

ACTIVE AGING

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Building an inclusive society and improving quality of life (QoL) of India's increasingly elderly population by applying technology that meets the needs of older people can be a key strategy for active aging. Old people are not a homogeneous group and we must find solutions that take into account the diversities and respect the wishes from individuals.

The answer to the pressing issues of aging rest in active ageing as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. It is well-known that the population of India is ageing. The ageing of India's population is becoming a crucial challenge for the years to come. Today, mean life expectancy is increased to more than 60 years. Ageing well is a concept frequently used in order to show the ambitions in developing an inclusive elderly care and service with the objective of increasing independent living. Building an inclusive society and improving quality of life (QoL) of India's increasingly elderly population by applying technology that meets the needs of older people can be a key strategy for active aging. Old people are not a homogeneous group and we must find solutions that take into account the diversities and respect the wishes from individuals. But how can this challenge be met ? Our paper, attempts to answer this fundamental question.

I. ACTIVE AGEING IS THE PROCESS OF OPTIMIZING OPPORTUNITIES FOR HEALTH, PARTICIPATION AND SECURITY IN ORDER TO ENHANCE QUALITY OF LIFE AS PEOPLE AGE.

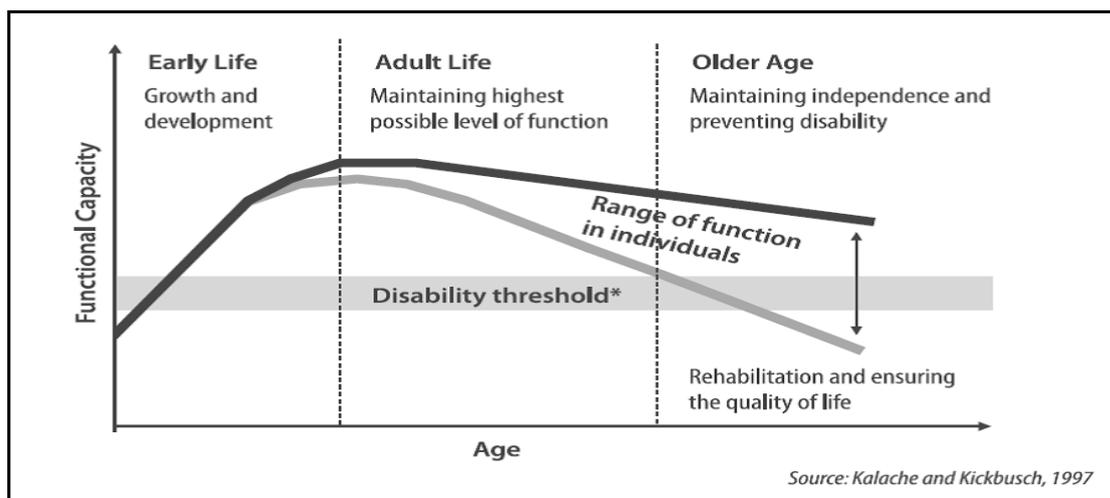
Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.

The word "active" refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care.

Maintaining autonomy and independence as one grows older is a key goal for both individuals and policy makers (see box on definitions). Moreover, ageing takes place within the context of others friends, work associates, neighbours and family members. This is why interdependence as well as intergenerational solidarity (two-way giving and receiving between individuals as well as older and younger generations) are important tenets of active ageing. Yesterday's child is today's adult and tomorrow's grandmother or grandfather. The quality of life they will enjoy as grandparents depends on the risks and opportunities they experienced throughout the life course, as well as the manner in which succeeding generations provide mutual aid and support when needed.

The active ageing approach is based on the recognition of the human rights of older people and the United Nations Principles of independence, participation, dignity, care, self-fulfillment. It shifts strategic planning away from a "needs-based" approach (which assumes that older people are passive targets) to a "rights-based" approach that recognizes the rights of people to equality of opportunity and treatment in all aspects of life as they grow older. It supports their responsibility to exercise their participation in the political process and other aspects of community life.

A life course perspective on ageing recognizes that older people are not one homogeneous group and that individual diversity tends to increase with age. Interventions that create supportive environments and foster healthy choices are important at all stages of life.



Successful ageing was conceptualised by Rowe & Kahn (1987, 1997) with the objective to create a more positive view upon ageing in order to help individuals to accomplish and maintain higher functions as they grow older. Subjective wellbeing can be defined as people's positive evaluation of their lives including pleasant emotions, fulfilment and satisfaction (Diener & Biswas-Diener, 2005).

Psychological empowerment represents one facet of subjective well-being and is referring to people's belief that they have resources, energy and competence to accomplish important goals and positive moods can lead to psychological empowerment.

WHO (World Health Organisation) defines QoL as: "The individuals perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept incorporating in a complex way the person's physical health, physiological state, level of independence, social relationships and their relationship to salient features of the environment" (WHO, 1999).

II. ACTIVE AGEING POLICIES AND PROGRAMMES

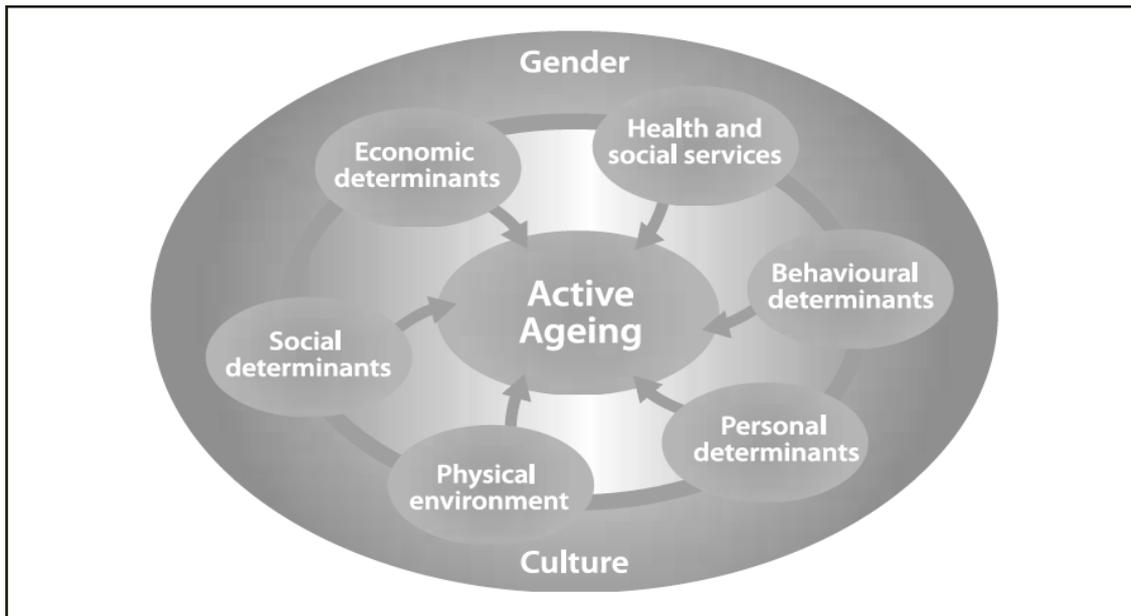
An active ageing approach to policy and programme development has the potential to address many of the challenges of both individual and population ageing. When health, labour market, employment, education and social policies support active ageing there will potentially be:

- fewer premature deaths in the highly productive stages of life
- fewer disabilities associated with chronic diseases in older age
- more people enjoying a positive quality of life as they grow older
- more people participating actively as they age in the social, cultural, economic and political aspects of society, in paid and unpaid roles and in domestic, family and community life
- lower costs related to medical treatment and care services.

Active ageing policies and programmes recognize the need to encourage and balance personal responsibility (self-care), age-friendly environments and intergenerational solidarity. Individuals and families need to plan and prepare for older age, and make personal efforts to adopt positive personal health practices at all stages of life. At the same time supportive environments are required to "make the healthy choices the easy choices."

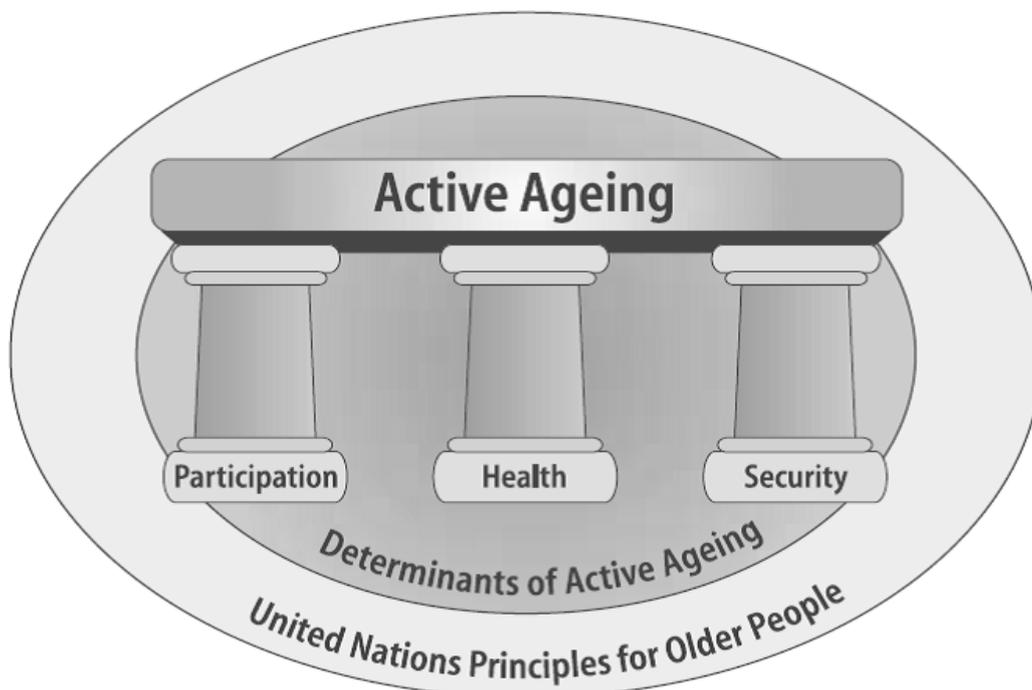
There are good economic reasons for enacting policies and programmes that promote active ageing in terms of increased participation and reduced costs in care. People who remain healthy as they age face fewer impediments to continued work. The current trend toward early retirement in industrialised countries is largely the result of public policies that have encouraged early withdrawal from the labour force. As populations age, there will be increasing pressures for such policies to change – particularly if more and more individuals reach old age in good health, i.e. are "fit for work." This would help to offset the rising costs in pensions and income security schemes as well as those related to medical and social care costs.

With regard to rising public expenditures for medical care, available data increasingly indicate that old age itself is not associated with increased medical spending. Rather, it is disability and poor health – often associated with old age – that are costly. As people age in better health, medical spending may not increase as rapidly.



The ageing of the population is a global phenomenon that demands international, national, regional and local action. In an increasingly inter-connected world, failure to deal with the demographic imperative and rapid changes in disease patterns in a rational way in any part of the world will have socioeconomic and political consequences everywhere.

The policy framework for active ageing is depicted shown below:-



Decisions pertaining to the life of the elderly are to be based on an understanding of how the *determinants of active ageing* influence the way that individuals and populations age. The policy framework requires action on three basic pillars:

III. HEALTH

When the risk factors (both environmental and behavioural) for chronic diseases and functional decline are kept low while the protective factors are kept high, people will enjoy both a longer quantity and quality of life; they will remain healthy and able to manage their own lives as they grow older; fewer older adults will need costly medical treatment and care services. For those who do need care, they should have access to the entire range of health and social services that address the needs and rights of women and men as they age.

IV. PARTICIPATION

When labour market, employment, education, health and social policies and programmes support their full participation in socioeconomic, cultural and spiritual activities, according to their basic human rights, capacities, needs and preferences, people will continue to make a productive contribution to society in both paid and unpaid activities as they age.

V. SECURITY

When policies and programmes address the social, financial and physical security needs and rights of people as they age, older people are ensured of protection, dignity and care in the event that they are no longer able to support and protect themselves. Families and communities are supported in efforts to care for their older members.

Ultimately, a collective approach to ageing and older people will determine how we, our children and our grandchildren will experience life in later years.

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