

Ageing and the Aged

Are the aged a liability or an asset, a burden or a social resource?

Ageing is a natural process that begins at birth, or to be more precise, at conception, a process that progresses throughout one's life and ends at death. From that perspective, geriatrics is not the treatment of the elderly, but the treatment of those diseases that affect the elderly and the prevention of causes of those diseases. To attribute anyone's death to old age is a misnomer. "It is not old age that causes death but diseases, accidents or other life-threatening happenings", commented a medical expert (Selye, 1950). It is likely that the majority of old people are self-sufficient human beings who can carry on normal lives. Here then arises the pertinent question, "Who are the elderly or the aged?" "At what age does one become an aged person?" A common human being is likely to consider himself/herself as young and others older than himself/herself however old he/she may be, more so because of the prevailing un-favourable attitudes towards ageing. The United Nations Organisation (UNO) considers those who are over 65 years of age as senior citizens. The Indian Census classifies people in the age range 60 years and above as old. According to another classification commonly used in the developed countries, there are three groups: the young-old (65 yrs. to 74 yrs.), the middle-old (75 yrs. to 84 yrs.), and the old-old (85 yrs. and over).

Old people have enjoyed honour and authority in the traditional Indian society because of the norms and values prescribed in the ancient scriptures. The joint family system has reinforced, from generation to generation, the high status assigned to the older members of the society. In the latter half of the twentieth century, things began to change due to a complex web of interlocking factors. Westernization, industrialization, urbanization and technological progress have brought in their wake several outcomes. Social change has been taking place at a faster pace than ever before in terms of consumerism, new lifestyles and waning of traditional familial values. The changing scenario has been having an unfavourable impact on the aged in that they have lost much of the respect and care in the family and the community. At the same time, the number of the aged has increased due to advances in medical technology, economic development and social progress in some areas having brought in benefits like better health and nutrition and prevention of diseases which have raised the life-expectancy of the average Indian. At the beginning of the century the life expectancy of Indians at birth was 29 years, in the fifties it rose to 34 years and in 1981 it was 54.7 years. In 1991 it became 63 years and the projection for 2001 in 66 years. The sector comprising the elderly is said to be increasing at a faster rate than the other age-based sectors of the population.

According to the Indian Census,

In 1901 there were 12 million people above 60 years.

In 1951 there were 20 million people above 60 years.

In 1981 there were 43 million people above 60 years and

In 1991 there were 56.7 million people above 60 years.

The projected number of aged people at the end of the century is 67 millions. This phenomena of the rapid increase of the aged is occurring all over the world and if the aged suffer from a lack of well-being, it is likely to affect the rest of the population. Hence, the gerontology has become a discipline of importance for medical and social sciences and human service professionals.

THE AGED AS VIEWED BY THE UNO AND THE INDIAN POLICY

The United Nations World Assembly of Ageing held in Vienna, in 1982 discussed the needs and problems of ageing and formulated certain recommendations for member nations. The major recommendations were (United Nations, 1983):

1. The aged should have adequate means to meet their basic physical needs (food, clothing and shelter).
2. They should remain integrated in society and should have opportunities for communities participation and for serving the community in various ways.
3. They should have access to educational, cultural, spiritual and recreational resources.
4. They should have access to health care services to be able to maintain or regain optimum of physical, mental and emotional well-being.

According to the Constitution of India, the state has a duty towards the elderly. There are also laws to ensure that parents in their old age are taken care of by their children. That the elderly requires welfare services as a special group has not been sufficiently stressed in the country. Whereas the first and second Five Year Plans did not pay attention to the aged as a group, the third plan noticed one sector among the aged as needing assistance. The helplessness of the destitute old was recognised, but the responsibility of providing assistance to this group was left with local bodies and voluntary organisations. The fourth plan made a provision for social assistance for certain types of old people but it was not implemented. The fifth plan called upon the state to develop comprehensive social security system to cover the needs of the aged and the handicapped. The only outcome was that some institutions catering to the aged and the handicapped began to receive grants-in-aid. The sixth plan recognised the elderly as a vulnerable section. As an outcome of the UN World Assembly of Ageing of 1982, the central ministry of welfare started giving grants-in-aids to voluntary organisations for providing services for the old. The seventh plan document does not recognize the aged as special group deserving assistance.

Working groups appointed by the Planning Commission and also the Ministry of Social Welfare at different times have been advocating programmes of assistance for the old. Unfortunately, their recommendations have not been translated into action.

The aged sector has not received sufficient attention in the five year plans, probably for the following reasons:

- The assumption that the aged are taken care of by the family and that they do not face serious problems regarding care and maintenance.
- The belief that the elderly are not capable of making any contribution to the society and that their welfare is a non-profitable venture.
- The welfare of the elderly is not a part of development plans and hence it cannot be included in the plan budget.

The eighth plan has paid some attention to the aged and their needs. The plan stipulates that the elderly be given social and psychological support, the support from the family and community be strengthened and that the plan be in consonance with the developmental and humanitarian perspectives. The plan enjoys a two pronged approach: that adults, before they become old, be encouraged to save for their old age, and the aged be provided economic support.

UNDERSTANDING THE AGEING PROCESS (What happens and what must be made to happen)

During the process of ageing, the physical functions of the body slowly deteriorate demanding greater coping skills on the part of the ageing person to adjust to the environment. In addition, there are problems caused by others in the society because of their unfavorable attitudes. Ageism, like sexism or racism, is a concept pertaining to prejudice or a negative attitude towards a particular group. Ageism implies that the old are perceived as sick, unhappy, empty and useless, and are discriminated against. The elderly are often portrayed in a negative manner in the media, in literature and even in jokes. Senility, which in its correct usage refers to changes in behaviour caused by structural changes in the brain, is used derogatively to describe the old and their behaviour in general. A younger person who behaves in an unconventional way may be called unique, eccentric or even interesting whereas an old person doing the same things may be labeled as “senile” as though the latter has lost all control of his/her faculties. Young persons harbour negative attitudes towards the old and they hate the idea of growing old. The aged become ashamed of their age as if ageing is a shameful act! Human beings, whether young or old, have the same basic physical needs (food, shelter and clothing) and also the emotional needs to be loved and to love, for self-esteem and intellectual stimulation. Though an individual above 60 years is like any adult below 60 years, or say below 50 years of age, in many respects, there is a difference. As ageing is a continuous process in the structure and functions of the body, the physical abilities of the former tend to slow down with the passage of years. It is an impoverished environment, poor nutrition and diseases that break down the nervous system’s natural potential resistance against deterioration. In the absence of these damaging factors, serious structural changes or cell loss do not occur in the brain and senility can thus be prevented to a large extent (Hess and Markson, 1980). As far as the psychological

structures and functions are concerned, there need not necessarily be deterioration. Cicero, the Roman statesman and philosopher of first century BC, writing in his treatise *On Old Age* said that old people could retain their intellectual abilities by engaging their minds fully and actively and that old age was respectable as long as the elderly asserted themselves and were not dominated by anyone else. He supports his statements by referring to the death of Plato, the fifth century BC Greek philosopher. When death occurred, Plato was writing at his desk, at the age of 81 (Encyclopedia Britannica, 1963).

In a way, the aged people may be considered to be in an advantageous position. They have resources of experience and wisdom that comes out of experience and a store of reminiscences.

Aspects of physiological deterioration in old age can be reduced through measures of health care, and through other strategies that improve the quality of life. Successful adjustments, to old age require that ageing be viewed through psychological perspectives too, besides the physiological. According to Erikson's conceptualisation of the developmental stages of a human being, the last stage is that of integrity in one's life prevents the invasion of despair, and that point's to a psychological task. For accomplishing this task, satisfactory living conditions are necessary. In this context, Peck's conceptual division of old age (Peck 1968) into three stages with their corresponding developmental tasks has significance. The developmental tasks are:

1. Ego differentiation versus work-role preoccupation.
2. Body transcendence versus body preoccupation.
3. Ego transcendence versus ego preoccupation.

Ego Differentiation versus Work-role Preoccupation

Throughout life, adults are identified by their jobs. There is a sense of self-worth associated with one's preoccupation of one's work role. But for most elderly people, the work-role is over, and, therefore, at this stage self-worth has to come from within, emanating from the self-image that one has a person. The differentiation of the self from the work-role has to start operating earlier before one reaches old age and retirement. It becomes evident, therefore, that people should prepare for the old age by developing diversified interests and activities outside their jobs during middle age or even earlier.

Body Transcendence versus Body Preoccupation

The aged are more prone to disease than young people. By viewing oneself as more than the physical body the individual will be able to tolerate aches and pains, and discomforts of illnesses to some extent, if he/she is able to engage himself/herself in meaningful human relationships or creative activities.

Ego Transcendence versus Ego Preoccupation

Ego transcendence means, "going beyond the here and now" to something beyond, and it involves thinking of the future of the people around who will be one's survivors. Thinking moves on to doing things to make the world a better place for one's familial and

non-familial descendants. There are many things to be done to make this a reality and the requirement is that the elderly individual is able to reach out to others beyond the self.

For many people ego transcendence includes a spiritual dimension, that is, strengthening the spiritual meaning of life and reaching out to spiritual goals. The spiritual endeavour can be a factor that facilitates the performance of the other two developmental tasks.

Those aged individual whose earlier life patterns are not discrepant with the stipulations of the developmental tasks of old age are able to adjust to the ageing process. The listing of the developmental tasks, presented in more concrete terms by Chowdhry (1992), is also useful in understanding ageing and helping the aged persons.

1. Redefinition of social identities and development of new social goals.
2. Linking of the past and present to the future with regard to family members, peers, and the community.
3. Adjustments to physical and mental changes.
4. Development of a self-image transcending other people's expectations.
5. Development of a sense of integrity.

The paramount importance of good food, health care facilities and a supportive environment emerges again and again regarding the sustenance and maintenance of the ageing person's functions of the body (including the brain) and the psycho-social functions. Social networks are a part of the supportive environment. A person's social network refers to those persons with whom he/she maintains contact and elements of emotional attachments. Social networks lead to human interactions and interactions to human support. Human support is both emotional and instrumental. Emotional support is required to make the individual feel accepted and that paves the way for the developmental of a healthy self-esteem. Instrumental support includes monetary assistance, help to do tasks and to cope with difficulties and all other form of physical help assistance. Ageism and unfavourable living conditions cause the elderly to be projected as a social problem. On the contrary, they are a social resource provided certain strategies are undertaken to offset or diminish the deteriorative aspects of the ageing process. The aged are a social resource in terms of their experience of many years of living, the knowledge acquired from work life, the special knowledge of different situations, activities, people and things and the wisdom and maturity that comes from experience (Schrock, 1980).

Some welfare organisations in India, prompted by the desire to respond to the problems of the aged, have made efforts to be develop programmes and facilities for the aged. Institutional programmes are found to be more common than non-institutional programmes. Institutions or residential homes form the last resort solution for the problems of the elderly. There can be non-institutional services in the form of community care facilities for the elderly long before the need for residential care arises. Community care projects can provide opportunities for using the abilities and talents of the aged and also offer recreational, medical and counselling services. The advantage is that many problems of old age can be effectively handled without physically isolating the aged from their families. The Programme for the Elderly (PFE) is one such non-

institutional project and their report is a narrative on the PFE. It does not claim to be a monograph or a case study; it is neither from the perspectives of research methodology. The report was prepared in response to a need on the occasion of a workshop on the impact of globalisation on the ageing and the implications for gerontological social work. The specific need was to make available a portrayal of a social work project for the welfare of the elderly. Behind the exercise was the conceptual framework of social work methodology-knowledge, principles and strategies of work-to ascertain the projects adherence to the social work methodology during the process of its development.

The objectives of this document are to:

- Highlight the nature and content of a non-institutional project for the elderly;
- Indicate its relevance with reference to social work concepts and procedures of practice;
- To provide for those connected with the running of the programme, an opportunity for Learning from the mistakes, failures and achievements of the past experience; and
- Share experience and information with others working for the welfare of the elderly.

The sources of information were the annual reports and other records of the parent organisation, the Family Welfare Agency (FWA), and oral reports of three social worker who is currently working there. Thus, the report becomes the story of the historical development of a programme for the aged, as viewed from the inside and outside.

The text of this report is a description of the PFE. The discussion of the preceding paragraphs is a prelude to the text. Such a prelude with reference to theoretical concepts and perspectives of welfare for the aged may appear to be too rhetorical with reference to the description of a social work project. The purpose, however, of the earlier discussion of theoretical concepts has been to create in the reader's mind a picture of the larger landscape of which the PFE is only a tiny spot. The landscape covers many interlocking ideas some of which are crucial for the well-being of the elderly. It is these ideas which provide a rationale and a conceptual framework for the PFE.

The FWA is the parent organisation which started the PFE as one of its services. Therefore, the FWA deserves recognition and space in the pages of this report. Furthermore, in order to understand the origin and development of the PFE, information of the parent organisation is useful and necessary. A brief history of the organisation is, hence, presented in the second chapter of this report.

Courtesy: 'Towards Enriching Years – A programme for the Elderly by the Family Welfare Agency' – A book by Grace Mathew, Dr.Gita Shah and Rosamma Veedon