



ArcMUN

Aristotelio College Model United Nations

## **Social, Cultural and Humanitarian Committee (SOCHUM)**

**“Identifying and Countering the Societal  
Marginalization of the Third Age”**

**Study Guide**

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## 1. Welcoming letter

Dear delegates,

We are pleased to be the Chairs of the Social, Cultural and Humanitarian Committee (SOCHUM) in ArcMUN 2025. MUN is always a great opportunity to meet new people and debate over topics you are passionate about, such as this year's topic, which we are excited to discuss with you.

This year, our topic of discussion is identifying and countering the societal marginalization of the third age. The goal of our committee is to find ways to battle and nullify the effects of the aforementioned social prejudice and ensure that people of the third age have equal opportunities as everyone else, making our global community safer and more understanding.

Even though this guide will introduce you to the key points of the issue at hand, you are highly encouraged to also conduct your own research on the topic as well as your countries' stance on it!

We look forward to meeting and working with you!

Kindest regards,

Loizidou Serafeina and Bournazou Mary

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## 2. Introduction to the committee

The United Nations General Assembly (GA) is the main policy-making body during which all 193 UN member states participate and retain one vote each. The General Assembly is constituted by six main committees. The Third Committee of the GA, commonly known as the Social, Humanitarian and Cultural Committee (SOCHUM) or C3, handles issues related to social and humanitarian affairs, protection and promotion of human rights and fundamental freedoms, especially those of vulnerable social groups.

SOCHUM has the mandate to provide its member states with recommendations of the issues of its Agenda while also collaborating with other UN bodies and external partners in these specific topic areas. Most importantly, the resolutions of the Committee are **NOT** legally binding and are to be followed under the discretionary power of (the Member) States.

## 3. Definition of Key Terms

Third Age: *"the period in life of active retirement, following middle age"*

Ageism: *"prejudice or discrimination on the grounds of a person's age"*

Butler's definition *"prejudice by one age group toward other age group"* (1969) and *"a process of systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplish this for color and gender"* (1975)

Stereotypes: *"a widely held but fixed and oversimplified image or idea of a particular type of person or thing"*

Bias: *"inclination or prejudice for or against one person or group, especially in a way considered to be unfair"*

Intergenerational: *"relating to, involving, or affecting several generations"*.

Intergenerational: *"including or involving people of different generations or age groups"*

Elder Abuse: According to WHO *"The abuse of older people, also known as elder abuse, is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect."*

Over-accommodation: *"an attempt to overdo efforts in regulating, modifying, or responding to others"*.

Elder-speak or baby talk: according to the National Institute of Health (NIH) *"an inappropriate simplified speech register that sounds like baby talk and is commonly used with older adults"*

Intersectionality of marginalization: *"the network of connections between social categories such as race, class and gender, especially when this may result in additional disadvantage or discrimination"*.

## 4. Introduction to the topic

The rapid demographic change and the advancement of medicine have the population aging at an enormous pace and the percentages of aging attitudes will be increased in the next few years. However, even in the time where more and more organizations [diversity, equity and inclusion (DEI) departments] against biases emerge, age bias still remains marginalized and unattained for. The laissez faire practice of ageism allows cases and instances to remain untreated. According to the World Health Organization and the global campaign to combat ageism 1 in 2 people worldwide hold ageist attitudes *"that are against older people"*. This is especially true for younger people who are more

prone to characterize older adults with more negatives as compared to positives.

Before diving more profoundly into the issue of Identifying and Countering social marginalization in the Third Age, it is important to highlight the difference between age stereotypes and ageism. More specifically, stereotypes can be both a positive and negative belief system about the characteristics of a specific social group. Stereotypes in general constitute a mental shortcut through which a layer of assumptions is created in front of an individual based on what we believe to be true. Ageism is generally considered to be negative, and besides prejudiced beliefs, also contains feelings and dispositions toward this social group. T.D. Nelson characterizes ageism as "*prejudice against our feared future self*".

### *Healthcare Inequality*

Stereotyping and prejudice also influence the physical and mental health of the individual. More specifically, they are linked with higher stress levels that lead to cardiovascular diseases and diabetes.

Physicians and therapists tend to ignore and neglect older patients' needs. They are also intolerant, insensitive, seem to be less responsive to issues raised by older patients, and also seem less engaged during the examination. Many physicians holding ageist stereotypes and prejudice, view their older patients as "*depressing, senile, untreatable or rigid*". This reluctance of healthcare physicians for their older patients affects the quality and quantity of care they receive, potentially leading to dangerous leading to phenomena of overdiagnosis and under-diagnosis. For example, it is more likely for a psychiatrist to implement psychotherapeutic treatment for older adults rather than therapy, due to their common belief that older people are reluctant to change or that depression consists of a natural effect of older age. On the same note, a physician might propose pharmaceutical solutions rather than surgery. On the contrary, studies have shown that positive beliefs about aging seem to prevent dementia unlike negative self-portraits.

### *Digital Marginalization*

The rapid pace of technological evolution has created another differentiating factor amongst generations. Causes of digital marginalization stem from internal and external factors. More specifically, internal factors constitute fear of new technologies, lack of self-motivation to learn, as well as physical factors such as deteriorating eyesight. External factors are consistent with limited education accompanied by insufficient infrastructure, but also limited access to technology due to financial constraints. The lack of digital access creates inequality in three key areas: (1) participation in economic growth, (2) social and cultural engagement, and (3) access to security services. Firstly, concerning economic growth, digital marginalization complicates transactions and communication with banks. The lack of knowledge in this field also discriminates against older workers in hiring practices. Secondly, social and cultural engagement refers to the issue of denying younger generations to educate them on the online world, thus enhancing the generation gap. Thirdly, security services refer to online fraud and phishing attempts. Consequences of digital marginalization also include the loss of autonomy even for simple and vital tasks which impact the quality of life of the individual. For example, it hinders the process of making a reservation or more importantly booking a doctor's appointment. Moreover, difficulties in communication and the development of social relationships even with family members create a feeling of isolation and loneliness which can lead to severe mental and physical health issues. The division is quite prominent among residents of rural areas, as half of those have never used the internet.

### *Media Representation*

Media is justifiably considered to be the fourth pillar of power. Taking into consideration the example of the US Presidential elections in 2016, Twitter had a decisive role concerning the outcome. Therefore, it is not impossible for the media in general

to influence our views, opinions and even our votes. Unfortunately, considering the image of older people in the media, it is understandable that realistic representation is rare. They are generally portrayed as "*stubborn, narrow-minded, in poor health, in difficult financial situations, and unable to make decisions*" while often experiencing elderspeak and over-accommodation. Since the media are capable of altering society's image on various issues, it is also achievable to ruin a self-concept as well. As older adults are the ones that spend most of their time on TV the consequences could be devastating to their self-esteem and their mental health. This attitude towards aging enhances both intergenerational and intra-generational ageist attitudes. It is not an uncommon phenomenon for companies and advertisements to depict old age as undesirable and its signs should be avoided by any means, such as anti-aging creams and serums, surgeries, treatments to hide the fact that we are naturally growing older. In that note, it is worth mentioning that Facebook does not have any guidelines or structures for prohibiting hate speech regarding age in contrast with hate speech regarding race, ethnicity, gender, sexual orientation, disability or disease. Japan has one of the longest life spans in the world, which, according to researchers, could be due to the respect and celebration of older people in the media and society in general.

### *Workforce Participation*

Survey conducted by the Australian Human Rights Commission 2016, estimated that 27% of people over 50 had recently experienced workplace discrimination due to their age. Approximately,  $\frac{1}{3}$  of them encountered it when applying for a job and another  $\frac{1}{3}$  of those gave up looking for work. However, when it comes to measuring the magnitude of the problem, the "laissez faire" practice concerning ageism hinders the quantification of its economic impact and cost.



Studies indicate that 30% of recruitment managers consider older employees to be difficult to train, 34% as unable to adapt to new technologies and 36% as too cautious, attentive or even "*friendly but not competent*". Older workers face discrimination in the workplace frequently due to the fact that their capabilities are underestimated. However, managers seem to forget the value of experience and the plethora of knowledge and insight that older people have gained over the years. A considerable number of recruitment managers believe that old age causes a decline in cognitive ability. While it is true that reflexes slow over time, other functions such as experience, knowledge and critical thinking are ameliorated. Managers and recruitment models often rely on ageist stereotypes thus hindering systemic change. Simultaneously, governments have drafted little to no policies to deal with this type of discrimination in the workforce (or in general). This lack of action causes systemic ageism not to be resolved. There are no rulings in place that prevent employers from demoting older workers to lower positions, or excluding them from the participation in training workshops. Ironically, a common accusation from employers is that older people do not wish to learn and evolve.

Discrimination against older workers causes a wage gap amongst younger and older workers. However, it is not easy to determine that age is the main cause. Older workers often internalize this type of stereotypes projected to them by the workplace, which impacts their self-esteem, leading to a wish to retire from the workforce resulting in the loss of their valuable contribution. Discrimination in the workplace can affect career decisions. Recent findings suggest that a worker aged 50 to 67 is reluctant to change the path of their career due to negative self-perception.

There have been studies proving that creating a more inclusive workforce in regard to age would contribute to the raising of countries' GDP. Nevertheless, it is crucial we mention there "*is need for more evidence-based knowledge about the factors driving or hindering the labor market participation of older workers.*" Furthermore, humans with the passage of time, tend to become more "*agreeable and conscientious*", regulate their emotions

better and thus show more social maturity in different situations enhancing cooperation amongst members of the employees' team and thus enhancing performance.

### *Studying & Research*

Studying and Research in this field have been neglected. In the database Psycinfo can be found 3.111 articles on racism, 1.385 on sexism, whereas only 294 on ageism. The definitions produced by research are unclear, general and do not essentially and profoundly grasp the essence of this phenomenon and do not reflect its causes and consequences. The establishment of a more concrete and complete definition of ageism would be beneficial for achieving more reliable and valid future studies and also for achieving a higher degree of reliability and validity in future studies, while also focusing on various types of ageism. It is vital we note that the perception of "old age" has not been determined scientifically, it is simply a matter of cultural and social construction. The difficulties that someone may encounter down this path is that there are no significant changes that pinpoint old age, and it is also a unique experience for everyone.

The factor that differentiates ageism from the other "-isms" (sexism, racism, ableism), is that everyone will become a part of this social group. Simultaneously, there are few advocates or social sanctions for such attitudes and prejudice towards older people.

Robert N. Butler defines ageism as such: "*Ageism is a form of discrimination where people are mistreated based on their age*" Butler's definition focuses mainly on the negative aspects through which people perceive older adults. However, according to other researchers, positive discrimination needs to be included in the definition. Examples of positive discrimination are baby-talk or over-accommodation.

Current definitions are characterized inadequate because:

1. Aging is not perceived as a social construction, but as given information.

2. Do not solve the "us versus them" dilemma, by referring to this social group as/ to age through the world old and also using the term the "elderly", separating them from the rest of the population
3. They compare racism and sexism although they are two separate forms of discrimination
4. They simplify the various aspects and components of ageism and does not grasp the complexity of this phenomenon.
5. It does not consider both positive and negative aspects of this phenomenon

It is crucial to underline that the SOCHUM Committee does not have the mandate to establish a definition. However, there are other factors and organizations responsible for this purpose.

### *Cultural Attitudes Towards Aging*

The way older adults are treated is influenced by many social factors including our personal assumptions, expectations, and fears about growing older. According to a study conducted in Kashmir India titled "*Voices Unheard: Navigating the Disempowerment of Older Adults in Family Dynamics in Kashmir (India)*", older people are perceived to have limited knowledge and understanding when it comes to modern issues. By this way, they tend to have a diminished role in family affairs thus feeling excluded from the family. This feeling can increase their levels of loneliness and psychological distress. The book titled *Rethinking Old Age: Theorizing the Fourth Age* supports that ageism is also revealed among older adults as well. More specifically, a distinction amongst third age and fourth age (in their 80s or older) is also noticed. When drafting a solution, it is important to keep in mind that the countries in the SOCHUM Committee derive from a vast variety of cultural backgrounds.

### *Elderly Abuse*

According to current studies the number of elderly abuse victims will increase with the population aging. Speaking in terms of numbers, by 2050 320 million victims will be counted. Despite the

expansion of the issue, it is a common phenomenon for elder abuse to go unrecognized, unnoticed and unidentified, due to the laissez faire practice of ageism. Populations and official institutions are also less sensitized to this form of abuse. A survey in an American emergency room showed that only 25% of respondents have received training for elder abuse, compared to 63% and 87% that have received training for spouse and child abuse respectively. Rates of elder abuse had increased during the COVID-19 pandemic and are particularly high in nursing homes or other long-term care facilities.

According to the study *“Voices Unheard: Navigating the Disempowerment of Older Adults in Family Dynamics in Kashmir (India)”* elderly citizens of Kashmir experienced emotional abuse because of the disrespect and isolation, financial abuse, even physical neglect due to lack of time or change in family dynamics, abandonment.

	Abuse of older people in community settings (1)	Abuse of older people in institutional settings (2)	
Type of abuse	Reported by older adults	Reported by older adults and their proxies	Reported by staff
<b>Overall prevalence</b>	<b>15.7%</b>	<b>Not enough data</b>	<b>64.2% or 2 in 3 staff</b>
Psychological abuse:	11.6%	33.4%	32.5%
Physical abuse:	2.6%	14.1%	9.3%
Financial abuse:	6.8%	13.8%	Not enough data
Neglect:	4.2%	11.6%	12.0%
Sexual abuse:	0.9%	1.9%	0.7%

Table: Percentages of elderly abuse by type in (1) institutional and (2) community settings

Another important aspect of abuse is financial abuse, which is divided into 3 categories:

1. Financial Neglect: ignoring the “older adult’s financial responsibilities
2. Financial Exploitation: mismanagement or exploitation of property of assets that belong to an older individual, with or without their consent or knowledge. In this category, lies phone or internet frauds targeted on older adults.
3. Health Care Fraud: this form of financial abuse is committed by healthcare professionals that overcharge their services.

Consequences of abuse may include “*physical injuries and long-term psychological consequences*”, financial loss, deterioration of mental health, leading to depression and a feeling of fearfulness and in some cases early death, weakening of family ties. A deteriorating factor is the shame and inability to act or report that lead to the death of the individual.

## 5. Points to be addressed

This section of the study guide aims to give you specific questions that will be answered during the debate process in order to reach an effective solution.

- How can equal access to healthcare be safeguarded for elderly people?
- How can the Committee change the perception of ageing in the media?
- What measures should be taken for the digital literacy of older citizens?
- How can workplace discrimination be eradicated and what measures should be taken for a more inclusive work culture in terms of age?
- How can the SOCHUM Committee contribute to the establishment of a concrete and complete definition of ageism, while respecting different cultures?
- How can the cases of different types of elder abuse be diminished?

## 6. Actions already taken

Although generally a problem deemed non-pressing or unimportant, the UN has taken action [despite the current sources being outdated (16 December 1991), all the actions taken are still in effect to this day] to fight against Ageism. More importantly, they have offered five (5) official clauses:

**Independence:** In order to protect the independence of older persons, the UN has included the following six (6) motions:

- 1) Access to proper food, shelter, clothing, and health care,
  - a) This step should be made possible via either:
    - i) Family
    - ii) The provision of income
    - iii) Community support
    - iv) Or self-help;
  
- 2) Work or other income-providing opportunities,
  - a) This ties into the first point, allowing elders to provide for themselves;
  
- 3) Have the opportunity to decide determining when and at what pace withdrawal from the labour force takes place,
  - a) In this way, peoples of the third age are able to:
    - i) Continue being in the work force if they feel strong enough
    - ii) Retire when they feel physically or psychologically worn down from the years of work on their backs;
  
- 4) Accessible education and specified training courses,

- a) With this elders who had grown up during times of war or in economically challenged countries and were forced not to complete their education have access to re-entering society and finally be granted the same opportunities as everyone else;
- 5) Live in an environment that nurtures safe and adaptable to personal preferences and changing capacities;
- 6) Be able to reside at home for as long as possible.

**Participation:** In order to protect the participation of older persons in everyday activities, the UN has included the following three (3) motions:

- 1) Be a part of and co-organise groups which bridge the gap between the elders and the new generations;
- 2) Complete community service and volunteer work for all those of the third generation who seek to do so;
- 3) Have the ability to form movements or associations of older persons.

**Care:** In order to care for older persons properly, the UN has included the following five (5) motions:

- 1) Be benefited by family and community care and protection in accordance with each society's system of cultural values;
- 2) Have access to health care in order to maintain or regain the optimum level of physical, mental and emotional well-being and, in this way, prevent or delay possible illnesses;

- 3) Be granted social and legal services so as to enhance their autonomy, protection and care;
- 4) Be allowed to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment;
- 5) Be entitled to enjoy human rights and fundamental freedoms when finding a place to stay in any facility (medical or not) or shelter. This includes:
  - a) full respect for their dignity, beliefs, needs and privacy
  - b) the right to make decisions about their care and the quality of their lives.

**Self-fulfilment:** In order to preserve older persons self-fulfilment, the UN has included the following Two (2) motions:

- 1) Have the ability to pursue opportunities for the full development of their potential;
- 2) Have access (as partially forementioned) to educational, recreational, spiritual and cultural resources.

**Dignity:** In order to enhance and preserve older persons dignity, the UN has included the following Two (2) motions:

- 1) Be free of any mental or physical domestic or general abuse, and of any and all exploitation;
- 2) Deserve to be treated with respect, just as any other human being, regardless of age, gender, racial or ethnic



background, disability or other status, and be valued independently for their economic contribution.

## 7. Conclusion

To conclude, the societal marginalization of the third age is an often overlooked problem, but one which should not be taken lightly. It is frankly unfair for a person to be treated differently and with less care in familial, medical, social, and work environments and to be at higher risk of facing abuse simply because of their age. We, as today's youth, ought to ask ourselves how we can help in various forms, and as delegations you should aim to make your respective countries a safer environment for your people. The actions taken, while still in use, are largely outdated, and the UN is in need of new resolutions for the upcoming years in order to battle this injustice.

Our dear delegates, we hope this study guide contains a solid structure for your preparation. We look forward to seeing you!

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