Enhancing the wellbeing of older people in Mauritius

Proefschrift

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Promotores:
Prof. dr. J.B. Rijsman
Prof.dr. M. Gergen

Overige commissieleden:
Prof. dr. A. Contarello
Prof. dr. D. Wulff
Dr. B. Cottor
Dr. L. Wens

ABSTRACT

To curb overpopulation, Mauritius resorted to an intense program of fertility control from the 1950's. Today, low fertility combined with improved health of the people has resulted in rapid population aging. For more than half a century, older people in the country benefit from a universal old age pension and free health service. But no research has ever been conducted to find their level of satisfaction with life. The objective of this study is to address this gap.

This mixed methods research collected data from older persons through a questionnaire survey (N = 244), a Critical Incident Technique Study, and a series of 24 interviews. The data were examined using a social constructionist lens.

The study shows that opinions are divided about the level of wellbeing among older people. Those with higher socioeconomic status (Chairpersons of Senior Citizens' Associations) say they enjoy a good level of wellbeing, but they believe other older people experience low wellbeing. On the contrary, other older people themselves, with the exception of a third among them, state that they are satisfied with their level of wellbeing. The main reasons given for low wellbeing are lack of family attention and care, low education and low income.

The main interventions identified by the study to enhance wellbeing are ensuring attention and care from the family, better income and improved health. Other actions believed to help enhance wellbeing are better social relations, provision of housing, more leisure, counselling and better security.

As a result of these findings, recommendations are made in the context of the national aging policy to improve the wellbeing of older people in Mauritius.

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THE CONTEXT OF THE STUDY

The study was carried out in the island of Mauritius. The island is known for its white sand beaches, green sugar cane fields, and its population comprising a mosaic of cultures. The place is reputed to be a choice tourist destination. Mauritius is a small island, occupying only 720 square miles.

Lying off the tip of South Africa, Mauritius was originally uninhabited, but casually visited by Arab and Portuguese navigators. At the end of the XVI century it was occupied for a while by the Dutch and then permanently by the French from 1715. The island was conquered by the British in 1810 and it stayed under British rule until its independence in 1968. The French occupation was the one which really left its mark and visible traces.

Under the French, Mauritius began to assume the aspect of the prosperous colony it was later to become. The French Governor created the capital and the port, and had public buildings, stores, barracks and shipyards built. He gave incentives to industry and in a few years he turned this wild and almost deserted island into a flourishing and productive colony However, it was slavery that constituted the fundamental pivot on which the life and economy of the country ran. As commodities of the slave trade, they came from Madagascar, and from West and East Africa; four fifths of the population of Mauritius were slaves!

Meanwhile the British reigned supreme in India. They did not feel strategically safe with growing French presence in the Indian Ocean. Following a British expedition in Mauritius, the island was surrendered in 1810. It became British, but strangely enough remained French in spirit, keeping the French language, laws   and   culture.

An important event during British administration was the abolition of slavery in 1835. Thousands of slaves of African or Malagasy origin were freed and they refused to go on working on the sugar cane plantations. They were "traumatised" by their past bondage and settled mostly on the coasts. Indians from the sub-continent came by shiploads to replace the slaves in the sugar cane fields. This immigration wave became important, increasing until 1909 when the number of immigrant Indian workers reached the figure of 450,000. The ethnic composition on the island was drastically altered: the island had become indianised.

Until the early 1940's, Mauritius was administered as a British colony. From then onward, it rapidly climbed the successive stages to accede to independence in 1968. Dr. Seewoosagur Ramgoolam, a hindu, became Prime Minister and the Labour Party formed the Government. Since then, elections are held every five years, and our democracy and welfare state model seem to have worked well. On the whole African continent, Mauritius is now considered to be a successful nation.

Since independence, the country has had a Hindu as Prime Minister. But the government has always consisted of people from the various ethnic groups, with a majority of Hindus. Mauritius has a population of 1 286 000 million people. It has made great strides in the economic field and is today considered to be an emerging economy. But pockets of poverty still exist on the island.

Today the island is peopled by a majority of Indians, followed by Creoles (ex-slaves), Muslims (of Islamic faith), Chinese and a handful of whites of French descent. People of Indian origin are further subdivided into Marathis, Tamils, Telugus. Each ethnic group has preserved its language, religion and culture. These people live one beside the other, in a spirit of peace and coexistence.

Mauritius enjoys political, social and economic stability. Its people are religious and God-fearing. Considering the small area of the island, the numerous churches, temples, mosques and pagodas that exist in the country testifies to the religiousness of the people. The number of public holidays that the population enjoys on the ground of religious festivals and festivities add up to more than a dozen annually

The composition of the population of Mauritius is thus extremely varied. The history, origin, culture, frame of mind, and approach to life of the various components of the population may therefore be different one from another. The meaning of aging may not be the same for the different ethnic groups. Care has been taken, as far as possible, to bear this issue in mind throughout this study.

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CHAPTER 1
INTRODUCTION

There is now a growing global interest in the promotion of wellbeing as an objective of public policy (Stiglitz, Sen & Fitoussi, 2009). Recent research in this area (Kapteyn, Smith & van Soest, 2010) finds that partners/family, health, job and finances are, in this order, the most important domains for wellbeing. Satisfaction with one's environment has also been found to influence wellbeing (Van Praag, Frijter & Ferrer-i-Carbonell, 2003).

This study seeks to explore the level of wellbeing of the older people of Mauritius, and, if need be, devise ways to enhance their wellbeing. The purpose of the study is to investigate with a sample of older Mauritians their perceptions regarding which factors account for their wellbeing, and which are those that detract therefrom. It was anticipated that the findings from this inquiry would provide new insights capable of strengthening policies for the welfare of older people. This study used mixed research methodology to examine the problem. Twenty four participants purposefully selected were interviewed, and 244 old age pensioners were randomly selected to participate in a questionnaire survey and a critical incident technique study.

This introductory chapter starts with a description of the background that frames the study. The problem statement, statement of purpose and the research questions follow. The research approach, the researcher's perspective, and the researcher's assumptions are then described. The proposed rationale and significance of the study are set out, before an overview of the dissertation closes this chapter.

Background

The world population is aging, and it is aging at an unprecedented rate (U.S. National Institutes of Health, 2009). According to the NIH report 'An Aging World: 2008' "The number of people worldwide aged 65 and older is estimated at 506 million as of midyear 2008; by 2040, that number will hit 1.3 billion. Thus, in just over 30 years the proportion of older people will double from 7 percent to 14 percent of the total world population." The report highlights that 62 percent (313 million) of the world's people aged 65 and older lived in developing countries in 2008. By 2040, these countries are likely to be home to more than 1 billion people aged 65 and over, 76 percent of the projected world total.

Although population aging can be considered a human success story, such dramatic increases are bound to pose various challenges to policymakers. This level of growth brings an increased burden on health and welfare services and other economic requirements, which are likely to cause increasing political, scientific and public concern (Kinsella, 2000). In addition, the oldest old (80 years and above) who are the fastest growing proportion of the population compel social planners to seek further health and socio-economic information about their group, because they consume disproportionate amounts of health and long term care services (Suzman, Willis & Manton, 1992).

The increasing number of older people living longer has led to the seeking of strategies to ensure that the extra years added to life are quality years rather than being spent in poverty, ill-health, disability and isolation. Public policy has been increasingly concerned with enabling older people to maintain their mobility, independence, their active contribution to society (Bowling, 2005). Recently there has been strong emphasis on research on wellbeing, and the use

of wellbeing as social policy outcome. In France, the Stiglitz Commission created by President Sarkozy in 2008 to study the measurement of economic performance and social progress recommended that "time is ripe for our measurement system to shift emphasis from measuring economic production to measuring people's wellbeing" (Stiglitz, Sen &Fitousssi, 2009, p. 12). In 2010, the Organisation for Economic Cooperation and Development (OECD) decided that "There is growing interest in looking beyond the traditional measures of success, such as income, employment and gross domestic product (GDP), towards non-economic facets of wellbeing and social progress, such as health, civic engagement and happiness" (OECD, 2010, p. 11). In Britain, Professor Lord Richard Layard argues that "the best societies are those with the most happiness and the least misery, and that public policy should be made on this basis" (Layard, 2011, p. 1).

Mauritius too has a rapidly aging population whose level of wellbeing has never been assessed. For a population of 1,286,000, the percentage of older people (60+) at the end of the year 2011 was 11.8%, and is estimated to be 24.4% in 2036 (Statistics Mauritius, 2012). On reaching retirement age, people are rarely prepared to live their post-retirement age. Most older people have not done any retirement planning. This study seeks to shed light on whether older people in Mauritius experience wellbeing, and if not, what they need to enhance their wellbeing.

Problem Statement

For the past half century, older people in this country have been gratified with a universal old age pension. Over the years, a few other perks have been added, like leisure facilities and free public transport. Do these government interventions help older people to enjoy a sufficient level of wellbeing, or do

these people feel neglected in other ways? There is little information about the wellbeing of older people and about their felt needs.

Statement of Purpose
and Research Questions

The purpose of this study was to explore through a series of interviews (N = 24) and a questionnaire survey (N = 244) the level of wellbeing experienced by older people in the country. It is anticipated that knowledge about older people's wellbeing and these people's perceptions about what is lacking can assist policy-makers to frame more appropriate policies in favour of this section of our population. To shed light on this issue, the following research questions are addressed:

1.   How the older people in Mauritius view their present level of wellbeing?

2.   Is ensuring wellbeing in old age the responsibility of the older person, the family or the society?

3.   Is society affording the older people what the latter require to satisfy their wellbeing?

4.   What changes should be introduced to enhance the wellbeing of the older people?

Research Approach

Using qualitative research methods, the researcher studied the experiences and perceptions of 24 older persons, who were also Chairpersons of Senior Citizens'

Associations. These participants were chosen because they have some level of education, and therefore are likely to understand the questions asked and provide satisfactory answers.

Primary data were collected through in-depth interviews, and information elicited from the 24 individual interviews constituted the basis for the findings of this study. To ensure confidentiality, each participant was allotted a pseudonym. The interviews which were conducted in the local dialect were tape recorded, then transcribed and translated into English. Using the study's conceptual framework, coding categories were developed and refined on an on-going basis. Inter-rater reliability was made to intervene in the coding process. As the study progressed, various stages were peer-reviewed. There was an on-going search for discrepant evidence.

A questionnaire survey, incorporating a critical incident study, was carried out independently and the results used for triangulation with the findings of the interviews.

Assumptions

On the basis of current life experience, the researcher made four assumptions in regard to this study. First, every human being wishes to live a long life. However, the maximum age for humans has been estimated at 120 years (Wilson, 1974). Second, everybody would like to age in the best of physical, psychological and social conditions, although the process of aging is usually accompanied by gradual deterioration of these conditions. Third, older people aspire to enjoy peace of mind and wellbeing in later life. Fourth, older people attach high importance to good family relations. The family may be the only immediate support available when losses occur in old age.

The Researcher

I am 72 years old and of Tamilian origin. My ancestors hailed from the South of India (now Tamil Naidu). They came as craftmen to build the capital town and harbour of Port Louis in Mauritius, when the island was a French Territory during the period 1715 to 1810. They were of limited means, but industrious and creative people.

I have had a very busy and fruitful life. My father died when I was four. Since then I had to decide what I wanted to make of my life. I therefore charted my future alone, and twelve years ago I retired as the Permanent Secretary at the head of the Ministry of Education. Since my retirement, until now, government has retained my services as Adviser to the Vice President of the Republic.

People call me "a self-made man". I have done all sorts of odd jobs in my youth, until I joined the public service at the age of eighteen. I have all the time strongly believed in the power of education. At the age of 45 I went to the University of Wales in the UK to study for an MSc, and now I am working on this PhD.

I have not had much time in life for leisure, games, sports or holidays. Human beings and human relations have always fascinated me. My very long career in the public service has enabled me to interact with very many people, acquiring rich experience and "wisdom" on the way.

Why am I doing a PhD in aging? At this late age, when life is coming to a close, I intend to be as knowledgeable as possible about the peculiarities of this stage of life so as to make the best of it. I also wish to keep my brain active in

order to avoid degeneration. Finally, doing a PhD is a challenge I set myself a long time ago.

As an older person myself, I bring personal experience of aging to this study. However, it is recognized that such valuable experience can also be a liability through possible bias in judgment and interpretation of findings. Precautionary measures have therefore been taken as far as possible. The assumptions and theoretical orientations for the study have been declared at the outset.

Rationale and Significance

Demographic projections forecast growing numbers of older people all over the planet in future. These older people are also going to have a longer post-retirement period to live. Ways and means to enhance their wellbeing therefore become an imperative.

Judging from the demographic situation of Mauritius, older people in the country may soon have to face difficult times. Except for old age pension, research into the wellbeing of older people in the country has never been done. The present study can therefore be of major importance to policy-makers, and of eventual benefits to older people themselves.

Overview of Dissertation

Following this Introduction are chapters that address the relevant literature used to develop the theme of wellbeing in later years, the research methods used in the dissertation, the research findings and interpretations. Each chapter is briefly introduced below.

Literature Review

In chapter 2, the literature is reviewed in three areas. First, the social constructionist approach is described and the reasons for adopting this approach for the study are given. Second, various theories of aging are discussed and major debates on the subject are introduced. Third, literature in the field of wellbeing is presented and wellbeing of older people is discussed. Finally, social constructionist perspectives as a lens to provide insights to develop wellbeing in later life are reviewed.

Research Methods

In chapter 3, the methodology and research design are explained. The rationale for the research approach is discussed. The research sample and data collection methods are described, as well as data analysis. Ways to ensure ethical considerations and trustworthiness are made explicit.

Findings and Interpretation

Chapter 4 announces the various findings from this mixed methods research, that is, from the questionnaire survey, the critical incident technique study, and the interviews. Results are compared whenever possible.

These findings are interpreted in Chapter 5.

<u>Conclusions and Recommendations</u>

Chapter 6 concludes the dissertation and incorporates the recommendations.

In the next chapter we shall proceed with a review of the literature.

CHAPTER 2
LITERATURE REVIEW

2.1   INTRODUCTION

The purpose of this study was to explore the state of wellbeing of the older people of Mauritius. The researcher sought to understand how satisfied these individuals were with their level of wellbeing.   To undertake this study, it was necessary to carry out a critical review of current literature. The objective of the literature review was to provide a theoretical framework and rationale for the research study. This review proved useful throughout the data collection, data analysis, and synthesis phases of the study.

Aging has been given extensive attention since gerontology emerged as a field of study some half a century ago. Although much is known today about older peoples' wellbeing, this area of research continues to reveal new findings about aging individuals. For the purpose of this review, "aging" and "wellbeing" were identified as relevant literature topics for enquiry. The review of literature on aging enabled access to valuable information on the phenomenon of human aging. And the literature on wellbeing provided details on the complex issue of human satisfaction with life.   In the present study, social constructionism was the lens through which aging and wellbeing were examined. A review of the social constructionist literature was therefore considered of major importance to enable understanding of the wellbeing of older people.

In Mauritius, the state is fairly generous toward older people. The latter are entitled to an Old Age Pension as from age 60 years, they enjoy a free

health service, and they travel free on public transport. In addition, they benefit from organized leisure in government-owned centres, free blankets and influenza vaccination at the onset of winter, and a state subsidy to their Senior Citizens' Association, of which there are several hundreds in the country. But are these older people satisfied with their wellbeing? Are there other things that they feel are lacking? No comprehensive study has been carried out to determine this. The present research, it is hoped, will fill the void.

This chapter reviews literature that provides support for the proposed social constructionist approach to a wellbeing strategy for older people. First, the social constructionist perspective is presented. Then, relevant research in the field of aging is explored. Finally, selected literature on wellbeing is reviewed. A combination of these reviewed perspectives paves the way for a social constructionist approach to the development of a strategy for the wellbeing of older people.

This selected literature review was conducted using multiple information sources, including books, professional journals, periodicals, dissertations and internet resources. Access to these resources was obtained through QUESTIA, SCRIBD, SAGE Online, TAOS Website and Digital Dissertations. The search was conducted without a delimiting time frame, in order not to preclude the inclusion of any important relevant material.

A synthesis appears at the end of each section of the review culminating in research implications. The concluding summary at the end of the chapter illustrates how the literature review has contributed to the understanding of the study topic.

2.2   SOCIAL CONSTRUCTIONISM: AN OVERVIEW

Social constructionism defies a single definition. It is a term used by researchers and scholars to describe the construction of knowledge. Constructionist theory draws on the thinking of philosophers like Spinoza, Kant and Nietzche (Gergen, 1985) and on mainstream sociological theory. Kant is a major figure considered as a forbear of constructionism (O'Neill, 1989). Peter Berger and Thomas Luckman played a key role in the development of constructionism by co-authoring *The Social Construction of Reality in 1966*. Today Kenneth Gergen has become the leading figure most eloquent   in   the   defense   of constructionism.

The ontological (what is real) and epistemological (how we come to know what is real) assumptions on which rests the constructionist perspective are very different from those which have been prevailing in the West for a very long time. The prevalent world view since the enlightenment period was the scientific method called *scientific empiricism or positivism*. The scientific method adopts an ontology which relies on the existence of a fixed world external to the human mind. Its epistemology requires precise observations and measurements, repeatable by other researchers adopting the same methods. Faith in the scientific method has been so strong and pervasive for centuries that it became unbelievable that some would come forward to express doubt about it.

Social constructionists propose this very challenge.   Instead of the ontological assumptions of stability and fixedness on which the scientific method is based, social constructionism lays emphasis on the construction

of reality through discourse, by engaging in dialogue. Two major assertions that must be acknowledged in social construction, however, are that all knowledge is historically and culturally specific, and there is no "one" truth since social life is continually changing and therefore meanings, words and concepts are accordingly changing (Gergen, 1973). Language is therefore the essential medium for the construction of reality. The use of language requires the creation of "binary distinctions" (Gergen, 1999, p. 27) between what is emphasized and what is ignored. Socially constructing reality, then, requires first the existence or creation of a common language, and agreement as to the binary options to be followed. Patterns are thus established for sharing and use in the dialogue for as long as they are pertinent.

Contrary to what behaviorists and many positivists argue, the constructionist perspective postulates that knowledge of the world is not acquired in a passive way. Knowledge is acquired through our involvement with the world (Crotty, 2003). Meanings are created from our perceptions of the world, only following our full involvement with the latter (Crotty, 2003). Meaning is therefore not "out there" to be found, but it is ours to make. As Thomas Kuhn says in *The Structure of the Scientific Revolutions,* "Knowledge is intrinsically the common property of a group or else nothing at all" (Kuhn, 1970, p. 210).

We thus construct meanings from our experiences when we engage with the world and interrelate with one another. Merleau-Ponty (1962) stated that our relationship in and with the world takes the form of an amalgam; we mould the world and it moulds us. Our culture lies at the foundation of what we construct.

Research using a constructionist lens, therefore, views reality in a holistic way. The aim of constructionism is not to arrive at discovered truth but truth as constructed and imbued with meaning.

Whilst the positivists strictly abide by the requirements for carefully controlled experiments and rigorous methodologies, social constructionists lay emphasis on dialogue between those constructing reality. During the dialogue process, the customary way of seeing reality can be "deconstructed" (Gergen, 1999, p. 24) so as to explore alternative constructions. Alternative constructions may prove more appropriate, more meaningful or more useful in certain circumstances. A major advantage of the social constructionist approach, as compared to the scientific method, is that it challenges complacency in our traditional way of perceiving things and enables the researcher to actively explore what is real and what is possible.

Social constructionism provides an appropriate lens through which the phenomenon of aging can be viewed (Hazan, 1994). This overview discusses how the constructionist approach provides entirely novel ways of perceiving and understanding things, demonstrating the relevance of social constructionism to this research. Constructionism served as the foundation on which this study was based. Aging today bears a negative connotation: it means frailty, disability, loss of resources, lower status and ugliness. But constructionism teaches us to challenge the status quo and doubt everything accepted as real, true, right, necessary or essential (Gergen, 1999). Constructionism, therefore, offers a formidable weapon to change society's outlook about older people. The process of deconstruction and reconstruction to help this happen is described in the following section.

2.2.1 Deconstruction and Reconstruction

In support of the novel ideas of social constructionism, Kenneth Gergen (2001) joined the voices of empiricist critiques, like the feminist black-American, Asian and Gay Scholars, among others.   Social constructionism, as a postmodern method of enquiry, makes it possible for its proponents to deconstruct power bases of knowledge so that the unheard voices of those   at the margin of society can be given a hearing. As the construction of reality has as prerequisite the creation of binary distinctions, the deconstruction of the conventional way of seeing things can make way to a different interpretation (Gergen, 1999). This explains why certain groups (women, gays, blacks), whose perspectives are not represented as mainstream, direct their emphasis on deconstruction of mainstream beliefs, in order to shatter the latter's truth claims.

Gergen (2001, p. 46) affirms that deconstruction cannot be the end of the process; it is only the initial step of the process of social constructionism. Unless it is followed by reconstruction, possible attendant problems can be:

i.   *a closure of conversation*

> If the deconstructionist lays stress only on critique without proposing sharing of meaning, s/he unintentionally supports the binary expression serving as the original impetus for the argument. An example is when feminist theorists adduce "arguments against male dominance simultaneously reify a distinction between men and women; they operate to essentialize gender as a factual difference" (Gergen, 2001, p. 47). In addition, if stress is laid only

on one pole of the binary, this is likely to antagonize and alienate the interlocutor close to the other pole.

ii.   *critique as condemnation*

In the deconstruction process, critique is likely to be construed as condemnation by the interlocutor with contrary views. This can bring dialogue to a standstill.

iii.   *atomization of community*

Instead of allowing one's place in a community of knowledge to be erased, one would rather take side with the community. To prepare their defense, those inflicted by critic would find as allies those with similar beliefs. In such a situation dialogue with those of contrary views becomes unlikely.

iv.   *critique as a totalizing impulse*

Critique can become a totalizing impulse with the objective to hush the opposing voice. "…. the symbiotic character of critique operates to silence the voice of the target; the other's totalizing discourse is obliterated in order that the opposition may take its place", asserts Gergen (2001, p. 53).

v.   *problematics of principle*

As Gergen (2001, p. 54) puts it "Each form of critique essentially robs the opponent's assertions of any form of validity or rhetorical

force. At best, the opponent's words are reduced to hearsay or personal prejudice; at worst they are deprived of meaning altogether".

Finally, the process of deconstruction (critique) is incomplete in itself. If the cycle of deconstruction-reconstruction is not completed, problems as enumerated above may arise. For a system of intelligibility to emerge, it is necessary to engage in transformative dialogue with those having disparate views.

2.2.2 Assumptions of Social Constructionism

There exists no one constructionism; there is a heterogeneity of social constructionist approaches. Although several approaches to constructionism draw on postmodernist and poststructuralist theories, many constructionist thinkers emphasize a pragmatic view of language and construction (e.g. Kenneth Gergen) or use dialogical understanding (e.g. John Shotter) or discourse analysis (e.g.. Michel Foucault). Vivien Burr (2003) is of the view that there is no single appropriate way to describe social constructionist writers. These writers may share some common traits with their fellow writers, but they do not all have similar characteristics. They are only linked by a sort of "family resemblance" (Burr, 2003, p. 2).

But Kenneth Gergen (1999) proposes a set of four assumptions which form the basis for social constructionism. Hereunder is a presentation of these assumptions.

I. **THE TERMS BY WHICH WE UNDERSTAND OUR WORLD AND OUR SELF ARE NEITHER REQUIRED NOR DEMANDED BY "WHAT THERE IS."**

Another way of stating this assumption is that for any state of affairs a potentially unlimited number of descriptions and explanations is possible. In principle (though not in practice) not one of these descriptions or explanations can be ruled superior in terms of its capacity to map, picture, or capture the features of the "situation in question" (p. 47).

"From the constructionist standpoint we are not locked within any convention of understanding" (p. 48).

II. **OUR MODES OF DESCRIPTION, EXPLANATION AND/OR REPRESENTATION ARE DERIVED FROM RELATION-SHIP.**

Language and all other forms of representation gain their meaning from the ways in which they are used within relationships. What we take to be true about the world or self, is not thus a product of the individual mind. The individual mind (thought, experience) does not thus originate meaning, create language, or discover the nature of the world. Meanings are born of coordination among persons - agreements, negotiations, affirmations. (p. 48).

III.   AS WE DESCRIBE, EXPLAIN OR OTHERWISE REPRESENT, SO DO WE FASHION OUR FUTURE.

As our practices of language are bound within relationships, so are relationships bound within broader patterns of practice – rituals, traditions, "forms of life". …………… In a broad sense, language is a major ingredient of our worlds of action; it constitutes social life itself. …………… If we agree that there is nothing about the world that demands any particular form of language or representation, then all our institutions – our long standing traditions of cultural life - could be dissolved.

At the same time, constructionism offers a bold invitation to transform social life, to build new futures (pp 48 – 49).

IV.   REFLECTION ON OUR FORMS OF UNDERSTANDING IS VITAL TO OUR FUTURE WELLBEING

For constructionists such considerations lead to a celebration of reflexivity, that is, "the attempt to place one's premises into question, to suspend the obvious", to listen to alternative framings of reality, and to grapple with the comparative outcomes of multiple standpoints (p. 50).

The above set of assumptions provides an intelligible framework within which to develop constructionist ideas for the purpose of this dissertation. These assumptions will therefore guide this research in a social constructionist vein.

2.2.3 Why the Social Constructionist Approach?

> The individual does not act alone, although conscious beings will do and act as if they had control over their lives and could do what best pleased them ..... No person really acts independent of the influences of our fellow human beings. Everywhere there is a social life setting limitations and influencing individual action. People cooperate, compete, combine and organize for specific purposes, so that no one lives to him/herself.
>
> (FW Blackmar, 1908, pp 3-4)

Social constructionism can be understood as a paradigm within which individuals participate in the creation of their perceived reality. This approach examines how social phenomena are created, institutionalized and become traditions. Constructionism is viewed as an ongoing process of reality–making through the constant interactions of people. As an orientation, social constructionism criticises the individualist tradition and, as a communal view of knowledge, it challenges the position that there is only one "real" way of viewing the world. The implications of this approach for the study of social problems are that the "problems" are no more than a construction developed within a specific social context. In the social constructionist approach, the meaning-making of both problems and solutions is viewed as fluid and contextual (Hunghey, 2008). Such fluidity makes social construction quite amenable as a lens to study aging and wellbeing.

Old age has traditionally been perceived to be a problematical state. Kuypers and Bengtson's social breakdown theory (1973) highlighted the

practice of labeling older individuals incompetent. According to Achenbaum (1987) gerontology's scientific interests have been broadly defined because old age was considered a "problem" that was unprecedented in scope and complexity. Hazan notes (1994, p. 18): "The notion of the aged as a problem rests on the fundamental assumption that there is an unbridgeable gap between the 'aged' and 'society'….." Walker, for his part, finds it not surprising that the successful aging paradigm is associated with old age as a problem, something that must be 'adjusted' to (Walker, 2005, p. 7). This traditional conception of old age needs to be reversed if we are to study aging with the objective of enhancing older people's wellbeing. As an approach to research, social constructionism requires us to rethink everything we know about the world, and it is also endowed with the possibility of reconstructing as opportunities all that we have constructed as problems (Gergen & Gergen, 2004). Social constructionism, therefore, appears to be an ideal approach for research into the wellbeing of older people.

Age and aging are currently seen to be social constructions. For example branding older people as frail, dependent or marginal is arrived at through the interactions of health care professionals, family members, and society at large. Social reality and the meaning of being old are therefore accordingly perceived (Hooyman & Kiyak, 2008). Since the late 1970's, the social construction of aging has become an important theme for research in aging (Gubrium, 1986; Phillipson, 1982; Guillemard, 2010; Caradec, 2001). Two remarkable works using social construction to examine aging are Sarah Matthew's study of *The Social World of Old Women (1979*) and Timothy Diamond's *Making Gray Gold: Narratives of Nursing Home Care (1992).* Matthews demonstrates how the meanings of old age are constructed, although these are usually

considered as objective facts of life. She argues that meaning of age is socially, not biologically determined. Matthews has examined how the life meanings of older women in America are construed and shaped by their everyday interactions. Diamond's study is a notable research that problematizes meaning. It explains how care of frail older people in nursing home is accounted for in "billable units" and profit. Following a chance meeting with two nursing assistants in a coffee shop, Diamond wished to experience situations as related to him by the women. He got trained and became a nursing assistant, member of a collectivity to personally live the story of life in the nursing home. His emotional responses as a full participant became an important part of the narrative. Through Diamond's narrative, the reader sees how caregiving becomes a commodity. A bowl of tomato soup is transformed into "gray gold". The study showed how both care receivers and care givers are muted, denied and rendered invisible. It follows therefore that social constructionism can be advantageously used for this present research on aging.

In their review of theoretical developments in social gerontology published as research, Bengtson, Burgess and Parrott stated that "social constructionist theories were among the most frequently cited perspectives in our review of recent gerontological research" (1997, p. 577). The authors acknowledged that the social constructionist theories contribute to social gerontology in different ways: for example (i) by recognizing how individuals actively participate in their everyday lives, creating and maintaining meanings for themselves and those around them; (ii) being particularly useful in the multi-disciplinary setting of social gerontology and (iii) having influenced other social gerontology theories like feminist and critical theories. These findings endorse the choice of social constructionism for our gerontology study.

Social constructionism is simply a promising approach to study aging; it helps us to construct the world of older people in another way. Constructionism teaches us that there is not one reality, but multiple realities, and that we can construct or reconstruct such realities through relationships. The shared meaning-making thus leads to better appreciation of difference and better understanding. The process generates also involvement, sharing, motivation, confidence and trust. Mutual understanding brings better and quicker results. Each partner participates and power is shared, not exercised over. Individualism gives an illusion of power and independence, but as stated by Blackmar (1908, pp 3-4) "No person really acts independent of the influences of our fellow human beings".

2.2.4 Summary

Social constructionism is a term used for the construction of knowledge. In contrast to positivism, social construction lays emphasis on the construction of reality through discourse, by engaging in dialogue. Language is the essential medium for the construction of reality. Social constructionism challenges complacency in our way of perceiving things.

The deconstruction of conventional ways of seeing things can make way to a different interpretation. Deconstruction of mainstream beliefs can overturn its truth claims. But deconstruction is to be followed by reconstruction.

At the basis of social constructionism are the following assumptions proposed by Kenneth Gergen:

i.   for any state of affairs a potentially unlimited number of descriptions and explanations is possible;

ii.   language and all other forms of representation gain their meaning from the ways in which they are used within relationships;

iii.   language is a major ingredient of our worlds of action; and

iv.   placing our premises into question leads to a celebration of reflexivity and to future wellbeing.

The discourse of aging is borne of interpersonal relationships within a given culture at a given time. Old age is socially constructed; so is its connotation of frailty and decline. For constructionists, changes in the human aging body do not constitute decline. Different constructions are possible, and these offer possibilities for new patterns of action.

This section has dealt with social constructionism which is the paradigm to be used for this research. In the next section we shall discuss "aging".

2.3   AGING PERSPECTIVES

For various practical reasons, society needs a way to mark the age of individuals. Depending on the purpose for identifying age, a person's age may be viewed from any of four perspectives: chronological aging, biological aging, psychological aging, or social aging.

Chronological age is one of the simplest assessments of age and is used as the basis for determining many social roles like voting, driving, marrying, work retirement, and for eligibility in social programs such as social security. However, the usefulness of chronological age as a marker tends to be questioned (Ferraro, 1997; Maddox & Lawton, 1988). The number of years from birth tells us little in and of itself. The use of rigid numerical age as demarcation is now overtaken by the fluidity and multiplicity of present lifestyles, with the family system undergoing drastic changes and the possibility of having two careers in a lifetime. Furthermore, there are political and ideological debates about the relevance of age-based policies, resulting in age for eligibility of services being gradually raised and older population with greatest need being targeted on the basis of frailty, low-income and minority groups.

Biological aging looks at the physical changes that slow down the functionality of the organ systems like the heart, the circulatory system and the lungs. To identify through biological aging older people who would need assistance, one can use measures of functional status such as 'Activities of Daily Living' to determine an individual's ability to perform, unaided, personal care activities like bathing, eating, dressing, and getting in and out of bed. Functional status is thus a better way to determine eligibility for benefits and services but it is a rather complicated way to measure the age of individuals (Morgan & Kunkel, 2007). In a similar manner, psychological aging refers to the changes that occur due to aging in sensory and perceptional processes, mental functioning, adaptive capacity, and personality.

Besides the chronological, biological and psychological aging processes, people age socially; their social roles and relationships change within the

family, among friends, in their work roles and within political and religious organisations. The social context in which the individual ages determines, to a large extent, the meaning of aging, whether the aging experience will be positive or negative. Social aging tries to understand the impact of the various processes of aging on both older individuals and the social structures, and vice versa (Hooyman & Kiyak, 2008).

During the past two centuries, the population of the world has been aging. This trend is expected to continue in the twenty first century. These changes have had, and will continue to have, major implications on various aspects of human life – family composition, living arrangements, social support, economic activity, employment rates, social security (Peace, Dittman–Kohli, Westerhof & Bond, 2007). In its World Population Ageing Report 2009, the United Nations declared that "since 1950, the proportion of older persons has been rising steadily, passing from 8 per cent in 1950 to 11 per cent in 2009, and is expected to reach 22 per cent in 2050" (UN, 2010, p. XXV). This is depicted in Figure 1.

Figure 1
Proportion of population aged 60 or over: world, 1950-2050

Year

Source: United Nations, 2010

Global population aging is triggered by the process known as "demographic transition", involving reductions in mortality, particularly at younger ages, followed by reductions in fertility. In most regions of the world, decrease in fertility with increase in life expectancy (Figure 2) has brought changes in the population age structure by shifting the weight from the younger to the older groups.

Figure 2

Total fertility rate and life expectancy at birth: world, 1950-2050

Source: United Nations, 2010

Lower fertility is the root cause of population aging. Decreasing fertility brings people of reproductive age, compared to previous generations, to have fewer children, resulting in a reduction of the proportion of younger people and an increase in the proportion of older groups. Globally, fertility has dropped by about half, from 4.9 in the 1950's to 2.6 in early 2000's, and it is expected to reach 2.0 by 2050. In the year 2010, most developed countries have reached a below replacement level (2.1) of 1.6 children per woman. In the last three decades of the twentieth century, fertility in the developing world dropped by more than half from 6.0 to 2.7 children. But wide disparities exist between fertility in excess of 5.2 in the least developed countries of Africa and a fertility below 2.5 in countries of East and South East Asia, the Caribbean and South America. But by 2025-2030, fertility is expected to fall in developing countries from 2.7 to 2.4 and to increase slightly in more developed regions from 1.6 to 1.7 (United Nations, 2010).

The decrease in fertility has been accompanied by a fall in mortality, especially in older ages. Reduction in mortality at older ages thus becomes a cause of population aging. In developed countries, after three decades of low fertility, survival to advanced ages brings an increase in the proportion of older population. The gain in life expectancy over the last six decades has been 24.6 years in the less developed regions and 11.1 years in the developed regions. According to the United Nations

forecast (2010), by 2025-2030, life expectancy may reach 80 years in the developed regions and 71 years in the less developed regions.

Therefore more people are surviving to old age, and they tend to stay in this phase of life longer. In 1950, there were 205 million persons aged 60 or over in the world; by 2009, the number of persons in this age group had increased three and a half times to 737 million. By 2050, this population is projected to increase again threefold to reach 2 billion; 80 per cent of this older population will be in developing countries (United Nations, 2010).

Aging in Mauritius

Facing a population explosion, Mauritius used a family planning program to curb its very high fertility level in the mid-twentieth century. From over six children per woman in the early 1960's, fertility fell to replacement level (2.1) in the 1980's (Figure 3). It has hovered in that region since.

Figure 3

Total fertility rate, Republic of Mauritius, 1960 – 2000

Year

Source: Mauritius Central Statistics Office, August 2011

At the beginning of the last century, the mortality rate was quite high with 37 deaths per 1,000 population. This figure has gone down throughout the years to reach only 7 deaths per 1,000 population in 2000, mostly due to better health services and an increase in standard of living. Consequently, life expectancy at birth for both men and women improved. As shown in the Table 1 below, life expectancies at birth which were 32 years for men and 34 years for women in the year 1945, have gone up to 69 and 76 years respectively in the period 2005 – 2010.

Table 1

Life expectancy at birth by sex, Republic of Mauritius, 1942 – 2035

Period	Male	Female
1942-1946	32.2	33.8
1951-1953	49.8	52.2
1961-1963	58.7	62.0
1971-1973	61.0	65.9
1982-1984	64.4	71.7
1989 -1991	65.6	73.4
1995-1997	66.4	74.4
1999-2001	68.2	75.3
2000-2002	68.4	75.3
2005-2010	69.7	76.5
2010-2015	70.9	77.3
2015-2020	72.0	78.0
2020-2025	72.9	78.6
2025-2030	73.7	79.0
2030-2035	74.2	79.3

Source: Mauritius Central Statistics Office, May 2008

Decline in fertility until its stabilization at replacement level, coupled with continued increase in life expectancy, is causing population aging as shown in the Table 2 below.

Table 2

Proportion of population aged 60 or over

YEAR	1952	1962	1972	1983	1990	2010	2015
% 60 years and over	5.6	5.4	5.9	7.0	8.3	11.2	13.7
YEAR	**2020**	**2025**	**2030**	**2035**	**2040**	**2045**	**2050**
% 60 years and over	16.5	19.6	22.0	23.6	25.9	27.3	28.2

Source: Mauritius Central Statistics Office, July 1999 and August 2011

Aging in America

Fernando Torres-Gil (1992) examined aging in America in terms of three distinct periods: pre-1930 (*Young Aging*), 1930-1990 (*Modern Aging*), and post-1990 (*New Aging*). During the first period, the position of older people and the way they were perceived in society reflected long-standing norms and views like family and community leadership, intergenerational family relationships, power and authority for elders (Torres–Gil, 1992). Older people earned respect because living "a long and fruitful life" was judged to be a great achievement, They were looked upon favourably as they were considered to be sources of inspiration; their long experience armed them with discernment to judge the human condition (Achenbaum, 1978). During the Modern Aging period, stereotypes of older people developed as poor, frail, deserving and disadvantaged (Torres–Gil, 1992). Both older people's role and how society set about to entertain their needs changed drastically. Society encouraged government to play a major role in the economic and social role of its members. That role included meeting the needs of the older parents through programs, agencies and

benefits. Age became one of the criteria to define eligibility and determine who was deserving and needy. Since World War II, there was a substantial decline in employment of older men and women, especially in agriculture (Achenbaum, 1978). The Modern Aging period was an attempt for the American people to respond to a demographic revolution. The creation of large-scale programs and services for senior citizens reflected the American view of old age then. Older people and their families still depend on this system now (Torres–Gil, 1992). The New Aging period began in the 1990's. The aging of the population, the overall increase in the median age, and the rising number of older people have served as catalysts for a reevaluation of the services available to older people. With the New Aging, the image of old age is undergoing profound changes due to generational claims, diversity and longevity. Older people are being viewed "as a selfish group, rich and hedonistic, demanding more and more public resources at the expense of younger groups" (Torres–Gil, 1992). That was the story of older people in America where the intergenerational tension is still on. How is old age viewed in other countries especially Europe and developing countries like India and Sub-Saharan African countries, which are places from which the people of Mauritius originally came?

Aging in Europe

Gerben Westerhof and Emmanuelle Tulle have found that confounding old age with bodily decline is part of European culture (Westerhof & Tulle, 2007). Social policies targeting old age already existed on a small scale in north-western European countries, but comprehensive policies appeared as part of welfare states after World War II (Phillipson, 2003b). Provisions related to retirement and pensions, housing, health and social

services. The underlying philosophy was that older people were less productive and required financial, medical and social support. Taking care of the old became firmly entrenched as a collective responsibility. However, with the economic recession of the 1980's early retirement was encouraged and the funding of age-related support was questioned. Greater individual responsibility was introduced, with more flexible retirement arrangements and welfare services to the old "marketised" (Powell & Biggs, 2000). The resources of older people were more and more stressed; the discourse of disengagement and decline was superseded by a discourse of autonomy and participation. Post-war welfare support to old age was thus dismantled by a shift from collective to individual responsibility (Westerhof & Tulle, 2007).

Aging in India

According to Nicholas Eberstadt of the American Enterprise Institute, the population of India will age in the next 20 years but it will remain relatively young. Those aged 65+ will double in size by 2025 but will constitute less than 8 percent of the overall population. However, in relation to population aging, there are in reality two India's: by 2025 "north" India's population would be still very young but "south" India would be showing clear signs of population aging (Eberstadt, 2006).

Writing in the Indian Journal of Gerontology, Narender Chadha stated that in traditional Indian society "The aged …. enjoyed unparalleled sense of honour, legitimate authority within the family or community, had decision making responsibilities in the economic and political activities of the family and were treated as repositories of experience and wisdom…. The aged had an important role to play which made their life

meaningful" (Chadha, 2004, p 227). Within the extended family system which is still common in India, the elders play the role of historian providing information on cultural and familial past, act as a role model for the younger generations, function as a mentor to guide the children, and care for the kins in crisis. In return, the extended family acts as an agency of social security and provides protection to the old, the sick and inactive members, as India has nothing like society-wide old-age pension coverage (Van Willigen & Chadha, 1999).

Industrialisation and modernization is at present bringing an erosion to the traditional extended family system, slowly ushering the nuclear family. Although the young couples have to migrate from the family home for professional or practical reasons, they still pay respect to the elders, even if it is at a distance.

Those people of Indian origin living in Mauritius to-day have preserved their culture and religion. They observe all Hindu rites and festivals; most of them live in an extended family system. The elders, therefore enjoy a position of authority and respect, although the pressure of modernization is ever present.

Aging in Africa

Sub-Saharan Africa is at a very early stage of its development, but this area of the world is also experiencing population aging, although at a fairly slower rate relative to others. From less than 5 per cent in 2005, its older population is expected to grow to 8.3 percent by 2050. In absolute numbers, however, the growth will be from 36.6 million to an astonishing 141 million (United Nations, 2005).

In a way almost similar to India, older people in sub-Saharan Africa have traditionally been viewed in a positive light. They have been considered as repositories of information and wisdom. As head of households, they have ensured resilience to sub-Saharan families. In typical African cultures, old age is respected and sometimes feared (Missine, 1980).

Traditionally older people do not live alone in sub-Saharan Africa, but with other family members (Van de Walle, 2006). There is a high prevalence of intergenerational coresidence and support from the family for older people (Aboderin, 2010). Life satisfaction among older people is attributable to family support and the continuing role the older people play within the families and society (Elk, Swartz & Gillis, 1983). Traditional support based on family ties is the usual lifestyle for most people in sub-Saharan Africa. The family's active adults provide support to children, older persons and those who cannot fend for themselves. Thus, social protection is ensured through solidarity, reciprocity and sharing within the extended family.

Formal pensions being non-existent, except in Botswana, Mauritius, Namibia and South Africa, thus family solidarity serves some good purpose (Gillian, Turner, Bailey & Latulippe, 2000). Yet, contributory pensions are an ideal protection measure, for they have been shown to be affordable, to reduce old age poverty, and also to benefit younger groups through sharing (Charlton & Mckinnon, 2001). But traditional caring and family support now seems to be under strain (Apt, 1996; Dhemba, Gumbo & Nyamusara, 2002; Wilhams, 2003). The root causes are said to be modernization and development.

Older persons are one of the most vulnerable groups in sub-Saharan Africa (Help Age International, 2006). Armed conflicts and natural disasters affect older people's lives. Communicable diseases take its toll and HIV/AIDS is decimating the area. Resources are rare to combat non-communicable diseases. Changes in family structures as a result of urbanization and other forces diminish kin support for older people (Ferreira, 2005a).

The tragedy for older people in sub-Saharan Africa is that scant knowledge exists on the situation of older people on the sub-continent (Ferreira, 2005b; Velkoff & Kowal, 2003). Moreover, "there is a serious deficit in sub-Saharan Africa's research capacity on ageing" (Aboderin, 2010, p. 6).

Meaning of Old Age

The recognition of old age as a distinct phase of life in the twentieth century is part of a larger historical process (Hareven, 1995). The emergence of age categories is a relatively recent phenomenon closely linked to the social process of social ordering occurring in Western societies. Childhood emerged as a distinct stage first in early nineteenth century (Aries, 1978). Adolescence was identified and defined by Stanley Hall in late nineteenth century (Hall, 1922). It was only during the twentieth century that the boundaries between childhood and adolescence and between adolescence and adulthood became clearly demarcated. In the 1970's, there arose great interest for midlife psychology and the implicit belief was: midlife equals growth, old age equals decline (Levinson, 1978; Sheehy, 1976). Finally old age became more conspicuous with the modernization of Western society (Blaikie

1999; Debert, 1999; Katz 1995, 1996). The overall impact of urbanization and industrialization was greatly felt by older people. Prolongation of life in old age due to advances in medical technology, the increase in the number of older people in the population, the decrease in the productive role of older people in the industrial economy were all considered factors which impacted negatively on the economic and social plight of older people.

Old age which was initially known as a stage of life associated with rest, quiet and inactivity has in current time undergone significant changes in the habits, images, beliefs and terms used to characterize this period of life. Earlier scholars have sub-categorised older people into the "young old" (65 - 74 years), the "old old" (75 – 84 years) and the "oldest old" (above 85 years) (Neugarten & Daton, 1973). More recently following greater longevity and improved quality of life, Laslett (1991) brought the notion of "Third Age", defined as consisting of the period between 65 and 79 considered as an age of opportunity and personal fulfillment, with "Fourth Age" characterized by increasing levels of dependence, beginning at age 80.

The meaning of old age keeps changing over time, depending on the public conception of age at that time (Price, 1997). Although aging is basically a biological process, the meaning of old age is socially and culturally determined. Optimism or pessimism surrounding the meaning of aging therefore depends on the sensibility of contemporary society. In that context, we continue to search for the meaning of age and, as Harry Moody believes "our image of the future, both personal and collective, is contradictory, open-ended, often dizzying" (Moody, 2002, p. 48).

2.3.1 Theories of Aging

Theories of aging help to systematize what is known and explain the *how* and the *why* behind the *what* of our data (Putney & Bengtson, 2008). In aging research, theory helps to achieve three important objectives: to guide research questions and hypotheses, to act as a basis to explain research findings, and to inspire solutions to aging-related problems (Alley, Putney, Rice & Bengtson, 2010). Most scholars, therefore, agree that theory is important for the study and advancement of gerontology (Bengtson & Schaie, 1999; Biggs, Hendricks & Lowenstein, 2003; Birren, 1988; Estes, 1979a; Ferraro, 2009; Marshall, 1996).

Gerontology, the scientific study of aging and the aging process, is multi-disciplinary with disciplines like psychology, sociology, education, social work, and medicine supporting its knowledge base. Gerontology attempts to explain how these disciplines interact with each other to influence how and why we age. Because of the interactive nature of the aging process, gerontology is best viewed from several different contexts, for example historical, cultural and social (Ferraro, 2005, p. 1). Gerontology is a young discipline, being born only in the late 1940's. Because of its multidisciplinary nature, the field of gerontology consists today of a broad and fragmented body of theory (Estes, Binney & Culbertson, 1992 a).

As a constituent sub-discipline of this new science, social gerontology is an important area contributing to the knowledge base of gerontology (Bengtson, Rice & Johnson, 1999). Social gerontology theories provide an explanation of the relationship between older adults and society. Within society, older adults have constantly changing roles: from

employed to retired, from spouse to widow, from being healthy to having health problems. Social gerontology theories look at how social norms impact these social roles and role transitions of older adults. In her 1986 Presidential Address to the American Sociological Association Matilda White Riley comments:

> "In studying age, we not only bring people (women as well as men) back into society, but recognize that both people and society undergo process and change. The aim is to understand each of the two dynamisms (1) the aging of people in successive cohorts who grow up, grow old, die, and are replaced by other people, and (2) the changes in society as people of different ages pass through the social institutions that are organized by age. The key to this understanding lies in the interdependence of aging and social change, as each transforms the other."
>
> (M W Riley, 1987, p. 2)

Theory Development

Among those who had paved the way for the formal development of theory in gerontology appeared pioneers like physician I.L. Nascher who published the first textbook of geriatrics (1914), psychologist G. Stanley Hall who produced a treatise on old age, *Senescence* (1922), and anatomist E.V. Cowdry whose handbook, *Problems of Aging* (1939), is considered as announcing the appearance of gerontology as a field of scientific enquiry.

The period between late 1940's and early 1950's marked the first phase of development in gerontology. Research Institutes were set up and older

people were surveyed (Amman, 1984; Katz, 1996). The reason was that old age was perceived as representing a major social problem that required state actions in employment, income support and health and social care. The prevalent theoretical framework of those days was the structural functionalist paradigm evolved by Talcot Parsons (1942). Talcott Parsons (1902-1979), a Harvard sociologist, brought his "action theory" to the United States through his book *The Structure of Social Action (1937).* His structural-functionalist concept of society sees the latter as a complex, holistic web of interrelating and mutually supportive institutions and actions. Society is perceived as an organic whole of independent, functional parts, each contributing to the maintenance and integration of society (Parsons, 1937, 1951). Parsons hypothesized that all social systems perform four basic functions around which they develop specialized subsystems:

- Adaptation to the environment;
- Goal attainment;
- Integration; and
- Latent-tension management.

Parsons' perspective was quite influenced by the earlier works of Max Weber and Emile Durkheim. The emerging theoretical model focused on individual adjustment and the contribution of their social roles and norms and those of institutions to the functioning of the social system.

Systematic development in social gerontology started in 1954 when a special issue on aging was published by the *American Journal of Sociology*, with research papers from Clark Tibitts, Robert Havighurst, Ernest Burgess, and David Reisman (Philhpson, 2006). Subjects dealt

with included participation in the labour force, the emergence of retirement, social roles for older people, leisure activities and retirement communities. Six years later, the same topics were covered, and influential books edited by Tibitts (*The Handbook of Social Gerontology, 1960*) and Burgess (*Aging in Western Societies, 1960*) appeared. New issues like the family, health and income were covered. Different approaches to consider the influence of the economy and society on older people were proposed by Minkler and Estes (1991; 1999) and Cole, Achenbaum, Jakobi and Kastenbaum (1993). Social gerontology thus evolved toward a mix of uncertainty in direction and variety in styles of discourse, giving rise to an array of perspectives from neo-marxist political economy (Estes, Biggs & Phillipson, 2003) to narrative and ethnographic accounts (Gubrium & Holstein, 2003). Social gerontology has sustained various influences since its first review in 1954. What has been the impact of such influences upon social gerontology theories born since? As Victor Marshall points out, "Most social scientists consider theory to be a good thing, agreeing with Poincare's view that theory is needed to take us beyond the mere accumulation of facts" (Marshall, 1996, p. 3). Scholars and researchers in the field of social gerontology have in the past constantly complained about lack of theory in this science (Birren, 1999). However, in a recent study by Alley, Putney, Rice and Bengtson (2010), to determine how often theory is used in published research in social gerontology over a period of 10 years (1990 – 1994 to 2000 – 2004), the authors found a marked increase of 12%.

But as Victor Marshall notes, "The 'state of theory' in aging and the social sciences is made more complex by the fact that most work in the field ……… does not deal with aging at all, but with age-related issues" (Marshall, 1996, p..4). Different approaches have been used to examine

the state of theories in social gerontology: (1) Hendricks (1992), Lynott and Lynott (1996), and Bengtson and colleagues (1997) have all used a "generations" approach (2) Marshall (1996) used a typology approach with macro versus micro and normative versus interpretive theorizing (3) whereas Powell used social theories (functionalism, Marxism, feminism and post modernism) to analyse social gerontology theories. A description of the main social gerontology theories follows.

Activity Theory

Initial research in gerontology was mainly to solve problems of older people – it therefore tended to be applied rather than theoretical. The major concern was how to enable older people to adjust to what were considered as the natural conditions of old age, like retirement, ill-health or poverty. Research was organised around the concept of adjustment, with a view to increase life satisfaction. Activity theory was such an attempt to help older individuals to adjust to changes and problems of old age.

Following analyses of the Kansas City Studies of Adult Life, Robert Havighurst and his colleagues at the University of Chicago (Havighurst, 1963; Havighurst, Neugarten, & Tobin, 1963) published their findings as follows:

> "except for the inevitable changes in biology and health, older people are the same as middle-aged people, with essentially the same psychological and social needs. In this view, the decreased social involvement that characterizes old age results from the withdrawal by society from the aging person, and the decrease in

interaction proceeds against the desires of most aging men and women. The older person who ages optimally is the person who stays active and who manages to resist the shrinking of his (or her) social world. (She or) he maintains the activities of middle age as long as possible, and then finds substitutes for those activities he (or she) is forced to relinquish – substitutes for work when he is forced to retire, substitutes for friends or loved ones whom he (or she) loses by death."

<div align="right">(Havighurst, Neugarten & Tobin, 1963, p. 419)</div>

The central idea in activity theory is that successful aging can be attained by retaining in old age the activity styles and values experienced in middle age. Happiness in later years is ensured by resisting the onset of old age, and when relationships, activities or roles of middle age disappear, they have to be replaced by new ones so that the level of life satisfaction is maintained. "Activity theory assumed that activity produced successful aging through the relationship between activity and life satisfaction or subjective wellbeing. It was presumed that activity level was the cause and life satisfaction the effect" (Atchley, 2006, p. 10).

Activity theory is conceived on the basis of four important concepts: activity, equilibrium, adaptation to role loss and life satisfaction. However, each of these concepts can be interpreted in various different ways, giving rise to much confusion.

Over a twenty year period (1950 – 1970), a number of empirical studies showed support for activity theory in the U.S. People who spend much time in social and voluntary organisations were seen to have high personal adjustment (Burgess, 1954). High levels of activity were

accompanied by higher personal morale (Graney, 1975; Kutner, Fanshel, Togo & Langner, 1956; Maddox, 1963; Reichard, Livson & Peterson, 1962). High activity levels predicted life satisfaction (Tobin & Neugarten, 1961).

There were few attempts to test activity theory formally. Lemon, Bengtson and Peterson (1972) found that many of the logical hypotheses for the theory were not supported, when exploring different types of activity and life satisfaction. Moreover, the theory was thought to be unrealistic to expect all older people to maintain their level of activity and social interaction as in middle age. Lynott and Lynott (1996) even suggest that this "theory" only reflected a set of assumptions, which was never codified into a formal set of testable propositions.

Activity theory lost much of its influence by the end of last century (Bond & Corner, 2004). Robert Atchley has raised a few unaddressed issues: Does activity theory apply equally to men and women as they age? When does old age begin chronologically? Does activity influence some of the components of life satisfaction more than others? (Atchley, 2006).

Disengagement Theory

In contrast with activity theory, the Disengagement Theory was developed by Cumming and Henry in their *Growing Old: The Process of Disengagement (1961)*. Drawing from the *Kansas City Study of Adult Life*, disengagement theory which is considered as the first formalised theory of aging, defines the relationship between age and an individual's involvement in social life. It suggests that aging individuals tend to experience gradual separation from the society in which they live. This

mutual withdrawal between the individual and society proceeds without a lessening of morale. The gradual decrease in involvement may be due to losses of opportunities, of close companions, or of personal vigour (Perzynski, 2006).

Drawing from the functionalist paradigm, disengagement theory posits that social institutions encourage disengagement for the benefit of both the older individual and the social system. It postulates that disengagement is a natural and desirable outcome that brings greater psychological wellbeing. It is also assumed that such characteristics of aging are universal and applicable to all cultures. At the appropriate point in time all societies have to transfer power from the older to the younger generations, and disengagement is a preparation for this eventuality. Disengagement is considered inevitable, pending adjustment for loss of prior roles like occupational or parenting roles, ultimately preparing for death (Powell, 2000). Disengagement theory was seen to have both virtues and weaknesses.

Some theorists conceive of the "golden years" of disengagement as a graceful withdrawal from society (Gubrium, 1973). The theory is credited with the insistence on the discontinuity in the second half of life and also in giving old age a status different from earlier phases of life (Daatland, 2002). It is said that disengagement facilitates the replacement of old ideas with newer more advanced knowledge, assists in the modernization science and technology, and the creation of new job opportunities for the young (Donohue, 2008). The value of disengagement theory has been viewed less in its underlying arguments than in its role in 'spurring debate and resistance' (Daatland, 2002).

Lynott and Lynott (1996, p. 751) see its importance in making 'the field aware of theory'.

But disengagement theory is widely discounted in present day. The theory has not been supported by empirical research attempting to explain changes at both system and individual levels (Achenbaum & Bengtson, 1994). The theory also fails to account for variability in individual preferences, personality, culture and environmental opportunities within the aging population (Estes & Associates, 2001; Marshall, 1996).

Activity and disengagement theories were very important in the development of gerontology. Both theories originated from the Kansas City studies. These theories have a peculiar history and theoretical debates about them continue to shape social gerontology to this day (Marshall, 1999).

In his doctoral dissertation, Harold Orbach (University of Michigan, 1974) studied the controversy about disengagement theory and concluded that the debate was mainly an "intra-mural one within the various segments of the Kansas City studies of Adult Life" (p. 80). Most of the players were from the field of developmental psychology, and the Kansas City studies were conceptualized assumptions of activity theory. Within the same study, two different teams analysed the same data, but with different theoretical assumptions. Havighurst and Neugarten, with Crotty and Tobin produced the activity theory, and Cumming and Henry advanced the disengagement theory.

Orbach (1974) as well as Achenbaum and Bengtson (1994) found that being conveyed in a set of explicit, testable hypotheses was a major

reason which led disengagement theory to become a strong focus of research. Achenbaum and Bengtson (1994, p. 762) have pointed out that disengagement theory "was the first truly comprehensive, truly explicit, and truly multidisciplinary theory advanced by social and behavioral scientists in gerontology." However, Hochschild (1975) criticised disengagement theory for being "unfalsifiable" because it was not sufficiently operationalized, but Marshall (1994) and Neugarten (1987) are of the view that an important contribution of the debate was that the testing and elaboration of this theory and the production of alternative approaches led to a greater appreciation of diversity among older people.

"The disengagement theory debate and the Kansas City studies from which it emanated ….. shows what happens when real people come together from different disciplines. It shows that theory development is socially accomplished" (Marshall, 1999, p. 450).

Continuity Theory

Activity Theory was the precursor of various social psychological theories of aging, including Continuity Theory (Atchley, 1999; Costa & Mc Crae, 1980). Drawn from developmental or life cycle theory (Lowenthal, 1975; Neugarten, 1964), continuity theory was based on the hypothesis that individuals tend to maintain a consistent pattern of behavior as they age. It explained that despite possible changes in health, functioning and social circumstances, most older adults maintain their patterns of thinking and activities, living modes and social relationships. According to this theory, we do not change radically with age, but we become more of what we already were when we were younger. The theory attempted an explanation as to why continuity of ideas and

lifestyles is preponderant in adult life and why continuity is a common strategy for coping with changes in later life.

In what was known as the Ohio Longitudinal Study of Aging and Adaptation, as from 1975 Robert Atchley followed a group of 1274 persons for 20 years as they went through years of retirement. Atchley found that most of the participants had maintained their way of thinking and mode of living. He deduced that older people learn continuously from their life experiences and intentionally continue to grow and evolve in directions of their own choice. Atchley concluded that continuity is central to the process of adult development in midlife and later life (Atchley, 1999).

Although the concept of 'continuity' has gone through several stages: empirical description (Maddox, 1968), concept development (Atchley, 1971), theory building (Atchley, 1989), and empirical testing (Atchley, 1999), its use in gerontology has been ambiguous. At times, continuity has been interpreted to be absolute stability, at other times as gradual development. Atchley has explained that in the context of this theory continuity should be construed as meaning consistency (Atchley, 2006).

According to Atchley (2006), because a continuity strategy for making plans and coping with change is reinforced by experience, continuity becomes a priority approach for older people. In the course of their lifetime, people invest themselves in what Atchley calls internal and external frameworks of their lives and in later years, these frameworks enable the accommodating of various evolutionary changes without experiencing crisis. Continuity theory involves four major constructs:

internal structure, external structure, goal setting and maintaining adaptive capacity.

Internal Structure - The ideas, mental skills, and information stored in the mind are organized into self-concepts, philosophies of life, and coping strategies. Older people are motivated to maintain these inner structures that represent a lifetime of selective investment.

External Structure – Social roles, activities and relationships are also organized in the older person's mind. After selective investment throughout adulthood, most older adults have unique and well-equipped life structures that differentiate each person from others.

Goal Setting – Continuity theory assumes that adults have goals for developmental direction: ideals about themselves, their activities, their relationships, and their environments toward which they want to evolve.

Maintaining Adaptive Capacity – As they continue to evolve, older adults also have increasingly clear ideas about what gives them satisfaction in life, and they fashion and refine an external life structure that complements their internal structures and delivers the maximum life satisfaction possible given their circumstances.

"…. [C]ontinuity theory serves as an explanatory framework that can be used to understand how a large majority of older individuals manage to experience aging as a gentle slope and as a positive experience, …." (Atchley, 1999 Preface). Continuity theory challenges both activity and disengagement theories; it steers a midcourse between the two (Hooyman & Kiyak, 2008). It however helps to explain some of the contradictory

evidence that supports both activity and disengagement theories, for example certain personality types can disengage and be satisfied with life, whilst other personality types remain active and are satisfied with life (Nussbaum, Pecchioni, Robinson & Thompson, 2000).

Continuity theory has not undergone rigorous formal testing, but it has been criticized for its conceptualization of normal aging as absence of physical or mental disease (Becker, 1993). Feminist scholars have, furthermore, argued that the theory defines normal aging around a male model, so that high rates of poverty among older women are indicated as pathology (Calasanti, 1996).

Modernization Theory

As early as 1960, Burgess suggested that a number of factors led to a decrease in the social status of older people: urbanization, industrialization, bureaucratization, a move from the extended to the conjugal family, increased leisure time, and increased life expectancy. All these factors were said to create what Burgess called "roleless roles" in which older people are left with few things of importance to do in society (Burgess, 1960). A more systematic formulation of this concept was framed as modernization theory by Cowgill and Holmes, (1972) and subsequently expressed by Cowgill in the following terms:

> "The transformation of a total society from a relatively rural way of life based on animate power, limited technology, relatively undifferentiated institutions, parochial and traditional outlook and values, toward a predominantly urban way of life, based on

inanimate sources of power, highly differentiated institutions, matched by segmented individual roles, and a cosmopolitan outlook which emphasizes efficiency and progress."

<div align="right">(Cowgill, 1974a, p. 127)</div>

According to this theory, when society becomes modernized, older people lose political and social power, influence and leadership, and may disengage from community life. With the onset of modernization, younger and older generations tend to drift apart socially, morally and intellectually, and youth is glorified as the embodiment of progress. Development in health technology, application of scientific technology in economic production, urbanization, and mass education are seen as the characteristics of modernization that lead to lower status of older people.

Modernization theory has been criticized for glorifying the past and overlooking the fact that older people in many preindustrial societies were treated harshly by younger family members (Kertzer & Laslett, 1994). But substantial empirical support has been accorded to the theory. Rapid urbanization in various developing countries has to an extent overthrown the tradition of family support for elders. In India, migration programs have led younger people to acquire more education and thus feel superior to their illiterate elders. In rural India, urbanization has deprived one third of the older people of family carers (Dandekar, 1996; Vincentnathan & Vincentnathan, 1994). In the more successful countries like Japan and South Korea, older people have benefited from better health care, income and longer life expectancy, but at the cost of power and prestige (Silverman, Hetch, & Mc Millin, 2000).

Later work in this tradition has shown the important influence of specific social and cultural contexts in shaping the status of older people (Climo, 1992). As a consequence, societies like Europe and America which have reached advanced stages of modernization have attempted to tackle the problem of older people's devalued status by providing more opportunities for these people through public education and appropriate social policies.

Age Stratification Theory

This theory propounded that individuals' experiences with aging vary with their age strata; changes in stratification impact upon how a person's experiences affect life satisfaction (Lynott & Lynott, 1996). Cohorts of people were said to pass through the age structures as through a system of expectations and rewards (Riley, Johnson & Foner, 1972). With a focus on structural, demographic and historical characteristics, the theory showed how society uses age to fit people into the social world, and how this age structure changes with time. Age therefore becomes a regulating mechanism of behavior and birth cohorts play a crucial role in the process of social change (Riley, 1987).

Society is stratified in terms of age, that is young people, middle-aged and old. Age stratification theory recognizes that members of each such stratum differ from one another not only in their stage of life but also in the historical periods they have experienced. The life course as well as the historical dimensions account for differences in how people think and behave. People born at the same time period have been exposed to similar conditions and events, and therefore tend to view the world in similar ways (Riley, 1971). Common historical events, therefore,

condition people in the old-age stratum today to be very different from older persons of the past, or future, and they experience the aging process differently (Hooyman & Kiyak, 2008).

The theory was, however, criticized for exaggerating the role of age status in the distribution of economic and social rewards; lack of attention to differences within cohorts; and retention of functionalist assumptions regarding consensus in determining the structure and operation of social systems and institutions (Passuth & Bengtson, 1996). Furthermore, the concept of *structural lag* which occurs when social structures cannot keep pace with the change in population and individual lives, has been identified as a possible dysfunction (Riley & Loscocco, 1994). Notwithstanding such criticisms, age stratification has left an important legacy to gerontology, with its propositions anticipating later work coming within the life course perspective (Marshall, 1996).

Recent Theoretical Development

Activity, disengagement and continuity theories were framed as directly challenging one another. Early theory development identified the characteristics leading to optimal aging to be mostly individualistic – for example keeping active, withdrawing, "settling" into old age. There was no macro level theorising structurally linking the individual and society. After this first spurt of theories around the 1960's, a number of theoretical perspectives emerged in attempts to better explain aging. But the use of theory as a basis for research in social gerontology stagnated since the 1980's (Bengtson, Burgess & Parrott, 1997), creating a relative void to be followed by what Lynott and Lynott, (1996) called a qualitative leap in gerontological thought (Powell, 2006). Recent theoretical developments

include social constructionism, phenomenology, critical theory, and postmodernism.

Social Construction of Aging

Section 2.2 is a broad overview of the social constructionist perspective. In his review of current theoretical developments in social gerontology, Bengtson found that "the 'social constructionist' perspective of aging reflects a long tradition of micro-level analysis in the social sciences" (Bengtson, Burgess & Parrott, 1997, p. 572).

Social construction of aging was an important approach developed in late 1970's in the wake of the challenge of functionalism by influences emanating from marxism, feminism and interpretive traditions. In an early presentation of this perspective, Estes states: "What is done for and about the elderly, as well as what we know about them, including knowledge gained from research, are products of our conceptions of aging" (Estes, 1979, p.1).

For the social constructionist, realities of age are socially constructed through interpersonal relationships. Realities about old age are not constructed by scholars only, but people do so in their everyday life. Viewed from this perspective, therefore, old age varies with the economic, cultural, historical and societal contexts. Old age in the Western world tends to be perceived as a negative experience to be avoided.

There is also a general tendency to consider older people as a homogeneous group, ignoring the wide disparity that exists among them.

We need also to be aware of how gender, race, and social class influence the experience of aging. Studies of aging should therefore not be limited to the problem of older people, but should also encompass their strengths, resilience, and how they overcome barriers in life (Calasanti & Slevin, 2001; Estes, 2001; Olson, 2003).

Phenomenology

Phenomenology is portrayed as the study of essences (Merleau Ponty, 1902), the science of phenomena (van Manen, 1997), and the exploration of human experience (Polkinghorne, 1989).

Phenomenology serves two purposes in sociology: (1) to theorize about sociological problems and (2) to be a sociological research method. In phenomenological research, the views of participants are collected and what all participants have in common as they experience a phenomenon, for example grief or anger, is fully described (Creswell, Hanson, Plano Clark & Morales, 2007). The basic purpose of phenomenology is to reduce the experiences of persons with a phenomenon to a description of the universal essence, a "grasp of the very nature of the thing" (van Manen, 1990, p. 177). Phenomenology is popular in the social and health sciences, especially in sociology (Borgotta & Borgotta, 1992; Swingewood, 1991), psychology (Giorgi, 1985; Polkinghorne, 1989), nursing and health sciences (Nieswiadomy, 1993; Oiler, 1986) and education (Tesch, 1988; van Manen, 1990).

Phaenesthai in Greek stands for flaring up, showing itself (Moustakas, 1994); a *phenomenon* is anything that appears or presents itself to someone (Bentz & Shapiro, 1998) or something that becomes visible in

itself (Ray, 1994). Phenomena, in this context, comprise not only perception, that is seeing, hearing, feeling, but also believing, remembering, wishing, deciding, imagining and evaluating (Roberts, 2000). With its emphasis on subjectivity, description, interpretation and agency, over positivist traits of objectivity, analysis, measurement and structure (Denscombe, 2003), *phenomenology* attempts to 'disclose the essential meaning of human endeavours' (Bishop & Scudder, 1991, p. 5) through describing these objects 'just as one experiences them' (Hammond & Howarth, 1991, p. 1).

Phenomenology is often considered to be located within the interpretive paradigm (Clark, 1998; Guba & Lincoln, 1994; Monti & Tingen, 1999), although Annels (1999) characterized it as having multiple philosophical traditions resulting in its fitting into any of the four existing research paradigms.

Proponents of interpretivism share the goal of understanding the complex world of lived experience from the view of those who live it (Schwandt, 1994). Interpretation is required to understand this world of meaning and to prepare an interpretation is to offer the enquirer's construction of the constructions of the actors being studied.

In interpretevism, realities are apprehendable as multiple, intangible mental constructions that are socially and experientially based, as well as local and specific in nature (Denzin & Lincoln, 1998, 2000; Guba & Lincoln, 1994). Constructions are elicited and refined, and knowledge is created through interaction between and among investigator and respondents. The aim of enquiry is understanding and description, a search for meaning. The focus is on the process by which meanings are

created, negociated, sustained, and modified within a specific context of human action (Schwandt, 1994).

Phenomenology answers the question: what is it like to have a certain experience? Phenomenology seeks to understand the phenomenon of a lived experience; the assumption behind phenomenology is that there is an essence to shared experience. It comes from the social sciences and requires the researcher to enter into an individual's life world and use the self to interpret the individual's experience.

The phenomenological enquiry is particularly appropriate to address meanings and perspectives of research participants. The major concern of phenomenological analysis is to understand "how the everyday inter-subjective world is constituted" (Schwandt, 2000). Data are collected from persons who have experienced a phenomenon and a composite description of the essence of the experience for all the individuals is developed – what they experienced and how they experienced it (Moustakas, 1994).

Oiler (1986), Omery (1993), and Ray (1994) depicted phenomenology as a philosophy, an approach and a research method. Phenomenology draws heavily on the writings of German mathematician Edmond Husserl (1859 – 1938), and of those who expanded on his views, such as Heiddeger and Merleau Ponty (Spiegelberg, 1982). The interwoven components of the phenomenological stances in the work of those three renowned scholars indicate that phenomenology changed considerably within each philosopher's work, as well as across the different philosophers (Cohen, 1987).

Husserl rejected the extreme idealist position that the mind creates the world and the extreme empiricist position that reality exists apart from the passive mind. He considered experience the fundamental source of meaning and of knowledge. Three key concepts of Husserlian phenomenology included essences, intentionality, and phenomenological reduction or bracketing. He stated that phenomenology should return "to the things themselves", to the essences that constitute the consciousness and perception of the human world, the very nature of a phenomenon that makes a some "thing" what it is and without which it could not be what it is (Husserl, 1913/1952). In Husserl's transcendental approach, he believed that the mind is directed toward objects, consciousness was to be the "consciousness of something" and he called this directedness, intentionality (Koch, 1995). Husserl devised phenomenological reduction or bracketing as a technique to hold subjective, private perspectives and theoretical constructs in abeyance and allow the essence of the phenomena to emerge.

Heidegger, on the other hand, shifted from the epistemological emphasis of Husserl to an emphasis on the ontological foundations of understanding reached through "being-in-the-world" (Annells, 1996; Heidegger, 1927/1962; Spiegelberg, 1982). For Heirdegger (1927/1962), the primary phenomenon that phenomenology should cover was the meaning of Being (*Sein* or presence in the world) as opposed to being, or being there (*Dasein* or people who comprehend this presence) (Cohen & Omery, 1994). Heidegger agreed with Husserl's statement "to the things themselves" but criticized the latter's emphasis on description rather than understanding. Phenomenology for Heidegger was a method or mode of approaching the objects of philosophical research (Cohen & Omery, 1994). Understanding and possibilities are the outcome of interpretations

and are linked to cultural norms (Cohen & Omery, 1994) or what Heidegger (1927/1962) calls "historicality" – as opposed to Husserl's atemporal, "eidetic" thought structures. The person and world are constructed; humans are constructed by the world in which they live and at the same time are constructing this world from their own experience and background (Koch, 1995). Heidegger is commonly believed to have rejected phenomenological reduction or bracketing (Ray, 1994); however, historicality and the hermeneutic circle may be perceived as a revisioning of that reduction.

Building on the work of Husserl and Heidegger, the philosophical work of Merleau Ponty provided a constant reminder of the insoluble link between consciousness and the world (Kearney & Rainwater, 1994). For Merleau Ponty (1962, p. x), "the real has to be described, not constructed or formed". The world is assumed; experience in it and knowledge of it come through the subjectivity of being-in-the-world. The objective of phenomenology is to describe the barest contents of human experience, "the things themselves". Merleau Ponty believed that the essence of a phenomenon is reality, but essence cannot be fully known. He utilized the phenomenological reduction espoused by Husserl but without separating consciousness from the world, similar to the constructivist stance of Heidegger.

When examining aging from the phenomenological point of view, theorists take issue with the presumed 'facts of aging', questioning the nature of age and how it is described and whose interests are served in thinking of aging in particular ways (Hooyman & Kiyak, 2008). They criticize theories of aging for taking the existential status of age for granted. While the theories of aging look at variations in the meaning of

age and aging behavior along, for example, historical, cohort, and exchange lines, the variations are accepted as background factors or outside forces and their subsequent reinterpretation in the ongoing practice of everyday life is ignored (Lynott & Lynott, 2002).

Phenomenologists investigate how aging and its associated traumas are constituted in the consciousness of older people and helpers. The struggle for meaning during aging accompanied by chronic pain may be facilitated or impaired by the availability of constructs that permit the smoother processing of the experiences. Members of cultures that stock typifications and recipes for managing aging and pain skillfully may well be more likely than others to construct beneficial interpretations in the face of these challenges (Encandela, 1997).

Increasingly, phenomenology is coming to be viewed as an adjunctive or even integral part of the discipline of sociology, contributing useful analytic tools to balance objectivist approaches (Aho, 1998; Levesque–Lopman, 1988; Luckmann, 1978; Psathas, 1973; Rogers, 1983). However, phenomenology is criticized for not addressing the issue of power and ignoring structures (Lynott & Lynott, 2002).

Critical Theory

Critical theory seeks human emancipation, "to liberate human beings from the circumstances that enslave them" (Horkheimer, 1982, p. 244). Critical theory provides the framework for research seeking to decrease domination and increase freedom. Bottomore spells out the characteristics of critical perspectives in social theory as being:

"… designed with a practical intent to criticize and subvert domination in all its forms ….. It is …. preoccupied by a critique of ideology – of systematically distorted accounts of reality which attempt to conceal and legitimate asymmetrical power relations ….. [and how] social interests, conflicts and contradictions are expressed in thought, and how they are produced and reproduced in systems of domination."

(T.B. Bottomore, 1983, p. 183)

Critical theory was developed by scholars of the Frankfurt School (T. Adorno, M. Horkheimer & H. Marcuse) inspired by aspects of marxism to work on an intellectual critique of society. More recently, Jurgen Habermas followed the tradition of critical theory (Turner, 1991). Critical theorists oppose the concept of a value-free science and favour giving prominence to the main ideology underlying various forms of cultural organisations. But Habermas has opted for an approach based on communication and social interaction, and ousted any demarcation between facts and values (Habermas, 1984).

Critical theorists criticize positivism, yet resort to a multidisciplinary methodology relying on sources as diverse as Marx and Heidegger (Honneth, 1987). In view of its practical interests, critical theory is reflexive, and in many ways attempts to bridge the micro and macro. Early theorists were preoccupied with the impact of the class structure on individual psychology. To understand the cultural conditions which led people to accept capitalism, cultural sciences were incorporated into critical theorizing. Some critical theorists blamed the "civilization process" of the application of "instrumental rationality" for the alienation of the individual (Marshall, 1996, p. 16).

As defined by Horkheimer, a critical theory is adequate provided it satisfies three conditions: it must be explanatory, practical and normative, all at the same time (Horkheimer, 1982). The theory is to identify what is wrong with current social reality, specify who will change it, and provide both justification for criticism and practical goals for social transformation. A true critical theory "has as its object human beings as producers of their own historical form of life" (Horkheimer, 1993, p. 21).

Critical gerontology is a major strand of sociological theories of aging that encompasses political economy, feminism, and humanistic gerontology (Phillipson, 2006). Critical perspectives in gerontology emerged in late 1970's and early 1980's in the United States with Carrol Estes, Laura Katz Olson and Jill Quadagno, in Canada with John Myles and Victor Marshall, and in Europe with Peter Townsend, Allan Walker, Chris Phillipson and Anne Marie Guillemard.

Moody states that critical gerontology denotes a wide range of ideas that seek to challenge prevailing theories, methods and orientations of contemporary gerontology. Such opposition arises because something is judged to be wrong with dominant approaches in the study of aging. Critical gerontology disputes the social engineering approach whereby older people become clients susceptible to control through policy and professional practice. Critical theory invites us to consider the last stage of life as an opportunity for freedom and to convert our institutional practice toward this ideal (Moody, 2006).

The basic tenets of critical gerontology were proposed more than three decades ago by Marshall and Tindale (1978, p. 166) as being: "adjusting

the social context to the aging individual rather than adjusting the aging individual to the societal context". Critical gerontology has, however, developed two distinct patterns: one focusing on humanistic dimensions, the other on structural components (Bengtson, Burgess & Parrott, 1997). Spelling out the humanistic discourse, Moody (1988; 1993) enumerated four goals of critical gerontology:

i.   to theorize subjective and interpretive dimensions of aging;

ii.   to focus not on technical advancement but on praxis, defined as action of involvement in practical change (such as public policy);

iii.   to link academics and practitioners through praxis; and

iv.   to produce "emancipatory knowledge"

In addition, Dannefer (1994) has proposed that the role of critical gerontology should not be only to criticize existing theory but also to create positive models of aging stressing on strengths and diversity of age.

Critical gerontology has been criticized for its focus on older people as a homogeneous group (Estes, Binney & Culbertson, 1992), and for ignoring the impact of individual difference on the experience of aging. The impact of class, gender, race, culture and life history is said to have been similarly overlooked (Hughes & Mtezuka, 1992). Nonetheless, critical theory has generated diverse theoretical discourse in social gerontology today (Bookstein & Achenbaum, 1993; Cole, Achembaum, Jakobi & Kastenbaum, 1993; Minkler, 1996; Phillipson, 1996). In

challenging certain aspects of traditional social gerontology, critical theory focuses on perspectives enabling a better understanding of aging: for example traditions in the humanities (Luborsky & Sankar, 1993). Bengtson and colleagues note that "many current scholars using the political economy, feminist, and social constructivist perspectives in aging have found the tradition of critical theory very useful as they develop understanding of empirical observations" (Bengtson, Burgess, & Parrott, 1997, p. S84).

As part of its stand to question traditions in mainstream gerontology, critical theory resorts to humanistic dimensions to influence political economy and feminist theories of aging.

Political Economy of Old Age

Political economy is the study of the interrelationships between policy, economy and society (Bond & Corner, 2004; Vincent, 1995). The political economy of aging attempts to elucidate how the interaction of economic and political forces determine the allocation of resources, and how an examination of public policies, economic trends and social structural factors can explain variation in the treatment and status of older people (Minkler, 1984; Walker, 1981). This perspective has its origin in Marxism, and evolved as a reaction to structural-functionalism (Bengtson, Burgess & Parrot, 1997). Important contributions in the political economy of old age in Britain are associated with the works of Walker and Phillipson (Phillipson, 1982; Phillipson & Walker, 1986) and in the USA with the works of Cole, Minkler and Estes (Cole, 1993; Minkler & Estes, 1991).

Political economy theory rejects biomedical, activity and disengagement approaches to aging. It identifies social class as being the main determinant of older people's status in society (Minkler & Estes, 1998). According to political economy, the experience of aging is shaped not by individual characteristic but by socio-economic and political factors. These factors, influenced by gender, sexual orientation and ethnic status, which are enshrined in economic and public policy, affect opportunities and experiences in old age. In capitalist society, therefore, the problems for old age are socially constructed by society. "A central assumption of the political economy perspective is that the phenomena of aging are directly related to the nature of the larger society in which they are situated and, therefore, cannot be considered or analysed in isolation from other social forces and phenomena" (Estes, Biggs & Phillipson, 2003, p. 21).

Leading scholars in political economy (Estes, 1979; Guillemard, 1980; Phillipson, 1982; Walker, 1983) have described the system of domination and social marginalization of older people. Kohli has argued "that a key factor of the political economy is its marginalization of the old through the end of people's ability to work" (Kohli, 1988, p. 381). Forced exclusion from work, passive forms of community care, and the impact of poverty led to what Townsend referred to as 'structured dependency' of later life (Townsend, 1981, 1986). In an analysis of inequality in old age, Vincent found that older people become a poor alienated group because they are "fully integrated into exploitative relations…. The low status for elderly people is not the inevitable outcome of a natural process of ageing but is socially structured and hence potentially able to change" (Vincent, 1995, p. 163).

'The political economy perspective is one of the most important strands within the critical tradition' (Estes, Biggs & Phillipson, 2003, p. 20). "The political economy perspective has become one of the major theories in social gerontology" (Bengtson, Burgess & Parrott, 1997; Bengtson & Schaie, 1999;Hendricks & Leedham, 1991; Marshall, 1996; Phillipson, 1998; Walker, 1999). However, a major criticism levelled at the political economy of aging is that it lays too much stress on social structure and economic determinism to explain the plight of older people. It assumes that dominance and marginalization of older people is common, that all older people are powerless and have no control over their own lives, it does not take into consideration cross-cultural variations (Bengtson, Burgess & Parrott, 1997).

Feminist Perspectives of Aging

Feminist theories examine women's experiences of gender subordination, the causes of women's oppression, gender inequality, and propose remedies therefor. Feminist theory is not a stand-alone category of theory; there are many approaches to feminist theorizing. Examples are liberal feminism, radical feminism, Marxist and socialist feminism, psychoanalytic feminism, and postmodern feminism (Jones & Budig, 2008).

The origin of feminist social theory dates back to the cultural and sexual revolutions of the 1960's and 1970's, more especially the Women's Liberation Movement in the United States and Europe (Salerno, 2004). What differentiates feminist theory from other perspectives is the attempt of the former to dissolve boundaries and categories that have characterized the social sciences, the natural sciences, and the humanities.

"Although all feminist theory is a movement away from the phallocentric perspective, its methods can include the tools of the psychoanalysis, literary criticism, philosophy, sociology, anthropology, and more" (Salerno, 2004, p.187).

All along its historical development, social theory has been dominated by males to the exclusion of women's voices and views. Such exclusion becomes embarrassing, considering that social theory is meant to explain the social world (Salerno, 2004). Feminist theory views this disparity in gender relations as forces that shape both social organisations and identities in a manner that privileges men to the disadvantage of women (Calasanti, 2004). The feminist approach highlights the resulting power differentials. It provides an important framework for examining the lives of women, in terms of dimensions such as race, class or sexual orientation (Calasanti, 2004).

Feminist gerontology emerged in the 1990's, partly in response to this failure to theorize the relations of inequality that underlie gender differences (Calasanti, 2009). Current theories of aging were deemed insufficient by the absence of gender relations and women's experience of aging (Calasanti & Slevin, 2001; Cruikshank, 2003; Estes, 2001; Olson, 2003). For example, women were traditionally excluded from retirement research (Gratton & Haug, 1983). Paid employment was thought to be central only to men and therefore irrelevant to women (Calasanti & Slevin, 2001). Similarly, women were excluded from research in health because men were the norm.

From a feminist perspective, gender is a crucial factor in attempts to understand aging, since women always outnumber men in the older

population. Also because gender is an organizing principle for social interactions across the life course (Rossi, 1985), men and women experience the aging process differently (Ginn & Arber, 1995; Hess, 1985). Arber and Ginn even proposed a feminist political economy of aging in view of differential access by men and women to key material, health and caring resources.

Feminism spans over a wide range of paradigms, but most feminist theories in aging draw from socialist feminism. In this perspective, women are viewed as occupying a low status in old age, in the context of a capitalist and patriarchal society (Arber & Ginn, 1991, 1995; Browne, 1998). Social feminism highlights inequities in the gender-based division of labour, and opposes how work is defined, distributed and rewarded by society. Social feminist scholars examine women's aging experiences within a macro-level context of social, economic and political forces. Unpaid housework, health, poverty and retirement are looked at in the context of women's differential access to power. This unequal access brings only limited economic resources to the women for managing challenges in later life (Browne, 1998; Calasanti, 1999; Garner, 1999).

Feminist theory criticizes social policy for considering women's problems as private responsibilities, instead of reviewing policies to tackle such problems. The absence of pensions after a career as home maker and carer leaves an old woman in a precarious situation. Feminist theory strongly believes that domestic labour should be remunerated (Marshall, 1996). The theory affirms that caregiving should be societal responsibility rather than the individual's.

Bengtson, Burgess and Parrot (1997) assert that although feminist theories are new to the field, they have much to contribute to social gerontology. Women form the majority of the population, and they are the target of feminist theory enquiry. This perspective strives to create a more inclusive picture of aging by challenging androcentric biases (Calasanti, 1996; Russel, 1987). Feminist research is linked to practice, and it provides models for macro-micro conceptual linkages (Bury, 1995; Lopata, 1995). But feminist theories of aging are also open to criticisms. They are too broad and unfocused to represent a single theoretical tradition (Arber & Ginn, 1995); feminist theories are said to be partisan and value-laden. Feminist research in aging has ignored the gendered component for men (Bengtson, Rosenthal, & Burton, 1996).

Postmodernism

Postmodernism is said to be a complicated term, problematic to define, the more so as there is resistance among postmodernists themselves to be defined (Cooke, 2005). Rather than a theory, it is a set of ideas, a set of critical, strategic and rethorical practices employing concepts such as difference, repetition, the trace, the simulacrum, and hyper-reality to destabilize other concepts such as presence, identity, historical progress, epistemic certainty, and univocality of meaning. It is a concept that appears in a wide variety of disciplines of study, including art, architecture, music, film, literature, sociology, communications, fashion, and technology. To Stuart Sims, it is a mood or attitude of mind which rejects many of the certainties structuring life in the West, for example cultural progress and political systems (Sims, 2001).

Postmodernity is a name given to a period of history, and postmodernism is the body of theory that has developed to explain that period. Postmodernity is dated from 1973, a point in time marked by profound changes in the balance of economic and political power. Postmodernism is the series of reactions arising from these times; the phenomenon is portrayed less as a body of doctrine than a general mood (Cooke, 2005). Among those who introduced such changes were artists, intellectual gurus, academic critics, philosophers and social scientists. They had a distinct way of seeing the world; they often followed Marx (Butler, 2002).

Postmodernism focuses on a critical, almost skeptical view of society. Lyotard (1984) argued that grand narratives such as Marxism were in decline. He questioned the validity of grand narratives in a postmodern world that has witnessed enormous change (Race, 2008). The most characteristic tenet of postmodernism is that everything that Western philosophy and science has held to be fundamentally true (ontology, epistemology, metaphysics, logic) is in fact a contingent, historically cultural construction, which has often served the function of empowering members of a dominant social group at the expense of others. Postmodernism, therefore dismantles the most foundational procedures and assumptions through which Western traditions sought to establish universal truths.

Moreover, postmodernism is likely to offer the possibility of joining the global culture of consumption, where commodities and forms of knowledge are offered by forces far beyond any individual's control. The focus is only local and limited. By discarding grand narratives and

focusing on local goals, postmodernism offers the way to theorize local situations as fluid but benefiting from global trends.

Although with the advent of postmodernism a new climate of ideas has arisen bringing with it a new sensibility (Butler, 2002), a number of criticisms have also been levelled at the perspective (Alvesson, 2002):

1. Attributions to modernism — construction of modernism and postmodernism presents the latter as good.

2. postmodernism as a grand narrative — Categorical statements of - tendency to use sweeping statements about postmodernism

3. destructive — Postmodernism as parasitical - postmodernism emphasizes and negativity. It opposes positive knowledge.

4. is easy to run into self-postmodernism situations if one is — Self-defeating elements of - it contradictory not extremely cautious, moving within a highly confused terrain.

As we age our identity is subject to change. Aging identities can be viewed in terms of a continuum from stability to fluidity. Stability means aging is taken to be a natural process with a series of age-specific roles and identities. Fluidity refers to a changing identity as a matter of choice but also of uncertainty and risk. A certain level of both stability and fluidity is desirable to obtain identities that aging adults can comfortably

inhabit. An aging identity can be negotiated between protection against social risks and spaces for self-expression (Estes, Biggs & Phillipson, 2003). Whilst in modern society, identities depend on relationships of production (Marx & Engels, [1888] 1976), under postmodern conditions an aging identity helps its desired equilibrium through the purchasing of lifestyles and supports.

> "If the modern 'problem of identity' was how to construct an identity and keep it solid and stable, the postmodern 'problem of identity' is primarily how to avoid fixation and keep the options open. In the case of identity, as in other cases, the catchword of modernity was 'creation'; the catchword of postmodernity is 'recycling'".

> (Zigmunt Bauman, 1995:81)

Identity and Consumption

If one has adequate post-retirement income, topped up by occupational pensions and accompanied by a positive performance of the economy (Phillipson, 1998), an older person can afford various lifestyles and avoid the constraints related to disengagement and decline. Lifestyle choices may include 'sun city' retirement, safaris, trips or the consumption of leisure, fashion or technical innovations (Gilleard & Higgs, 2000). A shift toward identities based upon consumption rather than production drastically changed the perception of aging (Gilleard, 1996). This leads to a surplus of commodities and images, thus encouraging a series of choices relating to identity and age. There results a heady amalgam, linking activity and wellbeing in old age with the enjoyment of leisure

among older people, bringing commercialization of the management of old age (Katz, 2000a).

Contemporary Lifestyles

Featherstone and Hepworth (1983, p. 87) claim that postmodern lifestyles allow older "individuals who look after their bodies and adopt a positive attitude toward life …. to avoid the decline and negative effects of the ageing process and thereby prolong their capacity to enjoy the full benefits of consumer culture". As a consequence, aging is no more a transition from productivity to disengagement (Featherstone & Hepworth, 1983). Aging can therefore be considered to start in 'mid life' and prolong into ripe old age, whilst the self is repeatedly reinvented. Life stages are blurred, and their associated characteristics tend to disappear (Featherstone & Hepworth, 1989). This liberates the aging process from ageist stereotyping and a single common experience of aging (Gilleard & Higgs, 2000). "Popular perceptions of ageing have shifted, from the dark days …. to postmodern times when older citizens are encouraged not just to dress 'young' and look youthful, but to exercise, have sex, take holidays, socialize in ways indistinguishable from those of their children's generation" (Blaikie, 1999, p. 104).

The postmodernist approach encourages older people to use their own imagination to generate identities. Managing identity this way calls for possibilities to negotiate identity in the absence of binding cultural guidelines. Postmodernism is characterized by its "attempts to manipulate, control and thereby 'fix' an embodied self so as to avoid ageing" (Estes, Biggs & Phillipson, 2003, p. 36) .

Strategies to manage aging identity

Older people manage their aging identities in various ways, achieving slightly different results in each. Best-known strategies are the mask of aging, the use of masquerade, and the narrative approach.

Featherstone and Hepworth (1989, 1995) have used the analogy of the mask to explain aging, in view of the tension between the fixed body and consumer culture as a solution. The impact of the aging process is reflected in outward appearance, whereas the real self remains young (Featherstone & Hepworth, 1991). The 'mask of aging' theory reckons that with time the aging body becomes a cage from which a younger self-identity cannot escape, although the body can allow access to consumer identities. Finally, this world of choice becomes inaccessible, and the person is trapped in an old body. The youthful self needs to be released: could bio-technology be a solution?

A second strategy to manage aging identity is the masquerade. Postmodern theorists view the relationship between appearance and identity in terms of depth and surface and use a masquerade motif to probe the aging self (Biggs, 1993; Woodward, 1991). Masquerade locates itself at the junction of the personal and the social, between surface appearances and the inner worlds of identity. Identity therefore becomes a bridge between the inner and outer logics of adult aging (Estes, Biggs & Phillipson, 2003).

Masquerade reflects both an acceptance of social imperatives and resistance to these, giving in to ageist expectations and fiddling with aging appearances to look young. Whilst intended to conceal aging, masquerade announces presence of aging (Woodward, 1991). Masquerade emerges as a technique for managing identity that is both subtle and permeable (Estes, Biggs & Phillipson, 2003).

A third strategy is narrative aging. Narrative approaches to aging and identity draw on the metaphor of "stories to age by" (Holstein & Gubrium, 2000; Randall & Kenyon, 1999). Stories may be the product of self-invention or drawn from existing cultural materials, provided they are what Giddens calls convincing narratives.

Narrative aging is proposed by Holstein and Gubrium (2000) as a means to solve the problem of overwhelmed identity raised by Gergen in his book *The Saturated Self (1991).* Narrative also resolves the ambiguity left by approaches such as continuity theory. Narrative attempts to come to terms with fluidy of identity and blurred traditional reference points.

There has recently been much interest in postmodern perspectives of age and aging identity (Blaikie, 1999; Featherstone & Hepworth, 1993; Featherstone & Wernick, 1995). Postmodern consumerist culture has been both praised and criticized for its complexity (Cushman, 1990; Gergen & Gergen, 2000). But, with much hope in postmodern aging, Featherstone and Hepworth (1998) believe in the end of aging, as it has been known in the twentieth century.

2.3.2 Social Theories of Aging: Discussion

The state of social theories of aging today tends to be complex. Some scholars feel that we are too early in the process, and we have some way to go before we can have a clearer understanding of the intricacies of aging (Biggs, Hendricks & Lowenstein, 2003). Others believe that "we are at a tipping point, a watershed, in the development of knowledge about the social and psychological dimensions of ageing" (Bengtson, 2006, p. 5). And yet others are of the view that in the last half century research in social aging theory has achieved gigantic progress in scope, quantity as well as quality (George, 1995). It is all a matter of opinion, but, it must be acknowledged that the amount of research in social gerontology has increased considerably over the past two decades or so.

Although gerontology is a young field, a survey of its intellectual capital shows its vitality (Ferraro, 2007). It has been institutionalized through a variety of professional organizations in America, including the Gerontological Society of America, the American Society on Aging, the Association for Gerontology in Higher Education, and several regional gerontology associations. The Gerontological Society of America has grown from 24 members at its founding in 1946 to over 5000 members in 2007. Achenbaum and Albert (1995) identified some 300 key researchers, teachers, and practitioners in gerontology. The Association for Gerontology in Higher Education (USA) indicates that there are over 1000 educational programs with studies of aging, housed in 500 institutions of higher education (Stepp, 2000). Since 1946, over 60 journals related to gerontology and geriatrics have been created. The creation of the National Institute of Aging in 1970 was a watershed for research and development in gerontology and geriatrics (Ferraro, 2007).

It may be pertinent to ask to what use are the theories of aging. Bengtson, Putney and Johnson (2005, p. 1) firmly believe that from the perspective of traditional science, theories of aging allow us to systematically build our knowledge bank on the subject, facilitate explanations of available data, and help solve physical, mental and social problems arising out of aging. However, they also acknowledge that theories of aging may be irrelevant to the work of researchers; that science may not be essential to comprehend certain features of aging; that we may have enough theories and we need now to concentrate on their application; and that there is no single theory of aging, but, various theories in aging relating to the outcomes of different aspects of aging. Furthermore, it has been argued that gerontology has imported ideas from the social and medical sciences as well as politics and humanities, but, has not generated convincing theorization from its own field, neither has it built on the works of philosophical giants (Biggs, Hendricks & Lowenstein, 2003).

In spite of the fact that the field of gerontology has amassed large amounts of data, theory development has lagged behind: various reasons account for this. Among these are the hesitation to integrate theory-based knowledge and theoretical insights; the hurdle of crossing disciplinary boundaries; the problem- solving orientation of gerontology; focusing on individuals and neglecting wider social context; and theoretical disagreements and debates within sociology. (Bengtson, Putney & Johnson, 2005). "Perhaps in the future of theory development in ageing there should be an extension of the period of preoccupation with single function measurement in relation to age, in order to develop a broader encyclopedic catalog of important facts about aspects of ageing" (Birren, 1999, p. 464).

Social aging research has great pertinence in our present day world because of its possible impact on the social, economic, and medical aspects of aging, among others. In view of the state of theory in social aging as discussed in the previous paragraphs, a few critical comments would help shed more light on some specific aspects of the research. It has been argued that much of the social research done in the field of aging is theoretically sterile as most of the studies focus on trivial aspects of the subject (George, 1995). George has also highlighted that more attention should be devoted to social change and cultural meaning, by linking changes in social structure with changes in aging or in the older population. She deplores that multi- disciplinary research is very rare, and that integrating and synthetizing of the knowledge base remains an infrequent activity of researchers (George, 1995). Marshall (1995), on the other hand, believes that gerontology can maintain its vitality if it gives up borrowing from other literatures, to incorporate newly acquired multi-disciplinary knowledge into its own literature. Finally it is good to note that without comprehensive and sound explanations, there can be no effective interventions (Bengtson, 2006).

According to James Birren (1999, p. 463), what "still characterizes the study of aging to date, is the staggering amount of age-related data that are difficult or impossible to integrate."

2.3.3 Successful Aging

Alongside social gerontology theories, there is one concept which has gained popularity recently: that is the concept of "successful aging". Those who age successfully have "an ability to maintain … low risk of

disease and disease-related disability, high mental and physical functioning and active engagement with life" (Rowe & Kahn, 1998, p. 53). Successful aging is the belief that life in later years can be a period of health and vitality, a time that appeals to older people's hopes and dreams. Successful aging, subsumed along with the ideal of productive aging under the label of The New Gerontology, gives rise to a more positive vision of later years, rejecting the view of old age as a social problem to consider it as an opportunity both for the individual and society (Gergen & Gergen, 2001; Rowe, 1997).

Research on health and functioning of older persons has focused in previous decades mainly on negative outcomes like disability, dependency, morbidity and mortality (Boult et al, 1994; Maddox & Clark, 1992; Nagi, 1976; Pinsky et al, 1985). Whereas the disengagement theory points to an intrinsic need of older people to withdraw from society, activity and continuity theories hint that decreased health and physical function might be at the root of declines in social interaction of aging adults. This led to a paradigm shift away from a negative view of aging toward a search for an understanding of why some age well but others do not (Franklin & Tate, 2009). Cumming and Henry's disengagement theory (1961) even had one chapter devoted to the difficulty of objectively defining successful aging (Dean, McCaffrey & Casseta, 1961).

Interest on the subject was revived in 1987 when Rowe and Kahn published their paper in *Science* titled "Human Aging: Usual and Successful," and a workshop on successful aging was held in Bavaria (Baltes & Baltes, 1990). Since then there has been a proliferation of studies, each with a different slant (biological, psychological,

sociological) on successful aging. Rowe and Kahn (1997) explain successful aging through a tripartite definition: "low probability of disease and disease-related disability, high cognitive and physical functional capacity and active engagement with life". Baltes and Baltes (1990) identify the following characteristics as possible components: length of life, biological health, mental health, cognitive efficiency, social competence and productivity, personal control, and life satisfaction.

Ever since the MacArthur series of research projects on successful aging in the 1980's, there has been an impetus within gerontology to destigmatize aging and view it as a normal, healthy and positive feature of life (Juengst, 2005). The MacArthur Foundation study focused on what it means to age successfully, what each person can do to achieve this, and what changes in national policies (USA) will enable more people to age successfully. Researchers in the field of aging were preoccupied with disease and disability and underestimated the influence of lifestyle and psychosocial factors on the wellbeing of older people. The goal of the study was to conduct long-term research to know how to improve physical and mental abilities of older adults. The project studied more than a thousand high-functioning older people during eight years, and hundreds of pairs of Swedish twins. The MacArthur study refuted a number of myths about older people.

Numerous national and international meetings have adopted the "successful aging" theme, and the MacArthur initiative appears on the National Research Agenda on Aging, the National Institute on Aging, and other institutes within the National Institutes of Health (Scheidt, Humphreys & Yorgason, 1999). The view about old age has shifted from treatment of illness to promotion of wellbeing (Ostir, 2007). The

literature confirms this shift from managing problems of aging to promoting health and wellbeing (Holkup, 2001). "Even critics of Rowe and Kahn's approach …. seem to accept the premise that successful aging represents happy and healthy aging" (Moody, 2005).

But the concept of successful aging has also been the subject of quite a number of criticisms. Strawbridge and colleagues disagreed "that those aging successfully would show little or no age-related decrements in physiologic function ….." and also objected to the use of the adjective *successful* as it implies a contest in which there are winners and losers (Strawbridge, Wallagen & Cohen, 2002, p. 727). Matilda Riley pointed out that Rowe and Kahn had neglected the "dependence of successful aging upon structural opportunities in schools, offices, nursing homes, families, communities, social networks and society at large" (Riley, 1998, p. 151). And Rakowski and colleagues expressed preference for the Baltes and Baltes model of successful aging (Baltes & Baltes, 1990; Baltes, 1997) because its "concept of selective optimization with compensation defines successful aging as individuals' choosing to make the best use of certain capacities and resources that they still have ….. while finding ways to compensate for other limitations" (Rakowski, Clark, Miller & Berg, 2003, p.4). In reply to Strawbridge and colleagues, Khan pointed out that Rowe and himself used the term "aging well" which is different from not aging at all (Kahn, 2002). Khan also expressed the view that the Rowe and Kahn (1998), Baltes and Baltes (1990), and Riley and Riley (1990) models are complementary rather than in conflict and that the theoretical integration of these three models is a task for the future (Kahn, 2002).

"Successful Aging, then, comes in two quite different versions. The first version stakes the whole meaning of success on avoiding bad outcomes and preserving health and vitality as long as possible. …. Most commentators, especially those who attack the idea of successful aging, have concentrated their fire entirely on the first definition while ignoring the second. …. The second version looks for compensating factors and invites us to ask just what sorts of compensation might be possible, either individually or socially."

(Harry Moody, 2005, p. 55)

In his forceful paper in support of successful aging, Moody states that the important message Rowe and Kahn want to convey is that if only we open our mind to the facts, we will realize that our condition in old age is largely determined by us; and therefore successful aging is conscious aging (Moody, 2005).

2.3.4 Major Debates on Aging Issues

The process of aging brings about various changes in the individual, at the physical, psychological and social levels. In turn, how society perceives old age varies with time. In preindustrial days, older people were venerated, but in modern time the older individual is expected to retire from active working life on reaching the age fixed by society. At this mature age, the individual is considered as having outlived his useful life; the individual becomes a burden to society. Modernization theory explains how older people lose political and social power, influence and leadership, and end up with lower status in society.

However, in view of their increasing numbers, especially with the baby-boomers reaching retirement age, older persons constitute a political force today. Their votes count and they are organized to act as pressure groups. Political leaders have therefore to reckon with them. In the allocation of scarce national resources, older people are therefore in competition with the other segments of society, that is the elite, children, youth, the working class.

Whereas the other people are, or are expected to become, fully productive, older people are reaching the end of their career. Since the early 1970's increased life expectancy in most European countries has been accompanied by decreasing labour force participation rates of older people, the trend to early retirement (Kohli, Rein, Guillemard & Gunsteren, 1991). This trend is strongest in France and Germany, but points in the same direction for all European countries (Kunemund & Kolland, 2007). Retirement is therefore not a "remaining time" to be enjoyed by a small group but an independent phase of life of considerable length (Kohli, 1986). However, older people are a potentially strong voting bloc, and are being discovered for their economic power as consumers. In addition to early retirement, older people have special needs in the area of healthcare, pensions, housing, transport, leisure, among others. In the face of this dilemma, there are endless debates on what and how much to provide for older people. The problem is not only political and economic, it also bears a strong moral connotation. Debates in some specific areas have assumed great importance, for example concerning longevity, healthcare and ageism.

<u>Longevity</u>

Life expectancy in Western countries for women is slightly over 80 years and for men slightly over 75 years and since mid-nineteenth century it has been increasing by 2.3 years per decade. This trend is likely to continue (Oeppen & Vaupel, 2002). Yet everybody wishes to live a longer life. Decades of research in biogerontology indicates that this could be possible (Hayflick & Moorhead, 1961; Kirkwood, 1977, 1997; Masoro, 2002; Weindruch, Walford, Fligiel & Guthrie, 1986).

Muller (1994) defines aging as a process that converts healthy adults into frail ones, with diminished reserves in most psychological systems and an exponentially increasing vulnerability to most diseases and death. Extending life may therefore mean to live longer with an additional number of years of poor health. In such conditions, is longer life better?

According to David Gems, not necessarily (Gems, 2003), not if the aging process continues and quality of life deteriorates, not if overpopulation ensues, not if retributive justice is flouted as only the rich may have access to the required technologies, and not if very old age is to culminate in boredom.

Protagonists of natural law and ethicists have joined the debates. According to natural law theorists, humans should not interfere with nature and intervening in the aging process is wrong (Post, 2004). Leon Kass, Chairman of the President's Council on Bioethics (USA), is of the view that the "finitude of human life is a blessing for every human individual …" (Kass, 2004). Furthermore, three basic objections have been raised about what should/should not be done in the name of health. "First, aging is part of the life cycle that defines human beings and tampering with that cycle could literally be criminal. Second, by extending the longevity of individuals, we will play havoc with the web

of relationships that define human life and values. Third, longevity extension will not improve and may exacerbate social justice" (Arking, 2006). There are, in addition, a multitude of typically complex issues connected with the slowing of the aging rate (Austad, 2006). Moreover, Juengst et al (2003, p. 21) in their examination of biogerontology issues, highlight:-

(i) **"the dangers of the premature commercial exploitation of scientific goals;**

(ii) **the challenge of philosophical pluralism within medicine; and**

(iii) **the virtues of open deliberations that anticipate, rather than react to, the social repercussions of new medical capabilities".**

However, a number of quite valid arguments have also been adduced in favour of intervening in the aging process. Caplan (2004) asserts that longevity is a positive good whose increase is not only beneficial but acclaimed in the West. According to Post (2004), the religions and metaphysical attributes assigned to aging are not affected by increased longevity. Finally, in view of the shaky position of most welfare and pension schemes in many countries, a prolongevity policy may save the situation, be it as a temporary measure (Peterson, 2004).

Healthcare

As Crawford (1984) has suggested, health may be seen as a metaphor for generalized wellbeing. But health and disease conditions among older people have been found to differ in many ways from those in young and middle-aged persons: Older people would be more likely to be exposed to chronic diseases.

Research has consistently shown that older individuals rank good health as very high, and they agree that there are few things more important than good health (Bowling, 2005). Therefore, can morbidity be eliminated, or delayed, to ensure maximum wellbeing in old age? This is the question raised by Fries (1980) in his concept of "compression of morbidity", idea which has not stood up well to scrutiny.

It is a normal feature of biological aging that at the end of the lifespan our cells and organs become more vulnerable to disease, especially chronic disease. Chronic impairments such as arthritis and vision and hearing loss become more nominative with age and often lead to major limitations in functional ability that can threaten a person's mental health and quality of life (Boerner, 2004). Most older adults have at least one chronic health problem, and many have several (Edelstein, Shreve-Neiger, Spira & Koven, 2003).

"A chronic illness …………. is at once subjective and social; it includes experiencing inchoate emotions and body sensations as well as making such experiences meaningful and responding to imagined or actual social responses" (Charmaz, 1999, p. 1). Chronic illnesses often disrupt the patients' lives in various ways (Bury, 1982) and are often accompanied by stigma. Chronic illness is more than physical suffering, having symptoms and needing care; it is the main cause of both disability and death in the whole world (Lyons & La Fontaine, 2009).

Aging is therefore likely to be accompanied by chronic illness, frailty and disability. All these conditions require care; how is society organized to meet this challenge? In developed countries, informal services are provided by families, and formal services by the State. However, in most developing countries health care is scarce and people most often have

recourse to traditional healers. Healthcare is one of the range of services provided by the Welfare State.

Conventional wisdom dictated politicians' responsiveness to the appeal of the pensioner vote, and after World War II most Western governments were inclined to develop services to meet the needs of older people (Walker, 1986).   In Europe and the USA, for the   first two decades after the war, poverty exerted the strongest influence in the lives of older people (Quadagno, 1991). As it was the state's role to preserve social order, most states developed services for older people and legislated to define eligibility for those in need of care and assistance (Torres – Gil, 1993).

By specifying those who were "deserving" and those who were not, society indirectly defined old age. Older people found themselves locked into a peculiar pattern of inequality through the forms of 'structured dependency' (Townsend, 1981) brought by the Welfare State, marginalization created by compulsory retirement, and discrimination provoked by ageism (Butler, 1975). However, older people in western countries continued to draw heavily on welfare provisions until the 1980's, when neo-liberal policies started advancing the "cause of a minimalist state" (Estes 1991, p. 61).

Debates about universalism versus targeting, market versus state provision, and the pursuit of egalitarianism became heated. Older people have been increasingly alienated, and have since felt the need to make their voice heard on issues concerning them, both nationally and internationally (Estes & Phillipson,   2002).

By the 1980's, an economic crisis brought an ideological debate over equity between generations. The theme was that older people were getting an unreasonable share of national resources, whilst children were denied an equitable share. Furthermore, it was claimed that older people produced a growing chronic illness burden. There was growing demand for cost containment. To this day, healthcare for older people in most western countries is being subjected to scrutiny.

Contrary to the situation in the 1950's, resource allocation to older people in present times is contested, not consensual. With the advent of globalization, older people may find themselves pushed further to the margins, unless their growing numbers can devise appropriate strategies to justify their dues.

Ageism

Robert Butler coined the term "ageism" to describe the process of systematic stereotyping and discrimination against older persons (Butler, 1969). Bytheway later stated that ageism is a set of beliefs originating in the biological variation between people and relating to the aging process (Bytheway, 1995). On the basis of his extensive work on ageism, Palmore has defined it as prejudice or discrimination against older persons because of their age (Palmore, 1998). Palmore therefore added to the definition "prejudice" which relates to beliefs and attitudes against older people. Although Butler's definition of ageism referenced it specifically to older people, Maggie Kuhn has proposed that both older and younger people can be discriminated against because of their age (Bytheway, 2005).

Ageism therefore is translated into two forms: prejudice and discrimination. Prejudice is the negative beliefs and attitudes against older people and discrimination is the negative behaviours that limit, imperil, exploit, downgrade, or hurt older people. Common prejudice against older people are stereotypes that older people are sick, senile, useless, sexually impotent, ugly, isolated, poor, and miserable. Research has proved that all these stereotypes are not applicable to most older people. Whilst prejudices are latent perceptions, they ultimately develop into actions as discrimination in action. Common examples of discrimination are in employment, families, housing, and healthcare, among others. Examples are when individuals are denied consideration for employment, or not given proper medical treatment, because of age. Discrimination in all these domains is very common (Palmore, 1998).

Manifestations of ageism take one of these forms (Dozois, 2006):

behaviours that distance, ignore, exclude or under-represent older adults, e.g. doctors with older patients;

behaviours that are more positive or protective toward older adults;

behaviours that are overtly harmful, e.g. denial of access to jobs, making jokes about.

According to Palmore, ageism, like racism and sexism, all involve prejudices and discriminations against individuals who belong to a group they cannot change (Palmore, 1998). Individuals belonging to these groups usually have a lower status in many areas, fewer employment opportunities, lower pay, and low level of education, among others. In

addition, the effects of ageism, racism and sexism can be cumulative, bringing a double or even triple jeopardy for women who are old and coloured. Laws forbidding discrimination exist, but they are mostly violated. However, ageism is different from racism and sexism in that we will all reach old age in future, whereas our race and sex are already determined at birth.

It is generally agreed that ageism does considerable harm to older people. But before we can be in a position to fight ageism, we need to have an understanding of its causes. The following significant historical developments are believed to have contributed to changes in social roles that led to a downward shift in the status of older adults over time (Dozois, 2006):

(a.i)   The printing press: its advent significantly curtailed the role of elders as village historians, by supplanting oral traditions (Branco & Willamson, 1982).

(a.ii) The industrial revolution led to shifts in living arrangements and a movement toward the nuclear family, with the older people becoming increasingly displaced from their economic role in society (Nelson, 2005).

(a.iii) Mandatory retirement came with the industrial revolution and older adults were removed from activity on the basis of age not competence. The social construct of "old age" contributed to the view of older adults as incompetent and unproductive (Chappell, Gee, McDonald & Stones, 2003)

(a.iv) Medical progress brought longevity. The higher proportion of older people led to fears of aging as a social burden (Cuddy, Norton & Fiske, 2005).

(a.v) Age segregation followed the increasing separation of age groups in post-industrial aging societies, which further removed older adults from production and useful contributions (Hagestad & Uhlenberg, 2005).

Institutionalised ageism is mostly found in the areas of healthcare and employment. In healthcare, older patients are less likely to be referred for screening (Rohan, Berkman, Walker & Holmes, 1994) and are referred less frequently than younger patients for psychiatric assessments (Cuddy & Fiske, 2006). In physician interactions with older patients, physicians are less engaged and less respectful when talking to the patients (Hatch, 2005), they condescend to and patronize the patients (Cuddy & Fiske, 2006), and provide less detailed information to the patients (Cuddy & Fiske, 2006). In long-term care older patients are often infantilized (Pasupathi & Lockenhoff, 2002). However, employment-related ageism is more nuanced than healthcare-related ageism (Kite & Wagner, 2002). Older workers are associated with a mix of positive and negative stereotypes (Henkens, 2005). They are rated lower on potential for development, qualification for a demanding job and overall aptitude (Kite & Wagner, 2002). Research has repeatedly found the older worker incompetence stereotype in the workplace (Cuddy, Norton & Fiske, 2005). The most pervasive discrimination is mandatory retirement and older workers live extended periods of joblessness after being laid off.

Negative stereotypes have been associated with deleterious effects on cardiac functions and decreased will to live, whereas positive stereotypes tend to indicate positive changes in the same areas (Levy, 2001).

In view of its nefarious effects on older people in their later life, ageism is considered a sizeable ill to be got rid of. But like racism and sexism, it is difficult to extirpate. Continuous debates take place to point out its ill effects. Various groups have been set up to campaign against it. Healthcare and employment have been seen to be fields where ageism is deeply rooted and is difficult to eradicate. The television media is an activity where ageism is of special importance and where hot debates on the subject usually take place.

2.3.5 Summary

Children, adolescents, adults and older people came to be known distinctly as age categories only during the nineteenth century. Society's perceptions of the meaning of aging keep changing with time; what it means to be old, therefore, changes accordingly.

Systematic study of aging started after World War II, when aging was considered a social problem needing attention. According to Disengagement Theory (1961) social institutions encourage retirement and disengagement from the workforce, for the benefit of both the older individual and the social system. Some ten years later, Age Stratification Theory showed how society uses age to fit people into the social world, and how age structure changes with time. By the end of the twentieth century, social constructionism proposed that the realities of age and age-related concepts are socially constructed through interpersonal relations.

These major theories were followed by Critical Theory, Feminist Theory, Phenomenology, and Postmodern Theory of Aging.

Researchers and theorists have all claimed that theories are necessary for the study of aging and for interventions in the field of gerontology. It has been argued, however, that it has not been easy to integrate research findings in gerontology so as to build theory.

In view of population aging, various debates are ongoing concerning aging issues. Among the main ones are consequences of longevity, provision of and access to healthcare, and problems of ageism.

This section discussed the implications of aging. In the following section, we shall deal with the topic of wellbeing.

2.4   WELLBEING

Wellbeing has been described by most scholars and authors as an elusive, ambiguous, hard to define concept (Chavez, Backett-Milburn, Parry & Platt, 2005; Conceiçao & Bandura, 2008; Gasper, 2004; Langlois & Anderson, 2002; Silverstein, 2000). Matthew Silverstein of Oxford University has suggested that "Wellbeing is the general condition one has when one is faring well. It concerns how well a life is going at a particular moment and how well it is going 'for the individual whose life it is'" (Silverstein, 2000, p. 1). In view of such difficulty to define and measure wellbeing, this study will be focusing on 'subjective wellbeing'. Subjective wellbeing is wellbeing as defined or assessed by individuals themselves.

Research on wellbeing has been carried out mainly in Europe and the USA. The standard of living on these two continents is high and the people there are conscious of the need to research and promote wellbeing. In developing countries, wellbeing research is very scarce, and research on the topic is not available for Mauritius. In the circumstance, mostly European and American data are used in this section

2.4.1 Wellbeing Research

Since the early days of psychology (James, 1890; Wundt, 1874), psychological research was almost exclusively focused on dysfunction, leaving aside positive subjective wellbeing. "In part as a result of their association with problems and dangers, negative emotions have captured most research attention" (Fredrickson, 2007, p. 218). Such focus on dysfunction in the past has been underlined by most recent researchers in wellbeing (Nesse, Fredrickson, Kahneman, Seligman, Diener, 2007). Following the physical and moral miseries in World War II, individuals became entitled to more humane attention. Humanistic scholars (Abraham Maslow, Carl Rogers, Fritz Perls) thought in terms of positive recovery and for the need of positive characteristics like maturity, ego-strength, and generativity. They set the stage for the study of wellbeing.

Two landmark books which ushered a new era of wellbeing studies were (a) *Social Indicators of Wellbeing: Americans' Perception of Life Quality* by Andrews and Withey (1976) and (b) *The Quality of American Life: Perceptions, Evaluations and Satisfactions* by Campbell, Converse and Rodgers (1976). Andrews and Withey's book may be considered as the first major work investigating human wellbeing on a nation-wide scale. Its outstanding design and worthy argumentation have contributed to

make it an excellent inquiry in the field of social indicators research. Using an exploratory design, the authors conducted no less than four national sample surveys in order to map out how people organise their perceptions of wellbeing. In spite of a lack of theoretical back-up and a number of assumptions that weaken the conceptual model, Andrews & Withey have identified through their study numerous data regarding the level and structure of perceptions of wellbeing in a large population. The objective of Campbell, Converse and Rodgers' book was also to measure domain satisfaction of Americans. On the basis of the twelve domains of life experience examined, as well as overall levels of satisfaction, Americans were found to be quite satisfied at both levels. The levels of satisfaction tended to differ, however, according to demographic factors like age and education. The authors have duly highlighted the fact that subjective feelings do not necessarily reflect objective realities. This study is still of great relevance today.

From then on, two traditions emerged in Europe in the conceptualisation and use of quality of life and wellbeing studies in the social sciences: social indicators research and outcomes in health and social policy. Unfortunately, both traditions have concentrated on measurements rather than developing policy to underpin the concept (Bond & Corner, 2004). An almost similar picture appeared in America where the concept of life satisfaction developed, with a preoccupation for measurement in health and illness (Neugarten, Harvighurst & Tobin, 1961). Following a major highlight placed on positive health (Jahoda, 1958), scholars have devoted most of their attention until the end of the millennium to operationalise different facts of subjective wellbeing.

2.4.2 Subjective Wellbeing

Whereas wellbeing is the complex construct that refers to optimal psychological functioning and experience, subjective wellbeing is wellbeing as defined or assessed by individuals themselves. In spite of the degree of subjectivity that may affect the measurement of subjective wellbeing, Des Gasper (2004, p. 16) is of the view that: "We must not ignore the information in measures of Subjective Well Being. They tell us about something(s) different and important, people's feelings. If people did not feel, then we would be much less likely to feel for and with them and to be motivated to help the disadvantaged. And the messages which these measures have brought concerning such important variables are massively significant."

For a number of decades now, researchers have been studying growth (Deci, 1975), wellbeing (Diener, 1984), and the promotion of wellness (Cowen, 1991). Empirical study of wellbeing has charted two different perspectives: hedonism which reflects the view that wellbeing consists of pleasure and eudaimonism which holds that wellbeing lies in the actualisation of human potentials. Research on the latter perspective has been considerably advanced by the work of Carol Ryff (Keyes, Shmotkin & Ryff, 2002; Ryff, 1989; Ryff & Singer, 1998, 2000) in the field of psychological wellbeing. Her studies examine how different aspects of positive psychological functioning are impacted upon by various social structural factors, their reactions to life challenges, and how they are linked to health. On the other hand, the profuse writings of Edward Diener (Diener, 1984; Diener, Suh & Oishi, 1997; Diener, Suh, Lucas & Smith, 1999) in regard to hedonic wellbeing have shed much light on various aspects of human happiness, emotions and affect. The excellent review of research on hedonic and eudaimonic wellbeing by Ryan and

Deci (2001) depicts in a comprehensive way how both traditions have many intersections as well as divergences.

According to Ed Diener, Suh, Lucas and Smith's review (1999) of subjective wellbeing, the remarkable development in this area reflects the increased importance bestowed upon the individual by society; the increasing acceptance of subjective opinions in judging life's value and the acknowledgement that wellbeing means much more than economic prosperity. Subjective wellbeing researchers "study the entire range of wellbeing from misery to elation" (Diener, Suh, Lucas & Smith, 1999, p. 3).

Components of Subjective Wellbeing

An important objective of humankind is to have a good life. A precondition to this good life is that the individual concerned likes his/her life. Subjective wellbeing is defined as a person's cognitive and affective evaluations of that person's life. It is a broad concept that embraces experiencing pleasant emotions, low levels of negative moods, and high life satisfaction (Diener, Lucas & Oishi, 2002).

Satisfaction in specific life domains, e.g. health, is also included in the definition of subjective wellbeing, and this is termed domain satisfaction (Diener, Suh, Lucas & Smith, 1999). Life satisfaction and domain satisfaction are categorized as cognitive components, for they rely on evaluations about one's life; positive affect and negative affect appraise the affective component of subjective wellbeing.

Theories of Happiness

These theories can be categorized in three groups: 1. Need and goal satisfaction theories, 2. Process or activity theories, and 3. Genetic and personality predisposition theories.

1. The first group of theories states that the reduction of tension leads to happiness. This can, for example, be in the form of alleviation of pain or the satisfaction of biological or psychological needs. Omodei and Wearing (1990) found that the satisfaction of individuals' needs was positively associated with the level of life satisfaction.

   Goal theory declares that people reach subjective wellbeing when they attain a desired state or achieve an ideal aim.

2. Csikzentmihalyi (1975) found that people are most happy when they are engaged on lively activities which are commensurate with their capacity. He called the enjoyment experienced "flow", and stated that those who often experience flow are happy people.

3. Magnus and Diener (1991) observed a correlation of .58 between life satisfaction measures obtained over a 4-year interval. Costa and McCrae (1988) found major stability coefficients for affective components of subjective wellbeing over a period of six years. The underlying reason for the stability and consistency of subjective wellbeing is because there is a strong genetic component to it (Diener,

Lucas & Oishi, 2002). The personality traits that are found to relate to subjective wellbeing are extraversion and neuroticism (Diener & Lucas, 1999). Lucas and Fujita (2000) showed that extraversion is closely correlated to pleasant affect; and Fujita (1991) found that neuroticism and negative affect are indistinguishable.

Culture and subjective Wellbeing

The study of cultural differences in subjective wellbeing has found substantial disparities in what makes people happy (Diener & Suh, 2000). For example, self-esteem is found to be less strongly associated with life satisfaction in collectivist cultures than in individualist cultures (Diener & Diener, 1995). Similarly, extraversion is less strongly associated with pleasant affect (Lucas, Diener, Grob, Suh & Shao, 2000). In a similar manner, cultural differences have been noted in the importance of personality congruence, that is consistency across situations and with the inner feelings (Suh, 1994). Collectivists are less congruent than individualists and congruence is less strongly related to subjective wellbeing among collectivists. As demographic variables, like marriage, have different implications in different cultures, these correlates of subjective wellbeing can vary in importance from one culture to another (Diener, Gohm, Suh & Oishi, 2000). Cultural norms can thus change the correlates of subjective wellbeing.

As Diener, Lucas and Oishi (2002, p. 63) have stated: "Interventions to increase subjective wellbeing are important not only because it feels good to be happy but also because happy people tend to volunteer more, have more positive work behavior, and exhibit other desirable characteristics."

2.4.3 Positive Psychology

A turning point in wellbeing research was the formal launching of the positive psychology movement by Martin Seligman in the year 2000 (Seligman & Csckszentmihalyi, 2000). Positive psychology was defined as the "scientific study of positive experiences and positive individual traits, and the institutions that facilitate their development" (Duckworth, Steen & Seligman, 2005, p.1).

As a rationale for proposing positive psychology, Seligman argued that psychologists were only attending to the needs of 30% of Americans who had some mental illness, neglecting the other 70% (Seligman, Parks & Steen, 2004). To him, we should turn to the positive aspects of psychology and make it become a study of strength and virtue (Seligman, 1999). Moreover, it is known that people desire wellbeing in its own right and that wellbeing is the best weapon against mental disorder (Seligman, 2008). Seligman strongly believed that positive psychology can boost character building in order to avoid problems like depression, substance abuse or school violence (Seligman & Csckszentmihalyi, 2000). Indeed positive psychology, he said, should be viewed as the scientific study of wellbeing and optimal functioning.

Positive psychology has attracted a substantial amount of both appreciation and criticism. Yet, the movement is proceeding almost unheedingly, with its momentum unshaken. Positive psychology has found its way into domains like health, psychotherapy, family counselling, education, sports, organisations, management, among others. Positive psychology has benefited from a very good press and its leaders have created a critical mass of academic interest and funding. Public and scientific interest in positive psychology is well maintained and

stimulated (Duckworth, Steen & Seligman, 2005). Since Seligman and Csckszentmihalyi edited a special issue of *American Psychologist* devoted to positive psychology, much has happened in what has become known as the positive psychology movement (Gable & Haidt, 2005). "The field of positive psychology has grown tremendously in the last two decades. Research on positive psychology is led by some of the most eminent professors in psychology, including Mihlayi Csckszentmihalyi, Edward Deci, Edward Diener, Barbara Fredrickson, David Myers, Richard Ryan, Martin Seligman, C.R. Snyder, and Nobel Laureate Daniel Kahneman" (Sachau 2007, p. 378).

2.4.4 Well Being in Later Years

> Wellbeing is more than pleasant emotions; it is a positive and sustainable condition that allows individuals, groups or nations to thrive and flourish. Our concept also encompasses human resilience; …. the ability to develop and thrive in the face of …. adversity is a key element of wellbeing
>
> (F. Huppert, N. Baylis & B. Keverne, 2007 Preface)

The main criterion by which a government is usually judged is progress in the wellbeing of its citizens, including duration of life itself. In life expectancy and in material standards, the 20th century was remarkable. Among Western countries, and to a lesser degree, in developing countries the magnitude of positive change was substantial (Deaton, 2007). During the early second half of the twentieth century, the social indicators movement ushered terms such as *wellbeing* and *quality of life*. Subjective wellbeing, measured as satisfaction, was about the same for different age groups, but slightly higher among older people (National Research

Council, 2000). Is it characteristic for subjective wellbeing to be higher in older people, inspite of their having to face decline and loss in later life?

Old age is a construct of society, and in later years people are faced with barriers set by society itself, like retirement, poverty, loneliness, ageism. But the new millennium has brought longer life expectancy and better health for older citizens, although with disparities for those living in industrialised as opposed to those in developing regions. A new gerontology movement is replacing the study of disease and disability by a popular discourse which "seeks to counteract and replace the old decline and loss paradigm" (Holstein & Minkler, 2003, p. 787).

Recent research has also found strong and consistently high trends of subjective wellbeing in older people. From cross-sectional survey data over the period 1972 to 2004, Yang (2008b) found that older adults in America consistently reported higher levels of happiness than younger and middle-aged adults. On the basis of a meta-analysis of 286 studies, Pinquart and Sorensen (2000) have also found a strong pattern of increasing subjective wellbeing with age. It seems that higher levels of subjective wellbeing in later years have become the norm, but would such levels of wellbeing be enough to resist stressful, threatening, damaging life events?

Common experience of aging involves negative life events as accidents and illnesses, losses and bereavements, crises of adult children, involuntary retirement, moves from a longtime home, and the like. High incidence of such events affects wellbeing. The ability to recover quickly and completely from such misfortunes and challenges demands

resilience. Older people use strategies like 'downward social comparison' (Ryff, 1999) and 'selective, optimization with compensation' (Baltes & Baltes, 1990b) to have the resilience to be able to maintain wellbeing and promote self-mastery.

Moreover, older people have the choice to join the postmodern culture of consumption, provided they have the means, in order to transform their aging body to appear young (Featherstone & Hepworth, 1983). They may thus, at least temporarily, flee old age and its attendant problems.

2.4.5 Aging: From Decline to Wellbeing

Being regarded as old is an unfamiliar challenge. Old age is accompanied by noticeable changes in our bodies. Our capacity to stay in the productive world is in decline. Changes in relationships slowly take place and the signal is that the end of the journey may not be far. We are imperceptibly decaying (Gergen & Gergen, 2006). Moreover, the perception of old age is so negative that this state of being old is disavowed by most older people (Friedan, 1993). The negative image and reputation of being old is carried into everyday conversation. Is this vision the only way that aging can be perceived?

Old age is a changing phenomenon; it is not easy to define. The discourse of aging is born of interpersonal relationships within a given culture at a given time (Hazan, 1994). Age and aging are basically biological, but their meanings are socially and culturally determined (Hareven, 1995). Since Cowdry's first book on the problems of aging in 1939, the substantive focus on old age has kept changing to: research physiological declines, define normal aging as a multidimensional

process, discover the paths to successful aging, and distinguish diversity and heterogeneity aspects of population aging (Kunkel, 2011).

In pre-industrial days, old age was respected and venerated, probably because there were fewer older people around, they held economic power until the end of their life, and the question of paying welfare benefits to them did not arise. This was followed by what Gergen and Gergen called the "Dark Age" of older people, when the individualist tradition and the traditional value of productivity contributed to place those reaching old age at great disadvantage (Gergen & Gergen, 2000, p. 1). Whilst the individualist tradition holding each person to be a free agent capable of making his/her own decisions has been a cultural mainstay of American life, this same tradition restricts focus to the self and threatens ties of intimacy, both in the family and community. As regard the traditional value of productivity, when one retires from the workplace one is sidelined and that person's worth becomes questionable. But when does one reach old age?

In the middle of last century life followed a fixed social template: education, marriage, work. From the 1960's the script held no more. Marriage is postponed or forgone. Big families are rare and childlessness is an option. Education may be spread over the whole life span. The conditions of aging are changing. Old age is no more an offshoot of cultural mainstream; it is changing mainstream society (Gergen & Gergen, 2000). A new era is now dawning whereby aging is being visualized in a different light. Old age can be examined using a range of novel conceptions and practices, through the social constructionist lens (Gergen & Gergen, 2000).

From the social constructionist perspective, there is no one way to describe and explain the world, it is through relationships that such understandings are constructed, people in their social groups create their realities (K. Gergen, 1999; M Gergen, 2001). Different constructions are possible, and these offer possibilities for new patterns of action (Gergen & Gergen, 2003). Constructionist perspectives are catalytic in relation to the concept of aging; they do not adopt the approach of biological and social sciences which highlights the decline of human capacities over the life span. For constructionists, changes in the human aging body do not constitute decline; decline itself is socially constructed (Gergen & Gergen, 2000). "In certain respects this emphasis on decline serves the needs of those professions – scientific, medical, social service, and charitable – that depend on aging-as-a-problem to remain viable" (Gergen & Gergen, 2006, p. 416).

The traditional construction of age as decline is deeply injurious to the wellbeing of older people and needs to be resisted systematically and forcefully. It has been shown that older people who adopt an optimistic approach to life live longer and those with a negative approach die earlier (Gergen & Gergen, 2006). The ever increasing numbers of baby boomers are getting the resources to overturn society's view of the aging process. Their increasing political power and wealth should greatly facilitate such an operation. "But resistance is insufficient. It is one thing to abandon a negative world; the important question is whether we can forge the reality of a positive alternative" (Gergen & Gergen, 2006, p. 3).

Reconstruction of Aging

To achieve positive aging, we need resources to create positive meanings. If society constrains someone reaching old age to forgo things he/she would like, the person must possess resources not only to resist the pull but also to create meaningful alternatives (Gergen & Gergen, 2003).

The course of aging can be reconstructed in more positive ways (Hazan, 1994). The potential of older people to resist the construction of others has increased due to larger numbers of baby boomers along with their stronger economic and political bases. According to Gergen and Gergen (2000), this process of resisting is taking place already. Four areas where this is happening are *agelessness, reempowerment, sybaritic expansion, and the new aging*

Agelessness

The binary of "old" versus "young" has always created a need for reconstruction, the target being the aging body. Gullette, (1997) has termed old age a "psychocultural illness". As a result, freetime available after age 65 is spent in personal care and grooming (Robinson & Godbey, 1997), fighting body fat, graying hair, age spots, yellow teeth and facial wrinkles. Erasing age markers is strongly encouraged by project-making institutions like plastic surgeons, dentists, beauticians, fitness centres and diet centres. "Anti-aging medicine" has now become a branch of medicine. Deterrents to these remedies, however, are the continuous effort and expense required to uphold treatment. Furthermore, there is a point when the miracle treatment does not seem to respond any more. To achieve beauty through the appearance of youth, a powerful multi-million anti-aging industry is actively at work.

Re-empowerment

The individualist tradition leads older people to be no longer in control of their lives. Furthermore, they should no more serve as productive citizens according to the traditional value of productivity. But their increasing economic power and self-organising skills are countering usual societal stand in regard to the individualist tradition and the value of productivity. The desire for control is shown in their wish to stay in their own private dwellings as long as they can (Morris, 1996). Regarding issues of death, they keep control by deciding on the timing of their death, and establishing wills and endowments, and planning their funeral services. In regard to productivity, older people nowadays reconceptualize the notion through voluntary service to society in various capacities.

Sybaritic Lifestyles

Pleasure has become yet another emphasis for the reconstruction of old age. Endowed with the financial means and better health, older people fill their leisure hours with enriching occupations of all sorts. Yet work ethic has always spoken degradingly of pleasure; but the process of reconstruction of old age is transforming this priority.

Impact of the New Aging

The interaction of cultural values, economic conditions, and institutional life had given rise to what Gergen and Gergen (2000) called the Dark Age of older people. Aging was essentially the byproduct of a mainstream culture. Older people were victims of a mechanism over which they had

no control. With the advent of the New Aging, the older generation has started to   challenge   the   construction   of   aging   as   decided   by mainstream culture, and also to evolve its own meaning of aging. They have generated new values of worth, activity, and new conceptions of aging itself.

2.4.6 Summary

Wellbeing is the general condition one has when one is faring well, and subjective wellbeing is wellbeing as defined or assessed by individuals themselves.   Subjective   wellbeing   conveys   significantly   important messages.

It involves experiencing pleasant emotions, low levels of negative moods, and high life satisfaction. Older people experience higher subjective wellbeing than other age groups. They counteract their negative life events by strategies like 'downward social comparison' or 'selective optimization with compensation'.

Positive   psychology   defined   as   the   scientific   study   of   positive experiences   and   positive   individual   traits   is   a   popular   approach   that promotes wellbeing.

With the advent of a new gerontology, negative perceptions of old age are changing focus. Old age is now changing mainstream gerontology.

Old age is being reconstructed through agelessness, reempowerment, sybaritic lifestyles, and the new aging.

2.5   CONCLUSION TO LITERATURE REVIEW

Chapter 2 explored the literature on social constructionism, aging and wellbeing.

The review brought to light the changing meaning of old age and the crucial influence of society in determining such change. The image of old age as frailty and decline hitherto projected is changing.

The important role played by social gerontology to produce this change in outlook needs to be emphasized. In this context, Successful Aging and Positive Psychology are concepts which enable older people to attain higher levels of wellbeing. Similarly, the finding that health, activities, and social relations are important determinants of wellbeing in the life of older people, is capital for policy planning and delivery of services to those concerned. The most important message of gerontology for old age, however, is that research has constantly shown that older adults experience greater life satisfaction than younger or middle-aged adults.

The review also explored the social construction of aging and found that old age is socially and culturally determined. For constructionists, changes in the aging body do not constitute decline. Society's view of the aging process can, and should, be overturned. The course of aging can be reconstructed in more positive ways, provided meaningful alternatives are created. Reconstruction of aging can proceed through rejuvenation of the body, re-empowerment of the older person, or placing emphasis on pleasures of life.

Reconstruction of aging can therefore convert the later years into an adventurous and fulfilling time, despite handicaps or decline. Old age is a time of life that can be beautiful in its own right; it is a question of living positively. "The basic idea (of social constructionism) asks us to rethink virtually everything we have been taught about the world and ourselves" (Gergen & Gergen, 2004, p. 8).

The next chapter presents the methods used to answer the research questions asked in this study.

CHAPTER 3
METHODOLOGY AND RESEARCH DESIGN

3.1   INTRODUCTION AND OVERVIEW

The purpose of this study was to explore how satisfied are the older people of Mauritius with their level of wellbeing and, if necessary, to determine what strategy could be proposed to improve it. The researcher believes that understanding this phenomenon would allow policy-makers to have a better grasp of the problem, resulting in an enhanced service to the older people.   In seeking to probe this phenomenon, the study addressed four research questions:

a)   How the older people in Mauritius view their present state of wellbeing?

b)   Is ensuring wellbeing in old age the responsibility of the person, the family, or the society?

c)   Is society affording the older people what the latter require to satisfy their wellbeing?

d)   What changes should be introduced to enhance the older peoples' wellbeing?

This chapter sets out the research methodology used for the study. It encompasses the following aspects of the research:

(i)   The rationale for the research approach;

(ii)   Social constructionism as a lens for the research;

(iii)   The research sample;

(iv)   The information needed for the research;

(v)   The research design;

(vi)   The methods of data collection;

(vii)   Analysis of data;

(viii) Ethical considerations;

(ix)   Trustworthiness; and

(x)   Limitations of the study

Rationale for the Research Approach

Since the mid-1950's, the most customary research method has been the quantitative method. Quantitative research is "an inquiry into a social or human problem, based on testing a theory composed of variables, measured with numbers and analysed with statistical procedures, in order to determine whether the predictive generations of the theory hold true" (Creswell, 1994, p.1). The quantitative method espouses a positivistic worldview and adopts a deductive approach. This method can handle large amounts of data, which can be manipulated in order to identify sets of variables and arrive at generalisable results. But in the process, rare occurrences may be sidelined. Moreover, quantitative methods do not generate very rich data. The intent of quantitative research is limited to testing hypotheses in order to establish facts and identify relationships between variables. For the purpose of this study, the researcher therefore concluded that a quantitative method only would not be able to produce the rich data necessary to address the research questions.

To engage in this investigation, a qualitative method seemed to be desirable, as well. From a constructionist standpoint, qualitative methods deal with the way interactions in the sociocultural world are experienced, interpreted and understood within their context at a given time. In focusing on a social situation, qualitative research allows the researcher to explore the world of others and to access a more holistic understanding of phenomena (Bogdan & Biklen, 1998; Merriam, 1998; Patton, 1990; Schwandt, 2000). Furthermore, qualitative methods aim at thick descriptions and discovery, with a view to identifying and uncovering the meaning of experience (Denzin & Lincoln, 2003; Merriam, 1998). It is the researcher's view, therefore, that the following assumptions and main features of qualitative method fit appropriately with this study:

- Concern with understanding of action and events;
- Focus on an elaborated knowledge of the context;
- Acknowledge the interaction between researcher and participant;
- Take an interpretive stance; and
- Allow for design flexibility.

However, for the purpose of this study, care has been taken not to develop an overreliance on either the quantitative or the qualitative method; both methods have been utilised. Developments in the field of research design over the last two decades speak highly of mixed methods. Tashakkori and Creswell (2007, p.4) have defined mixed methods as "research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or a program of inquiry."

In quantitative research, the objective is to verify the hypothesis, and the research questions are seen to be fixed (Pedhazur & Pedhazur Schmelkin, 1991). The question is about dimension of the effect and, therefore, countable. In qualitative research, however, research questions may be dynamic, evolving in the course of data collection, and analysis. They do not test expected outcomes but explore and explain the nature of phenomena. Interpretive questions are subject to adaptation and modification, and can completely change if initial assumptions show to be imprecise or incorrect (Creswell, 2003). Mixed methods, involving both quantitative and qualitative approaches, are best suited when the objective of the research is to know both what is happening and how or why it is happening the way it is. In mixed methods research, qualitative data inform quantitative data analysis, and quantitative data provide useful clues in interpreting information obtained from qualitative inquiry (Sosulski & Lawrence, 2008).

It has been stated that biases from each of the two methods can be tempered by mixing methods; numbers and generalisation from quantitative method coupled with rich context of lived experience from qualitative method can produce results distinct from anyone method alone (O'Cathain, Murphy & Nicholl, 2007; Teddlie & Tashakkori, 2003). To Greene, "… a mixed method's way of thinking actively engages us with difference and diversity in service of both better understanding and greater equity of voice" (Greene, 2008, p.20). Indeed, mixed method has today emerged as a third methodological movement (Creswell & Plano Clark, 2007).

After due consideration of these advantages, the researcher decided to adopt a mixed methods approach for the present study.

Rationale for a Social Constructionist Lens

Whilst the literature review (Chapter 2) provided a brief survey of research on social construction, the present section explains the rationale for the use of social constructionism as a lens for this study. "…(W)hen properly extended, constructionist arguments contain enormous potential for the human sciences" (Gergen, 1994, p.54). In what follows, is a brief history of the development of social constructionism which lends support to this decision by the researcher.

Beginning with the work of Kurt Lewin - 1951, social psychology increasingly adopted the experimental method, which rose to prominence with the founding of the Society for Experimental Social Psychology in the mid-1960's, and continues to this day. (See the *Journal of Personality and Social Psychology*, the major journal of the field in the United States, as evidence of the predominance of the experimental method). Challenges to this hegemonic research form began in the mid to late 1960's; at that time, the field experienced a crisis of confidence on methodical grounds in the mid 1960s (Baumrind, 1964). The major thrust came in the form of Kenneth J. Gergen's classic article, *Social Psychology as History* (1973), and led to what was then called "the crisis in social psychology." Gergen argued that rather than discovering general laws of human functioning, social psychologists were studying the behavior of people at a specific time and place in the world, and that these activities should not be labeled as lawful or universal. This argument created turmoil, which was subsequently suppressed, primarily for matters of convenience and a growing identity in the field that could not tolerate the disarray that such an approach would generate. Thus, the "crisis" was stifled, and business went on as usual. Fundamental change

in theoretical orientation came with Harré and Secord's (1972) arguments grounded in Wittgensteinian philosophy of language. They argued for a turn to discourse as a significant field of study. Other authors emphasized the political significance of doing quantitative work, and suggested how qualitative inquiry was more in keeping with social values that stressed emancipatory goals and interpersonal harmony (Israel & Tajfel, 1972). The role of language in action and experience has transformed the study of social science. Research on discourse, text and social construction has inspired work across various disciplines.

> "With a fundamental alteration in the grounding rationale, we may anticipate a revolution in theoretical activity, new forms of investigation, fresh proposals concerning what it is 'to practise' science, innovative forms of advanced training, and a rejuvenated sense of professional significance."
>
> (Kenneth J. Gergen, 1982, p. 209)

One of the key contributions of constructionism, in all its forms, in psychology is that it draws attention to the way discourse works ideologically (Parker, 1999). Constructionism has revolutionized the role of language in psychology (Burr, 1999). Academic recognition has been gradually forthcoming to the effect that discursive perspectives are valid alternatives to cognitive approaches (Pujol & Montenegro, 1999).

Social constructionism challenges empiricist accounts of knowledge and all authoritative claims about the nature of the world (Gergen, 2001). Constructionist accounts can help to challenge positivist reductionist science, especially in psychology where constructs like "intelligence", "personality" and "mental illness" are used to divide, discipline and

oppress people; constructionist thought can even be empowering (Willig, 1999). Social constructionist theory and research has been used in various ways to challenge oppressive and discriminatory practices, in areas like gender, sexuality, disability, or race (Burr, 2003); social constructionism has succeeded to a great extent in challenging oppressive and hegemonic practices in mainstream psychology (Nightingale & Cromby, 1999). Hence, the relevance of this approach to our study in the fate attributed to older people by society, community, and family.

The method to be adopted needs to be according to conventions shared within the community concerned. The constructionist approach is to be open to multiple traditions, each with its proper view of knowledge and methodology. Our choice of research method will therefore be consonant with the way we understand the world. The constructionist approach has given rise to important developments in methodology: the present "revolution in qualitative research" can be ascribed to constructionist thought (Gergen, 2001; Burr, 2003).

Our choice of mixed methods together with a social constructionist lens for this study therefore appears to be an appropriate match for this research on the wellbeing of older people.

3.2 OVERVIEW OF THE STUDY

The present study proceeded in three phases: Phase I being a Questionnaire Survey, Phase II a set of Semi-Structured Interviews and Phase III the Critical Incident Technique. In Phase I, 244 male and female participants, randomly selected by the Ministry of Social Security from the official list of 151,540 recipients of Basic Retirement Pension (age 60

years and above) were identified. They were selected from all the nine official districts of the country; for the purpose of statistical convenience, the most populated district counted as two. The participants therefore represented ten geographical regions comprising the whole country, including both urban and rural areas. The Survey was carried out by the field staff of the Ministry of Social Security in early 2009. In Phase II, twenty four participants were chosen through purposive sampling among Senior Citizens' Association Leaders, including male and female, from all the ten areas of the country. Phase III was a Critical Incident Technique study carried out simultaneously with the Phase I of the research. Phase III enquired about setbacks in life and suggestions to improve wellbeing of older people.

The data needed for the study were derived from the research questions. Data collected in Phase I were subject to descriptive statistical analysis, data from Phase II were coded for qualitative analysis and synthesis, and data from Phase III were useful to better understand information obtained in Phase I and Phase II.

Triangulation

Borrowed from surveying, triangulation is the term used for the potential to "know more" about some phenomenon through the use of different research methods. Triangulation is thought to be the oldest and most acknowledged form of mixed methods research (Creswell, Plano Clark, Guttman & Hanson, 2003; Jick, 1979). Triangulation has been defined as an epistemological claim concerning what more can be known about a phenomenon when the findings from data generated from two or more methods are brought together (Bryman, 2004; Greene, Benjamin &

Goodyear, 2001; Kelle, 2001); such claim refers to the "outcomes" of the research.

There exist various conceptualisations of triangulation. It initially referred to the accuracy of measurement of a phenomenon when the findings of two or more research methods are compared. Similar results would indicate accurate measures, whilst divergent results would denote flawed measurement instruments (Campbell & Fiske, 1956). Unavoidable biases in each method were assumed to offset each other (Webb, Campbell, Schwartz & Secherst, 1966); the possibility of different methods having similar flaws was ignored (Fielding & Fielding, 1986). This "increased validity" model of triangulation placed confidence in convergent findings.

However, regarding projects mixing qualitative and quantitative methods, objections appeared on the grounds of paradigmatic differences about the nature of social reality, to interpret convergence as an indicator of validity (Lincoln & Guba, 1985; Smith & Hershusius, 1986). Instead of validation of measurement, triangulation was conceded to reveal the different dimensions of the phenomenon being studied, and enriching understanding of the complex nature of the social world. This view now replaces the issue of flawed measurement by the idea that different results reflect different aspects of the phenomenon, generating complementarity (Greene, Caracelli & Graham, 1989). This has become a common way mixed methods are triangulated.

But some scholars opt for an intermediate approach, rejecting the "increased validity" claim, acknowledge the meaning of methodological paradigms, but accept triangulation as generating more knowledge about

the phenomenon (Sale, Lohfeld & Brazil, 2002). Other researchers, instead of emphasising ontological complexities of social phenomena, adopt the approach that social phenomena operate on different levels: structure and agent (Boaler, 1997; Hartnoll, 1991; Kelle, 2001; Nash, 2002). Multiple methods are therefore judged necessary to produce robust sociological explanations of the social world.

Since it was introduced in the social sciences, the meaning of triangulation has evolved and expanded. Whilst still retaining an epistemological claim for the outcome of mixed methods, triangulation is less concerned with validity of findings, but more with the multiplex nature of the social world (Fielding & Fielding, 1986). Convergence and divergence of findings have therefore withdrawn to back-stage.

The trend followed by present leaders of mixed methods research is to adopt theoretical positions challenging philosophical divisions between different methods. The main argument for using mixed methods is technical rather than epistemological (Bryman, 1988; Greene, Caracelli & Graham, 1989; Tashakkori & Tedllie, 2003).

3.3   THE RESEARCH SAMPLE

This study took place on an island called Mauritius in the Indian Ocean, off the south east coast of Africa. Mauritius is a small island (1865 km^2) with a very dense population (1,286,000 inhabitants as at end 2011), of which 11.8% or 151,540 persons are aged 60 years and above, and thus able to draw universal basic retirement pension. This pension scheme existed well before the country's independence over fifty years ago, and forms part of a welfare state package comprising free education, free

health services, and other allowances for widows, orphans and the destitute. In view of its limited area, the whole island served as an appropriate site for the study. The island is subdivided into ten geographical areas.

Everyone over 60 is registered with the Ministry of Social Security as all of them draw a basic retirement pension. Furthermore, the record of each pensioner was available at the District Office in the area where he/she lived, making it possible to draw random samples in each area. The sum total of these samples thus formed a national random sample appropriate for use in a questionnaire survey (Phase I).

Such a sampling method controls for selection bias and enables generalization from the sample to the larger population. Out of the 250 questionnaires distributed through the Social Security Office of each area, a total of 244 were filled and returned. For this survey, the services of 10 Social Security Officers were hired, and they were paid a remuneration, to personally survey 25 respondents each in his/her area. This team covered the entire country and worked under the supervision of their Head of Division. The high number of questionnaires completed is due to the staff being motivated to complete the assignment so as to receive payment.

For Phase II of the study, purposive sampling was done (Merriam, 1998; Patton, 1990, 2002;). In contrast to random sampling, purposive sampling aims at information rich cases, so as to obtain a fuller insight and understanding of the phenomenon being studied. For the qualitative researcher, each research setting is unique, and his/her objective is to describe the particular context in-depth. The priority here was to select

participants who could provide full and clear information about themselves and their setting. Purposive sampling was therefore a key feature of this qualitative research project. For Phase II of the study, a purposive sampling of 24 participants was done, including male and female, from all the ten areas of the country. All the participants fulfilled the criterion of being a recipient of basic retirement pension, in addition to being the Chairperson of their Senior Citizens' Association and two being Managers of Old Peoples' Homes. These persons were identified to be interviewed, as they were believed to possess expert knowledge of the issue being studied.

The forms used to collect information for the Critical Incident Techniques in Phase III were distributed together with the Questionnaire Survey forms in Phase I. Data obtained regarding critical incidents were analysed separately. The results were used to compare/corroborate/explain data obtained in Phases I and II of the study.

3.4   OVERVIEW OF INFORMATION NEEDED

In order to understand how to enhance the wellbeing of older people in Mauritius, the four research questions as at Section 3.1 were investigated. Both the questionnaire survey in Phase I and the series of in-depth interviews in Phase II were framed to elicit information designed to answer the research questions, with a view to understanding the problem under study. The information sought generally fell under the following categories:

Contextual

Contextual information refers to the context within which the participants reside or work. It includes the geographic region (e.g. urban or rural), type of residential arrangement (e.g. own housing or living as an extended family with grown up children) and the general setting in which the participants spend their time.

Demographic

A participant's profile may explain what underlies perceptions or differences in perceptions. Some particular data may help to understand a finding. Information regarding participants' origin, ethnicity, age, gender, health, education and income were collected. Such information was useful in the analysis of the questionnaire responses. A summary thereof was compiled.

Perceptual

Perceptual information refers to participants' perceptions related to the subject of enquiry. Interviews being an important method of data collection in the present study, perceptual information is the most critical of the kinds of information needed. To a great extent, perceptual information helps to uncover participants' decisions made during their lifetime.

3.5   RESEARCH DESIGN

The flowchart at Fig 4 illustrates the steps involved in the research design for the study. Prior to data collection, a selected literature search was carried out to learn about the findings of other writers and researchers about the topics of aging and wellbeing. The study was carried out in three successive phases, the first phase being a questionnaire survey mainly to elicit demographic and perceptual information, the second phase being a series of in-depth semi-structured interviews and the third phase being the Critical Incident Technique. Phase I was preceded by a pilot study, which showed the questionnaire to be too lengthy, as well as a need to reposition certain questions. The survey was accordingly modified. Participants for Phase I (N=250) were randomly selected district-wise. For the interviews in Phase II, a stratified selection of participants (N=24) was carried out, outside the first group. All data from the interviews were cross-checked by an independent Master-level person. Transcripts were prepared from the interview responses, followed by systematic coding and extraction of coherent and consistent descriptions and themes. The Critical Incident Technique in Phase III (N=250) proceeded alongside Phase I, but the data were examined separately.

Figure 4

Flow Chart of Research Design

3.6 DATA COLLECTION

Triangulation confers rigour, breadth and depth to the enquiry and furnishes corroborative evidence of the data (Creswell, 1998; Denzin & Lincoln, 2000). By combining methods, triangulation strengthens the study. For these reasons, different data collection methods were used in this study, viz. questionnaire survey, in-depth interviews, and critical incident technique.

Phase I: Questionnaire Survey

A questionnaire comprising 66 questions based on the research questions and 10 profile questions was used for the survey (Appendix 1). The questions were written in simple and clear language. Care was taken to avoid culturally shocking expressions, like asking a widow if she is living with a man.   The questionnaire contained a reasonable number of questions to elicit the information required, but not too many. Questions covered issues which usually preoccupy older people: health and disability, housing, income and pension, work and retirement, ageism, security, gender, activities and leisure, religion. Questions also related to Government policies in respect of older people.   The literature review provided important clues to help formulate the questions.

The participants (N=250) were randomly selected from lists of beneficiaries of basic retirement pension available in each of the ten geographical areas of the country. Officials of the Social Security Offices helped with the filling in of the questionnaires. 244 questionnaires, duly completed, were returned.

The main advantage of survey research is its capacity to collect a host of data from participants in a short time (Nelson & Allred, 2005). As a method, it is unobtrusive and its administration and management are relatively easy (Fowler, 1993). It is a choice method when opinions, for example beliefs, attitudes or values, are required from already identified people (Miller 1986). However, the ease with which each step in survey research can be done carelessly constitutes this method great weakness, as it may lead to biases and invalid results (Nelson & Allred, 2005). However, surveys are not appropriate to probe into intricate social

relationships. The methodological design of our study incorporated the survey as a useful complement to the other methods of data collection used.

Phase II: Interviews

In keeping with the qualitative research tradition, the interview served as the leading method for data collection in this study. Atkinson and Silverman (1997) have stated the view that interviewing is the central resource through which contemporary social science engages with issues that concern it. Briggs (1986) for his part has estimated that 90 per cent of all social science research employs interviewing. And Holstein and Gubrium (1995 p.4) have asserted that "all interviews are reality-constructing, meaning-making occasions, whether recognized or not."

The interview method was selected for this study because it has the capacity to elicit rich, thick descriptions and it offers the possibility to clarify statements and probe for further information. In-depth individual interviews enable the researcher to capture a participant's perspective of an event or experience (Creswell, 1994; Denzin & Lincoln, 2003; Marshall and Rossman, 2006).

The interview has been recognized as an important tool in qualitative research (Kvale, 1996; Merriam, 1998; Seidman, 1998). It is described by Kvale (1996, p.1) as an "attempt to understand the world from the subject's point of view, to unfold the meaning of peoples' experiences, to uncover their lived world …." A view shared by Patton (1990, p. 278) who states that "qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made

explicit." For these important reasons, interviewing was chosen as the principal method for collecting data from the older people regarding their experience of aging and wellbeing.

However, the interview method also has a number of weaknesses. For example, not all participants in the study are cooperative, articulate and perceptive. In addition, conducting interviews needs certain skills. Furthermore, interviewing as a research method is far from neutral; it involves interaction among the researcher, the interviewee and the context (Fontana & Frey, 2003; Rubin & Rubin, 2005; Schwandt, 1997). These possible weaknesses were always borne in mind in the various phases of the interviews, so as to minimise their effects.

Interview Questions

The four research questions set out in Section 1 served as a framework to develop questions for the interviews. The matrices thus formed were discussed with doctoral colleagues as a pilot testing, and their comments incorporated in the final schedule of interview questions, a copy of which is at Appendix 2. Advice contained in Rubin and Rubin (2005) served as guidance for the framing of the questions. It was borne in mind that these questions would serve as a general guideline only, other questions and prompts intervening during the interviews. The series of questions prepared for the interviews revolved around the core ideas of how the participants rated their wellbeing, what they would consider as ideal wellbeing, how society was treating them, and what they considered missing.

Interview Process

After being identified from each of the ten geographical areas of Mauritius by officials of the Ministry of Social Security, the prospective participants were contacted by telephone to fix an appointment for the interview. The interviews were held during the month of December 2011. Before the start of each interview the purpose of the study was explained to each participant and each was asked to read and to sign the consent form (Appendix 3). All interviews were tape-recorded, and the audio tape transcribed verbatim at the end of each interview. In cases where interviews were conducted in a language other than English, translation into English was carried out.

Phase III: Critical Incident Technique

The Critical Incident Technique (CIT) is a method consisting of a series of procedures to collect, content analyse, and classify observations of human behavior (Gremler, 2004). Chell (1998) described the method as follows:

> The critical incident technique is a qualitative interview procedure which facilitates the investigation of significant occurrences (events, incidents, processes, or issues) identified by the respondent, the way they are managed, and the outcomes in terms of perceived effects. The objective is to gain understanding of the incident from the perspective of the individual, taking into account cognitive, affective, and behavioural elements (p.56)

Britner, Booms and Tetreault (1990) defined an incident as an observable human activity complete enough to admit inferences and predictions to be made about the person doing the act. They also described a critical incident as an occurrence that contributes significantly, positively or negatively, to a phenomenon.

The CIT method was brought to social science by Flanagan over 50 years ago (Flanagan, 1954). His research focused on effective and ineffective work behaviours. Few changes have been brought to the detailed description of the purpose and processes of the method he then proposed. When the stories are collected, content analysis proceeds. A frame of reference to describe the incidents, with main and sub categories, is created. Contents of the stories are analysed to identify data categories that summarise the incidents. The objective of the content analysis is to identify the frequency and patterns of factors that affect the phenomenon being studied.

But the CIT method has been used in a wide range of disciplines since. CIT-generated data are either used in combination with other methods, or are analysed in an interpretive fashion, or examined using the content analytic method. However, the CIT method has clearly been accepted as a legitimate method (Gremler, 2004).

The CIT method has been acknowledged to have a number of strengths and advantages. The data collected are in the respondent's own words and fully reflect the latter's perspectives (Edvardsson, 1992). This is a rich source of data which the respondent decides upon freely (Gabbott & Hogg, 1996). Respondents are asked to recall specific events and they

are free to reply using their own terms and language (Stauss & Weinlich, 1997).

The CIT method is inductive in nature and is therefore useful (a) when the topic to be researched has been sparingly documented (Grove & Fisk, 1997), (b) as an exploratory method to acquire knowledge about a little-known phenomenon, or (c) when a full understanding is desired to explain a topic (Bitner, Booms & Tetreault, 1990). The CIT method can be expected to produce an in-depth record of events (Grove & Fisk, 1997) and it can be used as a comparison research method in multi-method studies (Kolbe & Burnett, 1991). This method can produce rich data firsthand (Bitner, Booms & Mohr, 1994) and it is very appropriate to assess perceptions of participants from different cultures (Stauss & Mang, 1999).

In spite of its considerable benefits, the CIT method has also received a few criticisms by scholars. Problems of reliability and validity have been raised (Chell, 1998); stories can be misinterpreted or misunderstood (Edvardsson, 1992; Gabbott & Hogg, 1996) and ambiguity may arise with category labels and coding rules (Weber, 1985). A second problem has been highlighted arising out of the naturally retrospective characteristic of the method. The design of the method may be flawed by recall bias (Michel, 2001), through consistency factors or memory lapses (Singh & Wilkes, 1996), or faulty reinterpretation of the incident (Johnston, 1995). A third issue is with the time and effort required of the respondent to remember and describe a critical incident; respondents may not be accustomed or willing to tell a complete story of the incident and therefore a low response rate may be obtained (Johnston, 1995).

The critical incident technique was used in the present study for the purpose of corroborating survey and interview data, and to complement these as well. The technique may disclose perceptions not shown by survey and interview themselves.

For the present study, the critical incident instrument was developed and field-tested along with the survey questionnaire in Phase I. Minor revisions were brought into a final critical incident form (Appendix 4). The form was distributed to the 250 participants in the survey.

The instrument asked respondents to (i) report disturbances, misadventures or disappointments that they had experienced during the process of aging and (ii) to suggest proposals to improve the aging process in future. The purpose of the Critical Incident Technique was to highlight any extraordinary and unexpected happening in the participant's life which intruded into what should normally be a natural and happy aging process. Examples are a crippling road accident, a life-threatening disease like AIDS, the death of an only child or a spouse, the loss of a family fortune leading to abject poverty, homelessness due to rejection by family and society. Such occurrences are likely to impact on wellbeing in later years. Participants in the survey (Phase I) and interview (Phase II) could be reluctant to speak of such happenings. Hence, the need to elicit such information through the Critical Incident Technique.

244 completed critical incident forms were received. These served as a cross check on information received from the survey and the interview, and provided valuable information about participants' level of wellbeing.

3.7   DATA ANALYSIS

The quantitative method converts data into numbers for analysis. Responses to the questionnaires sent out in the survey (Phase I) were accordingly converted and the results tabulated for examination. The trends were noted for comparison/corroboration with the interview results (Phase II).

Qualitative analysis determines patterns, themes, relationships, and assumptions that illuminate the research about the participants' view of the world and in particular about the topic being studied (Mc Cracken, 1988). The challenge in data collection and analysis in this study was the mass of data involved, as is the case for qualitative enquiries generally.

The initial step was to read the interview transcripts, observation notes and documents to be analysed (Dey, 1993). At the same time ideas were sorted into themes/categories so as to provide "layers of analysis" to help interpret the broader meaning of the data (Creswell, 1998, p.36). To allow for comparability of interviews, analysis started post data collection (Maxwell, 1996).

Data analysis per se started with reducing of data by classifying patterns and themes, describing instances, and arranging data into categories to enable a wider interpretation of the information. The categories comprised situations, happenings, events, and instances that represented participants' experiences (Strauss & Corbin, 1990). The classification entailed examining the data for cues, repeated patterns or instances, and organizing and reorganizing the data until broader themes/categories were developed (Mahrer, 1988). Alphanumeric codes were allotted to the

themes/categories forming a conceptual framework. The different themes/categories were written on appropriate colour code flip charts affixed to the wall. All data from the transcripts were thus assigned.

The coding operation breaks the interview into 'meaningful units', thus exhibiting the constituents; synthesis on the other hand brings the elements together into an integral piece of information. The purpose of the operation was to identify clusters, patterns or themes that were linked in some way, and could help to define the topic of study. A three-layered process was used to complete the analysis:

a)   an intra-category examination of patterns;

b)   an inter-category analysis; and

c)   a comparison of the present study with prior research in the same field.

The third research method used in this study was the Critical Incident Techniques (Phase III). It was used as a comparison research method in this multi-method study (Kolbe & Burnett, 1991). As it is also appropriate to assess perceptions of participants from different cultures (Stauss & Mang, 1999), it served the purpose of this research in Mauritius which has a multi-cultural population. The replies obtained in the participants' own words shed further light on information gathered in the previous two phases of the study.

3.8   ETHICAL CONSIDERATIONS

Adhering to ethics in performing research studies is an essential aspect of the enterprise. Protection of all participants in the research is a normal

duty of the researcher (Berg, 2004; Merriam, 1998; Schram, 2003). The latter is bound to minimize potential harm to participants.

In social science research, participants need to be informed about the purpose of the study and about their own rights, and to be protected through confidentiality of information. Further, because of its emergent and flexible design, qualitative research calls for precautions regarding ethical issues in all phases of the research. Although it was not foreseen that any serious ethical problem could arise for participants in our study, various safeguards were resorted to as follows:

(a)   Informed Consent Form was signed by each participant, after the content thereof was fully explained;

(b)   In the reporting and dissemination of data, the rights and interests of participants were upheld;

(c)   All names and identities were kept confidential;

(d)   Strict security measures were taken for the storage of all research record materials, and access thereto limited to the researcher.

3.9   ISSUES OF TRUSTWORTHINESS

In quantitative research, trustworthiness is evaluated through _validity_ (the degree to which something measures what it purports to measure) and _reliability_ (the consistency with which it measures it over time). In qualitative research, efforts are also expected of the researcher to address trustworthiness issues. Believing that other criteria should be used to

assess the trustworthiness of a qualitative study, Guba and Lincoln (1998) proposed the terms *credibility, dependability, confirmability, and transferability*. Irrespective of the terms chosen for qualitative research, potential biases introduced at the design, implementation and analysis stages have to be attended to.

Credibility

Credibility indicates how accurate and credible are the findings from the point of view of the researcher, the participants and the reader. It forms a major requirement of the research design (Creswell, 2003; Creswell & Miller, 2000; Miles & Huberman, 1994). With the aim of testing the validity of the conclusions of the study, credibility is concerned with both methodological and interpretive validity (Mason, 1996).

Ensuring methodological validity requires that the method used for the study be fully in consonance with the research questions and the explanations it is expected will be forthcoming. To maximize methodological validity therefore the appropriate relationships must be ensured between the research design components: the purpose of the research, the conceptual framework, the research questions and the methods. Interpretive validity, on the other hand, is concerned with how valid is the data analysis and the explanation based on it. This type of validity focuses on the quality and rigour of analysis and interpretation.

In the present study, methodological validity was enhanced by the triangulation of both data sources and data collection methods. Multiple sources and multiple methods brought a richer picture of the phenomenon being studied. To safeguard interpretive validity, a mixture of strategies

was utilised. At the very beginning of the study, the assumptions of the researcher were identified. Journal writing was used to assist interpretation. A few participatory and collaborative approaches have also been used to ensure better understanding of the phenomenon being studied and achieving an adequate reflection of the participants' realities in the findings. To reach the desired objectives, searching for discrepant evidence, peer review, and discussing with professional colleagues were resorted to.

Dependability

Instead of seeking for reliability, which traditionally means the possibility of replication of research findings, qualitative research looks rather for whether the findings are consistent with, and dependable on, the data collected (Lincoln & Guba, 1985). In qualitative research, the researcher is not expected to eliminate inconsistencies but to be able to understand when these occur. He/she therefore has the responsibility to document fully all procedures used and to show that coding schemes have been used consistently.

For the purpose of this study, inter-rater reliability was introduced by getting colleagues to code a few interviews (Miles & Huberman, 1994). Coding was found to be consistent, except in a few rare cases, where the data were subsequently reviewed and interpretation reconciled. An audit trail was also maintained that recorded details of the author's thinking and showed choices about decisions arrived at during the research. That was made possible through the use of a journal.

Confirmability

The counterpart to the concept of objectivity in quantitative research is termed confirmability in qualitative approach. Confirmability is proof that the findings emanate from the research and are not the outcome of the subjectivity or bias of the researcher. The decision trail in the research process has therefore to be exposed to public scrutiny, so that the data can be traced back to their origin. In the present study, the audit trail used to illustrate dependability, the journal, and all transcripts offered the reader a possibility to scrutinize the findings.

Transferability

Participants for the Questionnaire Survey (Phase I) and the Critical Incident Techniques (Phase III) were randomly selected. Additionally, selection of participants for the In-depth Interviews (Phase II) ensured the aspect of randomness from the point of view of location and sex. The study results can therefore be considered generaliseable to the entire island population.

However, this study was not meant to achieve generaliseability in other contexts. Consideration could be given to its transferability (Lincoln & Guba, 1985), that is whether and to what extent the phenomenon being studied in this particular context can transfer to another particular context. Paton argued for the idea of "context-bound extrapolations defined as speculations on the likely applicability of findings to other situations" (Patton, 1990, p.489 – 491). It has further been argued that qualitative research can claim relevance in a broader context on the basis of depth, richness and detailed description (Schram, 2003). In this study,

transferability was addressed by providing thick, rich descriptions of the participants, and the context.

3.10 LIMITATIONS OF THE STUDY

The intrinsic characteristics of qualitative research methodology bring potential limitations in its usage. The present study has limiting conditions both related in general to qualitative research methodology and inherently to this study's research methodology. Ways have been carefully thought out to identify such limitations in our study and to minimising their impact.

Researcher subjectivity can be a serious limitation in qualitative studies, because analysis heavily relies on the thinking and choices of the researcher. As researcher bias impinges on the framing assumptions, interests, perceptions, and needs, it is of utmost concern to our research. A key limitation of this present study is the subjectivity and potential bias of the researcher, being himself a full-fledged member of the category of people being studied in this research.

Another important limitation was what Maxwell (1996) termed participant reactivity: the interviewees responding with uneasiness to the researcher as the interviewer. As some of the participants already knew the researcher, their replies may have been influenced by their wish to please or to tell the researcher what they felt he would like to hear. On the contrary, some among them might have been on their guard because of the familiarity, leading them not to be open and frank in their responses. But, in spite of assurances given, some feared retaliation and would not speak against government policies. However, in certain cases,

prior relationship let participants to develop trust and therefore speak more freely.

The researcher was fully aware of these limitations and all throughout the research procedures took precautionary measures to abate their impact. At the very outset, the research agenda for this study was declared and researcher's assumptions stated. Coding schemes, documents and transcripts were scrutinized by advisers. To reduce potential bias and maintain confidentiality, participant names were removed from interview transcripts. Although no definite solution was found to the problem of participant reactivity, the researcher continuously kept in mind the need to address the issue. Every effort was made to reassure participants and to create an environment free of all doubts, misconceptions or fear. Honest and open dialogue was always the objective.

3.11   SUMMARY

This chapter contained description of the research methodology used for the study. Mixed methods were used to enquire into the phenomenon of wellbeing of older persons and possible ways to enhance it. Data were collected through a questionnaire survey in Phase I (N=244), semi-structured interviews in Phase II (N=24), and critical incident technique in Phase III (N=244). The data were analysed within the context of existing literature and in the light of emergent themes. Credibility and dependability of the research were safeguarded through appropriate strategies, including source and method triangulation.

A literature review preceded the erection of a conceptual framework for the design and analysis of the study. After analysis, key themes were

identified from the findings. Keeping in view existing literature on the topic, interpretations were made, conclusions drawn, and recommendations offered for enhancing the wellbeing of older persons and for further research/action. The intent of this study was to have a better understanding of the phenomenon of wellbeing in regard to the older persons in Mauritius. It is also expected that the findings of this study will be useful in drawing up future policies targeting the wellbeing of the older persons.

This chapter has provided an outline of the methodology used for this research study. In the next chapter, we shall proceed with the description and the analysis of the data collected.

CHAPTER 4

FINDINGS

4.1   INTRODUCTION

The purpose of this study was to explore the state of wellbeing of the older people of Mauritius. The study proceeded first to identify how satisfied these people were with their level of wellbeing, and what they considered as lacking, if anything. The researcher believed that an understanding of this state of affairs would enable policy-makers to adopt a clearer perspective when considering measures to enhance wellbeing of older people in the country.

This chapter presents the key findings obtained from a questionnaire survey (N = 244), a Critical Incident Technique (CIT) study to allow the same respondents to express their views freely about wellbeing, and a series of 24 semi-structured interviews. Information obtained from observation during the interviews is also utilized to corroborate/compare with the other findings. Figure 5 outlines the process adopted for the analysis of the data with a view to arriving at the findings.

Figure 5

Process for Data Analysis

STEP I

STEP II

STEP III

STEP IV

It will be observed from Figure 5 that results from the survey and the CIT study are separately analysed and then merged with results from the interviews. The following sections explain in detail the procedures followed for the analysis of the raw data from the survey, the CIT study, and the interviews, and set out the results from such analysis.

4.2   A MIXED METHODS STUDY

The term *mixed methods* has been defined as "research in which the investigator collects and analyses data, integrates the findings, and draws the inferences using both qualitative and quantitative approaches or methods in a single study or a program of inquiry" (Tashakkori & Creswell, 2007, p. 4). This approach is increasingly popular in research designs, and mixed methods have become more a topic of academic discussion than a new technique (Tashakkori & Teddlie, 2003). Although qualitative and quantitative methods originate from different paradigms (Lincoln & Guba, 1985), it is possible to synthesize their findings (Healy & Stewart, 1991) to obtain a better understanding of wellbeing in old age. Relying on either methodology in isolation limits the breadth of data, ideas, and even people available to be studied.

However, the central issue of mixed methods research has become the integration of qualitative and quantitative data (Creswell et al., 2003; Teddlie & Tashakkori, 2006). Among the various approaches available, researchers have to choose a strategy that is compatible with the timing of the collection of the two data sets. In sequential mixed methods studies, qualitative and quantitative data are collected in two phases, and *iterative* integration approaches are used that emphasize connections between the study's phases (Greene & Caracelli, 1997). But in concurrent studies,

researchers collect, analyse, and integrate the two data sets within one phase of research to provide corroborating or complementary information (Creswell et al., 2003; Greene, Caracelli & Graham, 1989; Teddlie & Tashakkori, 2009).

Integration of the two data sets within a concurrent design is described as *merging* (Creswell & Plano Clark, 2007); and its value surpasses the mere summation of qualitative and quantitative evidence (Plano Clark, Garrett & Leslie-Pelecky, 2010). A common strategy to merge qualitative and quantitative data is to present and interpret the two sets in the conclusion (Creswell & Plano Clark, 2007).

In the present research, the questionnaire survey, the CIT study and the interview results were analysed separately. Data from all the sources have been seamlessly woven to provide an overall integrated and holistic presentation of the findings in the conclusions.

In this constructionist study, the researcher cannot be neutral. The researcher himself becomes the data-gathering instrument whose listening, observing and understanding are crucial. There are therefore multiple ways of interpreting data. All throughout this study, the subjective nature of qualitative research was kept in view. It is also the case that the choice of questions, instruments, scales and topics are chosen by the researcher, and are also subjective in that regard.

4.3 QUESTIONNAIRE SURVEY

The semi-structured questionnaire used for the survey was in three parts. A sample questionnaire is at Appendix 1. The first page contained 10 questions about the personal characteristics of the respondent. The second part contained 66 questions in the Likert Scale format. The last part contained two open-ended questions to allow the respondent to express his/her suggestions about wellbeing of older people. A covering letter to explain the purpose of the survey accompanied the questionnaire.

The form did not require divulging the name of the respondent. They were serially numbered to maintain confidentiality. Each respondent was given the assurance that all information he/she provides would be treated strictly confidentially.

Names and addresses of respondents for each region of the island were randomly chosen from lists of old age pensioners (60 + years) obtainable from the Ministry of Social Security. The services of 10 Social Security Officers were hired and they took responsibility to have the forms completed, 250 in all. The team was fully briefed before they started the exercise. 244 forms were completed and returned, covering the whole island systematically. Each officer was paid at the end of their collection process. The exercise was completed in record time, as payment was an excellent motivation. The researcher used his own personal funds for the purpose.

The questionnaire was finalized by the end of 2008. A pilot survey with 5 respondents conducted in January 2009 proved the questionnaire too long and certain questions wrongly positioned. The amended questionnaire

was used for the survey in January/February 2009. A total of 250 questionnaires were distributed to the Social Security Officers (10) posted in the 9 districts of the country. This was done at their weekly meeting at their headquarters. A number of coordination and monitoring meetings in connexion with the survey were also held on the occasion of their weekly meetings.

The response to each of the 66 questions was analysed by linking to the personal characteristics of the relevant respondent. A summary of the results has been produced. A master level colleague checked for validity before finalizing these results. The findings are listed below and a discussion thereof follows:-

FINDINGS FROM QUESTIONNAIRE SURVEY

- The overwhelming majority (99%) of respondents consider good health to be top priority in old age.

- An overwhelming majority (98%) of respondents prefer to age in their own house.

- An overwhelming majority (94%) of respondents claim that public hospitals should provide geriatric services.

- A great majority (92%) of the respondents state that people of all ages are respectful to them.

- An overall majority (91%) of respondents believe that aging with sufficient income helps aging well.
- A large majority (84%) of respondents agree that a leisure program helps them to stay active.

- A majority (80%) of respondents consider physical environment to be important.

- A majority (79%) of respondents say that they like to make their own choice and decisions in life.

- More than half (64%) of the respondents state that they possess all their functional abilities.

- More than half (64%) of the respondents state that retirement is meant for rest and enjoyment.

- More than half (57%) of the respondents say they experience life satisfaction, but more than one third (37%) say they do not.
- Half (49%) of the respondents agree that it is normal for adult children to live away from their parents.

- Nearly half (42%) of respondents agree that women's experience of aging is more difficult than men's.

Level of Wellbeing

As shown in Figure 6, the survey shows that more than half (57%) of the respondents experience life satisfaction, whereas over one-third (37%) do not.

Irrespective of sex and region, more people of the 60-64 age group (68%) than those of the older age groups say they experience life satisfaction. People reaching this age have not suffered the assault of aging yet. Physical and cognitive deficiencies, chronic diseases and disability may not have shown signs yet. Hence it is still time for life satisfaction.

More respondents from the Hindu ethnic group (60%) than from the Muslims (53%), the Creoles (54%) and the Chinese (57%) say they experience life satisfaction. According to traditional Indian culture, a human life span is one hundred years subdivided into four phases. The third phase is when the man's head turns grey and wrinkles appear. He is now to give up his worldly pursuits and turn inward in search of spiritual growth. This is synonymous with life satisfaction.

More singles (63%) and people in a union (64%) than those widowed, divorced or separated (46%) state that they enjoy life satisfaction. Singles are likely to be untroubled by family responsibilities, carefree and enjoying life. This is conducive to life satisfaction until old age sets in. Married life is known to bring love, sharing and stability, factors which probably lead to life satisfaction.

More older people living in their family (63%) or in a residential home (66%) than those living alone (44%), with their children (49%) or with other parents (44%) say they experience life satisfaction. Aging in place

has proved to be best for older people. It is in the midst of the family that the person expects to find attention and warmth.

A higher number of older people who have completed High School (83%) than those with no schooling or with only elementary education (47%) experience life satisfaction. Education trains the mind of people and gives them the competence to understand things better, and to make sound judgments. Hence more satisfaction in life.

Figure 6

Level of Wellbeing of Older People

Residence

An overwhelming majority (98%) of respondents prefer to age in their own house (Figure 7). This number does not vary with sex, age, region, ethnic group, marital status, or level of education. However, only 66% of those already living in an old people residential home state that they would prefer to age in their own house. It may be inferred therefore that 34% of those living in nursing homes either do not possess a house or have been forced to move into a residential home, a cause for being unhappy.

The great majority of respondents (88%) state that they do not like to live in a residential home, and all those already living in a home state that they do not like it. It is noted, however, that the higher the level of education, the more older people (4% to 22%) accept to live in a home.

Figure 7

Preference for Residence

Functional Ability

64% of respondents state that they possess all their functional abilities; this number follows a decreasing trend with age, reaching 19% at age 85 years and over. Fewer people who are widowed, divorced or separated (47%) as compared to those who are single (76%) or in a union (77%) state that they possess all their functional abilities. As illustrated in Figure 8, more than half of the respondents (65%) feel that functional problems can spoil their happiness, and almost all of them (98%) state that enjoying physical mobility is necessary for their self-esteem. However, a large majority (91%) of the respondents agree that exercise is good for their physical and mental wellbeing.

Figure 8

Functional Ability

Environment and Security

Irrespective of sex, age, region, ethnic group, marital status, living conditions, or education, a majority (80%) of respondents consider physical environment to be important, yet a slightly higher number (90%) find that it is access to shops, hospitals, markets and banks that is important. However, some (31%) of the respondents state that circulating on the roads and sidewalks is a problem. The majority (82%) of respondents do not fear for their security in their neighbourhood for they (85%) believe neighbourhood watch can solve the security problem.

Decision-Making

A majority (79%) of respondents say that they like to make their own choice and decisions in life. However, slightly less than half of the respondents (48%) believe that old people are always too confused to make decisions. But an overwhelming majority (90%) of respondents state that all older people should not be treated as incapacitated, although more than half (68%) agree that the aged require assistance to decide on important issues. The great majority (97%) of respondents however believe that an advisory service for elderly is needed in each region of the country.

Although respondents (79%) value their independence regarding decision-making, those from urban and rural regions hold differing views about making choice and capacity to decide (Figure 9):

	Urban %	Rural %
I like making my own choice and decisions	92	71
Old people are too confused to make decisions	25	64
The aged require assistance to decide on important issues	45	83

Figure 9

Capacity to Make Choice

These statistics show that urban respondents exhibit more assurance, independence and self-reliance than rural.

Intergenerational Relations

Half (49%) of the respondents agree that it is normal for adult children to live away from their parents. 40% disagree; the culture of Asians to live in extended families may explain this. More urban respondents (55%) than rural (46%) find it acceptable for their children to live away from parents. The reason is probably economic as well as the urban way of living. However, a majority (72%) of respondents seek intergenerational contacts, whilst all those (100%) living in a residential home seek intergenerational contacts.

The majority (76%) of respondents say they resent exploitation and abuse from others; probably the remaining 23% who say they do not have never experienced abuse. To avoid abuse, an overwhelming

majority (96%) of respondents feel that laws should protect older people from discrimination.

Social Relations

A great majority (92%) of the respondents state that people of all ages are respectful to them. However, among people living in a residential home, only some (33%) say others respect them; 67% are undecided. In cases where older people are undecided, there may in fact be no discrimination, or there may be fear of retaliation to report discrimination.

An overall majority (88%) of respondents agree that they have the opportunity to socialize with parents (88%), neighbours (89%) and friends (88%). Among those living in a residential home, the near majority (67%) say they do not have this opportunity. As regard socializing with friends, it is noted that more men (95%) do it than women (80%).

Support from community and friends is important to them, say a wide majority (86%) of respondents. A majority (72%) of respondents are of the view that community work can help fight isolation. Furthermore, more than three quarters (82%) of the respondents believe that friendship and warmth can make them happier. But the majority (71%) of respondents say they prefer to have only a few close friends.

Leisure Activities

Questions:

Leisure programs help me to stay active

Through leisure activities I make interesting social contacts

1 prefer work to leisure

Figures 10 and 11 illustrate the views of respondents about leisure. A large majority (84%) of respondents agree that a leisure program helps them to stay active. But more male (89%) than female (77%) are of this opinion. And interest in leisure decreases from 96% at age 60-64 to 66% at age 85 and over; however such interest increases with level of education, from 71% among those with no schooling to 95% among those graduating from high school.

84% of respondents also believe that through leisure activities they can make interesting social contacts. Still more men (89%) than women (78%) believe this. Marital status seems to have an important influence on making social contacts through leisure activities. Whilst only 63% who are single expect such contacts, an overwhelming majority (91%) of those in a marriage or cohabiting believe in such contacts.

Figure 10

Enjoying Leisure

Reacting to the statement "I prefer work to leisure", almost half (46%) of respondents say they prefer work to leisure, whilst 32% disagree. More than half (58%) of respondents are from the urban regions. The difficulties of urban life could account for this preference for work.

Urban life is more expensive, and hence the need to work more and earn more, instead of enjoying leisure.

The striking feature, however, is the declining trend in the proportion of respondents in successive age groups above 60, who believe a leisure program helps them stay active, that they can make interesting social contacts, and state they prefer work to leisure.

Figure 11

Leisure Across Old Age

Health

Figure 12 shows that Irrespective of sex, age, region, ethnic group, marital status, living conditions, and education, a majority (73%) of respondents believe that health deteriorates with old age. However, almost all of the respondents (98%) are of the view that if we can maintain good health we are sure to be happy. The overwhelming majority (99%) therefore consider good health to be the top priority in old age.

But more than half (57%) of the respondents state that ailments prevent them from enjoying peace of mind, except those aged 60 to 64 years who state that ailments do not prevent them from having peace of mind. However, the participants (58%), except those who are single (76%) and those who live in a residential home (55%), consider comfortable financial means to be a great advantage in case of illness as it enables one to afford the required treatment.

Figure 12

Importance of Health

Improving Healthcare

Figure 13 indicates the opinions of respondents about the health services. The majority (78%) of respondents find queuing up to obtain free medical service inconvenient. As opposed to 73% Hindus, 81% Muslims and 81% General Population (Creoles), all 100% Sino-Mauritians find it inconvenient to queue up. The reason could be possibly socio-cultural or economic. As a group, people of Chinese descent are engaged in commerce. They are considered to be a wealthy class. They would not condescend to resort to free medical service. Furthermore, queuing up to benefit from such service would keep them away from their commerce.

Almost all (96%) respondents state that home care service is needed for incapacitated old persons. Irrespective of sex, age, residential region, ethnic group, marital status, living conditions or level of education, respondents express the same opinion about the need for home care.
As regard specialized medical service for older people, an overwhelming majority (94%) of respondents claim that public hospitals should provide geriatric services to the elderly.

Figure 13
Change in Health Service

Retirement

Views of respondents about retirement are illustrated in Figure 14. More than half (64%) of the respondents state that retirement is meant for rest and enjoyment. More rural dwellers (71%) are of this view than urban (53%). The majority (86%) of Sino-Mauritian respondents as well as people living in residential homes (67%) hold this view as compared to 65% Hindu, 60% Muslims, 62% General Population (Creoles). The majority (79%) of respondents state that retirement brings them personal satisfaction and a majority (74%) also say that retirement has not been a great shock in their life.

More than half (65%) of the respondents agree that retirement does not mean the end of status and companionship for them. More urban (84%) dwellers than rural (52%) are of this view. All (100%) the Sino-Mauritians are of this view compared to 59% Hindu, 70% Muslim and 65% General Population (Creoles). All (100%) respondents living in an old people home also agree that retirement does not mean the end of status and companionship.

However, about half (44%) of the respondents and more urban (56%) than rural (36%) residents would prefer to work beyond retirement age, as compared to 46% who would not. Nevertheless, the great majority (89%) of respondents believe that people nearing retirement should be properly briefed about life after retirement, especially about income, health and social activities.

Figure 14
Meaning of Retirement

Gender

Nearly half (42%) of respondents (58% F and 28% M) agree that women's experience of aging is more difficult than men's. A majority (73%) of respondents (88% F and 60% M) state that women need better legal and social provisions to face aging. The great majority (97%) of respondents (94% F and 98% M) agree that men and women should be treated equally in old age. There is no ethnic group difference to these replies

Income and Well being

In Figure 15, an overall majority (91%) of respondents believe that aging with sufficient income helps aging well. This is irrespective of sex, age, residence, ethnic group, marital status, living conditions, or level of education. Although half (49%) of the respondents state that their total income is enough to allow them to live reasonably well, a sizeable proportion (45%) say their income is not enough. 67% of respondents living in an old people home declare their income to be not enough. More than half (67%) of respondents say they depend on financial assistance to make a living. And more than half of respondents disagree that old age pension should be limited to the poor, mostly rural residents (66%).

Figure 15

Income and Wellbeing

Older People and Society

The majority (76%) of respondents disagree that older people are a burden to society and a great majority (83%) state that retired people should have a say in the affairs of society. As senior citizens, an overall majority (85%) of respondents expect that the authorities provide more assistance to older people.

Data from the questionnaire survey were analysed using descriptive statistics. If more refined results are needed as to whether there are special groups in the sample that might be similar in term of their desires and needs as aging people, other methods may be used. Cluster analysis is often used, provided SPSS is available.

An alternative way of grouping people with similar needs and desires in old age is to group those with like inclinations. Research has shown that the following factors are drivers of wellbeing in old age (Bowling, 2005; Deacon, 2007):

- good health
- family attention and care
- reasonable income
- decent place to live
- good social relations

The survey questions relating to each of these factors are listed below.

<u>Good health</u>

Q 15 Good health is my top priority in my old days – Appendix 10(d)

Q 20 Enjoying physical mobility is necessary for my self-esteem – Appendix 10(f)

Q 35 If I can maintain good health I am sure to be happy – Appendix 10(j)

<u>Family attention and care</u>

Q 10 I do not seek inter-generational contacts – Appendix 10(c)

Q 48 Friendship and warmth cannot make me happier – Appendix 10(m)

<u>Reasonable income</u>

Q 7 My total income is enough to allow me to live reasonably well – Appendix 10(b)

Q 26 I dpend on financial assistance to make a living – Appendix 10(h)

Q 44 Ageing with sufficient income helps ageing well – Appendix 10(l)

<u>Decent place to live</u>

Q 3 I prefer to age in my own house –Appendix 10(a)

Q 23 I like to live in an old people residential home – Appendix 10(g)

<u>Good social relations</u>

Q 17 I have opportunities to socialize with my parents – Appendix 10(e)

Q 29 Support from community and friends is important – Appendix 10(i)

Q 36 I have opportunities to socialize with friends – Appendix 10(k)

For the purpose of this study, the replies to the above questions as expressed in percentages are depicted in the bar charts at Appendices 10(a) to 10(m) respectively. These, when analysed in terms of the main variables, that is sex, region, marital status, living condition, ethnic group, education, and age, yield the following results.

SURVEY FINDINGS

Good health

Reading from the replies in Appendices 10(d), 10(f) and 10(j), almost all older persons questioned agreed that good health is their top priority, that enjoying physical mobility is necessary for their self-esteem, and that if they can maintain good health they are sure to be happy. This applies to older people of all ages, both sexes, all ethnic origins, levels of education, and place of residence. It can be concluded therefore that, in respect of health all older people in the study belong to the same homogeneous group.

Family attention and care

From the replies as depicted in Appendices 10(e) and 10(m), about three-quarters of older persons in the survey say that they seek inter-

generational contacts, and more than three-quarters of them also state that friendship and warmth can make them happier.

These are the views expressed irrespective of sex, age, ethnic origin, educational level and residential region.

In this survey, older people as a group have divided views about seeking inter-generational contacts as well as friendship and warmth. The group is not unanimous in relying on family members for attention and care.

<u>Reasonable income</u>

According to the replies as illustrated in Appendix 10(b), about half of the older people surveyed say their income is enough to allow them to live reasonably well. The others include women, those with low educational level, and the Creoles.

In addition, as shown in Appendix 10(b), more than two-thirds of the older people state that they depend on financial assistance to make a living, with the exception of the Sino-Mauritians who make up only one-third. However, as reflected in Appendix 10(h), almost all older people surveyed are of the view that aging with sufficient income helps aging well.

From the survey data, older people as a group are unanimous that sufficient income is necessary to age well. However as to whether they earn enough to live well or they need assistance to make a living, members of the group have different opinions. In these two respects, they do not constitute a cohesive group.

Place to live

As illustrated in Appendices 10(a) and 10(g), almost all older people prefer to live in their own house, and all of them do not like to live in an old people residential home. This applies to old people irrespective of age, sex, ethnic origin, or level of education.

As regard their preferred place to live their old age, older people consist of a very homogeneous group.

Good social relations

With very few exceptions, old people in the survey say they have opportunities to socialize with parents and friends, and state that support from community and friends is important to them. This is shown in Appendices 10(e), 10(i) and 10(k) respectively. This means that they entertain good social relations and they value such relations. As a group, older people in this study are consistent in their seeking of good social relations.

Ethnic Origin

Furthermore, ethnic origin seems to be at the root of different types of behaviour on the part of older people, especially Sino-Mauritians.

As per Appendix (c), whilst three-quarters of Hindus, Muslims, and Creoles say they seek inter-generational contacts, only fewer than half of the Sino-Mauritians say so. Also fewer Sino-Mauritians state that friendship and warmth can make them happier - Appendix 10(m).

As regard income, as shown in Appendix 10(b), almost three-quarters of Sino-Mauritians state their income is enough to allow them to live reasonably well, whilst fewer than half of the Hindus and Creoles, and over half of Muslims say so. Only a quarter among Sino-Mauritians depend on financial assistance to make a living, whereas nearly three-quarters of Hindus, Muslims and Creoles rely on assistance – Appendix 10(h).

As illustrated in Appendix 10(k), about 90 per cent of Hindus, Muslims and Creoles socialize with friends, but 70 per cent Sino-Mauritians do so. While the majority from the other ethnic groups find support from community and friends to be important, only over half of Sino-Mauritians believe it to be so. This is shown in Appendix 10(i).

Mauritians of Chinese origin seem to be much more independent in their way of living than Hindus, Muslims or Creoles.

In conclusion, the survey found that as a cohesive and homogeneous group older people in Mauritius believe that the following factors are necessary for their wellbeing:

- good health
- reasonable income
- decent place to live
- good social relations

On the contrary, older people are not unanimous in relying on family members for attention and care.

Regarding income, half of the women, those with low education level, and the Creoles say their income is not enough. However, fewer Sino-Mauritians say they depend on financial assistance.

On the whole, there is not much difference on the needs and desires of older people in Mauritius

This section explored data from the questionnaire survey. Above are the findings from the analysis of these data. Data contained in the Critical Incident Techniques study shall be examined in the next section.

4.4   CRITICAL INCIDENT TECHNIQUE

Human behavior may be of critical significance in impacting, either positively or negatively, on an activity or a phenomenon. The Critical Incident Technique (CIT) is a set of procedures used for collecting direct observations of such human behavior. Critical incidents are typically gathered by asking respondents to tell a story about an experience they have had. Data from many respondents are collected and analysed. (Bitner, Booms & Tetreault, 1990; Grove & Fisk, 1997).

In the present research, the focus of the study is wellbeing in later years. The purpose of using CIT in this study is to find out if major life time happenings may have had a lasting impact on wellbeing in old age. The questionnaire (N=244) used for the survey also contained two open-ended questions as follows:

- In the process of aging, have you experienced any unexpected disturbances, misadventures or disappointments? Please, enumerate in order of occurrences.

- Do you have ideas, wishes or proposals to improve your, and our, aging in future? Please, number your top three priorities as (i) to (iii).

These open-ended questions allow the respondents the freedom to tell their story their own way. The replies to these two questions have been compiled and analysed. The data obtained form the basis for this CIT.

FINDINGS

Question No. 1

Table 3

Disturbances, Misadventures, Disappointments

Event	Percentage of Respondents

• Deaths
  Husband   13%
  Wife   7%
  Other   10%
	30

• Health Problems	18
• Family Conflict	15.6
• Children Problems	10.6
• Miscellaneous	9.8
• None	16
	100

Table 3 presents the replies to question No. 1, that is unexpected disturbances, misadventures or disappointments experienced.   In descending order, the disappointments are due to deaths, health problems, family conflicts, children problems and miscellaneous.   16% of respondents have no disappointment to report.

- *Deaths*

Deaths make up the highest number (30%) of critical incidents.   This includes 13% of male partners and 7% of female partners, as well as father, mother, brother, sister or child.   Death shatters the life of older people, especially partner's death or child's death.   In Mauritius, death has a very profound and special meaning.   Death is a very sad and

memorable event, full of ceremonials attended by all parents, friends, acquaintances and neighbours. Although modern crematorium facilities exist, people prefer to bury their dead in cemeteries; local people often visit their dead there. On All Soul's Day, Mauritians make it their duty to visit their dead. It is no surprise therefore that death of a close one leaves a marked imprint on the life of older people.

- *Health Problems*

Health problem is the second major (18%) critical incident. Non-communicable diseases like hypertension, diabetes and arthritis are common in old age. Disability and loss of mobility are usual complaints. Nevertheless, older people love being independent.

Those who are bed-ridden or in some way dependent say they have to put up with neglect and abuse from family members. They feel undesirable and end up in one of the commercial old people residential homes which are proliferating in the country.

Although health service is free, older people are reluctant to go to public hospitals because of the lack of attention and cursory service older people get there. They dislike regular hospital visits. Private health service is often out of the reach of many older people as this is beyond their means. Older people usually have no health insurance.

As life expectancy has dramatically increased, people become more likely to acquire disability and disease. Older people are now asking for specialized geriatric services that are geared to their specific needs.

- *Family Conflict*

Family conflicts are found to be at the root of quite a number (15.6%) of critical incidents. They can assume dozens of forms.

A common one is where the partners are separated or divorced, or where one partner is abandoned and the other starts a new life. In old age, the life of both partners is tainted with acrimony and regrets, especially if children were born of the first union. A slightly modified version is where one partner dies much earlier.

Another instance is where in-laws interfere in a couple's affairs. More often it is the husband's parents who do this. The result is the couple leaving the in-laws's house or the woman leaving the husband. There is an unavoidable impact later on the wellbeing of the couple in their old days.

The sharing of the family fortune at the death of the head of the family is an event which often produces ruffled feelings and becomes the cause of a family feud. The effect on wellbeing lingers on till old days.

- *Children Problems*

Parents have great hopes in their children, but children can become enormous sources of problem. The CIT Study showed that 10.6% of critical incidents had their origin in problems involving children.

In spite of progress in medical technology, a number of babies are born physically or mentally handicapped. The parents have no choice but to

dedicate their lives to these children. There is sadness in the heart of the parents; this constitutes a lasting critical incident.

Older people have reported their sons becoming alcoholics or drug addicts. The parents have tried hard to save their children, to no avail. Such parents have acknowledged this as a great disappointment in their life. Other parents similarly revealed their son being locked up in prison for misdemeanors against the law. These happenings inevitably leave traces on the parents' life.

Young people have always been attracted to go to developed countries in search of employment, adventures and wealth. Many young Mauritians have thus not only left, but also forgotten, their island. The old parents are without news of them. The parents keep secretly waiting for a phone call, a letter to announce that their child is still alive. This brings sadness forever.

- *Miscellaneous*

Some 10% of respondents quoted their experience related to work and also to violence sustained by them and their family as examples of critical incidents.

16% of the respondents had no incident to tell.

Question No. 2

Table 4

Proposals to Improve Aging

		Total Entries	%
1	Increase Pension	133	30.2
2	Improve Health	68	15.4
3	Provide More Leisure	37	8.4
4	Provide Home Care	30	6.8
5	Improve Transport for Older People	21	4.7
6	Lower Prices of Essential Commodities	21	4.7
7	Children to Care About Older Parents	15	3.4
8	Provide Health Education	15	3.4
9	Show Respect	15	3.4
10	Provide Residential Homes/Houses	12	2.7
11	Provide more Security	9	2.0
12	Provide Donations	9	2.0
13	Stop Ageism	8	1.8
14	Miscellaneous	47	10.6
		440	99.5

Table 4 summarizes the replies to question No. 2, that is the ideas, wishes or proposals to improve aging in the future. Every respondent is allowed to make as many suggestions as s/he wishes, but the top three have to be arranged in priorities 1, 2 and 3. Most respondents have made three suggestions, a few have made more than three, yet others have made no suggestion at all. From the 244 questionnaires distributed, 212 proposals were made in priority 1, 156 in priority 2 and 90 in priority 3. All proposals made are grouped in Table 4 above. Suggestions seem to focus on increasing pension, improving health, providing more leisure, and providing home care. Other suggestions have been proposed by smaller numbers of respondents.

- *Increasing Old Age Pension*

Out of a total of 440 proposals made, 133 (30.2%) suggest that increasing pension to older adults can improve aging. They say that additional income is necessary to enable the pensioner to make a living.

A majority (133 of 244 [54.5%] of the respondents in this CIT study believe that increasing the pension of older people will improve their aging. More men (52.6%) than women (47.3%) are of this view. More Hindus (42.8%) than Creoles (33.8%), Muslims (20.3%) or Chinese (1.5%) propose an increase in pension. The majority (64.6%) of those who ask for an increase in pension live in the rural region as compared to (35.3%) who are urban residents. The reason could be a greater incidence of poverty among older people in the rural regions and lesser availability of jobs for retired old people in these regions.

- *Improve Health*

68 proposals (15.4%) hold the view that improving the health of older people would improve aging. They believe that upgrading the health service to provide appropriate professional service to older people can improve aging.

Over a quarter of respondents (68 of 244 [27.8%] in this study state that improved health will improve the aging of people. (54.4%) are women and (45.5%) men. (41.1%) of the respondents are Hindus followed by Creoles (39.7%), Muslim (17.6%), and Chinese (1.4%). The majority of respondents (52.9%) are rural inhabitants, whilst (47%) dwell in the urban regions.

- *Provide Home Care*

A few proposals (30 of 440 [6.8%] have indicated that providing home care to handicapped and bed-ridden older people is a priority. This category of older people needs the services of doctors and carers at home. This may be a more pressing way to improve aging.

Among the respondents who say so, (53.3%) are women and (46.6%) are men. The majority (53.3%) of those who want home care are Hindus; Creoles make up (33.3%), and Muslims (13.3%), but no Chinese. Older people of the Chinese community may not be interested with the provision of home care because of the existence of filial piety and their attachment to chinese traditional medicine. More rural (60%) than urban (40%) older people are interested in home care, probably because of scarce health infrastructure and transport problems in the rural areas.

- *Provide More Leisure*

In 37 proposals (8.4%) respondents see the later years as a time for adventure, relationship and enjoyment. They feel more leisure can improve aging. They demand day care centres, recreation centres, network of associations.

A few of the respondents (37 of 244 [15.1%]) state that more leisure facilities can improve aging. More women (56.7%) than men (43.2%) want leisure. Among those who wish for more leisure, (43.2%) are Hindus, (29.7%) Creoles, (21.6%) Muslims , and (5.4%) Chinese. More urban residents (59.4%) than rural (40.5%) ask for leisure

- *Children to Care*

According to some proposals (15 of 440 [3.4%]) parents see their relationship with their children as an exchange: the parent provides for the child to grow up properly and the child takes care of the parent in later years. This is according to Indian Culture. It does not always work out this way. Some children look at old parents as a burden, show no respect, even abuse them. These respondents are of the view that this should be remedied and children made responsible for their old parents.

- *Improve Transport*

In some proposals (21 of 440 [4.7%]), respondents claim that their transport system needs to be improved. In Mauritius, it is Government policy to allow all older persons (60 years +) to travel free by public transport. Government pays each bus company on a monthly basis. Older people have various complaints against the bus companies and would prefer the bus fare to be added to their pension instead.

- *Provide Health Education*

Older people need to know how to keep healthy and fit; many do not have the necessary health information – physical exercises, healthy eating, personal hygiene are simple things to observe, and may lead to happy aging. A few proposals (15 of 440 [3.4%]) draw attention to the need to know about health.

- *Stop Ageism*

Ageism against older people can manifest itself anywhere, at home, in public places, where services are provided. In some proposals (8 of 440 [1.8%]) respondents propose that youth be educated, older people be protected and those who practice ageism be punished. Treating older people with respect and dignity contributes to improve aging.

- *Provide More Security*

In old age, physical, financial and economic security are important. Few proposals (9 of 440 [2.0%] state that people should be well prepared for their later years and that severe laws should apply to those who trick older people.

- *Lower Prices of Essential Commodities*

In some proposals (21 of 440 [4.7%]), respondents feel that during these times of acute economic recession, older people need extra assistance to sustain their purchasing power. They should be able to purchase essential foodstuffs and medicines at subsidized prices.

- *Provide Residential Homes/Houses*

Although older people usually prefer to age in place, a small number of respondents would like the authorities to provide houses or residential homes for them. A few proposals (12 of 440 [2.7%]) were received to that effect.

- *Provide Donations*

Although Mauritius has reached the status of an emerging country, there still exist very poor people among the older age group. Some proposals (9 of 440 [2.0%]) were received in which a minority of the respondents wish to be supplied with donations in the form of milk, blankets, cardigans, medicines and spectacles.

- *Show Respect*

A few proposals (15 of 440 [3.4%]) ask that respect be shown to older people.

The findings from the questionnaire survey were presented in Section 4.3 of this Chapter. Those from the Critical Incident Technique Study were introduced in the present Section. The next Section shall bring forth the findings from the interviews, and relevant elements from the two quantitative studies will be interwoven into the interview results to support /complement/enrich these.

4.5   INTERVIEW FINDINGS

The third phase of the study was a series (N = 24) of semi-structured interviews. The participants included 9 women and 15 men, all Chairpersons of Senior Citizens' Associations in their region, and whose age ranged from 60 to 89 years. Appendix 5 is a matrix containing data about the age, gender and ethnic origin of each of the 24 participants. The participants' names were obtained from the roll of old age pensioners available from the Ministry of Social Security. They were identified on

the basis of their residential address representing in all the 9 geographical districts of the country. Appointments were fixed over the telephone with the participants and interviews took place in their home during December 2011. The interviews were conducted in the local language (creole) by the author personally, who also recorded and translated the recordings into English. Each interview lasted slightly over one hour.

The scripts were coded and analysed. Data summary tables of the findings are at Appendices 6 to 9. These findings are set out in detail hereunder, and wherever applicable, quantitative data adjoined to support or complement the findings, in accordance with the guidance of Plano Clark, Garett, and Leslie-Pelecky (2010, p. 162).

It would be appropriate to repeat that there exist multiple ways of interpreting data in a social constructionist study. This is but one.
This section presents the key findings obtained from 24 in-depth interviews, a questionnaire survey (N = 244), as well as a critical incidents study incorporated in the survey. Four major findings emerged from this study:

- A large majority of the participants in the interviews indicate that older persons in Mauritius are not happy. However, this finding is not consistent with the survey finding according to which 57% of respondents have a sense of wellbeing, whereas only 37% have not. This issue is discussed under "Dissonant Data" at the end of Finding 1.

- An overwhelming majority of participants state that it is the responsibility of society to ensure wellbeing in old age.

- More than half of the participants state that society is not affording required assistance for older people to achieve wellbeing.

- An overwhelming majority of participants believe that, to enhance older people wellbeing, attention and care from family should be promoted, followed by better income, improved health, social relations, housing, leisure, counselling, and security, among other things.

A discussion of the findings follows, providing details to support and amplify each finding. By using "thick descriptions" the reader's access to the study is facilitated. The discussion places emphasis on making the participants speak for themselves. Quotations from interview transcripts are used to illustrate the different perspectives of the participants.

Finding 1: A large majority of participants (17 of 24 [71%]) state that older persons in Mauritius are not happy.

The major finding of this study is that older people in Mauritius are not happy. This finding is very significant in terms of the number of participants (17 of 24 [71%]) who subscribe to this view. Based on participant descriptions, it appears that in their later years older people are overburdened with responsibilities for family and children matters. This does not allow them to plan for old age properly, with a resulting low wellbeing. Participants express this situation in the following ways:

Most people reaching old age still need to finance their children's education. On top of that, people of Indian origin have to wed

their offsprings. The lump sum they get, in case they were employed in a pensionable position, would not be enough to meet all these financial commitments. The older person is likely to be poorer and more unhappy than he was formerly. These circumstances make attaining maximum wellbeing difficult. Planning becomes difficult because of lack of means (Vadivel).

We can say a majority of older people are not happy. ………….. They not only have to take care of their children's education, they also have to have the means to marry their children. In certain families, the old mother is expected to do everything at home. Also, when you grow old you won't qualify for a loan for any business activity (Modely).

According to me, some 75% of older people in Mauritius are not happy. They live a slavish life, like slaves to their children. They do not get the essentials they need. They may have grown-up children, intellectuals who do not visit them. They have to beg for assistance from other people. These are things I have witnessed (Ken).

All 17 participants described the way they perceived the low level of happiness experienced by older people. Various statements pointed at children as a major cause. Among the comments were those by Radha who said: "Older people are asked to take care of their grandchildren, this is not always a pleasant occupation," and those by Goinsamy who stated: "When grown up children get married, both in the couple have to work to make both ends meet. Older people, although they are sickly, have to take care of the children born of the couple. 90% of older people fall in this category".

In addition to childcare, participants raised other problems arising from children. Comments from Helen were: "Our children have become our biggest source of problems. We should be more strict in bringing up our children," those from Noelie who said: "In our old people association, you can meet people of different ages, 70, 80, 85 years who are having all sorts of problems in life. They also have problems with their children," and Jaya who commented: "Many do not get attention from their children ……. I always stress on the need to provide proper upbringing to children so that they can later love their older parents. This effort must be made by parents early."

Another reason to explain low wellbeing of older people is isolation, according to Radha who said: "If older people live by themselves, they cannot be happy. If they belong to a group, they can be happy." This is more fully explained by Chandr:

> I think the majority of old people here are unhappy. This for two
> main reasons: they lack activities and they feel isolated. Old
> people like to go on outings. When an outing is over, they ask
> when will be the next. They appreciate meeting their peers to
> socialize. They say they are bored at home.

Some participants impute to lack of education and lower social level the state of low wellbeing. Prem and Modely explain the impact of low education and low social level on wellbeing of older people in the following way:

> We would say 75% are happy. About half of these planned their
> old age. Most of these were educated people. The remaining was
> striving at the lower level of the social ladder to make a living, and

could not therefore afford to plan their old age. However, with the help of society many of them manage to cope. There is still a certain number who find it very hard to make a living. Quite a number are rejected by their family and have to stay in a home or a convent. (Prem).

We can say a majority of older people are not happy. Those who have had a high level of education were entitled to a good job. They therefore could expect a nice old age. This is not the case for those down the ladder, for example with scanty education who were compelled to work as labourers. Here in our village, some three quarters of the older people still work as labourers. (Modely).

Poverty and insufficient income are quoted as sources of problems to older people. The latter therefore lack the means to pay for basic necessities. Relying only on Old Age Pension poses problems which do not promote wellbeing – Three participants commented on this issue as follows:

They are not happy because of limited income. The pension they get from Government is barely enough to purchase the medicines they need. …… Everything hinges on income. Scarce income means difficulties for the older person. If the older person has enough revenue, his/her children would take better care of him/her. When both the young and the old have insufficient revenue, the young tend to shun responsibility for their old. (Rajen).

On the finance side, as soon as they receive their pension, the grandchildren come forward for some of it. At times, this pension is not enough for the older persons themselves. If we possess a house, this pension money could enable us to live satisfactorily,

especially that we have free health service and free transport. But because we have to share this money with others, it becomes difficult to live on the pension money only. Therefore old people are not as happy as they should be. (Radha).

There are a few older persons who are unhappy. It's mostly because of poverty. Some say they wish to die; I always advise them to trust God. He won't allow them to live in darkness all the time; they will see light in the end. I can say that the majority of older people are reasonably happy. (Rita).

Helen said: "The various problems make them devoid of maximum wellbeing. Examples are health, finance and especially children."

This finding regarding low level of wellbeing of older people is supported by the quantitative results. Low wellbeing of older people also emerged as an issue from the questionnaire survey. More than one-third (91 of 244 [37%]) of the respondents in the survey say they do not experience life satisfaction. Some 65% state that functional problems spoil their happiness, and 82% declare that friendship and warmth can make them happier.

Although the large majority (71%) of the participants in the interviews state that older people in Mauritius are not happy, about one-third (7 of 24 [29%]) of the participants believe the contrary. They express this belief in the following terms:

We should say that in Mauritius older people are well catered for. They get free medical service, free transport and old age pension. I have been to UK, India, France, Reunion, Seychelles. In most of

these places older people are not as privileged as here in Mauritius. In India older people do not get a thousandth of what they get here. Older people in Mauritius should therefore be happy. (Prem)

I cannot see many countries which do as much as Mauritius for the older people. They get houses, education, transport, medical services all free. It is all a question of appreciation but I consider older people should be happy already. However, there is a class of people who will never be satisfied, they like to amass wealth for the sake of amassing. (Vadivel)

Yes, we have pension, free transport, leisure. We should be happy and not just ask more from Government. (Helen)

Participants cite good health, good family relations, and leisure as reasons which satisfy older people wellbeing. According to Prem, health is essential to procure wellbeing to older people for it enables them to be independent. Marie Lise states that "…. The majority is happy. Good health and cordial family relations contribute to the happiness of those who are happy." For Ram, "In my Senior Citizens' Association, almost everybody is happy. I know how to speak to them. When they are under stress, I get them to do yoga." Others state that

Most (old people) are happy already. A small number do not benefit from all that is available for them. Most older people I know say they are happy. There are a few who say the contrary, however. For example that old man whose Old Age Pension Booklet is kept in the custody of his parents, although he is fed and cared for. (Ally)

Leisure outings bring much happiness to older men, and older women like to assemble in order to chat. Older people belong to

different social groups and what each requires to be happy may be different things. I can say that the majority of older people are happy, but among the others there are those who are unhappy. (Vadivel)

Furthermore (21 of 24 [87%]) of the participants in the interviews state that they are personally satisfied with their own wellbeing. This is supported by the survey results wherein (138 of 244 [57%]) of respondents say they often experience life satisfaction.

Dissonant Data

The present study adopted a mixed research approach, so as to benefit from the strengths of both quantitative and qualitative research (Brewer & Hunter, 1989; Hendrickson, Christensen & Dahl, 1997; Mangen, 1995; Rank, 1996).

But mixed methods research is not a foolproof recipe for successful research. As Greene has stated "A mixed methods way of thinking also generates questions alongside possible answers; it generates results that are both smooth and jagged, full of relative certainties alongside possibilities and even surprises, offering some stories not yet told" (Greene, 2008, p. 20). However, by disclosing dissonant data and revealing discrepancies, mixed methods allow researchers to probe into conventional wisdom (Greene, 2005).

"A central issue for mixed methods research is for researchers to effectively integrate (or mix) the quantitative and qualitative data in their studies" (Plano–Clark, Garrett & Leslie–Pelecky, 2010, p. 154).

Contradictions, divergences and dissonant data may be difficult to reconcile (Moran–Ellis et al, 2006). However, Patton has stated that inconsistencies do not constitute a weakness of mixed methods but an opportunity to examine the relationship between the enquiry approach and the phenomenon being studied (Patton, 2001). Jick also believes that "divergence can often turn out to be an opportunity for enriching the explanation" (Jick, 1979, p. 607).

In the present research to study wellbeing among older people, a questionnaire survey (N=244) and a series of semi-structured interviews (N=24) both enquired about the present level of wellbeing in older people. The respondents for the survey were older people picked out from the nine districts of the country; the participants for the interviews were chairpersons (also older persons) of Senior Citizens' Associations from the same nine districts. According to the survey, 37% of older people say they do not experience life satisfaction, and 57% do. The interviews revealed that 71% of participants believe older people are not happy, 29% believe the contrary. After a reexamination of all data, the following explanations are offered to shed further light on this divergence:

Survey

The 244 respondents are a representative cross-section of older people in the country from the point of view of sex, age, education, ethnic origin, and place of residence.

There is no reason to doubt the truthfulness of their replies. However, as members of Senior Citizens' Associations, they keep asking for free

facilities, like increased pension, health service, transport, leisure, and gifts. This may give rise to a perception of low wellbeing.

Interviews

As Chairmen of the Senior Citizens' Associations, they assume the role of leaders. They are more educated than most of their members. They have higher socio-economic status. As Chairmen, they are influential people in their respective region. They have a tendency to consider the members as subordinates, and therefore with lower wellbeing.

Being thus in a privileged position in life, the Chairmen interviewed consider they personally enjoy high wellbeing, but believe their members do not. The Chairmen's perception of wellbeing is the satisfaction of having given a good start in life to their wards, meaning a university education followed by marriage. In the Chairmen's opinion, in view of the lower status of the members, the latter cannot afford to achieve that much for their children. Hence, older persons in general are believed to enjoy lower wellbeing. Yet, the majority of members, in reply to the survey question, state that they experience high wellbeing.

The situation of Chairmen reporting on the wellbeing of their members is similar to that of narrative researchers reporting the stories of women using a feminist approach that describes how women's voices are muted, multiple and contradictory (Chase, 2005). This situation is also reminiscent of the distinction made between dominant and muted groups (Ardener, 1975). Muted groups (women, lower class, minorities) are seen only through dominant groups (men, upper class). "They are visible and audible only through the eyes or voices of the dominating groups" (Atkinson, Coffey & Delamont, 2001, p. 14).

We can only conclude that wellbeing has different meanings for different groups of people. This may explain why the chairmen group say a large majority (71%) of the members group are unhappy whilst the latter group state that only one-third among them (37%) are unhappy.

THE STORY OF NOELIE

Noelie is a big-boned, tall woman, afro-type of slave descent who seems to be in perfect health. She says the only income she has is the meagre amount she gets as old age pension from government. She has to make a living out of that pension.

She is a 78-year old spinster living alone in her small house located in the government-built low-cost housing estate at Plaine Lauzun in the southern outskirt of the capital city of Port Louis. The housing estate was one among the many such estates built some 40 years back by government to house homeless people, following a major cyclone which hit the island. The occupants were made to pay a small rent, but some years ago each occupant became the owner of his/her house and the land on which it stands. Noelie is extremely proud of her house. It is the only property she has owned in all her life.

Noelie remembers very well the poverty in which she lived in her childhood. Her father was a docker loading sugar on ships. The children could not attend school for more than a few years. During her childhood years, Indian immigrants were coming to Mauritius by shiploads. As her family lived not far from the harbour, she witnessed the filth, dirt and distress which surrounded those oncoming immigrants. She still recollects that poverty was rife. Money was scarce and people were paid in rations of rice, dholl, oil and other consumables. Children slept on the floor, on the table, under the table.

Noelie seems to draw much life satisfaction out of caring for others. She is the President of her Senior Citizens' Association and spends much time counselling and working for older people. She benevolently practices traditional medicine treating people with eczemas and other skin problems. She also often acts as a trouble-shooter for the youngsters in her housing estate, whenever they need her advice and intervention.

Although Noelie believes older people need to have enough income to buy services to make them happy, she herself seems to draw much happiness by doing things for others!

Finding 2: An overwhelming majority (23 of 24 [96%]) of participants state that it is the responsibility of society to ensure wellbeing in old age

An overwhelming number (23 of 24 [96%]) of participants state that it is the responsibility of society to help older people to be happy. The proportion of participants expressing this view is very significant in terms of who should initiate action to enhance wellbeing of older people. It appears that older people rely almost exclusively on society to take care of their wellbeing. Participants express this in the following terms:

> Society and political leaders should have the means to discuss with older people to obtain their views. Senior Citizens Associations do not do this communication exercise; they concentrate on leisure. This concerns our mode of living, not only expenditure on outings. (Rajen)

> I would say it is for society to try to make older people happier. By using various means of communication this can be achieved e.g. using radio, t.v. (Rita)

> How will the family prepare for old age? The older person himself/herself must prepare. But when the older person has attended to the need of the children, there is nothing left for personal use. Then it falls to government to take care of the older person. (Noelie)

Others speak in terms of older people being discarded by society once their working life is over. Participants lay stress on the need to show recognition and gratitude to older people. The discourse runs as follows:

Yes, society is responsible in great part. We have worked hard during our lifetime to bring progress to our country. Now that we are old we have to reap the fruits of progress. (Murielle)

The older person is at the end of his/her tether. It is for others to do things for him. He/She has worked a lifetime, it is now for society, not the family, to take care of him. He has already made his contribution to the prosperity of the country; now he deserves his share. (Goinsamy)

The family should not discard the older person. He should always be counted in. Society in the form of the village should also integrate the older person. Retirement means you lose most of your friends. You may meet an old friend by chance. There should be some mechanism for older work colleagues to meet. (Chandr)

Although participants put the onus of ensuring older peoples' wellbeing on society, an overwhelming majority (22 of 24 [92%]) also believe that older persons should as well prepare for their later years. Participants express this view in these terms:

Yes, every person should prepare for old age. Life is made up of different stages; and old age is one such stage. We should therefore prepare for this life stage. Many do not prepare because they are illiterate and do not know what to plan, others have not been advised that they have to plan. (Prem)

We cannot expect life to do things for us. It is for us to plan our life, to persevere in order to achieve what we want, according to our means and the system in which we live. Yes, people should personally prepare for their old age. This is the first thing in life. First thing you must be careful about is your health, good food,

exercises, no cigarettes, no alcohol, exercising appropriate for your age. (Rajen)

People should ideally plan their old age in advance. They should benefit from talks, especially about their health, security, how to manage their income, how to relate to their children and their neighbours. (Radha)

Although the planning may not always ultimately work, the need to plan is stressed by participants, in order to avoid a topsy-turvy old age. The initiative for planning for one's old age should come from oneself. Prior planning allows the older person not to have to rely on others, not even on children. Usually educated people tend to plan their old age, but necessary training, guidance and counselling may be available to others. However, in practice, most people do not plan their old age, either through ignorance, negligence or other reasons. The majority (16 of 24 [67%]) of participants feel that older people are not aware of what to plan. Rajen tells his story:

How to plan old age when our culture dictates that we should buy land, build a house and educate our children as our first priorities? We have invested in our children and sacrificed our old age. Modern youth is different. What they earn is not enough for them. Their not caring for their older people is therefore justified. (Rajen)

However, well over half of the participants (16 of 24 [67%]) state that the family has an important role to play in bringing wellbeing to older people, provided this is done jointly with society. Participants express themselves on this in the following way:

Society is responsible to set up proper infrastructure for the elder, organize activities to keep them busy and also try to inform them to make them still have their sense of feel so that they do not feel ignored. As for the family, they have to accept that the seniors are aging and will need more attention; they may perhaps be in a conflict situation, they will have idiosyncrasies which they did not have before. The family must be prepared to confront all these problems. In conclusion, therefore all three, society, family and friends have a role to play in our old days. They can cooperate to make our old days happier. (Ginette)

All of them are responsible: society, family and the older persons themselves. We cannot rely on the authorities only. Society and the family should contribute to the wellbeing of the older person, but the latter should be the first to care about himself/herself. (Jabhar)

According to this finding, therefore, society wields substantial power over the wellbeing of older people.

"JACK OF ALL TRADES"

Jacques was in his working attire. He addressed me in his best of French. He was a sturdy guy; later I discovered he had performed strenuous jobs all throughout his life: road building, gardening, fishing. He is 68 but appeared to be in his 50's.

Monsieur Jacques is well-known in his small fishing village called Pavillon, located in Cap Malheureux at the northern tip of the island. He is the gentleman who rears dogs, has a sizeable plot of land along his house on which he cultivates vegetables, fruits and flowers and often goes out to sea in his personal small boat to fish. These activities keep him happily busy and bring him a pretty good income although he is supposed to be a retired person. His children are now grown up and married. In his comfortable and nicely furnished concrete house live three generations, including his grand children who bring joy to the whole family. Yet, Jacques started in life as a "boy" employed by a British family to do odd jobs.

Jacques believes in hard work and he is a man of sound principles. He has never lied in his life; he always keeps his promises. He attributes his success in life to the fact that people can trust him and, therefore, they like him. Furthermore, he always adopts a positive attitude, and does not waste time upon misfortunes, which he rather considers as opportunities to acquire experience in life.

According to Jacques, he is to-day entering a happy old age because, in a way, he has planned his life wisely. He feels everybody can do likewise. He, however, stressed upon the role the family and spirituality can play in our life.

Finding 3: More than half (13 of 24 [54%]) of the participants state that society is not affording required assistance for older people to achieve wellbeing.

54% of the respondents consider society in Mauritius is not providing necessary support for older people to enjoy wellbeing, and 46% are of the view that society is doing its best, although resources are limited. Those who are not satisfied with society's input express their opinions in the following terms:

> No, society is not doing everything it can. In certain cases society is taking from older persons. There are older persons who live alone and those who are mistreated by parents and children. Society could help them. (Marie Lise)

> In some cases yes, in many others no. For those who receive a pension from their ex-employer in addition to Old Age Pension, life is satisfactory. For the one who receives only the Old Age Pension as income life is very difficult. The person has to spend on accommodation, food, clothing, etc., it is very difficult to cope. If the person possesses enough resources, life can be pleasant. The person cannot always rely on his children. It can be shameful. (Helen)

> Most people do not know how to deal with older people. Society should therefore run awareness campaigns on how to move bed-ridden older people, how to help with his/her health, nutrition, social relations and the rest. ……. With necessary help, older people can live independently. (Ginette)

Some participants express this omission on the part of society in terms of a cleavage between younger and older people, as follows:

> No, it is everybody for himself. When younger persons in the family have to go out, they do not worry about leaving older folks alone at home. When older persons in a family need something, they are often deprived of such things. (Rita)

> Younger people in society are not interested to speak to older people; they consider older people outmoded. People only pay lip service to the notion of intergenerational relations. It is like a slogan. However, when younger people are in difficulties, they ask for the opinion of older people. (Pye)

However, a quarter (6 of 24 [25%]) of the participants recognize that government is doing what it can to bring wellbeing to older people, inspite of limited resources. They express their voice in the following terms:

> What government can do for older people, it is doing. But it should do more. Older people are isolated and neglected at home. Their children have no time for them, the children do not even talk to them. In olden days, we listened when elders spoke. This is no more the case. Older people need respect. Older people should not be made to pay for participation in activities. We could get sponsorships. Finance is a soar point for older people…. (Radha)

> Society is providing some assistance. Take my example, my husband was an electrician at the Central Electricity Board. So since his death, I get a pension. I also get the old age pension. At my age I can therefore manage. But this is not the case for all older people. (Thérèse)

Some feel that society is not doing enough and this is the case of Noel: "Society states that it will do everything to make older people happy. But from what we see some things are being done not others." Others, like Ram accept that society cannot do everything: "Society cannot do it 100%. It is doing as much as it can. Needs will never end. Society is doing appropriate things."

However, the good intention of society is not disputed as agreed by Ginette: "To conclude, we may say that society means well and is trying to satisfy the wellbeing of older people". This is shared by Noel: "Society has the best of intentions regarding older people. Yet many of them do not enjoy sufficient wellbeing."

But a few participants deprecate the involvement of politicians which vitiates the process. Chandr expresses his opinion on this issue: "Society is egoist. Politicians organize certain events for older people because they need their votes. Others ignore the older people." Goinsamy's views are expressed as follows: "Politics and hypocrisy have the upper hand in our country. Politics prompt jealousy and hatred among people." Modely has this to say:

> Society has become selfish. Past generations were imbued with the idea of cooperation and help. On occasions like the new year, people fraternized irrespective of origin or religion. It was great happiness. Today's society is fragmented and selfish. I think politicians are getting involved in all this and are dividing society. (Modely)

An important point raised, however, regarding actions by society with a view to ensuring the wellbeing of older people is the need to involve the

latter in the decision-taking. Ginette expresses this in these terms: "Society is doing things for older people but should be doing these with them, after taking their views and in collaboration with them." And Radha supports this view: "We should also ask them for their views and allow them to participate in decision-taking."

In this finding, more than half (13 of 24 [54%]) of the participants state that society is not affording required assistance for older people to achieve wellbeing. The finding is fully corroborated by the survey result whereby 85% of respondents agree that "As a Senior Citizen I expect more from the authorities."

LET THERE BE NO GREED

After the death of his father, Prem's mother strived to enable him complete his schooling. He then started studying to become a solicitor, but had to stop his studies and take up employment as usher in the judiciary service to help the family. He retired as chief usher and is now 72 years old. Experience has taught him that we should cut our coat according to our cloth.

Prem has a long track record of voluntary social work. He started with youth, later moved on to cooperatives, and for the past ten years has been working in the field of aging. He firmly believes that the State is already doing much to help older people, and that the latter should not show greed by asking for more and more. Older people, he says, should be taught and guided how to properly prepare for old age.

According to Prem's experience, most problems of older people in Mauritius arise from health and the family. Any further State intervention in favour of older people may be focused on these two sectors.

Finding 4: An overwhelming majority of participants (22 of 24 [92%]) believe that, to enhance older people wellbeing, attention and care from

family should be promoted, followed by better income (18 of 24 [75%]), improved health (18 of 24 [75%), social relations (13 of 24 [54%]), housing (13 of 24 [54%]), leisure (12 of 24 [50%]), counselling (11 of 24 [46%]) and security (10 of 24 [42%]), among other things.

Table 5

Items Enhancing Wellbeing

	CARE	INCOME	HEALTH	SOCIAL RELATIONS	HOUSE / HOME	LEISURE	COUNSELLING	SECURITY	INTERGENERATIONAL RELATIONS	AGEISM	INDEPENDENCE	RETIREMENT	PHYSICAL EXERCISE	ENHANCEMENT
Percentage Participants	92	75	75	54	54	50	46	42	33	25	21	8	4	4

The above table shows the items quoted by participants as enhancing wellbeing. Caring, income and health are quoted by the highest percentage of participants, followed by social relations, housing, leisure, counselling and security. In view of the small number of participants

quoting the remaining items, these are not included in this presentation of findings.

- *Family attention and care*

An overwhelming majority of participants (22 of 24 [92%]) state that family attention and care can enhance the wellbeing of older people. The high proportion of participants expressing this view is very significant. Participants explained this need by saying:

> First he needs security among his family. Warmth from the family is the best thing. Many older people find their way to residential homes, but they miss the affection from home. We need to educate family members about old age; they need to be aware of changes happening in old age referring to physical, psychological and social aspects of the older person. When the older person tries to be busy at his chosen occupations, he should be allowed to do things he likes. He should not be treated like a child and ordered around. (Vadivel)

> What they need however is attention from their family and environment, and this is not buyable. Formerly, adult children paid good attention to older parents, but in modern times they are pressed for time and neglect their older parents. Some adult children even trick their older illiterate parents into selling the family property. (Prem)

> He/She needs the support of the family. The older person should have a congenial and fixed place of abode. He/She should be like a pillar at home, in security and respected by family members. (Ken)

The importance of being surrounded by the family and of having a supportive family environment is stressed by most participants. The need for family and children support is expressed as follows:

First he needs a good family environment. With present lifestyle, both husband and wife in young couples have to work to earn a living. They leave home early in the morning to come back late in the afternoon; they have no time for older parents. In older days, there were always some family members at home to keep company. Now older people are isolated. (Chandr)

When older people is surrounded by the family he/she should feel happy. Those who are neglected by their children feel less happy. ….. We give life to our children, bring them up and give them education. In return we expect them not to ignore us. (Modely)

First, he/she (older person) has to get the basic needs, like food, housing, comfortable bed, hygienic surrounding, etc.   Then he/she likes his/her children to be around. He/She does not need much; when the grand children say good morning, this brings lots of happiness. The attention of the children is important. (Ginette)

Pye stressed the importance of a supportive family by stating that the older person first needs comfort, a comfortable home and a supportive family, other things like good health, sufficient income and the rest to follow.

Participants focused on the need to show love and affection to older people. Jacques said: "Older people need lots of things to be happy. First they need love and understanding to start within the family", and Suresh expressed this notion in these terms:

They (the older people) need affection, love and consideration. Not much! Give them their food and medication in time, they do not need more. They need attention. They have given life to their children, educated them, and given them the means to earn big

salaries.   ……   In old age, they expect more attention in return.
(Suresh)

The need to give attention to older people is repeatedly highlighted by participants. Modely expresses this by saying: "We may have everything: house, car, money and everything. What if our children ignore us?" Rita adds: "They consider themselves happy when they get attention and they are loved, especially by their parent, children, and grand children", and Thérèse concurs: "To be happy, an older person needs attention from the family" The following comment is cited by Ginette:

> Personally I believe what older people need is consideration from others. Apart from food, clothing and the rest, they need people to care for them, they need attention. When an older person talks about wellbeing, it means he/she does not feel lonely. (Ginette)

The majority of participants (22 of 24 [92%]) in this interview found attention and care from the family to be a priority requirement for a worthy wellbeing. This finding is fully supported by the quantitative result from the survey in which 82% of respondents agree that friendship and warmth can make them happier.

- *Income*

The second factor cited as contributing to increase older people wellbeing is reasonable income. 18 out of 24 (75%) participants state that income is important and they express this view as follows:

No money, no old age. There should be savings for old age. For his/her burial, for example, he/she needs money. He/She needs to plan a budget. Cost of living is rising. The habit in Mauritius is not good; savings for old age is not encouraged. In case for ill-health problems for example. In other countries insurance is encouraged, it should be encouraged here as well. (Rajen)

If older people have enough money, they can afford the things they need! ……. Older people can be happy only if they have enough money. To be happy, they must be able to pay people who will do things for them. (Noelie)

The income of the older person is a major problem; in most cases his income is not enough. If he/she had enough income the person could have paid for the services required. (Noel)

For an older person to be happy, Helen says it is "First good health, reasonable income, good environment, family, leisure," whilst for Jaya "Apart from good health, he needs the attention of his children and family, and also enough income for a decent living."

The most common complaint in regard to income is that the quantum of the old age pension is not enough. Noelie expressed the complaint as follows: "Most important is money. The Government pension of Rs 3,100 is not enough," Jaya commented: "the pension money only will not be enough to live for the old couple. An additional income may be needed," and Noel to conclude: "Old age pension is not enough. On the other hand, the family in many cases brings the older person to spend much of his/her money." The financial stringency is illustrated by Radha by the fact that "To pay a bus fare of Rs 75 (US$ 2.5) it is a big effort on the part of the older person," and by Rita as follows: "Very often older

persons' income is managed by their children or grandchildren. This deprives the older person of his/her independence." A second job is proposed as a solution:

> Those older persons who qualify for work pension will benefit from two pensions, including old age pension. Whereas those who are not entitled to a work pension will get only old age pension. This won't be enough for a living. The older person should have a second job. (Chandr)

Quantitative results from the survey found that 91% of respondents state that aging with sufficient income helps aging well. This interview result points in the same direction.

- *Health*

18 of the 24 (75%) participants state that sound health promotes wellbeing in older people. Comments by participants are as follows:

> From my long experience (10 years) with older people, most of them perceive wellbeing as good health and good family environment. Money is considered a third priority. (Prem)

> Worthy wellbeing means good health first. You may have lots of money but without health it is not worth it. If we become handicapped it is not worth living. (Jabhar)

All 18 participants state that a sound health helps older people to enjoy wellbeing. Both Helen and Jaya believe that "Good health comes first." Chandr thinks that for older people to enjoy wellbeing "They need good health, mobility and independence." Mahen's view is that to be happy

older people need "A house, enough food, good health. Health is very important."

The importance of good health in old age is recognized by participants generally. Rajen even emits the view that "health means wellbeing." Pye comments about health show that he is very conscious about the importance of good health in old age:

> On growing old frailty sets in and the person is prone to illness. Eyesight as well as hearing diminish and physical condition worsens. Walking becomes difficult. Before the advent of winter the person should reinforce the system with vitamin C and get the flu vaccine. Older people are not informed about precautions to be taken. Health service is free, but older people should be taught how to use it efficiently. (Pye)

A few of the participants (4 of 24 [17%]) show dissatisfaction with the health service. Ally comments: "Older people are not satisfied with the service in the dispensary. They must pay a taxi to attend health service. There should be a system of refund." Helen emits the view that the health service is "catastrophic". Noel criticizes: "Long waiting in hospital should be attended to." And Jaya comments: "If in old age, the free medical service is not enough, the children should provide additional specialist service for their older parents."

A few of the participants ask for special services to be provided for older people. Ken and Noelie both want to see "a geriatric service in the main hospitals," and Chandr feels we should have preventive medicine and community medicine for older people. However, Modely states that "older people could be educated so as to benefit from better health."

Only one participant expressed his entire satisfaction with the health service, as follows:

> For a backpain, I have been given excellent investigation and treatment in hospital. Yet people generally deprecate the service provided by government hospitals. If that service is that bad, would patients flock to hospitals? Old people are benefiting from a free health service, but they should use it judiciously and have patience. (Vadivel)

75% of the participants in this interview stated that sound health promotes wellbeing of older people. This is fully supported by the survey results, which indicate that 93% of respondents agree that if we maintain good health we are sure to be happy.

- *Social relations*

More than half (13 of 24 [54%]) of the participants state that social relations can enhance the wellbeing of older people. Participants express this as follows:

> Being a member of an association provides opportunities for the older person to socialize and enjoy different activities, e.g. medical check-up, computer, elderly watch. As part of activities of the association, the older person meets his equals and can therefore discuss his problems. (Prem)

> Another is to organize gatherings. However, formerly older people assembled in "baitkas" (clubs) very willingly, but nowadays they won't come if they are not treated with refreshments and food. (Ken)

One participant (Rajen) expressed regret that for financial reasons older people do not have the chance to visit the neighbouring islands to socialize with people. Radha describes how "we walk in group twice a week. This is an occasion for us to exchange views from the newspapers, to discuss, to do laugh therapy." Socialising among cotemporary people is facilitated by their common historical background and common old people problems.

- *Housing*

More than half of the participants (13 of 24 [54%]) believe that congenial housing contributes to the wellbeing of older people. This is expressed in the following terms:

> The older person prefers to stay in his home. Even if there are relational problems, removing the older person to another place is not a good thing. (Rita)

> Most older people possess a house; younger people are not interested to own a house. Parents are allowing adult children to build on top of the parent's house. There is however the problem of older people becoming undesirable in their own house. But older people should make an effort to live peacefully and to integrate the family residence. (Pye)

A few participants are of the view that old people's villages should be built where senior people could be located. A few others think that more residential homes should be built. Jaya warns that: "For those who possess their own home, they should not transfer property rights too early."

- *Leisure*

Half of the participants (12 of 24 [50%]) wish for more leisure in different forms in order to enjoy better wellbeing. They express this wish by saying:

> Opportunities to meet and interrelate. ……. Excursions, leisure help them to fill their time. ….. Leisure opportunity for relationship provides wellbeing. (Suresh)

> They like outing, they like leisure. Two centres exist, but they cannot cater for the high number of old people. Older people feel happy there. The number of centres should be increased. (Chandr)

Leisure seems to be in great demand by older people. The two recreation centres that exist cannot satisfy the demand. Furthermore, one participant (Rajen) emits the view that older people should be given the opportunity to visit neighbouring islands.

- *Counselling*

Nearly half of the participants (11 of 24 [46%]) stress the need for guidance and counselling to older persons. They believe this could help them prepare a better old age. Participants comment on this need as follows:

> Older persons should be better attended to, they should be provided with proper advice and afforded the right leisure, explained the danger of old age. (Rita)

> We should impress upon those nearing retirement age to take precautions and prepare for old age. They should be informed of all possible problems of old age. As soon as people reach the age of 50, they can be convened for proper briefing in groups. This can alternatively be shown on television or radio. (Pye)

> Certainly! We should be able to frankly recognize that in reaching X years we shall retire from active life, and find other activities to fill our time. Considering that we have had a long active life already, we can think of handing over to others. At the family level as well older people should not but criticize; it is not only young people who are at fault. Older people may tend to think that their way of doing things is always right. May be it is this conflict of generation which does not facilitate things.
> In the U.K. older people are entitled to counselling to prepare their retirement. Once the aging person accepts the fact that retirement is coming soon, aging becomes less of a burden. (Ginette)

The setting up of a counselling service for older people is considered necessary and counselling could start at pre-retirement (Ally). Older people could be taught how to maintain good relations and savings and explained the implications of giving away their assets to their children too early. Prem suggests that all necessary advice be broadcast on radio and TV. Although the need to give advice seems to be shared by many, some say such advice may be resisted.

- *Security*

Fewer than half of the respondents (10 of 24 [42%]) state that improving the security of older people can enhance their wellbeing. Rita comments that "Older people should all the time be accompanied, e.g. when

fetching their old age pension, at home he/she can be attacked by wrongdoers, in the streets he/she can be molested," and Pye who adds that: "It is up to the authorities to provide security to us. At night we cannot go out, ladies cannot wear jewels, rascals can steal mobile phones; yet we have a police force of 12000 men."

Rajen comments as follows: "Physical security at home, on the road, to access public buses. Older people meet security problems everywhere." Noel believes that "Older people also need security in order to be happy." A few participants say elderly watch and talks by police can bring some solution.

Table 6

Comparing interview and CIT findings

	Interview	CIT
• Family Attention and Care	Y	Y
• Increase Income/Pension	Y	Y
• Improve Health	Y	Y
• Social Relations	Y	N
• Better Housing	Y	Y
• More Leisure	Y	Y
• Provide Counselling	Y	N
• More Security	Y	Y

Y = Yes   N = No

A comparison of the findings from the interviews and the CIT study regarding actions to enhance wellbeing of older people reveals similar actions, except social relations and counselling in the CIT study. Data from the quantitative study therefore support those from the qualitative method.

Using quantitative and qualitative methods as above offers the opportunity for triangulation. "Triangulation is an epistemological claim concerning what more can be known about a phenomenon when the findings from data generated by two or more methods are brought together" (Moran- Ellis et al, 2006, p. 47). A common way in which mixed methods are now triangulated is for different results to reflect different aspects of a phenomenon being studied.

In the present study, triangulation has allowed findings from the CIT study and those from the interviews to corroborate each other.

To conclude, it would be pertinent to state that the way data have been interpreted in this study is only one among possible ways. There exist other possible interpretations.

4.6   SUMMARY

This Chapter presented the findings obtained from a questionnaire survey, a critical incidents study, and a series of semi-structured interviews.

The survey showed that more than half (57%) of the respondents experience life satisfaction, but over one third (37%) do not. It can be inferred therefore that there are two groups of older people in the country, those who experience life satisfaction and those who do not.

In the critical incidents technique study, older people had the opportunity of saying what would enhance their wellbeing. They mentioned family attention and care, increased income/pension, improved health, better housing, more leisure, and better security.

The interview findings were organized according to the research questions. As required by qualitative research, extensive quotations from participants are included in the report.

The first finding from the interviews also indicate that there are two groups of older people. 87.5% of the respondents state that they are satisfied with their own level of wellbeing, whereas 71% believe that other older people's wellbeing is low. To explain this low wellbeing they say older people are overburdened with responsibility for family and children, which leaves them no possibility to plan for their old age properly. Other causes for low wellbeing are said to be isolation and poverty. However the remaining 29% who state that older people experience high wellbeing ascribe this to free medical service, free transport, old age pension, housing, education, and cordial family relations.

The second finding is that an overwhelming majority of participants believe that society is responsible to ensure wellbeing in old age. Although older persons should prepare for their old age and family has an important role to play, the duty to ensure the wellbeing of older people finally devolves on society.

The third finding is that more than half of the participants believe that society is not affording required assistance for older people to achieve wellbeing. Whilst the overwhelming majority of participants acknowledge that older persons should prepare for their old age, well over half of the participants believe that the family has an important role to play in bringing wellbeing to older people, provided this is done jointly with society. Ultimately it is society who shoulders the burden.

The fourth finding is that the overwhelming majority of participants state that family attention and care can be a powerful engine to enhance the wellbeing of older people. Income, health, social relations, housing, leisure, counselling and security have been found to also promote wellbeing in older people.

The results of the critical incidents study have been found to tally generally with Finding 4.

The next chapter shall deal with further analysis and interpretation of the findings.

CHAPTER 5
ANALYSIS AND INTERPRETATION OF FINDINGS

The purpose of this research was to explore the level of wellbeing of the older people in Mauritius and to suggest ways to improve the life of our seniors. It is hoped that the findings of this study will enable policy-makers to rethink policies so as to enhance the wellbeing of our older people.

This research collected qualitative data by conducting in-depth interviews (N=24), and collecting supportive data by using a questionnaire survey and critical incidents (N=244). All participants were old age pensioners, within the age range 60 to 89 years. The study was based on the following four research questions:

1) How the older people in Mauritius view their present level of wellbeing?
2) Is ensuring wellbeing in old age the responsibility of the person, the family or the society?
3) Is society affording the older people what the latter require to satisfy their wellbeing?
4) What changes should be introduced to enhance the wellbeing of the older people?

The findings in Chapter 4 provided replies to these questions. The study shows that opinions are divided about the level of wellbeing among older people. Those with higher socioeconomic status (Chairpersons of Senior Citizens' Associations) say they enjoy a good level of wellbeing, but they believe other older people experience low wellbeing. On the contrary, other older people themselves, with the exception of a third among them, state that they are satisfied with their level of wellbeing. Participants in the interviews state that it

is the responsibility of society to ensure wellbeing in old age, but in Mauritius society is not fully endorsing this role. They believe that to enhance older people's wellbeing, attention and care from the family should be promoted, as a priority, followed by higher income, improved health, social relations, housing, leisure, counseling and security, among others.

The objective of the present Chapter is to analyse, interpret and synthethise these findings. The Chapter is organized according to the following analytic categories:

1) Older persons' opinion of their present wellbeing.
2) Who ensures the wellbeing of older people, and is it being done?
3) How to enhance the wellbeing of older people?

These analytic categories reflect the substance of the study's research questions. Connecting patterns and themes within and between these categories have been identified during analysis. The themes are linked to research and literature wherever applicable.

In the previous Chapter, the findings of this study were presented by organizing into categories data from the different sources to produce a narrative. The present Chapter shall provide interpretations of these findings. The previous Chapter split the data into pieces to tell a story; this Chapter shall provide a holistic view of the whole story. The objective is to produce from the analysis an integrated picture in the form of a layered synthesis. Whenever appropriate, relevant literature is integrated in the discussion.

5.1 ANALYTIC CATEGORY 1: OLDER PERSONS' OPINION OF THEIR WELLBEING

The first research question sought to determine how older people in Mauritius viewed their level of wellbeing. This was done in two phases: 1) through interviews, by asking Chairpersons of Senior Citizens' Associations about the wellbeing of their members; and ii) during a survey, by asking older people directly about their personal wellbeing. A large majority of the interview participants indicated that older people do not enjoy a high level of wellbeing. In contrast, a majority of the respondents in the survey stated that they experience life satisfaction.

The interview participants expressed their view in the following terms: "From what I observe, many older people are not happy. Three quarters among them are not happy" (Noel), and "Older people in Mauritius lack lots of things. I guess about forty percent are happy people" (Pye). The main reasons given for low wellbeing are lack of family attention and care, low education, and low income.

On the other hand, more than half of the respondents in the survey said they experience life satisfaction. In addition, an overwhelming majority stated that retirement has not been a shock to them, they have opportunities to socialize with parents and friends, that leisure programs help them stay active and make interesting contacts, and that people of all ages are respectful to them. In short, through these positive statements the majority of respondents declare that they experience wellbeing. There is therefore no convergence between the interview and the survey results regarding the level of wellbeing experienced by older people. This discrepancy needs further exploration and explanations.

Although triangulation is often used to obtain confirmatory results, divergent finding is not a weakness (Patton, 2001). Jick believes that when divergent results are obtained, alternative and more complex explanations can be elicited (Jick, 1979). Divergent results are said to be an opportunity to seek more nuanced explanations and valuable additional findings (USAID, 2010).

According to Ereault and Whiting, ………

> wellbeing is a *social construct*. ……. The meaning of wellbeing is not fixed – it cannot be. It is a *primary cultural judgement*; just like '*What makes a good life*?' It is the stuff of fundamental philosophical debate. What it means at any one time depends on the weight given at that time to different philosophical traditions, world views and systems of knowledge.
>
> (Ereault & Whiting, 2008, p. 7)

In addition to the broad range of factors that influence wellbeing, research finds that deep-seated cultural differences between societies and groups are also important to feelings of wellbeing. Higher wellbeing tends to occur in individualist compared to collectivist cultures (Ryff, 1989; Suh, Diener, Oishi & Triandis, 1997; Veenhoven, 1994a).

In this socially and culturally constructed understanding of wellbeing, the concept of wellbeing becomes person-centred since all persons, including officials and academics, see and speak from a particular place, and none has an unbiased universal vision. The perception of the wellbeing of older people is therefore likely to be different for different people or groups. This may be an explanation why a majority of older people in Mauritius say they enjoy life satisfaction, whereas Chairpersons of Senior

Citizens' Associations interviewed say their members experience low wellbeing. This difference in perceptions may have various origins.

Research shows that the proportions of people who report high levels of subjective wellbeing increases with age (Carstensen, 2009; Pinquart & Sorensen, 2000; Yang, 2008b). Having already experienced losses and disappointments, older people know how to cope with life. They become less inclined to negative moods, more resilient to criticisms and more capable of controlling their emotions. They, therefore, can make the best of the time they have to live. It does not, therefore, seem inconsistent with the above when the majority of respondents (57%) in the survey state that they enjoy life satisfaction.

Yet as many as 71% of the Chairpersons interviewed say their members do not enjoy high wellbeing. This is an expression of the chairpersons' perceptions. Chairpersons are usually selected from people of a higher socioeconomic group, like former teachers, nurses, police officers, or other fairly senior public officials. Such a person could well be looking down on the illiterate members by saying the latter are not enjoying high wellbeing. These Chairpersons may also be identifying themselves with the powerful political class who usually support them to be elected as Chairpersons, and then play power games on the illiterate members.

Chairpersons may also perceive their members as enjoying low wellbeing when these members persistently make requests to their Association. For example, they often want to go to the Recreation Centre, for an outing, or to have parties organized for them. The question of payment always arises, and the members cannot afford it. The Chairperson then has to secure sponsorship from some company around. This reliance of

members on their Association could have been interpreted as low wellbeing.

Stereotyping of old age may yet be another reason why Chairpersons feel their members are unhappy. Stereotypes are a set of beliefs which shape the way we think and behave in life. Current stereotypes of older people are that they are needy, unhappy, senile, inactive. Stereotypes about aging are acquired early in life and they become embedded and taken for granted. Negative stereotypes are likely to have adverse effects on older people and detrimental consequences on their health and wellbeing. Research found that older people who hold negative stereotypes about themselves display a more negative response to stress, have lower self-efficacy and impaired cognitive functions; they are also more likely to have a negative view of other older people (Levy, 2003). In the present study, stereotypes of old age could possibly have influenced the Chairpersons' perceptions.

These may be reasons which could have led Chairpersons of Senior Citizens' Associations to believe that their members experience low wellbeing. We shall now discuss in turn the main reasons given for low wellbeing, that is lacking of family attention and care, low education, and low income.

Lack of Attention and Care from Family

Lack of attention and care from the family is the reason most frequently given by participants in the interviews for the low wellbeing of older people. Most participants are of the view that older people need love, understanding and respect. They believe that a cordial supportive family

environment brings happiness to older persons. They express this view by saying: "They consider themselves happy when they get attention and they are loved, especially by their parents, children and grandchildren" (Rita) and "First priority, harmony in the family. Older people must feel supported by family members" (Radha). Merz and Consedine, authors and researchers, give credence to this perspective when they say:

> Social support is important for individual wellbeing across the lifespan but may be of particular importance in later life when occupational, economic, functional, and health challenges increase. Given links between cultural expectations of love, bonding, solidarity and family affiliation, the family, in particular, appears to be an important source of life satisfaction and wellbeing for aging adults.
>
> (E.M. Merz & N.S. Consedine, 2009, p. 3)

Family relations are said to be the most important and salient social relationships in the life of older persons (Cicirelli, 1977; Reisman, 1981). In times of need, people appear to turn first to kin for help (Penning, 1990). The family acts as a web of protection that isolates, helps and control older people (Silver, 1998). Hagestad and Unlenberg (2006) have argued that only the family has survived as an age-integrated institution.

In developing countries it is usually the practice for older people to live with adult children (Velkoff, 1994), but not in developed countries. In these latter countries, social capital is made to accrue in the form of time, money and affection invested early in young children. There is an obligation to reciprocate later when the parents are in need (Henretta et

al, 1997; Silverstein et al, 2002). This is the model which older people in our study seem to try to imitate, not with great success.

What kind of support that older people expect from family? Bild and Havighurst (1976) identified support like advice on life's problems, advice on jobs or business, transportation, housekeeping assistance, financial assistance, gifts, advice on money matters, help during illness, shopping help and running errands. Types of support were also seen to meet needs of older people involving health, mobility and economic resources (Lee & Ellithorpe, 1982). In speaking of the type of support old people expect, participants in this study refer to: "If the older person has enough revenue, his/her children would take better care of him/her" (Rajen), "We may have everything: house, car, money and everything. What if our children ignore us? This is the first priority to have" (Modely), "Often when we older people talk to other people including our children, we are ignored. This grieves me a lot" (Prem). It seems that the support expected from family in Mauritius is more moral and psychological than material.

But ambivalent attitudes in close relationships between older parents and adult children can exist in the form of contradictory emotions and cognitions. Ambivalence describes conflicting sentiments experienced within one relationship; it refers to a situation in which an individual experiences simultaneously positive and negative feelings toward the same person. In a caregiving situation involving older parents and adult children ambivalence may therefore appear, giving reasons for the older persons to complain.

In extreme cases, older parents have been shown to be especially vulnerable to abuse (Wells, 1987). In many cases youth engage in violent behavior against their parents, even assaulting and causing bodily injury (Agnew & Huguley, 1989; Paulson, Coombs & Landsverk, 1990). Mothers are known to be the most frequent victims. Conflict between parents and offsprings may be common during adolescence for then youth are negotiating the transition to adult roles (Hill, 1988).

In many families in Mauritius, older parents are subject to ambivalent attitudes, abuse or violence on the part of their children. These parents usually hide, deny or minimize such reprehensible behaviour (Charles, 1986; Cornell & Gelles, 1982). Parents in this situation are probably among those wishing for better family attention and care.

However, there are two specific instances when the older person tends to rely on family support: retirement and failing health. Retirement usually happens when old age approaches. Retirement is likely to be accompanied by shocks, losses, and adjustments in about one third of cases (Braithwaite & Gibson, 1987; Braithwaite, Gibson & Bosly – Craft, 1986). Retirees may experience various losses, for example friendships in the workplace, fringe benefits and perks, and work as a centre point for a work/life structure. The latter is to be replaced by a retirement/life structure, and this is a challenge. Going into retirement raises a problem of identity, because retirees' identities are largely shaped by their jobs (Antonovsky & Sagy, 1990). The validation of their new identities by their family members makes transition easier. If retirees can enlist the support of their families, they stand more chances to adapt to retirement (Sagy, 1992). In the light of the foregoing, the expectation of older

retirees in Mauritius for attention and care from the family seems understandable.

Old age is accompanied by wear and tear and, at times, by serious health conditions which necessitate constant attention and care. In the latter situation, older people first turn to the family for support. Family members have traditionally been the main source of care to elderly relatives. In the present research, participants express this view by saying:

> If we do not enjoy good health and in addition to being neglected by the family we have bad health, we'll be completely dejected (Modely).

> Enjoying good health makes older people happy. They then need attention and cannot live independently. Good relations and family environment are also important (Rita).

Literature shows that good interpersonal relationships influence health and wellbeing, and lack of support from family is associated with greater vulnerability to ill-health (Cicirelli, 1990; Hughes & Waite, 2002). Family members can bring personal attachment, emotional intimacy, and reciprocity which positively heighten physical and psychological care (Grzywaez & Marks, 1999; Umberson, 1987). In the present study, therefore, failing health is likely to be an important event in the life of the older person, when the latter badly expects support from family members.

Family relationship is of utmost importance in Mauritius. Dating back to the days of slavery and Indian immigration in the country, males were brought alone to the island. Their family has now become the nucleus

which provides motivation, inspiration, and solace. Being let down by their family or children, therefore, is a very objectionable action which brings sorrow and unhappiness.

Apart from lack of attention and care from family members, participants in this study have identified low education and low income as causes of low wellbeing.

Low Education

Low level of education has also been cited as a cause leading to low wellbeing in older people. Participants in the interviews voice this in the following way:

> Those who have had a high level of education were entitled to a good job. They therefore could expect a nice old age. This is not the case for those down the ladder, for example with scanty education who were compelled to work as labourers. (Modely)

> We would say 75% are happy. About half of these planned their old age. Most of these were educated people. The remaining was striving at the lower level of the social ladder to make a living, and could not therefore afford to plan their old age. (Prem)

Sabates and Hammond provide support to this relationship between education and wellbeing when they say:

> The positive effects of education on happiness and wellbeing result from a variety of intermediary processes, which probably include higher income, non-alienating work, household composition, health

behaviours, use of health services, emotional resilience, social capabilities and amongst older adults, better physical health.

(R. Sabates & C. Hammond, 2008, p. 22)

There has been low positive association between education and life satisfaction in empirical studies using data from various countries (Caporale et al, 2007; Veenhoven, 1996). Positive association has also been found between education and happiness, robust to the inclusion of family factors (Hartog & Oosterbeek, 1998; Gerdtham & Johannesson, 2001). In the UK, those with A–levels and higher degrees had higher levels of life satisfaction than those with lower qualifications (Oswald & Powdthavee, 2007), and in the USA years of schooling were found to be positively associated with life satisfaction (Oreopoulos, 2003). However, the relationship between education and wellbeing can seem ambiguous because of its relationship with other influences of wellbeing such as health, income, trust, and household composition (Ferrer-i-Carbonell, 2005; Helliwell, 2002).

Older people literacy rate in Mauritius is 55% (Population Census, 2005), and this low level of education would, therefore, be compatible with a low level of wellbeing. During the French rule in Mauritius from 1715 to 1810, there was reluctance to provide education to the masses made up mainly of coloured people and slaves. Popular education was introduced by missionaries from 1815, and from a private enterprise it developed into a national education system. Primary education became free since 1944; today education is compulsory up to the age of 16. But many older people of today have probably missed the opportunity of benefiting from education in their childhood, especially free education.

In the present study, a number of participants cannot prepare their retirement because of low education. They do not know what to plan and how to plan it. One of the participants, namely Prem, explains this by saying: "Half of the older people know about things to do after retirement; those who have no education do not know". Suresh comments in the same sense: "Definitely, educated people can plan. Not others. They tend to trust their children." Low education, therefore, seems to act as a barrier to wellbeing.

Subjective wellbeing in old age is directly or indirectly influenced by some psychosocial characteristics. Older people resort to these in order to compensate their losses. By comparing their view with those of people who are less advantaged, that is using *downward* social comparison, older people can have "evidence" that the quality of their own lives is high (Rosenberg, 1979). In a similar way, older people can view their lives in positive terms using goal-discrepancy theory. The process of "selection, optimisation and compensation" is especially resorted to by older people to sustain high levels of subjective wellbeing, despite faulty, chronic disease, and social losses (Baltes & Carstensen, 2003). Illiterate old persons or those with low education may find it too intricate to understand these mechanisms, in order to attain a good level of wellbeing.

Participants in this study indicated that the causes of low wellbeing in older people were lack of attention and care from family members, low education, and low income. We shall now discuss low income.

Increase Pension

A wide majority of participants in the interviews ascribe older people's low wellbeing to their low income, and ask that old age pension be increased. They express this in the following ways:

> The cost of all services like electricity, water, gas is going up. The older person is finding it exceedingly difficult to make both ends meet. He/She could be given an increased pension in order to enhance his/her wellbeing (Noel).

> Older people deserve to be happier for they are the ones who contributed through their effort to make our country prosperous. Their contribution has to be recognized and acknowledged. Unfortunately, the meager old age pension they get is not enough to allow them to live decently. On top of that, all prices have risen recently (Ginette).

Why does the state provide pension to older people? Income security in old age was acclaimed as a fundamental human right by the Universal Declaration of Human Rights in 1948. Affluent countries have set aside necessary amounts to provide income security for older people, but not poor countries (Kidd, 2009). In modern society the conditions do not enable the worker, unaided, to provide for his old age. Unless Government sets up appropriate pension mechanisms, the whole community will inevitably have to shoulder the enormous problem for the care of the dependent aged (US Social Security Board, 1937).

According to the World Bank, the main mechanism to escape poverty is income from work, but older people are less and less able to earn labour

income as time goes (Schwarz, 2003). How poor are older people? Poverty rate increases with age. For example, in the United States in 1999 the poverty rate for persons aged 65 to 74 years was 8.9 percent, 9.8 for persons aged 75 to 84, and 14.3 percent for persons 85 years or older (Hungerford, 2002). Household survey data for Bulgaria, Nepal, Tajikistan, Panama, Nicaragua and Peru show similar results. These data suggest that older people tend to be poor, and the older they become the greater the risk of extreme poverty (Schwarz, 2003). Mauritius is no exception: the average monthly income among older people is as low as US$ 142 (Population Census, 2005). Poverty rates for older people living with more than one younger person would be as high as 30 percent without a universal pension (Kaniki, 2007).

In this study, both survey respondents and interview participants state that low income contributes to low wellbeing, and ask for their pension to be increased. They say it is difficult to live on their meager pension only. Is old age pension meant to meet all the needs of the older person? The World Bank recommends a multi-pillar system as income security in old age (World Bank, 1994). Mauritius has a three pillar system comprising of a universal pension, an earnings-related pension, and other individual arrangements including savings. The three pillars are meant to be complementary so that the eventual level of pension is adequate. However, many older people rely only on the old age pension to live, having neither earnings-related pension nor savings. In fact, for cultural reasons, most people of Indian origin invest in their children, with the hope of being taken care of in their old age. In any event, for budgetary reasons, the state may find it difficult to increase old age pension, especially if this is a universal pension and in the light of rapidly aging population.

The United Nations, in its discussion paper titled "Universal Pensions in Mauritius; Lessons for the Rest of US", quotes the Mauritius non-contributory universal old age pension as an example to be followed by other countries, especially those in the developing world (Willmore, 2003). Old age pension was introduced in Mauritius in 1950 and became universal in 1958. As at year 2011, 11.8 percent of the population (151,540) is eligible to a monthly old age pension as follows:

Table 7

Monthly Pension

Age (Years)	Amount US$
60 – 89	108
90 – 99	320
100 +	364

(Ministry of Social Security, 2012)

Old age pension expenditure represents 61% of the social security budget, 1.8% of GDP, and 7.0% of government expenditure (Oxford Policy Management, 2010). In addition all old age pensioners benefit from free public transport and anti-influenza vaccination and also, whenever justified, from the following:

- Incontinence allowance
- Carer's allowance
- Rent allowance
- Wheelchairs, hearing aids, spectacles, dentures

- Domiciliary medical visits
- Funeral grant

In addition, in the context of its welfare regime, Mauritius provides to the whole population free education, free health service and subsidy on staple foodstuffs like rice and flour.

But there has been talk about a welfare–state crisis for almost a century (Willensky, 2006). According to the World Bank (1994), whilst over half of the world's old people depend on informal provision, countries in Latin America, and Central and Eastern Europe find it difficult to maintain their existing pension system. Developed countries of the OECD find their pension systems have become too generous and are now no more affordable. Most governments, therefore, have a welfare reform agenda but it has been found that welfare states are almost impervious to reform attempts (Fawcett, 2006). To reduce obligations of the state, benefits formulas are being modified, and income-testing and taxation are being resorted to (Willensky, 2006). Such being the world trend, can Mauritius be more generous than annually compensating for inflation?

In summary, the first research question sought to determine how older people in Mauritius viewed their level of wellbeing. The majority of older people say that they enjoy life satisfaction, whereas Chairpersons of Senior Citizens' Associations state that older people do not experience wellbeing. This discrepancy is ascribed to the fact that wellbeing is a social construct and to the low socioeconomic status of older people, the frequent requests they make, and to stereotyping. The reasons given for low wellbeing are lack of family attention and care, low education, and low income. Good family relations have been found to be conducive to

wellbeing, but older people complain about being ignored by their children. Support from family members is also thought to be required due to losses after retirement and also in case of ill health or disability. Low wellbeing is also attributed to low level of education, which deters people from properly planning for their later years. Literacy rate among older people in Mauritius is only 55%, meaning that half among them have not benefited from education in their childhood. Most older persons state that they need an increase in their old age pension. Although income security is a human right and poverty rate increases with age, old age pension is not meant to be the sole support in later years. Mauritius is already providing a universal pension, along with a variety of assistance to old people. All welfare states are contemplating a reform agenda instead.

5.2   ANALYTIC CATEGORY 2: WHO ENSURES THE WELLBEING OF OLDER PEOPLE, AND IS IT BEING DONE?

An overwhelming majority of participants (96%) in the interviews state that it is the responsibility of society to ensure that older people enjoy wellbeing. Well over half of the participants (67%) believe that the family has also a role to play in bringing wellbeing to older people. An equally large proportion (67%) feels that both society and family should work together in this endeavour. Prem, one of the participants, says: "But for the older person's wellbeing to be optimum, there should be the combined effort of society, family and the person her/himself. It is like a chain reaction."   Ginette, another participant, supports this in the following terms:

> The older person should take an active part in calling for these
> changes. But older people cannot do it alone. If all the parties

together, that is society, family and older people join hands together, they can bring about a worthy wellbeing for older people. (Ginette)

Katie Wise of New York University School of Law gives credence to this perspective when she says:

> While such demographic changes are certain, the issue of who bears responsibility for the care of the elderly is much less so. In attempting to resolve this issue, this Note argues that care for the aged is neither an exclusively private matter to be left to the family nor an exclusively public concern best left to the state. Instead, this Note advocates a system that regards elder care as both a public and private matter, where family and state share responsibility for providing care to the elderly.
>
> (Katie Wise, 2002, p. 565)

Caring for older people would mean ensuring their wellbeing by providing for example financial assistance, shelter, health care, personal care, helping with household tasks and transportation. Before modernization, caring for older people used to be the responsibility of the family (Walters, 2000). Social and economic changes have brought a disintegration of the traditional family and the emergence of the nuclear family. Family responsibilities are today understood as less binding (Krause, 1990). Although many younger family members still attend to their older relatives, there is no formal obligation for them to do so. But most governments, including Mauritius, have enacted programs to aid older people, for example, social security and medical schemes. Whose responsibility is it to care for older people – the state or the family?

Various reasons justify the obligation of adult children to care for and support older parents. This duty is considered to be a fundamental Judeo-Christian value: "Honour thy father and thy mother". Filial duty is also an important constituting element of the Hindu, Islamic and Buddhist religions. Adult children are also expected to care on grounds of indebtedness and reciprocity: "our parents gave us life and took care of us when we needed care; in return, we owe them care when they are in need" (Lindemann Nelson & Lindemann Nelson, 1992, .p. 747). Public cost-containment is another strong reason to entrust elder care to the family. Moreover, the family offers a warm and comforting environment to the older person.

However, assigning responsibility for the care and support of older people to the family has some weaknesses. Relying solely on the family may lead to major class-based discrepancies "(T)he availability of medical care will depend greatly on family wealth rather than some other basis, such as degree of need or relative importance of the care provided" (Teitelbaum, 1992, p. 800). Relying exclusively on family responsibility will hurt certain ethnic groups more than others, because culturally persons of certain races are more used to provide care and support to their older parents (AARP, 2001). It will have gender implications, as the caregiving role usually devolves on women. Caregiving responsibilities also affect the health of the care-provider (Kline, 1992). It is also said that inspite of costly state aid to older persons, poverty is still present among this age group (Kline, 1992) and a further rationale is that if services are free older people will overuse these (Teitelbaum, 1992).

But, as a moral duty, society may have an interest to guarantee care and support to its aging population (Bernt, 1996). Also as a token of

gratitude, society may give elders support for having promoted the economy, raised younger citizens, or provided social or other services. However, an important reason for providing social security to workers in Germany in 1889 and in other European countries was because political leaders were concerned about possible social problems that could result from the industrial revolution and the new economic system built on competition (Schultz, 2010). On the other hand, those who prefer individual freedom and limited government interference state that society should not interfere with the role of the family in dealing with older people. There are also those who fear tax increases following government interventions (Teitelbaum, 1992).

Taking into consideration the above arguments, the best approach to care and support for older people seems to entrust the responsibility to both the family and to society. Family action is to be rewarded and encouraged by the state through public support. Such a policy would help contain the costs and at the same time promote positive family relationships (Wise, 2002).

Provision of income security by the state has known various fates since its inception at the end of the nineteenth century. In the UK, for example, in the 1950's when labour was in short supply, early retirement was discouraged and the reserve labour-force of older workers was tapped. But with increased unemployment in the 1970's, early retirement was encouraged (Walker, 1981). During the past decades, concern has been raised about the future viability of social security programs, in the light of population aging and rising revenue to pay promised benefits (Shultz, 2010). Pension reform is on the agenda of most welfare states. Concerns

have also been expressed about the Mauritius Pension Scheme (World Bank, 2004).

Yet, in the context of the present study, more than half (54%) of the participants in the interview state that society is not taking necessary measures to ensure the wellbeing of older people; 46% say it does. This indicates two categories of older people, those who are satisfied with the state's interventions, and those who are not. The latter category is likely to be those with lower income and lower level of education.

The World Bank has found that a small percentage of older people in the country depend only on old age pension as a source of income. They recommend that reducing the number of recipients of the fund will allow for benefits to those in need to be increased (World Bank, 2004). It seems that a modified version of this proposed formula could be a solution to the request of many older people for an increase in their old age pension.

In summary, a large majority of participants state that both the family and society should work together to ensure the wellbeing of older people. Katie Wise of New York University School of Law gives credence to this approach. With the emergence of nuclear families, family responsibility has become less binding. Family obligation to support older people is justified on the basis of religious reasons, on grounds of indebtedness, and for cost-containment reasons. Its weaknesses are that it leads to class-biased discrepancies, it may be disadvantageous to some races, will have gender implications, and may lead to waste in use of services. But society may wish to support its older people as a moral duty, as a token of gratitude or to avoid social problems. Provision of income security to

older people has varied in different periods according to government's changing policy. Participants feel society in Mauritius is not enhancing the wellbeing of older people. The World Bank states that the number of old age pension recipients can be reduced to enable payment to the needy to be increased.

5.3 ANALYTIC CATEGORY 3: HOW TO ENHANCE THE WELLBEING OF OLDER PEOPLE?

The three major improvements which participants in the interviews say would enhance the wellbeing of older people are attention and care from the family (91%), increased income (75%) and better health (75%). These are followed by more social relations (54%), provision of housing (54%), more leisure (50%), counselling (46%), and better security (42%). It will be noted that lack of attention and care from family and low income were already quoted as reasons for the low wellbeing experienced by older people (Analytic Category 1).

Attention and Care from Family

Older people seem to attach great importance to family relations. They value attention and care from their family most of all and consider this to be the major thing that can enhance their wellbeing. Participants in the interviews expressed this as follows:

> I consider lack of consideration by the family as a major problem. Almost 40% of older people complain of lack of attention on the part of family. Formerly all members of the family, including older people, lived happily together. In modern days things have

changed. We need to carry out a lot of information work, especially between the generations. (Prem)

All throughout this interview, I have mentioned a number of measures that should be taken. But the most important thing to do is to show the older people that we care for them. Caring can be expressed by a smile, by holding hands, by uttering a gentle word; there are dozens of ways of doing this. (Ginette)

Attention and care from family is also indicated in the CIT Study as a function which enhances the wellbeing of older persons. Furthermore, in the survey although more than half of the respondents state that it is normal for their adult children to live away from them, a wide majority declare that they seek intergenerational contacts.

Credence is given to this perspective by the project OASIS (Old Age and Autonomy: The Role of Service Systems and Intergenerational Solidarity) 2000-2003, which analysed the intersecting role of the family and the welfare state on autonomy and quality of life in old age (Lowenstein and Ogg, 2003). The study found that in the five countries it covered (Norway, England, Germany, Spain and Israel) efforts of families and the welfare services were complementary but older persons as well as family members would rather see the state shoulder more responsibility. Although filial norms are still strong, public opinion prefers partnership between the family and the state. Making a wide choice of care available brings greater satisfaction and autonomy to the older person. However, consolidating the older person's individual resources is vital for the person's autonomy and quality of life.

It can be concluded that older people almost unanimously need family attention and care to experience wellbeing.

Increase Income

As in most countries in the developing world, poverty among older people in Mauritius is a fairly significant problem. They have very little income apart from their old age pension. It is difficult for them to secure employment at their age, and they often have to share their pension with other family members. This is the reason why most older people ask for an increase in pension in the hope of attaining a slightly higher level of wellbeing. Participants explain this by saying "The pension money only will not be enough to live for the old couple. An additional income may be needed" (Jaya), and –

> For older people belonging to the Asian group, there are no big problems. For the other majority group (creole) lack of income is always a problem. They live from hand to mouth. However, mixed marriages from these two groups tend to bring some stability. (Vadivel)

Both data from the CIT study and the survey corroborate this result. More than half of the CIT respondents plead for an increase in pension. An overwhelming majority of the survey respondents believe that aging with sufficient income helps aging well, and moreover, well over half of them say that they depend on financial assistance to make a living.

The English Longitudinal Study of Aging (ELSA) endorses this perspective. ELSA is a study of people's quality of life as they age

beyond 50 years and of the factors associated with it. The study found that at age 52-59 only 10% of people in the bottom quintile of wealth said they never lacked money to spend on their own needs. This increased to above 30% at 70 years or over. But the older people become, the more they feel deprived compared with people around them. Negative experiences of aging are far more common among the poorest than the richest. All these results point to the necessity of finding a means to increase the old age pension, at least to those older people who are most indigent.

Improved Health

Better health is considered by most interview participants as a priority element to enhance their wellbeing. Rita expresses this view as follows: "To be able to lead a comfortable life, the older person needs a good health. The authorities therefore have to concentrate on improving the health of older people." A few other participants state that geriatric wards are needed in the main hospitals. (Helen, Noelie)

This is corroborated by respondents in the CIT study. Furthermore, an overwhelming majority of respondents in the survey believe that if they can maintain good health they are sure to be happy (98%), and they declare that good health is their top priority in old age (99%).

The results of the English Longitudinal Study of Ageing (ELSA) indicate that health risks are linked to wealth – the less the wealth the higher the risk. People having more education are likely to preserve their physical functioning longer. Quality of life is reduced by depression, poor

perceived financial situation, limitations in mobility, difficulties with everyday activities and limiting longstanding illness.

In their chapter dealing with the "Epidemiology of Ageing" in the Sage Handbook of Social Gerontology, Dawn Alley and Eileen Crimmins state that:

> Clearly, age is one of the most important factors representing risk of poor health outcomes. …….. The same physiological changes that lead to increased mortality risk with age also increase the risk of disease and disability. ……… As individuals develop a greater burden of chronic disease with age, the focus shifts from preventing and curing disease to managing chronic diseases, preventing disability and increasing quality of life.
>
> (Alley & Crimmins, 2010, p 1-2)

In Mauritius, in view of its rapidly aging population, chronic diseases and disability are on the upsurge. Although a free health service is available, emphasis is on curative medicine. Geriatric medicine has not been introduced and there is no home care for bedridden older people, except doctor's visits to the very old. Old patients attending hospitals and dispensaries complain of ageism and inappropriate medical care. Older people's claim for a better and more appropriate health service seems justified. Health and income are identified as important drivers of subjective wellbeing in most wellknown studies (Bowling, 2005; Netuveli et al, 2006; Ferring & Wenger, 2003). In the present research, in addition to attention and care from family, income and health, participants have mentioned also social relations, housing, leisure, counseling, and security.

Promoting Social Relations

More than half (54%) of the interview participants state that promoting social relations will enhance the wellbeing of older people. On the other hand, three quarters of the survey respondents say that support from the community and friends is important to them, community work can help them fight isolation, and friendship and warmth can make them happy.

This is expressed by Rita who says: "Good relations are important with family, neighbours and society." It is supported by another participant, Prem, who states:

> Being a member of an association provides opportunities for the older person to socialize and enjoy different activities, e.g. medical check-ups, computer, elderly watch. As part of activities of the association, the older person meets his equals and can therefore discuss his problems. (Prem)

Pinquart and Sorensen (2000) have shown that quality social contacts correlate strongly with subjective wellbeing of older people. Being shown respect and earning good social feedback constitute positive self-concept and subjective wellbeing (Atchley, 1991; Filipp, 1990). Social support enhances subjective wellbeing by toning down a stressful event or influencing the coping process (Antonucci & Akiyama, 1991; Thoits, 1986). Even if social relationships at times provoke negative feelings, the impact on subjective wellbeing is likely to be non-adverse, because the majority of older people experience more positive than negative social relationships (Dykstra, 1990; Rook, 1990); therefore a positive association of social contact to wellbeing should prevail.

Promoting social relationships among older people is likely to boost their wellbeing.

Provision of Housing

More than half (54%) of the interview participants believe that providing housing to older people will enhance their wellbeing. A few CIT respondents support this view; however an overwhelming majority of survey respondents state that they do not like residential homes but want to age in their own home.

Traditionally, older people are known to be more conservative, less likely to change their style or place of living. Growing old in familiar surroundings and with familiar routines provides a sense of satisfaction and contentedness (Gilleard, Hyde & Higgs, 2007). Moving or relocation in old age involves risk, which is resorted to not by choice but by necessity, precipitated by illness, family conflict, or death of a spouse (Rogers, 1988).

Older people in Mauritius also prefer to age in their own house and do not like to live in a residential home. Participants in the interview explain the circumstances in which older people may have to leave home:

> In present day Mauriius, because both members of the young couple have to work, they send the old parents to a residential home, no time to take care of the old. Most older people are being mistreated by their own adult children. However, the younger generation is not altogether at fault. Life has become difficult for them also. (Rajen)

> The older person prefers to stay in his house. Even if there are
> relational problems, removing the older person to another place is
> not a good thing. (Rita)

Although many older people are owner-occupiers, their adult children often find the means to "discard" (Modely) them, in order to be free to enjoy the house. Other older people, because of poverty, have been tenants all their life. Both those categories feel getting a house from government would enhance their wellbeing.

Other participants in the interviews suggest that "old people's villages" be built for them. Another suggestion is:

> Most older people possess a house; younger people are not
> interested to own a house. Parents are allowing adult children to
> build on top of the parent's house. There is however the problem
> of older people becoming undesirable in their own house. But
> older people should make an effort to live peacefully and to
> integrate the family residence. (Pye)

In its report on "The Integration of the Elderly in the Family" (2005, p. 33), the National Economic and Social Council (Mauritius) states that: "Already there are signs that the coming generations of elderly people appear more concerned about carving out their own independence within the broader family framework. While living an independent life, what they expect from their family, after retirement is physical security and assistance, in case of need. Thus we can expect a new form of extended family structure to evolve with elderly people living on their own, but enjoying collective family protection."

Procure Leisure

Half of the interview participants say that procuring more leisure will enhance older people's wellbeing. Some CIT respondents think the same way. Three quarters of survey respondents state that leisure programs help them to stay active, and through leisure activities they make interesting social contacts.

Leisure activities and outings are very popular events for older people. Almost half of the 151,540 older people in the country are grouped in some 640 Senior Citizens' Associations, each having its own annual program of activities. In addition, government puts at their disposal 20 day-care centres and two hotel-type recreation centres. Yet participants in this study feel more leisure should be provided. They express this view as follows:

> They like outings; they like leisure. Two centres exist, but they
> cannot cater for the high number of old people. Older people feel
> happy there. The number of Centres should be increased.
> (Chandr)

> Excursions, leisure, help them to fill their time. Over here,
> everything is politically motivated. We should provide well
> qualified people to look after and relate with older people.
> Leisure, opportunity for relationship provide wellbeing. (Suresh)

Research in the field of leisure recognizes the benefits derived from the practice of leisure activities. Haworth and Veal (2004), in the preface to their edited book 'Work and Leisure' state that "Participation in both physical and non-physical leisure activities has been shown to reduce

depression and anxiety, produce positive moods and enhance self-esteem and self-concept, facilitate social interaction, increase general psychological wellbeing and life satisfaction, and improve cognitive functioning." Leisure is defined as the time which is not occupied by paid work, unpaid work or personal chores and obligations, a definition currently accepted for its utility in research (Roberts, 1999).

The relationship work-leisure has fluctuated over time. In the 1970's, leisure was a newly discovered field of study and the current thing was that it could supplant work as the central life interest of individuals. Since the 1990's, it has gone into reverse: more work, less leisure. Hence, the phenomenon of time-squeeze and associated stress and threats to health, and wellbeing (Hochschild, 1997). Everybody is increasingly concerned with a work-life balance.

Older people is a growing segment of the leisure market. Their numbers are growing fast, and they live a much longer post-retirement period. Aging is becoming less associated with dependency and more with activity and independence. Provision of appropriate leisure to them is a way to help enhancing their wellbeing.

Offer Counselling

Almost half of the interview participants state that offering counseling to older people can enhance their wellbeing. Three quarters of survey respondents say that the aged require assistance to decide on important issues and that an advisory service is required for them in each region of the country. Participants express this need for counseling as follows:

> In the UK older people are entitled to counselling to prepare their
> retirement. Once the aging person accepts the fact that retirement
> is coming soon, aging becomes less of a burden. (Ginette)

> We should impress upon those nearing retirement age to take
> precautions and prepare for old age. They should be informed of
> all possible problems of old age. As soon as people reach the age
> of 50, they can be convened for proper briefing in groups. This
> can be alternatively broadcast on TV or radio. (Pye)

Older people encounter a number of challenges unique to their stage of life, including declining health, mortality, losses, loneliness, retirement, family issues, ageism, among others. Using a perspective of wellness, the counsellor can help the older person to engage with these challenges. Counselling requires the demonstration of empathy and compassion to encourage the patient to tell his/her story. Counselling is available in various domains, for example marriage, mental health, bereavement, alcohol or drug addiction. Counselling older people may however need a holistic approach, for they often have simultaneous counseling needs.

For participants in this study, counselling is required mostly in terms of planning for oncoming old age. Participants mention the need to advise older people how to maintain good health and independence, and to convince families to keep, as far as possible, older people in the family midst. Most participants, however, emphasise the importance of financial planning. It is acknowledged that most older people in Mauritius may not be able to plan on their own but still may resent counselling. Enlisting the help of elders or counselling in group is suggested.

In their study of the relationship of preretirement planning and wellbeing in later life, Noone, Stephens and Alpass (2009, p. 309) have reported the following:

These findings support previous research showing that after taking health, status, the reason for retirement, and income into account, the two largest contributors to satisfaction and health in retirement are financial and psychosocial planning (Anderson & Weber, 1993; Dorman, 1989; Elder & Rudolph, 1999; Quick & Moen, 1998; Schellenberg et al, 2005; Sharpley & Layton, 1998; Zhu-Sams, 2004).

This fully supports the proposal from participants in this study to encourage older people to effect preretirement planning.

Organise Better Security

Nearly half of the interview participants say that organizing better security for older people can enhance their wellbeing. A few CIT respondents support this. One tells the story of how he has been beaten up whilst walking in the street at night and robbed of his clothing and shoes; another of the story of a drunk unknown man who ended up in his drawing room to the surprise of the whole family. In addition, a majority of the survey respondents say that both physical environment and access are important to them.

Participants in the study perceived that security is of great importance to older people. They feel that "Physical security at home, on the road, to access public buses. Older people meet security problems everywhere" (Rajen). Others express their fear in these terms:

> Older people should all the time be accompanied, for example when fetching their old age pension. At home, he/she can be attacked by wrongdoers; in the streets he/she can be molested. (Rita)

> It is up to the authorities to provide security to us. At night we cannot go out, ladies cannot wear jewels, rascals can steal mobile phones, yet we have a police force of 12,000 men. (Pye)

Research supports the relationship between safety and wellbeing. From their multi-level modeling of a large population survey in Illinois, Ross and Mirowsky (2001) found that residents in disadvantaged neighbourhoods reported worse health and functional conditions and more chronic health problems than those living in more advantaged neighbourhoods. The association was found to be mediated by neighbourhood disorder and fear. Furthermore, from her study in the U.K., Bowling reported that "feeling safe in one's neighbourhood" is one of the drivers of quality of life in old age (Bowling, 2005).

Older people already know but may have to be regularly reminded, about the precautions to be taken to avoid such mishaps. Many among the participants express faith in the "vicinity watch". Older people may stand to gain if their security could also include falls, fire accidents, financial crimes, and road accidents.

In summary, participants in the study state that, to enhance the wellbeing of older people, we need as a priority to provide more attention and care from the family, to increase income, and to ensure better health. These

are to be supplemented by more social relations, provision of housing, more leisure, counselling and better security. In all three phases of the study, strong emphasis has been placed on family, income and health. There is substantial difference between the number of requests for these three priority areas, compared to the others.

5.4   SUMMARY OF INTERPRETATION OF FINDINGS

This chapter reflected how a sample of older people experience wellbeing, and enquired about ways to improve this experience. The discussion illustrates the complex nature of both aging and wellbeing. It reveals various reasons why many older persons think they could be happier. The discussion offers an explanation about why some older persons are happy and others not, the factors causing lack of wellbeing and the ways wellbeing could be enhanced.

The purpose of analyzing the findings was to produce a holistic and integrated synthesis. Throughout the data collection and analysis phases of the study, the challenge was to handle and downsize large quantities of data, look for patterns and have a framework to convey the essence from the data.

However, the results of this analysis need to be considered with circumspection, in view of the small research sample, that is data from only 24 interviews with Chairpersons of Senior Citizens' Associations involved in qualitative research. Moreover, this category of older persons, by virtue of their position as chairpersons, may tend to side with government, and back the latter's policies. This may have prevented them from being objective and impartial in the interviews.

Bearing in mind that the human factor can be the greatest strength as well as a major weakness of qualitative research and analysis, the researcher acknowledges the subjective nature of his claims regarding the meaning of the data. This chapter is a faithful presentation of how the researcher draws meaning from the data. The researcher is therefore open to the possibility that others might have told a different story.

This chapter dealt with the analysis and interpretation of the findings. The final chapter (chapter 6) shall present the conclusions of this study along with the recommendations.

CHAPTER 6
CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to explore with a sample of older people in Mauritius how they perceive their level of wellbeing, and to suggest how to enhance their satisfaction with life.

The conclusions from this study follow the research questions and the findings and therefore address four areas (a) perceived wellbeing of older people (b) responsibility to ensure older people wellbeing (c) society's role and (d) how to enhance older people's wellbeing. A discussion of the main findings follows and the conclusions drawn from this study, along with recommendations, are given below.

6.1   CONCLUSIONS

Older People's Perceptions of their Wellbeing

The first major finding of this research is that a large majority of the participants in the interviews indicated that older persons in Mauritius do not enjoy a high level of wellbeing. They ascribe this inadequacy to lack of family attention and care, low education, and low income. However a majority of respondents in the survey state that they enjoy life satisfaction. Possible explanations for this contrast are provided under "Dissonant Data" in Section 4.5 and in Section 5.1.

It can be concluded that perceptions of wellbeing differ. Different groups of people may have different "theories" of wellbeing. For older people with low socio-economic status wellbeing may mean simply enough

income to live and to be cared for in old days. Whereas for those having a high socio-economic status, like the Chairpersons of Senior Citizens Associations, wellbeing may imply sophisticated needs like higher education for children, luxury living, high social status, and protection from the qualms of poverty. Expectations in old age from people belonging to these two different groups are likely to be very different. There is, however, one-third among the survey respondents who state that they do not enjoy life satisfaction, and the recommendations made for enhancing the wellbeing of older people are especially applicable to them.

The family is a strong natural anchor for older people; in case of need older people first turn to kin for help. Retirement and failing health are two examples when family support is much valued. However, caring of older adults may end up in stress and burn out or the long term dependence of the older person may become an unbearable load for family members. A first conclusion from this finding is that possibility exists for conflict with family members.

A practice exists, especially in families of Indian origin, that parents have the obligation to educate and marry their children. This prevents the parents from properly planning their own later years. It is a cultural obligation that is difficult to avoid. Another conclusion that can be drawn from this finding is that older people have to sacrifice their own wellbeing for the sake of their children.

A further conclusion drawn from this finding is about the way older parents are treated by their children, whether young or adult. Some problem children behave in a disrespectful manner toward their older

parents; others simply ignore them. As for adult children, many tend to consider the older people as cheap labour to look after the grandchildren.

Some participants in the interviews impute to low/lack of education a low level of wellbeing to older people. It is said that education opens the door to the world. It is also known that low education fetches only low level jobs carrying low incomes. In turn, low incomes are likely to bring low wellbeing. In Mauritius, only about half the number of older people are literates. A conclusion to be drawn is that the remaining are likely to experience low wellbeing.

In addition, most participants in the interviews mention low income as a cause for low wellbeing, and ask for an increase of the old age pension. The reason given is that prices are constantly rising and older people can no more afford their basic necessities. Moreover, they have to share their pension money with other family members. Also, younger family members shun them in case they have low or no income. A conclusion to be drawn from this is that sufficient pension money has to be paid to older people to allow them to live decently. But how much is enough? Whatever to be given has to take into consideration all the other free services, facilities and assistance the state is already providing to older people. It also has to keep in view the budgetary implications. This is a further conclusion to be drawn from this finding.

Is it for the older person, the family or the society to ensure wellbeing in old age?

The second major finding was that an overwhelming majority of participants in the interviews stated that it is the responsibility of society

to ensure wellbeing in old age. Older people rely almost exclusively on society to take care of their wellbeing. They believe that, after their working life, society should show recognition and gratitude to them. A conclusion that can be drawn from this is that older people do not feel bound to make any effort to prepare for old age. But, at the same time, these participants recognize that aging persons should as well plan for old age. Those who are educated do it, not the majority who are illiterates. Another conclusion is that illiterate older people are in need of information and guidance. On the other hand, participants state that society should not rely on the family to ensure wellbeing to older people. But they believe that the family can play an important part by giving attention and care and a congenial environment to older people. A further conclusion is about the specific role the family can play in providing wellbeing to older people.

Is society affording the older people what the latter require to satisfy their wellbeing?

This study's third major finding was that more than half of the participants in the interviews stated that society is not affording older people what they require to achieve desired wellbeing.

Participants draw attention to those older persons who live alone and those who are mistreated by parents and children. There are those who are neglected at home. There are those who live a very difficult life, having only the old age pension as income. There are also those who suffer from the cleavage between older and younger persons, the latter not even interested to speak to "outmoded" older people. The conclusion drawn from this finding is that the aging policy in the country is seriously

flawed and needs to be reviewed. However, a number of participants believe that the state has the best of intentions for older people, but it possesses no updated knowledge about their present needs, and, as a consequence, misses its target. It can be concluded therefore that what is missing is dialogue with older people and their involvement in decision-making.

What changes should be introduced to enhance the wellbeing of older people?

The fourth major finding is that most participants in the interviews stated that, to enhance older people's wellbeing, attention and care from the family, better income, and improved health should be ensured. In addition, about half of the participants were of the view that the following improvements can enhance wellbeing: better social relations, provision of housing, more leisure, counseling and better security. Family attention and care, and income already appeared as causes of low wellbeing, at the beginning of this chapter. The remaining factors are now dealt with.

As regard health, a large majority of participants in the interviews state that older people perceive good health as wellbeing. Good health is associated with mobility and independence and is considered as a priority to achieve happiness. They consider that if they can maintain good health they can aspire to be happy. A conclusion to be drawn from this is that freed from the worries of ill-health, older people have the greatest chances of enjoying wellbeing. Participants, on the other hand, are not happy with the health service, which is not geared towards their needs. They brand it "catastrophic", and complain of long waiting time, ageism and inappropriate medical care. A second conclusion is that the service

offered to older people is not meeting its objectives. A further point made by participants is that older people now speak of chronic diseases. They ask for preventive medicine and community medicine, and request for a home nursing service for handicapped or bed-ridden older people. They are many to suggest a specialized geriatric service is overdue. Another conclusion is that the medical service to older people needs to be reorganized and adapted.

Better Social Relations

More than half of the participants in the interviews state that social relations can enhance the wellbeing of older people. The seniors have a common historical background and meeting their peers provides them an opportunity to freely discuss their common problems. Social relations combat isolation and positively influence the coping process. A conclusion to be drawn from this is that encouraging social relations is one of the main drivers of wellbeing in old age and should therefore be forcefully promoted.

Provide Housing

More than half of the respondents in the survey say that a congenial home brings wellbeing to older persons. Aging in place procures a sense of satisfaction and contentedness to the older person. But younger family members may not have time to look after the older person; the latter may then, by necessity, have to move to a residential home. Some suggest instead "old peoples' villages", or living under the same roof but independently. The conclusion to be drawn is that a policy has to be evolved for old people housing in future.

Organise More Leisure

Half of the respondents in the survey state that older people need more leisure to enjoy better wellbeing. With a longer life expectancy, older persons have a longer post-retirement period to live now; this time has to be filled, and leisure will probably be part of it. Leisure allows older people to stay active and make social contacts, thus reducing isolation, depression, anxiety, and developing positive moods. The conclusion that can be derived is that a variety of leisure activities shall have to be devised for older persons and organized in a systematic way.

Provide Counselling

Nearly half of the participants in the interviews say that there is need for guidance and counselling to older persons. Counselling may be required mostly in terms of planning for oncoming old age. On important issues older persons may need assistance to decide; they encounter a number of challenges like declining health, mortality, losses, loneliness, retirement, family issues, ageism, among others. The counsellor can help the older person to engage with these challenges. The conclusion to be drawn from this is that there exist many issues in relation to which the older person needs assistance to find solutions.

Ensure Better Security

Nearly half of the respondents in the survey believe that improving the safety and security of older persons can enhance their wellbeing. Older people fear for their security and prefer not to venture in unknown or dubious places. Some roads may be too busy or accesses to some places

may be difficult. Older people's eyesight, hearing or physical stability may pose problems. Thieves or other bandits may be lurking; there are also risks of falls, fire or road accidents, or financial crimes. Feeling safe is an important driver of quality of life for older people. The conclusion to be drawn therefore is that mechanisms need to be put in place to make older people feel safe.

6.2 RECOMMENDATIONS

The recommendations are based on the findings, analysis, and conclusions of this study. These recommendations are meant for (a) policy-makers and (b) further research/action.

Recommendations for Policy-Makers

Policy-makers responsible for the wellbeing of older people in Mauritius should consider:

1. Drawing up policies to encourage families to keep older people within the family as long as possible. Financial incentives could be considered.

2. Literacy training to be given to all persons aged 50 years and above who cannot read and write.

3. Explaining to older people that old age pension is not meant to be the only income.

4.   Conducting campaigns on "Respect Elders" and "Plan Your Retirement".

5.   Paying special allowance to those older people suffering from extreme poverty who:

- Do not pay income tax;

- Do not draw any work pension; and

- Total monthly income excluding old age pension is less than a certain amount to be decided.

6.   Conducting survey among older people about their wellbeing.

7.   Reviewing existing Aging Policy to include:

- Encourage social relations

- Provide housing

- More leisure

- Counselling

- Better security

8.   Providing New Geriatric Service.

9.   Providing Home Nursing to bed-ridden older persons.

Recommendations for Further Research/Action

1.   Research on aging

More than half a century ago whilst still under British rule, Mauritius instituted its welfare state on the British model. Free health, free primary education, and an old age pension were offered. To face the threat of overpopulation, a drastic program of fertility control became operational. The result is a rapidly aging population today. No research has ever been conducted to assess the level of wellbeing of the older people. Research in the field of aging is overdue. It can be organized on the following lines:

- Set up qualified research team (Gerontologist, Sociologist, Psychologist, Demographer)
- Collect data
- Analyse data
- Report on various aspects of aging

2.   *Prepare new strategy on aging*

During the last decade, two National Policies on Aging were prepared. They contained only lists of services and facilities offered by Government to older people. They contained no in-depth scientific analysis of the aging phenomenon, its consequences, and the way it is proposed to tackle its various aspects.

A rapidly aging population is too serious a matter to be dealt with unprofessionally and casually. An examination of different aspects of aging is necessary, and these are demographic, social, economic,

psychological, health, housing, unemployment, income, safety, among others.

It is important to prepare a new strategy on aging. This strategy needs to enunciate Government policy on aging, with objectives and targets on each aspect.

3.   Organisational Framework

The Ministry of Social Security is responsible for all matters pertaining to aging. Its staff are lay people with no qualification or training in aging or gerontology. Aging issues are, therefore, dealt with as routine administrative tasks. This is inappropriate; aging is extremely technical and complex.

It is suggested that a New Department be created within the Ministry of Social Security to deal exclusively with aging. Its staff should be qualified and trained in Gerontology. It could be headed by a Commissioner for Older People.

4.   General Policy Orientation

The world has been aging all the time, but the phenomenon has captured attention only a few decades ago. No country has found the ideal solution to the challenge of aging and there is therefore no comprehensive model to copy. We have to innovate, experiment and learn fast. Our target should be improving the quality of life of older people, emphasizing a shift away from an exclusive focus on

health and pensions to a more holistic focus on wellbeing. In the context of policy orientations, our efforts should look for:

- New ways for older people to remain active
- New models of service delivery and care that contribute to greater independence
- New environments that can improve everyday life
- New ways of mobilizing trusted networks to provide support

6.3   CONCLUDING REMARKS

The objective of this mixed methods research was to assess whether older people (60 years and over) of Mauritius are satisfied with their level of wellbeing. The ultimate aim of the research was to explore ways to enhance their wellbeing, if possible.

For more than half a century, gerontology, the study of old age, has known various vicissitudes. In the early days, older people were destined to be "disengaged", they were then expected to "continue" with the same pattern of behavior, later "activity" was declared to be important for them, finally "successful aging" has become a modern formula for older people. Gross Domestic Product (GDP) and Human Development Index (HDI) are now being supplanted as measures of development of "wellbeing". Wellbeing has also become the popular concept used to assess the satisfaction of older people with their life.

This study found that many older people are not happy and that society is not playing its role adequately to ensure the wellbeing of this category of people. The study revealed that for older people to experience higher

levels of wellbeing, they need as a priority, better attention and care from their family, higher income and better health. Other actions that could, to a lesser degree, improve older people's wellbeing were said to be better social relations, provision of housing, more leisure, counselling, and better security.

Projections indicate that the population of Mauritius is aging rapidly. If the people are to enjoy high wellbeing in their later years, government policies have to reckon with the people's feelings and desires. In other word, policies should ideally reflect the people's voice. What older people believe can enhance their wellbeing could provide appropriate future orientations for the aging policy of Mauritius.

To prepare people for the impact of aging, therefore, families should be encouraged to keep their older parents in the family midst for as long as possible. To avoid older people having to wrestle with poverty, they should be systematically informed and impressed upon, in good time, about the need for retirement planning. As regard better health, the provision of geriatric services could probably fulfill this need.

It has been noted from this study that most of the interventions believed by older people to be capable of enhancing their wellbeing are of a material nature. This is probably due to the low education level of the people concerned. But research has uncovered the beneficial effects on wellbeing of a positive approach to life, and of mechanisms like 'downward social comparison' and 'selective, optimization with compensation'. Furthermore, viewing life through a constructionist lens brings the benefit of optimism and the brighter side of life. It would seem

therefore that these strategies could also be used to help enhance the wellbeing of older people.

A mixed methods approach was adopted in order that the studycould benefit from the advantages of both quantitative and qualitative research. A fair amount of data was therefore analysed using the quantitative method, and thick descriptions and discovery helped uncover the meaning of experience through the qualitative method.

It must however be pointed out that this study has a number of shortcomings. The small number (24) of participants in the interviews may not be enough to project a full picture of the issue studied, in view of the variety and complexity of the Mauritian population. Low education of a number of interviewed participants did not allow them to grasp perfectly the meaning of all questions, resulting in incomplete answers. In regard to the surveys, it has been noted from the replies that a number of respondents have been influenced by the person conducting the survey. About two years elapsed between the two phases of the study, that is the surveys and the interviews. Many things may have changed in between.

To end, the researcher wants to put on record that as an older person himself he has found through this research replies to many of the questions he had on his mind about aging. This surge of new knowledge has improved the researcher's professional standing and his relations with the outside world. The researcher's plan now is to utilize this new knowledge to help improve the wellbeing of all older people in Mauritius.

12, Ollier Lane No. 2
Quatre Bornes

Tel. No: 254 1933

        November, 2008

Dear Sir/Madam,

As a Government Pensioner, now aged 67, I am very interested in the life and welfare of our Senior Citizens. I have therefore decided to carry out research in this field with a view to producing a thesis. I hope the findings will help to improve our lives, all of us.

As part of this research, I am collecting information in an anonymous and confidential way on certain aspects of our lives generally. The enclosed questionnaire will serve this purpose.

The Social Security Officer of your region has kindly agreed to help with the distribution, filling in (if need be) and collection of these questionnaires.

I would be very grateful if you would give a few minutes of your time to fill in the questionnaire, under the guidance of the Social Security Officer.

I thank you for your valuable contribution in this survey.

(Siva   Subramanien)

Serial No.

Please tick the appropriate box

1.   Sex   Male   1   Female   2

2.   Age (last birthday)   60 – 64   1   65–69   2

                                           70 – 74   3   75 – 79   4

                                           80 – 84   5   85 & above   6

3.   Ethnic Group   Hindu   1   Muslim   2

                                   General Population   3   Sino Mauritian   4

4.   Marital Status   Single (never married)   1   In a union   2

                                   Widowed/Divorced/Separated   3

5.   Occupational Status   Wholly retired   1   Self employed   2

                                           In paid employment   3

6.   Educational Attainment   Nil   1   Primary level only   2

                                           Lower secondary (up to Form IV)   3

                                           Upper secondary (Form V – VI)   4

                                           Post secondary education   5

 7.   Living Conditions   Alone   1   With my family   2

                                   With children   3   With other parents   4

                                   In an old people home   5

8.   Do you think that you are well

nourished?

Yes   1   No   2   Don't know   3

Hereafter, you will find a number of statements related to the wellbeing of the elderly in Mauritius. We want to know to what extent **YOU** agree, or disagree with the statements, or do not have an opinion. In the answers to these statements, we are not searching for right or wrong answers, but, for your opinion. **TICK ONLY ONE CAGE FOR EACH STATEMENT**. Please, do not skip any question. Some statements are negative! The processing of these questionnaires is made anonymous. So, please do not give names or numbers. We thank you for your co-operation. Information about this research can be obtained from **Siva SUBRAMANIEN on Telephone Number – 254 1933.**

Rethinking The Wellbeing of the Elderly in Mauritius – (4th Version)

(Tick only one cage for each statement)

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I possess all my functional abilities (mobility, sight, hearing, etc.)					
I need the means to exercise regularly					
I like to make my own choice and decisions in life					
I prefer to age in my own house					
Physical environment is not important to me					
Leisure programmes help me to stay active					
I fear for my personal security in my neighbourhood					
My total income is enough to allow me to live reasonably well					
My retirement is meant for rest and enjoyment					
Laws should protect people of my age from discrimination					
I do not seek inter-generational contacts					
Isolation prevents me from enjoying companionship					
Better invest resources in children than in elderly					

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Women's experience of ageing is more difficult than men's					
Retirement or bereavement can be a great shock in my life					
I do not often experience life satisfaction these days					
Good health is my top priority in my old days					
Queuing up to obtain free medical service is inconvenient to me					
I have opportunities to socialise with parents					
There are no education programmes for my needs					
People nearing retirement should be properly briefed					
Enjoying physical mobility is necessary for my self esteem					
Exercise is good for my physical and mental wellbeing					
All elderlies should not be treated as incapacitated					
I like to live in an old people residential home					
Access to shops, hospitals, markets, banks is important to me					
Through leisure activities I make interesting social contacts					
The problem of personal security negatively affects my life					

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I depend on financial assistance to make a living					
Retirement means the end of status and companionship for me					
People of all ages are respectful to me					
Support from community and friends is important to me					
I resent exploitation and abuse from others					
Community work helps me fight isolation					
Women need better legal and social provisions to face ageing					
The consequences of retirement or bereavement can be overcome					
As a Senior Citizen I expect more from the authorities					
If I can maintain good health I am sure to be happy					
I have opportunities to socialise with friends					
Free transport makes me feel like a second class traveller					
The expenditure for maintaining my house has become too high					
Functional problems (mobility, sight, etc.) spoil my happiness					
In order to exercise I do not require counselling or monitoring					

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Old people are always too confused to make decisions					
Circulating on the roads and sidewalks is a problem to me					
I prefer work to leisure					
Neighbourhood watch can solve the problem of security					
Ageing with sufficient income helps ageing well					
I prefer to work beyond retirement age					
Older people are a burden to society					
It is normal for my adult children to live away from me					
Friendship and warmth cannot make me happier					
Men and women should be treated equally in old age					
Religion and spirituality are a support in old age					
My health does not deteriorate with old age					
State old age pension should be limited to the poor					
I have opportunities to socialise with neighbours					
An advisory service for the elderly is needed in each region					

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
If I were bed-ridden I would lose all hope					
I need not fear the possibility of injuries whilst exercising					
High funeral costs is a worry to me					
The aged require assistance to decide on important issues					
Free public transport is of great assistance to me					
My apprehension because of personal security is not justified					
Financial independence guarantees against ill health					
Stopping occupational activity brings me personal satisfaction					
Retired people should have no more say in the affairs of society					
I prefer to have only a few close friends					
Unless I believe in God there is no point resorting to religion					
Ailments do not prevent me from having peace of mind					
Public hospitals should provide geriatic services to the elderly					
Home care service is needed for incapacitated old persons					

FINAL SHEET

1. In the process of ageing, have you experienced any unexpected disturbances, misadventures or disappointments? Please enumerate in order of occurences.

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   ……………………………………………………………………………………

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   ……………………………………………………………………………………

   ……………………………………………………………………………………

   ……………………………………………………………………………………

   ……………………………………………………………………………………..

2. Do you have ideas, wishes or proposals to improve your, and our ageing in future? Please number your top three priorities as (i) to (iii).

   (i)   ……………………………………………………………………………

   (ii)   ……………………………………………………………………………

   (iii)   ……………………………………………………………………………

We

1. **How the older people in Mauritius view their present state of well-being?**

   a)   Can you tell me about the things that make you happy and those that make you unhappy in your present life?

   b)   In recollecting your whole past life, which are the souvenirs you are proud of and which are the ones you regret?

   c)   On the whole, do you feel life is treating you well, or do you feel there are other things you deserve?

   d)   What is your opinion about the happiness of other older persons generally in Mauritius?

2. **Is ensuring wellbeing in old age the responsibility of the person, the family, or the society?**

   a)   Have you planned your old age?

   b)   Do you think other persons plan their old age?

   c)   Who is responsible for the wellbeing of older persons?

3. **Is society affording the older persons what they require to satisfy their wellbeing?**

        a)   Do you feel each older person should personally prepare for his/her old days?

        b)   What part should society/family/friends play in helping us live happily in our old days?

        c)   In Mauritius, is society providing the appropriate assistance to the older persons?

4. **What changes should be introduced to enhance the older persons' well-being?**

a)   Do the older persons deserve to be happier in their old days?

b)   Is it for society/family/the older persons themselves to bring this about?

c)   What are the actions that could achieve an enhanced wellbeing?

RESEARCH CONSENT FORM

Part 1: Research Description

Principal Researcher: Siva SUBRAMANIEN

Research Title: Enhancing the Wellbeing of the Older People in Mauritius

You are invited to participate in a research study that explores the ageing experience. Your participation in this study requires an interview during which you will be asked questions about your opinions and attitudes relative to your experience as an aging person. The duration of the interview will be approximately 60 minutes. With your permission, the interview will be audio taped and transcribed, the purpose thereof being to capture and maintain an accurate record of the discussion. Your name will not be used at all. On all transcripts and data collected you will be referred to only by way of a pseudonym.

This study will be conducted by the researcher Mr. Siva SUBRAMANIEN, a doctoral candidate at TILBURG University. The interview will be undertaken at a time and location that is mutually suitable.

Risks and Benefits

This research will hopefully contribute to understanding older peoples' wellbeing, and so the potential benefit of this study is improvement of the quality of life of the older people. Participation in this study carries the same amount of risk that individuals will encounter during a usual classroom activity. There is no financial remuneration for your participation in this study.

Data Storage to Protect Confidentiality

Under no circumstance whatsoever will you be identified by name in the course of this research study, or in any publication thereof. Every effort will be made that all information provided by you will be treated as strictly confidential. All data will be coded and securely stored and will be used for professional purposes only.

How the Results will be Used?

This research study is to be submitted in partial fulfillment of requirements for the degree of Doctor of Philosophy at Tilburg University, Netherlands. The results of this study will be published as a dissertation. In addition, information may be used for educational purposes in professional presentation(s) and/or educational publication(s).

Part 2: Participant's Rights

- I have read and discussed the research description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study.

- My participation in this research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy to future medical care, employment, student status, or other entitlements.

- The researcher may withdraw me from the research at his professional discretion.

- If, during the course of the study, significant new information that has been developed becomes available that may relate to my willingness to continue to participate, the investigator will provide this information to me.

- Any information derived from the research that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.

- If at any time I have any questions regarding the research or my participation, I can contact the researcher, Mr. Siva SUBRAMANIEN who will answer my questions. The researcher's phone number is 424 5698.

- Audio taping is part of this research. Only the principal researcher and the members of the research team will have access to written and taped materials.

Please check:

( ) I consent to be audiotaped

( ) I do NOT consent to being audiotaped.

My signature means that I agree to participate in this study.

Participant's signature: ……………..Date………./......../………

Name: (Please print) …………………………………………….

Investigator's Verification of Explanation

I, Siva SUBRAMANIEN (Researcher), certify that I have carefully explained the purpose and nature of this research to…………………………… (participant's name). He/she has had the opportunity to discuss it with me in detail. I have answered all his/her questions and he/she provided the affirmative agreement (i.e., assent) to participate in this research.

Investigator's

Signature:…………….…………..Date………./………./………..

<u>CRITICAL INCIDENT FORM</u>

1.   **In the process of ageing, have you experienced any unexpected disturbances, misadventures or disappointments? Please enumerate in order of occurrences.**

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2.   **Do you have ideas, wishes or proposals to improve your, and our, ageing in future? Please number your top three priorities as (i) to (iii).**

(i) ………………………………………………………

………

(ii)…………………………………………………………

………

(iii)   ………………………………………………

………………

Participant Demographics Matrix

	Pseudonym	Gender	Age	Ethnicity
1.	Rajen	M	76	Hindu
2.	Ally	M	63	Muslim
3.	Murielle	F	65	Creole
4.	Helen	F	64	Creole
5.	Suresh	M	80	Hindu
6.	Noelie	F	78	Creole
7.	Radha	F	68	Hindu
8.	Chandr	M	67	Hindu
9.	Jacques	M	68	Creole
10.	Modely	M	68	Hindu
11.	Goinsamy	M	79	Hindu
12.	Rita	F	65	Creole
13.	Vadivel	M	80	Hindu
14.	Prem	M	72	Hindu
15.	Jabhar	M	80	Muslim
16.	Ken	M	59	Hindu
17.	Pye	M	70	Hindu
18.	Thérèse	F	89	Creole
19.	Mahen	M	77	Hindu
20.	Ram	M	72	Hindu
21.	Jaya	F	67	Hindu
22.	Marie Lise	F	65	Creole
23.	Noël	M	68	Creole
24.	Ginette	F	70	Chinese

PRESENT STATE OF WELLBEING

Serial No.	Name	Respondents' perceptions of their wellbeing	Respondents' perception of other older people's wellbeing		
		Satisfied	Unsatisfied	High	Low
1.	Rajen		X		X
2.	Ally	X		X	
3.	Mureille	X			X
4.	Helen	X			X
5.	Suresh	X			X
6.	Noelie		X		X
7.	Radha	X			X
8.	Chandr	X			X
9.	Jacques	X		X	
10.	Modely	X			X
11	Goinsamy	X		X	
12	Rita	X		X	
13.	Vadivel	X		X	
14.	Prem	X		X	
15.	Jabhar	X			X
16.	Ken	X			X
17.	Pye	X			X
18	Thérèse	X			X
19.	Mahen	X			X
20.	Ram	X			X
21.	Jaya	X			X
22.	Marie Lise	X		X	
23.	Noel	X			X
24.	Ginette		X		X

	21 87.5%	3 12.5%	7 29.1%	1770.8%

APPENDIX 7

PLANNING FOR OLD AGE

Serial No.	Name	Have you planned your old age?		Do other older people plan their old age?		Should all persons plan their old age?	
		Yes	No	Yes	No	Yes	No
1.	Rajen	X		X		X	
2.	Ally		X			X	
3.	Mureille		X			X	
4.	Helen		X		X	X	
5.	Suresh		X	X		X	
6.	Noelie		X			X	
7.	Radha		X		X	X	
8.	Chandr	X			X	X	
9.	Jacques	X			X	X	
10.	Modely	X				X	
11	Goinsamy	X			X	X	
12	Rita		X		X	X	
13.	Vadivel	X			X	X	
14.	Prem		X		X	X	
15.	Jabhar	X			X	X	
16.	Ken	X			X	X	
17.	Pye	X			X	X	
18	Thérèse				X		X
19.	Mahen		X	X		X	
20.	Ram		X		X	X	

Serial No.	Name							
21.	Jaya	X			X		X	
22.	Marie Lise	X		X		X		
23.	Noel		X		X	X		
24.	Ginette	X			X	X		
		12 50%	11 45.8%	4 16.6%	16 66.6%	22 91.6%	28.3%	

WHO ENSURES WELLBEING IN OLD AGE?

Serial No.	Name	Should the family ensure older people's WB?	Should Society ensure older people's WB?	Should both family and society ensure older people's WB?	Is society doing its best to ensure older people's WB?			
		Yes	No	Yes	No		Yes	No
1.	Rajen		X	X			X	
2.	Ally	X		X		X	X	
3.	Mureille			X			X	
4.	Helen	X		X		X	X	
5.	Suresh							X
6.	Noelie		X	X				X
7.	Radha	X		X		X		X
8.	Chandr	X		X		X		X
9.	Jacques			X			X	
10.	Modely			X			X	
11	Goinsamy			X				X
12	Rita			X				X
13.	Vadivel	X		X		X	X	

No.	Name							
14.	Prem	X		X		X	X	
15.	Jabhar	X		X		X	X	
16.	Ken	X		X		X		X
17.	Pye	X		X		X		X
18	Thérèse	X		X		X		X
19.	Mahen	X		X		X	X	
20.	Ram	X		X		X	X	
21.	Jaya	X		X		X		X
22.	Marie Lise	X		X		X		X
23.	Noel	X		X		X		X
24.	Ginette	X		X		X		X
		16 66.6%	2 8.3%	23 95.8%	-	16 66.6%	11 45.8%	13 54.1%

HOW TO ENHANCE OLDER PEOPLE'S WELLBEING?

Serial No.		Family to provide care and attention	To increase income	Provide more leisure	Ensure better health	Better social relationship	Provide better security	Provide housing	Provide counselling	Enhancement	Ageism	Independence	Physical Exercise	Intergeneration Relations	Retirement
1.	Rajen			X	X	X	X	X						X	X
2.	Ally		X	X	X		X	X	X					X	

No.	Name														
3.	Mureille	X	X		X	X	X								
4.	Helen	X	X	X	X		X	X	X					X	
5.	Suresh	X		X		X			X						
6.	Noelie	X	X		X	X	X	X						X	
7.	Radha	X	X	X	X	X			X						
8.	Chandr	X	X	X	X	X	X	X	X	X	X	X			
9.	Jacques	X		X		X			X						
10.	Modely	X			X			X	X						
11	Goinsamy	X	X		X	X									
12	Rita	X	X	X	X	X	X	X	X		X			X	
13.	Vadivel	X	X	X	X	X			X		X	X			X
14.	Prem	X			X	X			X		X	X		X	
15.	Jabhar	X	X												
16.	Ken	X	X			X	X	X	X						
17.	Pye	X	X	X	X		X	X	X		X			X	
18	Thérèse	X									X				
19.	Mahen	X	X	X	X	X									
20.	Ram	X	X		X									X	
21.	Jaya	X	X		X			X							
22.	Marie Lise	X	X	X	X								X		

#	Name														
23.	Noel	X	X		X		X				X				
24.	Ginette	X	X					X	X		X				
		22 91.6%	18 75%	12 50%	18 75%	13 54.1%	10 41.6%	13 54.1%	11 45.8%	1 4.1%	6 25%	5 20.8%	1 4.1%	8 33.3%	2 28.3%

APPENDIX 10(a)

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