Dissertation at

SILVER GENIE Pvt. Ltd



"Promoting Social Cohesion and Community Involvement Among Senior Citizens: A literature review"

by

VAIBHAV

PG/22/136

Under the guidance of

Prof. Rupsa Banerjee

PGDM (Hospital and Health Management)2022-24



International Institute of Health Management Research New Delhi The Certificate is awarded

VAIBHAV

Is recognition of having successfully completed her Dissertation in the Operation Function as "Management Trainee"

And has successfully completed his project on

"Promoting Social Cohesion and Community Involvement Among Senior Citizens: A literature review"

Date - 04/03/2024 - 04/06/2024

Organization - Silver Genie Pvt Ltd. Gurugram

He comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish him all the best for future endeavors.

Training & Development

Kuhu Adhikary

Kuhu Adhikary

National Profesions Head Silver Genie

TO WHOMSOEVER IT MAY CONCERN This is to certify that VAIBHAV student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone dissertation at SilverGenie Pvt. Ltd from 04-03-2024 to 04-06-2024. The Candidate has successfully carried out the study designated to him during dissertation and his approach to the study has been sincere, scientific and analytical. The dissertation is in fulfillment of the course requirements. I wish him all success in all his future endeavors. Mentor Dr. Sumesh Kumar Associate Dean, Academic and Student Affairs IIHMR, New Delhi IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "Promoting Social Cohesion and Community Involvement Among Senior Citizens: A review of literature" at "SilverGenie Pvt Ltd" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Dr. Manisha Jeron Dr. Pomkaj Talveja Dr. Rupka Baneija

Signature

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Promoting Social Cohesion and Community Involvement Among Senior Citizens: A review of literature" and submitted by VAIBHAV Enrollment No. PG/22/136 under the supervision of Dr. Rupsa Banerjee for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 04-03-2024 to 04-06-2024 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

Certificate from Dissertation Advisory Committee

This is to certify that Mr. VAIBHAV, a graduate student of the PGDM (Hospital & Health Management) has worked under our guidance and supervision. He is submitting this dissertation titled " Promoting Social Cohesion and Community Involvement Among Senior Citizens: A review of literature" at "SilverGenie Pvt Ltd, Gurugram" in partial fulfillment of the requirements for the award of the PGDM (Hospital & Health Management).

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Designa

Institute Mentor Name, KIST. 720 F Designation,

Organization

FEEDBACK FORM

Name of the Student: Vaibhav

Name of the Organisation in Which Dissertation Has Been Completed: SilverGenic Put Ltd.

Area of Dissertation: Operations

Attendance: 3 months - 100% attendance

Objectives achieved: Thorough research and understanding of elder eare

Deliverables: Customer Sewice excellance

Strengths: Strong data handling capability

Suggestions for Improvement: Lake more initiative

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 05th July 2024 Place: Gungiam.



INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH (IIHMR)

Plot No. 3, Sector 18A, Phase- II, Dwarka, New Delhi- 110075 Ph. +91-11-30418900, www.iihmrdelhi.edu.in

CERTIFICATE ON PLAGIARISM CHECK

Name of Student (in block letter)	Dr./Mr./Ms.: VAI	3 HAV		
Enrollment/Roll No.	P6/22/136	Batch Year	1 2 2 2 2 2	
Course Specialization (Choose one)	Hospital Management	Health Management	2022-2024	
Name of Guide/Supervisor			Healthcare IT	
Title of the Dissertation/Summer	Dr./ Prof .: RUPSA B			
Assignment	Among Series Citizens: A exercture perieur			
Plagiarism detect software used	W			
- Sansan detect software used	"TURNITIN"			
Similar contents acceptable (%)	"TURNITIN" Up to 15 Percent as per p	olicy		
		olicy		

Guide/Supervisor	Student
Name: 1	Name: VAIBHAV
Signature:	Name: VAIBHAV Signature: Valdau
Report checked by	
Institute Librarian	Dean (Academics and Student Affairs)
Signature:	Signature:
Date: ((10 10 10)	Date:
Library Seal	(Seal)

Acknowledgement

It is an esteemed pleasure to present this research project by thanking each one who helped me in this task. I would like to express my sincere gratitude towards my guide, **Dr. Rupsa Banerjee**, Associate Professor, IIHMR Delhi, who helped me immensely throughout the tenure of my dissertation. She inspired me greatly to work in this project with her valuable guidance, support, interest, encouragement, involvement and advice.

I would like to thank **Dr. Sumesh Kumar**, Associate Dean, Academic and Student Affairs, IIHMR Delhi for allowing me to experience such great opportunities and for providing information for my learning.

I would like to express my special thanks to **Dr. Sutapa B Neogi** (Director) IIHMR New Delhi, **Dr. Divya Aggarwal** (Associate Dean and Professor) for their support and guidance in providing such great opportunity which helps in to grow and learn about many interesting aspects.

Abstract

Introduction: It is becoming more widely acknowledged that one of the most important ways to improve the well-being and quality of life of senior adults is to encourage social cohesiveness and community involvement. The purpose of this scoping review is to investigate the many aspects and effects of community involvement and social cohesiveness on older persons. The review's methodical analysis of the body of research papers and literature aims to pinpoint the critical characteristics that affect seniors' social integration and community involvement as well as how these aspects affect their general well-being and sense of identity. The results of this assessment will meet the growing demand for focused social and community-based activities by offering insightful information about interventions and policies that can support the aging population and create a welcoming and inclusive environment.

Methodology: A review of literature was conducted, encompassing research from 1990 to 2024. Data bases included, PubMed, NCBI, Consensus, Google scholar etc. All the articles underwent Title screening, Abstract screening and Full text screening. Data extraction included participants characteristics, study characteristics, intervention types, and outcome measures and a Prisma flowchart is being made based on screened out articles.

Results: Of the 616 articles that were thoroughly evaluated, 14 meet the requirements for inclusion in our qualitative analysis. • Approximately eight, or 57%, of the 14 papers were observational studies, with the remaining articles being interventional research. The bulk of the chosen papers (57%) were observational studies, which watch and document behavior without changing the study setting Four research, or 28% of the total, discuss how social cohesion affects people's well-being. Two research, or 14% of the total, discuss the relationship between social isolation and mental health outcomes. Two studies, or 14% of the total, discuss how social exclusion might lead to depression. In the remaining of the studies 44% of the studies social cohesion and loneliness are being discussed as a whole part. Most of the articles that were examined have a significant p-value of less than 0.05

Conclusion: The important significance that social cohesiveness and community involvement play in enhancing senior adults' well-being is highlighted by this scoping review. Research indicates that older persons who are involved in the community and have strong social networks are more likely to have better mental and physical health, higher levels of life satisfaction, and a stronger sense of belonging. To optimize the advantages of these interventions, however, obstacles including social isolation, limited access to community resources, and difficulties with computer literacy must be addressed. In order to close the gaps in social involvement, future research and policy initiatives should concentrate on creating inclusive community programming and utilizing technology. Prioritizing community service and social participation will help us build a welcoming environment that improves elderly persons' quality of life and encourages healthy.

TABLE OF CONTENTS

SR NO	CONTENTS	PAGE NO
1	About organization	12
2	Introduction	16
3	Rationale	18
4	Objective	20
5	Methodology	21
6	Prisma	22
7	Literature review	24
8	Result	25
9	Discussion	29
10	Conclusion	32
11	Bibliography	33
12	Plagiarism report	35



NAME OF THE ORGANIZATION-Silver Genie

OFFICIAL NAME - Silver Genie Pvt. Ltd.

SILVER GENIE is a Delhi NCR based technological start-up which is providing a unique solution to manage the wellness needs of the elderly.

Silver Genie Private Limited is a Private incorporated on 21 July 2020. It is classified as non-govt company and is registered at Registrar of Companies, Delhi. Its authorized share capital is Rs. 1,000,000 and its paid-up capital is Rs. 217,400. It is involved in Human health activities.

Directors of Silver genie Private Limited are Poulomi Bhattacharya and Siddhartha Bhattacharya.

Silver Genie Private Limited's Corporate Identification Number is (CIN) U85110DL2020PTC366567 and its registration number is 366567. Its Email address is bhattacharyas@aim.com and its registered address is F-1167 G/F C.R Park, New Delhi Delhi South Delhi DL 110019 IN

Silver Genie strive to improve health and provide care for customers to make their everyday life more comfortable and care-free everyday life.

They are there to bridge the gap between the healthcare needs of our elders and render service to empower independent life for them. They aim to be an end-to-end healthcare concierge and management partner. With their support, both the elders who live by themselves, and their loved ones who are away, can live with a peace of mind. They promise

a Silver Genie experience that's driven by compassion to improve the well-being of our

elders, competence in technology to bring convenience in what they do, continuity of a reliable physical presence, and consistency in times of need. From attending to medical emergencies to maintaining medical records, and procuring medicines to scheduling periodic health checkups, their mission is to build a solid healthcare support system for every senior citizen.

They are building a comprehensive solution that aims to promote an empowered lifestyle for seniors, through a trusted and reliable healthcare management ecosystem.

Combining the latest in technology, best of resources, their rich network of clinical experts, and our unwavering work ethics, they have come up with a unique healthcare management product. Their solution focuses to be a one-stop destination for wellness of seniors.

From doctor's appointments, buying medicines, booking lab tests, to being a part of a vast community of similar-minded individuals, we strive to improve your health outcome

through our product. At the core of our product is a dedicated concierge, Genie, who will be your conduit of care and wellness.

MISSION

We want to empower the elderly to live a well-managed and independent life, especially if they live by themselves. Our aim is to help them navigate the healthcare system with ease. We will bridge the gap between you and your loved ones, by ensuring we support you.

We are your trusted healthcare concierge, at every step in your healthcare journey.

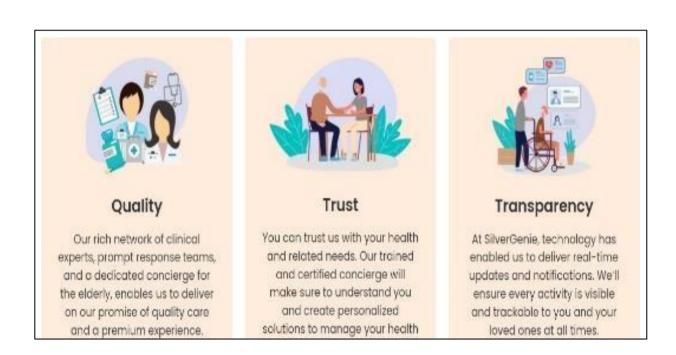




VISION

Our vision is to enable the elderly to manage their healthcare needs and empower them to live better. Combining technology, clinical expertise, human attention and compassion, all on one platform, we'll make it easier for them to stay healthy. We are committed to delivering exceptional healthcare management support to the senior citizens of our country.

VALUES – They work on these three pillars



Service offerings -

They provide multiple services to their customers that are primarily older citizens but along with that there are other health verticals that the company has to offer which includes –

• Dedicated Concierge

- Digital health Records
- Access to General Physician
- Customized care packages for elderly and NCD enrolled customers
- Resources and education
- Subscription plan



Dedicated Concierge

Nothing can replace human presence and support. We will deploy a compassionate, qualified, and proactive professional as your personal concierge. Professional concierge, just a call away to solve any challenges you face during the SilverGenie experience.



Digital Health Records

We will maintain electronic
Personal Healthcare Record, with
the highest standards of data
safety, and perform continuous
monitoring and clinical analysis
to improve health outcomes by
extracting necessary intelligence
from the record.



General Physician Access

You will have unencumbered access to a General Physician (GP) who can keep a track of your health. Based on your medical history and Personal Health Record, the GP can help you meet your healthcare goals with ease and support.



Resources & Education

We believe support system plays an unquestionable role in the wellness of seniors. We have a SilverGenie community and advisary in place, so you can have a healthy social life and keep yourself updated with what's best for you.



Subscription Plans

We understand that wellness needs can differ from person to person. To make the wellness journey of seniors convenient for them and their laved ones, we have membership plans in place. These plans ensure we are cognizant of your needs at all times.



Customized Care Packages

From emergency support, vaccination drives, to counselling and other wellness support services, we will take care of you holistically. As a SilverGenie member, you can avail these packages beyond what we are already offering, as and when required.

INTRODUCTION

The number of older adults who experience social isolation and loneliness has increased dramatically as the world's population ages. Due to the fact that a significant portion of the elderly population is impacted by this phenomenon, it is of great public health concern. While loneliness is the experience of feeling alone, social isolation is the absence of social ties. Serious health issues like depression, anxiety, and cognitive decline can result from either. According to research, seniors who are socially isolated are more likely to die than those who are well-connected. Senior social isolation and loneliness are caused by a number of factors. Older adults may be unable to participate in social activities because of limited mobility brought on by illnesses or disabilities. A weakened social network may result from the aging of friends and family members. Retirement may also mean fewer opportunities for regular social interactions than there were while working. These difficulties have a negative effect on older adults' physical and mental health in addition to making them lonely. Seniors who live alone are more likely to experience physical health problems like heart disease, high blood pressure, and compromised immune systems. They are more vulnerable mentally to mental illnesses like dementia, anxiety, and depression.

Research has indicated that programs that foster community involvement and social cohesion can greatly enhance the quality of life for senior citizens. A community's ability to form strong bonds and feel united is referred to as social cohesion. Programs that motivate seniors to volunteer, take part in group activities, and get involved in the community can aid in the reconstruction of social networks and lessen feelings of loneliness. Seniors who participate in these programs experience social interaction as well as a sense of purpose and belonging, both of which are critical for mental health. Improved social cohesion can result in lower medical expenses for treating isolation-related health problems as well as better health outcomes and higher life satisfaction.

The tie that binds a community's members together is called social cohesion. It has to do with how many and what kind of social ties people have, as well as how they feel about themselves and their community. A robust social network, engaged community involvement, and a network of supportive relationships are indicators of strong social cohesion. Community programs, social clubs, and other initiatives that promote interaction and mutual support can be effective in fostering social cohesion among seniors. Seniors are more likely to have better overall health and quality of life when they feel included and respected in their communities.

The strength and caliber of ties, social networks, and the sense of unity among community members are all considered indicators of social cohesion. It includes the ties that bind individuals to one another and encourage cooperation and mutual support within a community. Social inclusion, social capital, community involvement, trust, and shared values are just a few of the important aspects that make up the complex concept of social cohesion. The quality and strength of ties as well as the sense of oneness among community members are referred to as social cohesiveness. It entails mutual respect, cooperation, and a feeling of community among people, all of which support a society's stability and well-being. Since social cohesiveness creates an atmosphere where people are more inclined to support one another and cooperate to achieve common objectives, it is frequently considered as a critical component of community health and functioning. This idea is essential for encouraging harmonious cohabitation and lowering societal conflicts.

The influence of social cohesion on public health is one of its main advantages. Studies have indicated that societies with strong social cohesion typically have better health outcomes because people are more likely to practice healthy habits and have access to support systems when they need them. Social cohesion, for example, can promote active lives, lessen the incidence of mental health problems, and

lower stress levels. Strong social links can also increase a community's overall resilience to health emergencies and the efficacy of public health programs.

Social cohesiveness and economic development are intimately related. Cohesive communities frequently exhibit higher levels of economic cooperation as well as a dynamic exchange of ideas and resources. In addition to encouraging innovation and helping small enterprises, this atmosphere may result in more equal economic growth. Furthermore, since businesses and investors often prefer stable, cooperative communities with low levels of conflict and high levels of trust, social cohesion can draw in investment.

In the context of aging populations, social cohesion becomes even more critical. Older adults who are part of cohesive communities are less likely to experience social isolation and loneliness, which are significant risk factors for poor health outcomes. Community engagement and social support networks can greatly enhance the quality of life for senior citizens, providing them with a sense of purpose and belonging. Initiatives aimed at strengthening social cohesion, such as community centers, intergenerational programs, and volunteer opportunities, are essential in addressing the challenges posed by demographic shifts and ensuring the well-being of older adults.

Rationale

1). Demographic shift:

Rising life expectancy and falling birth rates are two major demographic trends that many nations are currently experiencing. An aging population results from these changes, as the share of elderly people in society rises relative to younger age groups.

Important Elements Affecting Shifts in Demographics:

Extended Life Expectancy:

People have been living longer thanks to developments in medical technology, better living conditions, better diet, and healthcare. Due to longer life expectancies, a greater proportion of the population is senior citizens.

Reduced Birth Rates:

Birth rates have been falling in many industrialized and some emerging nations as a result of a number of factors, including improved access to family planning, shifting societal norms around family size, and economic concerns. Less young people are being born as a result of the drop in birth rates, which is meant to offset the growing number of older adults.

2). Health and well being :

Negative Effects of Social Isolation and Loneliness: Studies repeatedly demonstrate the harmful effects that social isolation and loneliness, especially in older persons, can have on mental and physical health. Among the principal detrimental effects are:

Physical Health Concerns:

Elevated Mortality chance: Research has connected social isolation to an increased chance of dying young from all causes. This risk may be similar to that of smoking, being overweight, and not exercising.

Chronic Illnesses: Heart disease, hypertension, diabetes, and other chronic health issues are more common in older persons who experience social isolation. These illnesses have the potential to worsen preexisting medical disorders and impair general health.

Mental Health Concerns:

despair and Anxiety: Feelings of despair and anxiety can be attributed to social isolation and loneliness. These mental health problems can make people feel even more alone, which feeds a vicious cycle of deteriorating mental health.

Cognitive Decline: Seniors who are socially isolated are more likely to get dementia and cognitive decline. Cognitive capabilities can be preserved by participating in social activities and keeping robust social networks.

3). Policy implications:

Acknowledging the demands: Aging populations' demands are becoming more and more important to governments and legislators. This acknowledgment is motivated by multiple essential elements:

Demographic Shifts: A number of nations are going through major demographic shifts, which are typified by lower birth rates and longer life expectancies. Because of this change, the population now has a larger percentage of older persons, which calls for specific policies to promote their wellbeing.

Economic Impact: An aging population has significant economic ramifications. The increased healthcare and social support needs of older persons might put a pressure on public resources. Good policies can ease the pressure on healthcare systems and encourage healthy aging, which can help alleviate these expenditures.

Social and Health Equity: It is important to guarantee older folks' access to essential services and assistance. Age-neutral policies that cater to the special requirements of the elderly contribute to the development of a more inclusive society.

Objectives

Primary Objective: To assess the impact of social cohesion and community engagement on the wellbeing of the older adults.

The main goal is to comprehend how older adults' physical and mental health is impacted by their sense of community and their active engagement in it. A community's ability to form strong bonds and feel united is referred to as social cohesiveness. By offering emotional support, lowering feelings of loneliness, and improving general mental health, being a part of a supportive group can greatly improve older individuals' quality of life. According to studies, seniors who participate in community activities typically have higher levels of physical activity, lower levels of depression, and greater cognitive function—all of which enhance overall wellness.

Secondary Objective: To recommend actions for bridging gaps in community engagement among older adults.

The secondary objective aims to identify strategies to enhance community engagement for older adults. This involves pinpointing barriers that prevent seniors from participating in community activities and proposing solutions to overcome these obstacles. Recommendations might include developing accessible community centers, organizing inclusive events, and creating volunteer opportunities tailored to the interests and abilities of older adults. Additionally, leveraging technology to connect seniors with community resources and ensuring that information about available activities is widely disseminated can help bridge gaps in engagement. By implementing these actions, communities can foster a more inclusive environment that supports the active involvement of senior citizens, thereby improving their social integration and overall quality of life.

METHODOLOGY

Method:- Prisma framework

Study design: Secondary research study to review existing data on social isolation, community resources, and service gaps to cater the gaps and challenges faced by older adults.

Study population: 60+ population

Search databases: Pubmed, NCBI, Consensus, Google scholar etc.

Key search items: Seniors, elders, eldercare, inclusiveness, cohesion, community engagement etc. search terms will be used in varying combinations.

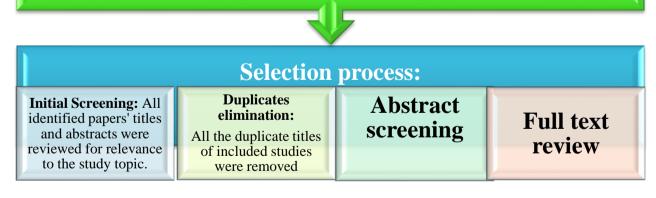
Inclusion criteria: Older adults aged 60 years or older, studies conducted in India.

Exclusion criteria: Severe disability (immobile)

Timeline: - 3 months



Database searched: PubMed, Google scholar, Science direct



PRISMA

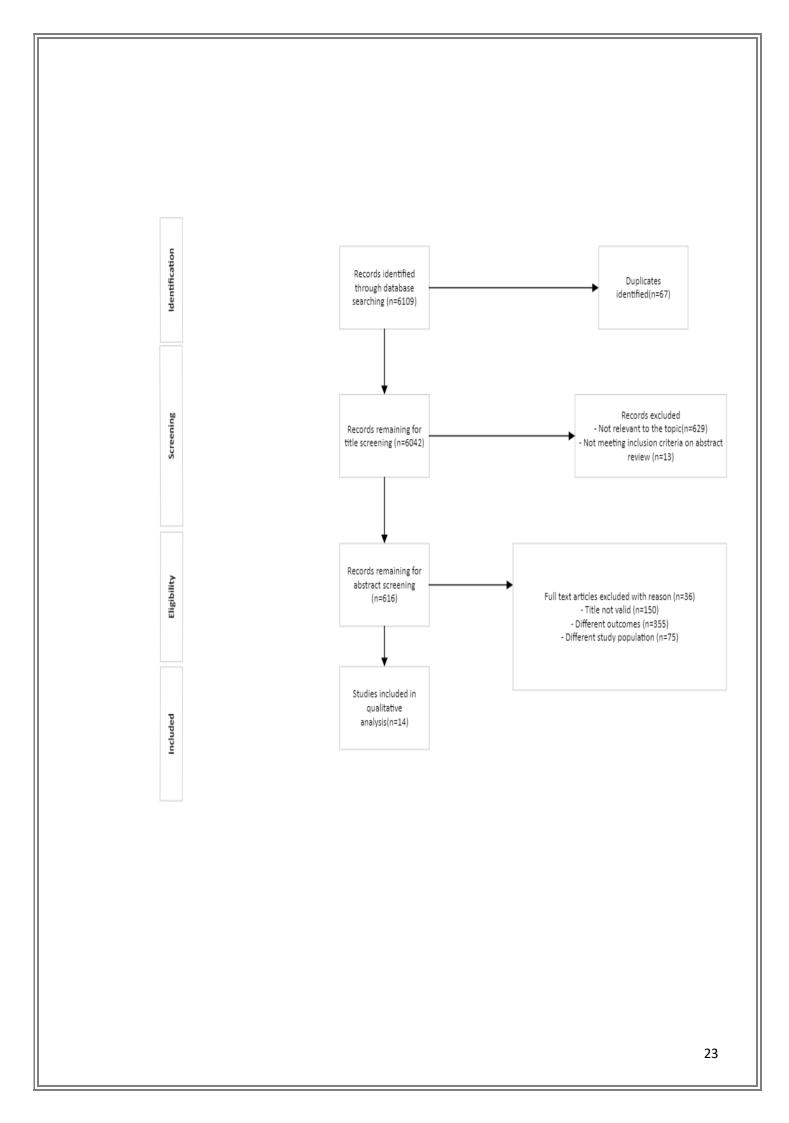
KEYWORDS

Seniors, elders, eldercare, inclusiveness, cohesion, community engagement etc. search terms will be used in varying combinations

LITERATURE REVIEW

PRISMA DIAGRAM:

Total of 6109 articles were returned from PubMed database, articles left after removal of duplicates (67) ie.6042 articles. Out of these 6042 articles records which are excluded includes those articles which are not relevant to the study ie 629 and not meeting the inclusion criteria on abstract review ie 13. Records left after abstract screening ie 616 out of which full text articles are excluded ie 36,title not valid ie 150, articles having different outcomes ie 355 and different study population ie 75. Eventually, 14 articles are reviewed in this study which comes in our inclusion criteria.



Hossain B, investigated that Social exclusion has far-reaching consequences that extend beyond regular activities and access to resources and knowledge; social exclusion is a major social determinant of health. However, there is a lack of evidence on social exclusion and health outcomes among India's older adults. Thus, the current study investigates the association of social exclusion with depressive symptoms among Indian older adults and found that The results of this study provide insight into the connection between elder Indians' depression symptoms and social marginalization. The scope of elder health care services should be increased while addressing social exclusion in order to significantly improve the mental health of older people.

Sujiv V, conducted a cross-sectional study from central India examined psychological distress, social support, and social isolation among the elderly during the COVID-19 pandemic and found that Among the elderly during the pandemic, psychological distress was significantly predicted by social isolation and a lack of social support.

MDS conducted a study The SWADES (Social Well-being and Determinants of Health Study) was founded in response to the demand for more sophisticated and longitudinal data regarding behavioral risk factors, social support networks, and chronic diseases in India.

Participants: In-home interviews were conducted with 997 adults in the semi-urban area who were 30 years of age or older at baseline.

Results thus far: Self-reports of demographic information, health, mood, morbid conditions, and healthcare use were among the data gathered. Other information included risk factors (behavioral, physical, and social) for chronic diseases, common mental disorders, out-of-pocket expenses, social support systems, social cohesiveness, disability, education, and wealth. Additionally, objective data on diabetes, hypertension, and cognitive function were gathered.

Sharma Aj found that By integrating quantitative and qualitative techniques, we investigated the relationship between a number of socioeconomic variables and the mental health of middle-aged and older homosexual men in India, drawing on concepts from the field of public health. In order to determine the relationships between age-related stressors (ageism and fear of aging), psychological wellbeing (loneliness, depressive symptoms, and sexual compulsivity), and minority stressors (internalized homophobia and degree of closetedness), a cross-sectional survey guided by Meyer's Minority Stress Model was conducted among 207 Indian men (40 years and above) who identified as non-heterosexuals. Simple and multivariable linear regression model results indicated that, even after controlling for sociodemographic variables and stress-relieving factors, ageism, internalized homophobia, and dread of aging were significantly positively correlated with loneliness. There was no discernible link between ageism and depressed symptoms.

Joag K , Robust experimental evaluations have been conducted on a number of community-based intervention models for mental health and wellbeing; however few instances exist of these evidence-based therapies being put into practice. To recognize and comprehend the difficulties in implementing a community-led intervention, Atmiyata piloted its implementation. The pilot study aims to pinpoint critical elements for district-wide, larger-scale deployment in India. The findings of a feasibility and acceptability study of the Atmiyata intervention, which was tested in the Indian state of Maharashtra's Nashik area between 2013 and 2015, are presented in this report.

Results

- Of the 616 articles that were thoroughly evaluated, 14 meet the requirements for inclusion in our qualitative analysis. Just 14 of the 616 articles in the original pool that were reviewed satisfied the precise requirements needed for the qualitative analysis. This suggests a thorough selection procedure that made sure only the best and most pertinent studies were included. The significance of the results, methodological excellence, and relevance to senior social cohesiveness were probably among the criteria.
- Approximately eight, or 57%, of the 14 papers were observational studies, with the remaining articles being
 interventional research. The bulk of the chosen papers (57%) were observational studies, which watch and
 document behaviour without changing the study setting. These investigations offer insightful information
 about related phenomena and the spontaneous occurrences of social cohesion. The remaining research
 comprised interventions or actions of some kind to evaluate their effects on social cohesion and associated
 outcomes.
- Four research, or 28% of the total, discuss how social cohesion affects people's well-being. Two research, or 14% of the total, discuss the relationship between social isolation and mental health outcomes. Two studies, or 14% of the total, discuss how social exclusion might lead to depression. In the remaining of the studies 44% of the studies social cohesion and the loneliness are being discussed as a whole part. The social exposure type and its results were used to categorize the studies: Social cohesiveness and Well-Being (28%): Four studies examined the beneficial effects of social cohesiveness on the overall health of seniors. Social Isolation & Mental Health (14%). Two research looked at how social isolation affected mental health and found that it had negative consequences. Depression & Social Exclusion (14%): Two research looked at the relationship between depression in older individuals and social Loneliness & Social Isolation (44%): The six remaining research examined the prevalent difficulties of social isolation and loneliness among the elderly and their effects on different facets of health and well-being.
- Many of the articles that were examined have a significant p-value of less than 0.05. The likelihood that an observed difference may have happened by chance alone is gauged by the p-value. Anything is statistically significant if the p-value is less than 0.05. This indicates that there is extremely little possibility that the results are the result of random chance and that the conclusions of nearly all of the publications in the review are statistically credible.

Author name and Year	Title	Study design	Exposure and Outcome	Significance
Hossain B, 2022	Social exclusion and mental health among older adults: cross- sectional evidence from a population- based survey in India	Observational	Exposure= Social exclusion Outcome= Depression	Significant
Sujiv A , 2022	Social isolation, social support, and psychological distress among the elderly during the COVID-19 pandemic: A cross-sectional study from central India	Observational	Exposure= Social isolation Outcome= Mental health	Significant

Author name and Year	Title	Study design	Exposure and Outcome	Results
M D S, 2020	Cohort profile: social well-being and determinants of health study (SWADES), Kerala, India	Observational	E=Social cohesion O=Disability	Significant
Sharma AJ, 2020	Psychological wellbeing of middle-aged and older queer men in India: A mixed- methods approach	Observational	E= Homophobia O= Lonliness	Significant
Sujiv A, 2022	Social isolation, social support, and psychological distress among the elderly during the COVID-19 pandemic: A crosssectional study from central India	Observational	E=Social isolation O= Mental health	Significant
Humble S, 2023	Associations between neighbourhood social cohesion and subjective well- being in two different informal settlement types in Delhi, India: a quantitative cross- sectional study	Observational	E=Social cohesion O= Well being	Significant
Saha S, 2024	Social relationships and subjective wellbeing of the older adults in India: the moderating role of gender	Observational	E= Social relationship O= Well being	Significant

Mishra B, 2023	Identifying the impact of social isolation and loneliness on psychological wellbeing among the elderly in old-age homes of India: the mediating role of gender, marital status, and education	Observational	E=Social isolation O=Loneliness	Significant
Joag K, 2020	Feasibility and acceptability of a novel community-based mental health intervention delivered by community volunteers in Maharashtra, India: the Atmiyata programme	Intervention	E= Mental health intervention O= Depression	Significant

DISCUSSION

- 1). The link between social isolation and poor health outcomes, like anxiety and depression, implies that tackling loneliness ought to be a top priority for public health. Studies have demonstrated a robust association between social distancing and a heightened vulnerability to mental health conditions such as anxiety and depression. Chronic stress, which is a result of loneliness, can exacerbate health issues by having a detrimental effect on the immune and cardiovascular systems of the body. Thus, it is imperative that public health policies incorporate strategies to counteract loneliness, like expanding community spaces and senior support groups. These programs can offer the essential social support that is required to preserve mental health and general wellbeing.
- 2). Seniors' emotional and physical health have been shown to significantly benefit from community participation activities. Seniors who actively participate in community activities tend to have better mental and physical health. Participating in social, recreational, and volunteer activities lowers the risk of dementia, enhances physical health, and preserves cognitive function. Seniors' quality of life can be greatly enhanced by initiatives like volunteer organizations, recreational clubs, and senior centers that encourage them to get involved in their communities. A sense of purpose and belonging, which are essential for mental health, are also given by these interventions.
- 3). Technology has become a potent instrument for improving senior social cohesion. Programs for digital literacy and online communities have opened up new channels for support and social connection. Seniors' health and wellbeing have also been greatly enhanced by telehealth programs. As a result of the development of technology, seniors now have more options to remain involved and connected. Seniors who participate in digital literacy programs learn how to utilize computers, cellphones, and tablets to engage in online social networks and community groups. These websites give elderly citizens a place to connect, exchange stories, and offer support to one another. Additionally, telehealth services have grown to be extremely helpful, enabling seniors to receive medical treatment from the convenience of their homes, which minimizes the need for frequent visits to healthcare facilities.
- 4). To optimize these treatments' advantages, technological obstacles including lack of access and digital literacy must be overcome. Future initiatives ought to concentrate on closing the digital gap and making sure elders are able to use technology to stay in touch. Although technology has many potential advantages, many seniors still encounter major obstacles when attempting to access and use it. These include the exorbitant price of gadgets and internet services, in addition to a deficiency of knowledge and self-assurance when utilizing digital tools. Future initiatives should focus on lowering costs and increasing accessibility of technology to address these problems. This can be accomplished by offering low-cost gadgets, subsidized internet access, and thorough training in digital literacy catered to the need of senior citizens.

The review brought to light the substantial burden of social isolation that older Indians bear. The frequency of loneliness and its detrimental consequences on one's health highlight the urgent need for the following focused interventions:

Social activities

Building inclusive communities

Telehealth services

Virtual community groups

Digital literacy programs

1). Social Activities:

Encouraging social interactions among seniors can greatly reduce their feelings of loneliness. Opportunities for engagement and contact can be found in community centers, senior citizen groups, and frequent social events. In addition to fostering connections, these activities keep senior citizens engaged both physically and cognitively. Group workouts, cultural events, hobby classes, and volunteer work are examples of social activities that can help people feel a part of the society and like they belong.

2). Creating Inclusive Communities:

In order to guarantee that senior citizens feel appreciated and accepted into society, it is imperative to provide an inclusive communal setting. This can be accomplished by creating senior-friendly public spaces, providing intergenerational programs that foster communication between the younger and older generations, and raising public awareness of the difficulties that older people confront. Communities that are inclusive help the elderly keep their independence while giving them access to the essential support systems.

3). Services for Telehealth:

In order to provide older patients with healthcare, telehealth services have become increasingly important, particularly in rural or underdeveloped areas. With the use of these services, seniors can get mental health support, health monitoring, and medical consultations all from the comfort of their own homes. Reducing the frequency of hospital visits, controlling chronic illnesses, and guaranteeing prompt medical action are all made possible by telehealth. By offering virtual counseling and therapy sessions, it also plays a crucial role in meeting the mental health requirements of the elderly.

4). Online Community Organizations:

Elderly people can engage in conversations, exchange experiences, and connect with peers through virtual community groups. These online communities can be centered around a range of hobbies, including recreational pursuits, book clubs, discussion boards, and support groups for particular medical conditions. Through virtual community organizations, seniors can be socially active even if they have mobility challenges or live far away from their peers, which helps to lessen their feeling of isolation.

5). Programs for Digital Literacy:

Programs for digital literacy are necessary to guarantee that older people can utilize technology to stay in touch and access services. Seniors can learn how to use computers, smartphones, and the internet with these programs. Seniors who receive training in social media, video calling apps, online shopping, and digital banking can become more self-reliant and engaged in society. Programs for digital literacy should be simple to comprehend and offer continuing assistance to help older adults with any technological difficulties they may encounter.

CONCLUSION

The Significance of Social Cohesion and Community Involvement in Improving Senior Citizens well-Being: Senior people wellbeing is largely dependent on social cohesiveness and community involvement. These components aid in establishing a nurturing atmosphere that promotes elders' physical and emotional well-being. Robust social networks and active community involvement mitigate the common emotions of loneliness and isolation experienced by the elderly, which have a substantial impact on their general well-being and standard of living. Seniors' well-being can be improved by communities through encouraging a sense of engagement and belonging.

Development and Continued Work: Even though elderly citizens' social engagement and community involvement have advanced significantly, obstacles and problems still need to be solved. These include problems with limited mobility, a dearth of social locations that are accessible, and insufficient support networks. To ensure that all seniors have the chance to fully connect with their communities, ongoing efforts are required to remove these obstacles. Making social inclusion a priority entails developing laws and initiatives that are especially designed to meet the special requirements of the elderly.

Using Technology to Advance Social Inclusion: When it comes to improving social cohesiveness among the elderly, technology is essential. Mobility problems and physical distance can create a chasm that can be filled in part by digital platforms and solutions. Social networking, telemedicine services, and virtual community organizations are a few instances of how technology may help seniors stay connected and supported. However, overcoming technological obstacles like lack of access and digital literacy is crucial to maximizing these advantages. Programs aimed at helping seniors become more proficient with technology can greatly increase their capacity to remain involved and connected.

Social Isolation and Symptoms of Depression: Seniors who experience social isolation are more likely to experience depressed symptoms, especially if they don't vote, live alone, or experience abuse when they try to get services. This emphasizes the necessity of focused interventions to help seniors who are at risk and make sure they participate in social and community activities. Reducing social exclusion can help older people feel less depressed and have better mental health.

Subjective well-being (SWB) and neighborhood cohesion in New Delhi: Studies reveal a favorable relationship between neighborhood cohesiveness and subjective well-being (SWB) across different New Delhi informal settlements. Communities can greatly benefit from interventions that support people's freedom of choice, personal satisfaction, and sense of belonging. A supportive community atmosphere and closer relationships between neighbors can enhance everyone's quality of life, even senior citizens.

As a Moderator of Functional Ability, Social Cohesion: Seniors functional capacity is also significantly impacted by social cohesion. Seniors can sustain their independence and functioning capacities for longer when they have strong social ties and a feeling of community. Future studies should expand and assess interventions aimed at strengthening relationships between neighbors and fostering a sense of community in order to determine their long-term effects on the wellbeing of seniors.

BIBLIOGRAPHY

- 1. Levitas R, Pantazis C, Fahmy E, Gordon D, Lloyd-Reichling E, Patsios D. The multi-dimensional analysis of social exclusion. 2007.
- 2. Mathieson J, Popay J, Enoch E, Escorel S, Hernandez M, Johnston H, Rispel L. Social exclusion meaning, measurement and experience and links to health inequalities. A review of literature WHO social exclusion knowledge network background paper. 2008.
- 3. Leone T, Hessel P. The effect of social participation on the subjective and objective health status of the over-fifties: evidence from SHARE. Ageing & Society. 2016;36(5):968–987. doi: 10.1017/S0144686X15000148. DOI
- 4. Lee S. Social exclusion and subjective well-being among older adults in Europe: findings from the European social survey. J Gerontology: Series B. 2021;76(2):425–434. doi: 10.1093/geronb/gbaa172. DOI PMC PubMed
- Sacker A, Ross A, MacLeod CA, Netuveli G, Windle G. Health and social exclusion in older age: evidence from understanding society, the UK household longitudinal study. J Epidemiol Community Health. 2017;71(7):681–690. doi: 10.1136/jech-2016-208037.
 DOI - PMC - PubMed
- 6. Terraneo M. The effect of material and social deprivation on well-being of elderly in Europe. Int J Health Serv. 2021;51(2):167–181. doi: 10.1177/0020731420981856. DOI PubMed
- 7. Hyman I. Immigration and health, health policy. Canada; 2001.
- 8. Wilkinson RG, Societies U. The afflictions of inequality. London and New York: Routledge; 1996.
- 9. Noh S, Beiser M, Kaspar V, Hou F, Rummens J. Perceived racial discrimination, depression, and coping: a study of southeast Asian refugees in Canada. J Health Soc Behav. 1999;1:193–207. doi: 10.2307/2676348. DOI PubMed
- 10. Pantazis C, Gordon D, Levitas R, editors. Poverty and social exclusion in Britain: The millennium survey. Policy Press. 2006.
- 11. Baumeister RF, Tice DM. Point-counterpoints: anxiety and social exclusion. J Soc Clin Psychol. 1990;9(2):165–195. doi: 10.1521/jscp.1990.9.2.165. DOI
- 12. Østbye T, Steenhuis R, Walton R, Cairney J. Correlates of dysphoria in Canadian seniors: the Canadian study of health and aging. Can J Public Health. 2000;91(4):313–317. doi: 10.1007/BF03404296. DOI PMC PubMed
- 13. Kummitha RK. Social exclusion: the European concept for Indian social reality. Social Change. 2015;45(1):1–23. doi: 10.1177/0049085714561837. DOI

14. Walsh K, Scharf T, Keating N. Social exclusion of older persons: a scoping reconceptual framework. Eur J Ageing. 2017;14(1):81–98. doi: 10.1007/s10433-0	eview and 16-0398-8.
- DOI - PMC - PubMed	
	34

Vaibhav D report

ORIGINALITY REPO	RT				
7% SIMILARITY INC	5% INTERNET SO		5% PUBLICATIONS	4% STUDENT	PAPERS
PRIMARY SOURCES					
	v.researchgat et Source	e.net			2%
	w.ncbi.nlm.nih	.gov			2%
	mitted to Univ	ersity o	f Macedon	ia	1%
Ever Univ	herty, Sarah. Tyday Function versity of Nort ted Kingdom)	ning in C humbria	lder Adult	s",	<1%
Pat Disc Usir	P Dupuis, Shar Spadafora. "A iplines: A Stud ig the United sons", Educati	ging Res dent-Mei Nations	earch Acro ntor Partne Principles	oss ership for Older	<1%
6	v.coursehero.	com			<1%
7 www	v.researchsqu	are.com	1		

M "D fo int La LL Pub	uratulain Ahsan, Javeria Saleem, uhammad Ishaq, Rubeena Zakar et al. eterminant factors and coping strategies r depression among pregnant women: An tervention-based qualitative study in thore, Pakistan", Research Square Platform C, 2024 dication ham Alieldin, Sarah Peyre, Anne Nofziger,	<1%
9	ham Alieldin, Sarah Peyre, Anne Nofziger,	.1
st	affaella Borasi. "Effectiveness of immersive rtual reality in teaching empathy to medical udents: a mixed methods study", Virtual eality, 2024	<1%
Xii Ec Ho Co	niyu Feng, Longfei Li, Jingchun Zhang, nqun Feng. "Towards a Communication cology in the Life of Rural Senior Citizens: ow Rural Public Spaces Influence ommunity Engagement", Sustainability, 2024	<1%
	ww.medrxiv.org	<1%