THE AGED, A NEW POWER FOR DEVELOPMENT: IMPLYING THE IMPORTANCE OF AN INTERGENERATIONAL FRAMEWORK ADDRESSING THEIR NEEDS IN THE CARIBBEAN

By

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INTRODUCTION

Today's society is in a position of development that focuses on the future without paying attention to the past. It is the old things that are discarded to make way for the new; it is the old things that prevent new interventions and it is the old that definitely have no means of integration with the future. It is apparent that the old is poised in a forgotten mode almost becoming extinct – retired to be forgotten.

Within the context of modernization and globalization there are several theories and concepts that would embrace the need for the participation of the older person who would have had much experience and expertise that would benefit any industry or organization. Identifying with the issues of reeducating and the modern health promotion, the elderly could definitely become a new power within the development of any nation.

The structure of our society is shaped by the policies and theories that are daily presented and argued by the politicians and policy makers of our day. These reformers are at most times insensitive to the real issues to the true stakeholders that ought to be considered to make the daily living an enjoyable and viable experience. There is need to examine the realities of the absence of data and facts that prove the lack of integration of and intimacy with the variables for societal reform that represent an unbiased approach or proposition. I recommend an intergenerational approach.

In the context of progress it is impossible to go forward without identifying family structures focusing on the roles they would play with the financial and economical strategies. When we consider the older person as a variable for

change, it is important to identify the family support system that would fundamentally inform the protocol for national policies in any dynamic. The family's position would subsequently clarify the extent of the involvement as needs surfaces.

One may envisage balance through the nuclear family or the extended family where the long term care and support is consistent as in contrast to the reconstituted family, the single family or even the same sex family which has less physical and social support for the aged. This testifies of the relevance and need for an intergenerational perspective. We might find the young old cohort (ages 60 – 74) not obviously in need for this intervention because they may not be as biologically or psychologically challenged. The other two (2) cohorts –old old (75 – 84) and the oldest old (85 till) would agree to support and any intervention to assist in their maintaining their identity and dignity.

The theories of Continuity and Social Exchange support the concepts of the intergenerational perspectives and truly give opportunity of the elderly to acknowledge their capacity to be mentors and consultants for the modern world. Social Inclusion and participation is not an alternative to empowering the elderly; it is the process for creating awareness and involvement that would motivate the older person to live as a citizen.

Presently, the Ministry of Social Development has established within the National Policy on Ageing, a component that seeks to promote older persons as facilitators and mentors. It further encourages older persons towards academic, cultural and sporting programmes for employment and accessibility.

This policy of inclusion shows that the aged has need of the younger generation for its continuance. The population index is increasing, showing that the majority of older persons in a nation are more than ten (10) percent of the population. This would affect retirement, as the elderly would have the physical and psychological acumen to maintain employment. Therefore the dependency ratio, where the elderly is supported by the younger generation (19 to 59 years), will change to have the elderly supporting the younger. The elderly will be healthier and empowered to be able to sustain the needs of the younger generation. It would become apparent that the elderly would not only need the children and grandchildren but the reverse would be equally visible.

I submit an argument presenting facts that every stakeholder is in the process of ageing and the aged is a needed factor in any design for change and progress. Today they may be retired and financially challenged but tomorrow they are even more needed to define the social integration within any given society. Here in the Caribbean there must be no indifference; the aged has to be accepted and there should be an intergenerational perspective in the interpretation of our policies and its implementation.

I would also present an argument that promotes the creation of a better lifestyle and dynamics for better care, socially, biologically, psychologically and environmentally for the elderly within a family context.

LITERATURE REVIEW

The apparent lifestyle of the elderly is stereotyped by the society. The word old has a cultural interpretation which creates exclusion and certainly encourages deviation from the norm. There are terms that are used and there are innuendos that are implied in reference to the aged; it is as if their presence causes a subconscious response. No one desires to be slowed down or to entertain an unintelligent conversation or to be bothered with disabled functions. That world must not connect with the present; the young is definitely in apposition to the old; the systems now have no interpretations for the old. Let us separate the old from the rest; who would notice –they are unproductive!

In reality, the life expectancy has increased and there are going to be more elderly persons within the next fifty years. There is need therefore to encourage negotiations to consider health, financial and security issues. The idea of generalizing and focusing only on what financial assistance the elderly needs, suggests an infringement on their human rights. This would definitively demand the need for a gerontological framework – the environmental, biological, psychological and social perspectives.

The environment is an alien aspect of the life of the aged. The roads, the transport system, signs, public buildings are infrastructures that offer no accommodation for easy access. How then can the elderly survive in the local community? Environmental press allows for negotiation and change as mangers and directors would have to facilitate the older person without prejudice

to be a viable employee or asset to their organization. The evidence of present day infrastructure speaks to the insensitivity to ongoing strengths and competencies that are need in every sector. There are the issues of wear and tear, the slowing of the biological clock which though causing physical issues would not affect the intellectual capacities of the older worker who continues to provide quality service.

The literature's major concern lies within the psychological aspect. The issues if depression and dementia, two (2) areas which causes dysfunction and fears especially in public spaces. Zarit and Zarit, 2007 shares the concern about the employment being affected by mental health problems persons having to going on early retirement. There were less older persons in the 1950's working but now with the Baby Boomers there would be more elderly employed because of the increased opportunities for advancement and employment.

Another reality is the Empty Nest Syndrome, where all the children have left home and the parents are without the dependence of the children and have to muster the physical and mental strength to maintain their lifestyles. There is also the issue of living on a smaller budget with no additional financial help. The issues of learning new roles and responsibilities; finding the best means for reorientation and comfort that is needed for continuance (Hooyman and Kiyak, 2002).

Socially, the pattern of families and even government agencies operate in the confines of exclusion and so there is the continual feeling of disengagement among the aged. The concept of loss of identity further probes the mind and the

fear of losing one's role in the society is a crucial issue. The thought of decadence instead of continuous progress and development cripples the psychological development for the aged. Who is to say when they are to stop learning or when they are not inept at academic research or academic achievements? We are to be forewarned that this cohort represents much scope for intellectual stimulation as their life course is challenged by the increasing volume of aids and technology. Do we hear a cry for societal protection? Do we consider the need for continuity, to maintain their level of participation and function?

There is much more need at this age for entertainment and social interaction; retirement has to present another paradigm instead of isolation or loss of community. Morrison, 1988 postulates the need to consider the roles that will clarify the views of work and retirement and in context – the issues of future trends.

There is need to define an approach to adopt a social construction void of ageism with the view of explaining the ideology of social marginalization of older adults. We ought to project specific theories that will focus on active construction for later life. This will provide a sense of continuity that creates opportunities for activity and identity; actually an alternative to the disengagement and activity theories (Cavanaugh and Whitbourne, 1999)

Are we ready to bridge the real gaps that concern the issues of exclusion and misrepresentation? Are we willing to access support systems that are relevant to the needs of the aged? We need to investigate the intergenerational theories and

adopt the primary principles that will release the aged from the feelings of non-existence. We can structure kinship relationship that will involve the elderly and provide the necessary framework for their tomorrows. A multigenerational family is even welcomed and will cause the cohesion in sharing and experiencing the variety of dimensions form all ages (Hooyman and Kiyak, 2002).

The negative spectrum presented by the Sandwich Generation and the Cluttered Nest does inform that there are weaknesses in the approach to development through the intergenerational perspective. The sandwich generation would have the stressors of managing the parent and his or her family. The diverse needs and objectives within the home might not allow the elder to fully trust the care of the child or the accommodation socially and financially. One may decide that the home structure would give the children an opportunity to bond with the grandparent and be mentored. The cluttered nest does not encourage intimacy and participation because of the child and the grandchildren normally return under stressful conditions. The elder might be prone to pursue employment to avoid the discomforts of the present conditions. The alternative is isolation – withdrawal and eventually depression. This conflict does not end in separation but lends to an understanding where there are neutral positions. (Binstock and George, 1995)

We must entertain the thought that ageing is a separate issue from social integration or even gender advancement. We can provide the infrastructure that offers an even keel perspective where there is no win win or loose loose position,

but a compassionate understanding for the way forward. The many theories that have been adopted are influenced by the forces of development. The biological, psychological and socio-cultural and life-cycle forces have contributed having a clear reflection of an intergenerational factor (Cavanaugh and Whitbourne, 1999)

The reality of needs is supported by the inferences of the ardent player whose intent is to dichotomize and even marginalize the aged so as to create the other world for them. The children, the grandchildren ought to play an integral part in the development of the elderly in a gerontology context. There ought to be the sensitivity to the evolution of change due to history and economy that directly mares progress. The young mind is need, the young interpreter must assist, and the young grandchild can give the needed direction for socio-cultural change. We all can be contributors towards a wholesome society.

The intergenerational perspective has its disadvantage as a construct within the socio-cultural and psychological context but also presents a position that verifies the reality of integrated support for the family member. Whether or not there are identifiable evidences that will encourage social activity, there must be a definition of the boundaries that oppose. The person-environment perspective affords interaction that is sensitive to the social and psychological needs of the aged and we further define that there is the need for adjustment to ongoing societal requirements (Hooyman and Kiyak, 2002). The opportunities are therefore present to create the environment that facilitates the cultures of the

aged giving the privileges for harmonious interaction and providing the mechanisms for an intergenerational discipline.

The future relations between grandparents and grandchildren will no longer suffer from segregation and isolation but has a definite hope in an integrated intergenerational world that offers the sensitivity for support and understanding (Pipher, 1999). This author also shows how illness creates the diversity and challenges the equilibrium within the home. The means to address situations from the elder's position is not an intellectual act. The aged ought to know how to behave. Lebow and Kane. 1999, has offered counselling services to the children and the grandchildren to help them live peaceable with parents and grandparents.

The biological wear and tear continues to put relations at risk because there is no apparent adult way to handle change and difference. The thought of seeing ones parent behaving strangely or displaying a different movement, is not possible and there is unpreparedness for the ageing process. There is the interpretation of time, space, need and desire are all elements of interpretation which lends into the cultural norms of caregiving. The idea of placing a parent into a 'home', is not acceptable but is tolerated to help the family members continue with their lifestyles.

Lebow and Kane, 1999, in their case studies have had to address the fears of disempowerment and wastefulness – the aged becoming redundant and not being an asset, even at home. They participation is controlled by the decisions

made by the generations and the elderly has been voided of rights. The ultimate move to assisted living home is feared and there are reactions that precipitate causing conflict among family members. The question is how I can be functional and inclusive without the input of my co-dependants; there is need to negotiate to find favourable solutions.

METHODOLOGY

The study is informed by a qualitative methodology. More specifically, a case study approach employed to obtain primary data from homes for the aged in Trinidad and Guyana.

Purposive sampling was employed to select the institutions reviewed. The cases included a community home for the aged in Trinidad, a government home for the aged in Trinidad and a government home for the aged in Guyana. These homes were selected to allow for a comparison of the situation in community homes in Trinidad and Guyana, and to facilitate a comparison of a fully-run government home versus the community home in Trinidad.

Participant-observation was the main data-collection approach used. Site visits were made in which residents and staff was interviewed on the medical and social activities of the home and observations were made of the surroundings including building infrastructure and resident interaction.

An ethnographic method was employed as I personally moved back to my parents' home for a period of four (4) days. The opportunity provided data to support and discuss the theories that concern the changed lifestyles. I observed the differences in their social, psychological and biological needs today as it was twenty-five years ago. It also provided the environment to assess the intergenerational functions and its outcomes. They represent the young old cohort, 75 – 84 years.

INTERVENTION

Allow me to introduce the intervention that supports the analysis of the Caribbean need for the family integration within the social fabric of the aged and the appreciation for a multi-intergenerational discipline for the elderly. The data sampling was taken from Guyana and Trinidad and Tobago to show the public and private care-giving process. The data also reveals the lack of sensitivity to basic needs and the lack of infrastructure to support a progressive geriatric programme. Somewhat humanized, there is need to identify a gerontology framework that will facilitate the biological, psychological and social aspects of the ageing process.

Ageism is an unnecessary factor in any society as it creates an environment for stereotyping and stigmatism. The data further addressed these issues that gave a clearer understanding of the older person behaviour from the home to the community and to the wider society. There would be the deduction of a positive and inclusive society that demands respect and participation.

More intense would be the intergenerational link that is so vital for a supportive framework that will create a theory of inclusion. The need for this is indicative of the transitional lifestyle for all cohorts. I am observing a government facility and a privately operated home for senior citizens in Guyana and Trinidad and Tobago.

The Home, originally an almshouse, was founded in 1874 and like most buildings in Guyana, it is made of wood. Unfortunately, the infrastructure of the building easily attested to its years of use. The exterior of the building was drab in appearance. While standing outside the building, the team looked gingerly at window panes that looked weak: one window on the third floor looked as though it would fall off if a slight gust of wind blew by. The grounds were not well manicured. On entering, a few residents were seen roaming the premises. They too mirrored the drabness of the buildings with their tattered, soiled clothing.

The three-storey building had no infrastructural provisions for the movement of residents with ambulatory problems or residents in wheelchairs. According to the nurse, a stretcher is used to transport residents down the stairs when the need arises.

The Home is government run. It falls under the auspices of the Ministry of Labour, Human Services and Social Security. Room and board is free for residents. There is a Physiotherapy Department which is run by the Ministry of Health. There is also a Sewing Room and Dispensary, all humble in their appearance as was the rest of the building. At the time of the visit, the home had 8 wards: 4 male and 4 female. Overall, there were 243 residents: 122 male, and

121 female. Gender is the only denominator used to assign residents to wards. Patients with mental disorders are kept in the same wards with those who are not. There is no age distinction on the wards. A few of the residents were under 50 years of age - some are in their twenties. They are kept at the home because of a physical and/or mental problem. Youth who were abandoned in the State hospital because of a mental or physical disability are transferred to the Home at age twenty.

The staff is comprised of nurses and medics: medics assess the patients and prescribe medication; the nurses administer medication. There used to be doctors on the ward, but now, when necessary, residents are referred to the Georgetown hospital[1]. The Home does not have an ambulance of its own, but depends on that of the hospital. However, the ambulance at the hospital is not always readily available. There are three (3) shifts: 7am to 3pm; 1pm to 9pm and 8:30pm to 7:30pm.

This is the final home for most of the residents. In the past four years, only three (or four) residents returned to their family. Family involvement was minimal but the camaraderie spirit there encouraged the residents to maintain a posture of hope and goodwill one to the other. There were less than five (5) persons who were able to return to any active lifestyle. One mitigating factor for reemployment was that the retirement age is fifty-five (55) years; this policy provided no hope for inclusion or participation within the Public Service.

[1] One of the residents successfully received eye surgery at the hospital to remove cataracts: after being blind for two decades, this resident is now able to see.

The privately operated home was more accessible than the other facility and had a more intimate staff. The director had been trained as nurse and the other staff members were untrained medically except of the training in Geriatric Nursing. The control and here was supported by the frequent visits of family members; they were more given to give themselves to attend to their parent or grand-parent needs in this environment. The infrastructure was less risky and allowed for freer dialogue and recreation among the residents. The family members had a sense of belonging that provided a social and psychological therapeutic dynamic.

In Trinidad the facility had been modified to accommodate the elderly and to provide specific health services for older persons. At this home the infrastructure was modern and allowed for proper access and ventilation. The medical staff was all trained and the management sought to be consistent with a gerontological framework that encouraged safety and comfort. The patients were not intimate with each other or staff and seemed to enjoy the solitude and quiet, which was healing to the elderly.

The major setback was the minimal visits to the residents. The family did not frequent and neither did they participate in conversations during the visit. There were grandchildren who visited with limited knowledge of the ailment and also not much dialogue. There were conversations among the persons who were visiting other loved ones. Though the conditions were modern and afforded comfort and access, the siblings and grandchildren were more committed to their personal agendas. There was no community spirit present and loneliness was

often the experience of the elderly patient at the home. The nursing staff gave their professional support and maintained the medical procedures which provided a balance emotional condition.

At the government assisted home the residents were responsible for their rooms and their upkeep. There was access to public places and those who were physically capable, had the opportunity to go to the nearby town to purchase groceries and medications. The physically challenged had to depend on the small part time staff and family members for assistance. In this home, the infrastructure allowed for privacy and intimacy with family members which encourage better health conditions. I observed that the residents were not depressed as those in the public home; there a camaraderie among the residents – they shared their food, toiletries, and families; everyone knew something about another.

The four days with my parents cemented the concepts that the elderly need to engage in the world that they do not have direct access to thorough us – their children / grandchildren. The conversations were mainly about what the grand children were doing, their achievements and their plans. The interaction made them feel included, lifting their sense of esteem and respect.

I observed that my parents were functioning at a slower pace though not lessening the activities; I had to be patient when I communicated and at meal times, I had to wait on them so we could have almost finished together. I had to assure them that they were normal and that ageing was not something to fear or to avoid. I had to respond to the questioning about their mobility and their

hearing cautiously sharing information that they considered to be excuses because they were more given to cultural interpretations about their ageing.

I had to accept the struggle in waiting and slowing down and agreed that ageism was real whether I acknowledge it or not. This attitude allowed me to be more aware of my responsibility and role to my parents and the need to reassess how to include them in my social activities without prejudice.

I also observed that their friends were dying and that made my father feel feeble and weak, thinking that he was going to die soon because of old age. This thought process further made him depressed and lethargic. I plan for the two last days to take them for a drive, to assist with their shopping and to go to a restaurant. Their participation was heartier and responsive and both mother and father functioned with more confidently with less conflict.

CONCLUSION

The National Policy on Ageing for Trinidad and Tobago has clearly understood the issues of Participation which creates the opportunities for education, employment and involvement. The encouragement to continue in specialized skills to become experts is exceptional and this gives the opening for engagement and practice. I further see the intergenerational perspective being needed and yet having to learn how to work with the elderly. The simple access to help and reciprocate activities for the older person would enhance the function of child and grandchild. This would also give credence to mentoring and giving

the younger person opportunity to demonstrate the new concepts and principles learnt from grandpa.

I would definitely conclude that the future of the elder is secured financially as they will have to space and the time and the support to be within the society being citizens. Retirement would have a new meaning and psychologically the older person would not succumb to depression and would also have a healthier lifestyle – empowered for tomorrow.

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