

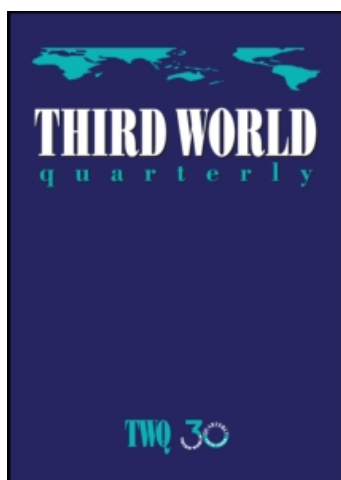
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Critically Understanding Asian Perspectives on Ageing

VANDANA DESAI & MATTHEW TYE

ABSTRACT Asian countries are experiencing demographic transition from a young to an increasingly older population. The ageing of populations is unfolding against a context often characterised by persistent poverty, gender vulnerability, economic strain, constricted public resources, and limited civil institutions to support the elderly. Two key interlinked dimensions are important: first, how social and economic changes have affected or will affect the well-being and support situation of present or future older people, and how older people's needs and position in society relate to development and the consequences for policy. The paper identifies the gaps that exist in our understanding of ageing in Asian developing countries and discusses the key issues, tensions and perspectives that characterise current debates at local level and their implications for development in many Asian developing and some transitional countries. The paper urges recognition of ageing and development as part of poverty reduction strategies.

This paper adopts a critical perspective in understanding ageing and the preparedness of Asian developing countries to address future challenges of ageing populations.¹ Examining the emerging questions and debates in this field requires an insight into the demographic transition and future challenges these countries are facing. These challenges will have important policy implications. Asian developing countries have less time to set in place the institutions needed to cope with population ageing, and are disadvantaged by fiscal constraints, poor governance and weak public agencies. Specific issues will be drawn out, with several examples to highlight some of the concerns faced by these countries. The future path of population ageing in Asia over the coming decades is well predicted and demographically significant. In explaining the need for a critical understanding of the Asian ageing phenomenon, we argue that it is imperative to view the well-being of older people as a social group within their historical cohorts and their respective life courses. The underlying question to be answered is to what extent ageing Asian countries are poised to address the challenges of increasingly ageing societies and how growing proportions of changing age structures of populations will affect societies' economic and social structures.

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Demographic transition in Asia

Population development and ageing-related development are major structural issues for the 21st century. Demographic transition in Asian developing and transitional countries is quite diverse.² For example, as shown in Table 1, Cambodia and Nepal are low-income, slow growing economies, predominantly rural, with young and rapidly growing populations, while Bangladesh and Pakistan still have high fertility rates and low human-development indicators. In contrast China, India and Vietnam have rapidly growing economies, moving towards lower fertility and increasing urbanisation, but with remaining pockets of severe rural poverty in regions that may resemble the slow-growing economies mentioned above. Such variations need to be borne in mind in the subsequent discussion, where it is not always possible to provide detailed disaggregation of issues across countries. Many countries will start witnessing a reduction in the shares of their working age population, which will have serious economic as well as social consequences. Demographic dynamics have many implications for various dimensions of poverty (see below). These implications vary between countries at different stages of the demographic transition.³

Development initiatives and population policies adopted in the 1960s and 1970s have helped to reduce fertility and mortality rates to very low levels in the Asia region as a whole (see Table 1). Thus, many Asian countries with different levels of success in these programmes have experienced considerable changes in their population age structure. The demographic transition from a young to an older population is typically driven by two factors. The first is rising life expectancy, mainly as a result of improvements in health and a consequent reduction in mortality rates and the second is falling fertility rates thanks to widespread use of effective contraception. The most significant ramification of fertility decline is a change in the age structure of the population with, first, a falling ratio of children; second, an older labour force; and third, a rising ratio of the elderly.

Even though birth rates have been declining in the region, the population growth momentum is such that net absolute additions to population numbers in many developing countries each year are higher than in the previous year. Such demographic dynamics lead to what has been called the 'population poverty trap'. This is evident across the Asia region where, despite the reduction in the proportion of the poor population in recent years, rapid population expansion continues to increase the absolute numbers of poor.

Further, high population growth and poverty are manifested in large family size among the poor, signifying the relatively higher population growth rate of this group. For example, the poorest 10% of households in Pakistan had on average 7.7 members in 1984, compared with the national average of 6.1. Similar findings emerged from 1983 income distribution data for India. In Thailand poor households in rural areas have relatively larger families than do the non-poor. In the Philippines 56% of six-member households are poor; by comparison only 24% of households with three or

TABLE 1. Demographic and selected social indicators of some Asian countries

Countries	Total population (millions) 2008	Av population growth rate (%) (2005–10)	Total fertility rate (2008)	Under 5 mortality M/F estimates for 2008	Infant mortality (total per 1000 live births)	Life expectancy M/F	Public health expenditure (% of GDP)
China	1336.3	0.6	1.73	24/34	23	71.4/74.9	1.8
Democratic People's Republic of Korea	23.9	0.3	1.85	62/62	48	65.1/69.3	3.0
Mongolia	2.7	1.0	1.86	57/49	39	64.0/70.1	3.3
Republic of Korea	48.4	0.3	1.20	5/5	4	75.1/82.3	3.1
Cambodia	14.7	1.7	3.13	92/84	62	57.6/62.1	1.5
Indonesia	234.3	1.2	2.16	36/26	26	68.8/72.8	1.0
Malaysia	27.0	1.7	2.57	12/10	9	72.1/76.8	1.9
Burma	49.2	0.9	2.04	105/87	65	59.3/65.4	0.3
Philippines	89.7	1.9	3.20	32/21	23	69.6/74.1	1.2
Thailand	64.3	0.7	1.85	17/13	10	66.5/75.0	2.2
Vietnam	88.5	1.3	2.12	26/19	19	72.5/76.4	1.5
Bangladesh	161.3	1.7	2.81	68/67	51	63.4/65.3	0.8
Bhutan	0.7	1.4	2.17	67/58	44	64.3/67.8	2.8
India	1186.2	1.5	2.78	73/83	54	63.3/66.6	1.0
Nepal	28.8	2.0	3.24	68/72	53	63.4/64.5	1.6
Pakistan	167.0	3.6	3.46	89/99	67	65.4/65.9	0.4
Sri Lanka	19.4	0.5	1.88	14/12	11	68.8/76.3	1.9

Sources: *State of World Population 2008*; and data from UN Population Division, United Nations Population Fund, at www.unfpa.org, and the World Bank, *World Development Indicators Online*, at <http://devdata.worldbank.org/dataonline/>.

fewer members are poor.⁴ Therefore, large family size as a result of a higher population growth rate is considered one of the principal factors keeping such families poor. It can be argued that the high population growth rate in some countries is not only a cause but also a result of poverty. The poor tend to have more children because they typically experience higher child mortality, cheaper child-rearing costs and a greater need for income from child labour.⁵

Today, it is widely believed that all-round development progress itself is the best 'contraceptive', ie population problems and pressure are best alleviated through sustained efforts to improve life through poverty and inequality reduction.

One of the major differences in the context of Asian developing countries is the pace of population ageing, and the sheer numbers of older people in the developing world, which far outstrip those in the developed world. This in itself makes ageing a development issue but, more importantly, has implications for development in Asian developing countries. Already two-thirds of the world's older population live in developing countries, with the absolute numbers of older people in these regions estimated to double to reach some 900 million within 25 years.⁶ From 1950 to 2005 the number of older people world-wide grew from 205 million (8% of the total global population) to 672 million (10%). By 2050 it is expected to reach almost two billion, representing 21% of the world's total population.⁷

Population ageing mainly means the progressive increase in the numbers, and thus the proportions, of older people, compared with working age adults and children in a total population. The UN definition of 'old age' is 60+ years. This definition is quite useful for comparison internationally, but poses questions on its appropriateness when applied in different societies and culture.⁸

Conceptual approach

The reality of the global demographic situation is that some developing countries will face 'unprecedented ageing' without the social and economic infrastructure to support those frail and dependent elderly people who are unable to support themselves economically, and will be confronting a rapid expansion of their older populations with few or no public institutions or regimes to support them.⁹

Harper asserts that developing countries will contain the most 'frail dependent elders' in more vulnerable situations.¹⁰ This end of the spectrum contains the pool of those living without the support of a 'healthy retirement', but who survive on the bare minimum social insurance and patchy health services. With the onset of ageing in developing countries, the time has come for proactive planning of appropriate institutional frameworks and policies. The main focus of many developing countries lies with children and young adults, who form the core of their present populations. The challenge is to create 'safety nets' that will protect the present generation over the coming decades, but also provide guidance,

support and care for ageing populations. This is mainly because, over the past two decades, developing and transitional countries in Asia have concentrated on economic growth and development. This being the main emphasis of policy makers, questions related to ageing populations have secured very little attention.

It is important to create a society for all ages in which the changing demographic, economic and social indicators mean an evolution of policies catering for the elderly in a society which promotes support between generations and at the same time sustains economic growth and development. The elderly have an equal 'right to development', which is now emphasised in the regional Plan for Asia adopted in Macao in 2007, along with strategies placing responsibility on the family to support the elderly in the context of creating a 'society for all ages' (see below). This is especially so in the context of the Millennium Development Goals (MDGs), which have sought reductions in the levels of extreme poverty in all developing countries. The 'population poverty trap' refers to the concept whereby population expansion may tip those from a 'poor' poverty situation into 'absolute' poverty and this is particularly relevant for the elderly.

The elderly face economic and resource deprivation but also identity-based discrimination. These multiple sources of deprivation create deep-rooted social exclusion which cannot be addressed solely through conventional income-poverty reduction programmes. There is an increasingly urgent need to create conditions for inclusive citizenship and participation of ageing people in wider society.

Similarly, as no universal social security arrangements are available for the elderly in many Asian countries, this has become a humanitarian concern, as traditional family support systems have eroded in many communities. Honouring older people's dignity and rights has received very little general attention and is a matter of social justice, human rights and an extension of rights to social protection.

Much previous work has focused on the determinants of mortality and fertility.¹¹ However, this paper highlights the transition process and examines it in its wider societal effects, especially often unrecognised consequences. Many of these processes tend to unfold gradually over a period of time, and they influence other aspects of societal development. Understanding the immense changes in patterns of social, individual and community life continues to be one of the major challenges. It becomes important to examine the dynamic effects of individual ageing on the well-being of older people and their households. It is important to enhance the capacity of people as they grow older to lead productive lives in their society and economy, as a necessary condition to ensure basic standards of well-being and agency for older people.¹² The capability approach enables an examination of people's contribution to development and their well-being in an integrated fashion.¹³ Addressing key knowledge gaps about the well-being of older people and their contribution to development is essential to an assessment of the different public policy options available to developing countries in targeting old age poverty.

Population projections and cohorts

Population projections are subject to unreliability of data and are made knowing the uncertainty of the future:

Population projections are an important input to policy making at the local, regional, and national level. . . Since populations only change slowly, they are easier to project for several decades into the future than many other social phenomena. Furthermore, assumptions need to be made for only three components of change: future fertility, mortality and migration. Despite the fact, however, that there are not a large number of variables to deal with, there still is considerable uncertainty about the future paths of each of these three components, just as there may be uncertainty about current demographic conditions at the time the projection is being made, both in terms of population size and structure, and in terms of current fertility and mortality levels.¹⁴

It is critical to recognise the fallibility and accuracy of population projections. Khan and Lutz continue their criticism of UN population projections which have

standardly accommodated uncertainty by producing more than one variant or scenario. These variants have been produced by assuming fertility levels while applying the same mortality and migration assumptions. The UN still uses this approach, which has the increasingly recognized disadvantage of neglecting the substantial uncertainties around the mortality and migration trends. This becomes particularly problematic as the emphasis of the analysis moves from population growth to population ageing.¹⁵

In this paper it will be apparent that we draw on the work, research, expertise and publications of the UN, especially the UN Economic and Social Commission for Asia and the Pacific (ESCAP). The (un)reliability of regional projections has been the subject of extensive work by Nico Keilman.¹⁶

Bengston and Oyama describe 'cohort effects' (see endnote 19) in their work on strengthening the economic and social ties around intergenerational solidarity (see below). These cohort effects refer to:

particular socio-political events that occur to a group born during a certain time period, and are therefore experienced at a common level of their biosocial development, usually childhood or youth. Members of successive cohorts grow up at different points in historical time and are products of different sets of personal or socio-political concerns as well as life experiences that are encountered at different stages of life-span development.¹⁷

There are undoubtedly considerable 'period effects' on the populations in Asian countries. There have been profound impacts from socio-political

events, such as wars in Vietnam, China and Cambodia and low economic growth during the 1960s and 1970s. Birth rates are now stabilising across many Asian developing and transitional countries, leading to a levelling out of cohort effects.

Planning for the future would be more straightforward if populations conformed to regular trends, as envisaged in growth curves. However, many changes are sudden and discontinuous, rather than emerging gradually. Changes in the numbers in older age groups, for example, can more closely resemble a roller-coaster ride than a smooth, readily predictable, gradient. This is because changes in population numbers at each age depend on the size of cohorts moving through the age structure.¹⁸

The cohort-component method is the most widely used approach to projecting populations, and is frequently also employed in preparing population estimates by age and sex.¹⁹ It is the preferred method of national and international statistical organisations for projecting national populations. The statistics from the developing Asia region make clear and reveal the extent of the projected 'Asian Aged' cohort, which will enter the third age in around three to four decades' time.

Emerging concerns related to ageing

Changing family patterns

From the point of view of the family's organisation by sex and generation, there are two major types of family system in Asia: the patrilineal/patriarchal joint- and stem-family systems found in East Asia (China, Japan, and the Republic of Korea) and in the northern tier of South Asia (Bangladesh, northern India, Nepal and Pakistan), and the bilateral, more egalitarian and conjugally oriented systems found in Southeast Asia and the southern tier of South Asia (southern India and Sri Lanka). In patrilineal/patriarchal family systems, males have life-long membership in the family into which they are born, whereas females are only temporary residents of their natal family and join their husband's family at marriage.²⁰

In traditional patriarchal family frameworks women are assumed to have a relatively marginal position. Wongkaren presents the Indonesian case where, philosophically, women are accorded equal status to men. 'The equal status is guaranteed by Pancasila, the state philosophy, the 1945 Constitution, and the Broad Guidelines of State Policy'.²¹ Her review of statistical data from the 1995 Intercensal Survey found that roughly 88.8% of elderly men were heads of their households, while only around 30.2% of elderly women assumed similar positions. It is Indonesian culture (similar in attitude to other Asian countries) that prescribes that the elderly live with and be cared for by their children or extended family.

There is widespread concern over the decline of the family, its stability and 'effectiveness' to cater for the needs of the elderly. A study by Hermalin reviewed 14 Asian countries and found that the proportion of elderly living with children during the 1990s ranged between 60% and 90%.²² In the 1990s

there were further sustained reductions in these proportions. In our discussion of changing family patterns and support systems, it must be recognised that in Asia a variety of family structures has long existed. There is no one single typical model of an Asian family unit that traditionally supports the elderly. With industrialisation, urbanisation and increasingly different forms of migration, support and security for elderly family members has declined and remains an important issue to be considered today.

Gender and vulnerability

The demographic and fertility transitions take on particular significance for women in a region marked by gender imbalances arising from deeply entrenched forms of discrimination.²³ The highest proportion of women-headed households occurs where the householder is aged 60 or over, pointing to the significance of widowhood in this context. Different life expectancies for men and women, together with a tendency for women to marry partners older than themselves, mean that demographic ageing may be increasing the percentage of woman-headed households.²⁴

There is a history of conflict between women in extended households, particularly where brides have traditionally moved in with their husbands' parents (very common in Asian countries), which can generate conflict and affect the welfare of elderly women (ie the mother-in-law). Older people can find themselves in a vulnerable position—in extreme cases, as victims of abuse—when the balance of power in the mother-in-law/daughter-in-law relationship shifts towards the younger woman. Elderly women in such situations are marginalised and can consequently live on their own. In addition, 'the growing number of young married couples who live on their own means that care by the daughter-in-law is no longer automatic'.²⁵ Fertility decline also implies that older people will have fewer children to support them. This does not mean that all children may have supported their parents in the past.²⁶ Even if parents had large number of children, it does not necessarily correlate with having more support in old age.

Women's association with housework and childcare means they can contribute to 'making themselves useful' by caring particularly for the elderly and the sick, including those with HIV/AIDS, and by taking growing responsibility for the care of AIDS orphans. By contrast, old men who have lost their breadwinner role risk being seen as 'useless' or being blamed for certain failures to provide adequate financial or emotional support for their families.²⁷

Shifts in family structure in relation to care and support of older citizens are being heightened by the increasing number of women entering the labour market and those pursuing higher education. With population growth rates falling, support from more extended or nuclear families is becoming increasingly unlikely. Traditional three-generational households (comprised of grandparents, parents and children) are decreasing in many Asian countries. The rates of elderly living in their own homes separate from

children are increasing. The provision of elderly care, which has long been dependent on female family members, has undergone change because of the rise in the number of delayed marriages or non-marriages, the increase in divorces and other effects of household restructuring. For example, Toyota highlights the fact that in Japan the household strategies of the elderly are a response to ageing and household restructuring within Japanese society.²⁸ A natural question is who would be looking after these elderly with the restructuring of households.

Labour markets

Demographic changes have a direct impact on labour force supply and employment. The numbers of people of prime labour market age are predetermined by the size and age structure of populations. Participation rates and employment rates are influenced by the economic, social, demographic and cultural characteristics of each country. An important challenge for governments to address is the creation of long-term sustainable employment for labour forces which continue to grow.

It is noticeable that a large proportion of women compared with men work in lower-paid sectors of the economy, therefore bringing home a lower salary. With increasing numbers of women entering higher education, a positive effect can be anticipated of their participation in the future labour market. Women's employment within many households is still considered a supplementary income. Single female-headed households are also on the increase as outlined above. Part-time workers, job-shares and gaps in employment all need to be considered as emerging issues, particularly related to women and the gender dimension of ageing.

A number of elements in the current development scene may have the effect of aggravating unemployment problems. The downsizing of governments (post-economic liberalisation) tends to reduce the supply of jobs in the public sector and puts extra pressure on the private sector to generate the required employment opportunities. The emerging global trade pattern, in which capital and/or technology-intensive goods and services constitute the fastest rising segment of exports (eg electronics, garments, and IT), tends to reduce employment per unit of exports.²⁹

Younger rather than older generations are employed in higher proportions in these urban sectors. This has also been associated with unemployment among older people and the marginalisation of certain age groups in metropolitan areas. With a fixed amount of land and other natural resources, it becomes difficult to provide even a minimal standard of living to a large and rapidly growing ageing rural population.

An issue of growing importance is that proportions of younger people are decreasing and absolute numbers of older people are rising. A 'greying of populations' means that a smaller working age population has to support more and more old people. This will have implications for where the 'wealth' will come from to support the current elderly generation

(eg pensions, health, long-term care). This will generate pressures on public spending as there will be fewer working people (taxpayers). All this will negatively affect the economic growth of Asian countries and raises concerns about their capacity to sustain the economic growth rates that underpin their recent success.

The economic contribution of older people in developing countries is not well understood. There is no doubt, however, that there are high rates of economic participation by older men and women. Greater still is their contribution made to the informal economy. Older people have naturally assumed roles such as tending to childcare, cooking and other household tasks and taking on many part-time jobs in the informal sector. Younger adults are 'released' for employment purposes and the cumulative effect is beneficial to the whole household unit.

Old people can find themselves sharing their accommodation, pensions or limited incomes from informal employment with the younger generation for longer than they may have anticipated or desired. The study by Gaminiratne of population ageing in Sri Lanka confirmed that a large proportion of the elderly resided in multiple-person households where incomes and resources were consumed jointly by household members.³⁰ Her analysis of the country's labour force activity rates for 2000 revealed that a significant number of men remained economically active until late in their lives. One in three men aged 70–74 participates in the labour force, while the corresponding figure for the 75–79 age group is one in four. Such patterns are in line with those of other countries in the region. From the latest Indian census data, Rajan *et al* found that one in three elderly men continues to work beyond the age of 80.³¹

The employment status of the elderly has an important bearing on an individual's or household's economic welfare and also its access to social security coverage. This is particularly the case in societies where social security systems and welfare benefits are underdeveloped and /or poorly targeted and where access to social security is based on contributions from those in work. Because of the limited degree of formal social security coverage in South Asia, the majority of workers—particularly those in the private and informal sector—continue to work until physical disability or sickness prevents them from further participation in the labour force. An individual's labour force status not only has important implications for social security coverage and welfare; it also provides an important policy solution to ageing.³²

How can opportunities be created for active ageing population groups in societies, so that they are not dependent on either the state or their families in the later part of their life-cycles? There are two emerging questions to be considered here. First, when is more provision required to cater to and support physical and mental disabilities? And second, how can ageing pressure be alleviated by increasing the labour supply? If a longer time is spent in productive employment, ageing challenges can be offset without shifting unacceptable burdens onto the young. Increasing the level of economic activity in the economy provides a proactive policy solution

and increases the per capita income of the population. By reducing economic dependency, the state can expand social security protection too.

In Vietnam there is a consciousness of collaborative efforts to enhance living conditions by the government and other agencies; however, a commonly held counter-argument is that developing countries cannot afford to develop their own welfare systems. One author's (Tye) research highlighted the 'contribution' of older people who are still in some form of employment both for their own economic security and for the collective economy of the household.³³

In the context of Tye's study it was found that older urban men and women continue to earn income into old age. The 'income strategies' of older urban people primarily provide vital income to the extended household. Those needing to supplement their incomes resort to a range of activities including part-time employment from previous employers and sometimes new employers. These sorts of employment would include work that can be done at home, such as sewing, filling envelopes, etc. Other jobs might include selling lottery tickets and cooked food. Successful ageing was seen as striking a balance among various factors, all interlinked and of substantial importance. Factors included maintaining good health and physical fitness in order to be 'economically viable' for as long as possible, and sustaining close relationships with young adult children so that they would provide support when the parents become frail.

It is widely assumed that as individuals age, their capacity to engage in productive work and to care for and support themselves diminishes. The question, however, of how far the diminished capacity is the result of 'inevitable' biological processes of ageing, as opposed to social constraints or constructs, is subject to much greater debate, and indeed is critical to thinking about the implications of ageing for development.

Intergenerational support

The rising ratio of the elderly is reinforced by reduced mortality and improved life expectancy, raising the issue of old age support. Most of the cost of the support for the elderly falls on the family, which also largely bears the costs of educating children. This burden on smaller families may prove unsustainable in the context of high unemployment or under-employment, if job creation fails to keep up with labour force increases, or where incomes are low and uncertain. A trend towards nuclear households, with the elderly living separately from their offspring, may also undermine the family support system, as may out-migration of younger workers from rural areas, leaving behind the elderly and infirm (as is increasingly occurring in China). With rising life expectancy each succeeding cohort of the elderly would need support for a longer period than the preceding ones. Also, because of widespread birth control, one child per couple means that the future cohorts of the elderly will have fewer offspring to depend on than the present cohort (as in China). Currently the urban labour force has access to pension

schemes, from which rural labour forces still remain very largely excluded (again, as in China).

Many Asian countries have had the roots of 'intergenerational solidarity' deeply embedded within their societies and cultures for centuries. Cohesion between the generations has been affective, consensual, functional and practically structural. Even with economic growth, the wealth of evidence continues to suggest that intergenerational solidarity and altruism have remained strong until quite recently. Intergenerational solidarity is best understood within the context of collective expectations and familial obligations related to the 'ageing' of individuals. There are several spheres to which this solidarity relates: 1) the passing on of traditional values or 'socialisation' of future generations; 2) pooled financial and emotional support, ie care for grandchildren; 3) family care-giving and external support (welfare); 4) the advent of nuclear family structures. Intergenerational support does not necessarily flow 'upwards' to the elderly, especially when economic difficulties facing younger people make even the funds from meagre pensions attractive to other family members.³⁴

Intergenerational activity can take place at both the micro and macro levels. Much research has been conducted on the latter, focusing on financial transfers, remittances, public pensions and long-term care.³⁵ We need to know about patterns of intergenerational cash transfers within different families, across cultures and between the north and south of the globe. The 2002 Madrid International Plan of Action on Ageing (MIPAA) emphasised intergenerational solidarity as being one of the basic foundations of society:

The Plan acknowledges that changing demographic, economic and social circumstances will necessitate adjustments in macro-level policies relating to the pension, social security, health and long-term care systems in order to sustain economic growth and development; this process will require a review of existing policies to ensure generational equity as well as efforts to promote the idea of mutual support and solidarity between generations as a key element in social development.³⁶

A regional review of the plan for Asia was held in Macao in 2007 and almost 50 recommendations agreed upon for further action. Fourteen of those recommendations related directly to older persons and development.

A central theme of the Plan is the 'right to development', the goal of creating a 'society for all ages'. If strides are to be taken towards this aspiration, moves are needed away from strategies placing heavy responsibilities on the family as supporters of the old. Yet, in effect, states have shifted their duties towards older citizens. For instance, the Vietnamese government continues to emphasise that 'families' should contribute significantly to the care of older persons, although Vietnam is not the only country in the Asia Pacific region with strong Confucian values. Accentuating such values has meant that the 'emphasis on family responsibility for older relatives has slowed the pace of social security pension programmes.'³⁷

Filial piety refers to the practice of respecting and caring for one's parents in old age, based on a moral obligation that children owe their parents. The practice is not exclusive to Asia, but is often associated with East Asian societies, however, especially because of the strong historical influence of Confucianism, which articulated the doctrine of filial obligation very explicitly as the centrepiece of the moral order of society. The patriarchal family systems in East Asia practised filial piety by reinforcing the formal Confucian hierarchies of age and gender. In these patriarchal systems, absolute authority rests with the head of the household, and that is normally passed on to the eldest son in turn.³⁸

Familial responsibility towards the old has sometimes become enshrined in legislation, eg the 1992 Vietnamese Constitution:

When they were younger, today's elderly people had the task of giving birth to, bringing up and educating children about dignity, and they still play an important role in families and the society. Caring for the material and spiritual needs of elderly persons and continuously promoting their role are the responsibilities of families, the State and the entire society, which reflect the fine nature, morality and traditions of our nation.³⁹

Health

The importance of good health in old age cannot be underestimated. The concept 'active ageing' was formulated by the World Health Organisation (WHO) in the late 1990s.⁴⁰ It has different connotations according to where it is used. The intention was to enable people 'to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance'. Primary healthcare services for the elderly play an integral part in 'healthy ageing'.

The Philippines, which has enjoyed relatively high population growth rates stemming from high fertility, is not facing imminent rapid population ageing. Given its current demographic profile and projected growth rates, its population is not expected to age as fast as that of neighbouring countries like Thailand, where fertility decline over a short time period has been quite dramatic. However, concern over an ageing population is based on the recognition of the requirements of seniors that must be addressed by any society. Older people (proportional to life course) tend to earn less in later years and require more intensive healthcare attention than younger generations. Physical ageing is usually synonymous with declining health. The biological process of ageing varies from individual to individual, with heredity and lifestyle conditions to be included too:

One indicator of long-term trends in health status of the population is life expectancy; the longer the average life years expected to be lived in a

population, the healthier that population is presumed to be—at least in terms of averting death. Based on census data, gains in life expectancy in the Philippines have benefited females more than males. Even at older ages, the remaining life years at ages 50, 60, and 70 have been higher for females and increasing at a higher rate compared to males.⁴¹

Comparing trends in life expectancy and the different measures of health status, the advantage Filipino women gain through higher survivorship appears to be negated by poorer health status in their advanced years. Although they live longer, women appear to be more likely to suffer from functional limitations and to feel subjectively that they are in poor health. At the same time there is an increasing percentage of woman-headed households, as stated above.

Data show that the family-based support system continues to work in providing support for older people but that this may be stressful to the providers if they themselves are poor. Higher per capita health expenditure among older people further adds to the strains of care-giving. Women who are unmarried (widowed, divorced, or separated) are at greater risk of economic difficulty but men are at risk too because they have to keep working to earn a living.

As economic development has taken place in the past two decades, life expectancy has increased (see Table 1) as poverty rates have fallen. Rising incomes lead to changing consumption patterns, which have an impact on health through changing disease patterns: the epidemiological transition to ‘diseases of the rich’—diabetes, obesity, heart disease—coexist with disease patterns of the poor, including malnutrition and micro-nutrient deficiencies, TB, hepatitis and public health threats. New diseases change patterns of demand for health care, and potentially cause a shift in resources away from preventative, public and basic health for the poor. Poor health results in a downward spiral effect, limitations on physical activities and the dwindling of essential personal care. Health care provision for elders is slowly becoming central to policy developments in most countries in the Asian region:

In order to provide a balanced approach to health and social care in later life in these developing regions, an integrated system needs to be developed which emphasises preventative and primary care, promotes the inclusion of families and elders themselves in developing and supporting mutual aid programmes, and encourages the re-evaluation of cultural traditions.⁴²

Several countries in this region, including Vietnam and China, operate a ‘commune’-level system that delivers basic healthcare and services. However, at a more universal level below this is the family, which assumes the greatest burden for care and support.

It is also not fully possible to discuss health care without mention of HIV/AIDS. This is no longer a phenomenon restricted to Africa. The Asian region now has serious epidemics which are widespread in many countries and

threaten the very fabric of life. Thailand, India, China, Indonesia and Vietnam are just a few of the countries that are experiencing explosive epidemics. Similar to the African context, older people face a 'triple burden'. They care for their children infected by HIV but increasingly too for their grandchildren, whose parents may have died from AIDS. In addition, older people have to care for their own needs and attend to their children and grandchildren. Sometimes they are also left looking after their orphaned grandchildren.

For instance, Knodel conducted a comparative study into the impact of the AIDS epidemic in Cambodia and Thailand on older people.⁴³ He examined the economic as well as social impact of the loss of an adult parent on an older ageing parent. Almost a fifth of HIV-positive persons are estimated to live in South and Southeast Asia, making it the second most significant region in numerical importance. Recent estimates for Thailand indicate that over half a million persons over the age of 50 will lose an adult child to AIDS during the 2001–10 decade.

Constrained public resources

The potential magnitude of the population ageing challenge is becoming clearer and clearer. Formal retirement income schemes do not cover the majority of those living in developing countries. Retirement schemes are either unavailable or not adequate for the longer life expectancy which individuals now have. Employment in the agricultural and informal sector is the norm for large numbers of the workforce. Willmore suggests that, for developing nations, a non-contributory, basic pension can ensure that all residents of a country, regardless of earnings or occupation, have an income in old age.⁴⁴ This type of pension would automatically cover an entire population, in a way that contribution or 'Pay as you Go' (PAYG) schemes cannot. Willmore goes further to recommend introducing a universal non-means-tested (NMT) pension for low-income countries rather than targeted 'social assistance pensions'.

China is one of many countries still assessing the feasibility of providing universal coverage for social protection for the old. In China there is no PAYG rural social security system. The urban system is burdened by state-owned enterprises, and problems persist in persuading non-state-owned enterprises to join. Thus, the scope of China's social security system is limited. England suggests that the demographic challenge to China's economic prospects is detrimental.⁴⁵ He asserts that the current social security system has huge liabilities, but that this is just the tip of the iceberg: 'The challenge for Chinese authorities will be not simply be to come up with funds for a social safety net. Ultimately workers want jobs that can sustain them with a living wage, health and retirement benefits.' Problems remain in encouraging the private sector and foreign-invested enterprises to provide benefits closer to those enjoyed at state-owned enterprises.

The debate surrounding social security protection in developing and transitional countries is well established and stretches back to the 1960s, when

there were pushes for momentum towards universal coverage. Opponents then argued that national levels of economic and political development needed to be reached first. Schulz suggests that there are key weaknesses in the availability, adequacy and equity of public pension programmes in many developing countries.⁴⁶ Schulz expands on his arguments by arguing that developing and transitional countries need to 'unbundle' the provisions, benefits and services offered by social security agencies in order to create a more 'simplified' approach towards the ageing poor. Older people are often systematically excluded from access to basic services and support. These actions are justified by arguments concerning the need not to jeopardise the traditional family and community support networks of older people. National developmental priorities favour investing in the long-term potential of younger people. Older people are considered to be resistant to change, less adaptable and thus an impediment to development.

Conclusion

Older people are particularly vulnerable to multidimensional poverty, ill-health and social exclusion, especially in the context of diminishing employment opportunities and barely any social service and security provision in many of the Asian developing and transitional countries. Elderly people living in absolute poverty are a considerable challenge for many countries in Asia. This paper has highlighted various issues regarding ageing which should help formulate poverty reduction strategies for governments and donor development agencies.

There is a need to reform social security arrangements particularly pension reforms which are fairer and sustainable for longer life expectancy and the provision of basic minimum living standards in old age, especially as very limited state welfare systems are in place for the elderly.

Governments and donors need to play an active role in smoothing the transition of ageing populations. The experiences highlighted in this paper draw attention to the critical role of government in ensuring that markets and other institutional arrangements benefit the ageing poor population. Only a handful of NGOs work on issues and concerns related to ageing populations in Asian developing countries. As reported by HelpAge International, a non-governmental organisation working in the developing context to support older people, income is fundamental to older people's ability to maintain health and support themselves:

Micro-credit or income-generating schemes that provide small loans or grants, along with training and group formation, are proven methods for helping those in greatest poverty to help themselves. Programmes exclude older people based on false beliefs that they are high credit risks, are unable to learn new skills, and do not need income support.⁴⁷

The available research from developing countries indicates that poverty and vulnerability are significant among older people and their households.

Although many older people are working beyond the age of 60, what should be a realistic retirement age has become the subject of debate in both developed as well as developing countries.⁴⁸ Is there a 'surplus' share of the population at 'productive' ages? What are older people's important 'productive' contributions to families and communities and what are the potential economic 'costs' of failing to cater for older people become important questions that need further exploration. The capacity of people as they grow older to lead productive lives in their society and economy is a driver for economic and social development for many developing countries and a necessary condition to ensure basic standards of living for older people and their households. This has direct and significant relevance in the context of the commitment to halving global poverty by the year 2015 as part of the Millennium Development Goals and the commitments in the UN Plan of Action on Ageing.

Notes

- 1 The Asian countries included in this paper are mainly countries from East Asia (China, Democratic Republic of Korea, Mongolia and Republic of Korea), Southeast Asia (Cambodia, Indonesia, Malaysia, Burma, Philippines, Thailand and Vietnam) and South Central Asia (Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka). The paper excludes other Asian countries or territories such as Hong Kong and Singapore, which would not be considered developing countries and the mainly Western Asian countries (such as Iraq, Israel, Jordan, Kuwait, Lebanon, Occupied Palestinian Territory, Afghanistan and Iran), as we believe they are culturally and socially different from the other Asian countries.
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- 4 *Ibid.*, p 11.
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- 7 United Nations Population Division, *2006 World Population Prospects: The 2004 Revision*, at <http://esa.un.org/unpp/>.
- 8 *Ibid.*
- 9 Harper, *Ageing Societies*, p 30.
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- 11 See, for example, Hussain *et al.*, 'Demographic transition in Asia and its consequences'.
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- 13 A Sen, 'Capability and well being', in M Nussbaum & A Sen (eds), *The Quality of Life*, Oxford: Clarendon Press, 1993, p 2.
- 14 H Khan & W Lutz, 'How well did past UN population projections anticipate demographic trends in six Southeast Asian countries?', *Asian Population Studies*, 4 (1), 2008, pp 77–96.
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- 19 Essentially the cohort component method involves calculating the future size of cohorts, taking into account the effects of fertility, mortality and migration. This basic demographic tool works with five-year steps: each cohort is projected over the first interval, such as from 2000 to 2005, then the projected figures become the base for the next step in the projection, from 2005 to 2010. The method promotes an

- in-depth appreciation of the means of incorporating information on observed changes in the projection process.
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 - 21 T Wongkaren, 'The role of Indonesian women in an ageing society', in K Mehta (ed), *Untapped Resources: Women in Ageing Societies Across Asia*, Singapore: Marshall Cavendish, p 117.
 - 22 A Hermalin, *Ageing in Asia: Setting the Research Foundation*, Asia-Pacific Population Research Reports, 4, 1995, East–West Center, Honolulu. The countries included were Bangladesh, China, Hong Kong, India, Indonesia, Japan, Malaysia, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan and Thailand.
 - 23 Unbalanced sex ratios arising from preferences for sons in parts of East and South Asia.
 - 24 A Varley, 'Gender, families and households', in V Desai & R Potter, *Companion to Development Studies*, London: Hodder Education, 2008, p 349.
 - 25 G Wilson, *Understanding Old Age: Critical and Global Perspectives*, London: Sage, 2000, p 120.
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 - 27 A Varley & M Blasco, 'Intact or in tatters? Family care of older women and men in urban Mexico', *Gender and Development*, 8 (2), 2000, pp 47–55.
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 - 37 US Social Security Administration (SSA), *Social Security Programs throughout the World*, Office of Policy and Research Evaluation and Statistics Report No 65, Washington DC: SSA, 1999, p 26.
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 - 48 Debates surround raising the retirement age regularly as life expectancy increases. There are also questions related to the social construction of age stratification, and to the origin and determination of retirement age as representative of structural consequences of production processes.

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