



# ARCHITECTURAL SOLUTIONS TO SENILITY PROBLEMS AND BOARDING-HOUSES FOR ANILITY

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### ABSTRACT

*This article is about architectural solutions to the problems of anility and disabled people, in particular, creating comfortable facilities to live in a boarding school as a result of their psychological state, social status, and relationships with family members.*

**KEYWORDS:**“Muruvvat” (Benefaction), ‘Marjon Suvi’(Coral water), ‘Tovoksoy’, ‘Kosonsoy’, ‘Oltiaryk’, ‘Takhiatash’, "Nuroni", conflict, UNO, space, porch

### DISCUSSION

With the growing number of older people on the planet, the most serious problem facing human society is that, under certain circumstances, they have deviated from the normal flow of life and forced to live in train stations, in-house entrances, in the basements of buildings. There is a problem of placing older but virtually healthy people in the ranks of people who are looking for shelter and striving. According to the report on the implementation of the Regional Strategy for the Implementation of the

Madrid International Plan on Aging, the relative number of population groups at 60 and older was 6.9% in the Republic of Uzbekistan in 1980, 6.5% in 2001, 6.2% in 2005, and 8.5% in early 2015;

The data presented in the United Nations Demographic Survey testify the future stagnation of this demographic aging trend in the world and the Republic of Uzbekistan in particular. (Table 1). Taking into account this tendency, the Government of Uzbekistan has developed all measures to provide decent living conditions for older people.

**Figure #1: The population over the age of 60 in 2000 and 2050 according to the UN forecast (in %)**

The Name of the Country	In 2000	In 2050
Australia	16.3	28.2
Belarus	18.9	35.8
Brazil	7.8	23.6
Denmark	20.0	31.8
Egypt	6.3	20.8
Russian Federation	18.5	37.2
USA	16.1	26.9
Uzbekistan	7.1	22.3

The implementation of these programs is reflected in the huge material resources directed at the social protection of low-income and elderly citizens of the Republic and their treatment in preventive care, boarding houses, sanatoriums and medical institutions. Sanatoriums were built for elderly people, such as ‘Mardjon suvi’(Coral water) in Jizzakh region, ‘Tovoqsoy’ in Tashkent region,

‘Kosonsoy’ in Namangan region, ‘Altyaryk’ in Ferghana region, ‘Takhiatash’ in Karakalpakistan, and ‘Muruvvat’(Benefaction) House for Disabled People in Khiva, and the fund ‘Nuroni” was established to provide active financial support to the disabled and the anility in the country.

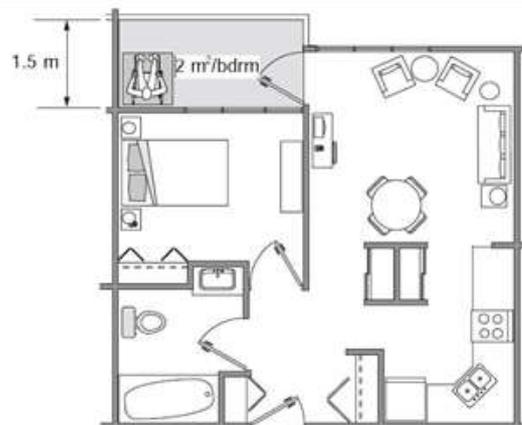
The 'conflicting' parties, as the conflicting contradictions of daughter-in-law and mother-in-law

or father-in-law, the son-in-law and mother-in-law, who are considered to be the sources of great emotional (mental) and nervous states, are also worth noting. There are also cases where some elderly people make their own choice and go to a nursing home in order not to interfere or cause problems to their children. Based on research conducted in a number of nursing homes, S.G. Reznikov and A.G. Rozhkov found that 48.8% of internees came to a nursing home because of loneliness, 30% due to poor health, and 19% at the initiative of their relatives or in a family conflict.

There is a dynamic growth in the construction of nursing homes in the country, which provides all the facilities and services required by their caregivers and medical personnel for their well-being. According to the statistics, 33 boarding schools for anility have been established according to the special projects, for instance, 'Sakhovat' in Samarkand, at Yunusabad residential area in Tashkent, Gulistan and other cities of the republic. Observations show that the adaptation process can be very difficult for elderly people after moving into a nursing home because at that time they suffer from very difficult mental unquiet or even feel abandoned. According to M.V. Ermoleva, in France 8% of healthy elderly die within a week after coming to nursing home, while other 29% in the first month and 45% in the first half of the year. A study by S.G. Morkovkina shows that 29% of people in nursing homes in one of the nursing homes in Moscow are in difficult mental problem or in particular had trepidation. There are numerous examples of design and construction practice in our country and abroad aimed at solving the problem of accommodation of anility. Each of them focuses on the need to transform a complex problem family into an ordinary family (by

separate placement of adults and their children), based on the following basic principles, in order to maintain the ability of these family groups to interact together:

- placement of both families in the common living room and in the operating room within a general communication structure (spatial width) within joint living accommodation but in isolated family groups within the structure of the house or complex;
- Separate living groups in the same building;
- Nearby situated houses or blocks of houses;
- Placement in a complex family, which is comprised of three generations (the main couple with older parents and children), with the bedrooms being divided into two autonomous sections;
- "couple-isolated" placement is a shelter consisting of two apartments with two kitchens - one for the middle-aged couples and the other for the older generation for packing products. Each of the apartments must have its own facilities meeting sanitary and hygienic needs;
- A group placement is in 3-4 apartments with shared space for communication and relaxation placed around a single staircase;
- Placement of elderly people in communal apartments in order to eliminate the fear of being left alone in a separate apartment during illness or accident;
- Recreation, watching TV shows, organizing a festive table, and meeting and welcoming guests are organized in three rooms (a living room, a logging room, a bathroom, and each of the rooms are provided with a lavatory and storage area) connected to the hotel-hall of the building.
- In ordinary residential homes, the first and second floors under the apartments are reserved for the elderly. (Figure 1)



**Figure #1; The Balcony of the Living Room**

These models from modern construction practices do not fully cover the list of all available care options for elderly people. The foregoing proves

that this problem is still relevant today, and it calls for in-depth research and development. Boarding houses consist of living and service units. Studies conducted

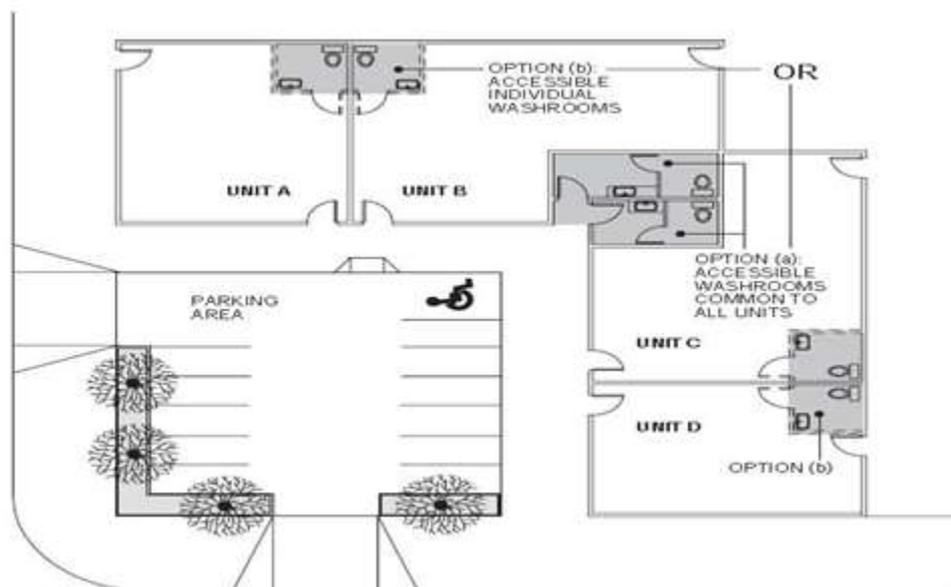
by Russian scientists on boarding schools show that service rooms meet the needs of older people. However, it has been found that their living space does not meet modern requirements both with the design parameters and the aesthetic requirements for interior design.

Residential part of the boarding-houses was designed according to the first standards developed in the 1970s in the Soviet Union until the early 1990s, based on norms of (VSN21-74). According to this document, the practice of country-specific homes was typical of homogeneous living rooms, which meant transferring only healthy people or only helpless persons.

The structure of the living area, as a rule, takes into account the criteria for the activity of the occupants (walkers and beds) and is built on the principle of isolation of beds. But it does not provide the necessary qualities of the living space. People in these institutions are not only treated, but they also live here, so the architectural arrangement of space must meet the needs of rehabilitation or adaptation of an old person by assisting not only his or her mobility

but also personal social activity. Studies conducted in Russia from 1977 to 1985 have shown that these key categories directly influence the lives of seniors in the process of forming the spatial structure of residential homes.

The trend of integrating multiple living units into complex living rooms with inter-sectional importance is a progressive trend that can accommodate 50 to 70 people and can only be served by a medical staff led by a doctor. Such complex living units accommodate all or almost all categories of residents, while only one category could be accommodated in living rooms for the members of the same sex. The Comprehensive Living Unit had the facility to provide residents to live up to the very old age, with the transition from one group of people with moving ability to the non-moving group within the limits of one living block in case of the change of human health. Units of this type not only provide flexibility of project solutions for different categories of residents, but also allow service personnel to operate flexibly. (Figure 2).



**Figure # 2; Washrooms are in Groups D and E.**

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