

Social Engagement an Indicative Factor of Disor-Ders in Old Age

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ABSTRACT

Objective: The purpose of this study was to measure the social engagement as an indicative factor of disorders in old age. **Method:** Two groups were selected one is male and the other is female both groups consisted of 60 older adults. Each group has 30 older adults of age range 60 years and above. Data were collected from the Delhi residential areas. In this research paper "Lubben Social Network Scale" was used to assess the social isolation of individual. "t" test was used for analysis. **Result:** The first group of older adults male has standard deviation 10.45 and female older adults group has standard deviation 8.94 hence the value of "t" test is 0.27. It shows that value is insignificant. There is no significant difference in the level of social engagement among male older adults and female older adults. **Conclusion:** In the present research study it is found that there is no significant difference among the male and female older adults social engagement. Male older adults are more socially engaged and females older adults are less socially engaged as per data observed because they are mostly ill in this age and tend to less interact socially because of their medical condition and are more isolated than males of older age. Therefore this is a area of concern for female older adults to be taken more care to keep them physically and psychologically healthy.

Keywords: Social Engagement, Indicative Factor, Disor-Ders, Old Age

Social engagement, referring to making social and emotional connections with people and the community, has been considered an important component influencing the health and psychological well-being of older people (Baltes, 1996; Dykstra, 1990; Tomaka, Thompson, & Palacios, 2006). Social engagement is typically achieved through direct contact with people; the construct has been used in understanding how older people age successfully despite changes in life circumstances and health conditions (Minkler & Fadem, 2002; Rowe & Kahn, 1998). Social engagement with family and friends is a major part of our life. All humans are social animals, if there is lack in social networking it can cause an adverse effect on our psychological health and leads to most popular disorder that is depression. Social engagement is related to participation in collective activities, which reinforces social capital and social norms. Prohaska, Anderson and Binstock (2012) noted that the term social engagement is commonly used to refer to one's participation in the activities of a social group. The term has been defined by Avison, McLeod and Pescosolido (2007) as "the extent

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to which an individual participates in a broad range of social roles and relationships." and by Zhang, Jiang, and Carroll as "the commitment of a member to stay in the group and interact with other members". Key elements of social engagement include activity (doing something), interaction (at least two people need to be involved in this activity), social exchange (the activity involves giving or receiving something from others), and lack of compulsion (there is no outside force forcing an individual to engage in the activity).

Social engagement—defined as performance of meaningful social roles for either leisure or productive activity—might protect against depression for at least three reasons. First, social engagement may operate by stimulating multiple bodily systems (e.g., cognitive, cardiovascular, neuromuscular, endocrine, etc), also called “use it or lose it.” Evidence for this concept can be seen in randomized trials showing that social contact showed equivalent improvement in depressive symptoms compared to physical exercise (McNeil, LeBlanc, & Joyner, 1991). Numerous studies have shown that social engagement, through interpersonal relationships and participation in social activities, promotes physical and emotional well-being and lowers mortality rates in later life (Avlund, Damsgaard, & Holstein, 1998; Everard, Lach, Fisher, & Baum, 2000; George, 1996; Glass, Mendes de Leon, Marottoli, & Berkman, 1999; Lennartsson & Silverstein, 2001). Social engagement not only provides physiologic (e.g., immune system function, cardiovascular reactivity, cardiopulmonary fitness) and psychological (e.g., sense of belonging, self-esteem, purpose of life) benefits but also promotes healthful behaviors (e.g., smoking cessation, proper diet, exercise, help-seeking behavior), which, in turn, enhances physical and emotional well-being (Berkman, Glass, Brissette, & Seeman, 2000; Glass et al., 1999). Another recent study showed that low social support and low religiosity independently predicted endorsement of depressive symptoms and major depressive episodes by older adults who accessed aging services (Richardson et al. 2012). Social engagement by itself was associated with quality of life among the oldest old in a recent analysis of data from the University of Michigan Health and Retirement Study (HRS) (Ailshire & Crimmins 2011). Findings suggested that social interactions may play an important role in maintaining physical and mental health in older age. This body of research underscores the potentially vital importance of social integration for good cognitive functioning in later years (Bassuk et al. 1999; Ertel et al. 2008).

Research has documented the relationship of social engagement to health and mental health. Reported beneficial effects of social engagement on health and psychological well-being include decreased rates of mortality (Berkman & Syme, 1979; Rozzini, Bianchetti, Franzoni, Zanetti, & Trabucchi, 1991), slowing of functional decline (Mendes de Leon, Glass, & Berkman, 2003; Unger, Johnson, & Marks, 1997), higher levels of happiness and quality of life (Graney, 1975; Thompson & Heller, 1990), fewer depressive symptoms (Cacioppo & Hughes, 2006), and decreased risk for cognitive impairment (Bassuk, Glass, & Berkman, 1999). The opposite end of social engagement is social isolation or loneliness, which includes physical and psychological disconnectedness from the community and people (Victor, Scambler, Bond, & Bowling, 2000). Social isolation may occur in both institutional and community settings (Hook, Sobal, & Oak, 1982). Although long-term care (LTC) facilities provide congregate living settings and opportunities for considerable interactions with other people, researchers have reported that the relationships in LTC facilities are likely to be transient and devoid of intimacy and meaningfulness compared to relationships with family and lifelong friends (Bear, 1990; Windriver, 1993). The lack of meaningful social engagement, whether it occurs in community or LTC settings, results in poor psychological well-being (Thompson & Heller, 1990; Victor, Scambler, Bowling, & Bond, 2005; Windriver, 1993). Most studies of social engagement, however, focus on community

dwelling older adults. Several studies have observed a link between social activity (variously defined) and depression (e.g., Yamashita et al., 1993), although this finding has been inconsistent (Doyle, 1995).

REVIEW OF LITERATURE

O'Brien, C., Smith, J., & Beck, D. (2016) study suggests that Second Life (SL) may offer social benefits to a subset of older adults; however, simpler platforms should be explored to reduce challenges in navigating online environments. **Dong, X., Li, Y., & Simon, M. A. (2014)** This study highlights the important role community centers play in the lives of Chinese older adults. Further, longitudinal studies are also necessary to understand the predictors and outcomes of social engagement levels among Chinese older adults. **Nan Sook Park (2009)**. Findings suggest that ALFs could promote residents' psychological well-being by encouraging residents to develop meaningful relationships within the facility and by designing enjoyable mealtimes. **THOMAS A. GLASS (2006)** Reported that social engagement is independently associated with depressive symptoms cross-sectionally. A longitudinal association is seen only among those not depressed at baseline. **Lonnie A. Nelson, Carolyn J. Noonan, Jack Goldberg, Dedra S. Buchwald (2013)** Found that higher levels of social engagement are associated with better physical and cognitive functioning in American Indian and Alaska Native elders. Future studies should examine whether this association acts through cognitive stimulation, increase in physical activity resulting from social engagement, or access to resources that support physical and cognitive health. **Peter A. Bath (2005)**. Examined that the higher social engagement may help to reduce cross-sectional health and social care service and medication use but further research is required to understand the benefits of social engagement and medium- and long-term service/medication use.

Objectives of Study

The purpose of this study was to measure the social engagement as an indicative factor of disorders in old age.

Hypothesis

There is no significance difference in the level of social engagement among male older adults and female older adults.

METHODOLOGY

Data were collected from the Delhi and National capital Region residential areas . Two groups were selected one is of male older adults and the other is of female older adults, both groups have 60 older adults. Each group has 30 older adults. Male older adults who participated in this study (N = 30). Female older adults who participated in this study (N = 30). Individuals completing Lubben Social Network Scale Questionnaire they had an age of range 60 years and above, and consisted of both males and females. “t” test was used for analysis

Tool Used

For the data collection Lubben Social Network Scale was used. This scale is a self-report measure of social engagement including family and friends. There are two versions of this scale included; the short, 6 item scale and the 12 item scale. This tool is designed to gauge social isolation in older adults by measuring perceived social support received by family, friends and mutual supports (eg. neighbours), including confidant relationships. It consists of 12 items which measure size, closeness and frequency of contacts of a respondent's social

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network. Some items ask about the number of family members and friends the older adult contacts and how frequently. Other items ask about helping others, having confidants, being a confidant and current living arrangements. Scores for each question range from zero to five, with zero indicating minimal social integration and five indicating substantial social integration. The LSNS-R total score is an equally weighted sum of the 12 questions. Scores range from 0 to 60 with higher scores indicating a greater level of social support and low risk for isolation. A score less than 20 may indicate a person with an extremely limited social network and high risk for isolation. Low scores have also been correlated with mortality, all-cause hospitalizations, physical health problems, depression and other mental health problems, and a lack of adherence to good health practices.

ASPECT	NAME OF THE TEST	AUTHOR
SOCIAL ENGAGEMENT LEVEL	Lubben Social Network Scale	James E. Lubben

RESULT & DISCUSSION

The first group of older adults male has standard deviation 10.45 and female older adults group has standard deviation 8.94 hence the value of “t” test is 0.27. It shows that value is insignificant at both the levels, i.e. 0.05 and 0.01. There is no significance difference in the level of social engagement among male older adults and female older adults, but male older adults are more socially engaged. Females older adults are less socially engaged because they are mostly ill in this age and tend to less interact socially because of their medical condition and are more isolated than males of older age. Older adults female are more into the family surroundings and looking after the family members whereas male older adults in old age mostly look after themselves. Therefore they get enough to interact and communicate socially in comparison to females

GROUP	N	Mean	S.D	Df	“t” value	RESULT
MALE OLDER ADULTS	30	28	10.45	58		
					0.27	NS
FEMALE OLDER ADULTS	30	30.8	8.94	58		

In the present research study it is found that there is no significant difference among the male older adults and female older adults social engagement. Male older adults are more free from responsibilities and free from job and stress which makes them socially available to attend social gatherings and this leads to more social engagement of male older adults than compared to female older adults social engagement. Female older adults during their entire old age look after their family members and are isolated from social gatherings which can lead to psychological problems if they don't receive the same amount of time from the family members that can lead to development of mental disorders. Therefore this is an area of concern for female older adults to be taken more care to keep them physically and psychologically healthy.

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Conflict of Interest

The author declared no conflict of interests.

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