Chapter Six
DISCUSSION

Ageing is the process of becoming older. This traditional definition was recently challenged in the new “Handbook of the Biology of Ageing”, where ageing was specifically defined as the process of system's deterioration with time, thus allowing for existence of non-ageing systems (when “old is as good as new”), and anti-ageing interventions (when accumulated damage is repaired). This article focuses on the social, cognitive, cultural and economic effects of ageing. The biology of ageing is treated in detail in senescence. Ageing is an important part of all human societies reflecting the biological changes that occur, but also reflecting cultural and societal conventions. Age is usually, but wholly arbitrarily, measured in years and a person's birthday is often an important event. The issues of an ageing population in which the average age of a society is increasing is an important issue in many nations of the world. The societal effects of age are great (Masoro and Austad, 2006).

In all developing regions of the world, the most common living arrangement for elderly people (married or widowed) is with children and/or grandchildren. Between 72 and 79 percent of older (60 and above) respondents in 1984 World Health Organization surveys in Malaysia, the Philippines, Fiji and South Korea lived with children (Andrews et al., 1986) and similar results have been observed in countries as diverse as India, Indonesia, Singapore (at earlier times) and six Latin American nations (Kinsella, 1990). A growing concern in developing countries is the extent to which the twin processes of modernization and urbanization will change traditional family structure
(Zhou, 2000). Data for most of the developing world generally are insufficient for documenting changes in living arrangements of the elderly. Although the case of Japan may not seem especially relevant to developing nations, the extended family structure common to the latter has historically been a feature of Japanese society as well. Time series data show that the number and proportion of extended family households in Japan have been declining and that the proportion of elderly living alone or with spouse only have been increasing. These trends in Japan have led to the suggestion (Kamo, 1988) that the impact of industrialization has undermined the indigenous culture of Japan vis-à-vis the status of its elderly citizens, and set the stage for the eventual predominance of the nuclear family. Related to this is the notion of “intimacy at a distance” (Rowland, 1991). That is, as the financial status of elderly people improves, a large proportion are able to afford to live alone and choose to do so in independent dwellings, while at the same time maintaining close familial contact and exchange supports. A growing literature relates improvements in social security programme and general economic welfare to the ability and desire of older persons to choose independent living arrangements, presumably reflecting normative changes toward individualism and personal independence (Gierveld, 2001). This concept has found general currency in a variety of cultural settings.

The traditional Indian family structure used to provide the required environment for comfortable living of the elderly. The extended family usually consisted of two generations living together wherein the elderly used to have a different status in the household. But with a rising number of nuclear families due to rapid industrialization
and urbanisation, the elderly seems to have been deprived of certain needs which are not adaptable to them. For instance, the developmental evolution has taken the female folk out of whom and transformed the family structure to be nuclear which results in deprivation of care for the elderly at home. In this circumstances, another discussion of the elderly is significant which attracted attention of researchers in the living arrangements among the elderly. Usually the living arrangement is understood in terms of the family type in which the elderly live, the headship of household elderly enjoy, the place they stay and the people with whom they stay, the kind of relationships they keep with their Kith and Kin and on the whole, the extent to which they adjust the changing environment. Traditional joint families are breaking now-a-days due to various reasons. Elderly people those who belonged to joint families, now many of them are belonging to nuclear family set-up. Their perception varies due to their living arrangements as well as changing structure.

In this investigation, a comparison was made between the two groups of elderly people residing in joint and nuclear families of Kolkata city. It has been revealed that those who belong to joint families perceive the physical environment better than those who belong to nuclear families. In joint families there is opportunity to mix-up people more than that of the nuclear families. Human beings are closely related to his/her social environment. They always try to belong to or identify with the group or society where they live. Here, the elderly who belong to joint families of Kolkata city perceive the social environment more healthy and congenial in comparison to the elderly who belong to nuclear families.
Besides this, in case of India, the most forceful factor for change is the contact with western culture which lead us to diffusion of new roles and values. It is reflected not only in the ideological changes, but also in other aspects of social life. The system of family, the aspirations of the individual, the norms of individual, the norms that controlled the social relations, the social system including caste system or marriage system initially received a challenge. This is also linked with the idea of individual independence projected by western intellectual tradition and combined with colonialism. The total impact created complexities and contradictions in the process of change. But as a result of this, the existing structure becomes unable to cope when the new aspirational demands pose themselves as a new ideology, with the result the new needs of aspirants are unfulfilled. Thus, sometimes an individual finds the existing normative set-up as a misfit for the oncoming change. The break-up of joint family is also creating an impact in the present scenario. Hence, in the present investigation, changing values of younger generation as perceived by the elderly residing in joint and nuclear families of Kolkata city was compared. It has been revealed that both the groups have unfavourable opinion about the changing values of younger generation but more unfavourable opinion was observed among the elderly who belong to nuclear families than those who belong to joint families.

Thus, the concept of the family is likewise subject to socially assigned meanings. It is common for a distinction to be made between developing countries, where the extended or joint family is said to be the norm, and the nuclear family structure of the developed world. These simple formulations tend to overlook the real complexities of family
structures, organised as they are in all societies to provide care and support throughout the life course. However, it is again the socially constructed meanings assigned to the concept of family that are important, since in all societies the family is seen as a foundation of social and cultural values. Thus, the living arrangement are affected by a host of factors including marital status, financial well-being, health status, and family size and structure as well as cultural traditions such as kinship patterns, the value placed upon living independently, the availability of social services and social support and the physical features of housing stock and local communities. On the individual level, living arrangements are dynamic, representing both a result of prior events and an antecedent to other outcomes (Van Solinge, 1994). On the societal level, patterns of living arrangements among the elderly reflect other characteristics – demographic, economic and cultural – which influence the current composition and robustness of older citizens. In turn, living arrangements affect life satisfaction, health and most importantly for those living in the community, the chances of institutionalisation.

Different societies construct the meaning of community in different ways. The word community has been assigned a range of meanings. At one end of the spectrum is the community of locality and neighbourhood. At the other are communities of interest, which transcend locality and are linked by common intellectual, social, economic and other interests, It is suggested that for older people, both in the developed and the developing world, the primary focal point is the sense of place in a physical community. This is the neighbourhood or other locality, which for many may be an extension of, or substitute for,
the family. 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 such relatives to care for them, no way of earning a living and cannot through poverty or disability, look after themselves. 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 most of those in both non-institutional and institutional settings. Whatever may be the setting, safety and convenience, choice and control, and physical conditions are important considerations (Smith, 1991).

Apart from such significant considerations, the findings of the present investigation reveal that the elderly people who are residing in single room perceive their physical environment better than those who are staying at dormitory setting, probably because the former group get infrastructural facilities more than the latter. Thus, elderly people residing in single room and dormitory setting of old-age homes of Kolkata city perceive their physical environment in a different way.

Rates of institutionalisation usually are very low or negligible in the developing world. In official rhetoric, at least, the western model of institutional care for older people often is rejected as culturally inappropriate (Gibson, 1992). Outside of Europe and North America, social traditions and official decrees of filial and familial responsibility have obviated, at least until recently, debate about living arrangements of the elderly. Lately, however, a number of countries have recognised that even if the family retains much of its support function for the
elderly, demographic and socio-economic changes will inevitably produce strains. Consequently, many developing nations have adopted new policies aimed at alleviating current and anticipated problems. Long-term care provision and/or homes for the aged have become increasingly accepted and common in countries, especially in South-East Asia where sustained fertility declines have led to rapid population ageing and reduced the number of potential family care-givers (Phillips, 2000; Bartlett and Wu, 2000).

A network of informal care and support provided by family, friends and neighbours often forms the basis for elderly care as for example, changes in the structure of Chinese family alter this support function, and changes in traditional values affect the nature of the network and support provided. This is especially so in modernised Hong Kong where the traditional role of the family and especially children's duty of care for their aged parents may be weakening living arrangements, geographical proximity and the quality of relationships between potential caregivers and the elderly affected needs for and provision of informal support (William, 2004).

Social institutions were seen as the structural components of a society through which essential social activities were organised and social needs were met. Social activities or patterns of behaviour are more or less institutionalised, i.e., involve greater or lesser degrees of formalisation, infusion of value and emotional attachment, and therefore, of resistance to change and orientation to their survival. From the variety of studies of institutional environment, a number of themes have emerged: (1) it is essential to examine the institution and its setting over time in order to reveal the effects of the physical surroundings, (2)
the institutional administration is a crucial influence in modifying the interaction between environment and behaviour. Accordingly, in the present investigation a comparison was made between the two groups of elderly people residing in single room and dormitory settings from where it has been revealed that the elderly who belong to dormitory settings perceive the social environment more congenial/favourable in comparison to those who belong to single rooms of old-age home. This is mainly because of opportunity to meet people of different types. Besides this, it is evident that caring is not a simple mechanical act of just meeting the needs of the elderly, it is a complex dyadic relationship with willing motivated participation. Both the caregiver and care-receiver should be educated to improve their interpersonal relationships. Change in values and change in life-style also take an important role in this context. Today, inhabitants are in a constant flux, in a period of transition. Neither they can leave the East, nor they can accept the West, neither they can fully accept the materialistic change brought about by the West, nor can they fully go out of our own cultural regime. Not only this change of environmental setting creates perceived changing values and life style of the inhabitants but also the findings of the present investigation prove that the changing values of younger generation as perceived by the elderly residing in different environmental settings vary in many respect. It is noteworthy to mention that both the groups residing either in family or in home environment have unfavourable opinion towards the changing values of younger generation but relatively unfavourable opinion was observed among those who are residing in single rooms than those who are in dormitory setting. This is because that the elderly people residing in dormitory settings have opportunity to discuss and exchange their ideas and views freely with
each other in connection with the changing scenario of the overall environment.

Social designers and managers have often failed to pay enough attention to the physical and psychological needs of future residents in planning living environments for older people. Such engineers and architects may not be sufficiently aware of the profound effect that the intimate environment can have on the health and morale of older adults. For example, apartments designed by architects who are insensitive to the activities and life-styles of older adults make it impossible for them to retain their valued furnishings or to create a setting consistent with their competencies, preferences, and life styles (Charness and Bosman, 1990; Howell, 1976). More attention obviously need to be given to the types of communities and housing that are adequate now and will be best for older people in the future. This requires the combined efforts of architects, home economists, builders and developers in designing living spaces that are suitable during older adulthood. With respect to the design of the community or neighbourhood itself, considerations should be given to factors such as nearness to medical and shopping facilities, have been observed availability and convenience of transportation, degree of privacy and noise, safety and freedom from crime and recreational facilities. In selecting a living environment, older adults to consider these factors, in addition to closeness to relatives and friends of similar age.

Emotional loneliness and social isolation are major problems in old-age. These concepts are interrelated and often used interchangeably, but very few studies have investigated them simultaneously, thus trying to clarify their relationship. Feeling of loneliness was not associated
with the frequency of contacts with children and friends but rather with expectations and satisfaction of these contacts. The most powerful predictors of loneliness were living alone, depression, experienced poor understanding by the nearest, and unfulfilled expectations of contacts with friends. The findings support the view that emotional loneliness is a separate concept from social isolation. This has implications for practice. Interventions aiming at relieving loneliness should be focussed on enabling an individual to reflect her own expectations and inner feelings of loneliness (Routasalo et al., 2006).

In the present investigation, major physical problems with which the elderly residing in old-age homes and family settings of Kolkata city are suffering, are mainly blood pressure, arthritis, eye problem, blood sugar, etc. But their mental problems vary significantly and this difference is mainly due to two different environmental settings. Depression, helplessness and anxiety are more predominant among the elderly who belong to home environment, on the other hand, feeling of loneliness, hypertension and depression are predominant among the elderly who belong to family environment. It is a dire need to usher in a congenial climate where the suffering elderly either residing in home or in family setting get mental peace as far as possible.

Generally old age is believed and considered as a curse being associated with deterioration of all physical and psychological faculties and isolation from social, economic and other activities. But such a wrong conception can be changed if socialization of seniors can be insured in a constructive way 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. The population of senior citizens in
India by 2003 was 9.3 crores and it is estimated that it will be 14.60 crores in 2025. It is a very big segment of population whose potential and energy are to be utilized for the society at large by creating an aged friendly family and community for them. Care and concern are the vital factors which can provide the feeling of comfort and security for the old people who need a lot of understanding and patience. The quality of life of the elderly people includes the quality of informal care received by them. It certainly adds value to their life and provides meaning to their life period.