.10 %	73.06%
No	28.95%	16.40 %	34.78%	55 %	11.63 %	21.05 %	20.90 %	26.94 %
Total	100%	100%	100%	100%	100%	100%	100%	100%

disorder etc) which is co-related to social exclusion. 78.95% respondents also had other diseases which include TB, hepatitis, Skin diseases, respiratory. 79.10% respondents lived a healthy ageing life due to active participation in social life.

DISCUSSION

The current research focused to study the role of social exclusion on health of older persons. Health is the complete physical and mental wellbeing of the human body” [27]. In old Age the health of the older persons is affected by various forms of diseases that are aggravated by lack of attention and proper care. The health deteriorates, leading to biological, physical and pathological diseases. Chaudhry et al. referred comments of Help Age International on health stating that ‘body gradually degenerates with age. Many diseases affect older people and the loss of mental acuity can impact older people’s psychological well-being and lead to depression Heart disease a major problem of present life is found to effect the older persons the most [19]. Further, Irshad cites that aging focuses changes regarding psychological, social and biological functions of human body because of biological variations happening in later age [28]. As reviewed by Hayward several older studies found associations between depression and cardiovascular disease, hypertension, or hypercholesterolemia. Mostly these diseases are due to social exclusion [29]. The citation is completely in line with the results of the conducted research. Ageing is an observable phenomenon in the 21 century. Ageing populations basically the “process by which the relative size of the young age population decreases and old age population increases as a result of the transition from high levels to lower levels of both fertility and mortality” [30]. Getting older in South Asian societies is associated with a sense of getting senile as well as disappearing into a state of oblivion [9]. Ageing has become a challenge especially in countries like Pakistan where the agenda to promote the productive ageing is still in its infant stage [28]. The cross comparison of social exclusion and disease status clearly reveals the two to be directly correlated. Social exclusion which is basically the separation of individuals from domain of society marginalizes the older persons from

social activities, gatherings and functions, employment opportunities, household decision making which collectively pose negative effects on the health of older persons.

Due to social exclusion the older persons remain in a state of solitude which affects their state of mind. Various studies show that respondents consider old age as illness and diseases, as stress and depression increases due to social isolation and ignorance, increased dependency, less social involvement, and poor physical and mental health respectively [31]. As old age is generally associated with phase of illness and disease because the metabolism rate and immune system is low in old age, makes them unable to physically remain active as a result leads to social exclusion. In this way social exclusion further affects the health of older persons by causing different diseases.

Disengagement theory by Victor describes the various modes of disengagement of older persons from social life. The exclusion from activities either from employment or societies prepare individuals for death. At the same time, society also prepares the individual for the later phases of life, by withdrawing the pressure to interact and facilitating the entry of younger cohorts into the social world and the disruption caused by the death of the individual is minimized [8]. Disengagement theory of ageing is appropriate to apply in current research study objective. Disengagement theory describes the disconnection and detachment of older from social life. People in old age disengage from society, sometimes due to external social pressures and due to physical impaired abilities. The social exclusion and economic compulsion as a result leads to socio- psychological issues and discrimination and abuse among older persons’.

The Researchers, Gerontologists and Medical Anthropologists have focused on areas of health and old age. OPs have always been cornered. The modes of socio-cultural exclusion depend upon the risk of poverty. These factors contribute 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 [32].

“Hypertension, diabetes and arthritis as the most common illnesses in elderly population of Pakistan [33]. Chaudhry et al. suggests that Ageing is relatively a new topic for the development intelligentsia, development champions, legislators, policy makers, development and human rights agencies and media [9]. Chaudhry et al., in their variety of researches conducted on Ageing suggested that a range of interventions with regards to the ageing population need to be made for social equality and health of the older persons’ [1, 9,11,19,23,28,30,31, 34-37].

CONCLUSION

Social exclusion and deteriorating health conditions of older persons have been verified to be factual all over the world. Economic stability, social status and health thus have a triangular relationship that need to be focused upon during policy formation for re-emerging the marginalized older population. The need to identify this detached portion of population as a major source of knowledge and wisdom banks, further increase as the ageing population rises and becomes further separated from the mainstream.

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