Chapter One
INTRODUCTION

The scientific study of ageing and the aged is comparatively of recent origin. The interest in the field of Gerontology is growing very rapidly not only in the developed countries of the world but also in the developing countries, particularly India, where the ageing population is on the front line. Ageing is a progressive and cumulative process of psychophysical change occurring over time and affected by a variety of factors. The rise in the proportion of the ageing population represents one of the most significant demographic shifts in the history of world population. The total number of persons aged 60 and above rose from 200 million in 1950 to 400 million in 1982 and 600 million in the year 2003 and will be 1.2 billion by the year 2025 of which more than 70 percent will be living in developing countries. But in a country like India, with a large population, the number of old people has increased from about 20 million in 1951 to about 55 million in 1991 and has crossed 76 million in 2001. At present India ranks second, next only to China among the countries in the world in terms of the absolute number of the aged.

Due to blessings of science and technology the quality of living has improved as indicated by the human development indicators. The natural outcome of the good quality of living has increased the life expectancy of people and the 21st century will be known as “age of ageing”. Providing basic and quality health care (physical as well as psychological well-being) has become a real challenge to many nations. While developed nations like Canada at present has excellent health care
provisions but growing number of elderly population every year has put tremendous pressure on public exchequer. On the other hand the developing nations like India is facing serious challenge with poor health, infrastructure shortage of health care personnel and health facilities. Historically, families have been the primary source of assistance for dependant elders. In the United States and other western countries, public interventions reflect the weakening of both extended and nuclear families. Many elders, specially much older women do not have relatives upon whom they can call for needed help; additionally public policies and programmes spring from the often substantial needs of elders that can exist the capacities of their sponsor, adult children and other family members. In the United States, some public policies are designed to support families who provided psychosocial care to their elders. This includes both income and housing policies.

Indian culture has a tradition of respecting the aged for their wisdom, long experience besides the seniority. Traditional Indian system has divided the life span into three stages, the last of which is called Vanaprastha. In this Ashram the individual develops detachment with one’s kith and kin and sets the goal for spiritual attainment. Over the centuries the society has undergone several changes and the aged stayed on with the family. However, over the past few decades the life styles with several technological development and cultural invasions, a stage has come where the senior citizens are forced to develop detachment and stay away from one’s kith and kin. It is estimated that by 2030, the world population will have 71 percent who are senior citizens. The social, emotional atmosphere in the families and society at large will be decided by the interpersonal relationship of the elderly
population with the young. Any interpersonal relationship has at its base the attitude held towards each other. If the youth as well as the policy makers wake up to the fact that with the advancement of health and nutritional aspects, cognitive and emotional functions of the elderly stay intact long after their retirement from the job or services, then optimal utilisation of human resources can be achieved by utilising the inputs/services from the senior citizens. The Government of India is proposing to introduce a Bill in Parliament soon for better protection of the fast growing elderly population in India. The Bill titled, “Older Persons (Maintenance, Care and Protection) Bill 2005” is intended to overcome the lacunae existing in the current legislation on maintenance and to make relief simpler, speedier and less expensive, as also to cover new areas of care protection that have not so far been covered by any existing legislation.

Government has fully realised that in recent times society is witnessing a gradual but definite withering of joint family system as a result of which a large number of parents are not being maintained by their children; as was the normal social practice. There is an apparent need to compel the progeny to take the responsibilities which they have towards their old parents. With their dwindling financial resources and weakening health, parents are often being perceived as burden and even while living with family, many face violence and/or neglect. Many older persons are living either with their spouse and without children while many persons specially widowed women are forced to spend their twilight years alone. In order to address the issue of older persons government brought out the National Policy on Older Persons in 1999 but it has now realized that there is need for a specific act to address the
problems of older persons, especially the poor ones among them, in a more realistic and expeditious manner. Government hopes that the new Bill dispense with the lacunae in the existing legislation and enable the old to spend the last years of their life in peace and without privation and indignity (Nayar, 2006).

Old age is the closing period of the life span. It is a period when people ‘move away’ from previous, more desirable periods or times of ‘usefulness’. As people move away from the earlier periods of their lives, they often look back on them, usually regretfully, and tend to live in the present ignoring the future as much as possible. Old-age can be understood from different viewpoints. The three common ways for understanding old-age is ‘physiological, psychological and socio-cultural’. Generally old-age is considered as a curse being associated with deterioration of all physical and psychological factors and isolation from social, economic and other activities. But it can be changed if there is socialisation of seniors in constructive ways with old-age planning, positive thinking and for making the best use of these golden years of life. It will help them keeping young and energetic.

With the ongoing rapid social, and economic changes which is expected to have serious implications on the circumstance under which the future elderly will live. These socio-economic changes comprise emergence of nuclear families, smaller number of nuclear families, smaller number of children per couple, greater longevity, physical separation of parents from adult children as a result of rapid urbanisation and age-selective rural-urban migration, together with the changing values of younger generation against the older ones. A recent emphasis on the studies pertaining to the elderly in the developing world is due to
their increasing number and deteriorating conditions. When their increasing number is attributed to demographic transition, their deteriorating condition is considered as the end result of the fast eroding traditional family system in the wake of rapid modernisation and urbanisation.

Old-age is not a disease, nor it is a disability. There are disease of old-age and there are disease in old-age but the process of ageing is not one of disease. In health, even more than in illness, the influence of society is as important as the actions of individual men and women. In a healthy society there will be ways of making sure that all age groups have access to the attributes of healthy ageing: social integration, autonomy, and adequate income, diet and housing.

Life in institutions need not be bad but it commonly is. This holds everywhere in the world. People go into institutions because they have no relatives to take care for them, no way of earning a living and can not through poverty or disability, look after themselves. Cultures vary in how strongly they devalue those who lack relatives or resources or who are disable, but nearly all culture appear to devalue older people on these grounds. Care facilities for the elderly need to consider the fact that characteristics and needs of the elderly vary widely, so design should allow for flexibility. For those outside of institution, planned housing in age-segregated areas, seem to enhance satisfaction and morale, transportation and shopping are also important for moved of those in both non-institutional and institutional settings. Whatever may be the settings, safety and convenience, choice and control as well as physical conditions are important consideration (Smith, 1991).
Attachment is highly relevant to psychological experience in later-life (Bradley and Thomas, 2001). It means higher levels of sense of community, friends, activity, impact of neighbour including dwelling unit and dwelling environment which are important for residential satisfaction of elderly (Kahana et al., 2003; Pretty et al., 2003). So age-segregated residential settings have been designed to address care facilities such as needs, safety and convenience, choice and control and physical conditions to people as they move through old-age (Smith, 1991; Lemke et al., 2001). In addition to the physical environment, the social environment is an extremely important to the well-being of the elderly people. It is also related to health and longevity in later old-age. As a key mechanism regulation of social relationship reflect in social, emotional and also cognitive ageing (Lang, 2001). Elderly people who seek alternative accommodation to congregate style, accommodation may increase their social contacts and have a positive impact on their well-being (Buys, 2001).

As the family environment takes an important role upon the elderly, so different aspects of family climate are etiologically relevant: (a) unhealthy interpersonal interaction in the family leading to dissatisfaction of the physiological, emotional, security and social needs; (b) pathological and disturbing communication patterns and lack of support by the family members and cohesiveness in the family. Due to these elderly people sometimes feel alone and they select old-age home according to their own choice. On the otherhand, some of them are forced to go to the old-age home. Family and home environment differ significantly in many respects, viz., living arrangement, infrastructural facilities, recreational facilities, social interaction and so on.
In view of above, the important questions are: (a) How the elderly belonging to home and family environment of Kolkata City perceive the physical and social environment? (b) Is there any impact of duration of stay upon them? (c) How they perceive the changing values of younger generation in the existing scenario? If deprived environmental set-up inflicting irreparable psychic damage to a large portion of existing group of human beings, then there is sufficient reasons for the social scientists to become deeply concerned with this problem. Thus the effects of environmental setting on human behaviour has been a topic of much interest to researcher in various fields, specially in psychology.

In order to seek some answers to the above note of interrogations a comparative picture of the elderly persons belonging to old-age homes and family settings of Kolkata city, has been made for study in the present investigation with special reference to perceived physical environment, social environment and changing values of younger generation.