

# **MULTIGENERATIONAL RELATIONSHIPS: INDIAN CONTEXT**

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In our journey of life we pass through different ages and undergo varying relationships with members of different age groups within our family, relatives and the community. As Child our relationship and experiences with parents and elders are different from what we have in the young age. All these experiences have an impact on our life in the young age. Normally we reap what we sow. In the old age we have to deal with different age groups within our family and society and our relationships have an impact on the quality of life in the old age. Patterns of support providing assistance in old age, are part of a continuing process of interaction amongst parents, children, close relations and the community.

## **FAMILY AND SOCIETAL RELATIONSHIPS**

Family is the primary institution of societies and it is through the family that the social system moulds the individual. The multigenerational relationships will have to be considered at the family, community, national and international levels. Families have existed in the diverse forms and their shape and structure depends upon geographical, economic, political, cultural and biological factors. It has been changing with time and it is the smallest unit of society to provide economic psychological as well as the emotional security. The generational relationships in the last century were different than what we have now at the dawn of the new millennium.

Decades after decades and centuries after centuries these relationships have been changing. During our pre-vedic era , due to the stress and strains of a very hard life necessary for one's own survival, people generally died early in the fifties. The elders were a burden on their family as at that point of time everyone in the family was forced to work hard and contribute for his own survival. Feeding others was a big burden. Cruelties and the jungle law prevailing in the society during that period of Indian history attracted

the attention of great saints, seers and philosophers and led to the evolution of Ashram system for Indian families i.e. Brahmacharya, Grahastha, Vanaprastha and Sanyas ashrams. Generation after generation and for the past several centuries these well defined laws of life developed for Ashrams were respected and followed by the society. The duties and responsibilities for different

generations were candidly defined and the historians, sociologists, economists, philosophers and politicians etc honoured these well-defined laws of life. Elders were neither treated as an obstacle to the economic and the cultural growth of the family nor were they considered as a social burden consuming the resources of other generations in the society. Welfare of the elderly was traditionally accepted in the structure of the Indian joint family system. Even today, eighty percent of the elderly in India stay with their family as against sixteen percent in U.S.A. and several other western countries and Australia.. Joint family system has been the characteristics of Indian life and quite often one can find three to four or even more generations living together in the same house. Eldest member, male or female controls the household and other general affairs. Children, elders, disabled, widows, widowers etc get appropriate care and sympathy as well as social security. Tolerance and cases of self-sacrifice are quite frequent.

However, the import of foreign culture, visual and print media, internet, urbanization and migration of young labour force to urban areas have had an adverse impact on our traditional systems. All this has had a profound influence on the society and its social institutions as well as the life and the role of the elderly Nuclear families are on an increase and the family members are becoming more and more self-centred. If the trend is not arrested the days are not far off when the external impact will dominate majority families in India.

## **CHANGING VALUES AND THEIR IMPACT**

Rapidly-growing population of elderly and their increased longevity accompanied by economic hardships faced by the middle and lower income families, has tremendous influence on the society and its social institutions as well as on the life of elderly and their welfare.

Although at all times there has been competition and tension between different generations and age groups and this will continue in future too, the bonds and linkages will always remain amongst the members of the family and their interdependence will also continue. If the young choose to dismantle the socio-economic programmes for the old, they will be simultaneously dismantling their own socio-economic future. Every individual irrespective of caste, creed or gender deserves support for survival and a graceful as well as comfortable life. However the increasing emphasis on self-advancement, individualism and nuclear family system, has an important bearing on the conditions of elderly. The values are now fast changing and they need to be closely observed and

analysed while planning the future strategies for giving a better life to elderly and simultaneously involving them in the development process of our Nation. In many countries, different schools of thoughts and vested interests have started multi-generational conflicts e.g. young versus old and vice-versa. In some countries, associations of graying population have become powerful enough to influence the welfare policies at national levels. The American Association of Retired Persons (AARP) is a good example.

Recent emerging trends in several countries project an alarming picture of the society. Increasing pre-marital relations, couples living without formal marriage, gay clubs for males and lesbian associations for females accompanied by their increasing demands for marriages in the same sex is now dismantling the basic structure of the institution of family. More than 30% families in San Francisco have started this type of living. Likewise in India too our gender-based differences are undergoing a radical change. This is the high time when we must wake up to analyse the ill effects of this wave from the west and take steps to strengthen and revive our faith in Indian culture and traditions.

## **ROLE OF RELIGION AND SPIRITUALITY**

All religious texts and scriptures have advocated respect, love and support for elderly. The saints, seers and philosophers also propagate these values. Indian scriptures teach the principle of co-existence and develop models of the ideal interpersonal relationships accompanied by the spirit to sacrifice and preach reduction of expectations, which in turn reduce frustration. It is easy to find a healthy man but difficult to find a healthy mind. We must realise that within ourselves we have all the resources, ability, energy and power for building a supremely successful life of ourselves as well as others in the world. This is the Gift of God we must discover, develop and usefully employ the infinite essence in us.

Materialism, consumerism and many physical achievements can remove poverty, add comforts to life and reduce sorrows of illness. But in spite of the highest standard of living we may create, man cannot feel happy with his ambitions and live contented in his relationships with others. He will continue to be restless for achieving emotional satisfaction. More and more people are killed by worry than by work. Materialism burdens a man with endless anxiety and desires to possess more and more. Unless we insist that the individuals pursue the teachings of self-integration, the

community can never move in the era of joy and healthy love. Our outer world is little under our control but by recognizing our inner self by our own efforts we can be glorious and in better harmony with society. AS THE MIND IS SO IS THE WORLD.

Religion imparts the art of living by which one discovers, in oneself the equipoise needed to stand up to life's situations, meeting efficiently the ever changing world of challenges one has to face.

“OLD AGE CAN BE CREATIVE OR DESTRUCTIVE. IT IS YOUR CHOICE TO DECIDE. OLD AGE NEED NOT BE PAINFUL AND DEATH MAY NOT BE FRIGHTENING. IT IS POSSIBLE TO LEARN IN THE DAYS OF RETIREMENT.”

Swamy Chinmayananda

Revival of our faith in Indian traditions, Vedas, scriptures will be step in the right direction. We can learn the art of active and graceful living and also deal with gerontological and geriatric problems. They guide us to fill up the generational gaps and provide knowledge to lead a happy life. They take us close to the Nature and enable us to unfold ourselves for development.

#### **NATIONAL POLICIES AND SOCIETAL SUPPORT**

Unfortunately India, even with rich and respectful traditions of the past, has now little to provide for the welfare of the elderly. Welfare schemes, if any are a drop in the ocean and mostly exist on paper only. For the first time in the annals of the history of India, the Government of India came out with a National Policy for Older Persons. It mentions that the well being of the older persons has been mandated in the Constitution of India Article 41 ,and the Directive Principles of the State Policy and social security and the public assistance has been made the concurrent responsibility of the central and the state governments. It recognizes the need for increase in the budget allocations and special attention to urban and rural poor. Old age pensions, improved public distribution systems, special care of widows, favourable taxation policies, and rights to get support from their children has been the paramount consideration. Trusts, Charitable Societies, and voluntary agencies will be assisted by way of grants and tax relief to undertake welfare activities. Training and specialization in Geriatrics medicine will be encouraged in medical colleges. Hospices for terminally ill and chronically ill will be established at different locations. Ten percent house sites will be earmarked for older persons and easy loan facilities will be provided. Continuing education programmes which cover a wide spectrum ranging from career enhancement; use of leisure; culture; arts; welfare activities and distance learning techniques will

be encouraged.. A separate welfare fund for welfare of the aged has been earmarked. Day Care centres; multi-service centers; old age homes recreation centers will be encouraged. Affirmative action has been proposed for issuing identity cards, concessions in all modes of travels and entertainment centers; reservation in all seats; priority in telephone connections and speedy disposal of complaints. Trade unions; employees' organizations and professional bodies will be involved to organize special sensitivity programmes and promote services for superannuated employees. Centres of excellence will be promoted to conduct research, training and education programmes and provide leadership to institutions/ organisations engaged in similar activities. Ministry of Social Justice and Empowerment is the nodal agency to co-ordinate all activities relating to implementation of the Policy. A separate Bureau for older persons has been setup in the Ministry. An Inter-Ministerial Committee coordinates matters relating to implementation of the National Policy and to monitor its progress. Autonomous National Council for Older Persons promotes and coordinates the concerns of older persons and articulate their interests, promotes programmes and activities for their well-being and advises the Government.

The declaration of the National Policy and the constitution of the National Council for Older Persons is indeed a laudable step but the society and the family in particular shall continue to play the pivotal role in the care of elderly. Voluntary organizations, associations of older persons, educational institutions and medical associations have to contribute their bit in India having the large population exceeding 1100 million people.. A strong network of these organizations must develop. Rural areas and women need special aid programmes at the grassroots level. NGOs will be more effective and productive in betterment of the lot of older people.,specially the poor and frail elderly.

In 1995 the Central Chinmaya Vanprastha Sansthan Allahabad (CCVS) initiated 4 to 5 days camps/workshop for older persons to impart training and education on active aging. Indian vanaprastha concepts, social gerontology, finance management and investment planning. clinical geriatrics etc etc and they have been quite popular in India and abroad. CCVS is still organizing these camps.

The Indian Society of U3A's (University of Third Age) ISUTA has been set up on 29th March 2008 with head quarters at Udaipur with six zonal centers covering different states of India

## **COMPREHENSIVE CARE OF ELDERLY**

Joint family system has been a strong foundation of the Indian culture and welfare of elderly was inherently built in our system and the structure of a joint family. However, the traditional care systems are now undergoing a change. Increase in longevity and the continuously growing number of elderly accompanied by a decline in fertility and continuing education in number of children in families, is adversely affecting the care of elderly. Traditionally, the care of elderly has been largely a responsibility of woman i.e. spouse, daughter in law and daughter who provide physical, emotional and sometimes economic support. In case of widows, elderly without children or chronically ill elderly persons, the care has become more difficult.

Further, due to economic transitions, entry of woman in the labour force, rising inflation and the necessity of large number of members for going to work, the care of elderly is becoming more and more difficult. The numbers of widows exceed widowers and life long discrimination, oppression, poverty and illness is there fate in their old age. In India the problem of woman needs special consideration. Most of them have no share in property or pension and for similar works receive lower wages in employment. Co- residence with their kins becomes necessary for very old and frail elderly. Harmonious relations between caregivers and care recipients along with mutual respect, love and affection improve the quality of care despite economic hurdles and social pressures on the caregiver.

Demographic trends, diminishing capacity to provide care, delays in marriage, reduction in family size accompanied by decrease in the number of children and increase in their cost of education and health care of all, is now creating several problems for care givers. The dynamics of care giving is becoming more and more complex. Money- order economy in Himalayan region is a good illustration of elders suffering due to migration of young folk from hills for outside jobs and then financing their parents at home through money orders. More than 40% elderly, who have all along been poor and whose families still continue to be poor, constitute the most vulnerably section of the elderly population. For comprehensive care of elderly due attention has to be given to physical, economic, emotional and spiritual aspects. Inflation and changes in the social structure need outside institutional involvement especially for the handicapped and chronically ill elderly. Health care systems essentially need strengthening and restructuring to meet the geriatric needs. Presently this science is still somewhat new to our medical colleges in India and needs concerted efforts to

meet the challenging requirements of the elderly in India. More than 50 percent elderly have one ailment or more. Indian science of yoga, naturopathy, homeopathy, acupressure, alternative medicines and several other traditional systems need to be encouraged.

Through proper awareness programs, elderly can be usefully engaged or educated in a variety of developmental activities, which will boost up their morale, reduce depression and feeling of loneliness. Part-time employment should be generated for the needy ones. Religious organizations should also take care of the spiritual aspects and lead them towards more fulfilling and happier life. This will improve their inter- generational relationships also..

### **RESEARCH AND EDUCATION OF ELDERLY**

‘A MAN RUSTS IF HE RESTS’, is a well-known proverb. Elderly not engaged in work generally suffer from one of more illness and loose their psychological and emotional balance. They have a right to educate themselves and it will add life to them. Recent statistics reveal that suicides amongst elderly are increasing rapidly in good many countries, mainly because of depression and loneliness. If elderly want to be in the mainstream then their knowledge must remain up to date and keep pace with ongoing developments. Though in many institutions there is no upper limit of age, yet elderly hesitate to attend the classes with younger group and mostly the type of education especially required for them is also not available in institutions.

During the past two decades USA and CHINA has successfully gerontolised the higher education. Several institutions organize special programs for caregivers, old age home administrators, through seminars and workshops. Starting from France in 1973, now more than twenty thousand third age universities with two million members have come up in China alone.

The national policy of India supports the establishment of gerontology centers and its centers of excellence. The need of the hour is to encourage such centers and set up autonomous universities ;deemed universities, to provide leadership to other institutions, planners, retirees, caregivers, and administrators. WHO and UN sponsored training programs through International Institution on Aging in Malta; London school of hygiene and number of other institutions abroad now have enough materials and experience needed for organizing research, education and training programs. The proposed centers may cover the research, education and training activities as below;

RESEARCH: Multidisciplinary researches in Geriatrics; Gerontology; Sociology; Demography; Philosophy; Anthropology, History; Preventive Health Care; Economics and Psychology etc.

## **EDUCATIONAL PROGRAMMES**

- 1- Knowledge of different scriptures
- 2- Courses for social workers; NGOs
- 3- Courses for managing Day care centers; old age homes and multi service centers; hospices
- 4- Arts; Culture; Social Sciences; Journalism
- 5- Educational programmes/ seminars for pre-retirees
- 6- Distance education programs through Internet. T V; Correspondance
- 7- Courses in Gerontology
- 8- Courses in Geriatric medicines; Nutrition
- 9- Courses for Policy makers, administrators in Gerontology etc
- 10- Primary Health education
- 11- Yoga; Physiotherapy; Occupational Therapy;
- 12- Alternative medicines
- 13- Housing and Architecture for elders
- 14- Seminars; Workshops
- 15- News letters; bulletins; Journals
- 16- Vocational training programmes
- 17- Educational tours
- 18- Courses in Finance Management; Investment Planning
- 19- Courses/camps/workshops on Active ageing and graceful living in old age

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