**MODULE 3:**

**The Generational Theories of Aging**

The earliest theories of aging reflected the functionalist approach dominated sociological discourse during 1960s and 1960s. The focus of the theory was on how individuals adjusted to social roles as they age and how those roles were useful to the society. The assumption of the earliest theorist was that aging brings with it physical, psychological and mental decline and that changing social roles have to take this decline into account. Talcott person, one of the foremost and influential functionalist theorists of the 1950s argued that there is the need to find roles for older persons consistent with advanced age. Failure to do this could lead to older becoming discouraged and alienated from the society to achieve a stable and healthy maturity older people need to adjust psychologically to their change circumstances, while society needs to redefine the social roles of older persons. Their former roles such as work have to be abandoned while new forum of productive activity need to be identified. The functionalist theory paved was for disengagement theory that holds that it is functional for society to remove people from their traditional roles when they become elderly, thereby freeing up those roles for others.

The assumption of the functional disengagement theory is that given the frailty, illness and dependency of older people, it becomes increasingly dysfunctional for them to occupy traditional social roles they are no longer capable of adequately fulfilling.

Disengagement theory is assumed to be functional for both old and the young because it will provide the opportunity for the younger ones to take over the roles and responsibilities hitter-to occupied by the old people as well as relieve the older one from heavily taxing jobs and take up those that less taxing and consistent with their advancing age and declining health condition. The disengagement theory was subjected to criticisms because of the assumption that old age is synonymous with frailty, dependence, illness and indolence. Activity and continuity theories were developed as functional theories to draw conclusions quite opposite to disengagement theory. According to activity theory of aging people who are busy and engaged are more likely to lead fulfilled and productive lives. By implication people should remain engaged in their work and other social roles as long as they are capable and willing to do so, it continues well into old age increases good mental and physical health. It has been suggested that older adults fare best when they participate in activities that are consistent with their personality, references and activities earlier in life. For instance, a retired police officer may find it easier to take up a post-retirement as a chief security officer in an institution than to be a bus driver or truck driver.

**Crricisms of Disengagement Theory**

1. That old people may disengage from previous roles when in reality they may not want do
2. Some people may not be able to disengage because of financial reasons
3. Disengagement can do more harm than good potential waste of valuable human resources by encouraging premature withdraw from social roles
4. It underestimate the importance of social roles that are undertaken by the elderly
5. It is not a universal theory because in many societies people disengage from their primary occupation to take up more productive and rewarding roles in the society- retired Judges, Soldiers, Teachers, doctors etc. who later became heads of state, President, Ministers, traditional rules etc. for example the founder of this university had disengaged from active law practice when he started this university in 2010, since then he has continued to work and stay in the office from 8 a.m to 4 p.m daily including Saturday, Sunday and public holidays.
6. Disengagement from work is not the end of life, Disengagement of the individual from society occurs when they die not when they quit work.

**Social Conflict Theory**

The second generation theory is the theory of social conflict which focuses on sources of social conflict between the elderly and the society.

The main thrust of the theory of social conflict is that the ways in which the larger social structure is arranged created unequal opportunities for member of the society thus creating the potential for conflict. Many of the problems of aging such as poverty, poor housing, poor health, or poor health care etc. are systematically produced by the routine operation of social institutions.

In capalist society such as Nigeria, the structure of the society favours the most economically powerful people. Some elderly people who have benefit from the wealth of the society live in opulence throughout life, the majority, many live in abject poverty and they must fight to get even a meager share of society’s scare resources. In Nigeria, it is a common feature to see the elderly who disengaged from work to queue up for days to collect their meager pensions and gratuity, which the rich and powerful have theirs paid into their bank accounts or collect upfront. Our legislators in Nigeria smile to the bank after disengagement while those who voted for them remain in abject poverty.

In the USA where the statistics is available, poverty rates has increased to about 10% among the elderly and has risen to over 40% among unmarried black and His panic women.

**Life Course Perspectives**

The most important theme of the life course perspectives is that aging is a lifelong process, relationships, events and experiences or early life have consequences for later life. Some people mismanaged the events of their earlier lives and events and face the consequences at their old age. People who engaged in truancy, drug abuse and crime in their early life often face the consequences in their later years.

The process of aging for individuals is somewhat unpredictable and the passage of a lifetime is not like a mechanical turning of a wheel but more as the unpredictable flow of a river.

**Module 4: Challenges of Aging**

The challenges of Aging vary from society to society, from time to time and from racial and ethnic groups.

In traditional societies, the family takes care of their old people by providing their basic needs such as housing, food and their health needs. In return the old provide child care services for the younger members of the family when their parents are at work and in the field. The old also provided services for the larger community in conflict resolution, social and psychological support for members of the community. With the advent of westernization, people tend to maintain less close relationship and connection with their parents and communities of their origin. Most old people are no longer living with their children and find it difficult to make the final period of their life rewarding.

In the more developed countries, the conditions of the aged are remarkably different from those of the less developed countries. But the challenges are similar in nature and character.

The problems faced by old people are mainly poor health, abuse, social isolation and prejudice.

**Health Problem**

There is a high prevalence of chronic disabilities among the elderly population in all societies. Health problems such as respiratory infection including tuberculosis, bronchial asthma, high blood pressure/ hypertension disease of nervous system mental illness, diabetes mellitus, high blood cholesterol, heart and kidney Diseases.

In much of the developed countries when older people become physically unable to care for themselves, they move into assisted living facilities, long-term care facilities or nursing homes.

Whereas in much of less developed countries, their family members, especially the children, assume responsibilities for their health care because the institutional arrangement for the care of the elderly hardly exist and many old people do not make adequate arrangement for their retirement, whereas in the developed countries, a large proportion of the elderly have access to public health insurance (Medicine in USA NIHS in UK) and private health insurance scheme. In Nigeria, population is covered by the National Health Insurance Scheme introduced recently majority of whom are working in the public sector of the economy.

**Elder Abuse**

Maltreatment or Mistreatment and abuse of older adults may take many forms such as physical, sexual, emotional, financial abuse, neglect and abandonment.

Quite often, the elder who suffer any form of mistreatment find it difficult to report such experiences because of shame or a repeat of such events. Such abuses are common among older adults who have physical disabilities. They manifest in the form of anger and resentment from those taking care of them.

It is not uncommon to find children who mistreat their old parents financially may old parents may be unwilling to report openly because he or she may feel obligated to continue to help the child.

**Social Isolation**

In modern industrial societies, many elderly people face social isolation. Social isolation is more common among old women because women out live men. When old women loose their spouses, they tend to face and experience problems of isolation and loneliness. Older divorced or widowed men are much more likely to find a mate than older women who are living alone because the pool of eligible mates for older men is more likely to include potential partners who are many years younger.

In less industrial societies where men marry more than one woman, some who may be considerably younger than the men, social isolation or loneliness among men are less pronounced. With charges in marriage pattern, arising from western education an increasing number of widows are becoming isolated.

**Prejudice**

Prejudice is an unfair and unreasonable opinion of feeling, especially when formed without enough thought or knowledge. Ageism is prejudice and or discrimination based on age. It is fueled in part by stereotypes that are fixed ideas that people have about what someone or something is like, especially an idea that is wrong. Older adults are frequently seen as perpetually lonely, sad, infirm, forgetful, dependent, servile, old-fashioned (old school) inflexible, embittered and aggressive.

Robert Butter in 1975 summarized many negative stereotypes of the elderly as follows: An older person thinks and slowly. He does not think as he used to or as creatively. He is bound to himself and can no longer change or grow. He can learn neither well nor swiftly and, even if he could, he would not wish to. Tied to his personal traditions and growing conservatism, he dis-likes innovations and is not disposed to new ideas. Not only can he not move forward, he often moves backward. He enters a second childhood, caught up in increasing egocentricity and demanding more from his environment than he is willing to give to it. Sometimes he becomes an intensification of himself, a caricature of a life-long personality. He becomes irritable and cantankerous, yet shallow and enfeebled. He lives in his past; he is behind times. He is aimless and wandering of mind, reminiscing and garrulous. Indeed, he is a study in decline, the picture of mental and physical failure. He has lost and cannot replace friends, spouse, job, status, power, influence, income. He is often stricken by diseases which, in turn, restrict his movement, his enjoyment of food, and the pleasures of well-being. He has lost his desire and capacity of sex. His body shrinks, and so too does the flow of blood to his brain. His mind does not utilize oxygen and sugar at the same rate as formerly. Feeble, uninteresting, he awaits his death, a burden to society, to his family, and to himself. (Butler 1975:6-7)

The rapidly growing technological development culture has reinforced the prejudices which young people have about the elderly ones. Stereotypes are harmful, especially if they translate into discriminating or ageist treatment. However, with education and modernization, stereotypes based on age may slowly fade away.

**Module 5:**

1. **Ageing and Popular Culture**

In many societies, attitudes to retirement have changed dramatically and stereotypes of old age have broken down. This has been attributed partially to the development of consumer culture.

In most of the developed countries, Japan, China, Sweden UK, USA etc. which are currently experiencing ageing population, those over retirement age constitute an increasing numerous group. This group has become important market for companies producing goods and services to sustain them. An increasing number of companies now produced materials used mainly by old people e.g. liposuction (appliances used to suck out fat from under the skin) anti-age, anti-wrinkle creams and face-lifts, gadgets that aid mobility, hearing, sighting etc. old people homes, and other types of home care facilities services are now being provided for the old people for their comforts. In postmodern consumer societies, the handicaps experienced in the past by old people have been minimized greatly.

1. **The end of old age**: In modern times, people are no longer so restricted by their age. People have multiple selves. Their identity is now more a matter of choice rather than being determined by age. Medical advances and improved nutrition have increased longevity and good health among the elderly population. This has broken down stereotypes about old age and further bring society closer to the end of old age
2. **Variations old age between societies:** Every society has been known to define people as “old” on the basis of chronology (order in which people are born), physiology, or generation. Nevertheless, the points in life at which old age is seen as beginning, and the social meaning attached to it vary.

Old people may be expected to be active or inactive, dependent or independent and may have low or high status. The reasons for these differences may be as a result of the following

1. Type of social organization: in societies that depend on the physical power of the members, the infirm, the feeble and the frail such as nomadic societies are not highly valued, compared to others where people live together in a well patterned social organization
2. In societies where the younger generations depend on the older ones for transmission of knowledge, the older or aged are highly valued because of their wisdom and knowledge. Elderly people were much more valued in pre-literate society than the advanced industrial society of today.
3. The position of the elderly in society is often affected by control of economic resources. Where the elderly control the resources of the state, and the younger ones can only have access to the resources through the elderly, the lather may gain the respect of the younger ones. If not the elderly loses respect and dignity. Quite often the younger one would say what has the generation of the elderly did for them.
4. Cultural attitudes towards death and afterlife vary from society to society. In it is generally believed that the old has ability to communicate with ancestors and has contact with the spiritual world. Hence people positively welcome signs of ageing such as grey hair. The younger generation often as for the blessings of the aged and ask for prayers for long life and prosperity. In western society emphasis life before death is seen as more important than the afterlife. In Africa society, when the elderly and old people die, they are calibrated and given elaborate burial contrary to the situation in western societies.
5. **Variations with Societies**
6. **Gender**

The characteristics attributed to older members of society and the opportunities open to them can vary by gender. There is the general belief that older women are slow, stupid, unhealthy, dependent and unattractive. The circumstance which women go through in life can make the lives of older women difficult- pregnancy, child bearing and child rearing, stress and discrimination. There are a number of differences in the positions of men and women in old age:

1. Women live longer than men and they tend to suffer from obesity, stress and engage in risky behavior such as excessive drinking and smoking
2. Quite often their spouses die before them and less likely to remarry in old age. This is the common feature in the West, where marriage is really monogamous. In the less developed society, where marriage is nearly universal and polygamous the younger women re-marry mostly to older men whose spouse may die before them as well.
3. Older women are more likely to live in poverty than old men because of greater involvement in child care compared to the men.
4. **Ethnicity**

In countries where there are ethnic and racial divisions, ethnicity and race have effects on the experience of old age. There are health, education, income and wealth inequalities in societies where the divisions are clearly marked. Minority ethnic groups suffer more deprivations and poverty than the dominant groups. This is more apparent in countries where there is a clear division between black and white, minority and dominant groups.

1. **Social class**

Ageing is affected by social class. Those who belong to the upper class and who earned higher tend to received more gratuity and pension when they disengaged from work. This apparent in our society where the political class receive higher income and jumbo severance allowances at the end of their tenure.

1. **Cohort**

Different cohort have different levels of pension provision which may affect living standards in old age. The pension received by retired Professors two decades ago is different from what they received now because of the changes in the wage structure. In countries where wages are not indexed, the old retirees are often worse off and suffer more deprivation.