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SOCIAL SUPPORT AND PHYSICAL EXERCISES AS PREDICTORS OF SUCCESSFUL AGING

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Abstract

The psychological and physical well-being can be enhanced by social support from friends, family, and significant others. Additionally, it can lessen the effects of changes brought on by ageing and assist older persons in managing stress. In addition to enhancing mental and social engagement, physical activity can help prevent the loss of cognitive and physical function. In addition, it can enhance balance, strength, mobility, flexibility, and aerobic capacity while preventing the loss of independence and lowering the risk of falls. A healthy lifestyle and self-esteem may act as mediating factors in the relationship between social support and good ageing, according to certain research findings. Others recommend that in future research on successful ageing, activity and social support be taken into account simultaneously.

Aside from illness and physical disability, other traits of "successful" ageing include good mental and cognitive function, and in certain cases, indicators of social and active engagement or social connectedness, such as the quantity and frequency of friends one has, as well as engagement in activities that are valued by society. Better health and effective ageing have been linked to several social activity metrics, which are frequently seen as predictors rather than components of good ageing. Numerous advantages may result from psychosocial variables, such as better access to healthcare, a higher propensity to adopt preventive health practices, a rise in activities that promote health, and even direct physiological effects on immunological, hormonal, and neurological functions. The elements of successful ageing are discussed in this review, with a focus on engagement and the beneficial effects of physical activity on engagement, which in turn improves health and physical function.

Keywords: Social support, Family, Friends, Health, Cognitive function.

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1.0 Introduction

In the field of study on successful ageing, physical activity is thought to be quite important. Still, it's unclear how much physical exercise is appropriate for a person to engage in throughout their lives. Walking is a great method to start exercising, but it might not be enough in the long run for healthy ageing. Rather, studies indicate that you can enhance your general health and well-being in your later years by include a range of exercise methods in your regimen. Muscle and bone density, as well as cardiovascular health, are significantly improved by resistance training, which uses weights, resistance bands, and body weight exercises.

There are two main definitions of SA. The first shows a constant adjustment to age-related changes, where ageing brings inevitable reductions in both function and performance; an individual must learn how to effectively live with these deteriorations. The second, and more popular, definition of SA is a state of being that can be quantified objectively at any point in a person's life. Variables including illness and disability, mental and physical functioning, and life satisfaction are all included in these measures. Both of these perspectives on SA have been integrated into numerous models and frameworks over the past few decades, each of which has its own set of criteria and components.Berkman, L. (2001).Aside from illness and physical disability, other traits of "successful" ageing include good mental and cognitive function, and in certain cases, indicators of social and active engagement or social connectedness, such as the quantity and frequency of friends one has, as well as involvement in activities that are valued by society.

A crucial first step in creating methods to reduce the amount of time people spend in a state of suboptimal ageing is identifying the modifiable risk factors for successful ageing for those who live to a healthy age. Many people believe that old age is a time of imminent death and infirmity. But older people themselves tend to be more concerned about preserving the good things in their lives. Positive or effective ageing has received less attention than factors that predict mortality and incapacity. Blair, S. N. (2013).

2.0 Psychological well-being in aging.

Exercise and physical activity have a significant impact on psychological well-being by regulating and mediating notions like self-concept and self-esteem. It is essential to healthy ageing and depends on a variety of variables, such as personality types, social support networks, genetic makeup, and the existence of both positive and negative psychological

constructs like optimism, happiness, morale, depression, anxiety, self-efficacy, and vigour. It has been demonstrated that consistent physical activity and exercise are linked to notable enhancements in general psychological health and wellbeing. A lower chance of developing clinical depression or anxiety is linked to both increased physical fitness and engagement.

3.0 Review of Literature

Recent systematic reviews have described exercise as an evidence-based treatment for depression (Depp, C. (2014).) and as a means of helping individuals with schizophrenia improve their working memory, cognitive function, and attention to detail (Firth et al., 2016). Regular participation in aerobic exercises is associated with a lower incidence of functional restriction and disability in older adults (Stanko, K. E. (2016).). Throughout life, it is advised to participate in physical activity to support and preserve excellent health (Haskell et al., 2007, Janssen and LeBlanc, 2010). In addition to the growing body of research supporting the health advantages of an active lifestyle, the Global Burden of Disease, indicates that physical inactivity, alcohol use, and tobacco use continue to be the leading behavioural burdens globally.

According to Rowe and Kahn (1997, 2015), ageing well is defined as continuing to participate in social and everyday activities, having a low degree of illness or impairment attributable to illness, and having a relatively good level of cognitive and physical function. According to this viewpoint, successful ageing rather than absolute lifespan mortality is a reflection of healthspan mortality (Richardson, P. K. (2012). The amount of time that a person has excellent health and is not significantly impacted by age-related diseases is known as their healthspan. A person's healthspan should ideally match their lifespan in that all of their years—even as they get older—should be marked by low levels of disease or illness, high levels of physical and cognitive functioning, and ongoing social interaction. Health problems like diabetes, depression, chronic pain, hearing and vision loss, and cognitive decline are frequently associated with ageing. People frequently deal with several health issues at once as they get older. But applying a health-centric, objective definition of effective ageing substantially restricts the number of people who might otherwise consider themselves to be successfully ageing.Jeste, D. (2010).

4.0 Objective of the Study

- To investigate the relationship between physical exercises and social support in successful aging.
- To study social support as predictor successful aging.

5.0 Research Methodology

We performed the literature search utilising secondary sources. We included quantitative original publications published in the English language, adhering to our inclusion criteria. The systematic search utilised the PubMed, Medline, Scopus, OVID, and Web of Science databases. We employed a combination of the following search terms: ageing, healthy/active successful ageing, social factors, social support and psychosocial factors.This review seeks to compile the most extensively studied social elements associated with successful and social supportin recent years. Additionally, we investigate the correlations identified between social supports and successful ageing outcomes.

6.0 Social support and successful aging

The act of "giving assistance or comfort to others, usually to help them cope with biological, psychological, and social stressors" is referred to as "social support." Four categories can be used to categorise the many forms of social support: companionship, informational, emotional, and tactile (instrumental). Social assistance received and perceived are typically distinguished by researchers. When someone says they have received social support—that is, help from others—they are expressing their subjective assessments of the assistance that is available to them. Social integration and functions offered by social network members (i.e., perceived and received social support) can be evaluated to determine the structural and functional support of social support.Baker, J. (2013).

The development of chronic illnesses can be prevented and cognitive function is protected by social support from friends, family, and significant others. Cognitive function's memory domain exhibits a positive correlation with social support availability, a functional aspect of social connections. A lower drop in late-life well-being is associated with social support, which also directly influences successful ageing outcomes including autonomous living, self-completion orientation, and active engagement in life, contentment with one's offspring, acceptance of oneself, and acceptance of others. Additionally, self-reported

health and social support satisfaction are linked. Last but not least, the influence of social support can vary depending on its quantity and origin.Katz, S., &Calasanti, T. (2015).

While the significance of the links between social ties and health has been established time and again, the various mechanisms through which social variables influence health remain poorly understood. Many theories have been proposed, such as stress buffering, which postulates that social support has an impact on mental health and wellbeing through both a protective mechanism against the negative effects of stressful life events and an "overall beneficial effect". Social networks "provide opportunities" for social support, social engagement, social influence, interpersonal communication, and access to resources and material goods, based on a cascading causal process described in Berkman's conceptual model. These psychological, behavioural, and physiological systems have an impact on health. We can also hypothesise paths through social control of health habits, mastery or control over one's actions, companionship and belonging, etc., as well as role modelling.Teshuva, K. (2009).

7.0 Associations of social factors and successful ageing

Participation in and interaction with society has a protective effect on cognition. Engaging in cultural activities was linked to a decreased risk of dementia in later life. There is a correlation between a slower decline in cognitive abilities and regular church attendance. Furthermore contributing to late-life well-being are these societal elements. Membership in various communal or religious groups is linked to improved well-being, and a more varied social network is linked to a better degree of life satisfaction. In order to maintain a greater degree of psychological well-being, social activity involvement can be especially vital for older women and the elderly themselves. Lastly, there is a stronger perceived control associated with socially engaged volunteering. In order to sustain a stable and good subjective well-being, one must have a sense of control, which begins to wane around midlife. Moreover, social interaction and involvement serve as a preventive measure against the emergence of chronic illnesses including broad discomfort and dietary deterioration.Degens, H. (2016).

8.0 Relationship between physical activity and successful aging

Exercise is well established to have a major positive impact on preserving and enhancing mental health, avoiding and lessening the impacts of chronic illnesses, and increasing physical health and function in older persons. It is crucial to take into account how active

leisure—such as playing sports or engaging in physical activity—contributes to total engagement, even if the bulk of research conducted to far have concentrated on social, productive, and passive leisure. Any movement of the body caused by skeletal muscles that requires the use of energy is considered physical exercise. It can be classified into sports, occupational, conditioning, or other daily activities that make use of strength, power, endurance, speed, flexibility, or range of motion.Surujlal, J. (2009).

Higher physical function ratings were maintained in older adults who continued to engage in high-demand recreational activities (such as gardening, walking, and swimming). Low demand recreational activities were also found to support function preservation and to be linked to improved mental wellbeing. This correlation holds significance as an individual may need to relinquish physically demanding hobbies in favour of lower intensity leisure pursuits due to age-related health problems. This is in line with the post-modern definition of identity put forward by Bauman, which holds that the objective of identity is to maintain adaptability to shifting roles and activities.Trollor, J. N. (2016).

Furthermore, not much research has looked at the connections between engagement with life and physical activity and how those connections affect SA. Physical exercise and being actively involved in life have been found to be positively connected, and social engagement is more common among active older adults. Nonetheless, as noted by Baker and associates, not much is understood about the part that physical exercise plays in encouraging SA in older persons. They think it would be crucial to have this data in order to inform public health messages that specifically target interventions for the most vulnerable elderly.Giblin, J. C. (2011).

9.0 Physical Exercise and its impact on successful aging

A physiological element that is relevant to goal setting and pursuit that is valued both personally and culturally is physical fitness. The constitution can benefit from physical activity. Numerous research investigations have proven this. On the other hand, according to Song et al. (2018), physical exercise does not seem to enhance any particular cognitive sub-domain, including memory, executive processes, or attention. More precisely, Silva, N. M. (2015) emphasise the significance of aerobic exercise in enhancing cognitive health when evaluating the effects of various physical exercise modalities. This is because aerobic exercise improves cardiovascular functioning, which in turn increases cerebral blood flow, which in turn increases the amount of oxygen and glucose that reach brain tissue,

enhancing neurotransmitter availability and neural efficiency (Kahn, R. L. (1998). Lastly, engaging in general physical activity can have a number of excellent social and psychological impacts, particularly when people engage in it together. In this instance, participating in physical activities with others can aid in fostering social relationships and reducing feelings of isolation. Landis, K. R. (1988). discovered, in fact, that older people who participated in many cultural and sports organisations and frequently engaged in physical activities (e.g., exercising, walking, dancing) reported lower levels of emotional issues and loneliness.

We evaluated the association between physical activity (ranging from regular walking and dancing to more strenuous activities like trekking) and complaints in working memory's executive, attention, and memory storage domains based on these premises. Working memory is divided into three parts according to the working memory multicomponent model (Mathews, J. (2013): the central executive, the phonological loop, and the visuospatial sketchpad. When multitasking, the first element facilitates attentional concentration on pertinent information and cognitive process coordination. It is also in charge of the other two parts. The visuospatial sketchpad retains visual and spatial information, whereas the phonological loop maintains phonological information and keeps it from deteriorating by periodically refreshing data in a rehearsal loop.Silva, N. M. (2015).

10.0 Conclusion

There is a correlation between physical activity and successful ageing. The benefits of physical activity that increase chances of ageing well and healthily include preventing loss of physical and cognitive function, boosting mental health, and fostering social involvement. Given the steadily rising number of elderly persons in society, public health policymakers should place a high priority on encouraging lifestyle choices that enhance the likelihood of effective ageing. The frequency and intensity of physical activity (PA) should be modified to accommodate the demands of older adults, keeping in mind that benefits to health and function are contingent upon meeting a minimum threshold of physical activity.

By regulating physiological processes and maintaining functional reserve in older persons, exercise and physical activity can potentially slow down the ageing process. Several studies have demonstrated that engaging in even a little amount of high-quality exercise reduces the risk of cardiovascular death, stops the growth of some cancers, lessens the chance of osteoporosis, and lengthens life. Incorporating aerobic and resistance workouts

into one's daily routine can enhance cardiopulmonary fitness, muscle function, and flexibility and balance. Even though the benefits appear to be directly related to training volume and intensity, more clarification is needed regarding exercise prescription so that the scientific community can create even more precise recommendations. This is because the primary goal is to encourage long-term adherence to physical activity in this expanding population.

Limitations of the Study

There exist certain constraints, including selection bias. Systematic reviews necessitate access to an extensive array of databases and peer-reviewed publications; nevertheless, our analysis depends on a very restricted dataset for identifying possibly suitable papers. There exists linguistic and locational bias, including studies published in the English, French, Spanish language. The screening method inherently involves subjectivity, despite our efforts to implement precise inclusion criteria and a defined synthesis procedure. Ultimately, we were unable to furnish a list of excluded studies.

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