



**Loneliness, Social Isolation and Elderly of Ethnic Minority
Community**

A Case of Hindustani Surinamese Community in The Hague, Netherlands

A Research Paper presented by:

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(INDIA)

in partial fulfillment of the requirements for obtaining the degree of
MASTER OF ARTS IN DEVELOPMENT STUDIES

Major:

Governance, Policy and Political Economy

(GPPE)

Specialization:

Local Development Strategies

(LDS)

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The Hague, The Netherlands
December 2013

Disclaimer:

This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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Abstract

Elderly people are much more vulnerable to loneliness and social isolation due to loss of family, friends, income and mobility. This vulnerability becomes more acute in the case of elderly belonging to ethnic minority because of their lack of integration and participation in society. This scenario is more intense with the first generation elderly of ethnic minority community due to their low level of education and the subsequent language disadvantage which shrinks their opportunities to be part of larger society. This disadvantage increases their dependency on their children and the inability of the children in most cases to look after their needs, making them in the process more lonely and isolated. Relations with neighbours either from their own community or from other communities are also not very meaningful due to cultural, language and trust barriers. As Putnam (2007) puts in that diversity in society leads to more social isolation rather than triggering in-group and out-group division. There is a positive link between engagement with activities and the life satisfaction elderly draw out of it. Their disengagement from society is rather enforced than voluntary. Given the opportunity to participate through different facilities they show an increase in their life satisfaction with increased self-worth. However, having a social need and making social facilities available to fulfil those needs is not an end in itself for effective social participation. There is a need to ensure that the elderly do not lack the required social skill to bring out fulfilling experience out of these social participations, otherwise, they would end up being more lonely and isolated. In multi-ethnic societies the role of the community networks becomes very crucial in providing effective voice and support to the disadvantaged members especially elderly within the community. However, in ethnically heterogeneous societies to promote social capital and cohesion in the society, the dilemma of promoting 'bonding' within the communities or 'bridging' amongst the communities remains largely unanswered, as, one can be achieved only at the cost of other.

Relevance to Development Studies

Due to demographic, social and economic changes, issues concerning elderly are increasing in number. In this new socio-economic reality where the size and the support of the families are shrinking, elderly find themselves increasingly lonely and isolated. With less family support around the focus shifts more towards community support and the way communities can be mobilised and organised effectively to support the elderly of the community. It is an issue which is going to affect each one of us sooner or later in life thus holds relevance to look for constructive solutions to it.

Keywords

Ageing, elderly, ethnic minority, social isolation, loneliness, social participation, community networks, social capital, social cohesion

Chapter 1: Introduction

1.1 Global Phenomenon of Ageing and the Social Isolation of the Elderly

Demographic transition is underway all across the world. It is the change of human condition from high fertility and high mortality to low fertility and low mortality. High fertility and mortality lead to a fast-growing young population, whereas in other condition there is a growth of older people. History of human existence never before witnessed such dramatic transition. “Global life expectancy has grown more in the last fifty years than over the previous five thousand. Until the Industrial Revolution, people aged 65 and over never amounted to more than 2 or 3 per cent of the population” (Peterson 1999: 43). About the recent trends, according to the UN report on World Population Ageing: 1950-2050, “at the global level, 1 in every 12 individuals was at least 60 years of age in 1950, and 1 in every 20 was at least 65. By the year 2000, those ratios had increased to 1 in every 10 aged 60 years or older and 1 in every 14 aged 65 or older. By the year 2050, more than 1 in every 5 persons throughout the world is projected to be aged 60 or over, while nearly 1 in every 6 is projected to be at least 65 years old” (UN 2001:12).

For long western cultures especially Europe was a ‘global leader’ with respect to the aged population. Although, “at 21 per cent of the total population aged 60 years and above in 2009, the proportion of older persons in the more developed regions was much higher compared to the 8 per cent in developing regions. However, both groups are expected to have vastly increased proportions in the near future (33 per cent and 20 per cent respectively in 2050) with as many as 1,592 million older persons in developing regions” (Subaiya & Bansod 2011: 2). Thus, population ageing has become a global phenomenon with considerable consequences on the society at large. However, many countries in the world are still in the process of realizing the seriousness of the situation which in return is impacting the well-being of the elderly adversely. This concern is very well reflected in the recent statement of the Chief Executive of HelpAge, Silvia Stefanoni. Accord-

ing to her, "a lack of urgency in the debate about older people's wellbeing is one of the biggest obstacles to meeting the needs of the world's ageing population" (2013).

The recently released *Global Age Watch Index 2013*, which ranks the social and economic well-being of the elderly in 91 countries, has found Sweden to be the best country in the world to grow old followed by Norway, Germany and Netherlands. Most of the top ranked countries in the index are primarily situated in the West and here for long elderly had turned to the state for support. In these countries the state care system has evolved over a long period of time as part of the welfare state.

Longer life spans, combined with families opting to have fewer children have led to an ageing population boom. Due to this increased trend "families become "longer" and "narrower"- the number of living generations is swelling while the number of family members in each of those generations is dwindling" (Harkin 2005: 27). This has resulted in the decline of family caregivers of the elderly. "The present cohort of elderly persons born in the twentieth century does not have the large number of siblings common to the Victorian families of their own parents. They in turn have had fewer children on whom they might depend" (Lloyd 1991: 126). More so, the days of all family members living under the same roof are long gone. The members may be spread out throughout the country or globe. As a result an increasing number of elderly are now living alone. At the time of need the immediate members of the family may not be close to support them. Also, living alone can lead to their minimal social interaction which can make them more vulnerable and isolated. Loneliness and social isolation is a growing problem among older adults which is affecting their overall well-being. According to Steptoe et al, "both social isolation and loneliness are associated with increased mortality" and thus of the opinion that "social relationships are central to human well-being and are critically involved in the maintenance of health" (2013:5797). Networks providing social support include diverse relationships and in this context, the role of the neighbours, friends and the community at large becomes crucial.

1.2 Research Background

Europe is undergoing a drastic socio-demographic transformation over the past fifty years. Ageing of the population and international migration are the major factors responsible for this transformation. Both these factors have led to a significant change in the age and ethnic composition of the national population of several European countries. In these new ethnically diverse societies, the elderly belonging to ethnic minority are considered doubly disadvantaged in terms of their social participation leading to their loneliness and social isolation. Besides old age, the other factor which hampers their effective social participation is their lack of integration in the mainstream society. In this context, the paper attempts to investigate the issues of social isolation and loneliness amongst the elderly of ethnic minority community in Europe and the opportunities available for their social participation. The investigation would be done with respect to the institutional, community and neighbourhood networks available to them at the local level in one of the European cities.

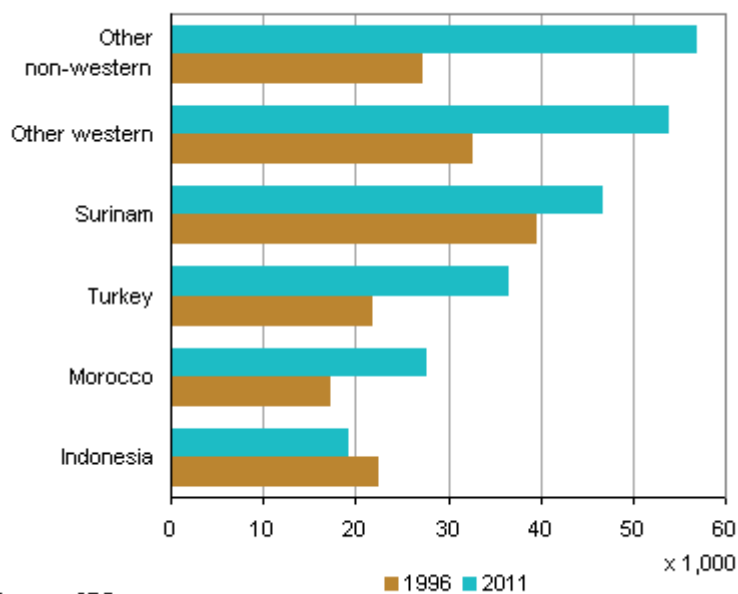
The Netherlands has ranked fourth in the 2013 Global Age Watch Index. As in rest of the Europe, because of decline in fertility rates and rise in life expectancy, the Dutch elderly are also growing at a faster rate than the population as a whole. According to Central Intelligence Agency 2013 statistics, 17 per cent of the Netherlands population is over 65 years.

Netherlands is also a home to several ethnic communities. Talking about the ethnic diversity of Netherlands, as per FORUM Fact sheet of 2010, there exists 240 different ethnic groups in the Netherlands and they constitutes 20 per cent of the population of the country with 9 per cent are of Western origin and 11 per cent of non- Western origin. The five largest ethnic minority groups in the country are Turkish, Moroccan, Indonesians, Germans and Surinamese, with each group comprises approximately 2 per cent of the Dutch population. 35 per cent of the non- Western minority groups are concentrated in the three larger cities of the Netherlands, namely, Amsterdam, Rotterdam and The Hague. Only 4 per cent of non-Western minority people are aged 65 years and above in comparison to 17 per cent of the Dutch elderly. However, by 2040 this 4 per cent is expected to increase

to 15 per cent and the Dutch 17 per cent is expected to increase to 29 per cent (2010:1- 10).

The Hague is the third largest city in the Netherlands after Amsterdam and Rotterdam, with a total population of approximately half a million people in 2013. The city of The Hague holds the unique distinction in the country with more than half of its population constitutes of immigrants. As per 2011 figures of the *Centraal Bureau voor de statistiek* (CBS), 49 per cent of the population of the city was of immigrants. However, as per Wikipedia, on January 2013 the proportion of the immigrants in The Hague population was 50.5 per cent whereas the native Dutch reduced to minority with 49.5 per cent. 35 per cent of the population in the city constitutes of non-Western ethnic minority group. The people from Surinam constitute the largest ethnic minority group in the city with 9.4 per cent of the total population.

Population The Hague by country of origin



Within the Surinamese group, the city of The Hague counts for a large Hindustani Surinamese community and the paper would focus on the elderly from the same community. Besides being the largest non-Western ethnic community in the city, another reason to study the elderly from this community is the language advantage with them. Most of the members of the Hindustani Surinamese community speak Hindustani along with the native

Dutch language and coming from India, I'm quite familiar with the language. To study any other ethnic group in The Hague language would have become a big barrier for me to do the purposeful research.

1.3 Research Objective and Questions

The objective of the study is to analyse the vulnerabilities of the ethnic minority elderly of Hindustani Surinamese community in The Hague due to their social isolation and the resultant loneliness and how they are been supported in meeting these challenges.

Following the stated research objective the research questions that will guide this paper are:

How do elderly of Hindustani Surinamese community experience their process of ageing in The Hague in relation to their social isolation and social participation? In which ways do the institutions, community and neighbourhoods of the elderly encourage their social participation?

Specific research questions are:

- Which are the main problems experienced by the elderly of the community that lead to their social isolation?
- How do community members look at community elderly with respect to their social participation?
- What kind of activities do elderly of the community engage themselves in?
- Who are the actors that play role in their social participation?

1.4 The Methodology and the Respondents

The paper seeks to make a general contribution towards enriching and enlarging the discourse on ageing in the context of changing family and social relationships. Its purpose is to explore the increasing vulnerabilities and uncertainties of the elderly with respect to their place in the society. The study contributes to the understanding of the living social realities of the elderly through three different perspectives:

Individual perspective: How do elderly look at their place in the society?

Cultural perspective: How does society look at elderly?

Socio-economic perspective: what are the consequences of our ageing society?

For the research problem under consideration, the findings and analysis is based on both qualitative and quantitative research. However, the focus is more on to the qualitative aspect, as the attempt is to look into the experiences and feelings of the elderly and community members on the issue under consideration. The quantitative research is limited to the demographic and related facts and figures and how they have changed over a period of time. The reason to select Hindustani Surinamese community in The Hague as a case to study has already been discussed in the previous section of this chapter.

This research rely both on primary and secondary data. Among the secondary sources helpful in this study include published and electronic scholarly articles and books; policy documents and fact-finding reports on ageing, social isolation, social participation and ethnic minorities. It also involves official statistics about elderly population.

A source of primary data includes a total of 26 interviews. Of the total, 25 interviews were in-depth structured interviews based on questionnaire¹. It involves fourteen interviews with the elderly from the community (mostly living alone) and eleven with the key members of the community. The last interview with the senior policy advisor in the Municipality of The Hague was the semi-structured interview. Besides structured face to face interviews; the data is also collected through informal conversations and through direct observation method. The data gathering for this study began from 2 August 2013 and continued until 4 October 2013 in The Hague city.

For the purpose of study, the elderly are defined as persons above 65 years of age. All the fourteen elderly respondents in the city of The Hague were selected through snowball method. Characteristics like age, gender, religion, education level and living status (elderly who lives alone) were used as a reference to select respondents. Two groups of elderly, one living independently in The Hague city and the other living in the ethnic group

¹ See Annex A

housing facilities were included in the study. Of the total fourteen elderly respondents interviewed, ten respondents were female and four were male. While considering the religious affiliation of the respondents, eleven of the respondents interviewed were following Hindu religion, two were Muslims and one was Christian. Eight respondents were living in independent houses in the city and six were living in the ethnic group housing facilities for the elderly. About their education level, eight of them never went to school thus cannot read and write; one did her schooling only till 3rd standard. Two each completed their education till middle school and high school. Only one elderly respondent finished his education till college. The respondents were between 67 and 85 years of age with two respondents in the age group of 66-70 years; six respondents were in the age group of 71-75 years; two respondents in the age group of 76-80 years and four respondents were in between 81-85 years. In the table below the details of all the fourteen respondents has been provided. However, to protect their privacy the names of the elderly respondents mentioned in the table are not real.

Elderly Respondents

S. No.	Name	Age	Sex	Education	Religion	Date of Interview
1.	Raja Ram	73 yrs	Male	High School	Hindu	5 August, 2013
2.	Durga Devi	74 yrs	Female	Illiterate	Hindu	6 August, 2013
3.	Shanti Kumari	84 yrs	Female	Illiterate	Hindu	6 August, 2013
4.	Shaheen Bano	75 yrs	Female	Illiterate	Muslim	8 August, 2013
5.	Ramiya Singh	85 yrs	Female	Illiterate	Hindu	8 August, 2013
6.	Naina kumara	68 yrs	Female	Middle School	Hindu	12 August, 2013
7.	John David	67 yrs	Male	Illiterate	Christian	16 August, 2013
8.	Dhyan Chand	84 yrs	Male	College	Hindu	19 August, 2013
9.	Savita Devi	76 yrs	Female	Illiterate	Hindu	19 August, 2013
10.	Girija devi	73 yrs	Female	3 rd Standard	Hindu	20 August, 2013
11.	Radha Kumari	77 yrs	Female	Illiterate	Hindu	20 August, 2013
12.	Sakina Bno	72 yrs	Female	Illiterate	Muslim	20 August, 2013
13.	Brij Bhushan Kumar	73 yrs	Male	Middle School	Hindu	22 August, 2013
14.	Anandi Devi	85 yrs	Female	High School	Hindu	29 August, 2013

Data was collected primarily on the issues of loneliness, social isolation and the attempts they make to overcome it. Information is also gathered on their experiences as elderly of ethnic minority community and the facilities provided by the government and community based organizations to make them more socially active. Furthermore, information is also gathered about their relationship with the natives and members of other ethnic minority communities.

In the process of data gathering, ten key community members were also interviewed. This involves present and previous heads of the community based organizations either working for the cause of elderly or otherwise for the community, social workers working actively with the members of the community, a university professor from the community with a good body of research work on the community, a political figure from the community who was an ex-councillor in the local government of The Hague and a temple priest.

Key Community Members

S.No.	Name	Organisation	Designation	Date of Interview
1.	Tjandrika Rangoe	Eekta Bhawan	Director	2 August, 2013
2.	Chan Choenni	Amsterdam University	Professor	13 August, 2013
3.	Sila Soechit	Transvaal	Coordinator, Day Care	16 August, 2013
4.	Rajendranath Ramnath	Eekta Bhawan	Ex-Director	22 August, 2013
5.	Narain Mathura	Hindu Ouderbond (HOB)	Chairman	28 August, 2013
6.	Henna Mathura	Stitching Sarita	Director	28 August, 2013
7.	Sew Thakoerdin	Hindu Ouderbond (HOB)	Ex-Chairman	28 August, 2013
8.	Radj Bhondoe	Sewa Network Foundation	CEO	2 September, 2013
9.	Johan Chandoe		Ex- Councillor	6 September, 2013
10.	Rita Potoe	Stitching Awaaz	Director	10September, 2013
11.	Attray Ramdhani	Ram Mandir	Priest	30 September, 2013

In the process of data gathering, one official from the Municipality of The Hague was also interviewed to better understand the local policies for the elderly. He holds the position of senior policy advisor to the government. Although, there were more names in the list of officials to be interviewed but due to their non- availability during the period of my data gathering their names have to be dropped from the list.

S. No.	Name	Organisation	Designation	Date of Interview
1.	Raymond Hamar de la Brethoniere	Municipality, The Hague	Senior Policy Advisor, Social Welfare	4 October, 2013

This face to face interaction with the elderly and key members of the community helped me to develop deeper and better understanding about the issues and the initiatives taken related to the elderly and to look at things from both elderly and community perspective.

1.5 Limitations

In the Netherlands, most of the policy documents and fact-finding reports on the subject under study either in published or electronic form were available only in Dutch. Initially, attempts to Google translate some of them met with far from satisfactory results. In the end, the study has to rely only on those reports which have their English version also.

1.6 Structure of the Paper

The paper has been structured into seven chapters. This first introductory chapter presented the research background about greying of the world population and the problem of loneliness and social isolation amongst the elderly, pointed to the research questions and described both the methodology and the limitations encountered during the research process. The second chapter establishes the conceptual and theoretical framework of the research. The third chapter highlights the Dutch policies for the elderly and the background of the Hindustani Surinamese elderly. The fourth chapter analyzes the problem of loneliness and social isolation amongst the community elderly. The fifth chapter analyses the kind of activities undertaken by the community elderly to remain socially active. The sixth chapter analyzes the support provided by community networks to the elderly and the hurdles they encounter. The last chapter presents the general conclusion.

Chapter 2: Conceptual and Theoretical Framework

2.1 The Concepts of Loneliness and Social Isolation

Loneliness and social isolation is very commonly associated with the older people. Several researches have come up with the findings that social isolation increases death risk in older people. Peplau and Perlman who conceive loneliness as a social deficiency defines it as, “loneliness exists to the extent that a person’s network of social relationships is smaller or less satisfying than the person desires”. The definition talks about the relationship between two factors, the desired and achieved level of social interaction (1979:101). Thus, loneliness is a *subjective* and negative experience which is the result of the cognitive evaluation of the match between the quality and quantity of existing relationships. Whereas, social isolation concerns with the *objective* characteristics of a situation and it is concerned with the absence of relationships with other people (Gierveld *et.al.* 2006:486).

Social isolation result in lesser engagement with society and it is observed that with age people engage themselves less and less with society. Disengagement theory proposed by Cumming and Henry in 1961 argued that disengagement is a natural part of ageing. The theory suggests that older people make a conscious effort to reduce their social contacts as a result of decrease in their physical, intellectual, emotional and social skills and abilities. They prefer not to meet to friends and relatives and start getting less active. However ‘disengagement theory’ today is largely discounted, its critics do not support its certain aspects. To many this theory propagates the less welcoming attitude of the society towards its older adults and justifies the lesser participation of older people in social activities. The idea that this disengagement is mutually beneficial to both society and older adults has been challenged by many. One argument is that older members may not want to leave the community organizations but they may have to as their special needs are not accommodated by these organizations. To its critics the disengagement is enforced rather than voluntary.

At the time when people were developing this theory there was a major shift happening in the living arrangement of the elderly across many societies. It was moving from ageing at home with families' members towards ageing alone at home or in assisted living facilities and nursing homes. Due to this, over a period of time there is a complete movement in gerontology from disengagement to social involvement.

2.2 Activity Theory- Social Participation and Life Satisfaction

This theory has become one of the most mainstream and applied theories in gerontology. The 'activity theory' of ageing which came as a response to 'disengagement theory' has a more positive view on ageing. It suggests that "there is a positive relationship between activity and life satisfaction and the greater the role loss, the lower the life satisfaction" (Lemon *et. al.* 1972: 511). The older adults are happiest when they stay active and maintain social interactions. Any kind of activity be it interpersonal or non-interpersonal have a direct implication on the general well-being of older adults.

Lemon *et. al.*, has defined activity as "any regularized or patterned action or pursuit which is regarded as beyond routine physical or personal maintenance". They further talk about three kinds of activities- informal, formal and solitary activity. 'Informal' activities involves social interaction with relatives, friends and neighbours whereas 'formal' activities include social participation in formal voluntary organizations and solitary activities includes such pursuits as watching television, reading and hobbies of a solitary nature (*ibid*:513).

Activity theory also focuses on role support, role loss and life satisfaction. McCall & Simmons has defined *role support* as "the expressed support accorded to an individual by his audience for his claims concerning his role-identity" (1966). Whereas, Lemon *et. al.* define *role loss* as "an alteration in the set of behaviour patterns expected of an individual by virtue of the loss of some status position within a given social structure". For example, a major role loss occurs when a woman has her status of married changed to the status of widow. And, they define *life satisfaction* "as the degree to which

one is presently content or pleased with his general life situation” (1972: 513).

Life satisfaction is closely associated with positive self-concept and role identities are key components of self-concept. It locates individual in the larger matrix of social relationships. The higher the external validation of role identity i.e. role support of an individual, the higher is his general life satisfaction. A change in role can cause a feeling of emptiness. Thus in order to fully explain the relationship between activity and life satisfaction, the concept of role change is utilized for analysing conditions that further specify increases and decreases in this relationship (*ibid*: 514).

2.3 Perspectives on Minority Ageing

Macmillan dictionary defines ethnic minority as “a group of people with the same culture and traditions who live in a place where most people have a different culture and different traditions”. One common perspective about minority elderly is that they face multiple jeopardizes. “When elderly ethnics have been the focus of attention, their situation typically has been termed “double” or even “triple” jeopardy. This viewpoint emphasizes that such people are not only stigmatized in Western industrial societies because of their age (through mandatory retirement, societal attitudes, etc.) but they also are devalued and suffered disadvantages as members of the minority ethnic group. Ethnicity thus becomes one more burden to bear in the process of growing older”(Cool 1981:179). Thus, in terms of service needs and delivery which in most cases are provided within the cultural mainstream, the ethnic diversity amongst the elderly are not taken into consideration. This led to the marginalization and exclusion of the minority elderly from the mainstream.

However, in contrast to this perspective concerning deprivation there is another perspective on minority ageing which looks on at ethnic status as compensation or resource. “It focuses on the benefits or resources accruing to those elderly who remain attached to an ethnic identity and subculture”(Sokolovsky 1985: 8). According to Linda cool, “ethnic membership may provide a sense of personal continuity and community-belonging at a

time in life when some older individuals begin to experience a diminution of conventional identities formed largely on age, sex, or occupation” (1981: 179).

The policy implications of both the views can be dramatically opposed. “Ethnicity as deprivation calls for strengthening federal/state resources to overcome life-long deficits. Ethnicity as compensation or resource could be construed as a rationale to decrease or at least not radically shift material resources towards the ethnic minority aged” (Sokolovsky 1985: 8) . Here the focus of the policy makers is more on the informal support system in the form of family and community networks to deal with the problems of minority elderly.

2.4 Community Networks and the Issues of Social Cohesion and Social Capital in an Ethnically Diverse Society

In ethnically diverse societies, community networks serves as a mean to reduce several kinds of uncertainties faced by the community members. They assist the members of a community in need to connect with the right kind of people. However, the effectiveness of such networks depends on the quality of relationships between community members and it has long been a concern of several social scientists. In ethnically diverse societies, communities contain multiple cultures and in recent times there is a debate on trust and cooperation within and amongst ethnically diverse communities and its impact on social cohesion. Social cohesion talks about the binding force which holds the societies and the communities together. According to van der Maesen and Walker, “social cohesion is the extent to which social relations, based on identities, values and norms, are shared. This conditional factor is mainly linked to processes concerning the formation of collective identities resulting in the configuration of human interrelationships in the interactive setting of societal development and the world of daily life (communities or families) as a specific outcome of the interplay of both tensions” (2012: 61- 62).

Social cohesion is primarily based on the premise of social capital which says that social networks have value. It emphasizes on trust, reciproc-

ity, information and cooperation associated with these networks. Solidarity is encouraged through these networks which lead to the development of 'We' mentality instead of 'I'. "[t]he re-emergence of concerns with neighbourhood' and 'community' and the links to social cohesion are ... enmeshed in a partial re-conceptualisation of these issues within more general debates around the concept of social capital" (Kearns and Forrest 2001: 2137).

For the past many years social capital is a topic of debate in most of the advanced societies which as a result of immigration are virtually transforming into ethnically and socially diverse societies. Robert Putnam defines social capital as, "social networks and the associated norms of reciprocity and trustworthiness" (137:2007). As he explains further that social networks have value not only for those inside these networks but because of its powerful externalities also have implications for bystanders. (*ibid*: 138). Social capital has special implications in an ethnically diverse society. According to Putnam, " in the short to medium run , however, immigration and ethnic diversity challenge social solidarity and inhibit social capital.....In the medium to long run on the other hand successful immigrant societies create new form of social solidarity" (*ibid*).

On the question that how do you react when you are exposed to people of diverse cultures and ethnicity?

The understanding that immigration and diversity foster social isolation has been counteracted by 'contact hypothesis', which argues that diversity fosters interethnic tolerance and solidarity. The rationale behind this is, the more contact with the people who are not like us tend to help us to overcome our initial hesitation and ignorance and to trust them more. It means in-group solidarity diminishes and out-group solidarity grows. There also exists a 'conflict theory' which supports the opposite view. The theory suggests that in the case of availability of limited resources- diversity foster out-group distrust and in-group solidarity (ethnocentrism). Thus, no matter how opposite these views are but they converge on to one thing that in-group trust and out-group trust are negatively correlated. It talks about 'bonding' and 'bridging' social capital. Bonding social capital means ties

with people who are like you in some important way and bridging social capital means ties with people who are unlike you in some important ways. It is often assumed that they both are inversely related to each other. Putnam however challenges this assumption and comes up with his theory called 'constrict theory' which says that in-group and out-group attitudes need not be related to each other inversely but can vary independently (*ibid*: 141-144). It drew a correlation between increased ethnic diversity and increased individual isolation. This means, in ethnic diverse surroundings we not only are weary of people who are different from us but also from people who are like us. A 'hunkering down' where there is low trust and low community cooperation with few real friends around. However, Putnam sees this only as a short term problem which according to him can be overcome in the long run.

In the background of all these concepts and theories, the paper attempts to determine and analyse the concerns amongst the elderly of the Hindustani Surinamese community which makes them lonely and isolated. With the support of the indicators mentioned in activity theory with respect to informal, formal and solitary activities, the paper analyzes the engagement of the elderly with these activities and the life satisfaction they draw from their social participation. The analysis tries to look into the factors which hinders or promotes social participation of the elderly. Taking note of the different perspectives on minority ageing the paper further explores the experiences of the elderly with respect to their ethnic minority status. Whether they face multiple jeopardizes because of their ethnic status or this status serves as a resource to receive several benefits. Of recently, the ideas of social cohesion and social capital have received great political attention in the Netherlands and especially in The Hague due to increase in ethnic diversity within its population. As a result there is a major shift in policies from individual centred approach towards social relations and societal institutions. The paper through the social cohesion and social capital approach where on the one hand attempts to explore the steps taken by the community networks within the community under study to advance the welfare of its elderly and similarly on the other it tries to analyse the in-group and out-group solidari-

ty with respect to bonding and bridging as mentioned in the ‘constrict theory’ of Robert Putnam. The purpose is to analyse the impact of the policy shift of the local government of The Hague from bonding to bridging in terms of elderly care on the ethnic minority elderly.

Chapter 3: Policy Measures for the Elderly and the Hindustani Surinamese Elderly

3.1 Netherlands: Elderly Welfare State

Welfare services for the elderly are designed to support them and to ensure that their needs are met on a long term basis. The Netherlands is amongst the aged societies in the world, where the elderly are growing at a much faster rate than the population as a whole. It is likely to grow at a much faster pace in near future, as the baby boom generation in the country has started to reach the stage of retirement. Netherlands, like rest of the Western European countries also went through the post war period of baby boom (1946-55). Therefore, from 2011, the Netherlands is gearing itself for the large surge in the number of 65years old. According to *Centraal Bureau voor de Statistiek* (Central Bureau of Statistics) of the Netherlands, in the year 2012, the average life expectancy for men at birth was 79.1 years, whereas, the same figure for women was 82.8 years. “These are the very age groups where single-person households are disproportionately high, with a higher level of health problems and lower level of income” (Ganesh 2005:119).

Ageing of the population has its consequences on the health care and social policy. Several policy measures have been taken in the country to address the issue of elderly care. In the 2011 Human Development Report of United Nations Human Development Programme, Netherlands ranked third amongst the 186 countries on Human Development Index. The Netherlands holds the rank for providing amongst the best health and social services for the elderly in the world. “The Dutch model for elderly care was shaped in 1960s and 70s and has traditionally been dominated by formal care and high degree of socialisation of risk”(Roit 2010: 22). As a result large proportion of the elderly found themselves in the care homes and nursing homes. “In fact, the Netherlands had the highest institutionalisation rates of elderly people in Europe during the 1970s and 1980s” (*ibid*: 23). Although, “the Dutch welfare state emerged comparatively late, yet soon grew into one of the most complex , intricate, far-reaching, and expensive systems, combin-

ing universal rights for all residents and citizens....the idea of a caring society was both the starting point and the ultimate aim of the *verzorgingsstaat* (welfare state)” (Ganesh *et. al.*2005:1).

However, gradually the supply of these services couldn't match the pace of their demand. This supply-demand gap led to the availability of these services not according to the needs but in terms of its availability, thus bringing in the concept of 'waiting list'. Very soon government realised the limitations of the institutional care and started to look for alternatives supporting elderly to remain longer in their own homes. The 2013 report of the Dutch government on the elderly titled 'Ageing with Care' also talks about this policy concern of the government. According to the report, “the avowed ambition of the government is that older people should continue living independently for longer, with care and support provided in the community, and should be less quickly referred for admission to a residential facility. The government also expects citizens to organize their own help initially, with help from fellow household members, family, friends and volunteers (informal care) or by hiring in help (private care). The government plans to restrict access to collectively funded long-term care provision. The idea driving this change is that 'more intensive' (and more expensive) care should be replaced by 'less intensive' (cheaper) care and support” (SCP 2013: 65).

Also, with a focus on their overall well-being, the alleviation of loneliness and isolation amongst the elderly is a major priority. “Strengthening their social network and increasing their control over their own lives would be a way of helping this group” (*ibid*: 68). However, by social participation the policy document means participation of elderly in paid work, voluntary work and informal care. In fact, in the early years of old age, between 55 and 75 years – known today as the third phase of life – people are freed of their employment and care tasks and can devote time and energy to developing new social activities and reinforcing existing social relationships (SCP 2006: 216).

As per *Ouderenbeleid in het perspectief van de vergrijzing* (2005), as mentioned in the 'Report of the elderly' (2006), “in today's welfare state , citizens are expected to take their own responsibility and to be more self-

reliant, and it is no longer accepted as the norm that people withdraw from society on reaching a certain age. One of the seven core focus areas in the government policy document on the elderly (*Nota ouderenbeleid*) is to increase the social participation and ‘presence’ of older persons and to increase their participation in employment , voluntary work and informal care” (216).

3.2 The Hague: Policy Priorities for the Elderly

The Hague has built a name both in the Netherlands and in the World with respect to its care and welfare policies. Being a multicultural city, it has over 25 years of experience in interculturalisation of care and welfare. In the interculturalisation process both the municipality and the institutions are involved. It is achieved through long-term cooperation between municipality, cultural associations, senior citizens and the institutions for care and welfare (Pharos 2011: 23).

In the 2002 letter to the City Council, Alderman of The Hague mentioned the policy priorities of the local government with respect to the elderly. According to the letter, the prime focus of the local government is to promote the independent lifestyle of the elderly and creating situation for their full participation in the society. The letter mentions six priorities of the elderly policy:-

- Preventing and combating loneliness.
- Strengthen the home care.
- Improving the housing situation.
- Strengthening the income position
- Improving mobility
- Promoting the Social Security

Combating feeling of loneliness amongst the elderly is an important policy priority. The letter mentions that the issue is explicitly on social and political agenda and would be implemented through **targeted activities**.

In 2011 the city council of The Hague adopted the multi-year implementation plan for the period 2011-2014 for its senior citizens with a title 'Old is In'. The plan has paid special attention to the interculturalisation of care and welfare. It is aimed to be achieved not through the specific target policies for the immigrant elderly but by making the **general policies** of care and welfare more culture sensitive (Pharos 2011: 22).

Thus from 2002 to 2011 there is a major policy shift in The Hague from targeted policies for the immigrant elderly towards more general policies for all the elderly in the city i.e. a shift from 'bonding' within the communities to 'bridging' amongst the communities.

The plan talks about three goals to achieve during this period with respect to the elderly in The Hague municipality.

1. Maximum Participation
2. Adequate Support
3. Good and Responsible Care

Talking about the first goal 'maximum participation' of the elderly the policy document mentions it to be the central point of attention with special focus on frail elderly, singles, older migrants, older people with conditions such as dementia and elderly people with insufficient income. They are more likely to be lonely and becoming dependent. The municipality wants more of these elderly to participate in social, cultural and sporting activities. The plan also focuses on the families, relatives, neighbours, friends and neighbourhood and district associations for the elderly as the real basis for well-functioning elderly. However, the plan document also recognizes that an important pre-requisite to realize this goal is the solidarity and social cohesion in neighbourhoods and districts (2011: 7).

3.3 Historical Background of the Hindustani Surinamese Community

According to the Netherlands population statistics, two per cent of the total population in the country consists of Surinamese group. However, for the sake of clarity it is important to mention here that the Surinamese group is in itself an ethnically diverse group. The two largest communities within the

group are the Hindustanis and the Creoles (persons with a Black African background).

Hindustani Surinamese are an ethnic group of Indian origin in Suriname and the Netherlands. They are the descendants of indentured labourers who emigrated from British India, from the modern day states of Bihar and Uttar Pradesh to Surinam between 1873 and 1916. Surinam is a small country on the northeast coast of South America. It was a Dutch colony known also as Dutch Guyana. After their indenture, most Indians settled in Surinam as small farmers. After World War II, the upward socio-economic mobility of the Hindustanis accelerated as they penetrated different spheres of economic life. They became an affluent group rivalling the dominant Creole group. This caused political polarization between the two groups. In 1973 the National Party of Surinam which was a dominant Creole party gained political power. After coming to power they announced that in 1975 Suriname will become an independent state. Fearing Creole dominance and marginalization after independence, a large number of the Hindustanis fled from Surinam to the Netherlands and settled in different parts of that country, but with a concentration in The Hague. Within the Hindustani community there exists different religions with majority 80 per cent in the Netherlands are Hindus, 18 per cent are Muslims and rest are Christians. (Choenni 2013:41-42).

After over 35 years, in 2011, these Hindustanis and their descendants numbering 160,000 formed 1 per cent of the Dutch population of more than 16 million (Choenni 2011:18).

3.4 Hindustani Surinamese Elderly in the Netherlands

In 2008, there were approximately 10,000 elderly in the Hindustani Surinamese community. Almost all of them were born in Surinam and belong to the first generation of elderly in the community. Since their migration in the 1970s, most of them have lived almost 35 years of their life in the Netherlands. Within this group of 10,000 elderly with a sex ratio of three women to two men, the women elderly are in majority. More than half of these elderly are single and almost half are widowed and the percentage of Hindu-

stani elderly widows is higher than the percentage of Hindustani elderly widowers. Most of the elderly in the community are living independently either in their individual houses or in the ethnic housing projects or in the elderly care centres. Only a small fraction lives with their children or grandchildren. It is a remarkable shift in the living arrangement of the elderly. Only twenty five years ago, it was considered very shameful in the community if parents would live separately from the children and children were not taking care of them. But, it is not the case anymore; the community has gradually adopted the western values of individualization. Many elderly have also grown accustomed to the professional care (Choenni 2013: 42-45).

3.5 Experiences of Hindustani Surinamese Elderly as Minority Elderly in The Hague

There is one perspective that policies and programmes concerning elderly ignores the ethnic diversity amongst the elderly which becomes responsible for the marginalization and exclusion of the minority elderly. My respondents however portray the otherwise picture.

“35 years ago I got separated from my husband and brought my children to Holland from Suriname. It was a good decision. My old age is much better here. I have a much secured life. Had I been in Suriname it would have been very difficult” (Savita Devi 2013, Interview)²

This statement in itself speaks volumes about the experiences of the elderly of the Hindustani community with their status as ethnic minority elderly. All the elderly respondents expressed complete satisfaction with the facilities provided by the state to them. All were of the opinion that government in this country do not discriminate in providing support to the elderly, no matter which ethnic group they come from. Mostly however, opined that sometimes when state discriminates in elderly care it does so with good intention and the discrimination is positive. This discrimination is to take care of the specific needs of the ethnic minority elderly. As the mi-

² Interview with Savita Devi at her home, Valkenboskade, The Hague, 19 August 2013.

nority elderly have different needs in terms of language, food and culture, the state policy and programs provides due consideration to it. While talking about their satisfaction with the services for the elderly, Anandi Devi Commented;

“In this country facilities for the elderly are not organized but over-organized” (2013, Interview)³

Somewhat same sentiments were shared by another respondent. According to him,

“Government facilities for the elderly are very good. Had it been not there we have had died at our places without any support” (David 2013, Interview)⁴.

Although the elderly within the community are maintaining their Hindustani identity very well but that identity is not very much in conflict with the Dutch identity. They have little complaints about the Dutch natives. The only complaint they have is about their own inability to speak Dutch language because of which they could not cultivate relationships with natives. However, those elderly who can speak the native language fluently see themselves very much integrated within the society.

³ Interview with Anandi Devi at Eekta Bhawan, The Hague, 29 August 2013

⁴ Interview with John David at Transvaal, The Hague, 16 August 2013.

Chapter 4: Loneliness and Social Isolation in Hindustani Surinamese Elderly

4.1 Loneliness and Social Isolation in Elderly: A Matter of Concern

Elderly people are much more vulnerable to loneliness and social isolation due to loss of family, friends, income and mobility. With the rapid increase in the ageing population in the world, the issues of loneliness and social isolation are amongst the major concerns for the elderly.

Although conceptually different terms but both loneliness and social isolation are closely related. The advent of one always leads to other, lonely people tend to become socially isolated and social isolation leads towards loneliness. We all feel lonely from time to time. However, long periods of loneliness and social isolation can have a negative impact on one's physical, mental and social health. The situation becomes more detrimental in the case of elderly people. Feeling lonely and isolated is bad for their health. It is not only making elderly sick but it is killing them. A 2013 report of a study conducted in UK of 6,500 men and women aged 52 and above came up with surprising findings. They found an increase in 26 per cent death risk in the group under study over a period of seven years as a result of being lonely and isolated. Commenting on the findings of the study, Michelle Mitchell, director general at Age UK, said: "This study shows more clearly than before that being lonely and isolated is not only miserable, it is a real health risk, increasing the risk of early death."(BBC 2013). Thus the report stressed that 'reducing both social isolation and loneliness are important for quality of life and well-being, but efforts to reduce isolation would be likely to have greater benefits in terms of mortality'(Steptoe et al 2013:579).

According to the '2006 report of the elderly', "in the Netherlands, many older people are socially active. This is evident from the large numbers of people aged over 55 who continue performing voluntary work until an advanced age, who offer informal care to friends, relatives and neighbours in need of help or who stand firmly in the midst of the community in some other way.....However, set against this positive image of old age and ageing, an image which dominates in the most recent government policy docu-

ment on the elderly, is a more sombre picture. In this scenario, elderly persons are keen to withdraw from society and gradually reduce their social role” (SCP 2006: 9).

4.2 Scenario amongst Hindustani Surinamese Elderly

“Elderly of the community see loneliness and isolation as a gift of this country. They accept it as a culture of the Netherlands” (Attry 2013, Interview)⁵.

I found an extreme variation in the elderly respondents towards their feeling of loneliness from extremely lonely and vulnerable to very content with their life situation. Around fifty seven per cent (8 out of 14) respondents shared to have occasional feeling of loneliness. The respondents I found very lonely were the one who had no social life and stay most of the time inside their homes. They had very few visitors to visit them and have little motivation or enthusiasm towards life. On the other extreme were the respondents who were very happy with their life circumstances and were full of enthusiasm. The reason I found for the difference in them was their active social life. Either they had involved themselves in several activities to keep themselves engaged or have big families with several children and grandchildren who visit them regularly. Those who came somewhere in between reported to have an occasional sense of loneliness. It happens when they are not going out to participate in social activities organized by cultural associations, community based organizations or the government supported organizations. In this situation they have nobody around to talk to. However, almost all the elderly respondents commented that their well-being is directly connected to the care and attention they receive from their children. The more love and care they receive from their children, the less lonely and isolated they feel in their lives and vice-versa.

⁵ Interview With Ramdhani Attry, Priest, Ram Mandir, at Ram Mandir, The Hague, 30 September 2013

It is very important to understand what makes these elderly socially inactive which ultimately leads to their social isolation. Such elderly become more vulnerable as their social well-being has a direct link with their physical, emotional and psychological well-being.

4.2.1 Children are the World to Them

In 1980s in the Netherlands the problem of loneliness and social isolation was already present with the Dutch elderly but not with the ethnic minority elderly. In most of the minority ethnic groups the families were large and elderly used to stay with their children. In 1970s when Surinamese Hindustani migrated from Surinam to the Netherlands they brought with them the joint family system prevalent in the Surinam, where elderly of the family used to stay with their children and grandchildren. However, very soon the scenario within the community started to change. Due to western influence, the idea of individualism started to seep within the younger generation of the community. This led to the breaking up of the joint family arrangement.

“Although many in the community were taking care of their elderly parents under same roof but quite a number was not happy with this arrangement. Younger generation felt there was lots of interference from the parents in their lives. Slowly the concept of privacy started to come in due to western influence. Also old people wanted lots of attention from their children and children didn’t have time, so there was conflict”(Choenni 2013,Interview)⁶.

Besides this, in 1960s and 70s the housing in the Netherlands was also very small and it was difficult to accommodate all the generations of the family under one roof. Realizing this problem, “in the late 1980s and early 90s, drastic changes were introduced in the Dutch housing policy, government started to build more houses. The policy memorandum of 1989 was a watershed, marking a new stage in housing policy... It was a real revolution in terms of government support for social housing”(Dieleman 1996: 275). The result was, by 1990s elderly in the country could afford to have

⁶ Interview with Chan Choenni, Professor, Amsterdam University, at his Home, Harlem, 13 August 2013

their own houses with subsidy on house rent for them. With this development many elderly in the community started to live separately from their children and it was a unique experience to them. Never before in their community had elderly ever lived so independently and alone. With no family members around which they were used to of all their lives they started to feel lonely and gradually socially isolated also.

“Elderly parents started to have their own houses and children their own. Later, with their job responsibilities and other engagements like sports and outings on weekends, children started to have little time for their elderly parents. This led to their loneliness and ultimately to their social isolation, as, to many elderly in the community their whole world revolves only around their children” (Choenni 2013, Interview).

Same sentiments were also shared by other community respondent:

“Many children are working and staying away from places where their parents stay and have very busy work schedule due to which they cannot visit or call their parents regularly. This leads to loneliness in the community elderly” (Mathura 2013, Interview)⁷.

“Most elderly complain that their children have no time for them. They don’t realize that children have hectic jobs and also have their own families” (Rangoe 2013, Interview)⁸

Therefore, in the 1990s because of these new developments in their living arrangement many elderly in the Hindustani community started to feel lonely and isolated. Professor Choenni, however, also holds inward oriented nature of the elderly in the Hindustani community responsible for their lonely situation. According to him,

“In Hindustani Surinamese community, relations of the elderly with others in the family are vertical. The Dutch elderly on the other hand share horizontal relation with their children and grandchildren. Problem with Hindu-

⁷ Interview with Narain Mathura, Chairman, Hindu Ouderbond, at Eekta Bhawan, The Hague, 28 August 2013

⁸ Interview with Tjandrika Rangoe, Director, Eekta Bhawan, at Eekta Bhawan, The Hague, 2 August 2013

stani elderly is that they are very inward oriented. They don't want to go out and look for other avenues. They only cherish their children. Other communities are outward looking; elderly in these communities also enjoy other things than just the company of their children” (2013, Interview).

Due to their emotional dependency on their children and lack of time with the children to visit them, the problem of loneliness and isolation is further aggravated. Thus, if on the one hand children were the biggest reason of their life satisfaction, similarly on the other they were also the biggest reason for their dissatisfaction and isolation in life. According to Bachrach, “the effect of number of children on the probability of isolation among the elderly depends on two factors: the extent to which those who have children depend on them for social interaction, and the extent to which contact with friends, neighbours or relatives other than children varies with the number of children” (1980: 628).

Henna Mathura mentions two kinds of elderly. According to her:

“First kind of elderly is those who only like the company of their own children and are dependent on them for everything. Such elderly does not like to go out and involve themselves in other social activities. The other kind are the one who are very lonely and for this they need help but are shy from seeking help as they have low trust on others due to their past life experiences” (2013, Interview)⁹.

On the issue of loneliness associated with lack of care and time from the children for them, Narain Mathura shared a remark of one of the elderly lady from the community. It was:

“When I will die my children will decorate my body with flowers, but I don't need their flowers. I want their love and time” (2013, Interview).

Of all the 14 elderly respondents the one whom I found most contended with her life situation was the 85 years old Ramiya Singh. She falls some-

⁹ Interview with Henna Mathura, Director, Stitching Sarita, at Eekta Bhawan, The Hague, 28 August 2013

where within the first category of elderly described by Henna Mathura. After the death of her husband Ramiya is living alone for the last twenty years in one of the ethnic housing facilities. She never went to school thus cannot read and write. In spite of age, education, marital status and living arrangement all to her disadvantage which are capable enough to make her vulnerable, she reported complete life satisfaction. As per Activity theory, life satisfaction is related to positive self-concept and role identities. In Ramiya's case I found it to be true to a large extent. The reason for her life satisfaction was her ten children and several grandchildren, most of which lives in The Hague. They pay regular visits to her and value her role as a family head. Thus reinforcing her claim concerning her role-identity as head of the family, this helps her in developing positive self-concept. She is so occupied with them that she never felt the need to develop close relationships with her neighbours or to participate in any of the elderly activities organized by the community based organizations for the elderly.

"I have no complaints from life. I have been blessed with good children. They are my biggest support system. My house is always full of them. I don't feel the need to go out and participate in any of the activities organized by the community for us elderly. I'm very satisfied with my children and home". (2013, Interview)¹⁰.

However, I have to admit that cases like Ramiya are very few and there is a drastic shift with respect to the kin interaction and support to the elderly within the community. Around seventy per cent of the elderly respondents (10 out of 14) shared to have irregular interaction and visits from their children and in this situation find themselves isolated and vulnerable. There is a need to make several attempts to reduce their vulnerability. According to the 2013 report 'Ageing with care', "Strengthening their social network and increasing their control over their own lives would be a way of helping this group" (SCP 2013: 68). It could be done by increasing their meaningful face to face interaction with their friends and neighbours.

¹⁰Interview with Ramiya Singh at her home in one of the ethnic housing facilities for the Hindustani elderly, The Hague, 8 August 2013

4.2.2 Relationship with Neighbours in Ethnically Diverse Neighbourhoods

With all the socio-economic and demographic changes taking place in the society, the proximity of the elderly to their neighbours are considered vital for their well-being. Advanced age also tends to shrink the geographical mobility of the elderly and in this scenario neighbourhood becomes more significant for them to develop social networks. However, in ethnically diverse societies the neighbourhood can also be the cause of isolation rather than proximity to the neighbours.

In Netherlands “although the share of ethnic minority residents in the majority of Dutch neighbourhoods is still less than 10 per cent, the number of neighbourhoods with a higher proportion of ethnic minorities has risen in recent years. The percentage of Dutch neighbourhoods where ethnic minorities account for 25-50 per cent of the population increased from 2.3 per cent in 1998 to 4.1 per cent in 2010. Over the same period, the share of neighbourhoods where more than 50 per cent of residents have an ethnic minority background doubled from just 0.4 per cent in 1998 to 1.3 per cent in 2010” (Statistics Netherlands 2010 in SCP 2011:14).

Almost all the elderly respondents reported little or no contact with their neighbours whether they are living in a Dutch neighbourhood or in a mixed neighbourhood. To them language and culture are the barriers in developing quality relationship with the neighbours. However, to break the cultural barrier there is a need to socialize with members of other cultures and this becomes not possible for them due to language disadvantage. They are the first generation of elderly from the community. Around fifty seven per cent (8 out of 14) of the respondents cannot speak or understand native Dutch language. The education level of these elderly is very low with 8 out of 14 respondents never went to school. The lack of Dutch language skills works as a barrier for them in terms of developing a meaningful relationship with their neighbours either with the Dutch natives or from other ethnic minority communities even though they have all the good intentions to do so. This language and literacy barrier makes them more vulnerable in their situ-

ation. Their vulnerability can be well explained through the case of Savita Devi.

76 years old Savita Devi came to The Hague from Suriname in 1974 after separating from her husband. She brought her four sons along with her. Now all grown up, one of her sons has gone back to Suriname and the rest three are in Holland with two living in the same city as her. But she is not as fortunate as Ramiya Singh with respect to the visits paid by her children to her. Owing to their busy professional and personal lives they can manage to pay only occasional visits to her. Her interaction with her neighbours is also very minimal as she lives in a neighbourhood where all her neighbours are Dutch. According to her,

“I’m living in this neighbourhood for almost 30 years. All my neighbours are Dutch and since I cannot speak Dutch therefore besides formal greetings there is not much interaction between us. I want to invite them to my place but due to the language barrier I cannot do this” (2013, Interview).

In her situation Savita Devi feels very lonely and isolated. Her vulnerability can be judged by her following statement in which she expressed her deep hidden fear.

“I feel very lonely and alone. I live in constant fear of what will happen to me if I’ll fell somewhere in the house. I have nobody around to take care of me” (ibid).

She expressed her inability to learn the native Dutch language as she never went to school in her life and thus cannot read and write. According to her, when she came to the Netherlands in 1970s, Surinam was a Dutch colony and thus knowledge of the Dutch language was not a condition for entry in the country. When inquired about her other social engagement like participation in the activities organized by several community based organizations for the elderly like her. She replied in the negative, as she doesn’t feel very comfortable in such activities. According to her,

“It is difficult for me to make contacts with new people around. Initially, I tried but didn’t felt very comfortable in such gathering and decided not to go there anymore. I feel better at home than in such gatherings”(ibid).

Savita Devi easily fits into the second category of elderly described by Henna Mathura.

4.2.3 Education and Social Participation

Savita Devi’s case forced me to see the connection between the education level of the persons and their social participation. One of the dominant views are, better educated participate more in social activities than the one with low education.

According to the 2006 report of the elderly in the Netherlands: “Education is an essential resource for attaining favourable living conditions. The education a person has followed not only has a major influence on their chances on the labour market and on the level of their income, but also on things such as their political involvement, social participation , participation in cultural life, leisure time use, use of ICT and health” (SCP 2005 in SCP 2006:23). The report further mentions that, “Young and highly educated elderly persons have a relatively high probability of becoming active in voluntary organizations. This can be seen from the fact that the oldest age group (75-88 years old) and those with a low education level have a significantly smaller probability of doing so” (*ibid*: 221).

Of the 14 elderly respondents 8 cannot read and write. Mr.Tajindrika Rangoe in his interview also mentioned that most of the elderly in the community cannot read and write which works as a barrier to bring out their meaningful social participation (2013, Interview).

Lack of education narrows down the horizon of the life they are living in. They become more vulnerable and socially excluded in this situation. Their vulnerabilities is very well portrayed by 85 years old Anandi Devi. She herself has finished her education till high school and takes pride in the fact that even at the age of 85 she is very independent and drives her own car. She speaks Dutch very fluently which she learned immediately after moving to this country in 1965. She was a teacher for 22 years and before that she was working with road traffic office in The Hague. Due to the

knowledge of Dutch language her friend circle involves not only Hindustani Surinamese but also Dutch. According to her:

“I was working for many years and thus have the opportunity to interact with my colleagues who happen to be Dutch and who gradually turned into my friends. I have many Dutch friends. Many elderly in the community who don’t have Dutch friends are the one who cannot read and write and thus could not learn the language. Lack of language skills limits their possibility to go out and work, which further reduced the opportunity to interact with the Dutch natives and develop friendship with them. All these years in the Holland they socialized only within their own community people. Also, when you are working you become more active and outgoing but for the elderly who stayed all their lives at home, in the old age to move out and participate in activities become a daunting task for them. Although they feel lonely and isolated but have little motivation to come out of their homes to participate in social activities. More so at home also, when you can read and write you can spend your time in several meaningful activities like reading religious and spiritual books thus having some positive outlook towards life. But those who cannot read and write have nothing much to do at home. They only sit ideally and think about their past and feel more lonely” (2013, Interview).

Education thus does play a role to facilitate or block the opportunities for meaningful participation in social spheres of life.

4.2.4 Relationship with Neighbours in Ethnic Housing Facilities

So far the paper discussed the relationship of the elderly with their neighbours in an ethnically diverse neighbourhood. They mentioned language and culture as barrier in the development of meaningful relationships with their neighbours. However, interviews with elderly respondents living in ethnic housing facilities where as such there are no such barriers I realized the situation is no better. All the respondents in such facilities reported low level of interaction with their neighbours. Ethnic housing facilities were developed by the Dutch government with a purpose to bring the elderly from the community together so that they could socialize with each other.

Interview with 84 years old Dhyan Chand helped me to somewhat understand the dynamics within these housing facilities. He himself stays in one such facility with his wife for the past several years. He has worked as a teacher all his life and has completed his education till college. Talking about the relationship amongst the neighbours in the housing facility he says,

“It is like every party thinks let the other take the initiative to talk and I’ll respond. In the process nobody takes the initiative and thus nobody responds. Also the conscious attempt to bring them together doesn’t bear much fruit. For example, in our housing facility we have a common room and some of us try to arrange some common activities from time to time. But out of the 40 residents present in the facility only 10 or 12 participate. Most of them don’t involve themselves in the preparations and come as a guest. First, nobody itself takes initiative for the social activities for the residents and the one who make attempt everyone else tries to pull him down with allegations that he is making money for himself. Trust within the residents is very low. One of the reasons I see for this low trust is the lack of interdependency on each other. Interdependency creates cohesion and harmony within the community. Before, when we came to this country from Surinam there was a lot of harmony between the community members, as, we all needed each other’s support. Slowly things started to change within the community. We became more individualistic and now government also provides all of us elderly pension which comes to us even before the end of the month. So where is the need to help each other? Also, when you organize any activity for community elderly you compulsorily have to serve snacks or food to them otherwise they won’t come. Thus to them the motivation is food not the activities itself” (2013, Interview)¹¹.

Robert Putnam in his 2007 seminal study in USA found that “diversity seems to trigger *not* in-group/out-group division, but anomie or social isolation” (149). He further explains that, “rather, inhabitants of diverse communities tend to withdraw from collective life, to distrust their neighbours,

¹¹ Interview with Dhyan Chand at his home in one of the ethnic housing facilities, The Hague, 19 August 2013

regardless of the colour of their skin, to withdraw even from close friends, to expect the worst from their community and its leaders, to volunteer less, give less to charity and work on community projects less often, to register to vote less, to agitate for social reform *more*, but have less faith that they can actually make a difference, and to huddle unhappily in front of the television” (150-151).

The Hague over a period of time has evolved into an ethnically diverse city and the elderly of the community were very much part of the change that has taken place over a period of 40 years. This diversity has not only impacted the quality of relationship with their neighbours from different communities but also with members from their own community. My findings has brought me in an agreement with the ‘constrict theory’ of Putman in terms of bringing out the turtle in them and to lead lonely and isolated lives.

Chapter 5: Active Ageing: Social Participation and Life Satisfaction

World of the elderly should not stop at home. Because of the limited capacity of the family relationships the need for social relationships arises. This need can be fulfilled through social participation. Social participation has direct impact on the well-being of the elderly, more they are socially integrated more they experience a sense of well-being and vice-versa. In terms of social participation, the vulnerability of the immigrant elderly increases several times because of their lack of integration in the society. In this scenario, for socialization the elderly has to depend on members from their own community. Here the role of community members and community based organizations becomes very crucial and they have to create opportunities for these elderly to participate on a regular basis in the social, cultural and recreational activities.

As per *Ouderenbeleid in het perspectief van de vergrijzing (2005)* as mentioned in the Report of the elderly (2006), “ the present policy is based on the notion that older persons are sovereign, fully valued citizens, whose increasing healthy life expectancy means they can continue to participate in society for a long time to come” (SCP, 2006: 11). However, the 2006 report also states that we cannot treat all elderly equal. According to the report, “the elderly are a heterogeneous group. Some of them want to remain involved in the community until a very advanced age; others are content to rest and enjoy their later years, while yet others are forced by circumstances and major life events to give up their social life. (SCP 2006: 11). Although, the policy acknowledges ‘Disengagement theory’ to a certain extent but its prime focus is on to make elderly socially active, thus very much in support of the ‘Activity theory’ of ageing.

5.1 Engagement with Activities

Almost all the elderly respondents maintain intensive contacts with family members and derive their emotional support from them. As for their relationship with neighbours are concerned, as discussed in the previous chapter

there is not much contact of the elderly with their neighbours. “Some scholars, however, argue that the importance of the neighbourhood for residents’ social contacts has diminished over time” (SCP 2011:70). According to Zelinsky & Lee, “We are in the midst of a profound remaking of the relationships between people and place that is both rapid and radical, a re-ordering of basic perceptions and behaviour. If the technological underpinnings of this spatial quasi-revolution - near-universal access to automotive and airborne transportation as well as to the telephone and other modes of electronic communication - are clear enough, the social and cultural ramifications are still only sketchily explored” (1998: 283-84). All elderly respondents claimed telephone to be very important part of their life as through it they maintain regular contacts with family and friends which somewhat compensates the void created by lack of good neighbourly relations. There is also a difference in leisure time use according to the education level of the elderly. The higher educated respondents participate more in social activities than the lower educated one. Respondents with low education watch more TV than respondents with higher education. The higher educated elderly spend more time in reading religious and other books than watching television.

Through the three kinds of activities mentioned in the Activity Theory such as *informal*, *formal* and *solitary activities*, an attempt would be made to understand the engagements of the elderly with respect to their social participation.

5.1.1 Engagement with Informal Activities

By *informal* activities we mean social interaction with relatives, friends and neighbours. Out of 14 elderly respondents 10 have big families with several children and grandchildren around. Either the children/grandchildren pay regular visits to them or they go and visit their children or relatives around. Having children and family around provides them a sense of well-being. This aspect is explained in detail in the previous chapter. Many elderly respondent mentioned telephone contact to be of great help to stay in touch with the near and dear ones. When the children are not able to visit them they can get in touch with them through phone and thus feel connected to

them. What importance the telephone holds in their lives can be understood with the remark of the Savita Devi,

“Phone is a big blessing to me; through it I stay connected to my family and friends. My children are busy in their lives and can hardly visit me but through phone they inquire about my well-being regularly. Had it not been with me I would have gone insane”. (2013, Interview)

5.1.2 Engagement with Formal Activities

By ‘*formal*’ activities we mean social participation in formal voluntary organizations. While taking care of the social needs of the elderly some community-based organizations and cultural associations organize activities from time to time. The state run activity and day care centres also run regular activities for those elderly who are lonely and depressed. Out of the 14 elderly respondents 12 participate in one or the other activities and expressed satisfaction with these activities and its positive impact on their lives.

According to 68 years old Naina Kumari,

“To some extent we elderly are responsible for our loneliness. We close ourselves in our homes with no interaction with the outside world. To overcome the loneliness and social isolation, we need to come out of our homes. We need to change ourselves with time. Others can only help us if we take the first step” (2013, Interview)¹².

The case of Durga Devi is a good example to understand the impact of this first step. 74 years old Durga Devi came from Suriname along with her husband and their only son in 1975. After his marriage their son started to live separately from them. Ten years ago her husband left this world and his departure made her very lonely. For long she lived a very lonely and isolated life. In her own words,

“Whole day I used to stay inside my home. I had reached a stage where I started to talk to my own self. My son visits me only once a week. Realizing my condition he brought me to this day care centre. In the beginning I didn’t like it much but now I have started liking it. I come here three days a week

¹² Interview with Naina Kumari at Transvaal day care center, The Hague, 12 August 2013.

and participate in the activities takes place here. Now I have several friends here to interact with. Sometimes, I just take tram and go around the city. Its ride is free for us elderly. Now I feel less lonely as for coming here I have something to look forward to in a day”. (2013, Interview)¹³.

The voluntary organizations run by community members with state support, organize activities for the elderly from time to time. These activities are an attempt to end their social isolation by providing opportunities to meet other elderly from the community and spend meaningful time together. These organizations send regular information about the activities they organize and invitation for their participation. Talking about the participation to these activities Anandi Devi shared,

“I always go to the invitations I get from anywhere. Several organizations send invitations to us for different activities and I always participate in them. I feel good in such activities as I meet my friends there” (2013: Interview).

Most of the respondents shared positive opinion about these activities. Talking about their usefulness Radha Kumari (77 years) commented:

“When I spend time with my age mates I talk on different topics, with children there are different topics. Also while talking to your age mates you get to realize that you are not lonely alone others are also in similar situation” (2013, Interview)¹⁴.

Some elderly not only participate but provide voluntary services also. 73 years old Raja Ram is a case in point. He has four sons, all living separately with their families. His wife died ten years ago and since then he is living alone. Raja Ram sings very well and thus provides voluntary services based on his singing skill in the activities for the elderly in the day care centres on regular basis. He very shyly also confessed to me that he has a girlfriend for the last eight years and because of her and his singing he don't

¹³ Interview with Durga Devi at Florence Day Care Center, The Hague, 6 August 2013.

¹⁴ Interview with Radha Kumari at Transvaal Day Care Center, The Hague, 20 August 2013.

feel lonely at all. He further disclosed that her children know about his girlfriend and are happy about her presence in his life (2013, Interview)¹⁵.

Although most of the respondents were satisfied with the activities organized for them by voluntary organizations but they wanted it on daily or regular basis not once or twice a week or month. Many however, shared a concern about the closed nature of many elderly in the community. According to Dhyam Chand,

“The problem with Hindustani elderly is that they don’t want to tell their problems to others. They are ashamed; they keep it to themselves and suffer. Also, even those who come out for these activities, ok fine, in the day time they are here but at home they are alone. More so, even when they are together it is not necessary that they talk to everyone. Here also they sit quiet and when you are sitting alone you think of past only and thus tend to feel more lonely”. (2013, Interview)

5.1.3 Engagement with Solitary Activities

Solitary activities include such pursuits as watching television, reading and hobbies of a solitary nature. Watching TV or listening to radio are the most common leisure pursuits amongst the Hindustani elderly.

Almost all the elderly respondents when are at home listen to Hindustani FM station of radio for news and songs. Through it they get to know about the happenings within the community in the Netherlands and also news from Surinam. In addition it also plays their favourite Hindustani music. In fact, to reach out to the elderly of the community many organizations take the services of this radio station to announce their events for them.

TV also comes to their rescue as they watch it regularly especially Hindi channels. They watch serials and discuss it with their friends when they meet up. Due to low education level, many elderly don’t have topics to talk about. Even when they are together they struggle to strike interesting conversation. From radio and television they get topics to talk about. Many elderly respondents think TV makes them feel relaxed.

¹⁵ Interview with Raja Ram at his home in ethnic housing facilities for elderly, The Hague, 5 August 2013

However, Rajendranath Ramnath, don't approve too much dependency of elderly on TV. According to him;

“Television creates more problems than provide solution to break social isolation of the elderly. Because of television elderly prefer to stay inside their homes and don't want to come out and participate in social activities”. (2013, Interview)¹⁶

All the respondents also spend some time daily in washing, cleaning and cooking. Other solitary activity followed by them is to do prayer on a daily basis irrespective to what religion they follow. According to Girija Devi (73 years),

“I do regular prayers and feel very connected to God. I feel protected because of him. He is my strength”(2013,Interview)¹⁷.

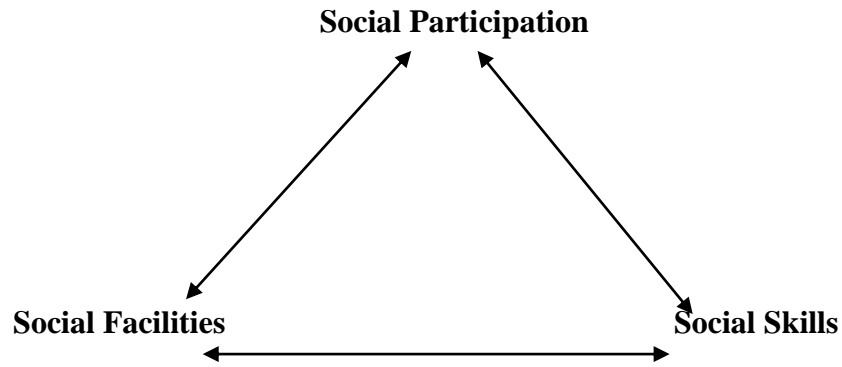
5.2 Social Participation and Life Satisfaction

The findings of my research support the claim of the activity theory that there is a positive relationship between activity and life satisfaction. More the elderly are involved in some activities in their lives less they experience loneliness and isolation which leads to greater life satisfaction. As life satisfaction is closely associated with positive self-concept. Involvement in social activities and through them building social relationships helps these elderly in forming positive self-concept. Such activities provide them some meaning in life and thus increase their self-worth. As and when these elderly come together, they have somewhat same age; same background and they also share more or less same problems, so getting connected to others become easy. The change in them is very positive and visible when they start to participate in the activities organized for them. Respondents who were not involved in the activities reported much lower life satisfaction than the respondents who were actively involved.

¹⁶ Interview with Rajendernath Ramnath, Ex-Director, Eekta Bhawan, The Hague, 22 August 2013.

¹⁷ Interview with Girija Devi at Transvaal Day Care Center, The Hague, 20 August 2013.

However, there is a need to have sufficient understanding of the fact that social participation in itself doesn't lead to life satisfaction. Cohler and Lieberman is of the opinion that, "although it has been assumed that social relations are inherently satisfying and reduce the impact of life stress it appears that, at least in some instances, such societal ties may enhance rather than reduce feelings of distress" (1980:462). Several factors are responsible to have fulfilling experience out of social participation. One factor is when the intention of the elderly to improve the social quality of their lives is met with the support from the environment. There is a need for proper social facilities and infrastructure to provide opportunities to the elderly for social participation. More so, the other factor which is equally important to look into for having a fulfilling experience out of these social participations is elderly need to have adequate social skills. Many elderly who participate in the social activities are unable to get satisfactory experience out of it because of lack of skill to participate effectively and thus feel more lonely. The case of Savita Devi is a good example to substantiate my point that how she is continuing with her lonely life despite all facilities available to her for social participation and she herself being aware of these facilities but were not using them. She tried to participate in these activities two three times and because of the experiences she gathered there, she realized it is better to stay at home than to participate in such activities. After coming to Holland from Surinam she stayed all the time at home to look after her children. For the last 35 years her home has been her world and when her children moved out of the home to start their own lives she were left alone. In the whole journey of looking after the home and the children she neglected her social life and thus couldn't develop her social skills. In the whole scenario the other thing which went to her disadvantage was her low education level. When the need arise she found herself not to be very comfortable with these social activities and decided to stay at home with her loneliness and social isolation. Thus, in my opinion social participation, social facilities and social skills are interlinked in a manner to effectively break social isolation of the elderly.



Source: Own Description

Thus having a social need and providing social facilities available to overcome this need are in itself not sufficient enough. For having a fulfilling experience out of the social participation one needs to have social skill also. Lack of social skills limits the capacity of elderly for social participation. The social facilities can support the elderly to increase their social competence.

Chapter 6: Community Support- ‘Caring for the Elderly’

6.1 Community Networks Working for the Cause of Elderly

In multi-ethnic societies, people in many communities are interested in creating community networks to accomplish common goals. Community network is the collective categorization of the community with a purpose to provide effective voice and support to the community, particularly to the disadvantaged members within the community. Culture plays a cementing role in these networks, as coming from same culture creates a sense of belongingness within a community. These networks involve several actors and the interaction between them for the common good. The entities in charge of operating these networks include ethnic/cultural groups, religious groups, non-profit entities and government offices.

My research findings have shown that such cultural, religious and non-profit entities also exist within the Hindustani Surinamese community in The Hague. From time to time these entities have taken up the issues concerning the community either to the community members itself or to the local council. In terms of their effectiveness on breaking the social isolation of the elderly within the community my research findings have shown that as a group they were very effective in taking up the cause of the elderly to the local council. In this endeavour, where on the one hand they influenced the service delivery of the local council to be more sensitive towards the social and cultural needs of the community elderly, similarly on the other enable the community elderly to make choices about the services delivered by the local government for them.

Several respondents put forth one specific observation about the elderly of the community. As per them, when they become old they go back to their own roots, become more religious and prefer to stay with the members of their own community. The reason they mentioned for this behaviour is the language and cultural barriers the elderly face to build meaningful relations with elderly of other communities. These barriers results in the low trust of the elderly with the members of other communities and they prefer to maintain relations within their own community members. Some members

of the community who were working actively as a social worker within the community recognized this reality and they took several steps at the group level and the individual level to address this issue.

The foremost step that was taken by the community members was to lobby with the local government to have ethnic housing projects for the elderly. At that time Johan Chandoe was councillor in the local government of The Hague and coming from the community himself, he was aware of the situation of the elderly in the community. He along with other members of the community took the issues related to the community elderly to the local government. The local government recognized the concerns of the community related to the social and cultural needs of the elderly and provided financial support for the ethnic housing projects. Over a period of time six ethnic housing centres were built for the community elderly. During that time recognizing the ethnic diversity of the city the focus of the local government of The Hague was more on development of *bonding* within the communities than it was on development of *bridging* amongst the communities. Soon recognizing its usefulness in terms of its impact on bonding, the local government of The Hague started to build such centres for the elderly of other ethnic minority groups also.

Also, initially when the elderly started to live separately from their children in care homes, they were housed in general elderly care homes which housed the elderly from all ethnic communities. They were the elderly who were not able to take care of themselves and thus were living in these care centres. In the beginning in these care homes the elderly from the community faced several issues like, not having their own food, stringent rules with no family visits and no cultural activities. Concerns for these issues brought in the idea of 'ethnic group housing' for the elderly in the care centres. The community members brought this to the notice of the local government and government acted immediately on their concern by providing ethnic group specific elderly care centres. In these centres elderly have more privacy, can receive their family members, with more concentration of elderly from their own community and also can participate in several cultural activities.

6.2 Collective Action at the Local Level

During mid-70s when mass migration of the Hindustani Surinamese took place from Surinam to the Netherlands, there were not many organizations in The Hague who were taking care of the cultural and religious needs of the ethnic minority elderly. According to Rajendranath Ramnath,

“During 1973-74 many elderly came to Holland from Suriname and at that time to elderly religion was very important. While recognizing this need of the elderly of the community, in 1974 few young members from the community took an initiative to start some social and religious activities for the community members in The Hague under the banner of ‘Foundation Eekta’. Eventually, in 1977 with the support from the government ‘Foundation Eekta’ was converted into ‘Stitching Federatie Eekta’ and with that ‘Eekta Bhawan’ came into being with its main focus on religious activities, recreational activities for the elderly and information dissemination to the community members” (2013, Interview).

Little later many other concerned and active community workers recognized the vulnerabilities and needs of the community elderly. They started the organizations with activities targeted especially on the community elderly with a purpose to break their social isolation. Besides Stitching Federatie Eekta, at present these organizations in The Hague includes Hindoe Ouderen Bond (Hindu Elders Union), Netherlands Hindoe Ouderen Bond (Netherlands Hindu Elders Union), Stichting Sarita, Stitching Aawaz, Stitching Aasara and Stitching Hindustani. Some of these organizations receive subsidy from the local government to run the activities for the elderly and some survive on the membership fee from the members. However, The Hague also has the day-care centres for the elderly of several ethnic communities including the Hindustani Surinamese community run completely on government funding. Transvaal and Florence are the examples of such day care centres. However, these day-care centres cater only to those elderly who are diagnosed with depression and loneliness and need support to overcome it. Thus in The Hague we have three types of organizations to support the elderly in terms of their social participation. First type is the one where local government works as a sole service deliverer, the second type is

the one in which local government and community works as a co-deliverer and the last type of organizations are the one where community members are the sole deliverer of services. This arrangement establishes a good example of collective action by various actors at the local level with a healthy mixture of state, state-community and community organizations. Such kind of arrangements creates conditions that insure, foster or encourage responsibility with an aim to make use of all kind of resources available for elderly cause.

6.3 Attempts to Ensure Elderly Participation

On the question of how they approach the elderly of the community for the participation in the activities organized by them. Organizations run by community members claimed to have data of their members and thus send them regular information and invites of the activities. In addition, they also use the services of the local community radio station to reach out to them. Some also use fliers and distribute them in the market places and in the temples. All the key community respondents claimed that elderly participate in these activities with full enthusiasm.

The organizations ensure active elderly participation through different kind of activities. According to Tjandrika Rangoe,

'We call these elderly people regularly to our activities realizing that they are sitting in their homes only waiting for their children and doing nothing. We brought them out from their homes and make them meet their age mates with whom they can talk, cook, do some physical exercises, play games and sing songs' (2013, Interview).

Talking about the activities organized by his organization, Narain Mathura responded,

"We organize regular activities for them like trips, film screening, workshops etc..Our attempt is to bring elderly out of their homes by providing opportunities to do so. We also request community members to bring these isolated elderly out from their homes or to inform us, we will contact them. In seventy to eighty per cent cases elderly respond positively and come out to participate in the activities." (2013, Interview).

Religion plays a very important role in the lives of the Hindustani Surinamese and more importantly in the lives of the elderly, no matter what religion they follow. Thus faith based organizations also play an important role in terms of providing space and activities to the elderly where they can participate in prayers, rituals, and lectures. At such places the elderly interact not only with their own age mates but also with other generations.

6.4 Some Hurdles in the Attempts

Many respondents both elderly and community figures opined that more can be done for the elderly of the community by the community itself if its members try to work collectively than individually. The reason they see for this individualism is the lack of trust amongst community members and because of this many feel that the impact of the initiatives are not very profound. Fukuyama sees trust to be the most important component of the social capital. According to him, “all groups embodying social capital have a certain radius of trust, that is, the circle of people among whom co-operative norms are operative” (2001:8). Some respondents feel that the irresponsible behaviour of some community leaders at the initial stage of community building impacted this radius of trust within the community which is continued till date.

Another factor they see responsible for the lack of collective action amongst community members to advance the social well-being of the elderly in the community is the local policies of the government. Whatever initiatives within the community were taken were always embedded in the social support from the local government. As the government provides a subsidy to individuals to start an organization and thus the subsidy not the cause of the elderly becomes the motivation for many to come up with their own organizations at an individual level. This reduces the otherwise very limited chances of social cohesion within the community. Cohesion and trust within community comes only when community members work together with some interdependency which results in group solidarity. As per Fukuyama it is possible only “if a group’s social capital produces positive

externalities” (*ibid*). Therefore, to some state policies are also somewhat responsible for low cohesion and trust within the community.

From 1970s until 2010 the focus of the local government of The Hague was more towards development of the *bonding* within the communities than towards the development of *bridging* amongst the community. However, from 2011 onwards there is a major policy shift in the local government where the focus is more on bridging than bonding. According to Raymond Hamar de la Brethoniere,

“Since 2011 the local government has moved its focus towards bridging amongst the different ethnic groups present in The Hague. The policy shift is based on the idea that by now different ethnic groups present in The Hague have strong enough base to develop relations with members of other ethnic groups. Due to this policy shift the local government is providing subsidy only to those activities and organizations who are promoting integration amongst communities and thus working towards bridging. However, due to their past history of working only on bonding than bridging, many organizations working with specific ethnic communities still think in terms of bonding and it is a challenge which they have to overcome. Now by ‘community’ we no longer mean the ethnic community but it is neighbourhood community. If ethnic communities want to work on bonding then they have to look for resources within their own communities and not from local government” (2013, Interview)¹⁸.

On the point of reducing dependency on the government funds and to raise them within the community, Johan Chandoe has his concern. According to him,

“The difference between Dutch community and any minority community is that the native community has big base to look for resources and to organize activities within the community without state support. For minority groups the community base is not big enough and they have to look for several funding sources” (2013, Interview)¹⁹.

¹⁸ Interview with Raymond Hamar de la Brethoniere, Senior Policy Advisor, The Hague Municipality, The Hague, 4 October 2013.

¹⁹ Interview with Johan Chandoe, Ex-Councillor, The Hague, 6 September 2013.

Thus taking note of all the options available, community respondents were of the opinion that involvement of community members to solve the issues related to the community can only be a part of the solution but not the solution in itself.

Chapter 7: Conclusions

In the Netherland's ageing population there is a significant share of ethnic minority elderly also and this number is expected to grow in the near future. The first generation of Hindustani Surinamese migrants arrived in the Netherland in the 1970s as a labour force in search of better pastures. This first generation of labour force now has become the first generation of elderly in the community. Old age comes with flaws but for some more than for others. The experience of old age as a minority elderly in ethnically diverse societies is always challenging for the first generation of elderly due to their lesser integration in the host society which often results into their social isolation and loneliness.

Looking at the factors responsible for low social participation of the elderly, the findings of the research establish a relation between the education level, language barrier and the social participation of the elderly. The present cohort of the Hindustani Surinamese elderly when came to the Netherlands had low education level which worked as a disadvantage in terms of their integration to the native society. Many cannot read and write and due to this they could not learn Dutch language. The language disadvantage automatically narrowed their social horizon which remained limited to the members within the community along with family members. This social disadvantage led to their increased dependency on their children in old age and the inability of the children in many cases to fulfil their needs. This conflict ultimately leads to their isolation. Those elderly who do not face the language barrier could integrate well with the native society and thus were able to broaden their social horizon. The language advantage and the interaction with the natives helped them to break the cultural barrier and to be more sensitive towards the natives and vice-versa.

As per activity theory, findings of the research also establish a positive relationship between activity and life satisfaction in the lives of the elderly. The facilities created to break the social isolation of the elderly through their engagement with several activities have shown a positive impact on their lives. However, sometimes due to lack of social skills some elderly cannot

take advantage of these social facilities. Participation in such activities increases their feeling of distress and they choose to continue with their lonely and isolated lives. Thus to gather a fulfilling experience in terms of their participation out of the social facilities meant for them, the elderly are required to have the necessary skills. There is a need to focus on elderly with low social skills and providing a support to make them socially competent.

However, the silver lining in the whole scenario is that the matter is not of grave concern in the long run in terms of the integration of the community elderly in the native society. The second and the third generation of the elderly within the community are approaching their old age in a much more optimistic manner than the first generation. The successive generations in comparison to first generation have high education and socio-economic level in the country and speak the native language fluently. They are much more integrated in the Dutch society than their seniors were. They have a different outlook towards life and relationships which is much closer to Western values. These successive generations have fewer children and due to this the families are shrinking and so does the community. The new cohort of elderly has already realized this reality and the need to socialize outside family and community. They are much more outward oriented than their predecessors were. The policy document on the elderly in the Netherlands foresee active elderly to be one who even after attaining the age of 65 years are involved in paid work, voluntary work and informal care, which is a social contribution on their part. Thus, instead of asking for support they should be capable enough to provide support to others. It is very much possible with the elderly of the second generation considering their health, education and socio-economic status.

So far the local government has played a very crucial role in terms of taking care of the needs of vulnerable elderly of the ethnic minority communities. Their attempts have borne fruits over a period of time with the availability of facilities and services which are sensitive to the cultural needs of the ethnic minority elderly. In the present times there is a great opposition to the individual-centred societal development and with this the accessibility of the society is becoming increasingly important. The focus of the local

government in The Hague over a period of time has moved more towards development of social relations to combat several social issues including social isolation of elderly. In this regard the quality of social relations in terms of social cohesion has received greater political attention. However, the main point is what do we mean by social cohesion in ethnically diverse societies? Is it the cohesion within the community members (bonding) or the cohesion amongst the diverse communities (bridging)? Evidence claims one can be achieved only at the cost of other.

All these years since the arrival of first migrants in the country 40 years ago, the government focus remained on building strong ties within the communities members so that they could support each other in the foreign land. This holds also true with the policies concerning the elderly through introduction of 'ethnic group housing' and 'ethnic group care'. However, the policy shift of the local government since 2011 in terms of working more towards the promotion of bridging amongst the communities than bonding within the communities has left many questions unanswered. The intention is to promote social networks at neighbourhood level which will result into social cohesion. The elderly need more of a support networks than social networks. However, the shift from 'social' to 'support' networks depends on the levels of trust and generalized norms of reciprocity. In ethnically diverse societies the levels of trust and norms of reciprocity operates at a different level than in an ethnically homogeneous societies. In ethnically diverse societies people feel less obliged to act reciprocally than in ethnically homogeneous societies. This hampers the formation of collective social capital and thus impacting the collective action with a purpose to support each other. As in the words of Robert Putnam, the neighbourhood communities choose to 'hunker down' in ethnically diverse societies (2007). More so, in the modern societies with respect to the information and communication revolution the importance to neighbourhood has already diminished than ever before. People are more connected to the rest of the world than their neighbours. How the local government of The Hague is planning to overcome these hurdles is a question to be answered by them.

Old age and loneliness is not a problem as long as the elderly themselves, government and the community could manage to take timely measures. With the joint efforts elderly can be supported in terms of 'adding life to their years' rather than 'adding years to their life'.

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Annex A: Research Tools

Interview 1: Elderly Respondents

Name of the Interviewee:
Age/Sex:
Education:
Religion:
Date of Interview:

Q. When did you come to the Netherlands?

Q. How many members are there in your family?

Q. Do you stay with your children?

Q. (If 'No') Do they stay in the same city?

Q. How often they come to see you?

Q. Do you have any other relatives around?

Q. What is your daily routine?

Q. Do you have friends around?

Q. How often you meet them?

Q. Do you feel lonely sometimes?

Q. (If 'Yes') what you do when you feel lonely?

Q. Do you go out with your friends and family members?

Q. Where do you go?

Q. Do you see any cultural difference in the country with your own culture?

Q. How you cope with it?

Q. Do you have friends only from your own community or from other communities also?

Q. If friends only from the community they belong. Why don't you make friends with other community members?

Q. If friends from other communities also. How is the interaction with the friends from other communities?

Q. Do you feel any language and cultural barrier with them? Do you go out with them?

Q. What kind of activities are organised by the members of your community for the elderly members?

Q. Do you go to these activities?

Q. How regularly are these activities organised?

Q. Are these activities only for the elderly people from the community or you meet people from other age groups or elderly from other communities also?

Q. Do you feel good when you participate in these activities?

Q. Do you want more of such activities?

Q. What problem you see in these activities for the elderly?

Q. Do you have any suggestion to improve these activities or to start any other activity?

Interview 2: Key Community Members

Name of Interviewee:
Name of Organization:
Designation:
Date of Interview:

Q. In what way you are involved in the activities of your community?

Q. What is the living arrangement of the elderly in the community?

Q. How serious is the problem of social isolation of the elderly in the community?

Q. What are the major problems community encounters in relation to the elderly community members?

Q. What are the problems community members in general face with respect to the cultural differences between them and the culture of the Netherlands?

Q. What are the problems elderly in the community face with respect to the cultural difference between them and other community members?

Q. How they cope with them?

Q. How does the community support the elderly?

Q. What are the initiatives taken by the community networks to break down the social isolation of the elderly members of the community?

Q. What made them to start these initiatives?

Q. What kind of hurdles they face in the beginning?

Q. How they overcome them?

Q. How much are these initiatives are successful in addressing the issues related to the social isolation of the elderly?

Q. What kind of role these networks play in the assimilation of the community in the culture of the adopted country?

Q. How the community networks play role in highlighting the needs of the community to the government authorities?

Q. How they play as a link between the community and the larger society in the Netherlands?

Q. How successful are their efforts in voicing the concerns of the community in general and the elderly in particular to the concerned authorities?

Q. What hurdles they face in this endeavour?

Q. What support they get from the local government in their effort to support elderly members of the community?

Q. How the community members support each other in general and elderly from the community in particular?

Interview 3: Local Government Officials

Name of Interviewee:
Designation:
Date of Interview:

Q. What are the policies of the Dutch government related to the elderly in the country?

Q. What are the main issues concerning the elderly in The Hague municipality?

Q. After decentralisation of the issues related to the elderly care, what are the initiatives taken by The Hague Municipality for the welfare of the elderly population under it?

Q. How successful are these initiatives?

Q. What hurdles they face in the implementation of these initiatives?

Q. With fifty one per cent of the population of The Hague consist of immigrants belonging to different ethnic and religious background, are the policies of the elderly same for all the ethnic and religious groups?

Q. How the municipality takes care of the special needs of the elderly from different ethnic and religious community?

Q. What is the status of the Hindustani Surinamese Community in The Hague?

Q. What are the issues faced by the municipality concerning the community?

Q. What is the status of the elderly in the community?

Q. How is the municipality supporting the community in looking after the needs of the elderly?

Q. Is there any initiative taken by the municipality to address the issue of social isolation amongst the elderly in the community?

Q. What support they receive from the community for the issues concerning the elderly?

Q. What hurdles they face in communicating with the community?
