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THE SOCIOLOGY OF THE AGING PROCESS

BY

DR. DEJO A. ABDULRAHMAN

DEPARTMENT OF SOCIOLOGY
USMANU DANFODIO UNIVERSITY
SOKOTO.

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In the developing countries, the proportion of the population over the age of sixty is still typically small. Life expectancy in most cases still ranges between forty-five and fifty-five years. For instance, life expectancy in Nigeria is 49 years, in Kenya 50 years, in Ivory Coast 47 years, in Burkina Faso 44 years and in Tanzania 52 years.

Yet there is no doubt that the proportion of the aged or the elderly has increased over the last decade and will continue to increase given the world-wide advances in medical knowledge as well as the tremendous improvements in medical techniques.

Our concern in this paper therefore is to examine the aging process from a sociological point of view. In particular we wish to examine the influences of social forces on the aged and the aging process and the demands of the aged on society.

What then is the aging process and who are those that society categorises as old?

The Aged

To begin with the second question, there is no universally accepted criterion or criteria for defining certain categories of people as old or aged. For instance, the United States Social Security Act of 1935 believed that old age occurred at sixty-five and so pegged retirement at sixty-five years of age. This was later changed to seventy in 1978 and by 1986 retirement age was abolished altogether. In Britain, retirement age is 65 for men and 60 for women while in Denmark and France, it is 67 and 60 respectively for both men and women. The definition or categorisation

of people as old is therefore quite arbitrary and varies from one society to another as well as from time to time within a given society. More importantly, given its arbitrariness, any age chosen to define 'old age' always includes individuals who differ considerably in their physical and mental capacities.

The Aging Process

Aging is a developmental and continuous process of change in the individual right from conception to death. It involves three related processes, viz:

- (1) Physical aging - i.e. body maturation or biological and physiological changes in the individual over time. This is the visible aspect of the aging process.
- (2) Psychological Aging - i.e. developmental changes in the emotional, cognitive and behavioral aspects of the individual's personality. The concern here is with the individual's own perception of his aging process and his mental reaction to this process.
- (3) Social Aging - This relates to the movement of an individual from one status to another, his experiences in the course of his life and the manner in which he relates his aging to his own society.

These three processes are interwoven but just as there is no universally accepted definition of the aged,

so there are no universal laws of the aging process, i.e. the three processes occur differently and in uneven rates in each individual. A thirty year old person may have gray hair, wrinkled face, stooped back, etc, but these features may be absent from a fifty years old person, depending on the situation of the individual.

Theories of Aging

There are a number of ways in which sociologists have examined the aging process and particularly the position and problems of the aged within the social structure.

To some theorists (the Functionalists) old age inevitably brings with it a series of health problems as the human body degenerates. Also, advancing age leads to a decrease in the capacity for the quantity as well as the quality of work performance. Given these considerations, it is contended that the only way that a society can achieve an efficient allocation of economic and social functions and statuses is to arrange for the orderly replacement of the old by the young. From this point of view, it is considered beneficial for society and for the aged if the aged would voluntarily and willingly disengage from active participation in societal activities as they grow old.

However, evidence from various fields of study about the aged shows that the blanket statement about performance is unjustified as there are certain abilities that do not decline but may actually improve as one grows old. (Fixian).

Other theorists have, therefore, argued that disengagement from societal activities is not an

inevitable consequence of aging. The behavioural changes associated with age are usually the result of the interaction of biological, psychological and social factors and the problem is further compounded by the impact of historical events (e.g. a war) and the effects of environmental variables such as the social class background of the aged. For example, the decline in the intellectual performance of the aged, ^{particularly in our society,} is often a result of their limited education, their inadequate income, their social isolation, their reduced motivation as well as other variables that are not intrinsically related to the process of aging.

Therefore, the well being of old people is more a function of their social status i.e. their position within the socio-economic arrangement of a society - than their physical or mental capacity. What this means is that for various reasons, society assigns different privileges and imposes different demands on different age groups. For instance, because of the inherent cycles of boom and depression in industrial capitalist countries, and particularly the high rate of unemployment that accompanies the depression, such countries resort to the exclusion of the aged from the labour market through the devise of compulsory retirement. The aim is to keep public expenditure down during the depression and it is this goal more than anything else that greatly determines who is labelled old and who is not.

In sum, it is societal value orientations that determines a society's attitude toward the aging process as well as the attitude toward the aged as a group.

Given this conclusion therefore it becomes necessary for us to examine societal attitudes towards the aged in our own society, the changes that have occurred and are occurring as a result of modernization and the implications of such changes for the social status and well being of the aged.

Traditional Society and the Aged

Perhaps the major feature of a traditional setting as it relates to the aged is the extended family system. The traditional family set up is a close-knit social unit which emphasises and ensures support for each member, their security as well as the means for meeting their individual needs. The family system is designed as a social and transactional milieu for every stage of life, including old age. Emphasis is also placed on obedience to parents and respect for the aged is considered a virtue. *(As an example - - -*

Although competence in one's vocation is emphasised and given recognition, self reliance per se is not. (Rather, the family is closely involved in the decisions and actions affecting an individual's life-style and life-chances and family approval and pride (in one's work, marriage, behaviour, etc) are given prominence.

The care of the aged poses no problem because of the ties of affection and mutual obligations of the extended family system. The elderly are taken care of by their families and even by the entire clan where necessary. Privileges are graded according to age and, in general, the aged are accorded more privileges than the young. They in turn provide

guidance and direction for society from their store of knowledge and accumulated wisdom and experience.

In such a setting, therefore, growing old is never a painful experience because of the absence of the difficulties usually associated with role transitions i.e. the movement from the status and pattern of behaviour associated with one age to another. The aged are not required to move abruptly from full-time work to retirement. Rather the hours of work are reduced gradually depending on the physical and mental capacities of each individual as he grows old.

Furthermore, the aged are neither physically nor socially isolated. The mutual aid concept of the family clan structure ensures adequate care for the aged within a setting that they are familiar with. Also, the reliance of the society upon their wisdom and experience ensures that they actively participate in the decisions affecting the social and economic health of their community. And certainly not less important is the role of grandparent that many old people assume when they are old. Grandparenthood not only ensures the continuity of the close contact of the family but adds a new dimension to the life of the aged and brings them comfort, satisfaction and pleasure. All the foregoing combine to ensure that old age is not a period of degeneration and suffering occasioned by loss of status, loss of income and loss of social contact.

The Impact of Modernization

Over the years the impact of modernization, industrialization and the accompanying strong western

influence have brought about changes in the structure and socio-economic functions of the family.

The access to knowledge through formal schooling has led to a reduction in the power and prestige given to the accumulated wisdom of the aged. Their knowledge and experience are seen as not being directly relevant to the problems of the "modern" age. Secondly, the direct linkage of educational attainment with occupation and income has altered the economic status of the aged quite markedly. The geographical mobility often necessitated by the search for white collar jobs has resulted in the fractionation of the extended family system and the increasing isolation of the aged.

Furthermore, the mutual obligations of the extended family system are being systematically eroded by the increasing emphasis on material success and individualism.

Finally, the interdependence that was once the hall-mark of the extended family is being replaced by emphasis on the autonomy and independence of the nuclear family consisting of a man, his wife and their offsprings.

IMPLICATIONS

The foregoing changes have serious implications for the general attitude of the society toward the aging process and the position of the aged as a social category.

Increasingly, people are beginning to see old age as an age of increasing tension and insecurity. This is clearly attested to by the phenomenon of

people lying about their age. As society tends to forget or to discount the contributions of its past heroes so are people becoming jittery about the prospects of growing old.

The engagement in work activity far away from home has led to the increasing isolation of the aged and the attendant health problems often wrongly attributed to the aging process.

Furthermore, the meagre income of offsprings (i.e. those that are lucky to find work or to have escaped retrenchment), the galloping inflation and, above all, the lack of an institutionalised social security arrangement are gradually but inexorably subjecting the aged to a very precarious existence. Even those that have offsprings to depend on either feel a sense of guilt because of their dependence and/or begin to lose their sense of self-acceptance and self-esteem.

Finally, the neglect or at least the reduced respect accorded the wisdom and experience of the aged is increasingly cutting them off from participation in the important interests and activities of the society and resulting in the loss of a sense of significant membership of the society.

What is to be done?

Given the foregoing the important question then is what is to be done?

On the part of the care-giver, particularly the care-giver of the aged in an institutional setting, *it is important to take a holistic approach to the care of the aged. This approach takes account of past

behaviour, experience, hopes, expectations, values and the social and psychological needs of the aged and calls for close collaboration between the physician, the nurse, the social worker and the behavioural scientist.

On the part of the society at large particularly the policy makers, there is need for a re-socialization or retraining programme for the aged. Evidence from a number of studies indicates that the elderly are capable of learning new skills through carefully designed programmes that take cognizance of their needs and problems. Such programmes can be directed at imparting new skills and knowledge or at improving upon the stock of existing skills so as to make them relevant for present circumstances and thereby create opportunities for individuals to practise their skills, abilities and interests. Physical activity, as studies have shown, is essential for healthy living in old age.

Finally and most importantly, there is no time like now for an institutionalised social security arrangement for the aged. Up till now, the tendency has been to attribute the problems of old age to individual responsibility, e.g. inadequate or inappropriate life-style, and so on.

This is not entirely correct. Conditions in old age are the result of the use and demands made upon the human body earlier in one's working life. There is the need, therefore, for our society to see the claims of the elderly on societal resources in terms of social justice rather than in terms of charity. And this calls for an institutionalised social security

arrangement that is tied to inflation so as to ensure that the young can grow old gracefully without fear or apprehension and that the old can enjoy the fruits of their past contributions to societal development and progress.