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CONTENTS

COMMUNITY BASED GERIATRIC CARE IN INDIA: A PERSPECTIVE

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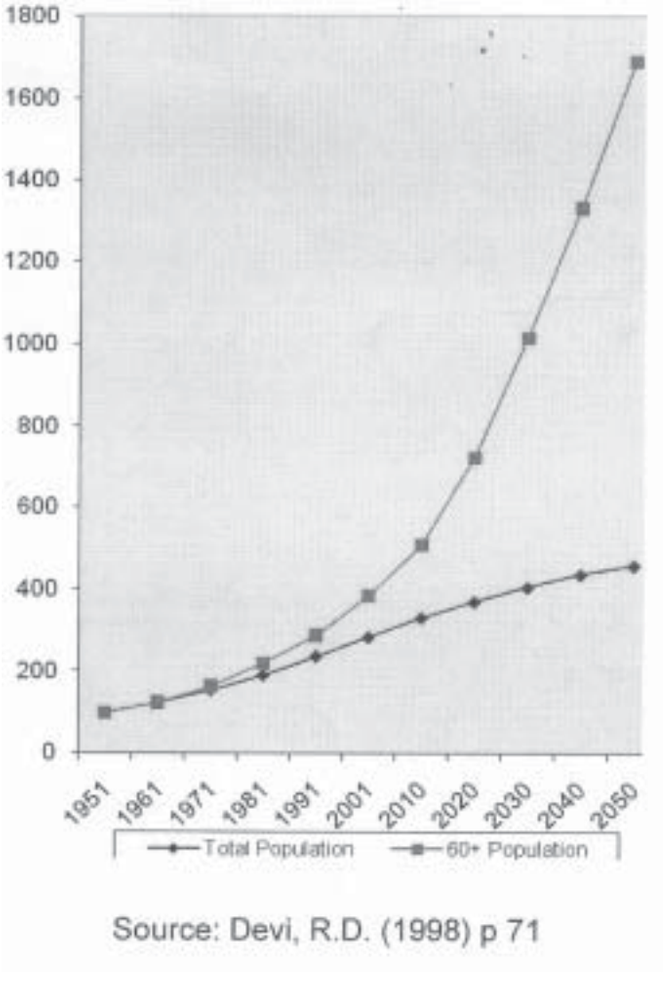
Geriatrics will be of high relevance to India in the coming decades. With the increasing population ageing, demand for care giving mechanisms in the country will increase. India with a nearly a 70 million population aged 60 years and above, faces serious challenges of age care, Welfare measures, out-migration of youth, early retirement, traditional ways of life etc., add wear and tear on resources and care giving mechanisms. Geriatrics has now been visualized as a discipline in India. Development of Geriatrics has root from the demographic scenario of the country, especially from declining birth and death rates (demographic transition). This noticeable change in national demographics indicates the need for change in health manpower. And so, building geriatric facilities along with community interests is a challenge in the millennium.

Fig. 1 Relative Change in total population and older population in India (1950=100)



This article explains geriatric care from a wide sphere of interrelated disciplines for developing care giving mechanisms. Socio-economic and demographic dimensions, health care needs, community care issues and national and international community care experiences are discussed in the light of Geriatrics in India. Knowledge about interrelationships of these disciplines will develop a system committed to ageing and which facilitates life of aged persons within their family and community.

1. Demography of Ageing

In India, there was a marked increase in aged population over a period of 40 years (Devi, 1998; Kumar, 1998). During the 1951-61 period, there was an increase of 4.5 million older persons. The following decade witnessed an addition of 8 million. The increase was steady and in 1991 the population aged 60 years and above became 57 million (as per Indian censuses). United Nations projections show that there were 58 million elderly in 1990, which will increase to 102 million in 2010 and 204 million in 2030. By 2050 it will reach a staggering 340 million.

Population growth in India during the last 50 years was accompanied by an increase in the number of persons aged 60 years and above (Visaria, 2001; Bose, 2000). The number of aged in India has

increased from 19.8 million in 1951 to 57.2 million in 1991; thereby increasing its share from 5.6 to 6.8 percent. This makes a 29 percent contribution to population growth. The percentage of aged will reach 8.94 in 2016 with an absolute size of 112.96 millions, which might further reach 326 million by 2050. This "agequake", as described by Wallace (cited in Bose, 2000) shall descend unexpectedly with death and destruction.

Decline in mortality and fertility leading to a gain in life expectancy is found to determine ageing of population (Kumar, 1998). Fall in fertility rather than mortality decline has stronger impact on ageing of population. Demographic transition, in India, has lead to a gradual transition to an ageing society in the 21St century (Bose, 2000). This process took place in India as along other developing countries as an impact of decline in fertility.

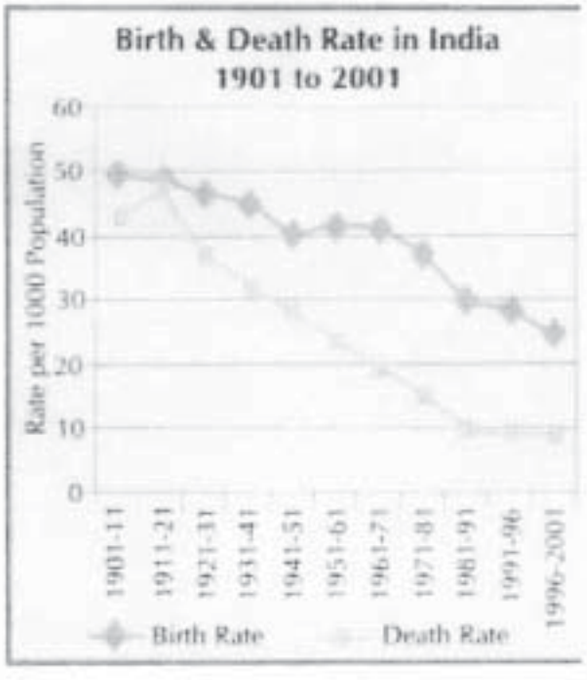
Gore (1997) highlighted the increasing ageing process in India, its base on fertility reduction and its implications on socioeconomic characteristics, health and longevity. Reductions of mortality rate during first quarter of 20th century were followed by epidemics that lead to death of a large number of people. Public health facilities are improved and which reduced mortality drastically. With family planning programmes, fertility was brought to a low level.

This demographic trend facilitates India's transition from a mature society to an ageing society. An increase in number of ageing population was visibly noted in terms of absolute numbers for each census year since 1951. Their numbers increased from a low of 20.1 million in 1951 to 76.0 million in 2001 and which will 339.5 million by 2050. Growth of older population was almost equal to that of total population till 1990 but that started exceeding thereafter making a wide difference till 2010, as per projections. Number of older persons shall increase rapidly after 2010.

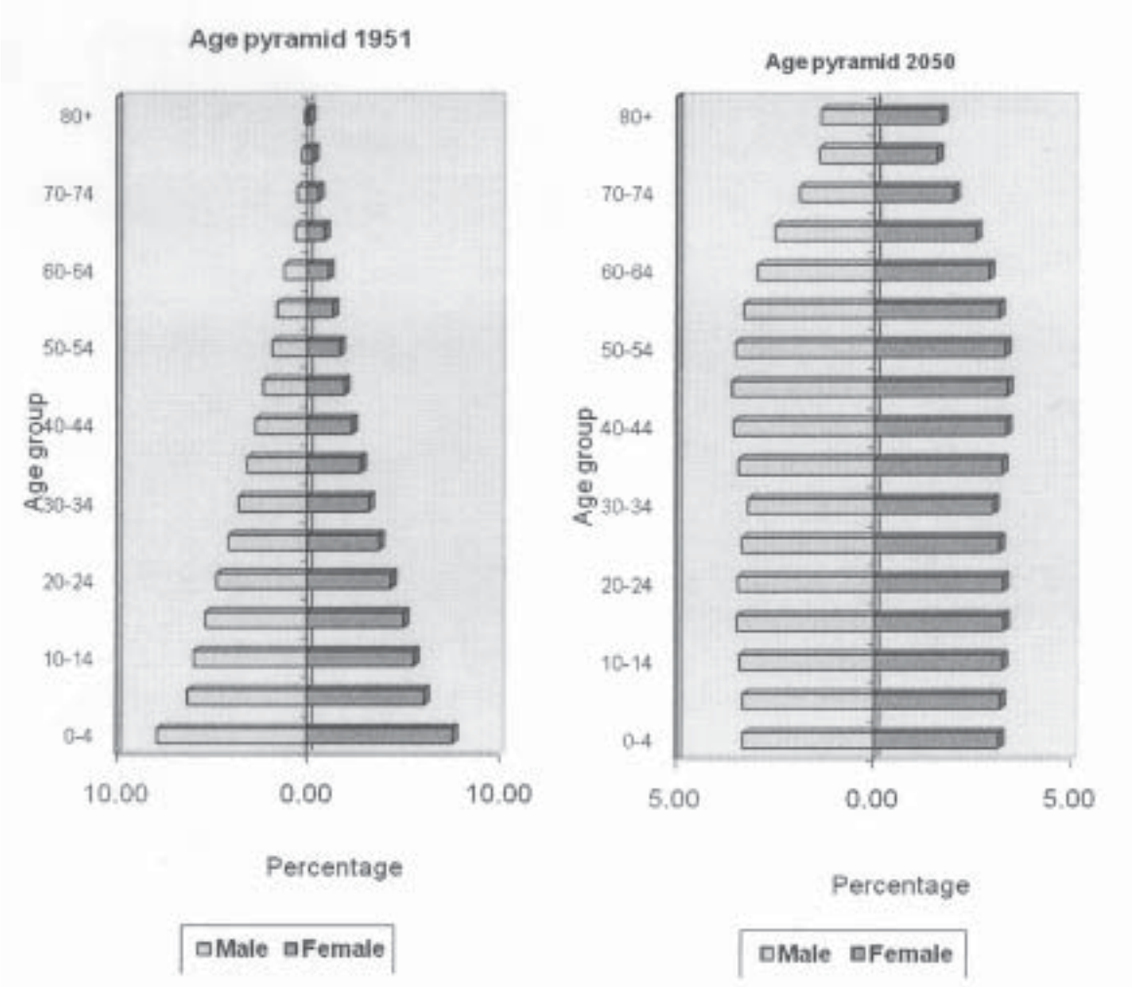
The age structure changed from an expansive shape in 1950 to a constrictive shape in 2010. The same will have a cylindrical shape in 2050.

2. Socio-economic dimensions of ageing

Age structural changes affected age dependency ratio, index of relative change and various indices



Source:- Registrar General of India (http://populationcommission.nic.in/facts1.htm)



Source: Devi, R.D. (1998) p 73-74

of ageing viz., median age, index of ageing and percentage of population aged 60 years and above. Variables, namely place of residence, age composition, sex composition, socioeconomic characteristics, marital status, educational level, activity status; work participation rate, economic activity, and employment status created differences among aged people. And this heterogeneity of Indian elderly persons makes us feel that "India is heading for a new era of responsibility resulting from the ageing of its population which will require concerted and enlightened action from both government and non-government bodies if the aged are to be treated with humanity and dignity in their later years" (Devi, 1998, p 96).

Length of life operates together with a multitude of factors, say characteristics, namely ruralurban distribution, young-old and old-old ratios, marital status distribution, literacy, household headships and work status (Visaria, 2001). Despite the fact of better health profile in urban areas, presuming a higher life expectancy there, proportions of older persons are lesser in urban area. This contradicts the existing comparatively lower fertility rates and mortality rates and higher life expectancy in urban areas. Factors like age misreporting, age pattern of urban labour migrants, return migration after retirement from urban areas etc., might explain this urban jeopardy. Rajan et al., (1999), pointed out that "...their deteriorating condition is considered as the end result of the fast eroding traditional family system in the wake of rapid modernization ad urbanization". The rapid urbanization and its consequent increase in housing shortage perpetuate a joint family system of two and three generations creating tensions and conflicts between generations (Bose, 2000).

Elderly population is considered as heterogeneous in that there are less old (young old) and more old (old old). Usually those aged 60-69 years are considered as young old and those above are considered as old old. (Some authors have used age 75 as the demarcating age for such a classification, for e.g., Devi, et al., 2008). Projections indicate a comparatively higher rise in "old old" during the coming decade, and merit due attention in evolving adaptive mechanisms to moderate the inevitable pain in this process of transformation. As "old old" might require medical care more intensively due to higher incidences of morbidity and disability, the process of 'ageing of the aged', calls for specialized geriatric care.

Bereavement, another phenomenon related to ageing, is more serious among females than males, which raises challenges on social and health policies. As the current day older persons are born on pre-independent era characterized by poor schooling and education, illiteracy rates among them remain high. This characteristic will have implications on community life as their aspirations and expectations as well as consumption patterns differ from that of general population. Household headships offer certain level of power and which fetches care and support to certain extent. This power holding status reduces while reaching old age, especially among women. Work status is yet another variable of importance in old age. But the work participation rates reduce with increasing age.

The survey based researches conducted by National Sample Survey Organization (NSSO) have brought light into the interplay of these factors on life of elderly populations and society. Factors viz., widowhood and number of surviving children influence living arrangement of older persons and which determine care and support in old age. Chronic diseases, another important variable revealed by NSSO surveys, affecting during old age raise the need for medical expenditures beyond their paying capability. Economic dependency resulting from effects of ageing, mentioned above, found more among old aged women. This increase in the elderly poor creates a burden on ageing especially due to their lack of resources for day to day living and medical care.

Quoting Bose (2000), "Caring for the old is not merely looking into their special needs of health care, housing and financial insecurity but a whole lot of complex issues have to be addressed". The empty nest syndrome reflected in small families, the conflict of generations, a loss of respect for the aged, the flaws of heartless institutional care of the elderly in old people's homes are only some of the issues which defy easy solution".

Position, authority and respect for elderly are increasingly diluting In the current social set up, which is influenced by health, presence of spouse, economical condition, in law relations and ability to get along with family members (Nayar, 1996). Management of home, help in management of kitchen and spiritual activities are the major familial activities of elderly. Interpersonally spouse followed by eldest son, grand children, eldest daughter and youngest daughter are close to elderly in that order. As far as the household decision making is concerned, elderly are mostly consulted in education, marriage, occupation, buying of consumer durables, real estate dealings and settlement of disputes. Elderly are found to be important in their family in giving advice, helping in home management, helping in kitchen work, giving money and maintaining image of the family.

3. Healthcare Needs of the Elderly

Davies (1998) in reference to gain in life expectancy asks "... How can we and our successors in the 21St century, maximize benefits of this remarkable blessing of survival and avoid the burdens that could ensue?" He has narrated the challenges of ageing, implications of ageing on health sector and the way society must adapt to the situation. An older person is an individual genetic template who survived forces of mortality and exposed to environmental and social influences for at least 65 years. They are survivors of demographic transition, epidemiological transition and health transition who carry over greatest risk of non-communicable diseases, disabilities, locomotor problems, musculoskeletal disorders etc. Nayar (1996) noted reduced sight, hearing, memory and sleep: nervous problems and joint pain among old aged. Rheumatism,

hypertension, chest diseases, diabetes, heart diseases, bladder diseases and liver diseases are prevalent among them. Major health problems in old age are joint pains, cough, blood pressure, heart disease, urinary problems and diabetes whereas respiratory disorders are the major killers, as revealed by NSSO (1991).

Population ageing has implications for health sector in terms of equity, social support, healthy environment, primary health care, acute hospital care, rehabilitation, long term care, information system, organizational reform, research, training and cost effectiveness. Equity refers to avoiding existing discrimination and professional ageism against elderly in the provision of complex and costly health care. Provisions of income facilitate autonomy and which offer continued care in case of ill health and social security.

Healthy environment, facilitated by healthy habits of eating, sleeping, exercise and avoidance of tobacco and excess alcohol, is a prerequisite for 'successful ageing'. And so it warrants community activities to link health appraisal and individual preventive activities to attain a healthy life style. Primary health care, the basic right of all individuals needs to be strengthened by training professionals to attend to special problems of older persons. Hospital efficiency is to be emphasized in case of management of acute diseases requiring new technologies. Rehabilitation is considered to be a geriatric challenge especially in case of stroke, fractures and heart failure requiring surgical procedures and which demands an interdisciplinary approach adaptable to patients at home, in institutions and in the community as the need for long term care increases with age.

It is the era of information that increases efficiency of healthcare machineries and also positive outcome. Existing services are unsuitable for ageing populations as there is an evolution of health and social welfare services. Research is the tool for improving conditions of long term disabilities; operations research improves quality of care and facilitates prevention activities. A healthy ageing approach requires specialists with training in geriatrics not only of medical specialities but also for super specialities and even for paramedical sciences. An important challenge of health profession for elderly is the cost benefit analysis.

4. Care in the Community

Ageing process and concerns vary across regions, across countries, across provinces and districts and across population groups depending upon the demographic scene, socioeconomic development and cultural and traditional practices. This uniqueness of ageing process influences social and economic lives of people and which make care of ageing as a community issue.

The family as an institution that provides social and economic support to individuals at various stages of life is undergoing changes in terms of intergenerational relationships and the role of women (Yesudian, 1998). Family transition from joint to nuclear structure affected not only the position of elderly but also the family's capability to care. Family structure changes were brought out by increasedmobility, urbanization, capitalism, division of labour and industrialization and so on, which loosened family's basis for social stability and regulations. These changes brought feelings of independence in living arrangement and thus lessening filial responsibility.

Creating provisions for elderly housing, domiciliary care systems, communication technologies and so on might bridge the gap between generations. Women's entry into labour force reated conflict with their tradiitonal role as care givers especially in families having more older persons requiring constant care. Community based voluntary support to substitute care fo children and viable formal support systems especially for those suffering from chronic diseases and disabilities might address this issue.

Ageing of population affects economic development of society as economic productivity is usually carried out by youths and adults - the productive forces. Retirement in large volumes due to ageing is rarely replaced, which affect productivity. Not only the loss

of experienced knowledgeable labour force but also the lack of hands for labour is the result. At the other side is the demand for social security benefits from those who retire. This burden on economic resources influences dimensions viz., productivity and consumption. This economic condition influences life of elderly as it influences public/social welfare programmes. Poverty, destitution and strained informal support system are the outcome of socio-economic-demographic transitions creating severe pressures to elderly.

Utilization of health services, an area of geriatrics concern, is fround to be high, which might bea result of compression of morbidity in old age; though there are differentials among groups. Assessment of needs and its differentials across groups in line with utilization pattern, resource allocation etc., are required to plan early detection, third party financing for informal services and health education programmes.

Mossey et al., (1989) proposed measures for assessment and case management to physician care for elderly namely established methods for assessing fit between need and demand, consensus about acceptable treatment approaches for specific diseases, syndromes or combinations and mechanisms for classifying individuals according to health service utilization. In such community based health service delivery programmes it is of utmost importance to identify persons who are likely to be consistent users, evaluate patterns of use and offere more appropriate and cost effective care.

Institutionalization of elderly, a growing trend in India, has a higher life time risk (George et al., 1989) due to the financial burden imposed on public coffers and. private pocketbooks and persistent perception that institutionalization is less than optimal or even inadequate. Institutions serve as treatment facilities and residential homes. Institutional care and long term care are different concepts as the latter require support of formal and informal care systems and also community based-institutional care systems. Institutionalization, the last resort, has negative stressful effects (Harris et ai., 1981) but proved to be the least attractive option for an impaired elderly.

Factors that relate to older persons entering nursing homes are social, heterogeneity of nursing homes, existence of nursing home, behavioral ethnography of nursing home life and the relationship within the family, resident outcomes and attitude and behavior of nursing home personnel. Predictors of social placement to an institution are mainly social selection and allocation processes in health delivery systems (theoretical perspective) and risk factors that delay nursing home placement (policy perspective). Need for service rich environment in case of health impairment, incapability of independent living, even though many of such elderly continue in the community within the framework of informal care systems. Demographic factors viz., very old, women, those living alone and unmarried are more likely to enter long term care institutions. Availability of caretaker, both unavailability and unwillingness, is the most important reason for entry into institutions. Conditions viz., living arrangement, perception that institutions are viable alternatives and persons involved in decision making influence institutionalization of elderly. Institutionalized elderly are heterogeneous in terms of demographic characteristics, physical and mental conditions, service utilization patterns, prognosis and life expectancy.

The everyday realities of institutionalized elderly is of importance in terms of time spend on sleeping, talking with others, watching TV, pursuing recreation, doing nothing and also prevalence of wandering, screaming, belligerence etc. Such ethnography is important as behavioral problems are important in both management and treatment. Behavior patterns of institutionalized elderly are related to their level of health and disability and which are aimed at eliciting responses from others including staff members, visitors and other residents. Often institutions ignore behaviours that express independence but reinforcing behaviours showing dependency. Indirect self destructive behaviors are yet another behavioural manner common among institutionalized elderly and which jeopardize health. Dissatisfaction with life, poor prognosis at discharge, experience of social losses and suicidal ideation are associated factors of indirect self destructive behaviours.

Institutional environment referring size of institution, staff-patient ratio, level of care, profit versus non-profit orientation, etc., is influential. The person environment fit hypothesis enhanced well being is associated with congruence of personal capabilities and environmental demands - explains suitability of institutional environment with particular physical and psychological characteristics. Intra institutional friendship formation, privacy, ability to retain personal possession and resident control are considered as environmental parameters (Moos and Lemke, 1984). Analysis by Stein, Linn and Stein (1985) revealed relocation orientation, severance anxiety, medical concerns, tender loving care and individual space as factors leading to stress.

Contact with family is the primary link of an institutionalized elderly with outside world. A considerable amount and quality of family interaction is a major correlate of well being. Many institutionalized elderly have no close relatives. Even among those having close relatives, their extent of interaction varies widely. It has been realized that family involvement positively affect resident wellbeing.

5. Community Care Experiences

Needs of the elderly are not only economical but also social, psychological and physical. Institutional changes are required to ensure their social and psychological well being. Yet another phenomenon associated with ageing in India is the declining earning activities of elderly in the background of changing economic activity from an informal to a formal sector, which raise income maintenance issues (Gore, 1997). It means that old age dependency ratio increases with increase in longevity. It demands not only the social policies but also the institutional resources to offer a life with self respect demanding provisions for meaningful roles and sense of autonomy. Creation of support systems especially family in the context of depleting social support is in demand. In order for promoting a society for all ages Government of India made provisions namely, (i) constitutional and legislative provisions (ii) welfare schemes in the organized sector (iii) welfare schemes in the unorganized sector (iv) healthy policies and geriatric services (v) housing policy and (vi) other measures.

Constitution provides social security as a concurrent responsibility of central and state governments through List lil of Schedule Vll (Kumar, 1998) and through Article 14, Article 15, Article 39 and Indian Succession Act, (Asharaf, 2006). Social security, social insurance, employment, unemployment, welfare of Labor etc., mentioned in the constitution are all made favorable to the elderly to secure a life with comfort and ease. Directive principles and Article 41 claims to provide old age pensions and social security measures. Hindu Adoption Act of Code of Criminal Procedure safeguards elderly by giving right for maintenance allowance from children. Income Tax Act 1961 and Finance Act 1992 are in favor of elderly. Right to equality, prohibition of discrimination, right for adequate means of livelihood, right on family properties (testate succession or intestate succession), right for maintenance and protection against violence and so on allows elderly to lead a life in their community.

Welfare measures and provisions for sustenance are made in favour of all persons superannuated from organized sectors of economy including central government, state government, local bodies, other public sector and private sector establishment covered through Employees Provident Fund and Miscellaneous Act 1952, Employees Pension Scheme 1995 and Gratuity Act 1972. Unemployment is crucial in old age that healthy and willing elderly have no opportunities for employment mainly because of (i) skill incompetencies for modern sector (ii) emotional insecurity and (iii) employers poor notion of physical capabilities (Asharaf, 2005). Thus the sources of income in old age are limited to that from possession of properties, retirement benefits and social security benefits.

In the unorganized sector, social welfare programmes for elderly developed by the government in collaboration with non-governmental agencies include old age pensions, old age homes mobile geriatric services, adoption of elderly, economic activities for supplementary income and

subsidies on purchase like train and flight tickets, bank interest rates etc. Old age pension and widow/ destitute pension as part of National Social Assistance Program (NSAP) was launched by Government of India in 1995. A number of old aged people all across the country have benefited through this scheme. Social Security pension for those retired from unorganized sector viz., agricultural laborers has been existent in few other states (Kumar 1998). Kerala as a model introduced pension schemes to various other occupations (Rajan, et al., 1999).

Health, the fundamental quality of life, is the most challenging concern as far as an ageing population is considered. Poor health leads to death through causing diseases viz., heart disease, cancer, stroke, Alzheimer's disease, Parkinson's disease etc. Elderly seldom rate their health as good (Asharaf, 2000) as they depend on medicines for one or a combination of health complaints. It is the muscular system that gets affected seriously in old age and which is followed by respiratory system, cardiovascular system and nervous system in that order. A large share of the sick elderly have disabling illnesses and which is followed by major non-life threatening illnesses, minor ailments and life threatening illnesses in that order.

Housing is a high priority especially for old aged persons. It is essential to have houses suitable for elderly to facilitate free movement (Asharaf, 2009). There are NGOs that provide institutional homes. There are elderly villages and townships tailor made for old aged persons, which are promoted by development organizations. Governmental and banking service agencies provide financial aid to elderly for housing purposes. Other measures giving benefit to elderly include concessions in air travel, train travel, seat reservations in bus, adoption of elderly, geriatric wards in district hospitals, meals on wheels, free cataract operations, mobile clinics, and so on.

6. Vienna Plan Mandates

Ageing process and its interaction with social and economic situation requires an integrated approach for development in order to prevent premature ageing. Approaches namely (i) educational efforts (ii) healthy life style (iii) adjustments to working hours and conditions (iv) balance between time spent in leisure, training and work and (v) adaptation of man to his work and work to the man (United Nations, 1983) are of greater use. Health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security and employment and training and education are the core areas of concern to ageing individuals.

Health is a result of interaction between all sectors which contribute to development of an individual. With improvement in health status of general population, major disabilities might largely compress to a narrow age range prior to death. Strategies recommended by United Nations (1983) are

(i) physical care to reorient hopes and plans of elderly is as important as Farina to alleviate health problems

(ii) health care of elderly to go beyond disease orientation to total well being and in improving quality of life

(iii) early diagnosis, appropriate treatment and preventive measures are required to reduce diseases and disabilities

(iv) special attention to healthcare of very old and incapacitated

(v) attentive care to terminally ill and support to their families beyond normal medical practice

(vi) closer coordination between social welfare and health care services at national and community levels

(vii) educating elderly for self care and training of care givers, practitioners and students

(viii) involving older persons in health care

(ix) enabling elderly to lead independent lives within their communities

(x) developing healthcare services in the community

(xi) pursuing health promotion, disease prevention and maintaining functional capacities among older persons

(xii) ensuring adequate nutrition

(xiii) ensuring quality healthcare services

(xiv) preventing or postponing negative functional consequences of ageing

(xv) promoting safe handling of hazardous materials

(xvi) adopting measures to prevent accidents in home, on the road, due to medical substances etc., and

(xvii) promoting epidemiological studies.

Elderly are not poor consumers of modern society but are equally important to other categories of population. It might also be important to protect them from exploitation and biases in consumer oriented market economies. For this end, the following recommendations are given by Vienna Plan

(i) ensure of standards of various consumer products

(ii) encourage safe use of medicines and other chemicals

(iii) facilitate to prolong activities independently through availability of various aides and

(iv) restrain from market exploitation.

Housing and environment is considered important in an elderly life as it creates physical surroundings that influence quality of life. Housing becomes more than a shelter for an elderly person and so the following Vienna Plan recommendations are of importance

(i) housing policies need to pursue goals to offer a dignified life to elderly

(ii) laws need to pay attention to the problems of ageing

(iii) living environment to be part of human settlement policies and action

(v) living environment shall facilitate mobility and communication

(vi) enforcing laws to increase awareness of domestic violence against elderly and its impact on their lives and

(vii) involve aged members in housing policies and programs.

Family, the fundamental unit of society, might account intergenerational issues, traditional role of older members along with changed economic role of adult women in nuclear families and social systems. Efforts are needed to bring harmony through the following Vienna Plan recommendations

(i) support, protect and strengthen family within the cultural values and needs of ageing members

(ii) provide community support for developing willingness of families for caring elderly

(iii) provide social security to elderly considering issues like bereavement

(iv) adopt an age family integrated approach, recognize special needs and characteristics of elderly and their families and

(v) encourage Government and NGOs to establish social service to support families with elderly persons.

Social welfare services needs to be community based to maximize social functioning of aged through providing preventive, remedial and developmental services enabling them to lead an independent life.

They might consider the following Vienna Plan recommendations

(i) facilitate creation, promotion and maintenance of active and useful roles for elderly

(ii) consider particular needs of elderly in programs and future planning

(iii) encourage elderly to involve in providing services and care

(iv) reduce constraints on formal or voluntary activities on ageing

(v) ensure a quality of institutional life wherever institutionalization is unavoidable and

(vi) encourage establishment of free initiative groups and movements of elderly persons.

Income security and employment is an important aspect in old age. The following Vienna Plan recommendations are important in this context

(i) appropriate actions are to be taken to ensure minimum income to all older persons through social security schemes

(ii) facilitate older persons to participate in economic life of society

(iii) provide satisfactory working conditions and protection for older workers

(iv) ensure smooth and gradual transition from active working life to retirement

(v) adopt standards concerning older workers

(vi) guarantee full social coverage for migrant workers and

(vii) keep family groups intact especially in case of refugees.

The knowledge and information explosion caused by scientific and technological revolutions created social change globally and which affected the traditional role of elderly as transmitters of information, knowledge, tradition and spiritual values. It is essential for a society to consider the following Vienna Plan recommendations

(i) maintain elderly as transmitters of knowledge, tradition and values

(ii) provide education to elderly

(iii) educate people on the positive aspects of ageing process

(iv) promote informal, community based and recreation oriented programs for ageing

(v) support programs that provide easy access to elderly for cultural institutions

(vi) initiate programs that are aimed at educating public with regard to ageing process

(vii) make efforts to overcome stereotypes of ageing as manifested as physical and psychological disabilities, functional incapability or loss of status

(viii) make knowledge of all aspects of elderly life available.

It is in this context, national governments in collaboration with international and regional cooperation enable a condition favorable for sustainable development. Governments create conditions and broad possibilities for full participation of citizens by devoting more attention to ageing. Globally, it requires creating a new economic order and development strategy and social systems through bilateral and multilateral co-operation. With such an effort while focusing on specific humanitarian needs of elderly, the developmental issues viz., production, consumption, savings and investment will also receive attention.

7. Madrid Plan Mandates

The Madrid plan of action on ageing adopted 20 years after the Vienna Plan stressed a different set of issues. Creating a society for all ages, the motto

of 'international year of older persons took great attention as it refers to providing older persons an opportunity to continue contributing to society. Aparrt from visible economic contributions, elderly play roles in caring family members, productive subsistance work, household maintenance and voluntary activities in the community. These actrivities in turn contribute to growth of personal well being. This aspect requires (i) recognition of social, cultural, economic and political contribution of older persons and (ii) participation of older persons in decision making process at all levels.

Work and labour force seems to be of concern in old age as labour market rigidities prevent elderly from being productive throuhg under employment or unemployment. An increased level of awareness in this respect would help to maintain ageing work force. Older persons who are engaged in informal sectors of economy are deprived of benefits of adequate working conditions and social protection. Employment of older women is of importance as lack of family friendly policy regarding organization of work creates difficulties for women. Continued employment for older workers and changes in incentive structures to encourage workers to defer full retirement and continued employment would help ageing populations.

Ageing populations are concentrated in rural areas where they may be left behind without family support and adequate resources. Rural ageing needs to be of priority for social welfare especially of women elderly as they are more vulnerable due to their non-remunerated work for family upkeep. Rural to urban migration of youth, non-conducive urban environment for family netweork, crowded urban housing, etc., create stress to older persons. Thus (i) improvement in living conditions and infrastructure in rural areas (ii) alleviation of marginalization of older persons in rural areas and (iii) integration of older migrants within their new communities are of priority.

Access to knowledge, education and training is crucial to an active and fulfilling life. Knowledge based societies institute lifelong access to education and trianing to ensure productivity of individuals and nations. Older people need continuing education to earn a livelihood and influence enjoyment of health and wellbeing. This might create an environment where elderly share skills, knowledge and experience; integrate with technological change and capability to perform and adapt to work place change.

International solidarity between generations at all level in families, communities and nations is fundamental to achieving a society for all ages. This solidarity is a prerequisite for social cohesion and a foundation of formal public welfare and informal care systems. All sectors of society shall aim to strengthen ties between generations through equity and reciprocity.

Eradication of poverty receives global attention but is found to be excluding older persons. Institutional biases in social protection systems contribute to the feminization of poverty and are based on inequalities in economic power sharing, unremunerated work, poor encouragement for women entrepreneurship, etc. These disadvantages and create difficulties in old age. it is of interest to (i) save older persons from extreme poverty (ii) promote access to employment and income generation activities (iii) ensure that needs of older persons and disabilities are addressed in poverty eradication strategies (iv) develop age and gender relevant poverty indications (v) support programmes and (vii) strengthen capabilities of developing countries to ereadicate poverty.

Income secuirty and social protection including informal and structured schemes create economic prosperity and social cohesion. Sustainability in income security is of importance in the context of population ageing. Two important steps are (i) to promote programmes to enable all workers to acquire basic social portection, social security including disability insurance and health benefits and (ii) providing sufficient minimum income to all older persons, paying particular attention to socially and economically disadvantaged groups.

Older persons are highly vulnerable in humanitarian emergencies and natural calamities. At the same time they serve as the more powerful volunteers during such emergencies providing rehabilitation and reconstruction. It is of importance to provide access

to older persons in food, shelter and medical care and other services during and after natural disasters and humanitarian emergencies. it is also important to provide opportunities for enhanced contribution of older persons to reestablishments and reconstrution of communities and rebuilding of social fabric.

It would be vital to ensure good health in old age which is important for economic growth and societal development. In order to facilitate people to reach old age in good health and well being requires individual efforts throughout life and an environment within which such efforts can succeed. It is proposed that (i) health promotion and well being throughout life (ii) universal and equal access to health care services (iii) protection of older persons from HIV/ AIDS (iv) training of care providers and health professionals (v) attending to mental health needs of elderly and (vi) protection of older persons in case of disabilities would enable good health in old age. A supportive environment to be ensured for older persons for a dignified life which include (i) housing and living environment (ii) care and support for caregivers (ii) protection from neglect, abuse and violence.

8. Successful Ageing

Successful ageing as opposed to normal ageing or usual ageing refers to modifications of behavioural processes to achieve the best possible outcome to ageing (Sunil, 2002). Successful ageing has the potential for reduction of age associated diseases and a better ageing outcome. Successful ageing refers to modification of behavioural processes to achieve best possible outcome viz., low probabiulity of disease and disability, high cognitive and physiological functional capacity and active engagement. Changing attitudes towards ageing by valuing independence and controlling lives, making good choices and compensating well for failures are likely ways of successful ageing. A better quality of life in later years is a likelihood of close relationships and involvement in society. Planning for a healthy lifestyle includes diet, exercise, avoiding substance abuse and adverse environmental exposures and secondary prevention interventions. The biological changers associated with age are genetically programmed to some extent but with diseases or disuses to a great extent. Maximizing disability free life span – the goal of successful ageing – rrequires persons practicing healthy lifestyles and physicians advising good preventive medicines.

9. National Policy Mandates

Community based geriatric care attention from national sector as well. Documents and policy guidelines from the central government promote care of older persons within the family, community and society. The National Policy of Older persons by the Ministry of Social Justice and empowerment (Government of India, 2002) highlighted demographics, gender dimension and widowhood in the context of ageing while emphasizing both macro level and micro level aspects. Ageing of population raise issue namely (i) ageing of middle and upper income groups who are better off in terms of economy, professional qualities and education and thus look for active, creative and satisfying life (ii) older persons relieving tensions of working couples in household chores (iii) due to longer lifespan leading to extended period of dependencey and higher healthcare costs, a large number of older persons become vulnerable (iv) industrialization, urbanization, education and exposure to modern life styles change values and which reduces caring parents and (v) changing women's role, adoption of small family norms, etc., reduces potential care givers.

National policy on ageing is a move to save elderly from their identity crisis and to show their position in a national perspective. It is advocated to governmental and non-governmental institutions to facilitate carving out of respective areas of operation and action in the direction of a human age integrated society. Well being of older personsand strengthening their legitimate actions, providing opportunities lead an active, creative, productive and satisfying life, valuing an age integrated society, recongnizing older persons as resources, empowering older persons, recognizing larger budgetary allocations and emphasizing need for the expansion of social and community services are the mandates of national policy on ageing.

Principal areas of intervention and acton strategies identified by the national polici (i) financial security (ii) health care and nutrition (iii) shelter (iv) education (v) welfare and (Vi) protection of life and property. Income security is a goal of high priority for older persons as two thirds of them are in a fragile conditioin. Old age persons, public distribution system, safe investments during working period, smooth settling of all retirement benefits, expansion of pension coverage, relaxation in taxation policies, promotion of long term saving instruments which are recuirring are measures to provide income security in old age. Given the option to the individual on employment in income generating activities and enforcing parental right to care form their children are also mentioned.

Health is the most crital aspect in an older person's life as they carry the risk of disability and loss of autonomy; some of which require long term management. Good affordable health services, heavily subsidized for poor and graded for others with a judicial mix of public heath services, health insurance and services from not for profit organizations.

Primary health care with preventive, curative, restorative and rehabilitative services are to be expanded to cover geriatric care. Health insurance schemes might cater to the needs of different income segments of older persons and which could be strengthened through state subsidies. Expansion of private medical facilities, reducing waiting time a public hospitals, training of medical and paremedical staff in geriatric care, addressing problemsof accessibility and use of health services, provision viz., mobile health services, special camps and ambulances, promotion of hospices supported by voluntary agencies, production and distribution of geriatric care materials, assistance to families of older persons, early diagnosis, health education programs and mental health services are to be encouraged.

Shelter, a basic human need, varies in type according to income of older persons. Idividuals would be motivated to invest in housing during their earning days through various schemes so that they would enjoy a right shelter during old age. Housing architecture and layouts have to be friendly with the life style of older persons. (Asharaf 2004).

Education, training and information needs of older persons are to be met through development of materials on lives of older persons and dissemination using formal and informal channels. Removal of discrmination against older persons for available oppurtunities for education and training is important. Continuing education is to be offered through open universities and distance learning schemes. Intergenerational bonds and mutally supporting relationships ar strengthened through formal and informal education programmes.

The main thrust would be identification of the most vulnerable elderly for offering service provisions within the family and community. Such services are to be promoted to strengthen coping capacity of older persons and their families. Promoting voluntarism through grant in aids, encourage agencies to organize services, help lines, tlephone assurance services, encouraging informal group formation of older persons, set up of welfare fund for older persons, etc., enhace standard of life.

Older persons are becoming targets for criminal elements, victims of fraudulent dealings, physical and emotional abuse and domestic abuse for ownership rights. Protection of older persons necessitates special provisions in Indian Penal Code. It would be advisable to assist community level organizations and associations to adopt protective measures for older persons. A friendly vigil from the side of Police is also recommended.

10. National Programmes in Existence

The Ministry of Social Justice and empowerment introduced an integrated programme for older persons with the goal of building a society for all ages aiming at empowering and improving the quality of life of older persons (Government of India, 2002). Strategies to achieve this aim are capacity building, productive use of older persons, caring older persons, sensitization and reinforcing family tradition. This integrated programme covers day care centre, old age homes, mobile medicare units and non-institutional services etc., as voluntary activities.

A Reach Out Progamme has also been introduced. The document published by Ministry outlines objectives, strategies, target groups, progamme components, eligibility of assistence, funding pattern, extent of support to the project, application and sanctio, inspection and release of grant in aid. Voluntarism on elder case is a very sensitive issue seen in the context of intergenerational conflicts, family ties, increasing longevity and dependency, elder abuse, etc., as it creates a society lead by volunteering agancy (Asharaf, A. , 2001)

The National Social Assistence Programme (NSAP) introduced in 1955 includes National Old Age Pension as one of its components. This is a centrally sponsored programme came into effect from 1995 and which link social assistance to poverty alleviation and provision for basic needs especially medical care. Persons above age 65 years who a re destitute (having no regular means of subsistence) are eligible for old age pension. Old age social and income security (OASIS), national council for older persons (NCOP) for advisorty and advocacy activities and Annapurna are other programmes for the benefit of older persons (Bordia, 1999)

Elderly form a rapidly increasing health care beneficiary and who require extraordinary and expensive technologies (Callahan, 2002). The increasing life expectancy makes medicare and Medicaid inadequate in meeting the real and the full need of elderly population. Old age to be turned into a kind of endless middle age. While we accept elderly's obligation to serve young, the young and the society have a duty to assist elderly. Policies and programmes are to be in place to help elderly to live a natural life span, to relieve suffering and to a tolerable death biographically. Elements of health policies are in need for an antidote to the cause of mistaken moral emphasis on the care of elderly, need to focus on subgroups of elderly and a set of high priority helath and welfare needs - nursing, long term care and prevention. Sanctioning of euthanasia and assisted suicide for elderly would offer them little practical help and would serve as a threatening symbol of devaluation of old age.

Concetps of managed care and health care rationing are important in health care management of elderly. The need to rations creates managed care. Rationing is ubiquitous because of hospitals close down to avaoid uninsured patinets. Rationing is an unjustifiable evil because many people concerned about health care cost containment. Rationing has become a code word for immoral, inappropriate or greedy but is necessary as it is unaffected to provide every health service to everyone. It ought to be done by physicians at bed side by using cost-effective analysis.

A Suggested Model

Community care for elderly shall emerge out of participation of players of social, economic and political leadership from the grass root level but with close supervision and co-ordination at federallevel. In Indian context such efforts shall be coordinated at block, district, state and federal levels. Community care centres (kiosks), similar to ICDS centres, established at village/hamlet level with co-ordination units at block levels (under Block Development Officers) and at district (under District Collector) levels. At state and national levels the Ministry of Social Welfare through specialized unit shall be entrusted with collection of information – both qualitative and quantitative - with an aim to monitoring and evaluation of elderly kiosks.

Elderly kiosks are developed on the basis of (i) demographic situation including fertility trends, mortality pattern and migration status prevailing at the specific village or hamlet (ii) social and economic conditions (iii) health care demand and supply and (iv) community's care giving practices. Culturally specific programmes for the geopgraphic unit (village/hamlet) shall be planned at local level in consultation with locally prominent persons. Those progammes shall take benefit of (i) community care experiences (ii) Vienna Plan recommendations (iii) Madrid Plan mandates.

These kiosks operate in coordination to promote successful ageing in the village/hamlet through education, family counselling, service provisions, legal support, livelihood opportunities, networkign for retraining and reemployment, medical aid, domestic help and a wide variety of caring mechanisms; all in consultation and full involvement

of immediate family - kith and kin. All these services are offered as demanded by older persons but without any conflict with their kin. That is, these services shall have a long term objective of bridging the generation gap.

While the kiosks function at grass root level, state level and national level coordination units shall make efforts to streamline activities according to the national policy on ageing. Promoting voluntary activities through subsidies to run such kiosks, state and antional coordination units shall integrate the projects towards national solidarity.

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DEVELOPING AN AGE-FRIENDLY CITY IN RUSSIA

GULINARA MINNIGALEEVA

Summary

The Age-Friendly Cities (AFC) framework is being developed by the World Health Organization and has become a global concept. This paper analyses the findings of Age-Friendly Cities Project (AFC) conducted by the author with the World Health Organisation in Russia and the author's experience of implementing the AFC Framework in the Senior Resource Centre "Wisdom Ripening" in the city of Tuymazy, Republic of Bashkortostan.

Methods, used for the paper, include literature review; focus groups reserach (WHO Global AFC Project); interviews with the NGO professionals in Minnesota, USA; interviews and survey of older persons and volunteers, participating in activities of Senior Resource Centre "Wisdom Ripening".

Introduction

Community Profile and Background Information

The local site in Russia for the Age Friendly City project is in the city of Tuymazy in the Republic of Bashkortostan. It is a typical industrial post0Soviet city. Bashkortostan is an administrative-territorial unit of subnational division. It is one of over 70 "subjects" of the Russian Federation. Among 66.3 thousand residents of the city, the population over 60 constitutes 9,346 people (14% of city population). Nearly 4000 or 5% of population are over 75 years old (2006).

As for the economic conditions, the average pension ofr people between 60 and 80 years old is about USD 100, which is just above the official cost of living or poverty line (USD 90) for pensioners and (USD 120) for working adults. World War II veterans and people older than 80 years old receive substanitally higher pensions. The maximum pension (for a veteran over 80 with a disability certificate would be around USD 330-370. [1] Almost all older people (with rare exceptions) own their apartments as they were given the housing for free during the Soviet times. As a rule, utilities consitute the only and the biggest housing expense. The bill for utilities though may equal or exceed the size the governmental pension.

Recreation and entertainment in the municipality area are provided by 40 "culture and recreation" centres. There is also a musewum of local history, the Tatar State Theater of Drama, a movie theatre (recently renovated), 47 local libraries, and a Sports and Recreation Centre. The museum and libraries are free fro public. All the facilities above a public, and are funded or subsidized by the Government.

Healthcare services are provided by Government and are free. Corruption and unlawful extortion of payments are common in the city healthcare, as well as generally in the country. There is a Governmental Social Service Centre, which provides services of social workers for persons with disabilities and older persons who do not have immediate family members living in the city. Housing maintenance services are provided by government. The maintenance office is responsible for calculating utility payments, providing maintenance services, registration and personal address verifications. Most social services including healthcare, educaiton, maintenance of apartment buildings, legal counselling, libraries and services of social workers are provided by the Government at no charge. Most personal services

like hairdresser services, cosmetic services, shoe and clothes repair, etc are provided by the commercial enterprises.

The voluntary sector is quite small and mostly oriented towards organizing leisure and social activities. There are a few clubs for children (5-10), 2 clubs for older people, 2 hobby based membership associations, a few sport clubs, association for persons with disabilities and for the blind, and veterans' organizations (mostly dysfunctional, inherited from the Soviet times, Governmentally sponsored, routinely were organized at every factory and apartment building complexes).

Evaluation of the age-friendliness of the city (findings of the focus groups)

Analysis of the results of focus groups conducted during the first stage of teh Age-Friendly Cities Project of WHO allowed us to identify what specifically the residents of the city consider to be age-friendly and not age-friendly, and what locally driven suggestions they have for improvements.

Methodological procedures and limitations of focus groups

In total 13 focus groups were conducted in August-November 2006. There were eight groups with older persons (four groups with persons 60-74 years old, and four groups with persons of 75 and older), two groups with caregivers, and a series of three focus groups was conducted with service providers in each of the following categories: professional staff in public municipal services in the areas of social, health services and city administration; commercial services representatives, non-profit non-governmental organizations.

While recruiting participants for older persons' groups the project team heavily relied on the membership of the two clubs and veterans' councils. The findings may reveal a more optimistic picture in terms of people's engagement and participation in social life than it really is due to the following flaws of the recruitment procedures: 1) About 80 percent of older participants appeared to be the people who were already socially active and invloved in the clubs or veterans' councils; 2) People who live independently but have poor health did not want to take the risk of going out for two hours and refused to participate.

The participants for the group of commercial service providers as well as caregivers were especially difficult to recruit and were eventually found through personal connections only. At least three persons when called at the beginning of the groupmeeting told us that they could not find anybody to stay with the person they care for during the meeting.

Findings: focus groups data analysis

The analysis of the focus groups revealed that the city combines good age-friendly intentions and harsh disadvantages. Overall, physical environment and conditions of the city are satisfactory for an older person, and are being improved. However, the evident minus is open negligence of the needs of persons with disabilities. Even though some steps are being made in this direction (constructing disability rams), but most of them are just formalities, in fact not useful for the purpose they are supposed to serve. Furthermore, some problems of the physical space arise from the unsolved social dilemmas. An example would be an issue of community benches, which are occupied by the youth gangs because they have nowhere else to gather.

Both housing and transportation are percieved to be good, but the cost and disability accommodation are a concern in both cases. Also, more trips to the garden areas and new services for apartments and single family houses are desirable. Establishing some kind of committee to monitor transportation and construction of new housing seems to be a common, well supported suggestion.

The situation is even more complicated with social inclusion and participation. Even though overall attitudes towards older age are negative, people definitely show respect for their close neighbours or relatives. Moreover, people's awareness about existence of the senior citizens is mostly activated during the two major holidays that commemorate older persons deeds, but are dormant at other times.

Also, there are a few opportunities to get involved and participate in social life, but unfortunately they are very limited. Creating subsidized coffee shops of older persons as well as more open clubs and organizing intergenerational and educational opportunities were suggested.

Opportunities for civic engagement and employment are extremely limited either by exclusive nature of the clubs (which are only open for a small number of people), or open discrimination at workplace. Gardens used toprovide both socializing, hobby and additional "inkind" income, but became very unsafe and are frequently robbed. Some of the solutions included organizing patrols for the gardens, providing additional education, offering jobs with flexible schedules.

Communication of information definitely constitutes a problem in the city. Even though mass media is relatively readily available, but the cost is growing. Moreover, there is clearly not enough effort to communicate relevant information and offer appropriate content to older persons.

The topic of community support and health services was the most disastrous of all. Even though healthcare is free and there are many services available, most of the group participants did not know anything about them. Moreover, the theme of infringements and mistreatment in healthcare dominated the discussions in most groups, except the public group. Suggested solutions were based on introducing separate appointment lines and services open only to older persons, introducing community senior centre with all kind of services.

Planning the implementation of suggestions

Analysis of suggestions

In order to determine more precisely how and by whom the suggestions could be implemented they were categorized by different levels and by the supposed degree of involvement of different actors such as Federal Government, city authorities, services providers and non-profit organizations.

When analysing the roles, which each of teh above institutions could play, mostly their existing traditional roles were considered. For example, such an important issue as healthcare, which at the moment is also a very "painful" subject, can be solved mainly by the city authorities by reinforcing the regulations, establishing monitoring and control systems, preventing corruptive practices. The suggestions made included: improving accessibility by introducing a health emergency consultations phone line; making prescribed medicines free for all retired persons, not only for war veterans; "untying" vouchers for the preventive treatment at health resorts and drugs coupons; introducing specific days for only serving older persons, or separate appointment lines, separate doctors, etc; and reinforcing the bylaw regulations at the hospitals and clinics. All these changes are under the responsibility of the Governmentally accredited healthcare providers.

However, with the issue of social participation, inclusion and civic engagement, the picture is completely different. Even in conditions when a non-profit does not have any substantial funding. volunteers could help to carry out the intergenerational programmes in schools, programmes on involving oler persons in educating younger generation in hobby groups or during in class presentations. Peer volunteers could also provide education for older persons, help in creating more clubs oriented on specific interests and hobbies; taking older presons in the countryside, organizing older persons "universitites", organizing birthday and anniversary celebrations; organizing weekly events for older persons or families with food, music, karaoke or accordion. The evenets would probably require co-sponsorship by service providers or/and city authorities. Almost all the suggestions call for participation of several actors. However, NGOs are most likely to contribute to the areas of inclusion, participation, recognition, civic engagement, information.

Creating an agency

Ageing is not on the governmental agenda in Russia generally, therefore it was expected that Tuymazy

city authority would not be willing to take the leadership role in implementing the research suggestions. However, given that they have acted rahter cooperatively during the research phase, we considered they could be helpful to a non-profit agency, which would champion the AFC implementation. Therefore we decided to create such agency, i.e. to register an NGO. In Russia this process could be quite time consuming and non-profits are not much trusted by the population. In order to gain the credibility we decided to start AFC implementation with a small project first, even before the official status was gained.

The easiest way to start appeared to use some culturally familiar form with a new content. The form chosen was so called "People's university". This form of continuing education was widely used in the Soviet Union, thus it looked familiar and trustworthy for both older persons and the city administration. The city administration official granted their approval of the initiative and connected us with the management of the local college. All activities had to be free for older persons because of low income of older adults. The team could offere the organizers' volunteer effort, but needed in-kind resources: auditoriums for classes and teaching volunteers. The intial agreement with the college was achieved and the programme started with the only class on "legal rights of older persons in Russia" attended by about 20 persons.

A survey was conducted in order to better understand their interests in learning and strategic directions for further development of lifelong learning programmes were determined. Some of the programmes most wanted by older adults included foreign languages, computer skills, healthy life style and sports, and religious studies. By the end of the school year 2008 the programme had grown to about 70 older students, about 15 adult teaching volunteers and over 10 different subjects taught in the programme. In summer 2008 the organization was officially registered by the Russian Federal Authorities with a title in Russian and a title in English Senior Resource Centre "Wisdom Ripening". By the fall of 2009 the organization had grown to several programmes including TV Studio "50+" with regular broadcasting of show create4d by older adults on local television, Travel Club, Eco-Turism club, Choir, Theatre Group and Volunteer Club.

Relationships with government and other existing organizations

Relationships between non-profits and the government represent a complicated and uncertain issue in Russia. Most recent laws call for more accountability of non-profits before the government, mostly in the form of finanacial and other reports. Hoever, the procedures are complicated. Moreover, any support or funding from the government are usually random events and require "nurturing" and individual negotiations.

The process of establishing relationships started when the first phase of the AFC project was under way. The team leader and the project coordinator met with the deputy mayor on social issues and secured her support for the reserach. AS it was expected, political support of different officials was easily received by manipulating their lust to be "popular".[2] After the first success of the organization and its popularity among older adults the city administration officials stated numerours times that they had supported the initiative from the very beginning, and that it was started "with their help and their participation". This kind of "ownership" by the city authorities definitely helped the organization to secure more connections with other organizations and access to their non-monetary resources, but did not lead us to obtaining any monetary funding.

Building relationships and connections was one of the strategic objectives of theorganization's development. As a result, currently in 2009 three local colleges, three secondary schools, a cultural centre and a tourism centre are receiving older adults on their premises for studying and other activities.

Media, public relations

The role of the media is difficult to overlook in the modern world, yet, according to the data from the

literature review, non-profit organizations in Russia are mostly invisible. Most of them neglect or do not have enough financial resources to represent themselves in the media. Therefore many people do not understand the non-profits' ideas and often refused to understand that the purpose of some organization may be "creating common good".

In order to maintain a positive image it is necessary to make the successes of the project or organization visible. [3] Media is an astonishing power and it has been possible to find a space to position our organization. We have managed to build relationships with a local newspaper, some of the regional newspapers, well as TV channels. Since the researach in 2006 over 20 articles about our activities have been published in 5 different newspapers, and featured on local, regional and one of the major federal TV channels. The "building relationships and nurturing connections" approach proved itself right with the realtions with the media, too. It was most important to keep the journalists infomed about our growth and they have been willing to spread the word.

Building on culture

The importance of culture is incredible for public policy. Walton and Rao argue that success of developmental campaigns depends on embracing cultural values and local traditions and mentality. [4] It is important to understand the culture of older generation They totally disapprove and reject modern culture, the culture that is enjoyed by teenagers or young people. The culture of older generations in Russia was shaped and born in the USSR, in the socialist atmosphere. It is clearly seen form the results of our focus groups, for older people it is mostly "Soviet" culture, mixed a little with traditions of ethnic or religious groups.

The cultures of the generations are very different. The results of focus groups suggested that there is a big gap in cultures of the younger and older generations, especially between those who retired at the beginning of the reforms and teenagers. For youth, their culture is mostly pop culture, inspired by the American television and new capitalist society.

"How to sew them together?" would be aquestion to answer. Suggestions from the focus groups, interviews conducted in Minnesota bring us to the conclusion that more communications and activities together are needed. Older persons often bitterly noticed that the youngest ones do not listen to them, do not understand, and are immoral. However, participants already active in some of the organized activities of the clubs acknowlege that teenagers appreciate their story telling in schools and that they applaud to the chorus. So there is rapport when the opportunities for interactions actually created.

Besides the fact that most activities of the organization take place in schools, we specifically created the opportunity for younger students to interact with the older ones while teaching them. Over the course of 2 years about 30 college students and about 10 high school children have become volunteer tutors for older learners of computer skills. As survey shows, after a course (12 classes during 3 months) 30 to 50% of sudents have changed their opinion about older persons to the better. Some have realized that "older people are acive, they wand and are able to learn and develop". This trend was true in the other direction as well. Some older adults have realized that "the youngsters are not gangsters, they can be very patient and attentive.

Civic Engagement

Ideally "governance..... is a political but non-partisan process of negotiating diverse interest and views to solve public problems and create public value. Politics is citizen centred, productive and pluralist." [5] Free public spaces and self-organized networks are the core of citizenry. [6] "Wisdom Ripening" has created such a free space for public discussion about the organization's future and management. 10 to 15 older adults take part in the council of the "People's university", which allows them to contribute to the management of the organization.

"It is through contributing to others that individuals, groups, and nations secure their dignity" "The preventive for indignity and its many far-ranging consequences is recognition". As could be seen from the focus groups data, and literature review, contributing to others and therefore belonging to the

society is really of big importance for Russian older adults. They feel desperate for being not able to contribute to the society. A Volunteer club leaded by one of the older adults is dedicated to organizeing the effort of older learners to provide recognition and care for older people living alone. Currently the club is working on establishing cooperation with one of the school's volunteer club. This idea very much corresponds to the example form the Soviet times - Timur's teams, which were based on a children's book. The main character Timur, a 14-year old boy was organizing other kids to help older persons in the neighbourhood. Help included wood chopping for furnaces as well as being polite and showing respect.

Conclusions

Despite international trends to promote acitve aging and involve older citizens fully in the life of the society, implementing these policies in Russia is often impeded by the current economic and ideological transitions. As a result, governmental institutions are not providing the same level of support as they used to in the Soviet Union. Analysis of suggestions made by older asults, caregtivers and service providers in the city of Tuymazy revealed that such areas as social inclusion, participation, recognition have a potential for improvements by a non-profit organization or by an organized group of people. In Tuymazy in the Russian Federation such an organization has been created and achieved significant results due to the following strategies: nurturing relationships with government and other already existing organizations; bridging a divide between cultures of different generations by offering opportunities for inter generational interactions, creating a positive image of the organization as well as the older age through the media, and actively involving older persons in volunteering and civic activities.

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Conference Report

The South East Asian Conference on Ageing: Improving Well Being in Later Life

17-18 July 2010, Kuala Lumpur, Malaysia

Dr. SEN TYING CHAI

Introduction

A regional conference on ageing was held at Kuala Lumpur, Malaysia recently on 17 - 18 July 2010. The conference theme is "Imporving Well Being in Later Life". The event was well attended by 96 participants from 16 countries in the region and beyond, such as Indonesa, Thailand, Vietnam, Singapore, China, Australia, Turkey, Iran, United Kingdom and the United States of America. The Honourable Dato Seri Shahrizat Abdul Jalil, Minister of Women, Family and Community Development, Malaysia officiated the opening of the Conference with professor Tan Sri Datuk Dr. Nik Mustapha R. Abdullah, Vice Chancellor of Universiti Putra Malaysia in attendence.

Objectives

Jointly organized by the Institute of Gerontology, Universiti Putra Malaysia and the International Institute on Agein, United Nations - Malta, the conference aims to provide a platform for the sharing of experiences in preparation for population ageing in the ASEAN countries. The two-day event has brought together government officials, academicians, as well as representatives of civil society / non-govermental organizations in Malaysia and the region to promote multi-sectoral and multidisciplinary understanding, cooperation and research on old age and ageing.

Summary of Proceedings

In total, two (2) keynote addresses, four (4) plenary papers, 39 oral paper presentations and 32 posters were presented at the South East Asian Conference on Ageing (SEACA2010). Two workshops on social protection and well being of older persons were also conducted to identify and prioritize critical issues affecting the elderly and make recommendations for further action.

Prof. Dr. Armando Barrientos from the Brooks World Poverty Institute, the university of Manchester, United Kingdom delivered the first Keynote Address on "Social Protection in the ASEAN Region: The Way Forward". He highlighted the need for a global extension of social protection in response to crisis, globalization and demographic ageing, and stressed that social protection should be an essential component of a country's development strategy. Through social insurance, social assistance, labour market and employment policies, the eradication of poverty in old age is within the reach of most countries. The second Keynote Address by Prof. Dr. Hal Kendig, Faculty of Health Sciences, the University of Sydney, Australia was entitled "Improving Well Being in Later Life: Lessons from Down Under". After a brief examination of ideas on ageing and well being, he shared the Australian situation, experience and national directions from both a policy as well as research perspective.

The first plenary paper presentation by A. P. Dr. Tengku Aizan Hamid, Director, Institute of Gerontology, Universiti Putra Malaysia was on the demography of population ageing in South East Asia. She presented the demographic determinants of population ageing for the region and noted that the number of older persons will rise form 39.5 million in 2000 to 175.8 million in 2050, making up 22% of the total SEA population in 2050. She urged

the countries to take full opportunity of the transient demopgraphic window and plan ahead to meet the challenges of a greying population. Prof. Dr. Joseph Troisi, Director of the International Institute on Ageing (INIA), United Nations - Malta presented the second plenary Paper on "Meeting the Challenges of Population Ageing in the ASEAN Countries through Capacity Building and Training". He emphasized that the Asian Countries should strengthn its informal care system, building on the strong family support for older persons by mainstreaming ageing issues into national development frameworks. Prof. Troisi also repeated the need for training at all levels and for different functions for capacity building. Prof. Alfred Chan Cheung Ming, Director of the Asia Pacific Institute of Ageing Studies (APIAS), Lingnan University, Hon Kong elaborated on the Macao Ageing Index, which is both an instrumental indicator of policy implementation (PII) and outcome indicator for end user appraisal (ASI). The Ageing Index, with combined elements of the MIPAA and WHO Quality of life scales, enables a cross-tabulation analysis for policy intervention, improvement as well as benchmark of services performance. Ms Thelma Kay, former Chief of the Social Development Division, United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), highlighted "Strategic Issues for Action on Population Ageing in ASEAN countries". focusing on income security, health provisions, families, enabling and supportive environments and regional cooperation for the well being of older persons.

Five (5) concurrent sessions were held for oral paper presentations on a broad range of issues including Policy and Ageing, Gender and Ageing, Older Workers, Poverty and Ageing, Older Malaysians, Living Arrangements of the Elderly, Retirement Living, Healthy Lifestyles, Geriatric Symptoms, Elderly Care giving, Health and Ageing, Mental health in LaterLife, Third Age Education and Emerging issues.

Conference Recommendations

The conference participants were divided into four (4) discussion groups during the workshop sessions to deliberate on priority issues affecting older persons in the region and recommendations to improve their well being. The following is a tentative summary of key recommendations from the workshop deliberations:

1. Participants recognize that the role of the individual, family and the community in ensuring a lifelong habit of healthy and responsible lifestyles, but there is a need to expand health care provisions to include long term care facilities and services for health prevention, maintenance, treatment and recuperation of older persons.

2. There was a general consensus on the importance of improving pension coverage, adequacy and sustainability for older persons. Eligibility must be clearly defined (means-tested) to ensure a fair and transparent process to distribute an assortment of resources (not just direct cash transfers) to the needy.

3. Partiicpants agreed that the government, private corporations and the civil society will have to work together, praticularly in enhancing the role of the community and capitalizing on existing indigenous programmes.

4. There was considerable discussion on the importance of the family and the need to support elderly caregivers through new programmes and services. Intergenerational solidarity must be promoted to improve relations across the generations.

5. There was broad agreement that an autonomous, independent body in the formof a national council of older persons is needed to act as the voice of the elderly in the population. Participants also agreed that all forms of discrimination against older persons must be ended to create a society for all ages.

6. Capacity building is neede to improve the stakeholders' abilities to respond to the rapid ageing of the population in the region.

7. Evidence-based policy making should be

improved through better reserach on old age and ageing, bridging the gaps between policy, reserach and practice.

Both workshop resource persons, Prof. Dr. Barrientos and Prof. Dr. Kendig noted that much groundwork has begun in the preparation for population ageing in many South East Asian countries, but there remain a lot of challenges ahead. Ageing at lower levels of development means that the state ill have to prioritize its resources to ensure strong economic gowth, balancing continuous national development and good quality of life for the population. By sharing international experiences, countries can learn from one another and modify or adopt best practices to deal with the challenges of population ageing, depending on a country's situation, culture and socio-economic focus.

At the clost of the conference, A.P. Dr. Tengku Aizan Hamid thanked all the speakers and participants for their contributions and reiterated on the need for a well-planned response to population ageing in the region. She also thanked the various Secretariat sub-committees and looks foward to a similar convention in two years/ time.

All conference presentations can be found at the blogsite at *http:vvv.seaca2010.wordpress.com*. A conference proceeding which contains the extended abstract of the oral papers and posters will be edited and published by the Institute of Gerontology. For further information, please contact the Conference Secretariat via phone (603-89472755), fax (603-89472744), e-mail *(seaca2020@gmail.com)* or wirte in directly to the Institute of Gerontology, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, Malaysia

About the organizers

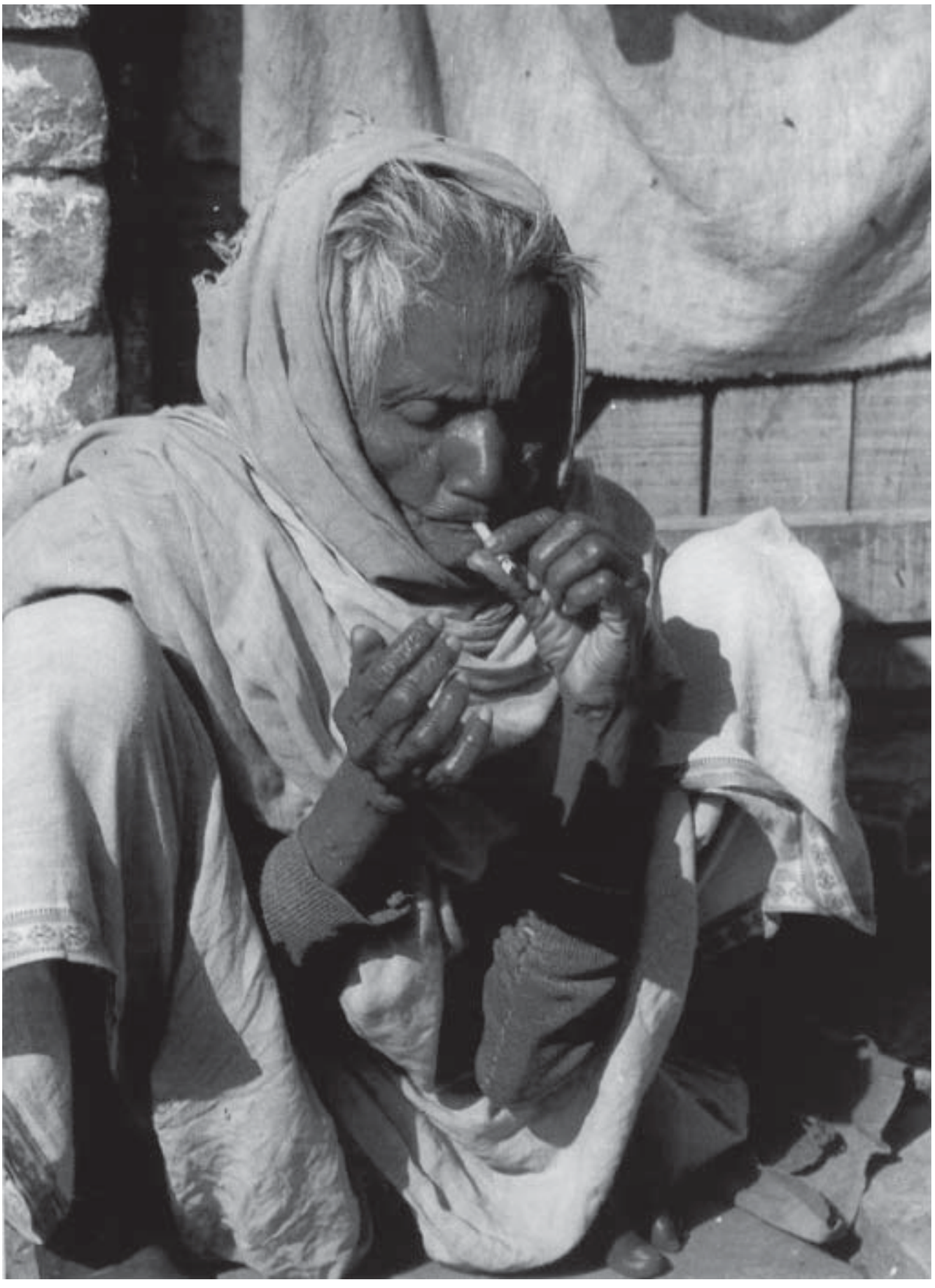
Institute of Gerontology (IG), Universiti Putra Malaysia

The Institute of Gerontology, UPM was established on April 1, 2002 with the vision and mission to become a world class centre of excelleance for gerontology and geriatrics through research, training and professional services. A.P. Dr. Tengku Aizan Hamid is the founding Director of the Institute of Gerontology and is assisted by a Deputy Director and three (3) Head of Laboratories. The Institute aims to improve the well being of older Malaysians through a multidisplinary and multi-sectoral approach in research, education and training, clinical and outreach services, community involvement and advocacy as well as networking with international centres in gerontology and geriatrics. Over the years, the Institute has carried out research in numerous areas of old age and ageing with funding from federal and state agencies, government ministries (e.g. MWFCD, MOH) and departments, as well as international bodies such as the World Health Organization (WHO) and the United Nations Population Fund (UNFPA)

International Institute on Ageing (INIA), United Nations – Malta

The UN Economic and Social Council, by its Resolution 1987/41 recommended to the UN Secretary-General, the establishment of the International Institute on Ageing. On the 9th October 1987, the United Nations signed an official agreement with the Government of Malta to establish the International Institute on Ageing as an autonomous body under the auspices of teh United Nations. The Institute was inaugurated on 15th April, 1988 by the then United Nations Secretary-General, H.E. Mr Javier Perez de Cuellar. Professor Dr. Joseph Troisi is the current Director of the International Institute on Ageing, United Nations - Malta. In keeping with the Institute's training strategy aimed at developing better qualified and trained personnel and on the basis of the curricula and training materials recommended by the respective Expert Group Meetings and updated to meet changing circumstances, the Institute hold a number of training programmes on an annual basis.

The South East Asian Conference on Ageing (SEACA2010) was supported by the Ministry of Women, Family and Community, Malaysia and the United Nations Population Fund.



Book Review

Prof. Dr. ROBERT CLIQUET
Biosocial Interations in Modernisation
Brno: Masaryk University Press, April 2010
ISBN: 978-80-210-4986-4
726 pp.; 67 b.w illus., 9 tabs. Cloth paperback. Price 85 Euros

The author is Professor emeritus in the Department of Populatoin Studies at Ghent University, where he taught biological anthropology and social biology to students in the social and behavioural sciences. He is also honorary general director of the multidisciplinary Population and Family Study Centre (CBGS) in Brussels, a Flemish governmental scientific institute, where he was involved in research on reproductive behaviour and several issues related to population policy. Sunce 1999 he has served as senior advisor to Population and Social Policy Consultants (PSPC) in Brussels.

This book examines major societal problems resulting from the clash between human kind's evolutionary heritage and the biosocial challenges of mdernisation. Guided by a comprehensive and coherent approach to the subject matter, each chapter addresses a major source of biosocial variation: individual variation, age variation, sexual variation, family variation, reproductive variation, social class variation, racial variation and intergenerational variation. The baook relates these key sources of human biosocial variation to maladaptive social practices in the modern world, such as 'individualism", 'ageism", 'sexism', familism', 'pro/anti-natalism', 'classism'. 'racism', and 'dysgenism'.

The analysis of each source of variation begins with the biological evolutionary background of the issue, then investigates its variability-specific biosocial interrelations, and proceeds to examine the confrontation between the variability-specific evolutionary human heritage and the challenges and adaptive pressures of the novel environment resulting from the modernisation process.

The book is organised into the following chapters:

Chapter 1: **EVOLUTIONARY BACKGROUND OF BIOSOCIAL INTERACTIONS**

The introductory chapter first briefly sketches the bio-cultural co-evolution of human kind. Next, it describes the history, the aims, and scientific and social controversies of the fields of social biology and sociobiology, and their significance for the social and behavioural sciences. the chapter discusses the relations between facts and valrues in the study of biosocial interactions and concludes by elaborating the structure of the book.

The essential propoisiton of this chapter is that the species - specific gene pool of humankind, which emerged in the Environment of Evolutionary Adaptedness, faces a fundamental discrepancy between its biological heritage and the novel living environment created in modernisation. Modern societies must adapt their value and norm systems in response to the biosocial challenges resulting from biological variation in modernity.

Chapter 2: **INDIVIDUAL VARIATION AND INDIVIDUALISM**

In many respects, general individual variation is adapted to pre-modern living circumstances. Modern culture has succeeded in influencing and diminishing the significance of some of these characteristics, such as personal physical health characteristics. Ohter features, for instance particular cognitive and emotional personality characteristics, manifest a variation that may no longer be completely adapted to the requirements of modern life.

Thanks to increased humanisation and socialisation,

modern culture has considerably enhanced the opportunities for individual emancipation and self-actualisation. This has resulted not only in higher physical and mental performance, but also in increased individualism and at the extreme, selfishness.

This chapter first sketches the evolutionary background and mechanisms of individual variation. Next, it explains the interaction between genetic and environmental causes of individual variation, using as examples the fractioning of IQ variance andthe biosocial interactions in criminal behaviour. Further the different biological sources of individual variation are addressed and the chapter concludes with a discussion about individual-societal interdependences in modern society.

The essential proposition advanced in this chapter is that individual emancipation and societal progress evolve in some respects in opposite and conflicting directions. Individualism, shich is in fact incompatible with the increased need in modern society for high levels of socialisation and cooperation, is often confused with individuality.

Chapter 3: **AGE VARIATION AND AGEISM**

Age variation is subject to cultural challenges in modern times. As far as human growth is concerned, modern culture has provoked a secular growth acceleration, resulting in earlier biological maturation. But at the same time, individual development requires a much longer period of socio-cultural maturation, thus increasing the gap between biological and socio-cultural maturity in both directions.

With regard to senescence, modern culture increases life expectancy. this increase, however, is partially, especially in the latest stage of life, accompanied by an expanding period of frailty. Modern culture also prolongs the dying process. In the furture, modern culture may succeed in lengthening the species-specific life span, thus opening new challenges.

Due to fertility and mortality control, the demographic ratios between young and old have undergone substansial changes. Ageism on the one hand and gerontocracy on the other hand together challenge established patterns of inter-generational relations and transfers. Tradiitonal values and norms with respect to senescence and death are, in different ways, no longer adapted to the possibilities and opportunities of modern interventionism.

This chapter first sketches the evolutionary background of human age issues and examines their societal and ethical implications. The chapter ends with a discussion of ageism and active ageing. The essential proposition in this chapter is that tradiitonal values and norms with respect to senescence and death are in different respects no longer adapted to the modern interventionist possibilities and opportunities and must be reconsidered.

Chapter 4: **SEXUAL VARIATION AND SEXISM**

Human sexual variation faces a dilemma between the degree of sexual dimorphism for secondary sexual characteristics, especially those of the male, and the androgynic requirements of modern culture. Sexism is an attitude and form of behaviour that emerged from our evolutionary past and was strengthened in agrarian and early industrial culture. In modern culture it has become a maladaptive trait.

This chapter starts with a brief sketch of the evolutionary origin of human sexual variation and the ontogenetic determinants of sexual variation. Next it dwells on some major characteristics of human sexual dimorphism. The chapter ends with a discussion of sexism in modern culture.

The essential proposition of this chapter is that the male-specific potentialities with respect to competitive and aggressive behaviour need to be strongly directed toward socially useful and ecologically sustainable goals. Old-fashioned masculine strategies will have to be replaced by a more moderate, a more socialised, a better balanced, and a more feminine-oriented strategy.

Chapter 5: **FAMILY VARIATION AND FAMILISM**

Family variation includes two major components: partnership and parenthood. Partnership is evolving from a community-controlled to a personally controlled choice, and is becoming less dependent

on economic factors but more on emotiona satisfaction, and therefore becomes more vulnerable. Child-rearing and parenthood are evolving from quantity to quality, from chance to choice, from investing in a large number of children to promoting the 'quality' of children. In a growing number of cases, biological and social parenthood partly dissociate. On the whole, family structures and processes have become more changeable during the life course, resulting in a more complex and more variable family life course. Whilst most of the tradiitonal socio-economic and socio-cultural functions of the family are being eroded, its original biosocial funcitons are being strengthened.

This chapter first discusses the biological origin and function of the family. Next it sketches the major changes and their origins that families are experiencing in modern societies. The chapter deals with the bio-social aspects of partnership and concludes with a discussion about alternative options for the future of the family.

The essential proposition in this chapter is that modern culture faces several challenges of adapting structurally to these changes and struggles. There is controversy between the tradiitonal values and norms which favour old-fashioned familism and newly emerging family values based on the shifts in family functions.

Chapter 6: **REPRODUCTIVE VARIATION AND PRO/ANTI-NATALISM**

Human reproduction is characterised by a high fecundity, the result of an adaptation to the high mortality that prevailed in pre-modern living conditions. In order to avoid demographic and ecological disequilibria, mortality control necessitates concomitant fertility control. Pronatalism - ethical and ideological views promoting high fecundity – has become a maladaptive feature of modernisation. At the same time, modern living conditions and opportunities have resulted in a below-replacement fertility rate which, in the long run, is also not a sustainable behavioural pattern.

This chapter starts with a review of the evolutionary background of human reproductive behaviour. It then concentrates on the paradox between the maximisation of inclusive fitness paradigm and the demographic transition in modern culture. Next it looks at the impact of modern culture on human reproduction, in particular addressing the challenges of birth control and below-replacement fertility.

The essential proposition of this chapter is that modern culture must not only enhance access to birth control, but alos must reconcile individual and societal goals regarding intergenerational replacement.

Chapter 7: **SOCIAL CLASS VARIATION AND CLASSISM**

Social class variation refers to within-population social differences of an economic, cultural or political nature. Thanks to democratisation, modern culture is characterised by a shift from static to mobile socio-economic-status (SES) positions for individuals. Increasingly, people occupy SES-positions on the basis of their bio-pyschic potentialities and drives, resulting in upward and downward social mobility.

This chapter first deals with the evolutionary background of social variation and briefly sketches the historic theories of biosocial inequality. Next it elaborates on the social biological study of the relations between biological diversity and social differentiation and looks more closely at biological factors influencing social stratification and social mobility. it concludes with a discussion of the r realtionship between meritocracy and egalitarianism.

The essential proposition of thi schapter is that a meritocratic culture can be perpetuated intergenerationally only if democratisation efforts are pursued in each generation again and again in order to accommodate Mendelian segregation and recombination processes. The major biosocial challenge concerning the relationship between biological and social variation consists in the conflict between the shared need of indiviuals and society

to maximise social mobility on the basis of individual potentialities and merits, and the familial and classist attempts to preserve social privileges and acquisitions intergenerationally.

Chapter 8: **RACIAL VARIATION AND RACISM**

Throughout human evolution and history, between-population variation has been characterised by xenophobia, ethnocentrism and racism, the biosocial basis of which is related to the principle of the maximisation of inclusive fitness.

Modernisation, however, has been accompanied by the ever-increasing internationalisation and globalization of human relations, including increased racial mixing and inter-troup admixture in general.

This chapter begins by presenting the evolutionary background of between-population variation and its effects on physical and behavioural between-population differences. Next, it deals with the origins, features, and causes of in-group/out-group syndrome. Finally, it discusses various strategies to accommodate intergroup relations.

The essential proposition of this chapter is that modern culture, with its weapons of mass destruction and heightened interdependence, has rendered the traditional biosocially based in-group/out-group polarisaiton maladaptive. Modern culture needs to deal effectively with the tensions between dynamics oriented toward the globalisation of human group relations and the biological drive to preserve and isolate one's own group.

Chapter 9: **INTERGENERATIONAL VARIATION AND DYSGENISM**

There are several important issues regarding intergenerational variation as a consequence of the fact that modern culture is developing technologies that can change peoples' phenotypic appearance and genetic make-up. Modern culture creates a protective environment for genes that would not survive or reproduce in pre-modern conditions, which could lead to future regressive evolution. At the same time, modern culture is developing knowledge and technology that will allow it to steer humankind's genetic future according to its own will. This might advance the hominisation process, or in other words, lead to progressive evolution.

This chapter first recalls major features of human biological and cultural heritage. Next it elaborates on the crucial cultural determinants for the future. Possible euphenic and eugenic policy orientations and their ethical implications are discussed. The chapter concludes with some considerations about the long-term future of humankind.

The essential proposition of this chapter is that modern culture will requireits populations to adapt, phenotypically and geneticaly, to increasing levels of complexity and related requirements and demands. Modern value and norm systems are challenged to deal with possible regressive tendencies aas well as the possibility of progressive evolution in the future.

Chapter 10: **ETHICAL AND POLICY IMPLICATIONS REGARDING THE BIOSOCIAL FUTURE OF HUMANKIND.**

The final chapter aims to look at the common features and challenges that biosocial sources of variation raise in modern society, and the adaptive requirements for further social progress. The chapter discusses the many major policy implications of biio-social interactions in modernisation related to the key biological sources of individual, group, and inter generational variation.

NAME INDEX
SUBJECT INDEX

This book is intended mainly for readers with a social science background, and for students in the humanities and social sciences. However, it is also hopefully of use for people with biological interests in general.

INIA'S ACTIVITIES 2011

14th - 25th February	International Programme in **Social Gerontology**.
14th - 25th March	International Training Programme in **Economics and Financial Aspects on Ageing.**
2nd - 13th May	International Programme in **Health Promotion, Quality of Life and Well-being.**
26th July - 3rd August	Eleventh ASEAN Gerontology Course, Singapore.
1st October 2010 - 1st June 2011	International **Post Graduate Diploma** in Gerontology and Geriatrics (European Centre for Gerontology, University of Malta)
17th - 28th October	International Training Programme in **POLICY FORMULATION, PLANNING, IMPLEMENTATION AND MONITORING OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING.**
1st - 7th November	Training programme for Officials from the Beijing Civil Affairs Bureau (BCAB), Jingmin Hotel, Beijing, China.
8th - 14th November	Training programme for Officials from the Social Welfare Centre, Ministry of Civil Affairs, China (SWC) and from the Support and Nursing Committee for the Elderly (SNCE), ZhongMin Plaza, Beijing, China.
14th - 25th November	International Training Programme in **DEMOGRAPHIC ASPECTS OF POPULATION AGEING AND ITS IMPLICATIONS FOR SOCIO-ECONOMIC DEVELOPMENT**, Policies and Plans.

INTERNATIONAL DIARY

April 14th - 17th 2011	Bologna, Italy: VII European Congress IAGG-ER "**Healthy and Active Ageing for all Europeans"** **Website: www.iaggbologna2011.com** **Contact name: Cristina Schiavone**
October 16th - 19th 2011	Washington DC, USA: IAHSA/AAHSA Global Ageing Conference and Exposition - **"CELEBRATE A.G.E."** **Website: sss.iahsa.net**
October 23rd - 27th 2011	Melbourne, Victoria, Australia: Asia/Oceana Region of the International Association of Gerontology and Geriatrics **"Ageing well together: Regional perspectives"** **Website: www.ageing2011.com** **Contact name: Felicity Nevin**
May 28th - June 1st 2012	Prague, Czech Republic: International Federation on Ageing (IFA) 11th Global Conference on Ageing in collaboration with Zivot 90 - **'The Sum is greater than the Parts - Ageing Connects'.** **E-mail: ifa2010@guarantz.cz** **Website: www.guarantz.cz**
June 10th - 13th 2012	Copenhagen, Denmark: 21st Nordic Congress of Gerontology **"Dilemmas in Ageing Societies"** **Website: www.21nkg.dk** **Contact name: Christine E. Swane**

Newspaper Post

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