

Biological, Psychological and Social Perspectives of Ageing

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Abstract : Ageing refers to a comprehensive, multidimensional, and continuous process of growing older. This process starts from the beginning of the birth and continues till the death of a human being. This paper considers biological, psychological and social perspectives in the ageing context. To know about the physiological, mental and social changes that occur during life, it is fundamental to understand the ageing concept in an extended way. This paper highlights the conceptual definition of ageing under gerontology by focusing on religious, academic, research, and literature based issues. Elderly people not only face different exigent and challenging changes in both their body and mind, but the social structure and cultural aspects influence the perception of ageing to the elderly and society at the same time. Biological ageing or physiological ageing occurs various changes in the body, which usually decreases with age and time. Psychological ageing sheds light on the emotional or mental or cognitional changes and social ageing refers to changes in social roles and responsibilities. WHO defines healthy ageing as a process which maintains and develops the functional ability under a physical, mental and social context that guarantees the soundness of elderly people. In order to ensure the physical and mental soundness of the elderly people in the aged-friendly socio-cultural context, it is a must to have a better understanding of this concept for gerontologists, geriatric experts, policymakers, and planners.

Introduction

The process of growing older is considered ageing, which is universal in nature. Ageing is related to an unpleasant phenomenon which reveals an apathetic view of ageing. Shakespeare has uttered that when age is in, the wit is out. Old age is referred to as an incurable disease by Seneca. Emulating youth is the goal of ageing for many people. Again, history showed many positive aspects of growing older. According to Plato, a form of compensation comes with ageing because, with time, physical eyesight declines, but spiritual eyesight improves. All these voices may lead to many challenges with ageing,

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but these can conclude that growing older is still superior. In science, especially in medical science, we can have both of these views of ageing to some extent. Growing older is very natural with having different positive and negative opinions. Still, a practical scenario is very vital for understanding ageing through defining or analyzing the attitudes or perceptions of the elderly and society (Wilmoth and Ferraro, 2007). Ageing and senescence are two important phenomena which can be habitually explained and applied interchangeably. They are characterized by the progressive transformation in the tissues or organs of the body, which indicates declining functioning capacity and death the life.

In the seventeenth century, a group of studies related to ageing was first highlighted, conducted by collecting statistical information on morbidity and mortality. Research on degenerative conditions of elderly people with specialist treatment was underway by the nineteenth century. The term 'gerontology' came from a Russian biologist named Elie Metchnikoff and she brought a new field of study which is referred to as gerontology in 1903. During the Second World War, pediatric care got huge attention from different societies and different institutions. By the end of the war, both the medical and social involvement of an ageing population got huge recognition, and awareness had been created about the poor care for older people. In 1948, National Health Service had been created in UK that provided both administrative and financial geriatric medicine. After some time, sociological studies pointed out the different problems that the elderly people faced in society and in institutional care. Different studies showed that the increasing number of the older population creates problems for society, families and individuals. These studies influenced the policymakers to consider the older group of people as a burden of whole society (Johnson, 2005).

So it can be said that different events in the society help to identify or highlight ageing. So it has been observed that statistical information on mortality and morbidity, the pension system for the elderly, specialized treatment or caregiving, geriatric medicine, and policy considerations created the foundation of ageing in the historical period.

In the academic field, both the Disengagement theory and Activity theory in social gerontology also remarkably contributed to the ageing exposure. The establishment of the British Society of Gerontology, the British Geriatrics Society, and the British Society for Research on Ageing in 1945 helped expand gerontology. In 1948, the International Association of Gerontology arranged the first official meeting where different researchers, practitioners, and teachers took part who were related to the work or study of older people and old age. Gerontology study was expanded by opening different courses initially funded by the Economic and Social Research Council (ESRC). A new critical perspective came in the late 1980s, where it was considered that social factors, economic factors, biological features are the responsible for measuring the experience of old age by an equal proportion. There had been a growth in the development of critical biographical approaches that contextualize the ageing process on life experiences (Phillips, 2010).

Old Age

Age is considered only a way of marking human experiences and events. Time is flowing and connected with different changes related to physical, social and psychological (Morgan, 2006). There is a need to involve social constructions, values and attitudes to define 'old age', which is supposed to be considerably more complex. Different ways are available for defining age. Chronological age is considered the least informative and most straightforward measure of age. It indicates to the number of years that a person lives. Biological age means the functioning of the body. At different ages, the body or physical structure of the people becomes different, which can be measured by both internal and external factors. Different factors influence longevity such as inherited factors, other factors like clean air and water facility, nutritious diet, exercise and sound medical facilities. Individual's intelligence, motivation, feelings and memory are referred as psychological age. Sometimes individual perception about oneself defines the mental age. If someone believes that he or she is unfit and incapable of doing different activities, then he or she will seem to be older compared to a person of the same biological and chronological age who believes age doesn't matter, it cannot be a barrier for doing

any activity. Socio-cultural age directly associated with a person can be considered the most influential definition of age. Society can set a particular limit on the elderly's capability for doing different activities no matter what are the perceptions of the elderly about their bodies and capabilities. There is a tendency of all the societies to assign a particular role to the elderly based on their age, such as retirement from paid work, grandparenthood, specific travelling, and gardening (Timonen, 2008).

'The elderly' or 'older people' are two mostly used terms for describing people in the later part of life. To determine when the old age starts and identifying the interests of different groups, there are a number of different ways. 'Chronological' or calendar age is considered as the easiest way of determining of old age. Chronological age accumulates the number of birthdays that an individual has gone through his or her entire life. Although chronological age has no inherent meaning, it is derived from the historical and social context. The concept of the life stage or lifecycle is another approach to defining old age. This is a sequential development from childhood to old age with socio-cultural and biological aspects. Changes of role, different physical changes, and social transitions are encompassed in old or middle ages, which are considered as one of the broad categories. These life stages are considered a highly complex concept, although they are considered as a universal development from one social role to another. Numerous transitions such as newly married, courtship, starting parenting, widowhood, and parents of teenagers are involved in the family dimension of the lifecycle. It is not necessary that everyone will face all these phases in their life (Victor, 2005). Most gerontologists have a tendency to select a figure of 60 or 65 to refer the age of threshold age. There is also a further division of older adults into two groups such as young, elderly people and old elderly people. It refers that 'young elderly' means anyone who falls between 60 and 75, and 'old elderly' means anyone older than this. There are also different spans under the same terms by different people like 60–80, or 65–80, or 65–75 for the young elderly group. According to Burnside, Ebersole and Monea (1979), 'young old' falls between 60 to 69, 'middle-aged old' falls between 70 to 79, 'old-old' falls between 80 to 89, and 'very old-old' falls above 90+. Consequently, we find different new and

unnecessary synonyms such as 'sixties', 'seventies', 'eighties', and 'nineties'. Besides, there is another method that divides the over 65s people into the third age and the fourth age. The 'third age' refers to an independent and active lifestyle in later life, and the 'fourth age' indicates the period of dependence on others. Since these terms do not have pejorative overtones, so they have met some favour. On the other hand, there is an arguable point here because this 'third age' term classifies people in terms of how much help they need from different people. Again, it is not necessary the terms used by gerontologists may not be employed or liked by older people (Hamilton, 2011).

Ageing

According to European and North American perspectives, ageing can be categorized into three main phases: ageing as an economic and employment issue, ageing as an individual and social problem, and ageing as a global issue and concern (Bond, 2007). For developing an internationalist framework for the study of old age, Engel developed the biosocial-psycho model in 1977. Integration of different perspectives is vital for understanding the ageing, experience of old age and for developing interventions to compensate for the change of old age. This model is closely related to the biomedical model of ageing. This model is concerned with diseases of the elderly in later life, whereas the bio-psycho-social model is concerned with both physical and mental health (Victor, 2005). Ageing is considered an inevitable and natural process that occurs with all of us. Although ageing has got research interest, it is very difficult to identify an accurate and understandable definition. Ageing can be referred to as a life cycle that begins from our birth and lasts till death. Since ageing can be derived as a continuous decreasing process that begins from middle adulthood and lasts till death, so gerontologists prefer more descriptive term for ageing, which is referred to as senescence (Blackburn and Dulmus, 2007). For defining ageing, some gerontologists prefer the level of individuals where people live longer on an average than members of earlier generations. A demographic transition such as a move from high fertility to lower fertility and high mortality to lower mortality help to maintain the population ageing. Besides this, different notable changes are taking place in people's lives with the flow of time (Timonen, 2008).

Ageing is defined as a process whereby people continuously face changes to their social, biological, and psychological functioning with the passes of different phases of life. Not only the elderly but all the people of society are affected by ageing. In other words, ageing can be defined in terms of the probability of achieving particular characteristics of later life. Two types of features are related to ageing, such as universal ageing features and probabilistic ageing features. Universal ageing features affect all the older people to some extent, for example, grey hair, loss of memory, wrinkled skin, slow movement, etc. But probabilistic ageing features do not affect all the older people; rather they affect to particularly aged people to some extent, for example, diabetes, arthritis, sensory impairments etc. There is another term of ageing named by tertiary ageing, which refers to the fast and distinct physical deterioration immediately before the death (Hamilton, 2011). Ageing can be derived from a broader context which includes geological, geological and cosmological perspectives. Again, ageing can be considered as a graceful way of making a situation of regeneration continuously by nature continuously. It is not only confined to the individual life course but to the whole society. Ageing occurs at biological, psychological and social levels, for example, the capabilities of cells decline with the ageing process, and cardiovascular systems become less efficient. Ageing also make changes in the speed of information processing or short-term recalling system. In social aspects, ageing creates impacts such as role changes in family life and retirement from working life (Ekerdt, 2002). It is referred to as a pervasive event which has a great impact on all the people of society. Different family or social relationship contexts also impact the ageing, such as intra-generational, inter-generational and international equity. The behaviour of older people can be influenced by planning and practices of economics sector policies that can affect savings, regular expenses for purchasing goods, consumption patterns, taxation and generational transfers. Since ageing is a continuous, universal component which impacts every single thing of society, and the economy, so general people and government must take steps accordingly for the development of ageing by rectifying policies to make age-friendly policy and society (Timonen, 2008).

Chronological, biological, psychological and social ageing are the four dimensions of ageing that have been identified. Chronological ageing refers how many years have been passed by an individual after the birth. With the help of chronological ageing, people can get different roles and relationships. The preference for a specific number of years of life for defining individuals as old is a result of social history and unemployment rates (Balcombe and Sinclair, 2001). Biological ageing or senescence is also known as functional ageing. It refers continuous worsening the effectiveness of organism in order to protect against the diseases. Based on this perspective, it can be referred that ageing process is developed by different physiological factors and is changed with the help of environmental factors like a living place, nutrition, genetic factors, sufferings from diseases, and life stage (Phillips, 2010). Again, biological ageing indicates the presence or absence of physical diseases, increased incidence of chronic diseases in later life, functional impairment, and better marker of health status than chronological age (Balcombe and Sinclair, 2001). Psychological ageing refers to changes in an individual's mental functioning, personality, and sensory and perceptual processes that occur during adulthood. Social ageing indicates that people pass through different stages of life by maintaining different roles and relationships with the surrounding people. It is considered that social ageing can affect the perceptions about who we are. Although there is an interaction among these three dimensions, the rapidity may be different for the same individual (Phillips, 2010). The expectations of alternative roles for individuals are indicated by the sociological ageing that comes from the society's attitude and perception (Balcombe and Sinclair, 2001). These three dimensions of ageing are interrelated with each other, and the elderly people may view the different experiences in later life. So in short, it can summarize that biological ageing indicates major physiological changes, psychological ageing indicates sensory and mental changes, and social ageing indicates relationship and social role changes in the cultural and social context of the society. Not a single person can avoid these issues in life, but an individual who has better experience may enjoy healthy and successful ageing in later life. Along with biological, psychological and sociological perspectives of ageing, the fourth dimension is referred to as successful ageing or healthy ageing,

which is very optimistic and positive. It indicates two perspectives. First, old age identifies the losses due to changes in life. Second, it indicates that ageing also presents prospects and opportunities due to positive changes with new developments. Effective utilization of both the psycho-social model and the medical model may add life to years, not just years in life. The absence of physical illness, compression of morbidity, capability to adjust to changes in society, maintaining different roles and responsibilities, absence of functional impairment, and keeping good mental soundness may help to achieve healthy ageing in later life of a human (Balcombe and Sinclair, 2001).

Biological Perspective of Ageing

According to biologists, ageing refers to a continuous process which begins at the formation and lasts till death. In human life, this elaborative process can be divided into different stages such as birth, puberty, early childhood, adulthood, married life, parenthood life, and later life. According to Strehler, the biological theory of ageing includes (a) the biological reasons for occurring any loss related to physiological function; (b) an explanation of why these losses happen progressively; (c) an explanation of why there is no chance of rectification of these losses; and (d) an explanation of why all the members of a particular species must face these losses (Blackburn and Dulmus, 2007). Physical development of the body or degeneration can be referred as the term 'biological age'. Usually, this term is fairly used to describe the general state of the body of a person. These include carpal age (the condition of the wrist or carpal bones); anatomical age (the relatively gross condition of body build, etc.); and physiological age (the condition of physiological processes like metabolic rate) (Hamilton, 2011). According to the biological perspective of ageing, ageing is very complex that creates an impact on the functions of the body at every levels, from molecules to populations. So to understand ageing, it is necessary to understand the impact on every level of the body (Bond, 2007). The approach is also concerned with how physiological systems are affected by the flow of time. Longevity and the variety of life spans of particular species- these two are interesting issues for biologists. According to biologists, longevity means the highest lifespan that an individual attains under suitable circumstances. The

maximum lifespan for a human being is 126 years. Within a specific age, the remaining average number of years of a person is referred to as life expectancy. This life expectancy can often be determined at birth. Besides this, it can be determined from any particular age, and this calculation is known as actuarial calculation (Victor, 2005).

In the twentieth century, the concept of Biogerontology arrived in light that generates accurate descriptions of different aspects of biological ageing. It showed the plasticity of the ageing process. It also presented how biological ageing can be manipulated by dietary and genetic intervention. In simple words, Biogerontology study is conducted based on biological perspective. Human ageing faces different biological changes that lead to functional decline; echoing other species; growing exposure of diseases; and an growth in human mortality (Hamilton, 2011).

The general cycle of cell death and regeneration leads to another important theory named as a programmed theory of ageing. Hayflick stated that before dying the living cells, they would be reduplicated only a limited number of times that are raised in vitro. This limit is referred as the Hayflick limit. Besides this opinion, he also stated that fewer duplication of living cells is possible before death if the body is comparatively older from where the living cells are taken. There is another theory that deals with the same issue, which is somatic mutation theory of ageing that argues that since replacement cells are not precise replicas, but rather having some errors, so the problem becomes complicated. Environmental pollutants and incorrect diet are two main factors for this faulty replication. In contrast, there is another theory named as the autoimmune theory of ageing that states that ageing may be attributable to faults in the body's immune system. Again, another argument comes from the cellular garbage theory that states that ageing happens because of the toxins produced from normal cellular activity as by-products. Evidences that are provided by these two theories are not sufficient to prove the ageing process. Each may play some role, but each alone fails to provide a notable proportion of the ageing process. Based on the present evidence, it can be uttered that ageing is probably the accumulation of many processes at the cellular level whose effects may be greater as a sum

than as an individual. The programmed senescence theory is another theory that indicates that evolutionary forces are the main reason for ageing. According to this theory, bodies have an inbuilt program to decay and die so that a new generation can start by creating space for the younger members of the species. By doing so, the problem of overcrowding would be resolved. Modern evolutionary theory is another notable theory that argues that an organism is driven to reproduce as much as possible, and precedence is taken by this over the organism's personal survival. The disposable soma theory talks about the contribution of reproductive body parts in ageing process. It argues that maintaining the reproductive organs in the best condition is the best evolutionary strategy at the expense of the non-reproductive or somatic body parts (Hamilton, 2011).

Psychological Perspective of Ageing

According to this perspective, psychologists are interested in dealing with micro-level processes so that they can explain why some elderly show one level of psychological adaptation, but other elderly do not, even when they have similar health conditions and a similar amount of money. Psychologists have examined and found out different actions or behaviours used to optimize functioning in later age, in spite of having any unfavourable situation. Different models of successful ageing have been used in studies to examine the reasons of successful adaptation. Successful ageing theories indicate that to produce a beneficial outcome, individuals must engage themselves in three sub-processes: selection, optimization, and compensation. It is found that individuals who involve in these three processes are able to optimize benefits or desirable states over losses or undesirable states that lead to successful ageing. In this model, the elderly are interested to focus on their own emotions and perspectives rather than trying to change the situation (Wilmoth and Ferraro, 2007). Theories and research related to psychology provide attention to cognitive, motivational, emotional, and personal experiences of gains and losses. Different research shows a picture and explanation of how psychological changes are influenced by environmental and personal factors, which ultimately provides better insight into psychological perspectives of ageing. Emotional functions and personality attributes

are the major issues of the psychological perspective of ageing, where elderly people act as agents of his or her life course (Bond et al., 2007). Mental functioning, changes in personality, and sense of self during the adult years are three main concerns in the psychological ageing process. Some changes are related to normal part of adult growth, some are related to any physiological changes at any period of life, and some psychological dimensions indicate little change at all in old age.

Salthouse provided a taxonomy of “what, when, why, where, and how” questions to find the proper answers which guide the psychological perspective of ageing. Topics covered include the people of different ages vary with different psychological ways, changes occur at which ages, where these changes happen, and why they happen. The physiology of cognitive impairments, changes in sensory functioning, and the impact of ageing on memory; information processing; intelligence; and learning are some of the concerning issues of psychology and neuroscience which are focused by many people. Other psychologists focus on behaviours that are reasons for problem-solving and decision making, personality impact, and internal psychological changes due to social changes (Morgan, 2006). So it can be mentioned that the psychological approach deals with mental function, and personality. This is a diversified area for conducting of research which emerges different issues like health psychology, cognitive function, personality and adjustment, and mental illness. As there is declining, negative and loss-oriented approach related to the subject, so the biomedical model has motivated the researcher. Rather than focusing on positive notions of self-development, better it is to focus on adjustment to loss in later life (Victor, 2005).

Social Perspective of Ageing

Relationships of elderly people are mostly influenced by social structure, contexts, and health which is the prime concern of sociologists and public health scholars. For example, elderly people having sound health and enriched wealth may provide better adaptation on physical or emotional functioning. Another important issue that is studied by the sociologists is impact of having social partners available surrounding an older adult or the distance between

the older person with close relatives. Even if the social structure gets very difficult, it cannot affect the satisfaction of the older persons related to their relationship. For example, many older adults live far away from their children, but they report their closeness with their children and also utter how their children are supportive to them. This type of research suggests that although the geographical distance may upset the younger adults as they are indirectly forced to stay far away from their close ones, older adults can find ways to lead without dissatisfaction in this regard. Instead of focusing on their inability to stay with their family members, older adults can enjoy the positive feelings about the relationship (Wilmoth and Ferraro, 2007).

While studying and explaining social perspective ageing, gerontologists focus on the loss of social roles, change in responsibilities, loss of social status, change in a social network; social integration; and social support that the older persons face in later life. When older persons experience the death of spouse, retirement, grandparenthood, gardening, or travelling with family, then it can be referred as successful or optimal ageing. Sociologists provide attention on how elderly people's relationships fluctuate because of different achieved characteristics such as education and occupation, variety of ascribed characteristics such as gender; race; social class, social institutions like family, and historical time period.

Social relations play a vital role for determining the adjustment, adaptation, and mental well-being of older people. In this regard, there is a prominent theory known as the convoy model of social relation that argues that social relations are developed over time and maximize the older people's health and mental soundness in an optimal way. This model also presents a way by which personal and situational characteristics help the individual to provide a shape and determine the nature of social relations. The socio-emotional selectivity theory is also based on the life span perspective that indicates that with the flow of time, we see changes in an individual's goals and aspirations in relation to social relations. This theory suggests that young people are likely to search for new relationships in their lives and continuously increase their social networks if they believe that they have a long future in front. However, people become more selective in forming and maintaining relationships when people get older (Birren, 1996).

This sociology of ageing focuses on sociological perspectives. On the other hand, social gerontology deals with a broader area and approaches ageing from different social science perspectives for better understanding of ageing. It is not confined only to developing sociological theory and insights. Individual, social, and societal- these three are the major concern areas of social gerontology, which are analyzed at two stages such as of the macro-stage and micro-stage. The micro-stage approach deals with explanation and thoughtful ageing based on personal experiences by analyzing different topics. It is considered that only a few older become older in segregation from the rest of society. The second approach refers how structural factors like gender and class influence ageing. This approach looks to understand the position and experience of older people in a social context. How the experience of old age would be related to social, health and material context depends on the experiences at younger age and middle age. Longevity and quality of life define successful ageing based on three sets of factors: chances of decreasing different diseases, social participation and engagement, and improved mental and physical functioning. (Victor, 2005).

Social theories of ageing mainly give an explanation about the complication and multiplicity of the ageing process in its social framework. Theories of ageing focus and concentrate on a micro-level. Actually micro-level theories examine the problem of elderly people, and macro-level theories explore the challenges of ageing societies. Social gerontology gives attention to the social issues, economic conditions and demographic distinctiveness of elderly people (Phillips, 2010). The micro-level theories value the strength of individual ageing and adjustment patterns and provide guiding frameworks for three possible ways of modification with various losses in later life like bereavement, retirement and exclusion. Micro theories focus on the individual adjustment, activity, disengagement, continuity and life satisfaction and macro theories focus on the experiences, images and conditions of ageing in a social environment. Individual interactions indicate micro level, and organizational and institutional structures and processes indicate meso level (Bond et al.2007).

Meso-level theories put emphasis on the explanation of the relationships between individuals and the social systems. The state and economy indicate the macro-level perspectives. Sociologists developed macro-level theories which are surrounded by processes of ageing and the experiences that older people face during young and middle age which create the effect on ageing populations. Actually, it indicates that when the nature and framework of society change, at the same time, the position or status of elderly people changes in a positive or negative way. Society is stratified or segregated into various layers on the basis of social class, age, race, colour, ethnicity and social role is distributed considering to those issues (Blackburn, 2007). Different theories like disengagement, activity, and continuity which are developed from the structural-functionalist grounds. Structural functionalism is a macro-level theoretical position which analyzes various elements of society such as social institutions, social structures, roles, and norms, values in order to make clear how society is maintained and worked with all systems. It also ensures stability, integration and effectiveness of the social system. Through the functionalist approach, we can understand the role and status of the elderly in social context (Victor, 2005). The lives of the elderly are attached and connected with other people and institutions of society. When older people get social support from family or other formal institutions, they make or build social relationships. Gerontologists try to explore the impact of the social relationship on the health and well-being of the older person. In the context of social perspectives of ageing, social gerontologists identify the gap and attempt to fill the gap by creating a new social support network by improving social relationships (Binstock, 2006).

Critical and Environmental Perspective of Ageing

There are other branches of ageing, such as critical and environmental. We can understand the diversity and variety in terms of demographic characteristics such as different class, gender variety, and race. It is a commitment or promise to society not only to get an insight about the social development of ageing but also about how to change it. In critical perspective, gerontologists focus on marginalized and pathologized older people and challenge the traditional theories

and methods by which we study ageing (Phillips, 2010). The primary objectives of it are to discover the societal effect on the problems, task of theories and to examine the result of various theories and research in the ageing field. Subjective and interpretive dimensions of ageing develop a commitment to social change and produce emancipatory knowledge (Bond et al.,2007). According to Phillipson and Walker, critical and environmental perspective is also known as value-centred approach. Again, based on Miriam Bernard and Ruth E., social gerontology has been created based on assumptions related to epistemological, foundation on philosophy, and social impact. Richard Bernstein suggests that finding the instabilities and fractures and analyzing the present scenario is the prime activity of different critics (Bernard and Scharf, 2007). This critical aspect also includes the development of cultural and humanistic gerontology, which sometimes referred to as moral economy or cultural gerontology. Environmental aspects of ageing highlight the relationship between the older person and their environment because ageing happens on the ground of an environment. The environment includes different levels, such as the micro-level that is concerned with the surroundings of older persons, the macro-level that is related to afar the familial, psychological environment, and the environment when the older persons stay in public or personal space. The lower level of competency or ability of the older person and stronger press of the environment may create negative impact to the quality of the life of elderly people. Older person can shape their surrounding environment through creation of positive link between later life and physical and social environment (Phillips, 2010).

Conclusions

Ageing is a natural and predictable phenomenon of human life in every society. Historical events and religious and service-related activities have highlighted the importance of older people and ageing as an academic discipline and research issue. Ageing has been clarified as a process of growing older in which biological, psychological and social issues are included. These aspects are interrelated and provide elucidation of ageing. To improve the lives of elderly people with their family surroundings and promote healthy and successful ageing,

we have to focus on intrinsic or inherent and extrinsic or external elements of ageing. Ageing process mainly brings changes in the life of the people over time, and these changes take place in the body, mind and society. Biological level changes indicate the enlargement of a diversity of molecular and cellular damage or loss inside the human body, which decreases the functional capacity of the people. It also hampers or slows down an individual's physical and mental capability, creating great difficulties in performing daily life activities. People face various health challenges like diabetes, arthritis, back pain, loss of hearing and vision, depression, anxiety, dementia, frailty, falls, urinary incontinence etc., in later life. Ageing is frequently connected with other various social and life transitions such as loss of spouse, retirement, loss of social status, inadequate housing and home care etc. Presently, world ageing concepts are not only limited within the bio-psycho-social framework but also include the wider concept of healthy ageing. Besides inherent or genetic changes, we can alter other factors to make older people healthier and happier in later life. Older people's family and community will also benefit when we focus on creating a connection between intrinsic capacity and environments, including home, community and society. The main theme of sustainable development goals is leaving no one behind, indicating that we have to include older people in the mainstream of society. Among the seventeen goals, goal number three is ensuring healthy lives and promoting well-being, indicating healthy ageing in later life. So it can be concluded by mentioning that ageing is regarded as a life-long process which is shaped by bio-psycho-social components.

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