

EME – Empowering Marginalized elders -a Guide of Best Practice

Chapter 1: Marginalization

1.1. Definition

In general, the term 'marginalization' describes the actions or tendencies of human societies, where people who they perceive to be undesirable, or without useful function are excluded, i.e., marginalized. The people who are marginalized - are outside the existing system of protection and integration. This limits their opportunities and means for survival. The nature of marginalization also varies in relation to elderly people living in different countries and cultures. In some societies, the elderly are given more respect compared to other and, hence, are subject to less marginalization. The strong and supportive traditional family system in some cultures often provides better respect and care to elders than the public aided system available in others. To be marginalized is to be distanced from power and resources that enable self-determination in economic, political and social settings. Though there are various types of marginalization, we identify some broad types, such as social, economic, and political marginalization. People who are socially marginalized are largely deprived of social opportunities. They may become stigmatised and are often at the receiving end of negative public attitudes. Their opportunities to make social contributions may be limited, and they may develop low self-confidence and self-esteem. Social policies and practices may mean that they have relatively limited access to valued social resources such as education and health services, housing, income, leisure activities, and work. Looking at the elderly in the modern world, it is seen that the elderly are the most neglected group of population (Age Platform Europe 2010; www.wikipwdia.org; wikipedia.org/wiki/Social.en)

1.2. Effects of Marginalization

Marginalization at the individual level results in an individual's exclusion from meaningful participation in society. People who are marginalized have relatively little control over their lives, and the resources available to them. This results in making them handicapped in delving contribution to society. A vicious circle is set up whereby their lack of positive and supportive relationships means that they are prevented from participating in local life, which in turn leads to further isolation. This has a tremendous impact on development of human beings, as well as on society at large. As the objective of development is to create an enabling environment for people to enjoy a productive, healthy, and creative life, it is important to address the issue of marginalization. This unit deals, in detail, the various aspects of marginalization (Theobald 2005).

Being a member of a marginalized group also brings the risk of some more psychosocial ideological threats. The first of these is the definition of one's identity by others: the ideological definition of one's marginalized identity in the interest of the dominant groups in society. What typically seems to happen is that the situation of the marginalized persons is portrayed as a result of their own characteristics. What

is essentially a social and historical phenomenon is presented as a biological or an intrapsychic phenomenon (Theobald 2005).

Policy makers usually misunderstand the issue of participation in general and this is particularly pronounced for society's most vulnerable and invisible social groups. When dialogue is attempted, it is also usually done with those groups and individuals that are already somehow involved in mainstream society. Most disadvantaged older people - whether they are experiencing poverty or social exclusion - are rarely the focus group for initiatives for social participation or civil dialogue. There is also a tendency to avoid consultation on controversial issues but rather to focus on those that hold a particular interest for decision-makers.

From the perspective of older people, the major benefit from participating in policy planning and influencing policy implementation is the improvement in the quality of life for older people in general. Through civil dialogue on ageing, policy measures can be developed which will better meet older people's concerns and needs. Civil dialogue is about listening to people's views and encouraging and recognising their contribution to the communities in which they live. Active citizenship and well-being are rights for all regardless of an individual's age (Age Platform Europe 2010).

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It is commonly recognised that a growing number of citizens feel excluded from mainstream politics and societal debates and that representative democracy fails to address people's concerns and meet their needs. At the same time, civil society has been constantly growing and is today widely represented by non-governmental organisations and community-based groups. These various civil society representatives constitute a new and fundamental part of democracy and enable citizens to express views about societal issues and influence decision-making processes at all levels. Self-advocacy organisations representing older people also tend to be actively involved in policy development processes in order to express concerns and issues affecting older people. The direct voice of ordinary older people is more than ever necessary in this time of accelerated population ageing and the deterioration of the overall social context due to the crisis. A broad civil dialogue between citizens of all ages, public authorities and relevant stakeholders – whose decisions impact on people's daily lives – will be crucial in order to respond to demographic change. Older people's experience and knowledge must be used when

shaping political decisions – not only with regard to topics directly related to old age but also in a wider context, for instance in relation to education, employment, services of general interest etc. (Böhnke 2004)

Although many of the seniors are healthy and economically adequately supplied there are some groups of the elderly, which are disadvantaged for several reasons.

A combination of factors such as low income, poor health, age and/or gender-based discrimination, reduced physical or mental capacity, unemployment, isolation, abuse, and limited access to services can all play a part in increasing the risk of poverty and social exclusion as people age (www.Wikipedia.org).

There are different dimensions of the multidimensional concept of exclusion, as:

- economic exclusion, e.g. labour market participation, adequate standard of living
- institutional exclusion, e.g. access to public institutions
- cultural exclusion, e.g. expectations towards certain groups in a society
- social exclusion, e.g. lack of social relationships
- spatial exclusion, e.g. local segregation living area
(Age Platform)

Inequalities in education, employment and health care, based on race, ethnicity or gender, which start early in life are exacerbated by old age. Poverty adds to other causes of social exclusion, further reducing help-seeking capacity, mobility and social capital in those who have experienced earlier inequalities ([European platform against poverty and social exclusion](#)).

1.3. Marginalized groups of the elderly

Vulnerable populations are at higher risk of poor physical, psychological and social health. Poor physical health (e.g. chronic illness) may make an individual more vulnerable to mental health problems (e.g. depression) and/or social deprivation (e.g. few social contacts). Vulnerability can be the result of social trajectories (i.e. an individual's course through life), interactions and social contexts or environments. Moreover, these factors are central in determining the development of mental health problems. For example, people living in an adverse social environment, experiencing severe life events, lacking supportive relationships and appropriate services are at increased risk of mental health problems. Specific vulnerable states which represent risk factors include: poor physical state (dependency or disability), low socio-economic status (poverty), low social capital (isolation) and scarce human capital resources (education). Groups that are of specific vulnerability in old age include: older people living in poverty or at a higher risk of poverty, such as older women those living in isolation and those severe physical restrictions and need of assistance (e.g. at a higher risk for elder abuse) those facing or coping with (critical) life-events and transitions (separation, bereavement and loss (of spouse or of children) and abuse) ethnic minority/migrant groups homeless older people and prisoners (often

experiencing traumatic situations) those who are lesbian, gay, bisexual or transgender those who are ageing with pre-existing mental health problems or disorders (Theobald 2005)

Concerning the question for the cumulation of risks in the higher ages it has to be emphasised that due to their higher life expectancy women are significantly more affected by the problems and challenges of ageing than men. At 100 years of age the proportion of women is approx. 90%. This concernment is intensified by the gender specific marriage behaviour. As women mostly marry men who are older than themselves, often the women who take care for their ill partner. Higher life expectancy and marriage behaviour lead to the fact that women more often become widowed. Among the 80 year old women in Germany 1998 more than 80% were widows, of the men at the same age only 40% (Böhnke 2004).

References Chapter 1 Marginalization

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