

Aging in Asia-Pacific:  
Balancing the State and the Family



# **Aging in Asia-Pacific: Balancing the State and the Family**

edited by

Amaryllis T. Torres and Laura L. Samson



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ADL	activities of daily living
AHRC	Australian Human Rights Commission
ALE	active life expectancy
ANU	Australian National University
ASSA	Academy of Social Sciences in Australia
BAAIGM	Bangladesh Association for the Aged and Institute of Geriatric Medicine
BPL	below poverty line
BPS	Badan Pusat Statistik
BWHC	Bangladesh Women's Health Coalition
CALD	culturally and linguistically diverse
CCT	conditional cash transfer
CEPAR	Centre of Research Excellence in Population Ageing Research
CEPD	Council for Economic Planning and Development
COSE	Coalition of Services of the Elderly, Inc.
CPI	Consumer Price Index
DALE	disability-adjusted life expectancy
DPP	Democratic Progressive Party
DSWD	Department of Social Welfare and Development
EDI	Elderly Development Initiatives
EI	insurance for employees
EPI	Expanded Program on Immigration
ESCAP	Economic and Social Commission for Asia and the Pacific
FGD	focus group discussion
FILVET	Filipino War Veterans Foundation, Inc.
FSCAP	Federation of Senior Citizens Association of the Philippines Veterans
GDP	gross domestic product
HACC	Home and Community Care
HALE	healthy-adjusted life expectancy
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
IGR	intergenerational report
IMR	infant mortality rate
JICA	Japan International Cooperation Agency
LI	Labor Insurance
MDG	Millennium Development Goals
MIPAA	Madrid International Plan of Action on Ageing

MMR	maternal mortality rate
MOCST	Ministry of Culture Sports and Tourism
MOET	Ministry of Education and Training
NGO	nongovernment organization
NLTCI	National Long-Term Care Insurance
NPI	National Pension Insurance
NSC	National Science Challenge
NSCB	National Statistical Coordination Board
NSSO	National Sample Survey Office
NUJLSOA	Nihon University Japanese Longitudinal Study of Aging
NUPRI	Nihon University Population Research Institute
NZS	New Zealand Superannuation
OBC	other backward caste
OECD	Organisation for Economic Cooperation and Development
OFW	overseas Filipino worker
PhilHealth	Philippine Health Insurance Corporation
PIDS	Philippine Institute of Development Studies
PLSOA	Philippine Longitudinal Study of Aging
PPK-LIPI	Centre for Population–Indonesian Institute of Sciences
PMSEIC	Prime Minister’s Science, Engineering, and Innovation Council
PPASC	Philippine Plan of Action for Senior Citizens
POs	peoples’ organizations
PSI	insurance for public service
RIC	Resource Integration Center
RSNZ	Royal Society of New Zealand
SCEP	Service Center for Elderly People
SC/ST	scheduled caste and scheduled tribes
SHRC	Silver Human Resource Centers
TFR	total fertility rate
UNFPA	United Nations Population Fund
UPPI	University of the Philippines Population Institute
VEA	Vietnam Elderly Association
VFP	Veterans Federation of the Philippines
VGd	Vulnerable Group Development
VGf	Vulnerable Group Feeding
VNCA	Vietnam National Committee on Ageing
VN GSO	Vietnam General Statistics Office
VN HLSS	Vietnam Household Living Standard Survey
WHO	World Health Organization

# Preface

John Beaton  
*Secretary-General*  
AASSREC

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In 1973 the Association of Asian Social Science Research Councils (AASSREC) was born. It provided the first opportunity for regular professional communications across the disciplinary breadth of social scientists in the Asia-Pacific region.

Now, some 40 years later, AASSREC hosted its 20th Biennial General Conference, this time in Cebu City, Philippines on 4-6 April 2013. The conference was graciously and generously hosted by the Philippine Social Science Council (PSSC). Dr. Isabel Pefianco Martin, PSSC chairperson, chaired the conference and was deeply involved in its development from the outset in 2011. The Conference was managed and overseen by Dr. Amaryllis Tiglaos Torres, PSSC Executive Director, and her staff. The 15 member associations were joined by international colleagues and observers, representatives of regional governments, and local civic leaders. It is a great credit to the PSSC that it took on the responsibility of convening such a timely conference of social scientists.

In keeping with AASSREC principles, an agreed topic of interest to member associations and their constituencies was identified. The ensuing title, *Aging in Asia-Pacific: Balancing the State and the Family*, captured many of the issues facing the region's nation states. The process of aging populations is a phenomenon of episodic population growth and interstitial periods where lower birth rates reduce the number of middle and lower age workers. Aging populations, where increasing percentages of older persons require changes in both public and private sectors, are seen in such changes as the closing of underpopulated schools and the crowding of hospitals and other institutions servicing the needs of the older generations.

While there are important differences between the demographic profiles of all countries within the region, there are some striking similarities in the problems facing them. Chief among these perhaps is the emerging need to plan more effectively for measures to ensure the well-being of the aging population. Or, in some cases an increasing proportion of older persons puts new strains on the capacity of increasingly smaller families to manage the needs of their elders. In other instances the movement of young workers

from rural to urban areas raises complex issues for families intent on providing for their elderly relatives, but who become dislocated by distances from their birthplaces and families. Where families are finding themselves unable to provide for their elders, questions arise therefore about the role of government. An acknowledged role of governments everywhere is said to be their responsibility to do for people what people cannot do for themselves. In Asia-Pacific many societies may be in an uneasy transition requiring family and government support. Just how this responsibility plays out in the future is a matter of concern throughout the region.

This conference takes up considerations such as the roles of government and other institutions, relationships between generations, transitions from working to being cared for, and the evolution of shared responsibilities in rapidly changing social environments. If different nation states can be expected to face dissimilar demands on them these should be aired and understood. Conferences such as this one, at their best, can provide comparative and complementary evidence about the state of play in their countries. They can consider alternate pathways, some familiar, some unexplored, for addressing the issues that confront them all. They can also argue for explicit recommendations to governments for solving through public policy the problems of the future. Forums such as this, where social scientists can marshal evidence from historical trajectories, assess current conditions and practices, and present them in ways that make valuable research-based contributions are crucial in assisting both the public and private sectors in foreseeing and managing the future.

Each of the papers in this volume flow from presentations and discussions at the Conference. I would like to personally thank all the presenters and discussants who brought together such an interesting and well integrated set of ideas and supporting evidence. I warmly thank again the Philippine Social Science Council for hosting this timely meeting. The AASSREC member organisations have made it possible for conferences such as our 20th Biennial to inform and enlighten our colleagues and our institutions. I look forward to an Asia-Pacific region where a shared responsibility for the well-being of persons beyond their working years is seen as an absolute necessity and an achievable ambition.

## Keynote address

# **“Aging in Asia-Pacific: Balancing the State and the Family”**

Honorable Senator Edgardo J. Angara  
Philippines

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I commend the Association of Asian Social Science Research Councils (AASSREC) for selecting such an important theme for your conference. Aging will most certainly have a tremendous impact on the future of this resurgent region.

I am glad you have brought together experts from nations with relatively young populations like ours, and those from countries with the most game-changing programs on aging such as Japan. There is much we can learn from each other.

Aging is no longer just the concern of the developed world but rather one of the biggest global concerns today. The developing world is especially vulnerable to its impact.

Before we reach 2020, there will be more people over the age of sixty-five than children under the age of five for the first time in human history (National Institute on Ageing et al. 2007).

Human population is aging—and aging faster than ever. The older population is expanding more rapidly (1.9 percent) than the total population (1.2 percent) across the world (United Nations 2002). Hence, it is projected that there will be one billion older people, making up 13 percent of the population, by 2030.

Developed countries had a considerable number of years to adjust to such a dramatic change in its age structure.<sup>1</sup> France took over a century (115 years) while the shortest, Japan, took twenty-six years.

On the contrary, developing countries are forced to face this change within a single generation. The so-called compression of aging is happening to our neighbors China, Thailand, and Singapore within a span of twenty-six, twenty-two, and nineteen years, respectively.

What does this mean for the developed world? To my mind, the most consequential ramification for countries like the Philippines is: will we manage to become a wealthy nation first before we become a gray one?

## TRENDS

First of all, we must look at this positively. Increasing life spans can only mean success in medical and health research.

Most people only lived to forty-seven years at the turn of the twentieth century. In contrast, Filipino men born today can expect to live up to 67 years, while it is 72.5 years for women on average. According to the National Statistical Coordination Board (NSCB), life expectancy at birth will increase by 3.6 months every year from 2010 to 2015.

Further advances in biotechnology, stem cell therapy, and genomics<sup>2</sup> will provide key solutions toward enhancing the body's ability to self-repair, thereby extending the period of peak health.

Emerging research is, in fact, showing that aging is reversible. One American study published in Boston in 2010 shows that aging in mice could be reversed if they were treated with telomerase, a naturally occurring enzyme in the body protecting DNA sequences (telomeres) at the end of chromosomes which shorten cellular aging.

Another study published in the British journal *Nature*, shows that removing senescent cells, which represent 10 percent to 15 percent of an elderly person's cells, could prevent or defer aging.

In addition, a 2011 study from the Washington-based Functional Genomics Institute shows that cells from elderly donors can be rejuvenated as stem cells, or the self-renewing cells widely used in regenerative medicine today.

Such research aims not for immortality, but for treatment of age-related diseases, such as cancer, diabetes, Alzheimer's, and cardiovascular problems, to improve the length and quality of life.

Related to increasing life expectancy is the progressive aging of the older population. The proportion of the so-called oldest of the old—those 85 years and older—will increase by about 150 percent between 2005 and 2030. Furthermore, we will see more centenarians than ever before.

Population aging is also being accompanied by population decline. Low fertility in developed countries like Russia and Germany will cause population to go down by 18 million and 2.9 million, respectively, between 2006 and 2030. Meanwhile, the pervasiveness of HIV/AIDS in countries like Africa will shrink its population by 5.8 million.



## PHILIPPINES' CASE

Allow me to briefly discuss the dynamics of population aging here in the Philippines.

A local study (Ogena 2006) debunks misconceptions that we have a long way to go before facing an aging population. Just like elsewhere in the world, our senior citizen population is expanding at a rate faster than the total population's.

As of 2011, NSCB data show that our senior citizens account for 6.9 percent of our people, or about 6.6 million. By 2020, our elderly will number 9.7 million or 8.7 percent of our population. By 2040, they will total 19.6 million, making up for 13.8 percent of the population.

How fare our elderly? Unfortunately they are among the poorest sectors in the country, with the 6th highest poverty incidence. Hence, the quality of life of elderly Filipinos depends largely on the support provided by his family. Those lucky enough to receive pension after retirement only get an amount just above the minimum wage, about P8,500 in 2010. Our elderly often do not keep this meager amount for themselves as many still provide for their children and grandchildren. That is our reality.

Filipinos are famous for keeping family ties strong. The family is the building block of our society—not only the nuclear family but also the extended family. It is very common for children to live with their parents well into adulthood, and for parents to live with their children though they may have their own families.

We feel a strong moral imperative to take care of our elderly parents and grandparents and keep our multigeneration families intact. In fact, neglecting or turning the elderly away is highly frowned upon. Even institutional care is sometimes associated with lack of concern or, as we Filipinos call it, *malasakit*.

This is one of the main reasons why I conceived the Senior Citizens Law, which Congress passed in the early 1990s. The law seeks to relieve the social and financial burden of Filipino families who want to keep their elderly with them. Through this state welfare, the responsibility will become more bearable in terms of time and resources, especially for families who can ill afford food and health care.

This social security is not meant to be a burden to the government or the private sector. Neither is it intended to demonstrate that the elderly are overly dependent and helpless. On the contrary, privileges provided by the original law, as well as the expanded acts passed in 2004 and 2010, are meant to also help our senior citizens remain productive members of society by encouraging them to render voluntary community services insofar as

they are able, although this has been largely overlooked, if not taken for granted.

## **IMPLICATIONS**

The demographics of aging have been called disruptive for a reason: it could wreak havoc on the ill-prepared.

### **Health care**

Providing for the health-care needs of the elderly is one of the biggest challenges we face.

Today, we are seeing a greater prevalence of noncommunicable and chronic diseases, such as cancer, diabetes, and heart ailments, than infectious and parasitic disease (National Institute on Ageing et al. 2007). Health-care costs, especially the long-term financial burden of managing these illnesses, will rise inevitably.

Private expenditure accounts for 54.4 percent of health expenses in the country, while the government only takes up 26.2 percent. Yet our public health system is already heavily burdened.

Should we put more funds into expanding public health infrastructure and universal coverage in light of a population heavily dependent on these, such as the case in Hong Kong, Indonesia, and Malaysia (Heller 2006)? Or should we help expand private medical insurance, short of encouraging a predominantly private system just like in Singapore's case?

Regardless of the mix, we have to ensure that access is broad and services are actually affordable for the elderly.

### **Social security**

Pension is an equally complex issue. All of us work not only for our needs today but more so for our needs post-retirement. As I have mentioned earlier, a typical retiree's pension is hardly enough to provide for shelter, food, health insurance, and occasional recreation. How then can we meet the financial needs of the elderly?

There are two major pension models in Asia (Heller 2006). First is the civil service and private employer-based defined-benefit (DB) schemes used in India, Korea, Thailand, and here in the Philippines. This system depends on the contribution rates of workers to finance the benefits of retired workers. The biggest concern here is how to manage rising pension costs as the elderly dependency rate rises and puts pressure on a smaller working cohort.

On the other hand, countries like Singapore, Malaysia, and Hong Kong have adopted Provident Funds, or a mandatory savings program partnered with investment management.

To meet the growing demands of old-age insurance, countries either raise the age at which workers will become fully eligible for public pension or increase the contribution rates of workers (National Institute on Ageing et al. 2007). Both could, of course, cause public outcry.

It is important that workers have alternative ways of generating personal wealth and savings while they are at their productive peak. In the last Congress, I authored the Personal Equity and Retirement Account (PERA) Act which was passed as Republic Act 9505.

Similar to the 401(k) law of the United States, this will create a long-term savings plan that will help Filipino employees here and abroad gain more secure retirement prospects. Our labor force is approximately 36 million. However, only about 25 million of privately employed Filipinos are covered by the Social Security System and 1.5 million government employees by the Government Service Insurance System.

Through PERA, we will be hitting two birds with one stone by promoting savings mobilization among working Filipinos and enlarging our capital markets.

## **Employment in old age**

Because the elderly are typically financially insecure, it is not uncommon to see many of them still working in their old age.

Some Japanese companies allow elderly employees to stay on for a lower salary.

In South Korea, the average worker retires from company employment at fifty-four, but commonly engages in part-time or low-wage employment before retiring completely at sixty-eight (National Institute on Ageing et al. 2007).

The motivation behind this phenomenon is clear: the elderly want to remain productive members of their family and society at large. They do not want to be regarded as a burden or *pabigat*.

If we are to face a future with a larger older population, then we must conceive of viable means for postretirement employment or livelihood opportunities for the elderly.

## **Family structure**

As the demographics change, so will the family unit. Multigenerational families are quite common in the Philippines, and may be even more

prevalent in the future. While Filipinos do not shy away from familial responsibilities, it will become harder to support not only parents but possibly also grandparents.

Unmarried children, especially women, are usually the assigned caretakers of the elderly in the Philippines. The overseas Filipino worker (OFW) phenomenon is changing that. Remittances are helping families—and the economy—rise above poverty. But this may also deprive the elderly of actual personal assistance in daily activities such as walking, eating, or taking their medicines (Ogena 2006).

## **Demographic dividend**

Let me return to a question I posed earlier: can we become a rich nation first before we become an old nation? This has a lot to do with our response to two simultaneous phenomena: aging and the demographic dividend.

The developing world now has a one-of-a-kind opportunity to catch up with the developed world. Until 2070, developing nations in Africa, Asia, Latin America, and the Caribbean will be commencing their individual demographic window.

For the Philippines, that will last from 2015 to 2050. During this period, we will have a proportionally large working-age populations and low dependency ratios.

Such demographic change can help raise per capita income, government revenues, and national savings that can be utilized for investment. Demographic dividends could increase income growth by 1 and 2 percentage points if fully maximized (National Institute on Ageing et al. 2007).

Fully exploiting this demographic potential will depend, primarily, on the quality of education and skills training acquired by the working cohort. If these were poor, we might reap a youth employment problem instead.

Our capacity to address the needs of a graying population in terms of health and social insurance, and continued productive employment will also be a key factor. Weak institutional response may otherwise offset the gains we generate.

## **INSTITUTE OF AGING**

Now is the best time for us to embark on a serious research on smart aging. I have proposed the creation of an Institute for Aging as the natural evolution of the Senior Citizens laws, as well as the culmination of scientific efforts to attain longer and better lives.

The Institute for Aging will serve as our own think-tank to study aging as an integrated, multidisciplinary science in the context of our own culture and demographic peculiarities.

It will capitalize on public-private partnerships locally and internationally to generate innovative science-based solutions that will help us deal with the challenges brought about by an aging population.

At the same time, it will help transform prevailing attitudes toward aging into something more affirmative. Aging should not be viewed as detrimental to the enjoyment of life or a burden to society. Our goal is to make longer years also better years.

We looked at renowned smart aging institutions abroad for examples. Japan, which has the highest proportion of elderly in the world, has introduced the Long Term Care Insurance (LTCI) system, which institutionalizes care for the elderly. Elderly care was traditionally seen as an act of benevolence on the part of the government. The system has since made caregiving the right of every elderly person (Butterfill 2005).

Japan's Tohoku University, its third oldest Imperial, also formed the Smart Ageing International Research Center. This groundbreaking facility promotes the emerging research field of smart aging, as well as the idea that aging should be viewed more positively as "development stages in an intellectually maturing life." It also offers related classes and lectures for the elderly.

South Korea has one of the fastest rates of aging in the world. The Yeungman University has established the Korean Institute of Gerontology to help the country cope with the demographic challenge. The institute conducts studies on the problems of aging and elderly people, as well as evaluates proposed welfare policies designed for the elderly.

Senior clubhouses can also be found all over South Korea, serving as a support network that promotes cultural, educational, and recreational programs for the elderly.

The United States is one of the pioneers in aging research. One of its most advanced research institutions, the Massachusetts Institute of Technology (MIT) Age Lab, is the inspiration of our own Institute for Aging.

The MIT Age Lab brings together a multidisciplinary team to create new ideas and technology that will advance the health and productivity of the elderly. It also seeks to introduce innovations on how products are designed and services are delivered to better suit the needs of senior citizens, as well as craft policies that will improve their quality of life.

## CONCLUSION

Does an aging population have to be disruptive? Not necessarily if we utilize the knowledge we have today to prepare for the future.

There will come a time when the elderly will outnumber any other age cohort and become the majority. But they will not have to be regarded as a drain in national resources if we put in place measures that ensure their financial independence, health, and productivity.

In drawing up such programs and policies, we must look beyond giving token benefits and perks, and rather focus on providing opportunities for them—and for all of us in our old age—to attain the fullest life possible.

In addressing both the macroeconomic and humanitarian aspects of population aging, we must “promote the participation of older persons as citizens with full rights, and assure that persons everywhere are able to age with security and dignity” in line with the Madrid International Action Plan on Ageing.

If we do, then we would have created genuinely inclusive societies. I hope this conference, and all you social scientists here, will contribute toward making that a reality for all of us.

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# Introduction

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This collection of papers provides an Asian regional perspective on current trends in social science research on aging. They present the profile of aging populations in the Asia-Pacific region, identify issues and challenges they constantly face, and point to new approaches for the study of aging. The various studies describe how economic and sociocultural developments have led to changing relationships across generations. Altogether, the book provides insights into urgent policy directions, programs, and services that need to be instituted, in order to adequately address continuing and emerging conditions that affect this sector of society.

Across Asia, the number of people counted among older adults is expected to grow dramatically over the next 50 years. This is especially true in Japan and Taiwan, as highlighted in the articles of Saito and Yong, and of Jen-Der Lue and his associates. Japan is currently the most aged country in the world, with the number of persons 65 years and over spiraling to 21 percent in just eleven years. In Taiwan, the aging population has increased from 2.5 percent in 1956 to 8.6 percent in 2000. The proportion of older adults in other parts of the region is likewise increasing, even if less dramatically than has been observed in East Asia. These are consistent with the UN estimate that, by 2050, over 30 percent of the population in many countries will consist of older persons.

Two reasons stand out to explain the growth in the number of the aging population: decline in fertility rates and increased life expectancy among both women and men. Authors from Iran, Indonesia, Sri Lanka, Bangladesh, India, Malaysia, Vietnam, and Australia describe these features of aging in detail, even while Cruz and Camhol explain that aging is not happening as rapidly in the Philippines because of its relatively higher fertility rate. In New Zealand, the tendency of younger persons in the labor force to migrate outward has also influenced the profile of its population. Despite similar circumstances to explain the rise in the population of the elderly, the articles in this book also debunk many stereotypes about the situation of older persons.

For one, it is not always the case that elderly people in Asia are dependent on their children and other younger adults for their care and sustenance. In some instances, it has been the opposite situation. Noveria dissects the circumstances of Indonesian grandmothers who have become the surrogate parents for the children of their offspring who are overseas migrant workers. Alavi notes that age is not a setback among the elderly in Malaysia. Many of them help their children in doing housework, from child-minding to cleaning and cooking. In addition, in the rural areas of Malaysia, many older persons are still at work because their children are unable to support them financially. In Australia, Kendig and Lucas maintain that it is not uncommon to find older parents providing modest amounts of financial support to their adult children, as with transportation, the care of grandchildren, and assistance for buying a home.

Another Asian 'myth' challenged by the studies in this volume is that children feel obliged to look after their elderly parents. Bastani opines that the nature of family relations is changing due to declining fertility, rural-to-urban and international migration, and changing values and norms among younger generations. At the same time, the upsurge of rapidly urbanizing economies in Asia has led to changes in household living arrangements, which may leave no space for the care and upkeep of elderly relatives.

While it is still true that the family remains the principal source of support for the aged, this situation is no longer as prevalent as it was in earlier generations. In some societies, it is increasingly becoming the norm to find older parents living separately from their children, or for the single elderly to be living alone, as in Taiwan. In Malaysia, interviewees aver that "they prefer that their children stay with them rather than they stay with their children," implying the value of independence and agency among the elderly. Yet, older people welcome the emotional support provided by their families, friends, and communities. Companionship for conversation, listening, persuasion, and compassion negate their feelings of loneliness and social neglect. They also look forward to being with others who can serve as sources of spiritual and religious solace.

In many societies, gender differences permeate the situation of older persons. On account of the gender division of labor, it is not uncommon for elderly women who did not enter the formal labor force to be without pensions or other forms of social protection enjoyed by retired male workers. Bastani observes that elderly men have more sources of income: employment, retirement pensions, possessions, or support from their children. This means that aging women are more vulnerable to poverty, and may have to rely more on their personal savings (if any) and their children's support and succor to survive. As Ngo Thi Tuan Dzong notes, "there are more poor elderly women than elderly men" in Vietnam.



Elderly women also tend to replicate roles and responsibilities in their younger days: they become the nannies for their grandchildren, do the housework, and maintain small informal trades for their own upkeep and for their extended families. In turn, the network of younger and older women who are living or frequently interacting together are important sources of emotional support for both generations, while men are the main providers of information and financial support, specially for their elderly parents. Because of these gender differences, it is not uncommon for aging parents to prefer to live with their daughters, even while looking forward to financial support from their sons.

In many of the countries of Asia, the increased participation of women in the labor force, including in overseas contract work, has affected intergenerational relations between younger and older persons. In many instances, older women (grandmothers, older sisters or aunts) take over the nurturing roles of the younger women who have chosen to work elsewhere. They may also have to supplement the remittances sent to them by engaging in petty trades or other forms of paid employment. On the other side of the coin, the absence of younger women in households translates into the increasing scarcity of informal family care available for the elderly, so that older persons may have to rely more on institutional care providers, or else face greater financial, health, and social hardships in their later life.

In some states, extreme poverty, characterized by the absence of adequate income, retirement pension or family support keeps the elderly in the labor force. In Sri Lanka, for example, the vast majority of the elderly population do not benefit from any social protection scheme. Thus, elderly people either engage in income-generating activities, when they cannot entirely depend on their family for material and social support. In India, a significant proportion of older persons beyond 80 years of age remain in the labor force, a situation interpreted by James and Syamala as indicative of “economic compulsion driven by poverty.” Unfortunately, in most cases, these jobs may be in the informal sector, unsecured, menial, irregular or poorly-paid. The same situation can be seen among older persons in other developing nations, such as Bangladesh or the Philippines.

Contrariwise, in some of the more developed economies (such as Japan or Australia), the issue has focused on how to retain older persons in the labor force. For instance, the Australian Human Rights Commission has released several publications outlining a human rights approach to aging-related policy. It highlights the need to remove age-related limits on worker’s compensation, income insurance, and superannuation policies, which can act as barriers to continued workforce participation. In Japan, there is a move to raise the mandatory retirement age from 60 to 65. Measures to

promote the reemployment of middle-aged and older workers have also been implemented, such as employing them in contract work, allowing them to work shorter hours or fewer days, engaging in job sharing, and adopting other flexible work arrangements.

The studies on aging presented at the 20th Conference of the Asian Association of Social Science Research Councils in April 2013 describe the diversity of the circumstances and interests of the aging population across the region. They point to the need to study the nature of 'aging' as a social construct experienced within the spheres of the state, market, community, family or household, and individual, as proposed by Le Heron. In addition, social interactions in relation to aging must be analyzed within the bounds of gender, place, time, and culture.

In this regard, new measures to describe aging and its attendant features have been considered in the various articles. To begin with, there seems to be a wide consensus that the 'aging' population pertains to persons from 65 years and over, although the retirement age in some countries can be earlier. Most studies of aging have dwelt heavily on four areas: biological, psychological, social, and chronological aging. The contours of these different processes are elaborated in the article by Rahim Khan.

Saito and Yong introduce the term "successful aging." They note that, in contemporary usage, successful aging pertains to the avoidance of disease and disability, maintenance of high physical and cognitive function, sustained engagement in social and productive activities, life satisfaction, and well-being. In this regard, successful aging refers to the experience of both longevity and a satisfying quality of life.

Rahim Khan refers to the notion of "active aging" introduced by the World Health Organization in the late 1990s. It is defined as the process that allows 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.

Cruz and Camhol studied the well-being of older Filipino using several measures. Among them are the ADL (activities of daily living) which measures the ability to do self-care and personal hygiene, which are necessary for independent living; active life expectancy (ALE), which decomposes the remaining life years into years spent in inactive and active states, an indicator of quality of life; and social well-being as shown by their interpersonal relations and active engagement in the community.

Richard Le Heron introduces the Matrix of the Stage-of-Life Focus and Key Cohort Experiences. It is a tool to describe what individuals, households, and families might do as they journey into aging, with different degrees of

realization of the importance of major decisions associated with changes in “stage-of-life focus.”

Whichever tools or measures are taken, however, the crucial question is how findings from research can translate into policies, programs or services to enable older persons to remain active members of society throughout their life span, enjoying physical, mental and psychological well-being, in addition to economic security. Several papers describe both state and private sector initiatives that aim to address the interests and needs of older persons. Some authors also give importance to individuals preparing for their own futures while they are still younger and more productive. We leave it to the readers to assess the validity and appropriateness of these instituted mechanisms and planned approaches, especially in terms of how asset ownership, resources, social relationships, income distributions, and even political divisions, impinge on the construct of aging in particular settings.

In sum, it is useful to assess these research findings in the context of the guiding principle of the Madrid International Plan of Action on Aging:

“Mainstreaming ageing into global agendas is essential. A concerted effort is required to move towards a wide and equitable approach to policy integration. The task is to link ageing to other frameworks for social and economic development and human rights...It is essential to recognize the ability of older persons to contribute to society by taking the lead not only in their own betterment but also in that of society as a whole.”

*(Para. 15 of the Madrid International Plan of Action on Ageing)*





# PART I

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## State, Family, and Nongovernment Resources for Older People



# Family and State Roles in Promoting the Well-being of Older Filipinos

Grace T. Cruz and Armand N. Camhol

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The Philippines is aging, albeit slowly, partly due to its high fertility rate. This continuing development and the changes brought about by globalization, urbanization, and advanced medicine and health care conspire to put the state of the elderly in question. Data from the 2007 Philippine Longitudinal Study of Aging (PLSOA) reveal that while aging Filipinos are more optimistic about their conditions, they have less than satisfactory health status, are economically vulnerable, and have many unmet needs. While state policymaking has not been lacking, the resultant programs have not been very responsive to the needs of the elderly, most especially the poorest. The government needs to improve its laws and services for the elderly and the family by targeting the poorest old and providing incentives to families who care for their elderly.

**Keywords:** aging, Filipino older people, policymaking, elderly health, welfare, well-being

## BACKGROUND

In the Philippines, aging is an issue that has yet to gain the attention it deserves from policymakers and the general public. The phenomenon of women and men growing old is still viewed as unremarkable. Given the elderly's numerical disadvantage vis-à-vis the younger population, caring for them is by no means seen as a priority in comparison to rearing infants, educating children, maintaining the health of children and women, and

ensuring the employment of the working-age population. After all, the aged are supposed to have “seen it all” and are now close to departure from the physical world. While many still treat the older people with respect, some evidence points to its erosion brought about by education, income, modernization, and shifts in family composition and function (Ingersoll-Dayton and Saengtienchai 1999).

Unlike many of its developed Asian neighbors that are experiencing rapid population aging, the Philippines has a young population. Yet it has a substantial and growing number of older people, which is expected to further increase in the future in the context of the expected decline in fertility and increasing longevity over time. The country’s traditional social security mechanism for the old—the family—is experiencing changes and may be falling short of its duties and responsibilities to the elderly. Meanwhile, as written in the 1987 Constitution, the government has tied the welfare of the elderly to the family and does not seem to allot enough time or resources for policies and programs that are meant to alleviate their conditions.

It is in this context that this paper will assess the family and state roles in promoting the well-being of older Filipinos. This paper aims to

- describe the demography of aging in the Philippines;
- assess the well-being of the Filipino older people, focusing on the economic, health, and social dimensions; and
- describe the state and family roles in promoting the well-being of older people in the country.

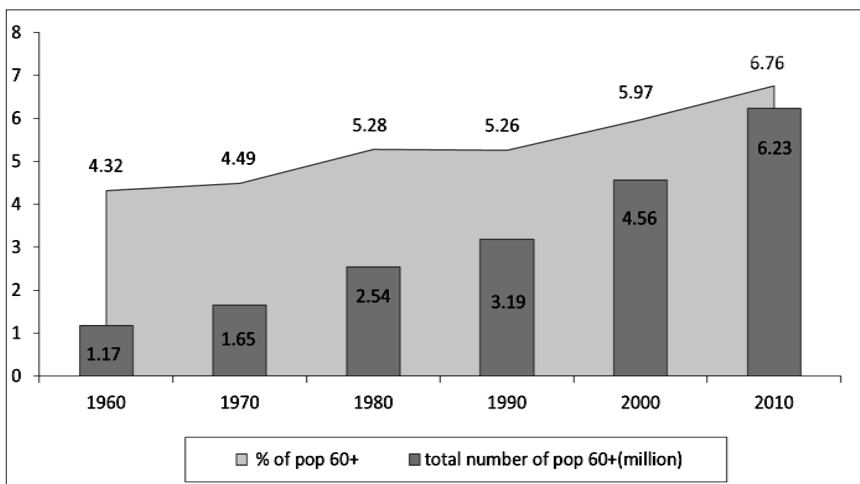
The study mainly employs data from the 2007 Philippine Longitudinal Study of Aging (PLSOA), covering a nationally representative sample of 3,105 respondents aged sixty and over. The study is a collaborative effort between the University of the Philippines Population Institute (UPPI) and the Nihon University Population Research Institute (NUPRI). The survey was designed primarily to investigate the health status and well-being of the Filipino elderly and its correlates, the determinants of health status, and transitions in health status. The PLSOA provides data comparable to the Nihon University Japanese Longitudinal Study of Aging (NUJLSOA) and the Singaporean Longitudinal Study of Aging (SLSOA). The survey used a multistage sampling design, with provinces as the primary sampling units, barangays (villages) as the secondary sampling units, and older persons as the ultimate sampling units. The study had a 94 percent response rate.

Besides data from the PLSOA, the study also made use of various census data and related studies on the older Filipinos.



## DEMOGRAPHY OF AGING IN THE PHILIPPINES

Results of the latest census taken in 2010 show a total of 6.2 million older Filipinos aged sixty and over, accounting for 6.8 percent of the total population (figure 1). This implies that the Philippines has not yet reached an aging population status as per the United Nations definition.<sup>1</sup> While aging prevalence in the Philippines is relatively low, it is expected to assume prominence in the future with the number reaching double digits in 2020 under the assumption of moderate fertility and mortality decline (Cruz 2005). This future scenario is likewise suggested by the fast rate of growth of the older population sector, which already exceeded that of the general population as early as the 1960s. This growth rate is expected to maintain its high momentum even as the overall population growth rate is expected to decrease. During the period 2000–2010, for example, the older population was the fastest-growing sector in the country's population, with a rate of 2.3 percent per annum, far exceeding the national growth rate of 1.9 percent for the same period. The expected trend toward a graying of the country's population will be brought about by the combined effects of declining fertility and mortality levels, although the demographic transition will be slow.



**Figure 1. Number and proportion of older people in the Philippines, 1960–2010**

## WELL-BEING OF THE FILIPINO OLDER PEOPLE

Older Filipinos are generally satisfied with their life, with the women and older cohorts exhibiting a more positive outlook than their counterparts. For most of these older people, the primary sources of life satisfaction are their family, good health, and the opportunity to provide service to both God and the community (Lavares 2011). Many expressed a sense of fulfillment in having raised their children or grandchildren. Religion also emerged as an important factor in the life satisfaction of older men and women because of its role as a coping resource (Lavares 2011).

But to what extent does their subjective assessment of their well-being resonate with their objective situation? This paper will examine various indicators of their economic, health, and social well-being to identify possible factors that may explain the older persons' positive disposition. It should be noted that the older people's subjective assessment may not necessarily reflect their objective situation.

### Economic well-being

Various indicators of wealth reveal the precarious economic condition of older Filipinos. PLSOA data (table 1) show that while 39 percent among them are currently working, only 29 percent actually receive earnings from work. This implies that about a third of those currently working are unpaid family workers. Following their work pattern showing significantly more males than females working (47 percent and 33 percent, respectively), the corresponding proportion receiving income from work also favors the males over the females (38 percent and 23 percent, respectively). Currently working males are mostly in the agriculture sector while females are in blue-collar jobs.

Less than a fourth receive income from pensions, which reflects their poor access to the formal employment sector. They have few assets, with most pointing to the house they are currently residing in as their possession. Other assets frequently mentioned include appliances, farms, and fishponds. Very few have a bank account while a significant proportion reported some liabilities, mostly personal loans and loans from moneylenders.

Although older Filipinos derive income from two sources on the average, they have meager incomes, registering a monthly median of PHP 3,000 or about USD 73, barely breaching poverty thresholds. Their economic insecurity is also reflected in their self-assessed economic well-being, with more than half of them reporting some or considerable difficulty in meeting their household economic needs (table 2).

**Table 1. Indicators of economic well-being of older Filipinos by sex, 2007 PLSOA**

Background characteristics	Sex		Total
	Male	Female	
<b>TOTAL</b> (N of cases)	41.5 (1288)	58.5 (1817)	100.0 (3105)
<b>WORK STATUS***</b>			
Currently working	47.2	33.1	39.0
Not currently working	52.8	66.9	61.0
<b>OCCUPATION***</b>			
White collar	6.4	6.3	6.3
Blue collar	32.6	69.2	50.9
Agriculture	61.0	24.5	42.8
<b>SOURCES OF INCOME+</b>			
Earnings from work***	37.5	22.7	28.9
Pension**	24.8	20.0	22.1
Family business and farm*	38.4	33.9	35.7
Money from children within the country	58.4	57.4	57.8
Money from children outside the country	19.1	21.5	20.5
Other sources++ ***	12.3	19.4	16.4
<b>MEDIAN MONTHLY INCOME</b>	3,300	3,000	3,000
<b>% WITH ASSETS</b>			
House currently residing in+***	82.0	72.8	76.6
Bank accounts	5.7	5.5	5.6
Farm/Fishpond***	24.3	18.3	20.8
Appliances***	64.1	57.8	60.4

Notes: \*\*\* p &lt; 0.001      \*\* p &lt; 0.01      \* p &lt; 0.05

Figures in parentheses are based on less than thirty cases.

+ Independently or jointly with spouse/children.

++ Includes interest of time deposits, income from rentals, savings, real estate, stocks, and money from other relatives outside the household.

**Table 2. Sufficiency of household income to meet household expenses by sex, 2007 PLSOA**

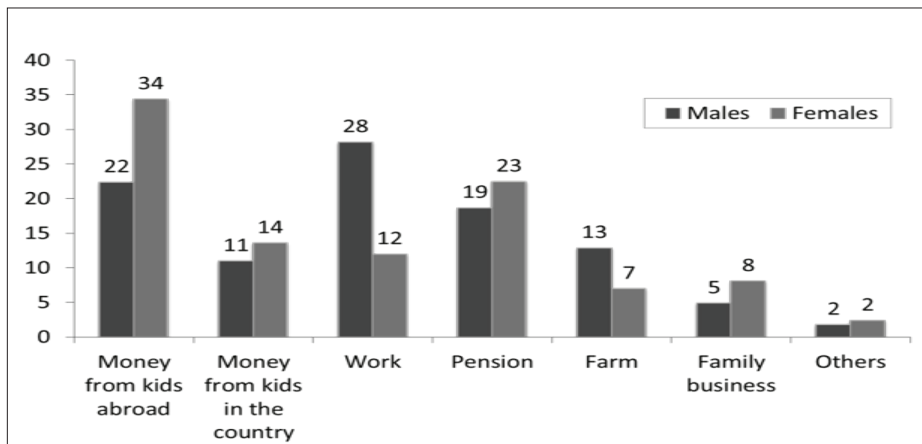
Sufficiency of household income to meet expenses*	Sex		Total
	Male	Female	
Enough with money left over	6.4	7.5	6.2
Just enough to pay expenses, with no difficulty	36.8	41.8	39.7
Some difficulty in meeting expenses	35.7	31.3	34.8
Considerable difficulty in meeting expenses	21.0	19.4	19.3

Note: \* p &lt; 0.05

Most of the older people are economically dependent on their children, both in and out of the country. When respondents were asked to list all their and/or their spouses' sources of income, the top five sources cited were money from children within the country, earnings from work, income from farm, pension, and money from children outside the country. Of these, money from children within the country is considered the most important source among older women.

The study underscores the impact of international labor migration on the economic well-being of older people. About a fourth of the respondents have at least one child living or working abroad. Among those with children abroad, 34 percent of females and 22 percent of males consider financial flows from overseas as their most important source of income. Clearly, more females than males rely on their children's overseas remittances for their subsistence.

However, international labor migration is not without cost. Older people who are recipients of remittances are expected to care for children of overseas Filipino worker (OFW). Females, in particular, are more likely to report that they take care of grandchildren left behind by their migrant parents, serving as their surrogate parents (Dungo 2008; Porio 2007; Cruz and Laguna 2010; Laguna 2013).



**Figure 2. Main source of income among older people with children working abroad, 2007 PLSOA**

## **Health and lifestyle**

Besides economic security, another common concern among those who reach old age is their health. Health and wealth are interrelated: health problems are generally more common at advanced ages, when earning capacity diminishes resulting from retirement and the cessation of productive activity (Natividad et al., forthcoming). Health concerns among older people become even more acute in a poor country like the Philippines, where formal support systems are still underdeveloped, making older people rely on their own savings and on other traditional and informal sources of support provided by their family for their health needs. Thus, while we normally welcome the increasing survival rate as indicated by the longer life expectancy, additional years may only mean longer life and worsening health, and therefore greater financial burden on the older people and their family.

When older Filipinos were asked to describe their state of health, almost half considered their health as average, with no significant gender difference. Very few assessed their health to be in the extremes—that is, either very healthy or very unhealthy. Overall, they tend to have a more negative rather than positive self-assessment of their health (table 3).

One dimension of health is functional health, which measures the older person's ability to perform certain social functions. In the study, we measured functional ability using activities of daily living (ADL), one of the more widely used measures in the study of disability among the older population. ADL measures the ability to do self-care and personal hygiene, which are necessary for independent living. In the study, we considered seven activities: walk (around the house), eat, dress, take a bath/shower, use the toilet, stand up from a bed or chair/sit down on a chair, and go outside (leave the house). We asked the respondents the extent to which they find any of these activities difficult to perform alone due to their health or physical state.

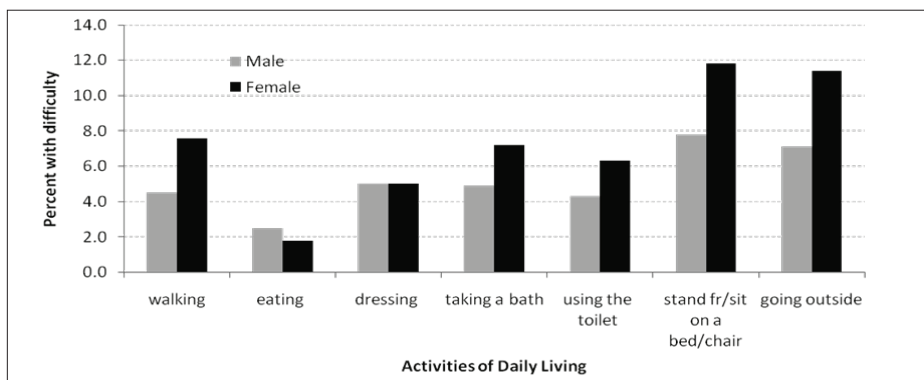
Results show that a considerable proportion of older persons can no longer perform some of the ADLs (figure 3). At least 15 percent reported difficulty in performing at least one ADL. This is higher among the females than the males. A clear age pattern is noted, with the level of disability significantly increasing with advancing age and a dramatic increase noted at the age of eighty and over. Data also show that older people reported the greatest difficulty in standing or sitting on a chair or bed, going outside the house, and walking. They had the least difficulty in feeding themselves. The good news is that functional health is improving over time, as shown by a decline in the proportion of those who reported difficulty in performing ADLs between 1996 and 2007 (figure 4).

**Table 3. Health status indicators of older Filipinos, 2007 PLSOA**

Health indicators	Sex		Total
	Male	Female	
<b>SELF-ASSESSED HEALTH</b>			
Very healthy	8.4	6.9	7.5
Healthier than average	14.9	13.4	14.0
Of average health	48.1	47.0	47.4
Somewhat unhealthy	23.0	26.9	25.3
Very unhealthy	5.7	5.8	5.8
<b>MEAN NO. OF HOURS OF SLEEP PER NIGHT</b>	6.1	6.1	6.1
% satisfied with their sleep	84.3	81.1	82.4
<b>VISION</b>			
% with vision in both eyes	93.2	94.4	93.9
% with loss of vision in one eye	5.7	4.7	5.1
% with loss of vision in both eyes	(1.2)	(0.8)	1.0
Among those with vision in at least one eye, % who wear eyeglasses/contact lenses**	53.9	59.2	57.0
<b>HEARING</b>			
% able to hear in both ears	92.5	92.7	92.6
% not able to hear in one ear	6.1	6.0	6.0
able to hear very well	55.2	56.4	55.9
able to hear quite well	32.6	32.1	32.3
able to hear not too well	12.3	11.5	11.8
% not able to hear in either ear	(1.3)	(1.4)	1.4
<b>MEAN NO. OF ORIGINAL TEETH</b>	11.0	8.6	9.6
<b>HEALTH INSURANCE</b>			
% who have health insurance***	19.4	12.4	15.3
<b>UNMET NEED FOR HEALTH CARE</b>			
% who fell ill and thought about seeing a doctor but did not in the past year due to financial reason	22.8	24.0	23.5
<b>SMOKING</b>			
% who are currently smoking***	38.0	18.1	26.3
Mean no. of cigarettes/cigars smoked per day (among those who smoked)***	11.6	5.3	9.1
<b>DRINKING</b>			
% who are currently drinking alcohol***	48.5	13.2	28.7
<b>FREQUENCY OF DRINKING ALCOHOL</b> (among those who drink)***	19.7	(19.8)	17.0
(Almost) everyday	-	-	-
Every 2–3 days/once a week	32.6	22.6	29.8
Once/twice a month or less	14.2	(8.9)	12.8
Occasional	33.4	58.7	40.3

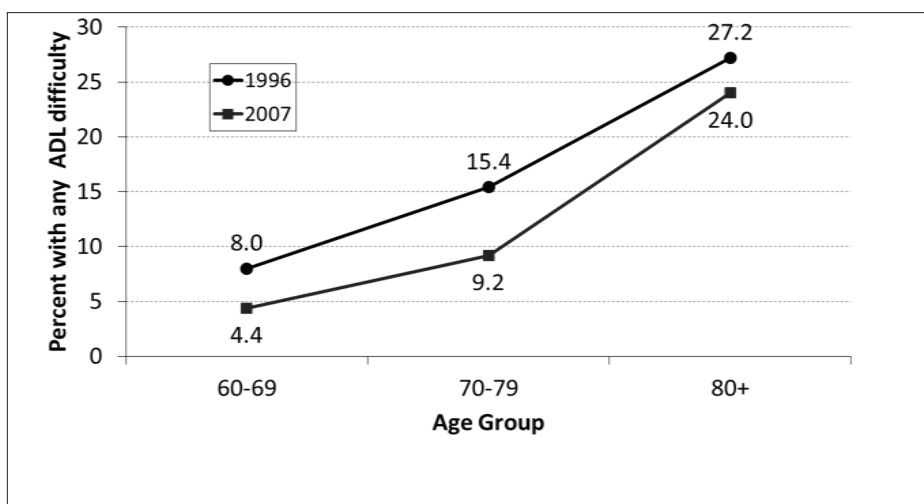
Notes: \*\*\* p &lt; 0.001    \*\* p &lt; 0.01    \* p &lt; 0.05

Figures in parentheses are based on less than 30 cases.



Source: Cruz et al. (2009).

**Figure 3. ADL difficulty by type of activity and by sex, 2007 PLSOA**



Source: Cruz, et al. (2009).

**Figure 4. Proportion reporting difficulty in performing any ADL by age: 1996 Philippine elderly survey and 2007 PLSOA**

The health status of the older people can also be assessed by looking into the quality of life in their remaining years based on active life expectancy (ALE), which examines the number and proportion of remaining life lived without disability. Unlike the traditional life table method, which only indicates the duration of remaining years of life, this approach decomposes the remaining life years into years spent in inactive and active states, an indicator of quality of life. Philippine data show that older females have an advantage in terms of the number of remaining years lived, but they experience greater disability compared to the males. The finding is consistent with what has long been established by gerontologists in advanced aging societies; they found clear gender differentials, with the females experiencing fairly longer lives than males but with a greater proportion of their remaining lives lived in disability (Cruz 2005).

Other indicators of health include quality of sleep, vision, hearing, and oral health. Oral health is important since one's ability to chew is closely associated with one's health.

Our findings show that older Filipinos get an average of about six hours of sleep per night. About eight out of ten say they are satisfied with their sleep. In terms of vision, more than nine out of ten older Filipinos have vision in both eyes, although majority (57 percent) wear eyeglasses or contact lenses. The proportion with loss of vision in at least one eye is small (about 6 percent). Slightly more than nine out of ten older Filipinos are able to hear in both ears and about 7 percent are not able to hear in at least one ear. Poor oral health is evident in the low number of remaining teeth among older people. Older males have an average of eleven remaining teeth, while older females have an average of nine.

Another proxy estimate of the health status of older people is their access to health insurance. Only a small proportion (15 percent) of older Filipinos have health insurance, with more men than women (19 percent vs. 12 percent) covered by health insurance. The Philippine Health Insurance Corporation (PhilHealth), the state health insurance company, is the most common provider of health insurance for older Filipinos.

Given their low income and their poor access to health insurance, it is not surprising to note the high rate of unmet needs for health care due to financial reasons. About a fourth of older people fell ill and thought about seeing a doctor but were not able to do so in the past year, with no significant difference by gender.

We also examined lifestyle indicators, particularly smoking and drinking behavior, since both have a bearing on health. A little over one-fourth (26 percent) of older Filipinos are currently smoking. More men than women (38 percent vs. 18 percent) smoke. Smokers consume an average of



nine cigarettes a day, twelve for the men and five for the women. Older people drink alcoholic beverages as much as they smoke. More than one out of four (29 percent) older Filipinos are currently drinking alcohol, significantly more so among the men than the women (48 percent vs. 13 percent). Many of those who are currently drinking are not regular drinkers. However, a considerable proportion drink regularly—about three out of ten drink once or twice a week while 17 percent drink daily.

## **Social well-being**

Another important dimension of the older person's well-being is social well-being as shown by their interpersonal relations and active engagement in the community. Interpersonal relations involve contacts and transactions with others, exchange of information, emotional support, and direct assistance, as defined by Rowe and Kahn (1997) in their conceptualization of successful aging. Accordingly, we examined the social well-being of older people in terms of the degree of connectedness with their family and the community.

Older Filipinos are very much integrated with the family, as clearly indicated by their living arrangement whereby three-quarters are currently coresiding with at least one of their adult children (table 4). Another 8 percent are living with their spouse only, with significantly more males than females in this empty nest arrangement (10 percent vs. 7 percent). Only a small proportion live alone, although they are not really living alone since a closer examination of their residential location indicates their close proximity with their children or other relatives. Significantly more females than males reported that they are living alone (5 percent vs. 3 percent). They also maintain close social contact with their non-coresident children, as exhibited by the high level of reciprocal exchange of communication and visits between older parents and children.

Older Filipinos are also able to tap a wider support network, besides the family, for social and other types of support. Older Filipinos continue to engage in social activities outside the family. Religion ensures the social connectedness of the older people, as shown by their regular participation in religious services in the community, particularly among the females. Another fourth also reported hanging out with their friends and neighbors on a daily basis. Their active social involvement is also evident in their membership in various religious and other organizations, with quite a number involved in volunteer work. To a certain extent, their social integration has been facilitated by technological innovations in communication, as shown by the number of older people who are able to use the cell phone. It is thus not

surprising to note the older persons' high level of perceived social support, with the study findings showing a significant proportion who feel that their family, relatives, or friends are willing to listen when they need to talk about their worries or problems (table 4).

**Table 4. Social well-being indicators**

Social well-being indicators	Sex		Total
	Male	Female	
<b>LIVING ARRANGEMENT</b>			
Living alone	3.3	5.3	4.5
Living with spouse only	9.9	6.8	8.1
Living with children	74.5	73.4	73.9
Other composition	12.4	14.4	13.6
<b>EXCHANGES OF SUPPORT</b>			
% who exchanged visits with at least one non-coresident child	92.3	91.0	91.5
% who exchanged calls/text messages/letters with at least one non-coresident child*	76.6	72.4	74.1
<b>SOCIAL ACTIVITIES</b>			
% who hang out with friends and neighbors (daily)**	30.6	22.6	25.9
% who attend social activities (monthly)	17.6	18.8	18.3
% who feel that their family, relatives, or friends are willing to listen when they need to talk about their worries or problems (a great deal/quite a bit)	72.7	73.0	72.9

Notes: \*\*\*  $p < 0.001$     \*\*  $p < 0.01$     \*  $p < 0.05$

## **FAMILY AND STATE ROLES IN PROMOTING THE WELL-BEING OF OLDER FILIPINOS**

### **Family support**

The Philippines, like the rest of Asia, is a region known for its people's great respect for the elderly (Chow 2009), similar to Southern Europe's "family-based welfare regimes" wherein care for the aged falls largely on the family due to cultural factors and undeveloped formal social security systems (Reimat 2009). According to Hollnsteiner (1961) and Domingo

(1994), Filipinos have a deep sense of indebtedness and obligation to their parents, which is captured in the Tagalog phrase “*utang na loob*” (debt of gratitude). This stems from the recognition that parents gave life to their children and raised and reared them to adulthood. While there is no clear rule regarding filial duty, the inability to return the favor to one’s parents would lead to personal guilt and social scorn.

Customarily, support for the elderly in Filipino families involves the whole deal—housing, food, medical expenses, travel and leisure needs, the purchase of a coffin in death, the wake, and interment. It is not an exaggeration to say that in the country, the family is the elderly’s social security mechanism (Blust 1987) and/or the home for the aged (Natividad 2005). But with changes brought about by urbanization and the monetization of labor (Kinsella, as cited in Sokolovsky 2000), there are ongoing shifts that may call into question whether the traditional setup is still viable today and whether it will be in the future. This is particularly true in the context of significant international labor migration that has increasingly involved women who are attracted to the demand for care labor in the advanced countries. This has resulted in the absence of the main family actors (mothers and fathers) for a significant number of Filipino families, which is expected to affect the family configuration and its ability to provide care and attention to its members, including the older folks.

Aside from the strong moral obligation to care for one’s aging parents, a number of reasons for older people’s coresidence with children have also been identified by Asis et al. (1995). The first is socialization. Grandchildren learn from their parents how to take care of the aged. This is a form of security arrangement for the adult children who will also join the ranks of the elderly in the future. Reciprocity is another reason. Far from being useless coresidents in their adult child’s house, grandparents contribute to the well-being of the household by taking care of their grandchildren, earning money, contributing to the household’s daily food and nonfood needs, or simply doing chores.

In a study of familial transfers across Asia, Lee and Mason (2011) found that the Philippines showed an almost equal reciprocity of resources, with the elderly “giving back” to their children or younger kin. Agree, Biddlecom, and Valente (2005) also found out that the elderly were not just conduits of transfers but also active providers for their siblings, children, and grandchildren. Moreover, even at an advanced age, the elderly continue to transfer funds to other age groups (Abrigo, Racelis, and Salas 2012). While more elderly parents in the Philippines received than gave money to their children, 92 percent of the elderly were taking care of at least one grandchild (Natividad and Cruz 1997).

Another cause for elderly care is emotion. Filipino children cherish their parents more than material things. Natividad (2005) observes that the prevailing living arrangement for the elderly is living with a child as opposed to living alone or living with a spouse, which are predominant practices in the West. It is not surprising therefore that special private nursing homes for the elderly, which are ubiquitous in Western societies, are rarely found in the country (De Guzman et al. 2012). Elderly Filipinos are strongly partial to a coresidence living arrangement and have a very negative view of institutionalization (Domingo and Asis 1995). Usually, the few institutions for the elderly are maintained by charitable, religious, or government agencies like the Department of Social Welfare and Development (DSWD) and intended for the abandoned, lost, and indigent elderly who have nowhere to go (Natividad 2000).

### **State support**

The state's role in caring for the elderly in the Philippines can be summed up as benign yet negligible (Cruz and Laguna 2010). Its attempts to secure the welfare of the elderly with a series of laws and resultant programs may have given them some economic relief. However, laws and plans do not necessarily mean that the conditions of the elderly are being improved, as they seem to be the least priority in government social programs, which are mainly focused on the youth and on mothers (Cruz and Lavares 2009). A lot more is needed to even out the odds especially for the poorest of the elderly.

Government involvement in elderly care can be gleaned from a provision of the 1987 Constitution. According to Article XV, Section 4, the family is responsible for the care of the aged, although "the State may also do so through just programs of social security." Unsurprisingly, this reflects the high level of filial piety of Filipinos whereby, despite rapid changes, the responsibility for the nurture of the elderly still falls largely on the family (Abejo 2004).

Five years after the 1987 Constitution, Republic Act (RA) 7432 or the "Senior Citizens' Act of 1992" was enacted. The law exempts seniors (i.e., sixty years and over) from paying a number of fees for dental and medical services in state health institutions, including diagnostic and laboratory fees. It also made available a 20 percent discount on medicines, hotels, restaurants, leisure facilities, and transportation. The law was twice amended with RA 9257 (2003) and RA 9994 (2010). Included in the latter were the creation of a minimal monthly social pension (PHP 500) awarded on a quarterly basis and automatic enrollment in the PhilHealth for indigent senior citizens. A caveat is that only those aged seventy-five and above currently receive the social pension due to funding constraints.

Meanwhile, RA 7876 of 1995 called for the building of a senior citizens' center in every city or municipality, where elderly organizations would plan and implement projects and programs in coordination with local government units and the DSWD. Another related statute that benefits the older persons, although designed to address a broader audience, is RA 344 or the 1982 Accessibility Law. This statute sets minimum standards and regulations for buildings, facilities, and public utilities to make them accessible to disabled and elderly individuals.

In 2008, RA 9502 or the "Universally Accessible and Quality Medicines Act of 2008" was enacted. Its provisions that are pertinent to the elderly include the setting up of price ceilings and the regulation of prices of medicines required to treat or manage lingering ailments and life-threatening conditions.

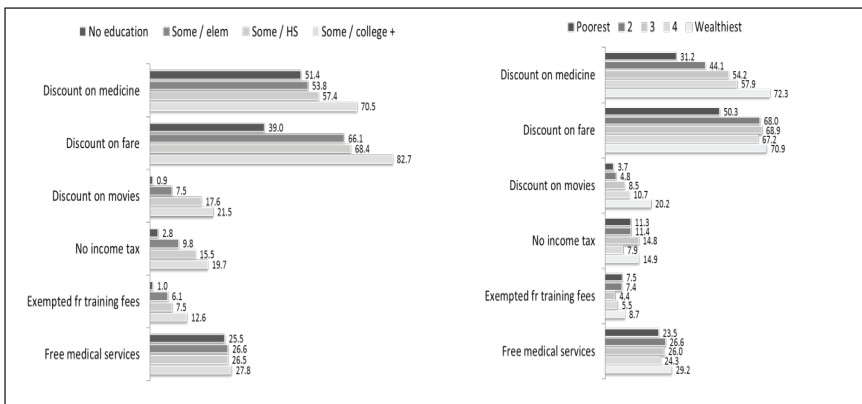
In 1999, a five-year national action plan that governs programs and activities for the elderly was crafted. The current Philippine Plan of Action for Senior Citizens (PPASC) (2012–2016) focuses on the upgrade of strategies and programs as well as the building up of collaborative endeavors among stakeholders to enhance the delivery of services for the elderly. Like its predecessor, the current national plan focuses on three main areas of concern: (1) senior citizens and development; (2) health and well-being in old age; and (3) enabling and supporting environments across national, regional, and international bases. Specific areas of attention are the enhancement of geriatric and gerontology services and the prevention of elderly abuses (Villar 2013).

Besides existing laws and programs, there are also continuing initiatives, at least at the legislative level. In the pipeline are bills that aim to create a "National Geriatric Health Center and Gerontology Research Institute" (Senate Bills 2464 and 3278 and House Bills 2927 and 5173) and two bills on the creation of an "Institute for Aging" (Senate Bills 2982 and 1037). However, those bills remain pending at the committee level and will have to be refiled in the incoming Sixteenth Congress for any chance of passage and enactment.

An assessment of the implementation of the initiatives for the older people suggests that government efforts appear miniscule relative to the growing needs of the burgeoning older population. For example, it seems that the goal of providing cheaper medicines for the public as provided for in RA 9502 may have largely failed. In a study of three cities in Metro Manila, Lim (2012) revealed that, two years past the implementation of the law, medicines were still expensive and branded drugs were still prescribed and sold at a much higher rate than cheaper generics. A related initial assessment of the Philippine Institute of Development Studies (PIDS)

showed that there is an arbitrary imposition of price reductions on selected drugs and that the coverage of the law is very limited considering the bewildering assortment of medicines in the market (Picazo 2012).

Similar challenges have been noted in the implementation of other laws such as the 20 percent discount. Studies show that it benefits older persons who have the means to purchase medicines in the first place, but it has no beneficial effect on those who cannot afford to buy medicines at all (Natividad 2000; Cruz and Laguna 2010). This is validated by PLSOA data that show that senior citizen privileges based on discounts benefit the richer, more educated elderly more than their poorer and less educated counterparts. For example, almost three-quarters of the wealthiest quintile availed of discounts on medicines, or almost twice the level for the lowest quintile (figure 5). A similar pattern is noted with respect to accessing other privileges such as discounts on fare and movies, exemption from payment of income tax and training fees, and other medical and dental privileges in government facilities.



**Figure 5. Percent who availed of the privileges for older people by highest educational attainment and wealth index, 2007 PLSOA**

An education gradient is likewise noted, with those at the highest rung of the educational ladder exhibiting significantly higher access to services relative to those with lower or no education at all. The wide educational disparity is particularly notable in the proportion of the elderly who were able to take advantage of fare discounts, which registered a high 83 percent among the college-educated seniors as opposed to 39 percent among those with no education at all.

There is no doubt that the problems encountered in the implementation of government programs to alleviate the plight of the older population are due to resource constraints. This is evident in the administrative structure for implementing programs for the older people, which is subsumed under the category of disadvantaged groups under the DSWD. DSWD's statement of functions likewise bears this out.

Of its five functions, two address the elderly sector: the development and enhancement of existing programs and services for specific groups such as older persons, and the provision of "social protection of the poor, vulnerable and disadvantaged sector" (DSWD 2013). The DSWD is implementing the social pension by virtue of RA 9994 using the National Household Targeting System, which identifies the poor in the country. It also runs a few homes for the aged and accredits nonstate groups that carry out activities and programs for the indigent elderly. Given its multiple functions, primarily in addressing the needs of the vulnerable groups that constitute its dominant clientele, its attention to the minority sectors of the population may be hampered. For example, DSWD is currently at the forefront of bigger concerns such as implementing the conditional cash transfer (CCT) program, the most comprehensive poverty reduction program of the Philippine government, which is controversial due to its huge budget. With its attention spread over an array of disadvantaged and vulnerable groups—children, youth, women, persons with disabilities, and older people—can the agency still properly and effectively address the issues and concerns of groups with particular needs, including the elderly?

Beyond the family and the government, the role of nongovernment organizations (NGOs) in promoting the well-being of the older people is worth noting. Traditionally, NGO or civil society efforts to better the situation of the elderly in the country are limited to works of charities, foundations, and religious organizations that maintain dormitories or housing for indigent and/or abandoned elderly. The enactment of the Senior Citizens' Act of 1997 provided new opportunities that have redefined the roles of this sector, particularly in ushering the birth of senior citizens' groups. These are essentially peoples' organizations (POs) that maintain chapters from the municipal to the national level. The senior citizens' organizations operate from their town and city centers, facilitating programs and projects for the elderly funded and/or supported by local government units, national agencies such as the DSWD, and other relevant government and nongovernment organizations.

Local organizations for older people have also evolved to form national federations such as the Coalition of Associations of Senior Citizens in the Philippines, Inc. (Senior Citizens), which maintains two seats at the House



of Representatives; the Coalition of Services of the Elderly, Inc. (COSE); and the Federation of Senior Citizens Association of the Philippines (FSCAP). Other groups for the elderly include the Veterans Federation of the Philippines (VFP), the Association of Retired Postal Employees and Senior Citizens, and the Filipino War Veterans Foundation, Inc. (FILVET).

## CONCLUSION AND RECOMMENDATIONS

Unlike many of its Asian neighbors that are experiencing rapid population aging brought about by their demographic transition marked by a rapid decline in fertility and significant gains in longevity, the Philippines has yet to reach significant aging. The slow rate of decline in fertility, which is still above replacement level, explains the young population structure of the country. While the older people aged sixty years and over do not yet constitute a significant proportion, the numbers are enormous and are projected to increase significantly in the future. The elderly are the fastest-growing sector of the population today. This future demographic scenario draws particular interest as it is expected to happen alongside significant changes. Rapid urbanization, international labor migration, and changing values among the younger people are expected to impinge on the Filipino family's ability to ensure the welfare of the older people as mandated by the Philippine Constitution. Although the state has established the initial legal framework and programs to support the family in ensuring elderly welfare, the initial effort is far from sufficient, with existing programs needing fine-tuning to be able to target the most vulnerable elderly. In this regard, the need to ensure the full implementation of the universal social security system that is already in place can provide the initial step toward providing the necessary safety net for the economic well-being of the Filipino elderly.

The overall picture of the older people in the country as shown by this study is bleak, marked by economic vulnerability and gaps in their health care and conditions. Despite claims of general satisfaction with their current life, objective indicators—that is, meager income and assets, and low levels of productive engagement and pension coverage—show older Filipinos have a precarious economic condition. Given increasing longevity gains and improving functional health notwithstanding, various indicators also point to gaps in their health as shown by their poor oral health, low access to health care services, low health insurance coverage, and considerable unmet needs for health services. A good number are also currently smoking, which is a risk factor for various diseases and conditions.

The good news is that whatever deficiencies in their economic and health situation the older people may have experienced seem to be well compensated by their relatively high level of social well-being, given



strong familial and community support. Worth noting is the important role played by religion in promoting social connectedness among the elderly, as indicated by their continued involvement in social functions outside the home through religious activities.

Research results indicate a strong family support network for the elderly, as evidenced by their coresidential living arrangement and active intergenerational flow of support with their children. The Filipino family remains strong and is still the primary safety net of Filipino older people. To a certain extent, the availability of children to provide support for the older family members despite significant challenges brought about by international labor migration can be explained by the high fertility rate of this cohort of women. Recent developments, however, are feared to bear upon the family's continued ability to care for its older members. Demographic changes that will see more older people living longer lives in the future, the increasing preference for smaller family size, and accelerating geographic mobility, specifically international migration, have put into question the stability of the expected familial support (Laguna 2013). Although the fertility level remains high, with each woman having an average of three children at present, the accelerating rate of international labor migration with increasing involvement of women may affect the availability of potential caregivers for older people in the future.

It is in this context that the state should step up its support both to the family in general and the older family members in particular. Family support in the form of tax subsidies for those caring for their older members, among others, may be considered for adoption. At the same time, there is a need to review initial government efforts toward providing economic and health support for older people. In light of our findings indicating differential access to privileges that favor the rich and educated, better targeting schemes should be explored to ensure that limited resources are channeled to the most vulnerable segments of the older population. The government should consider making policies more progressive; for instance, the discount component of the Senior Citizens' Act should be reviewed, taking into account differences in individual incomes. The poorer elderly should have greater benefits vis-à-vis their richer counterparts. The latest law, which provides for social pension and mandatory PhilHealth coverage for indigent senior citizens, is a right step toward this direction, yet much more can be done in the area of legislation and program implementation.

There is also a need to recognize the role of peoples' organizations and nongovernment organizations as partners in ensuring the well-being of the Filipino elderly. While the government passes laws and implements related programs, it is the POs and the NGOs who work at the grassroots level and therefore may have a more direct impact on the lives of the elderly.

## NOTE

- 1 The United Nations considers a country to be aging when the population of those aged older than sixty years increases to more than 7 percent (Verma 2011).

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# **Aging in Bangladesh: Tasks and Challenges Ahead**

Md. Abdur Rahim Khan

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Over the past few decades, there have been changes in the structure of the Bangladesh population. Reduction of fertility and decrease in mortality have led to the increase in the population of people aged sixty and over. According to an official estimate, at present the number of older persons is around 8 percent of the total population. In terms of percentage, it is a small fraction; but in terms of absolute size, the number is huge—12.5 million. Approximately, eighty thousand people are added to the aging population every year. This huge number has already raised formidable social and economic challenges related to financial support of elderly people and to the provision of care for the frail elderly. Bangladesh has a long cultural and religious tradition of looking after the elderly, and families and communities are expected to take care of their own elderly members. But the process of aging in Bangladesh is taking place at a time when the pattern of life is changing. Family ties are getting weaker, loosening bonds between members. The changing family structure—from extended to joint family and then to nuclear family—pulls and pushes young family members to live separately from the aged members. Young and middle-aged family members feel deep uneasiness toward elder members. To them, old age symbolizes disease, disability, and death. Most of the older people in the country are suffering from many basic human problems such as lack of sufficient income and employment opportunities, absolute poverty, senile diseases, absence of proper health-care facilities, exclusion, negligence, deprivation, socioeconomic insecurity, etc. As in many other developing countries, there is no social security system in Bangladesh. In view of the huge number of older population, scarcity of resources, existing poverty, insufficient health facilities, and lack of social security, aging is going to be a major problem.

The government has only very limited programs to provide care to the elderly, such as Old Age Allowance Program, Vulnerable Group Development (VGD), and Vulnerable Group Feeding (VGF). These programs aim to provide development or food assistance to the poor and do not directly target older people. There are about 1,500 nongovernment organizations (NGOs) in Bangladesh, but their programs are not directed specifically at the older people. As the elderly people will continue to increase in size, providing for their basic needs will be challenging. Government and NGOs must undertake projects that address the basic needs of the old people in the country. Sociologists, anthropologists, and gerontologists should undertake more scientific studies of the sociological and psychological aspects of aging and the problems of the aged. Finally it should be argued that only the family, as an institution, can positively ensure the physical and psychological security of an elderly person. So government, nongovernment, and international organizations should arrange motivational and awareness programs for the young generation so that they wholeheartedly come forward to take utmost care of older generations.

**Keywords:** Bangladesh, aging, challenges, social securities, government and nongovernment programs

## INTRODUCTION

Most developed nations have the oldest populations in the world today, and some may have more grandparents than children before the middle of the twenty-first century. The developing world, by contrast, still has a high proportion of children aged fifteen and below (35 percent) and a relatively low proportion of older people aged sixty and over (10 percent). What is less widely appreciated is that the absolute numbers of elderly in developing nations are often large and increasing. The growing number of the oldest old is an important consideration in public policy because the needs and social responsibilities of people change considerably as they age. Thus, there is a serious need to understand the characteristics of older populations, their strengths and weaknesses, and their requirements. The effects will be felt not just within individual nations but throughout the global economy. There is a need for a thorough understanding of the various dimensions of aging, including the demographic, social, economic, medical, and increasingly, biological and genetic.



## INTERNATIONAL POLICY CONTEXT AND SOME CONCEPTUAL ISSUES

For well over thirty years, the United Nations has engaged in visionary initiatives to understand and meet the challenges of global aging. The First World Assembly on Ageing, held in 1982 in Vienna, adopted the International Plan of Action on Ageing, which included sixty-two recommendations aimed at encouraging full social participation by all ages based on an equitable distribution of resources. It provided the backdrop for later developments in the UN Program on Ageing. The Madrid International Plan of Action on Ageing emerged from the Second World Assembly on Ageing in 2002 and superseded the Vienna Plan. It is widely regarded as the most important UN document on aging in twenty years. In a follow-up survey, the UN Economic and Social Commission for Asia and the Pacific (ESCAP) produced a set of recommendations for countries in the region. In addition to the three priorities set out in the Madrid Plan—older persons and development, advancing health and well-being into old age, and enabling supportive environments—ESCAP added a fourth category, “implementation and follow-up.” Taken together, these recommendations are known as the Shanghai Implementation Strategy.

The World Health Organization (WHO) in the late 1990s also adopted the term “active aging” as the process of optimizing opportunities for health participation and security in order to enhance quality of life as people age. It allows 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. The active aging approach is based on the recognition of the human rights of older people and the United Nations principles of independence, participation, dignity, care, and self-fulfillment. It shifts strategic planning away from a “needs-based” approach (which assumes that older people are passive targets) to a “rights-based” approach that recognizes the rights of people to equality of opportunity and treatment in all aspects of life as they grow older. It supports their right to exercise their participation in the political process and other aspects of community life.

Most studies on aging have dwelt heavily on four areas: biological aging, psychological aging, social aging, and chronological aging. Biological aging encompasses all the chronological changes that occur over a lifetime—increase in height throughout childhood, onset and cessation of menstruation, changes in the muscular and sensory systems, and shaping of the young adult and middle-aged body. The pace of biological aging

differs among individuals but its course is inevitable. The morbid side of growing old—illness, infirmity, and looming death—is often underplayed in the literature. Biologists use the word “senescence” to refer to the process of aging for all life forms. Psychological aging is related to biological aging in the way the mind is very closely linked to the body. It includes the changes that occur in sensory and perceptual processes, mental functioning processes, personality, and drives and motives (Hooyman and Kiyak 1991, 3).

Social aging refers to an individual’s changing roles and relationships in the social structure: with family and friends, within the work world, and within organizations (religious and political groups) (Hooyman and Kiyak 1991, 3).

Chronological aging is the definition of aging based on a person’s years from birth. It is not necessarily related to a person’s physical health, mental abilities, or social status. After a long debate, the experts come to the conclusion that a person should be taken into account as an elderly only on the basis of chronological aging.

## **BANGLADESH CONTEXT**

Bangladesh is one of the poorest countries of the world. Having very high level of unemployment problems, the country has thus failed to utilize its young workforce for social and economic development. The infrastructure for providing health-care services to its people, including older people, is also not well developed. On the contrary, by adopting the Millennium Development Goals (MDG) program of the United Nations, it became partially successful in achieving four health-related parameters (including the Expanded Program on Immunization [EPI], maternal mortality rate [MMR], and infant mortality rate [IMR]) of the fifteen-point MDG, recognized by the WHO. Bangladesh’s population demography has already changed with higher percentage of young and aged people. Reduction of fertility and decrease in mortality have led to an increase in the population of people aged sixty and over. According to an official estimate, at present the number of older persons is about 8 percent of the total population. In terms of percentage, this is a small fraction; but in terms of absolute size, the number is huge—12.5 million. The projected numbers of older persons in 2015 and 2025 are 12.05 million and 17.62 million. Approximately, eighty thousand people are also added to this aging population every year (table 1). This huge number has already raised formidable social and economic challenges related to financial support for elderly people, especially the provision of care for the frail elderly.

**Table 1. Percentage of elderly people for different age groups in Bangladesh**

Age group	1950	1960	1970	1980	1990	2000	2010	2020	2030	2040	2050
60–64	2.52	2.45	2.56	1.83	1.73	1.89	2.30	2.99	3.62	5.36	6.14
65–69	1.75	1.76	1.50	1.49	1.28	1.34	1.63	2.22	2.73	4.14	5.69
70–74	1.07	1.10	1.08	1.03	0.87	0.94	1.09	1.44	1.98	2.53	3.97
75–79	0.57	0.58	0.60	0.63	0.56	0.55	0.61	0.83	1.20	1.59	2.59
80+	0.24	0.27	0.33	0.29	0.42	0.38	0.43	0.55	0.79	1.20	1.76
Total	6.15	6.16	6.07	5.27	4.86	5.10	6.06	8.03	10.3	14.8	20.2

Source: Bangladesh Bureau of Statistics (2011).

## RURAL-URBAN DIFFERENTIAL AND POVERTY INTERFACE

Aging is going to be a major problem, in view of the huge number of older population, scarcity of resources, existing poverty, insufficient health facilities, and lack of social security. Studies on the situation of old people indicate that majority of the older people in Bangladesh are living in absolute poverty. They lack the resources to meet their most basic needs in terms of food, clothing, housing, and health; they are also deprived of income-generating opportunities. The majority (about 78 percent) of older people live in rural areas where services, health-care provision, and access to clean water are more precarious. Generally, the total older population can be classified into two: rural elderly and urban older population. These two categories can further be classified into types: (a) rural poor, (b) rural affluent, (c) urban poor, (d) urban middle class, and (e) urban rich. One group is treated as a special category in Bangladesh—that is, elderly women who are handicapped, widowed, divorced, etc. (Rahman 2000). The people who belong to this category are very much vulnerable, and they should be given special care by the community and the country in a broader spectrum.

The living condition of rural- and urban-poor elderly is very bad. Some of them live in abject and absolute poverty as they do not have regular sources of income. Ill health, illiteracy, and malnutrition are common among them.

Rural affluent elderly generally live in an extended family setting. They live in society with dignity as they engage in some sort of social work. Urban middle-class older persons, who also live with their extended family, enjoy almost the same facilities as the rural affluent ones, in spite of the

urban political and administrative complexities, anxiety, exclusion, and economic hardships that they face. On the other side, most of the urban rich are highly educated; retired high officials; or owners of big trading houses, assets, savings, etc. Although these people do not have any financial problems or acute health problems, they have very few descendants to take care of them. Most of their successors have migrated to other countries or other places (Rahman 2000).

A survey conducted on the socioeconomic condition and problems of older persons in Bangladesh noted that the problems of rural older people are mainly physical and economic while the urban elderly face some psychosocial problems as well. The situation has become harder for them due to lack of health services, increase in inflation rate, loneliness, social negligence, and other negative factors.

One of the major studies of aging in Bangladesh is that conducted by Help Age International in 2000. In their study, poverty has appeared to be the greatest threat to the well-being of older people. In their language, “poverty sets the context for everything else older people experience”; “families remain a primary source of support, but family support is undermined by poverty.”

## **FEMINIZATION OF POVERTY CORRELATED WITH AGING**

As earlier mentioned, in the context of Bangladesh, older women are to be treated as a special category, especially those who are socially and economically handicapped such as the widowed, divorced, etc. The majority of older women (68 percent) are widowed compared to 7 percent of men. Compared to men, widowed women have no security, are more dependent on family, and face worse socioeconomic condition, which increase their vulnerability. While elderly men face age barriers to employment opportunities, elderly women face both age and gender barriers. Because of gender discrimination, elderly women lose their rights, power, and honor in their own family and become helpless. By themselves, elderly women are unable to meet their basic needs for food, clothing shelter, etc. In rural areas, most of the helpless aged villagers are deserted by their offspring’s families. In northern part of Bangladesh, it has been observed that old widows live absolutely alone and are bound to earn their livelihood by themselves. In the same neighborhood, married children live with their own families without caring for their aged parents. Those elderly living with their married children are facing discrimination in all aspects of their lives. They do not enjoy any decision-making power within their families (Khan 2005, 3).

## SOCIOCULTURAL MILIEU

Traditionally and religiously, the elderly people of Bangladesh are very much respected in the family and the community. They are considered key to family ties, a symbol of family identity, guardian of ancestral values, and venerable counselor. For these reasons they are always respected, and the young try to take care of their elderly relatives. But this familial support for the elderly may be weakening. Women empowerment in the country is rising, and their work participation is increasing. Family ties are getting weaker, loosening bonds between members. The changing family structure—from extended to joint family and then to nuclear family—pulls and pushes young family members to live separately from the aged members. According to Kabir et al. (2005), mainly due to urbanization, when the economy has shifted from informal to formal, the elderly are hardly finding any opportunity for productive engagement. Physical separation also reduces financial support for the elderly, partly because of the high cost of urban living or the loss of emotional ties between parents and children as a consequence of prolonged absence. Although younger members of the family are leaving the home of their parents in increasing number, their economic responsibility toward the elderly does not end. They continue to provide support to their elderly but find it increasingly difficult to live with elderly members in joint households. Such structural changes might make it increasingly difficult to care for the elderly. Kabir et al. (2005) further argued that increasing rural-to-urban migration has also resulted in the development of squatter and shanty towns next to business centers in many of big cities. The elderly in such situations have to be totally responsible for themselves and depend on external support since the living expenses are prohibitively high.

Adult children, particularly sons, are considered to be their parents' main source of security and economic support, particularly in time of disaster, sickness, and old age (Cain 1991). Abedin (2012), however, argues that since married children would often have other kin to support (spouse, children, in-laws), they are not the best source of support for their elderly parents. Instead, the economically productive unmarried children would seem to be the best source of support for their elderly parents. It is also relevant to mention here that in terms of social norms, values, and customs, it is both disgracing and degrading for the elderly to live in the house of a married daughter, as may be the case with parents who have no sons at all. The irony is that there are young and middle-aged family members who feel deep uneasiness toward their elder members. To them, old age symbolizes disease, disability, and death. These types of social changes, along with

economic hardships, are creating a serious threat to the elderly support system of Bangladesh. Thus most of the older people in the country are suffering from many basic human problems such as lack of sufficient income and employment opportunities, absolute poverty, senile diseases, absence of proper health and medical facilities, exclusion, negligence, deprivation, socioeconomic insecurity, etc. Rahman (2002) identified some of the major problems as mentioned by the older persons (see table 2).

Some problems have been identified as very much common to both urban and rural older population. As many as 81–92 percent of them have to face problems like physical illness and lack of medical and special health services. Poverty and financial insecurity have been mentioned by more than 86 percent of the rural elderly and around 80 percent of the urban elderly, followed by lack of employment and income opportunity (52.2 percent for rural and 68.4 percent for urban). Problems such as mental incongruity and social stress were reported by 48 percent of the urban elderly; the percentage of such problems in the case of the rural older population is significantly very low, only 19.5 percent.

**Table 2. Percentage distribution of the major problems of older people**

Problems*	Rural	Urban
Physical illness	92.3	87.5
Lack of medical and special health services	90.0	81.2
Poverty and financial insecurity	86.1	79.4
Lack of employment and income opportunity	52.2	68.4
Exclusion and loneliness	35.9	57.3
Mental incongruity and social stress	19.5	48.0
Concern over family affairs	20.3	37.2
Other	18.0	13.2
Total	N=250	N=250

\* More than one answer is possible.

## **POLICIES, PLANS, PROGRAMS, AND ACTIONS INITIATED FOR THE AGED**

The Constitution of the People's Republic of Bangladesh ensures every rights and privileges of elderly people along with the other citizens. Article 15 of the Constitution speaks clearly on this issue, which is as follows:

It shall be a fundamental responsibility of the State to attain, through planned economic growth, a constant increase of productive forces and a steady improvement in the material and cultural standard of living of the people, with a view to securing to its citizens the right to social security, that is to say, to public assistance in cases of underserved want arising from unemployment, illness or disablement, or suffered by widows or orphans or in old age, or in other such cases.

The Ministry of Social Welfare has already finalized the National Policy on Ageing in line with the Madrid International Plan of Action on Ageing (MIPAA). The main objectives of this policy are as follows:

- To ensure the dignity of the elderly people in the society
- To identify and address the problems of the elderly
- To change the attitude of people toward the elderly
- To take new programs to address the needs of the elderly for their socioeconomic development
- To develop special measures to help the elderly during emergency, like natural calamities, cyclone, earthquake, etc.
- To ensure social security, health care, employment, and rehabilitation
- To implement the Madrid International Plan of Action on Ageing

## **OLD AGE ALLOWANCE PROGRAM**

To partly alleviate the situation of the old-age population in 1998, the Old Age Allowance Program was introduced, the first expression of government concern for the aged. Under the program, the elderly persons incapable of physical work and the destitute women of the country will receive monthly allowance from the government. In 2010, 2.2 million elderly people received BDT 8,100 million at the rate of BDT 100 per person per month.

The candidates/recipients are selected based on certain characteristics: (a) age, (b) average yearly income, (c) health status, (d) socioeconomic condition, (e) expenditure in different heads, and (f) landownership. The following categories of persons are excluded from the benefit of old-age allowance:

- public servants receiving pension
- destitute women holding Vulnerable Group Development Scheme (VGD) card
- otherwise recipients of regular public grants

- recipients of regular financial grants from private organizations/ social welfare establishments.
- inhabitants of city corporate area
- day laborers, maid servants, and destitutes

The introduction of the Old Age Allowance Program by the government is undoubtedly an encouraging step toward ensuring the welfare of the elderly population. But the program covers only a small fraction of the vulnerable elderly population in rural Bangladesh. It is a fact that this benefit is very insufficient to cover the needs of the poor elderly. Yet with this allowance, many elderly people have been able to buy food, clothes, and medicines. However, it has been very difficult for the recipients to get the allowance. They need to travel long distances to the Upazila bank to collect the benefits. The allowance is distributed quarterly and in a fixed day of a month. This arrangement causes sufferings to the recipients who have to endure long lines at the bank the whole day without food and without proper toilet facilities, particularly for elderly women. Beneficiaries of Old Age Allowance are also deprived of other benefits as they lose eligibility for receiving relief and other benefits.

## **SOCIAL SAFETY NET PROGRAMS**

The government of Bangladesh has given much importance to social safety net programs. Elderly people are indirectly getting benefits from the following programs:

- food for work programs
- cash for work programs
- vulnerable group feeding
- gratuitous relief fund
- emergency fund for risk mitigation during natural disaster
- Vulnerable Group Development (VGD)
- Fund for Housing of Distressed

## **PENSION**

Government employees in Bangladesh have retirement benefits. It is estimated that about 1.2 million people work in government. At age fifty-nine, they retire from the service and get pension as retirement benefit. They enjoy the pension for life; and after death, their spouse also gets the pension till his or her death. Majority of the labor force in Bangladesh live in rural areas, and most of them serve in private organizations, which, in most



cases, do not have provision for pension benefits. In practical terms, high unemployment or low wages render it almost impossible for the country to provide a universal pension scheme.

## **HEALTH SERVICES AND OTHER WELFARE BENEFITS**

Since formal pension coverage in rural areas, where 78 percent of the population live, is almost nil, a staggering 9.75 million older people in these areas do not receive pensions, adequate medical care, or other social welfare benefits. Although it appears that 92.3 percent of the rural and 87.5 percent of the urban population suffer from physical illness, efforts at providing health care and other means of support to the elderly have yet to be undertaken by the government and private sector. Recently, however, some efforts have been taken toward improving the lot of the country's elderly population. The problem may be that population aging has sprung up before enough wealth can be accumulated for public assistance. Thus the government is only able to provide crucial hospital care in cities.

## **ADVOCACY PROGRAM**

The government of Bangladesh observes the International Day of Older Persons and the International Family Day to improve the quality of life of the elderly. The government has been creating a favorable and supportive atmosphere for the elderly through advocacy, awareness-building, and community participation programs.

## **NONGOVERNMENT INITIATIVES**

At present, about fifty thousand nongovernment organizations (NGOs) are registered with the Ministry of Social Welfare. At the time of registration, preference was given to organizations that deal with elderly population issues. Nevertheless, it is very difficult to determine how many NGOs are working for the cause and interest of the elderly. Some notable ones are identified below:

### **(1) Bangladesh Association for the Aged**

The Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) is the prime nongovernment organization at the national level working for the welfare of the older persons in Bangladesh. It has forty-eight branches all over Bangladesh. Established in 1960, the

association provides services to the elderly in different forms like health care services, recreational and socioeconomic activities, fifty-bed geriatric hospital with outdoor programs and pathological services, fifty-capacity dormitory for the elderly, recreation and library programs, vocational training and management of revolving funds, research and publication, and elders and children rehabilitation center.

## (2) Elders and Children Rehabilitation Center

A rehabilitation center for the elderly was set up in 1987 in Gazipur. It is more or less a full-fledged home for the aged where destitute older people (sixty and over) from any religious faith can live. This is probably the first of its kind. At present fifty elders (twenty-five male and twenty-five female), aged sixty and over, are residing in this center. They are given free accommodation, food, clothing, and medical assistance. The elders are involved in gardening, farming, pisciculture, and other recreational activities.

## (3) Resource Integration Center

The Resource Integration Center (RIC) provides community-based habitation for elderly people, credit and medical services. Some new programs include housing grants, elders club, day care center, monthly pension, and funeral support. Credit programs help older persons to become financially solvent and independent and to play a more prominent role in the community.

## (4) Service Center for Elderly People

The Service Center for Elderly People (SCEP) started working for the elderly in 1994 with its slogan "A Care for the Generation." It provides health services and recreational facilities for the older persons aged sixty and more. Present activities of the SCEP for the registered elderly include listening to the radio, watching television, reading newspapers and magazines, and playing indoor games. Every Friday, health investigation of the registered elderly is made.

## (5) Elderly Development Initiatives

The Elderly Development Initiatives (EDI), situated in Manikgonj, is a community-based self-help organization and has some programs for the development of the elderly in Manikgonj.

(6) Bangladesh Retired Government Employees Welfare Association, Dhaka

The Bangladesh Retired Government Employees Welfare Association has been working since 1976. It offers medical services to members and provides welfare services to retired employees and their families. It provides some financial support (grant) programs, such as medical grant, education grant, and lump sum grant. This association also provides interest-free loan to the elderly. Sixty-two district-level branches are working as its affiliated bodies.

(7) Bangladesh Retired Police Officers Welfare Association, Dhaka

This organization offers socioeconomic services to retired police officials and their families.

(8) Defense Personal Welfare Trust, Dhaka

This organization provides socioeconomic and medical services for employees of the defense services.

In addition to the above-mentioned NGOs, the following organizations also work for the welfare of the elderly: Bangladesh Women's Health Coalition (BWHC), Bangladesh Girl Guides Association, Bangladesh Education Board Retired Employee Welfare Association, Mother and Baby Home, Old Home and Bangladesh Society of Gerontology, and Forum for the Rights of the Elderly. These comprise the limited number of NGOs and professional associations working for the welfare of the elderly.

## TASKS AND CHALLENGES AHEAD

Very few initiatives have so far been taken for the welfare of elderly people; therefore, there is still much to be done. In view of the overall poverty scenario, the best approach to enhance the aged people's welfare in Bangladesh will be to provide them proper health-care facilities and increase their self-reliance so that they can make themselves productive and contribute to their family and society. The elderly lack income-earning opportunities because of physical limitations, cultural barriers, and lack of microcredit. If they are given training and access to microcredit, they could earn their livelihood. This kind of endeavor will become increasingly important because it will not only improve the financial health of the economy and the individual but also provide meaningful roles and a sense of identity to the elders (the notion of active and productive aging). Government and NGOs must undertake such projects. Sociologists, anthropologists, and

gerontologists should undertake more scientific studies on the sociological and psychological aspects of aging and the problems of the aged. However, the most important step in this regard should be to ensure health care for the elderly. Government and nongovernment organizations need to set up and run health centers for the treatment of geriatric diseases. Considering the size of the elderly population and the various dimensions of their problems, the Health Ministry and the Ministry of Social Welfare should establish separate cells to deal with the elderly. A separate national health policy should also be considered for the elderly population. However, in providing health care, the following measures should be seriously considered:

- medicines at reduced cost
- free treatment
- health care services near the residence
- home care by health workers
- increased old age allowance
- shelter and food

Since family values have remained strong in Bangladesh, aging in place should become an explicit policy. Available studies quite sufficiently indicate that only a family can positively ensure the economic, physical, and psychological security of an elderly person.

Sixty percent of the rural elderly and more than 76 percent of the urban ones reported preference to live with their own family. A total of 38 percent chose to live with their son's family while only 5.6 percent live with their daughter's or relatives' family. Less than 8 percent of the urban elderly and none of the rural ones chose to live in an old-age home (table 3).

About 91 percent of the rural elderly and 84 percent of the urban ones expect to live in a joint/extended family. Only 7.2 percent of the urban older persons want to live alone and 5.2 percent prefer to be part of a nuclear family.

Both tables 3 and 4 clearly argue for aging at home. Governments definitely have an important role to play in this regard. They can provide direct or indirect subsidies for the elderly living at home. For example, Malaysia provides low-cost apartments or rental discounts, and reserves ground-floor units for older people. The family members who look after their aged parents/grandparents should be exempted from all kinds of direct and indirect taxes such as income tax, holding tax, etc. It would not merely enhance the self-esteem of the aged members; it would also act as economic incentive for the younger members to look after their senior members. This would again pave the way for the revival of family values, interdependence as well as intergenerational solidarity (two-way giving and receiving between individuals as well as between older and younger

**Table 3. Percentage distribution of older persons by their choice of residence**

Choice	Rural		Urban	
	%	F	%	F
Own family	60.0	150	76.4	191
Son	31.6	79	10.4	26
Daughter/relatives	2.4	6	3.2	8
Old home	—	—	7.6	19
No response	6.0	15	2.4	6
Total	100.0	250	100.0	250

Source: Rahman (2002).

**Table 4. Percentage distribution of older persons by the type of family they expect to be part of, if possible**

Family type	Rural		Urban	
	%	F	%	F
Extended/joint family	91.2	228	83.6	209
Nuclear	—	—	5.2	13
Alone	—	—	7.2	18
No response	8.8	22	4.0	10
Total	100.0	250	100.0	250

Source: Rahman (2002).

generations). Finally, government, nongovernment, and international organizations should come forward to arrange motivational and awareness-development programs for the younger generations so that they do not hesitate to participate wholeheartedly in this mission.

## CONCLUSION

The younger generations should remember that they are living in a biological process of aging. Therefore, a clarion call on behalf of the older generation toward the younger generations:

Who you are, we were;  
 Who we are, you will be!  
 So ...

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# Aging Population and Social Security in Sri Lanka

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Old-age pensions constitute an important component of social protection in many countries but the coverage varies widely across nations. In most developing countries, employment-based old-age pensions are limited due to the fact that regular pensionable employment is the exception rather than the rule there. As a result, only a small minority of elderly people enjoys regular pensions, however adequate or inadequate they might be. The vast majority of elderly people depend on their families; in particular, mature children who are gainfully employed. The adequacy or reliability of such support depends on a range of factors such as the socioeconomic status of the supporting children and the availability of other facilities, such as housing, recreation, etc. Moreover, the nature and extent of state services available to elderly people, such as free or subsidized health and transport services, also play a major part in enhancing old-age social security.

This paper looks at the trends in the expansion of the elderly population in Sri Lanka over the last several decades and the growing need for old-age social protection in the country. It examines the nature, the extent and adequacy of old-age pensions and other forms of social support for the elderly in Sri Lanka. Given the fact that social security for the elderly provided by the state is quite limited, the paper looks at the other sources of support available for elderly with a view to examining the issue of adequacy and quality of social security in Sri Lanka. In this regard attention is focused on the nature and the extent of the role played by the family in elderly care in general and social protection in particular. This is particularly timely given the social transformation brought about by migration of workers for

overseas employment, widespread displacement caused by conflict, and natural disasters in recent years.

**Keywords:** Sri Lanka, demographic transition, social protection, old-age pensions, family-based elderly care

## INTRODUCTION

An aging population is commonly defined as one with an increasing proportion of the population in the elderly age groups. As a result of the rapid decline in mortality and fertility, there have been notable increases in the proportion of population in the elderly age group in developing countries. Since the achievement of such declines is among the policy-planning objectives of most developing countries, aging may be viewed as one of the by-products of success (Jones 2005). Although the definition of the term “elderly” or “aged” varies from society to society, in most of the developing countries, including Sri Lanka, “elderly” is defined as those who are aged sixty years or more rather than sixty-five. The prime reason for taking sixty as the cutoff age is that, in both government and private institutions in Sri Lanka, the retirement age falls between fifty-five and sixty years (De Silva and Senarath 2009).

Even though population aging is a universal phenomenon, it is noted to be particularly problematic for Sri Lanka. First, Sri Lanka is already having a fairly large proportion of the elderly (almost 13 percent in 2012) in the population and it is also one of the fastest aging countries in the world. Second, the population of Sri Lanka is aging rapidly, in an era where its economic progress is also not very satisfactory (De Silva 1994). As projected, by 2030s, Sri Lankan population would be as old as Japan; however, its per capita income and the well-being of the elderly would be much lower than that of contemporary Japan. In view of the fact that the population of the year 2031 has already been born, no policy that can be adopted now can change their absolute numbers in the future.

Asian societies have traditions that hold the elderly in reverence. However, as Chakraborti (2004) states, industrialization, urbanization, and new technology have brought about radical social changes that have weakened the family support system, which has a negative impact on the elderly. With the recent economic and social changes in Sri Lanka, such as migration, urbanization, female participation in education and labor force, and three-decade-long civil strife, the ability of families to support

the elderly is extremely challenged. At the same time, the provision of social security programs for the elderly in Sri Lanka has not improved adequately. Therefore, the well-being of the elderly population is becoming a serious concern for policy planners in Sri Lanka.

## **GROWTH OF THE TOTAL POPULATION AND THE ELDERLY**

The population of Sri Lanka has grown almost eight times since the first national census in 1871, which recorded only 2.4 million people (De Silva 2007). The first doubling of the population occurred in fifty-four years and the second in thirty-five years. As per demographic estimates, the size of the population had reached 19.2 million by the year 2003 from 9.6 million reported in 1960. This demonstrated the third doubling of the size of the total population of Sri Lanka, which took about forty-three years. The doubling of the population in short-time spans has resulted in a high rate of population growth particularly in the 1950s and 1960s.

Demographic projections suggest that the size of the population will reach 20.5 million by mid-2011 (De Silva 2007). Compared to the population of 18.7 million reported in the 2001 census, almost two million should have been added to the population of Sri Lanka by 2012. However, the latest population census conducted in 2012 indicates that the population of 20.3 million is slightly lower than the projected figure of 20.5 million for the same year (De Silva 2007).

Sri Lanka's total population, which will continue to rise in the foreseeable future, will be stable for some time; thereafter, a declining trend could occur. According to the standard projection, the population of Sri Lanka will reach 21.6 million by 2021 (table 1). During the period covering the second to the beginning of the fourth decade of the twenty-first century (2021–2031), the size of the total population would be between 21.5 and 21.9 million, maintaining a fairly stable numerical size. The standard population projection indicates that in the year 2031 the population size of Sri Lanka would reach its peak, attaining the highest mark of 21.9 million persons. When Sri Lanka's population would peak at almost 22 million by 2031, it would have increased over nine times compared to the 2.4 million population reported in the first national census of 1871.

Sri Lanka, although located in the South Asian region, had not adhered to the common South Asian demographic model. Of the total population of 18.7 million enumerated in 2001, the sex ratio was estimated to be 97.9. This indicates that in 2001, for every 100 females in Sri Lanka, there were only 98 males, whereas in 1953 there were 112 males, which clearly indicates that the sex ratio largely favored males at that time. The sex ratio was 95

in 2012, and in the coming decades the female-favored sex ratio is expected to increase further, primarily due to the greater improvement in female life expectancy relative to that of male.

As a result of combined fertility, mortality, and international migration trends, the proportion of Sri Lanka's population aged sixty and over rose from 6.6 percent in 1981 to 9.2 percent in 2001 (table 1). As per the latest population census conducted in 2012, the proportion of elderly in Sri Lanka has increased to 12.2 percent. With the rapid decreases in fertility from the 1960s to the 1990s, the onset of the aging process has accelerated.

As a result of future trends in mortality, fertility, and international migration, the proportion of the population aged sixty and over is projected to increase by nearly 82 percent from 2001 to 2021 (9.2 percent to 16.7 percent). By year 2041, about a quarter (24.8 percent) of the Sri Lankan population will be in the sixty-plus (60+) age group (table 1).

**Table 1. Age composition and growth of the population, Sri Lanka 1971–2071**

Year	Total Population ('000)	Population 60+ Years ('000)	Percentage of Population 60+	Annual Growth Rate	
				Total	60+ Years
1971	12690	807	6.3	-	-
1981	14847	986	6.6	1.60	2.04
2001	18734	1731	9.2	1.17	2.83
2012	20263	2468	12.2	0.74	3.32
2021*	21580	3605	16.7	0.68	4.06
2031*	21883	4536	20.7	0.14	2.29
2041*	21712	5387	24.8	-0.08	1.72
2051*	21104	6081	28.8	-0.28	1.21
2061*	20145	6302	31.3	-0.47	0.36
2071*	19030	6329	33.3	-0.57	0.42

Sources: Data for 1971–2012 are from the Census Reports of the Department of Census and Statistics.

Data for 2011–2071 are from De Silva (2007).

Note: \*Projected population.

## AGING IN SRI LANKA: THE ASIAN CONTEXT

When a population ages, the proportion of the older population increases while the proportion of children and youth decreases. This results in the rise of the median age of the population. As table 2 shows, Asia

as a whole had a median age of 26.2 years in mid-2000 compared to 26.8 years in the world (United Nations 2005). In the same period among the Asian subregions, Eastern Asia was found to have the highest median age; Southeast Asia was second (24.1 years) while South Asia reported a median age of 22.5 years (table 2).

Within South Asia around the year 2000, Sri Lanka reported the highest median age (27.8 years) followed by India (23.4 years). The median age of Asia is projected to increase to 35.3 years by year 2030 and further to 39.9 years by year 2050 while the median age of South Asia will increase from 31.1 years to 37.0 years during the same time period. The median age of Sri Lanka's population is projected to rise much more than any other country in South Asia—by year 2030 and 2050, the median age will rise to 39 years and 43 years, respectively. In other words, in 2030 and 2050, one-half of the Sri Lankan population will be over the age of 39 years and 43 years, respectively.

**Table 2. Median age of the population in selected countries (In years)**

Region	2000	2005	2030	2050
South Asia	22.5	23.5	31.1	37.0
Bangladesh	20.8	22.1	29.0	34.8
Bhutan	19.0	20.1	26.3	32.3
India	23.4	24.3	32.2	38.7
Nepal	19.3	20.1	26.9	32.7
Pakistan	18.9	20.0	27.1	33.3
Sri Lanka	27.8	29.6	39.1	43.5
Southeast Asia	24.1	25.7	34.4	40.0
Malaysia	23.6	24.7	33.0	39.3
Philippines	20.9	22.2	30.7	37.9
Thailand	28.9	30.5	38.8	42.5
East Asia	31.1	33.5	42.4	45.5
Japan	41.3	42.9	51.3	52.3
China	30.1	32.6	41.5	44.8
Asia	26.2	27.7	35.3	39.9
World	26.8	28.1	34.0	37.8

Source: World Population Prospects, 2004 Revision, United Nations (2005).

## AGE STRUCTURE TRANSITION AND THE ELDERLY

The size and proportion of the population under fifteen years is declining year by year (tables 1 and 3). These changes are happening due to fertility changes in the reproductive age groups during the past years. Highlighting the rapidity of overall fertility decline, the proportion of the total population under age fifteen dropped from 39.0 percent in 1971 to 26.3 percent in 2001. The proportion is projected to decline to 19.4 percent in 2021 (table 3).

Together with the decrease in the under-fifteen population, an increase in the older age groups is observed. However, it is the change in old-age mortality that directly influences the population in the age-group sixty years and above. Therefore the composition of the population of Sri Lanka will continue to change at both ends of the age pyramid.

**Table 3. Percentage distribution of the population of selected age groups, Sri Lanka 1971–2071**

Year	Age Groups			Total
	0–14	15–59	60+	
1971	39.0	54.7	6.3	100
1981	35.2	58.2	6.6	100
2001	26.3	64.5	9.2	100
2011*	22.8	64.7	12.5	100
2021*	19.4	63.9	16.7	100
2031*	16.1	63.2	20.7	100
2041*	15.2	60.0	24.8	100
2051*	14.9	56.3	28.8	100
2061*	14.4	54.3	31.3	100
2071*	14.8	52.0	33.3	100

Source: Data for 1971–2001 are from the Census Reports of the Department of Census and Statistics. Data for 2011–2071 are from De Silva (2007).

Note: \*Projected population.

## CHANGES IN THE DEPENDENCY RATIOS

The change in the broader age groups in Sri Lankan population has impacted on the age-dependency<sup>1</sup> levels significantly. The underlying assumption in those ratios is that persons under age fifteen and those aged

sixty and older are unable to participate in economic activities and they depend on the population aged fifteen to fifty-nine.

In Sri Lanka, the child dependency ratio was 71.3 per 100 persons aged fifteen to fifty-nine in 1971 (table 4). It declined to 40.7 in 2001 and is projected to decline to 25.5 by year 2031. The elderly dependency ratio, which shows an upward trend, rose from 11.5 in 1971 to 14.3 in 2001. By year 2031, every one hundred persons who are in the working-age group will have to look after thirty-three elderly persons. Because of the counterbalancing effect of the young and elderly dependency, the total dependency ratio was at its lowest in the beginning of this millennium. However, as reported in the 2012 census, the overall dependency ratio has increased up to sixty-one dependents.

**Table 4. Dependency ratios, Sri Lanka 1971–2071**

Year	Age Groups		Total (0–14)+(60+)/((15–59))
	Child (0–14)/(15–59)	Elderly (60+)/((15–59))	
1971	71.3	11.5	82.8
1981	60.5	11.3	71.8
2001	40.7	14.3	55.1
2012	41.6	19.7	61.3
2021*	30.4	26.2	56.6
2031*	25.5	32.8	58.3
2041*	25.3	41.4	66.7
2051*	26.5	51.2	77.7
2061*	26.5	57.6	84.1
2071*	28.4	64.0	92.3

Source: Data for 1971–2001 are from the Census Reports of the Department of Census and Statistics. Data for 2011–2071 are from De Silva (2007).

Note: \*Projected population.

## STRUCTURAL CHANGES IN THE ELDERLY POPULATION

The age-sex and marital structure of the elderly population is an important variable to consider when planning to meet the demand for social services. The age composition of the elderly population changes because of the tendency of the older age groups within the elderly population to expand more rapidly. The elderly are grouped into two categories: the “young old”

(aged sixty to seventy-four) and the “old old” (aged seventy-five and above). The proportion of the “old old” was only 23 percent of the total elderly population in 2001, but this is projected to increase to 28.2 percent in year 2031 (table 5). According to past fertility rates and present mortality rates, the proportion of the “old old” will continue to increase year by year. In 2060s, it will be almost 40 percent of the total elderly population.

**Table 5. Age structure of the population aged sixty and older, Sri Lanka 1971–2071**

Year	Age		Percentage
	60–74	75+	
1971	80.5	19.5	100
1981	79.5	21.1	100
2001	77.0	23.0	100
2011*	77.2	22.8	100
2021*	77.2	22.8	100
2031*	71.8	28.2	100
2041*	69.0	31.0	100
2051*	68.0	32.0	100
2061*	61.5	38.5	100
2071*	60.3	39.7	100

Source: Data for 1971–2001 are from the Census Reports of the Department of Census and Statistics. Data for 2011–2071 are from De Silva (2007).

Note: \*Projected population.

Different proportions of males and females in the elderly age groups reflect the differential mortality and migration that have occurred over the lifetime of cohorts. As table 6 shows, the proportion of females in the elderly age groups is rapidly increasing. The sex ratio among the elderly population had declined from 113 in 1981 to 88 in 2001, and it is projected to decrease to 78 by year 2031 (table 6). This decline is stronger among the “old old” groups. The life expectancy at birth<sup>2</sup> of the females is higher than that of males; thus, a large number of females reach old age compared to males. Therefore, as with the total population of Sri Lanka, the elderly are also increasingly becoming disproportionately female.

One of the most significant demographic variables that can be used to assess the social well-being of the elderly is marital status, which indicates how people organize their everyday lives. Living arrangements may be especially important to the elderly, socially and economically. Although the



**Table 6. Sex ratio of the population aged sixty and older,  
Sri Lanka 1971–2071**

Year	Age		All 60+
	60–74	75+	
1971	126.0	106.2	121.8
1981	114.6	107.2	112.9
2001	89.11	84.6	88.05
2011*	85.21	73.7	82.45
2021*	83.74	69.0	80.15
2031*	82.31	67.6	77.90
2041*	82.54	66.7	77.30
2051*	85.69	65.1	78.57
2061*	87.55	66.6	78.88
2071*	87.30	67.2	78.74

Source: Data for 1971–2001 are from the Census Reports of the Department of Census and Statistics. Data for 2011–2071 are from De Silva (2007).

Note: \*Projected population. Sex Ratio: Number of Males per 100 females.

level of permanent celibacy is very low in Sri Lanka, relatively more elderly males than females are single (De Silva 1997).

Widowhood is more prevalent among women than among men. The proportion of widows sixty to sixty-four years of age is about five times that of widowers in the same age group. There are three reasons for the high widowhood among the elderly females. First, at the time of marriage, wives are generally younger than their husbands. Second, the higher life expectancy of females is a consequence of the lower mortality of females at all ages. Third, the greater frequency of remarriage among widowers than widows is also reflected in a lower proportion of widowers than widows among the elderly.

Those who are in a marital union have someone not only to share their difficulties but also to beneficially influence their physical and mental stability. Thus, as in many Asian countries, women in Sri Lanka are also disadvantaged in terms of access to companionship and assistance in their later years.

## **SOCIAL AND ECONOMIC IMPLICATIONS OF AGING**

The consequences of population aging take many forms. These can be divided mainly into two parts: social and economic. Social change, such as

migration, urbanization, and increased female labor force participation, means that in a family, generations may live in different places and that they may live in a place where there is not enough space to accommodate a multigenerational family. As such, Sri Lankan families are not as able to or as willing to care for their elderly members as they were in the past. Therefore, one important policy issue that arises as a result of population aging is how best to provide economic and social support for the elderly. Health care, housing, handling of everyday tasks, and economic support are only a few of the areas in which the elderly have special needs. Sri Lankans believe that it is the responsibility of the family, especially the spouse and children, to help their elderly members, although that belief may be seldom articulated. At the same time, the public has increasingly been expecting the government to help care for the elderly, and many systems are already in place, enjoying state sponsorship.

## **SOCIAL PROTECTION FOR THE ELDERLY IN SRI LANKA**

The increase in the proportion of the elderly reflected in Sri Lanka's demographic profile highlights the immediate need for sound and stable social security mechanisms so that the quality of life and the dignity of the elderly will be ensured. As has been proven the world over, the advancement in life expectancy resulting in the increase of the elderly population brings forth several socioeconomic and health consequences to the elderly themselves as well as to their families and the country as a whole.

In the Sri Lankan context, it is still the family unit that takes on the larger share of responsibilities for the care and protection of the elderly. However, the family unit itself is facing many changes that in turn will have an effect on the tradition of elderly care long embedded in Sri Lankan culture. One major development is the transition of the family from being extended to nuclear. Apart from this, more and more females who have been traditionally identified as the caregivers for the elderly are entering the labor force, which leaves them little time to take care of two dependent generations at the same time. As such, when a choice has to be made, the younger dependents clearly take priority. Another prominent trend with the increasing female labor force participation, is women's migration for employment to distant places within the country and in some instances to foreign destinations. Meanwhile, the number of children available for elderly care has also declined due to the reduction in fertility levels, which makes the burden of caring for the elderly resting on a fewer number of adult children. The limited space available in housing units especially in the urban areas, the increasing cost of living, and changing attitudes are

all contributing factors in weakening the family tradition of elderly care. This situation highlights the need for strengthening social protection mechanisms so that the elderly can lead a life of quality and dignity without having to be a burden on the family.

Social protection for the elderly is not a strange concept for Sri Lanka. In the past, the social security of the elders was guaranteed within the extended family system. In the traditional economic system, the children continued with the parental occupations; as such, when economic responsibilities were passed on to the next generation, so did the responsibilities of caring for the elderly. Within this setup, even the unmarried or the childless elderly did not have to face old-age insecurity. However, with the changes that have occurred in the economic and social context of Sri Lanka as in other parts of the world, the need for more formalized social security mechanisms has emerged (De Silva 2005).

Sri Lanka is a country that has several social protection schemes targeting the vulnerable groups among its citizens. However there are only a few comprehensive social protection mechanisms especially targeting the elderly in Sri Lanka compared to the developed countries with similar or higher proportion of the elderly population. At the national level, aging has become an issue of prominent concern as indicated by the adoption of the national policy for senior citizens in 2006. The goal of the policy is to promote the well-being of senior citizens, with specific provisions for financial security, health care, shelter, welfare and other needs, and protection against abuse and exploitation of the elderly. It further makes available opportunities for the development of the potential of senior citizens (Ministry of Social Services and Social Welfare 2006).

The major social security mechanisms especially focusing on the elderly in Sri Lanka are the Public Sector Pension Scheme, targeting the government sector workers, and the Employees Provident Fund Scheme, concentrating on the private sector employees. There are also several voluntary pension schemes targeting informal sector workers and the self-employed such as fishermen and farmers.

## **GOVERNMENT SECTOR SOCIAL SECURITY MECHANISMS**

The only publicly funded old-age pension scheme in the country is the government servant pension scheme. It is not extended to other public sector employees, such as those employed in semigovernment institutions. The latter, along with the private sector employees, are covered by various Employees Provident Fund Schemes, which are contributory schemes that entitle their members to withdraw the funds available in their

individual accounts as a lump sum at retirement or at the termination of their employment. The beneficiaries are expected to invest such funds and withdraw the interest payments regularly to meet their living and other expenses. Government pension, on the other hand, is a regular monthly payment based on the last salary drawn. The beneficiaries are entitled to such payments as long as they or their dependent spouses are alive.

The formal sector schemes, both public and private, cater to a small proportion of the elderly population of the country. The other contributory schemes that have been introduced in the recent past are not very popular due to low levels of benefits. In other words, the vast majority of the elderly population do not benefit from any social protection scheme. Some elders are entitled to income support under the Samurdhi scheme, under which the benefits go to the families falling under the poverty line. These benefits are not substantial, subject to an upper limit of LKR 1,000 per month, and therefore are not adequate to meet various material needs such as food, transport, and health care.

It is against this backdrop that majority of the elderly people either engage in income-generating activities or rely entirely on family or other sources of material and social support. Recognizing the fact that a large majority of the elders are not entitled to any formal social security benefits, legislation was introduced to ensure that elders are not left without any state or social support to meet their basic needs. This legislation obligates gainfully employed adult children to support their elderly parents who are not entitled to any benefits from a formal social security system. The experience over the last decade shows that not many elders have sought relief under this legislation, perhaps indicating their reluctance to seek a legal remedy to a problem that they probably consider to be highly personal. Yet we do not have any research data on the matter and cannot therefore come to any firm conclusion.

Employment-based social security for elderly people in the country is limited due to the specific nature of the country's employment structure. Although the private sector expanded after economic liberalization and the state sector remains significantly large, majority of the working-age population is dependent on informal sources of income and employment. It is estimated that nearly two-thirds of the economically active people are dependent on these informal sources. As earlier mentioned, various attempts made by the state to provide some form of formal social protection have not been very successful. So, most of them remain without formal social protection. Their situation can be precarious due to various circumstances.

Available secondary data show that the vast majority of the population generally classified as elderly—namely, people over sixty years of age—

continue to be economically active for many more years. For instance, the rate of employment among the elderly aged sixty to sixty-four years old is as high as the rate of labor force participation among the working-age population. Participation in economic activities goes down with age but it is still quite high until the elders reach the age of seventy or seventy-five when the rate is quite low—say, about 16 percent. The gender differences in this regard are significant. The economic participation of women who are over sixty years is relatively low, particularly when they reach seventy and above. What is necessary to note here is that female labor force participation in the country is quite low, even among younger women, which is around 38 percent (De Silva 2012).

The fact that the elderly, particularly men, continue to engage in income-earning activities shows the gap that exists in old-age social security. It is not only a matter of income but also of access to other services such as health, recreation, and transport facilities. The costs involved in accessing these services no doubt compel the elderly to engage in income-earning activities well past their retirement age. In fact, the age of retirement is rather irrelevant for many elderly persons in Sri Lanka.

Two important issues need to be addressed. First, how do we deal with the problems of the working elderly? Second, how do we identify the most vulnerable segment of the elderly in order to provide them with adequate publicly funded social protection? The remainder of this paper attempts to respond to these two important questions.

## **SOCIAL PROTECTION FOR THE ELDERLY: A FUNCTIONAL APPROACH**

Taking into account the general trends in social protection for the elderly in the developing world in general and in Sri Lanka in particular, it is important to recognize the fact that majority of the elders are economically active and will continue to be so for many more years to come. In other words, their working conditions are critically important for their physical and mental well-being and therefore deserve attention with a view to making them tolerable and desirable. There are no studies that provide detailed information and analysis of conditions under which the elderly engage in economic activities and their economic, social, and health implications. This is a lacuna that needs to be filled. Based on new data and analysis, it would be possible to develop policies and programs that can address issues that have emerged. One such issue is the current policy on retirement age (De Silva and Senarath 2009).

While it is true that the elderly people continue to work beyond an officially designated age, it is natural for them to reach a stage when their physical and mental state no longer permits them to comfortably engage in gainful economic activities. This stage can come at different times in individual cases but it is possible to agree on a cutoff point beyond which the elderly should not be expected to work. So, while it is necessary to give the elders some choice with regard to work and employment, it would be desirable for society to reach a consensus on the cutoff point. This would enable the policymakers and planners to develop effective social protection schemes that will provide adequate social protection to the deserving elders. This is the only way to ensure that those who are not covered by any formal social protection scheme are not left to their own devices, which may be grossly inadequate to meet their diverse needs.

When we talk about labor standards nationally and internationally, the focus is on the working-age population. The large working elderly population in developing countries like Sri Lanka are left out, and their working conditions have yet to be a subject for policy debates and program interventions. This is unsatisfactory. There is an urgent need to focus attention on this issue and reach some form of consensus as to how to address issues faced by the working elderly. The modalities of dealing with these issues need to be developed based on a detailed situational analysis, a comprehensive needs assessment, and a review of policy options that may be considered.

As regards the social security requirements of the elderly who cannot support themselves, the identification of the target group is as important as the determination of their needs. A critical factor here is the socioeconomic status of the elderly, although individual circumstances are also important considerations. These may include the health status of the elderly, family situation, and special individual needs such as disability care. These may be too complex for the families to manage, thus the need for external, institutional support. So, left to themselves and their families, some elders suffer in silence. They would remain hidden until the relevant institutions and professional community workers trace them through household surveys and family visits.

## CONCLUSION

The increasing elderly population in Sri Lanka is a major social issue that cannot be addressed by the state alone. Moreover, traditional notions of old-age protection have become problematic in view of the rapid social and economic changes that have been taking place. The changing

structure of the economy has made employment-based old-age social protection largely irrelevant for a majority of people. On the other hand, the increasing problems of public finance have made fully publicly funded old-age pension schemes for the elderly population rather unviable. It is against this background that the need to explore attractive strategies has become urgent. In this regard, livelihood, self-help, and family support have emerged as important areas that deserve greater attention. While many elderly people continue to engage in livelihood activities to support themselves and their families, issues connected with livelihood, such as working conditions, wages, occupational health, etc., need to be addressed by the relevant institutions through appropriate policies and interventions.

Many elderly people in Sri Lanka have already been mobilized through community-level elders' committees, which function as self-help groups with or without the support of external agencies, including the state. They need to be strengthened so that they can play a more active role in promoting their own well-being. And finally, families that support elders need to be supported where necessary so that they can also play a major part in elderly care, particularly where the elders need close attention and help in meeting their basic needs. It should be a coordinated effort involving the state, the elders, local communities, and relevant institutions that can make the lives of the elderly population more satisfying and tolerable.

## NOTES

- 1 The child dependency ratio is defined as the number of children under age fifteen per one hundred person aged fifteen to fifty-nine. The elderly dependency ratio is defined as the number of persons aged sixty and above per one hundred person aged fifteen to fifty-nine. The total dependency ratio is defined as the sum of the child and elderly dependency ratios.
- 2 The male-female life expectancy gap at birth, which was only 0.4 years in the period 1962–1964, had increased substantially during the subsequent period irrespective of the fact that the life expectancy for both sexes had increased considerably. The life expectancy for males had reached 67.7 years and 72.1 years for females, revealing a gap of 4.4 years during the period 1980–1982. The life table for 2000–2002 indicates that this gap had increased to 8.5 years. In the projected life table for the year 2011, the corresponding gap has increased to almost 9.0 years (De Silva 2008).

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# Aging in Iran: State, Family, and Social Support

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The main goal of this paper is to explain the process of aging and to explore the role of the state and family (personal networks) in the provision of support to elderly men and women in Iran. The analysis is based on the findings of several surveys of elderly living especially in Tehran, the capital of Iran. These findings focus on the characteristics of the networks of elderly men and women and their effects on the flow of resources and social support.

The results indicate that more than 65 percent of the networks of elderly men and women are composed of their kin. Although kin occupy an important position in the network, not all types of kin are equally represented. Most ties tend to be with immediate kin: children and spouse. Men's networks are larger and more diverse than women's networks. Elderly women, on the other hand, receive greater and more varied types of support from their networks. Frequency of contact and level of intimacy in addition to marital status are the main predictors of social support. The elderly who have frequent contact with the members of their networks and elderly women, in general, have a more positive outlook on this period of their lives.

**Keywords:** aging, elderly, social support, personal networks, Iran

## INTRODUCTION

The world's population is aging. Almost five hundred million people worldwide were aged sixty-five and older in 2000, and this number is projected to increase to one billion by 2030 and almost two billion by 2050.

Significantly, the most rapid increases in the sixty-five-and-older population are occurring in developing countries (Gavrilov and Heuveline 2003), where the older population is expected to quadruple during the next fifty years. Such a demographic transformation has profound consequences for every aspect of individual, community, national, and international life (Second World Assembly on Ageing 2002).

Iran is also experiencing a similar trend. United Nations' (2007) statistical projections demonstrate rapid growth of the elderly population in Iran. While the proportion of people in the sixty years and over group was 5.4 percent in 1975, it is estimated to increase to 10.5 percent in 2025 and 21.7 percent in 2050 (United Nation's Report 2007; Tajvar, Arab, and Montazeri 2008). Currently, 7.2 percent of the population are aged sixty and over. The median age is almost twenty-eight years, and life expectancy at birth is 72.1 years. It is important to note that in 2005–2010, Iran was one of the countries with below-replacement fertility rate. Total fertility rate in 2005–2010 was 1.77. The decline in fertility rate and the reduction in family size have resulted to a decline in the population aged fifteen years and below, which in turn has increased the population in the working-age group.

Although this demographic transformation represents a triumph of medical, social, and economic advances over disease, it also presents tremendous challenges. Population aging strains social insurance and pension systems and challenges existing models of social support. It affects economic growth, trade, migration, disease patterns and prevalence, and fundamental assumptions about growing older. This trend is accompanied by a number of changes that can negatively affect existing mechanisms for elderly support. The nature of family relations is changing due to declining fertility, rural-to-urban and international migration, and a change in values and norms (Palloni 2009). It should be noted that in Iran, as a developing country, the state does not play a major role in this respect, creating conditions that are unfavorable to the development of safety nets for the elderly.

The demand for elderly care will eventually take priority in the policy agenda of the country. In this direction, Iran faces important constraints. The health system is inadequate to supply much-needed care of the older people. While the health of the elderly declines considerably with age, their ability to fulfill their health needs seems to be getting worse than before. On one hand, most of the elderly lose their source of income and become economically dependent on others. On the other hand, medical expenses and medicine prices increase every year, which make it difficult for the elderly to pay for their medical needs, particularly for those with no medical

insurance (Tajvar, Arab, and Montazeri 2008; Sheykhi 2004). Government policies and programs typically give low priority to the concerns of older persons. In Iran, as in many developing countries, the expectation is that taking care of the elderly is the responsibility of family. But families are changing, marriages are occurring later in life, and divorce is becoming more frequent. In addition, the increase in labor force participation of women leads to added demands on older people and/or increased restrictions in the supply of care for them (Palloni 2009).

Gender disparity is another problem for seniors in Iran (Amini, Ingman, and Sahaf 2013). There are significant gender differences in the situation of the elderly in Iran. Overall illiteracy rate is very high among the elderly. In urban areas, 79 percent of women, compared to 50.7 percent of men, are illiterate. In rural areas, 95 percent of women, compared to 71.5 percent of men, are illiterate. The employment rate of elderly men is 40 percent, while the employment rate of women is 3.2 percent (Rahnama 2010). Elderly men have numerous sources of income: employment, retirement pensions, possessions, and support from children. Elderly women can only rely on aid received from their children.

Elderly men's marriage rate is two times more than that of women. Men may marry for a second time following loss of their wives while women remain widowed. The number of widowed women is five times more than that of widowed men. It is easier for men to remarry after a divorce or being widowed than it is for women. The proportion of single senior women is higher than that of single older men (Teymoori, Dadkhah, and Shirazikhah 2006).

Although thousands of old men and women are likely to face different types of difficulties in fulfilling their needs, it seems that life is harder for women than men. In this light, the state and families need to consider aging issues more seriously now than in the past. Ignoring the aging phenomenon is not possible. As such, it is important to study the situation of the Iranian elderly in order to plan appropriate policies to address their needs and improve their quality of life.

The main goal of this paper is to explore the role of the state and family (personal networks) in the provision of support to elderly men and women in Iran. In this regard, the study aims to answer the following questions: How do state and family (personal community network) help old people deal with their problems? Do kin differ from nonkin in the roles they play in elderly men and women's network? Does the social support they provide differ in quantity, quality, and reliability?

## STATE AND SOCIAL SUPPORT

The main government organizations that provide services and support for the elderly in Iran are the State Retirement Organization, the State Welfare Organization, Imam Khomeini Relief Committee, and I. R. Martyr's Foundation.

The State Retirement Organization covers almost six hundred thousand persons. In addition to salary, it has also begun to distribute the *Manzelatz* (Respect) cards since 2005. Owners of this card can have IRR 1 million annual credit as their trip allowance. Using the subway and the internal transportation system (inner city buses), visiting the country's cultural heritage sites, and watching sport games are some of the services that are available.

The State Welfare Organization pays pension to persons in urban and rural areas. Its other services include rehabilitation services such as physical therapy, work therapy, optometry, audiometry, and so on (State Statistical Yearbook 2006).

Imam Khomeini Relief Committee is a foundation that is supported by the government and also receives the Islamic taxes of *Khums* and *Zakat*, as well as *Zakat al-fitr*. Aside from giving pensions, this committee provides financial support and self-sufficiency loan especially for needy elderly. *Shahid Rajaei Project* is a program for financial support of the poor old rural dwellers and nomads, aged sixty or over and their dependents.

I. R. Martyr's Foundation pays pension to martyrs' parents aged sixty and over. It also provides medical, training, cultural, welfare, and housing services for martyrs' parents.

It is important to note that these organizations do not cover all of the Iranian elderly. Some Iranian elderly attempt to go back to work in order to cover their basic living expenses (Kaldi 2005; Amini, Ingman, and Sahaf 2013). According to official statistics in Iran, 25–30 percent of the Iranian elderly do not benefit from any insurance services (Tajvar, Arab, and Montazeri 2008). In this context, vulnerable groups—the aged, women head of family, and widowed—have to rely on their networks and informal relationships to gain needed support.

## AGING, SOCIAL NETWORKS, AND SOCIAL SUPPORT

This section will focus on characteristics of the social networks and exchanges of social support among Iranian elderly. Social network analysis helps us to study the effects of social-structural factors on access to and use of social support. This approach concentrates on “structural differences among

people's social worlds and the ways these differences determine differential access to resources needed in the process of coping and adaptation" (Gottlieb 1981, 32).

A personal network consists of a focal actor, a set of network members linked to the focal actor, and the ties between the focal person and these network members. For instance, "when studying people, one samples respondents, and each respondent reports on a set of alters to whom they are tied, and on the ties among these alters" (Wasserman and Faust [1994, 42] quoted in Bastani 2007).

Investigators usually start by asking respondents to list their active or intimate relationships. By obtaining this list first, they avoid restricting their sample to kin, neighbors, or supporters. In the surveys used for the purpose of this study, each of the respondents was asked a set of questions to generate the size of network members and their relationship to the respondent. Respondents mentioned different role types: spouse, child, sibling, other relative, friend, neighbor, and coworker. The first three are coded as immediate kin.

At the relational level of analysis, researchers study the social characteristics (gender, etc.) of these network members and of the elderly respondents who are (by definition) the focal persons at the centers of these networks. They also study the characteristics of the ties between focal persons and network members—for example, frequency of contact, intimacy, kinship role, etc.

At the network level of analysis, researchers look at the composition of the networks (e.g., median frequency of contact, percentage of kin) and the structure of these networks (e.g., density of interconnections among network members). In studying social support, the most common aim is to identify which types of ties and networks provide what kinds of social support—that is, the contents of network ties.

People use their networks to have access to different types of support at the time of need. They may use their supportive ties to get help, discuss their problems, or get emotional or instrumental aid. The availability of these ties helps old people to reduce the risks and uncertainties of their life.

Social support literature shows that family, friends, and neighbors are being engaged to provide different kinds of assistance. Bastani (2001), for example, outlined the differential functions of kin, neighbors, and friends (see also Bastani and Salehi-Hikooei 2007; Bastani and Zakariai Seraji 2012; Wellman and Wortley 1990; Fischer 1982). She found that kin were being used for assistance in times of illness when long-term aid is needed, and neighbors were used for short-term assistance. It should be mentioned that different types of ties are unequally represented in networks. Hence,

the availability of support from different types of ties may depend on how many such ties are in the networks and on how those ties are likely to provide support.

In many developing countries, there are few institutional sources of support outside the household and its immediate circle of kin. In times of need, individuals have to rely on whatever resources the household can muster internally, or else upon the external sources of aid and information that its members have been able to cultivate and maintain—kin networks for the most part, but also neighbors, friends, and so on.

## THE DATA

The analysis is based on a set of surveys of elderly living in Tehran, Iran's capital. These surveys include more than five hundred structured, face-to-face interviews with aged men and women. The studies focus on the following:

- gender differences in aging: social networks and social support<sup>1</sup>
- social support and quality of life of elderly<sup>2</sup>
- social exclusion and life satisfaction of elderly men and women<sup>3</sup>
- gender and network social capital<sup>4</sup>
- social relationships and social inclusion of elderly<sup>5</sup>

## MEASUREMENT OF SOCIAL SUPPORT

Researchers use different methods to study the resources of support that people gain from their networks. Wellman and his research group (1988) in their study asked about eighteen types of resources that they exchange with their network members, such as companionship (sociability, discussing things, doing things together), emotional aid (minor and major aid, advice on family problems), material aid and services (minor and major services, minor and major household aid, lending items), financial aid (small and large amounts, loans), and information (housing search), among others. Each item was asked for each network member.

Fischer (1982: 36), on the other hand, used a number of questions on the exchange of different types of support, such as discussing personal matters or watching over one's home, to delineate the personal network of his respondents rather than simply examine the total range of support a network member may provide (see also Espinoza 1992; van der Poel 1993). His study reveals four different types of support: household and material aid, sociability, advice, and financial aid.

We used the name-elicitation approaches developed by Fischer (1982) and Wellman and Wortley (1990) to collect information on the content of old Tehrani social networks. Each respondent was asked if he or she received from or gave to their network members each of these different types of social support—advice, emotional aid, services, financial aid, information, and companionship. Responses for each type of support are summed up to create a measure of total network support.

## CHARACTERISTICS OF THE ELDERLY'S SOCIAL NETWORKS

The size of a network refers to the number of alters with whom an elderly is linked. An elderly who has connections with more alters is more socially integrated than someone who has few connections. Size is an indicator of social resources. The average size of the networks is 23.67, with sizes ranging from 0 to 116. Men have larger social networks than women, an average of 27.22 ties per network compared to 20.69 ties among women.

The composition of the networks is indicated by the percentage of specific relationships in the network: percent kin, friend, neighbor, and coworker. Several studies have shown the existence of family ties and the support provided by these relationships (Wellman 1992; Wellman and Wortley 1990; Bastani 2001). Respondents have ties with both kin and nonkin. Kin occupy important position in the elderly's networks. The results indicate that more than 60 percent of the networks of elderly men and women are composed of their kin. The number of kin in respondents' networks ranges from 0 to 100. Old women are more involved with kin and neighbors than men. The percentage of friends and coworkers in men's networks is more than that in women's networks.

Respondents are in frequent contact with their children. The percentage of women who are in frequent contact with their children is more than that of men (92.9 percent vs. 79.3 percent). Tehrani elderly's networks are "kin-centered."

### Social support: Network-level analysis

The analysis is based on six types of support: advice, emotional support, services, financial support, information, and companionship.

**Advice**, "*ashverat*," refers to discussing important and personal matters. The majority of the respondents interviewed relied heavily on their spouses and children and their friends for advice. Women are more likely to get needed advice from their immediate family, especially their husbands, while men tend to discuss the important matters with their children. On average, women receive more advice from their kin networks than men.

Most respondents, both women and men, report providing this type of support to their network members—that is, kin, friends, and coworkers. Women are more likely to provide advice to their spouse, children, and siblings. Compared to women, men are more likely to provide advice to friends and coworkers.

**Emotional support**, “*hemayate aatefi*,” usually refers to expressions of respect or love. It also means understanding, listening, talking, and helping people to put their own lives in perspective. Emotional support can be given routinely or in crisis situations.

The results indicate that women are receiving more emotional support than do men. That women exchange more emotional support is consistent with the findings of previous studies (Bastani 2001; Wellman 1992; Sapadin 1988; Pearlin 1985; Turner 1983). The kin network serves as the main source of emotional support for the elderly. Most of the respondents relied on their spouses and children for emotional aid. Both women and men provide emotional support to their spouses and children.

Women are also the main source of emotional support for extended kin and neighbors. Compared to women, men provide more emotional support to their friends and coworkers.

**Services**, “*khadamat*,” refer to the provision of aid through practical tasks, such as household chores, personal care, and so on. Women receive more services than do men. In Iran, like other patriarchal societies, women are responsible for most of the housework, and they are expected to exchange more services to fulfill their traditional roles.

Many immediate kin—spouse, children, and siblings—are among the service providers. In many instances, the respondents indicate that they would immediately think of their immediate kin whenever they need practical support. The closeness of the relationship means that they would not feel embarrassed when they ask for help. Respondents who have more children appear to be more likely to rely on them for practical support than respondents who have fewer children or who do not have a child.

Respondents not only receive services but also provide them to their relatives and friends. Older respondents, for example, provide assistance in child care for network members, especially their children.

The results indicate that having a larger proportion of kin in the network is important for both women and men. They ask their network members for practical help, especially for help around the house. These are the kinds of support that kin members are most likely to provide. Old women are provider of services and practical support to their network members (kin, neighbors, and friends).



**Financial aid**, "*komake mali*," includes the direct giving and lending of money. Direct money transfer with network members usually involves small amount of money.

The results suggest that spouse, children, and sibling are the main providers of financial support. Women receive more financial support from their spouse and children than men do. A number of respondents (17.9 percent) ask extended kin for financial help. Few people refer to friends (1.9 percent) or neighbors (1.2 percent) as providers of this type of support.

There is a significant relationship between gender and receiving financial support. Women receive more financial support from their networks. It shows women's financial dependency on their network members, mainly their immediate kin. Men are the main providers of financial support for their network members—spouse, children, and coworkers.

**Information**, "*ettelaat*," includes information on health care, pensions, and other government programs. Among immediate kin, children are the main sources of access to information. A number of respondents (19.1 percent) named their children as providers of different types of information. Women use their social networks to get this kind of support more than men. Most of the male respondents said that they do not use their networks for this type of support. They use formal channels to find needed information.

The elderly are a source of information for their family and coworkers. Comparing the results for men and women, men are more likely to provide this type of support for their network members, especially spouse, children, coworkers, and friends.

**Companionship**, "*moaasherat va ham sohabati*" is important for the elderly. Immediate kin, particularly children and siblings, are the main providers of this type of support.

It is important to note that when we compare kin with nonkin, kin (65 percent) are more likely than nonkin (35 percent) to provide companionship. Majority of the respondents maintain close relationships with their children. Their children come to visit them daily or weekly. These socialization and integration opportunities play a significant role in strengthening the kin networks. Therefore, strong kinship ties become readily available and serve as reliable sources of social support for the respondents, from which they would constantly draw upon in times of need. Social gatherings with groups of friends are infrequent when compared with the frequent meetings of kin.

A surprising result is that there is a positive relationship between companionship and the percentage of neighbors in network. The elderly enjoy spending their spare time with their neighbors. This finding is different from findings of previous studies in Iran (Saei Mehr 2004; Salehi-Hikooei 2005).

## **The total network support**

In general, frequency of contact and level of closeness are the main predictors of total network support. People who are in frequent contact with their network members are more likely to receive help from them.

Gender and marital status are demographic characteristics that have significant effects on total support. Women and married respondents receive more support from their networks. Some research findings suggest that although men and women rarely differ on all aspects of social support, when differences are found, they tend to favor women (Vaux 1988).

## **TIE LEVEL ANALYSIS: NETWORK MEMBERS AND SOCIAL SUPPORT**

Sociologists have produced different explanations for the provision of social support: the closeness of a tie, the accessibility of a tie (frequency of contact and proximity), network members' demographic and socioeconomic characteristics, and role type (Weiss 1969, 1974; Wellman and Wortley 1990). In the previous section, we found association between gender and marital status of the respondents and the availability of support to them. In this section, we examine the relationship between the demographic and social characteristics of network members and the probability that they will be supporters. The network members' relational characteristics included in the current analysis are tie strength, tie proximity, and frequency of contact.

Female network members provide as much advice and companionship as male network members. However, there are differences between women and men in regard to providing emotional support, services, financial aid, and information. Female network members are more likely to provide emotional support and services. This finding confirms the view that in patriarchal societies, women perform many small services in order to fulfill traditional female role expectations (Bastani 2001; Gullestad 1984; Hammer, Gutwirth, and Philips 1982; Fox 1980). On the other hand, male ties are more likely to provide financial support and information. It is not surprising since majority of male network members have access to these types of resources.

The results indicate that male network members provide more support to the respondents than female network members. This finding can be explained by the fact that most of the respondents name male ties as providers of financial support and information.

Stronger ties provide more support to the respondents. People who have more frequent contact are more apt to provide support in their

relationships. Having face-to-face contact is necessary for some types of support—for example, help around the house. “Ready accessibility through contact is more likely to be a mobilizing factor in many such situations” (Wellman 1985, 27).

As expected, kin ties, especially ties with the immediate family members, are the main sources of support. The results indicate that ties with spouse and children are positively related to the provision of support. Both men and women have relied heavily upon their spouse and their children for problem solving and different types of support.

Among the networks’ characteristics, tie strength and frequency of contact have positive effects on providing advice, emotional aid, services, financial help, and companionship. Tie proximity has a negative effect on the provision of advice, emotional support, and financial support. People do not need to live near each other to provide these types of support to their network members. However, tie proximity has a positive effect on the provision of services.

The results also include controls for the role of different types of kinship ties: spouse, child, sibling, and extended kin. These have different effects on different types of support. Spouses and children are the main providers of different types of support. Sibling ties have positive odds of providing emotional support and financial help. However, fewer brothers than sisters have provided emotional support. Older siblings, in particular, are the main providers of financial aid.

## CONCLUSION

This paper explores the role of state and family in the provision of support to elderly men and women in Iran. The findings show that state protection via organizations and welfare system is not sufficient. The growing number of old people will increase the need for different sources of support. Therefore, the elderly have to rely on their informal networks to get much-needed help.

Based on the results, the elderly can get resources from their support networks. Even respondents who have small support networks rely on their networks for assistance during emergencies. The results indicate that different types of ties tend to provide different types of support.

There is a clear distinction between kin and nonkin in the quantity and quality of support they provide. Kin play a crucial role in providing different types of support to the respondents. Respondents generally have extensive contacts with their kin. At the center of the respondents’ networks are immediate family members—spouses and children—who are their closest

confidants and main providers of different types of support, especially advice, emotional support, and financial aid. The elderly, especially women, are dependent on their spouses for support.

Children are also main sources of support for their parents. Both men and women chose children to provide different types of support. Compared to men, a larger proportion of women indicate children as preferred sources of aid. The existing reciprocity between the elderly and their children can be classified as “generalized reciprocity” (Sahlins 1956).<sup>6</sup> According to Sahlins, in a generalized model, social support tends to be reciprocated over a long period of time. For example, there is a tendency for the children to benefit from the support of their parents in the earlier stages of their life, while they may reciprocate their parents’ support when they get older.

Most of the respondents have at least one friend whom they can rely on for some types of support. Men rely on their friendship ties and previous coworkers for support more than women. These intimate friends and coworkers would listen to them, support them, and provide them with companionship, advice, and emotional aid whenever they were in need.

The respondents’ support relationships with their kin differ from their support relationships with other network members. While they can be extremely generous with their immediate kin, they are somewhat calculating with other ties. Respondents mostly name their immediate kin—children and sibling—as providers of support. However, they often mention other network members (friends, coworkers, and neighbors) as support recipients.

The nature of support to be received or provided also varies with regard to the relative closeness of the relationships. It is also interesting to note that both women and men made clear distinctions between different types of kin in terms of the closeness of the relationship and the types and intensity of support to be received or rendered. Indeed, the findings indicate that respondents’ personal networks consist of a series of concentric circles, varying in degree of intensity from immediate family at the center toward the outside.

The findings also indicate that the social networks of women are more supportive than the networks of men. Gender is related to the provision of some types of support. Women provide support in the “feminine” spheres; they are important sources of emotional support (see Wright 1989; O’Connor 1992) and some types of practical aid such as child care and help around the house. Men are the main providers of information and financial support, which are considered as the more “masculine” type of support (see Bastani 2001; Bastani and Salehi-Hikooei 2007).

These differences in support behavior may be linked to Iranian gender role divisions. The gender differences presented here must be treated

primarily as descriptive. However, some of these results are consistent with traditional sex role orientations and cultural expectations. The emphasis on women's place in the home—that is, being a good mother—and the gender-based process of socialization can be used to explain the observed differences (see Bastani and Salehi-Hikooei 2007; Poya 1999; Toubia et al. 1973).

Overall, the lives of the elderly are centered on their kinship networks. The support from immediate kin is reliable and consistent and can be depended upon in all circumstances. The elderly have frequent contacts with their immediate kin. These frequent contacts help strengthen relationships and enable respondents to exchange help with their network whenever there is the need and the opportunity to do so.

The findings of this study suggest that the support that the elderly receive from their social networks can be complementary to the support that they may receive from government organizations (see Dykstra 2007). For most Iranians, the family remains a central and valuable institution. As such, it is important for policymakers to pay attention to the positive role of the Iranian family. They should encourage families to support their old parents, and develop efficient plans in order to address the needs of the elderly in the family.

## NOTES

- 1 Susan Bastani and Fatemeh Zakaryaei
- 2 Aghdas Mostafaei
- 3 Fatemeh Rahn timer
- 4 Susan Bastani and Maryam Salehi-Hikooei
- 5 Susan Bastani and Fatemeh Rahn timer
- 6 Sahlins (1965) has discussed the distinction between “balanced” and “generalized” reciprocity. Balanced reciprocity entails direct exchange, where the balance is created by returning the equivalent of the help received, without delay.

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## **PART II**

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**Evolving Notions of Old Age,  
Elderly Care and Support,  
and Successful Aging**



# Successful Aging in Japan: The Role of the Government

Yasuhiko Saito and Vanessa Yong

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Studies on successful aging have typically focused on the individual-level, particularly health-related determinants. In the paper, we focus on social structural factors, which are as important. Framed within the Japanese social context, we examine policies and program measures that were implemented in Japan to encourage successful aging of its rapidly graying population. By sharing the Japanese experience, we hope countries in Asia and the Pacific can prepare better for issues related to population aging.

**Keywords:** Japan, successful aging, policy, health status, population aging

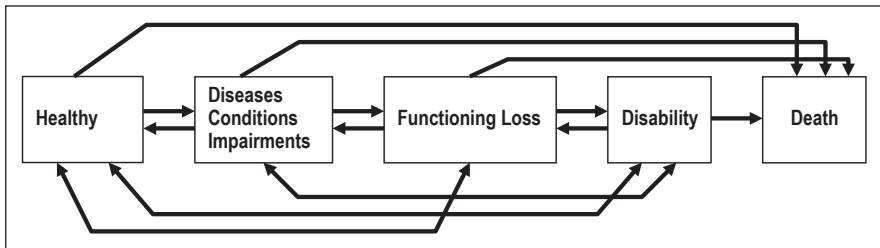
## INTRODUCTION

As the title of the conference “Aging in Asia-Pacific: Balancing the State and the Family” indicates, both the state and the family have important roles to play in helping older adults age successfully. In this article, after discussing “successful aging” in general and individual determinants of successful aging, we will examine the policy measures taken by the Japanese government to help ensure successful aging among elderly Japanese. We will also talk about health, one of the determinants of successful aging. The section on policy measures draws on a chapter, authored by Yong, Minagawa, and Saito, that will be published in a book entitled *Successful Aging in Asia*.

## SUCCESSFUL AGING AND HEALTH

The term “successful aging” was first introduced in 1961 in an article published in the *Gerontologist* by Havighurst (1961). Subsequently, Rowe and Kahn (1997, 1998) defined successful aging based on three factors: (1) avoidance of disease and disability, (2) maintenance of high physical and cognitive function, and (3) sustained engagement in social and productive activities. Their definition has since been revised and broadened to include factors such as life satisfaction and well-being (Bourque et al. 2005; Crowther et al. 2002; Strawbridge, Wallhagen, and Cohen 2002). As the definition by Rowe and Kahn indicates, determinants of successful aging were examined from individual viewpoints. Among those determinants, health is a very important factor to be considered. Because it is a very important determinant of successful aging, we would like to pay special attention to the concept of health.

How do we define “health”? The World Health Organization (WHO) (1946) states, “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” However, we have not been successful in the operationalization of the definition to measure the concept as a single index. Therefore, in this presentation, we focus on physical and mental health, which can be categorized into five states as shown in figure 1: “healthy,” “diseases, conditions, or impairments,” “functioning loss,” “disability,” and “death” (Crimmins and Seeman 2000).



**Figure 1. Five health states and possible transitions among health states**

Concrete examples of these five health states may be helpful to understand the concept. A person can be classified as “healthy” if the person has no health problems. The person can be in the state of “diseases, conditions, or impairments” following a stroke. If the person survives the episode, the person could be in the state of “functioning loss.” Functioning

loss does not necessarily mean that a person is disabled, though. As long as the person can perform socially expected activities, the person is not disabled, even though the person loses functioning. For instance, if a person with a paralyzed right hand can work or manage to perform personal activities necessary for everyday life, the person is not disabled. Only when a person cannot perform socially expected activities because of functioning loss, can they be categorized as “disabled.” A person, of course, could die resulting from a stroke. An individual can move from one health state to another, and the prevalence of each living health state is determined by transitions to and from a particular health state and the mortality rate of those in the health state.

The physical and mental aspects of the definition of successful aging by Rowe and Kahn refer to the three health states in the middle boxes of figure 1. Basically, being healthy until death is a condition of successful aging in the definition by Rowe and Kahn. In Japan, we have an expression for such successful aging—that is, “*pin pin korori*.” “pin pin” is to keep healthy, bouncing, and dynamic, and “korori” is to roll over and die. The meaning of the phrase is to live a long life without illness, and when the time is up, simply to die peacefully. About thirty years ago, this phrase was used in a campaign in Japan to promote healthy aging. In the phrase, there are two concepts to consider. One is “long life,” which is the quantitative aspect, and the other is “healthy life,” which is the qualitative aspect.

Many people are aging successfully in terms of quantity of life—that is, longevity. More people are reaching very old ages. In Japan, we used to celebrate one’s sixtieth birthday as a sign of longevity. Not any longer. In Japan, almost 92 percent of baby boys and more than 95 percent of baby girls born in 2012 can expect to reach age sixty (Ministry of Health, Labor, and Welfare 2013a). We had only 153 centenarians in 1963, but there were 51,376 centenarians in 2012 (National Institute of Population and Social Security Research 2013). The number of centenarians increased more than 330 times over half a century. The oldest human being, as recorded by the late Jeanne Calment in France, died in 1997 at age 122 and 164 days (Allard, Lèbre, and Robine 1998). A Japanese man broke the previous record for men in December 2012 at age 115 and 253 days. We still don’t know whether a limit to the human life span exists, but we are almost certain more and more people will be reaching extreme old age.

In a society, one way to measure, on average, how successful individuals are living longer is to compute “life expectancy.” Life expectancy is a well-known measure of mortality for the population as a whole and has been used as an indicator of population health for a long time. However, as population aging progresses, there are increasingly more people with

chronic diseases and disability. As a result, life expectancy does not serve as an indicator of population health any longer. In order to measure quality of life, which represents the healthy years of individuals on average, the concept of health expectancy, which combines information on mortality and morbidity, was introduced. Basically, health expectancy is determined by dividing life expectancy into healthy years and unhealthy years, however health is defined. For instance, a life expectancy of eighty-six years can be divided into eighty-two healthy years and four unhealthy years, although the four unhealthy years do not necessarily mean the last four years of life. Life expectancy can be divided into more than two parts, such as healthy, mildly disabled, and severely disabled. Through successful aging, healthy individuals can contribute to overall good population health and, in turn, reduce health-care expenditures and the need for long-term care.

Of course, individuals need to make an effort to age successfully. However, successful aging for individuals can be facilitated by family involvement, especially in the area of sustained engagement in social and productive activities. Family members can prevent older people from feeling lonely or isolated by involving them in conversations, daily activities, and family decision-making processes. Previous studies have shown that loneliness is associated with individuals' physical and mental health (e.g., Hawkey et al. 2008; Luo et al. 2012).

Government policy measures can also help older individuals age successfully in society. In the following section, we will introduce the policy measures adopted by the Japanese government. Before we discuss these policy measures, we would like to briefly introduce the Japanese context and the aging issues now facing Japan.

## **BACKGROUND ON JAPAN**

Japan currently has about 127 million people and is known for its homogeneous, egalitarian, and cohesive society, although in the recent past these characteristics might have changed. In 2012, the total fertility rate was 1.41 (Ministry of Health, Labor, and Welfare 2013b), and life expectancy was 79.94 and 86.41 for males and females, respectively. Low fertility and longevity are two sources of population aging. There are two characteristics of aging in Japan. One of them is the speed of aging and the other is aging among the aged population. The aging process in Japan is proceeding very fast as represented by changes in the aging index. As can be seen in table 1, it took only twenty-four years for the proportion of older adults in the Japanese population to reach 14 percent from 7 percent. A country is considered an aging population if the proportion of older adults



**Table 1. Changes in aging index for selected countries**

Country	Year Reached 7%*	Year Reached 14%*	Year Reached 21%**	Years from 7% to 14%	Years from 14% to 21%
Japan	1970	1994	2005	24	11
France	1862	1979	2023	115	44
Sweden	1887	1972	2023	85	51
UK	1929	1976	2028	47	52
USA	1942	2014	2036	72	22

Sources: Kono (2003); United Nations, Department of Economic and Social Affairs, Population Division (2013).

is 7 percent or higher. Japan moved from 7 percent to 14 percent in twenty-four years, and then increased further to 21 percent in eleven years. France and Sweden will take more than one hundred years to reach 21 percent from 7 percent. What this means is that Japan had only a short period of time to adjust to such changes in the population structure of its society, while other developed countries have had a relatively longer time to adjust. Japan is currently the most aged country in the world and is the front-runner in developing aging policies. Japan used to be able to develop policy measures by looking to examples from more advanced aging countries. However, Japan does not have such examples any more. On the contrary, many aging countries are watching Japan to see whether the policy measures the Japanese government is taking are working.

The second characteristic is aging among the aged population. As can be seen in table 2, the proportion of those aged seventy-five and over among those aged sixty-five and over was 40.7 percent in 2000. The proportion for Japan is relatively small compared to that of other aging countries in the table. However, by 2025, the proportion will increase to 59.1 percent. The significance of the proportion is that those aged seventy-five and over have a higher probability of needing care and of being cognitively impaired. Also, average medical expenditures for those aged seventy-five and over is much higher than for those aged sixty-five to seventy-four. By 2050, Japan is still likely to have the highest proportion of those aged seventy-five and over among those aged sixty-five and over. Between 2025 and 2050, France and the United States may be in a similar situation as Japan.

As earlier noted, one of the reasons Japan is facing aging issues is because of a drastic decline in fertility during the 1950s and subsequent long-term low levels of fertility. Low fertility not only causes changes in the age composition of the population but also reductions in the actual number of individuals in the labor force. Since 2000, the number has been declining.

**Table 2. Changes in proportion of aged 75+ in aged 65+**

Country	2000	2025	2050	Difference between 2000 and 2025	Difference between 2025 and 2050
Japan	40.7%	59.1%	63.3%	18.4	4.2
France	45.9%	50.0%	61.5%	4.1	11.5
Sweden	51.4%	52.7%	58.2%	1.3	5.5
UK	46.9%	49.9%	57.4%	3.0	7.5
USA	47.1%	43.2%	55.3%	-3.9	12.1

Sources: United Nations, Department of Economic and Social Affairs, Population Division (2013).

In addition, the strong traditional family support system has weakened in Japan partly because of declining fertility and smaller family size. Moreover, with longer lives, caregivers themselves are also getting old and cannot adequately offer care (Ministry of Health, Labour, and Welfare 2002). Because of these changes in society, the Japanese government realized that comprehensive policy measures were needed to support the well-being of the aged population. So, in 1995 it issued the Basic Law on Measures for the Aging Society (Lilley 2002). The general principles of the law include specific measures in four areas that are very relevant to successful aging for older Japanese. These areas are health and welfare, employment, social participation, and living environments. The Japanese government has been revising, modifying, and reforming policy measures in order to adjust for and accommodate to social changes accompanying increases in the aging population.

## **POLICY MEASURES FOR SUCCESSFUL AGING IN JAPAN**

### **Health and welfare**

As mentioned above, health is central to successful aging in the definition by Rowe and Kahn. Policy measures and programs related to people's health can directly affect successful aging among older adults. There have been a few such measures and programs introduced by the Japanese government.

Universal health insurance coverage was achieved in 1961 in Japan. Since then, throughout Japan, people have been provided with medical treatment when needed. Initially, there were special programs for retired people and those aged seventy and over. However, health insurance policies

were revised many times and programs were abolished in order to adjust to changes in society. Still, older adults continue to receive favorable treatment financially.

A ten-year strategy to promote health care and welfare for the elderly, known as the Gold Plan, started in 1990 to meet the long-term care needs of older people. Two of the program's specific objectives are to develop in-home services for the elderly at the municipal level and to develop institutional facilities rapidly (Ihara 2000; Lilley 2002). Newly created services to assist older Japanese adults in their daily living activities include home-helper services, short-stay services, and day-services centers. Home-helper services provide housework and assistance with activities of daily living for frail older adults living at home. Short-stay services are available usually at special nursing homes for short-term and respite care. Day-services centers were established to provide baths, meals, physical activities, recreational activities, health checkups, and rehabilitation. Transportation to and from day-services centers is provided by shuttle bus.

National Long-Term Care Insurance (NLTCI) began in 2000 based on the services and facilities developed by the Gold Plan. Those aged sixty-five and over are eligible to be covered without means testing. Those aged forty to sixty-four who have disabilities caused by health-related conditions associated with aging and requiring assistance with activities of daily living are also eligible for benefits. NLTCI is funded partly by premiums paid by those aged forty and above and by 10 percent co-payments. Eligible persons are evaluated for care-needs levels by the program before they start using services. Depending on the evaluation, a care-needs level is assigned to applicants. For each care-needs level, an upper limit for the amount of services provided by the NLTCI is set. If an eligible person is evaluated as care-needs level 1, for example, then the person can use up to about USD 600 per month in services. If the person use up to the upper limit in services, the person must pay USD 60 for the month as co-payment. While the Gold Plan is a social welfare program, NLTCI is a social insurance program. People have begun to realize that they are paying for the services provided by the NLTCI.

The Care-Prevention Program was introduced in 2001 by the Ministry of Health, Labour, and Welfare to help older people stay healthy. The importance of care-prevention has been recognized and emphasized by the 2006 NLTCI reform. Those who are deemed independent and have not applied for care-needs level assessment are targeted by the care-prevention program.

The national health promotion movement in the twenty-first century (Healthy Japan 21) was introduced in 2000 as the third health promotion

measure for people in Japan. Healthy Japan 21 is not specific to older adults but aims to prolong healthy years of life and improve quality of life. Healthy Japan 21 (2nd) was introduced in 2012 by the Ministry of Health, Labour, and Welfare as a guideline for health promotion for the next ten years (2013–2022). The priorities of Healthy Japan 21 (2nd) are to extend healthy life expectancy as well as to reduce inequality in healthy life expectancy among Japanese prefectures.

## Employment

Policies on employment can also directly affect successful aging. Work is a very important part of life, and through work we can sustain engagement in social and productive activities. In addition, work can help prevent physical and mental illness among older adults. Many Japanese want to work as long as they can because they think that having work is good for their health.

Mandatory retirement age still exists in Japan. Age sixty is the common mandatory retirement age for everyone, including public servants. However, the Japanese government is trying to raise the retirement age to sixty-five. This is because starting in 2013, the eligible age for pension benefits will gradually be increased over a twelve-year period from age sixty to age sixty-five. If the mandatory retirement age remains at age sixty, people could lose a regular source of income until they start receiving pension benefits. With the revised Elderly Employment Stabilization Law of 2006, by 2013, companies must pick one of three ways to deal with the mandatory retirement age: (1) increase the mandatory retirement age to sixty-five, (2) establish a continued employment scheme for those who want to keep working, or (3) abolish the mandatory retirement age.

Measures to promote the reemployment of middle-aged and older workers have also been implemented. These include provisions for regular workers to be reemployed by transiting to contract work, working shorter hours or fewer days, engaging in job sharing, and adopting other flexible work arrangements.

Silver Human Resource Centers (SHRCs) have been built throughout Japan to provide opportunities for older Japanese adults, particularly those who have already retired but wish to utilize their skills and remain productive working in less demanding and light jobs, temporary jobs, and short-term community-based work. A primary function of SHRCs is to match older workers with appropriate employers within the community. Any worker over the age of sixty may register to become a member of an SHRC. Temporary or short-term employment opportunities provided by SHRCs

help retirees to be flexible and yet remain productive. These opportunities also prevent older adults from becoming isolated from the community.

## **Social participation**

The effects of social participation on health, both physical and mental, have been well known (Berkman et al. 2000; House, Landis, and Umberson 1988; Seeman 1996). For successful aging, promoting social involvement among older adults is like killing two birds with one stone. Social involvement can mean sustained engagement in social activities and subsequently, maintenance of physical and cognitive function and prevention of illness. In the 2001 revised “General Principles Concerning Measures for the Aging Society,” the Japanese government has identified social participation as a key determinant of elderly well-being.

The Age-Less Life Practitioners and Groups Award is one of the programs developed by the government to promote social participation by older Japanese adults. The program introduces examples of active aging to society. A recent award-winning group of older adults volunteered in social activities to promote the use of modern technologies among older people in the Tokyo area.

Lifelong learning is also promoted by the government. The Life-Long Learning Promotion Act introduced in 1990 and the revised Fundamental Law of Education in 2006 highlighted the importance of supporting educational programs for older adults.

The Education Supporter System was established by the Ministry of Education, Culture, Sports, Science, and Technology in 2008. This system was established to allow older adults to apply acquired skills as volunteers in local communities. In this system, older adults function as instructors or assistants to instructors at schools, instructors for extracurricular activities, and assistants to librarians. Older adults need to register to be an education supporter and must participate in training workshops to maintain the quality of their education supporter skills.

The Japan International Cooperation Agency (JICA) runs the Senior Volunteer program, which is a version of the US Peace Corps. JICA annually recruits Japanese men and women aged forty to sixty-nine as senior volunteers to work on specific projects in developing countries for one or two years. The Senior Volunteer program aims to (1) contribute to the socioeconomic development of foreign countries, (2) deepen mutual understanding and foster friendship between Japan and other countries, and (3) provide individuals with opportunities for personal development at older ages.

Senior citizens' clubs or old people's clubs (called *RojinKurabu* in Japanese) have been established throughout Japan and totaled more than 110,000 clubs and about 6.7 million members as of the end of March 2012. Senior Citizens' clubs were recognized in the Law for the Welfare of the Elderly introduced in 1973. Each club is run autonomously by its members with membership fees and support from the government at the national and local levels. Japanese aged sixty and over can become members of senior citizens' clubs. The clubs aim to (1) conduct enjoyable activities to enrich their members' lives and promote health among members, (2) provide members with opportunities to be involved in local communities, and (3) contribute to the betterment of an aging society.

At the local government level, there also are initiatives to facilitate social participation of older adults. Many large cities in Japan provide their elderly citizens a free certificate or reduced fare for public transportation. The purpose of the program is to promote the active social engagement of elderly citizens through the formulation of an elder-friendly social environment.

## **Living environments**

For successful aging, sustained engagement in social activities is a key factor. In order for older adults to stay engaged in social activities, it is probably better for them to age-in-place and to continue to live within their community. Over the past few decades the Japanese government has formulated and implemented various housing and transportation policies for older adults (Kose 1997). Some of the government efforts seek to develop barrier-free environments both inside and outside the home.

As early as 1985, the Ministry of Construction established a Housing Plan for Senior Citizens in the Local Regions. This policy mandated that every local government establish a plan for housing older people. Housing loans at low-interest rates were made available from the Housing Loan Corporation to build barrier-free homes. In addition, the "Silver Housing" program was launched to provide subsidies for the construction of senior housing for both widowed elderly and elderly couples. Under the Silver Housing program, subsidized housing was specially constructed to include senior-friendly features such as the removal of threshold steps, installation of hand rails and bars, and the establishment of ample space for wheelchair-bound residents.

In 1995, the Ministry of Construction launched the Design Guidelines of Dwelling for an Ageing Society, which embraced the concept of universal design for all ages. The guidelines aim to provide universal solutions for an ageless society. Specifically, the guidelines recommend that all dwellings be

designed with level floors, handrails in critical places, and wider doors and corridors. These guidelines were tested in both public- and private-sector construction.

In terms of transportation policies for older Japanese, a barrier-free universal design was also introduced. The Transportation Accessibility Improvement Law was promulgated in 2000 (Ministry of Land, Infrastructure, Transport, and Tourism 2009). To ensure that older as well as disabled Japanese be able to lead a self-reliant life to the greatest extent possible, the law requires that railway operators improve the structures, passenger facilities (e.g., railway station terminals), and passenger cars for public transport, and that local governments improve the roads, station plazas, paths, and other facilities in the areas around passenger facilities. The key objective is to ensure complete barrier-free accessibility at railway stations, streetcar stops, bus terminals, ferry terminals, and airport passenger terminals. Barrier-free design measures include eliminating differences in floor levels, installing tactile tile blocks to guide the visually impaired, and installing toilets for the physically handicapped.

## CONCLUDING REMARKS

This paper has outlined Japanese policy measures and programs to help older adults age successfully. I would like the audience to think about what constitutes successful aging. Sagaza (2013) asks, “What is successful aging for?” Rowe and Kahn defined determinants of successful aging and their definition was expanded by many researchers. However, the definition is very vague about what successful aging accomplishes for older adults. The definition of successful aging seems to be very similar to the WHO definition of health more than half a century ago. And the definition excludes those who are no longer healthy. Sagaza offers a possible answer. He introduces the concept of *ikigai* as something successful aging brings about for older adults. *Ikigai* is a Japanese word which means having a reason for living, making life worth living, or having a purpose in life. If feasible, please think about a similar word in your own language and ask yourself what successful aging is for.



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# Aging in New Zealand: Reimagining Issues, Frameworks, and Actors in a Post-development State

Richard Le Heron

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The New Zealand's National Science Challenge process invited submission on challenges seen as fundamental to New Zealand's future, with a view to shifting government research priorities. "Managing the Health and Labour Force Challenges of Population Ageing" was identified as one such challenge in a submission made by the Royal Society of New Zealand. The paper highlights how recent demographic analysis points to the value of monitoring cohorts in New Zealand's cities and regions so as to better understand the dynamics at work because care work is always a local matter. The paper then ignites social knowledge in two interlinked directions. First, it shows how New Zealand's aging population can be set in the active context of investment trajectories involving the state, markets, community, families/households, and individuals. Second, it outlines a thought experiment to help identify critical decisions likely to confront individuals as they meet different stage-of-life knowledge about aging as they journey through different age cohorts. The paper concludes that the big knowledge challenge is developing a flexible funding framework for as yet still poorly comprehended emerging conditions.

**Keywords:** social knowledge for aging, investment trajectories for aging care, cohort trajectories, flexible funding frameworks

## INTRODUCTION

When the Royal Society of New Zealand (RSNZ) responded in 2012 to a government call for submissions to its National Science Challenge (NSC) process, one of the three “challenges” the society identified was “Managing the Health and Labour Force Challenges of Population Ageing.” The intent of the NSC process is to find “innovative solutions to some of the most fundamental issues New Zealand faces in its future development.” Such solutions would be assisted by major shifts in investment priorities of government-funded research.

The RSNZ submission was notable for its clarity and careful delineation of issues as it argued the case for research-informed policy planning to manage the significant challenge of aging. It described the aging challenge as one “shared by other developed countries, and ... characterised by rises in the proportion of older people, an increasing average age, a decreasing proportion of children, and an aging workforce. It is projected that by 2051 half of all New Zealanders will be older than 46 years based on current rates of sub-replacement fertility, increasing life expectancy and the passage of baby boomers into retirement ages” (RSNZ 2012, 5). It briefly outlined the social and economic implications of the demographic shift, noting that “by 2020, based on present assumptions about workforce participation, growth on the labour force is expected to be negative which raises concerns about skills and labour force shortages. Other significant issues needing to be planned for include: healthy ageing, access to healthcare and community infrastructure and services, and equitable retirement outcomes. These issues are compounded by increasing social and cultural diversity in the national population, projected net migration gains and environmental factors such as climate change” (RSNZ 2012, 5). Significantly, the preamble to the RSNZ submission stated that “the concept of a National Challenge is necessarily a social construct [where] it is important to utilise the knowledge and expertise of social scientists in both the development and execution of the Challenges” (RSNZ 2012, 1).

The institutional intervention of the NSC process is a significant departure in knowledge production in New Zealand. The process has been intensive, widely advertised, attracted great public and research-community interest, triggered a national conversation around a remarkable diversity of challenges, and led to hundreds of detailed submissions and public voting on challenges. The NSC process, however, assumed that the emphasis should be directed at knowledge required to find innovative solutions, whereas many social science and humanities perspectives would suggest that knowledge of how society works, especially of the interplay of contextual influences on

the possibilities available—in this case, to older people and agency of older people—is integral not only to identifying innovative solutions but also to seeing how solutions are likely to come about and then actually work in different settings. These wider concerns have import for how aging may be framed as a phenomenon and how aging may be approached, in relation to different futures with different implications.

This paper attempts to further develop the focus of the RSNZ submission on aging. Rather than concentrating on outcomes per se, the paper identifies and positions aging in the active and increasingly complex context of accumulated decisions about care-provision arrangements for older persons in New Zealand. This means conceptualizing New Zealand as a working society into which initiatives, such as those on aging that could emanate from the NSC process, will inevitably be placed. The paper draws on strands of substantial and sophisticated social science research on aging already undertaken in New Zealand.

The main contribution of the paper is that it assembles a conceptualization of aging designed to reveal New Zealanders at work in their society on aging issues. The conceptualization unpacks and makes more concrete the idea of New Zealand society by framing five spheres that are central to how New Zealanders will be able to shape how aging is experienced in their country and how its older people will come to know aging over the decades ahead. The spheres are those of the state, market, community, family/household, and individual. It is important that these spheres be viewed together, since they form what might be called the context of care of aging older people. They are made up of nameable actors and entities, policies, investments, attitudes and preferences, behaviors, practices, and so on. This active context thus shapes what is understood and experienced as aging. And research-informed policy planning of the kind envisaged in the NSC process is always embedded in the dynamics, constraints, and opportunities of these changing trajectories, whose features and key moments can be discerned through time and over space.

The paper develops an argument in three steps to reveal the ongoing and shapeable social construct of aging. First, it identifies a current of thinking in New Zealand demographic research that points to the urgency to develop investigative capability around population cohorts in cities and regions. Second, it outlines how much well-developed care for the aging and aged is already in place in New Zealand, because of investment streams associated with interdependent efforts of the state, private businesses, community, families/households, and individuals. Third, it offers a heuristic model based on a simplified “stage of life focus” classification and knowledge of being positioned in particular cohorts to highlight pressing individual

and social issues facing individuals, households, and families. The paper concludes that there is an urgent need to developing additional and innovative funding models to accompany the changing terrain of aging.

## **REVEALING AGING: POPULATION AND OTHER DYNAMICS, TEMPORALLY AND GEOGRAPHICALLY**

New Zealand has been a zone of considerable research on aging since the 1999 International Year of Older Persons when public consciousness was raised. This led to the issuance by the Ministry of Social Development in 2001 of a New Zealand Positive Ageing Strategy, which promulgated ten policy-oriented goals, covering income, health, housing, transport, aging in the community, cultural diversity, rural/urban concerns, attitudes, employment, and opportunities. The current decade is dominated by valuable reviews of international research on aging and country concerns and early responses in both developed and developing countries. The result was a growing awareness in New Zealand of the demographic drivers and more nuanced appreciation of issues as the New Zealand scene was better understood and overseas experiences were examined.

Two narratives have dominated research and informed debate and discussion on aging as the field has attracted attention. Importantly the narratives have very different starting points; one stresses overall or structural developments, usually at an aggregate level, and relies heavily on census-generated data, while the other begins with the human body and builds knowledge drawing from the multifaceted challenges presented by actual experiences of aging. Findings from health research are frequently revising what can be expected of the New Zealand body (across many ethnic, socioeconomic, and other groups) at different ages.

Narrative One depicts aging in relatively detached terms as the product of unprecedented demographic shifts in New Zealand. The emphasis has been to identify policy challenges from different perspectives by linking the aging component of New Zealand's population into the context of major dynamics such as housing provision, infrastructure suitability, transport options, aged incomes, living wage questions, labor force patterns, labor force participation trends, and so on. In this regard the treasury was one of the first government departments to explore its societal implications. Guest, Bryant, and Scobie (2003), for instance, considered what aging could mean for standards of living and modeling savings scenarios. This thread of inquiry has recently been expanded to include taxation strategy (Creedy et al. 2010), and the failure of the market as a social mechanism to generate novel insurance schemes aimed at care funding by individuals (St John,

Dale, and Ashton 2012). Throughout, Statistics New Zealand (2006) has provided updates and fresh interpretations.

Narrative Two is informed by detailed studies of aging persons and seeks to make visible the existing realities and experiences of the aging, the services available to them, and the attributes of the aging body in New Zealand (Boston and Davey 2006; Cornwall and Davey 2004; Davey and Cornwall 2003). The former is a research tradition whose roots go back to community reactions to elderly abuse widely publicized in the late 1940s, which led to the formation of Old Peoples Welfare Councils (which became Aged Concern in 1984) in different cities of New Zealand. The latter has arisen from significant funding through the Health Research Council. The perennial concern of this narrative and its supportive research has been the betterment of older people, in terms of their preparedness for aging, how they are looked after, and how well they are doing. The topics covered have been wide, such as the nature of entitlements, aspects of liveability, health and social well-being measures, new life expectancy measures, and evidence of coping under different service frameworks. These studies are generally action-oriented, often reflective of particular place-based experiences, and demanding individual and more collective responsibility and commitments. They seek to tease out what steps may be taken next, centering on both family/household options and ways of mobilizing community and collective initiatives, while working with families/households. They have also insistently recognized that aging cannot be considered a homogeneous experience, an interpretive risk that flows from reading individual circumstances and outcomes from too aggregate data sets. Instead, as increasingly healthy older people become less mobile, their place, home, and neighborhood take on a different significance, new means, and new challenges. Place too is highly variable and an active agent in bodily and aging outcomes.

If social scientists and humanities scholars in New Zealand thought the demography of aging was settled in the 2000s, Jackson (2011) leaves no doubt that the implications of population aging might be better understood as emerging, with many wider and often unpredictable ramifications and implications that need to be examined through finer-grained methodologies that are sensitive to cohort journeys in cities and regions. Jackson's analysis is pathbreaking in several important respects.

Foremost, she recognizes that New Zealand's aging is intimately linked with its past as one of four "true boom" countries in the developed world. New Zealand, in its baby-boom heyday of 1961, had a peak total fertility of 4.2 births/woman, followed closely by Canada, 3.9; the United States, 3.8; and Australia, 3.6 (Jackson 2011: 10). Looking ahead, she attaches

international significance to the country's demography. In her words, New Zealand will have the "most profound numerical aging of any OECD country because it had the highest and longest baby boom" in the group (Jackson 2011, 4).

While the mechanisms of aging, as elsewhere, involve two obvious drivers, increasing longevity and declining birth rates, she demonstrates that the "population is also prematurely aging from another cause, the legacy of net migration loss at young adult ages which New Zealand has experienced in most years" (Jackson 2011, 2). This in turn is compounded by the falling birth rates at the time each cohort was born, something that drives up the median age faster than would otherwise be the case (this despite New Zealand presently having the highest birth rate in the developed world). Second, Jackson takes a strong interpretative stand when she argues that the term population aging has deflected attention away from what may be its most profound element: the relative lack of the young (Jackson 2011, 4). This mutuality of the dynamics of older and younger cohorts in the national population is further complicated by Jackson's third insight. Instead of limiting her analysis to the national level, she recognizes that New Zealand's highly urbanized population is located in cities that range from primate Auckland (with a highly diverse population), a few intermediate-sized cities in New Zealand terms, and a large number of quite small cities with equally small catchments of population. With the exception of Auckland, she concludes that most regions are at, or about to enter, a state of not generating population growth. Her argument is that it is in cities that aging and attendant interdependencies are being played out. In poignant phrasing, and mindful of the challenges continually thrown up by grounded inquiry into aging everywhere in the world and concerns raised about labor availability to support older populations, she reflects, "it should be remembered that on a daily basis, labour supply is needed locally, not nationally" (Jackson 2011, 13).

Jackson's analysis thus foregrounds the insights that accrue from profiling cohorts and their features and seeing them in terms of their interlinkages. The approach does more than consolidate earlier aggregate understandings of aging; it provides a route of connection to the on-the-ground experiences of older people in their mostly city and place-based circumstances and the nature of emerging pressures, demands, and constraints that ensue. Monitoring population cohorts, at large and into cities and configurations of care provision in places, has to be an integral part of the social construction of knowledge of aging broadly and of knowledge of aging as lived.



## MAKING VISIBLE TRAJECTORIES OF INVESTMENT IN CARE PROVISION FOR THE AGED

Societies may not act, but we know that actors, who can be placed and scrutinized in different activity spheres of a country, do. This reasoning lies behind the centering of the spheres of the state, market, community, family/household, and individual as the main elements of the landscape of aging. This enables agency, in its many and varied forms, to be squarely put into framings of knowledge on aging.

This section treats the care of a targeted composite group, the aging and aged, as part of a bigger package of care of the population that New Zealanders have inherited from at least three quarters of a century of highly organized commitment to its population. The idea of focusing on a landscape of care created by different sorts of investment—by the state, businesses, community, families/households, and individuals—is a structural overview that can be readily explored for its patterns of interrelationships. Quite obviously, to restrict discussion to just what the state or families/households are doing is to miss out other contributing investment trajectories. Instead of trying to reason from a reduced view of trying to balance state and family, the paper's conceptualization shows that investment in care is a series of “ands,” stringing together individuals and community and family/households and markets and the state into particular relations. These we know are never particularly stable, and are often vigorously contested. As knowledge has been gained about aging, the degree of argument has intensified about who should “own” or “not own” care for the aging and aged and what responsibilities, commitments, and accountabilities “ownership” might entail.

Table 1 is a preliminary representation of elements of the landscape of activities and investments coalescing around providing care for older people in New Zealand. The elements included are illustrative only and are neither intended to be comprehensive or definitive in nature. The main purpose of the overview is that it brings onto one page the highly active and emerging contextual environment. Even the coarse time line of decades (from the 1970s) reveals marked changes in the underlying organizational dynamics associated with key actors in each sphere. While only a handful of government departments, specific age-oriented interventions, community and nongovernment organizations and companies are actually named, the trajectories of emergence in each sphere could easily be filled with fine-grained detail on specific actors.

The table does several kinds of work. First it presents care as being in a political field. It reveals how it is necessary to garner insight into the

**Table 1. Landscape of investment trajectories relating to provision of care for older people**

	State	Market	Community	Family/Household	Individuals
1970s	Set up and then abolished asset-based retirement scheme; private medical insurance taking off; rate rebates for low-income house owners introduced in 1973	Little involvement by private investors	Tradition of charity/church-based provision of rest home facilities for retirees, mostly in cities; prominence of age concern; lobbying tradition of Returned Servicemen's Association		Assumption made that New Zealand Superannuation (pension) would be sufficient in retirement
1980s	Established market-oriented banking system; state withdrew as lender for housing and other care infrastructure		Charity/church revenues increasingly insufficient for expansion of facilities; Grey Power established in protest of a government move to introduce a surcharge on the pension		Housing primary asset holding of most New Zealanders, increasingly financed by banks; share market small and volatile
1990s	Taxation concession removed from retirement savings; switched GSF from annuity to lump-sum scheme; demutualization of AMP fund	Entry of private companies (New Zealand and overseas owned) into retirement villages and specialist residential care	Collapse of many traditional rest home providers; arrival of SeniorNet from the USA in 1992; establishment of New Zealand Institute of Ageing Research at Victoria University	Triggered formation of family trusts to protect assets and ensure intergenerational transfer of wealth	
2000s and on	Raising of total asset bar before payment of residential care subsidy; KiwiSaver created as an opt-out multipurpose scheme (e.g., for retirement, housing); stalled increase in employer-subsidized percentage for KiwiSaver (at 3 per cent); rate rebate scheme thresholds raised in 2006; SuperGold Card introduced in 2007 offering discounts and concession cards for seniors and veterans; Ministry of Social Development argues that trust assets going back several decades should be available for residential care costs; no evidence of market response to provide annuity options aimed at funding different sorts of residential care	Growing private sector investment in lifestyle villages, residential care; rise of medical, health, and residential/retirement complexes near major urban hospitals; growing international linkages	Eldernet created; Grey Power continues as an "active organization for those over 50+," claiming much influence comes from membership being mostly over 60; various national conferences held on aging	Trusts as a strategy continues to be popular among holders of assets	Few houses in major cities selling below \$300,000; asset ceiling for eligibility for state funding to pay for residential care raised annually in early 2000s from previous level of \$15,000; asset ceiling (house and car) held at \$213,000 in 2012
2010					

assumptions behind particular developments. It helps with positioning where particular calls for change or response might be coming from. In keeping with all political fields, claims by actors (small and large) are likely to be made without revealing that the consequences upon others were the claims to be converted into new practices and so on. The inevitably social ramifications and implications of suggestions by different interests can be located in the wider landscape of investment in care, which can be regarded as already in place as responses to the emerging challenges of a growing absolute number of aging and aged in New Zealand. It is hardly surprising that the existing and articulated future funding of care should be highly contested and that inspiration to meet the challenge of funding care remains latent. Whether advocacy for more or less state involvement and expenditure; concerns over the degree and kinds of family, household, and individual responsibility for care and preparation for the eventuality of care; arguments for or against the development of market arrangements to deliver care in many forms; and efforts by community groups to exercise leadership, the inescapable issue is many people are only now beginning to think what it might mean for them, personally, should they look ahead.

## **COHORT TRAJECTORIES IN THE CONTEXT OF INVESTMENT TRAJECTORIES—TOWARD KNOWING HOW ONE MIGHT JOURNEY WITH AGING**

The wider social significance of Jackson's research is that everyone in New Zealand should be asking questions such as these: What is my statistical future, given the age cohort I was born into and inhabit? What expectations can I reasonably have about my health and well-being? What can I do to prepare myself for different eventualities about which we know more and more? How can I influence the provision of care for the aging and aged?" Questions such as these are always implied whether research is more structural or body (care) focused, but they are rarely made explicit.

Table 2 is a thought experiment that takes seriously the line of questioning that derives from Jackson's conclusions about dynamics. It explicitly recognizes that different cohorts are facing rather different challenges—some immediate, others more remote. The table is anchored by a "stage of life focus" classification, shown on the left axis. The headings correspond loosely to the latest national and international thinking on preparing for successful aging. The "stage of life focus" differentiated in the table can moreover be imagined as a series of epistemic zones—that is, individuals, according to their age, are variously attuned or not attuned to the realities that each "stage of life focus" captures. For the cohorts across

**Table 2. Matrix of stage-of-life focus and key cohort experiences**

	>75	65–75	50–64	30–49	<30
Residential aged care	(A)	(C)	(D)		
Long-term care, in place, in resilient communities	(B)				
Financing healthy living				(E)	
Long-run planning for changing circumstances					
Maximizing earnings, with an eye to asset accumulation					
Finding a place; getting started					(F)

the top of the table, the 75+ cohort is a red zone of immediacy, the 65–75 cohort an orange zone of alert, the 50–64 a yellow zone of forward-looking decision making, the 30–45 cohort a green zone of optimism, and finally, the <30s a grey zone of unknowns.

What might individuals, households, and families do as they journey into aging, with different degrees of realization of the importance of major decisions associated with changes in “stage of life focus”? The cells denoted by the lettering (A) to (F) hint at some of the quality of life and longevity improvements individuals are “statistically” inheriting (again, the examples are illustrative).

- A) For this cohort, perceived and actual injustices abound, asset tested with limits to qualify for residential care, cross subsidy of wealthy and fairer treatment of >65 are voiced concerns.
- B) Research points to strong gains in the nature of longevity. Measures such as healthy-adjusted life expectancy (HALE) are encouraging. Disability adjusted life expectancy (DALE) rates are impacted by higher rates of cardiovascular disease, diabetes, and injuries in New Zealand, and this is linked to long-term care demand. All these provide an evidential base to identify new options.
- C) New Zealand Superannuation (NZS) payable on reaching sixty-five years is the sole income for 40 percent of recipients; the proportion of income consumed by aging increases in the first retirement decade, then decreases; and there are expectations that the age of entitlement for NZS might be raised.

- D) Those in this cohort are living longer and more healthily, notably high health-care costs are incurred mainly in the last twelve months of life, and strong investment in health today reduces health costs in the future.
- E) Most people would not plot their desired, planned for, and actual income curve. The salient and salutary statistic is that the income curve peaks around age forty-five to fifty-four years for individuals and heads of household. The burdening question is: will younger cohorts do as well comparatively as the boomers?
- F) In an aging population, with a shrinking proportion of younger persons, their material circumstances of study debt, prospects of unemployment, being paid below the living standard as distinct from the minimum wage, and affordable housing suggest that many in this cohort group will travel toward aging with much anxiety.

Table 2's matrix overview of "stage of life focus" connected with different cohorts suggests that each cohort faces its own specific challenges, while still having to be very cognizant of what lies ahead.

## **TOWARD SOCIAL KNOWLEDGE FOR A FLEXIBLE FUNDING FRAMEWORK FOR AGING—IN EMERGING CONTEXTUAL CONDITIONS**

Arguably, since the issuance of New Zealand's Strategy for Positive Ageing more than a decade ago, awareness and understanding of New Zealand's peculiar circumstance and experience of this global phenomenon has changed remarkably. As a knowledge production intervention, this paper has sought to conceptualize and explore population aging as both a social construction that is understood in the present in particular ways, and as an inevitably emerging social construction that will be influenced as contextual developments and new patterns of individual and collective response appear. Care of the older persons, in its widest sense, is embedded in a landscape of investment trajectories, involving the state, businesses and markets, communities and community initiatives, families/households, and individuals. Increased and more nuanced knowledge of this active and contested context will be vital in developing capacities and capabilities to tackle the very realistic goal of "managing the health and labour force challenges of population ageing."

Yet despite growing debate and discussion, there remains little appreciation of the challenges of reimagining issues, frameworks, and

actors in the context of New Zealand as a post-development state (where the state focus is mainly on market facilitation) and a free trade world (where new dimensions of population mobility are likely to emerge). Most studies continue to make big assumptions about how key actors are behaving now, or will behave in the future. Nowhere is this more apparent than over “what the state should do” or the idea that New Zealand’s aging population is confined to territorial New Zealand. The paper takes the position that the most fundamental issue relating to population aging is the inability to mobilize thinking around funding questions. This is a hugely social project, where the risks of not seeing and working with the social as a landscape of ongoing investments, is likely to imperil imaginative and innovative solutions. It is hoped the paper’s picturing of care of older persons as a meeting of contextual dynamics and individual decision making will assist in the design of research on funding models that frames in how New Zealand’s system of care provision has important relations of investment interdependence.

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# India's Support System for the Elderly: Myths and Realities

K. S. James and T. S. Syamala

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It is generally understood that children are the primary sources of support for the elderly in India. This is expected in a country where work-related pension is nearly nonexistent for the majority, and social support for the elderly by the government is rather negligible. With the institutional care system remaining underdeveloped, the family in general and children in particular are bound to be sole sources of economic, emotional, and social support for the elderly in the country. However, there has not been any systematic study to validate such commonly believed notion. This paper, based on data gathered from 9,852 elderly in seven states in India, sheds light on some commonly held beliefs about the economic support system of the elderly within the family. It specifically examines the economic exchange taking place between the elderly and children within the context of family. The paper concludes that the exchange system within family is complex, and the economic contribution of the elderly to the family is an important factor for the survival of many families in India. It also looks at the significance of social security system, however meager the amount may be, for the welfare of the elderly in the country.

**Keywords:** elderly, income, social security, economic support, economic dependency, India

## INTRODUCTION

Elderly support in many societies remains with the children. This is generally true in countries with poor social security coverage. The family takes care of elders in times of illness as well as provides both economic

and emotional support. Although many governments even in developing countries have some social support systems, they are grossly inadequate for the elderly to live independently. Moreover, with the institutional care system remaining underdeveloped, the family in general and children in particular are bound to be sole sources of economic, emotional, and social support for the elderly in these countries.

India has a rapidly increasing elderly population in recent years. In addition, the country is experiencing rapid fertility transitions. The country is believed to have a strong family support system for elderly care. It is also important to point out that with the rapid decline in fertility, the aspiration for ensuring the welfare of children in terms of education, health care, etc. is also rising in the country. Unlike in many other countries, fertility transition in India has not been accompanied by significant socioeconomic changes in society (James 2011). Fertility transition was also the result of a large number of people from the poorer sections of the society adopting the small family norm. As a result, the adults with lower number of children are not always socioeconomically well-off so as to accumulate significant savings for the welfare of both children and elderly. Thus, it remains to be seen how far it is feasible to have adults supporting the elderly in a poor setting like India.

How far the commonly held notion of elderly support is true in the case of India has yet to be investigated systematically. Undoubtedly, the family plays an important role in India for the elders. But with the poverty levels remaining high and larger percentage of children undernourished, how far the adult working-age population are able to transfer the meager available resources within the household for the care of elderly remains to be investigated. This paper tries to understand the economic exchanges between elders and adults within the household. Specifically, the paper seeks to identify the main sources of income for elderly support within the family and examines the dynamics of economic exchange between children and elders.

The data for the study were drawn from a large-scale survey conducted among the elderly in late 2011. People aged sixty and above are considered elderly in the survey. This study collected information from 9,852 elderly from 8,329 households across seven states of India where the proportion of the elderly was above the national average. The states covered in the survey are Himachal Pradesh, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu, and West Bengal. These selected states are also demographically more advanced and have already achieved the replacement-level fertility in the past. The sample for each state was fixed at 1,280 elderly households. Households having at least one elderly member aged sixty years or above

formed the set of sample households, and all the elderly in the selected households were interviewed.

The paper is divided into six sections. The following section discusses the aging scenario in India and places this in a larger context. The third section investigates the elderly's sources of income. The fourth section is about the elderly's economic contribution to the family, and the fifth on their economic dependency. Finally, the major conclusions of the study are provided.

## **THE CONTEXT**

India is experiencing rapid demographic changes recently. The total fertility rate (TFR) in 2011 was 2.4, which was close to replacement level. Among the twenty major states, ten states, constituting 40 percent of India's population, have reached replacement-level fertility (less than TFR of 2.1) (James 2011). At this pace, India is expected to reach replacement level by the middle of this decade. Further, India's fertility change is unconventional and is not accompanied by significant socioeconomic changes.

These demographic changes have wide future implications for aging. Currently, there are about 100 million elderly in the country, constituting 8 percent of the total population. It is expected to increase to 11 percent by 2025 and 20 percent by 2050. By 2030, India will have around 320 million elderly (sixty years old and above), many times bigger than the total population of many other nations. Such rapid rise in the elderly population in the country gives rise to several challenges. Lack of ensured and sufficient income to support themselves, absence of social security, and persistence of ill health are some of the daunting problems faced by the elderly. Providing a decent and comfortable support system to the elderly continues to be a major challenge.

Who should be in the forefront to provide economic, social, and emotional support to the elderly? In the Indian context, how far the government has taken up the responsibility of providing economic support to the elderly is still under question. Although there were some efforts to provide economic support to the elderly belonging to households living below the poverty line (BPL), with the enactment of a law on the maintenance and welfare of senior citizens in 2007, it appears that the government has transferred the responsibility of elderly care solely to their children. Similarly, the existence of institutional care system for the elderly is also negligible. Although there have been some efforts to commit both public and private institutions to the care of the elderly, these have largely remained inadequate and underutilized. Therefore, the family, presumably, is solely relied upon to provide economic, social, and emotional support to the elderly.

While analyzing the perceptions of the elderly on their own care, the recent survey data showed that majority of the elderly (54 percent) consider that children should take care of them during old age (Alam et al. 2012). On the contrary, one-fourth of the elderly viewed that the elderly should be independent and take care of themselves, and one-fifth felt that the government should take care of them. Thus, it is evident that the elderly still expect economic support largely from children.

At the same time, in contrast to the general notion, the same survey data also provided evidence to suggest that households having an elderly in India are marginally better-off economically than households without an elderly (Alam et al. 2012). The economic advantage of the elderly households can possibly be attributed to the resource transfers made by the elderly to their families. This to a greater extent conforms with the view that the elderly are not only passive recipients of care and support but also contributors to the welfare of their families. This necessitates a detailed examination of the sources of income of the elderly in the country.

## **SOURCES OF INCOME OF THE ELDERLY**

Sources of income can be divided into two general categories: factor income, which includes all earnings from wages or salary as well as asset income like rents, interests on savings, and dividends paid on investments, etc.; and transfer income, which includes benefits from government programs as well as private pensions and annuities (Root and Tropman 1984). Ideally, the elderly's subsistence should come from transfer income and not from factor income. However, in countries with weak social support systems, the elderly may still depend on salary and wages as main sources of income. If the elderly rely mainly on salary and wages even beyond the age of sixty, it is a clear indication of the poor economic status of the elderly.

Table 1 shows the sources of income of elderly men and women in India. Overall, 26 percent of elderly men and 59 percent of elderly women in India do not have any personal income. Unlike in developed countries, the elderly in India, especially elderly men, depend mainly on factor income rather than transfer income. Factor income comes mainly from work-related salary and wages. Since salary and wages from work form the major source of income, it is essential to understand the different dynamics of work participation among the Indian elderly.

## **WORK PARTICIPATION OF THE ELDERLY**

Work participation at older ages is often viewed differently in different contexts. For example, many western countries argue that there

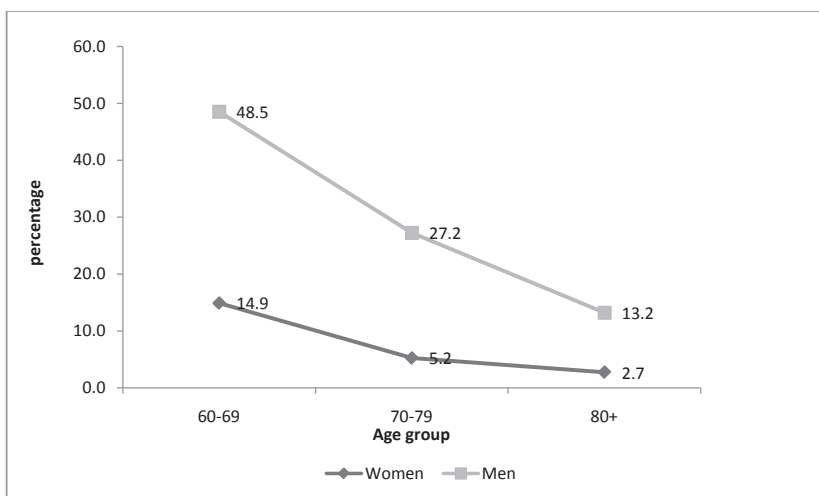
**Table 1. Percentage of elderly by sources of personal income according to sex, 2011**

Sources of Income	Men	Women	Total
Salary/wages/asset income	55.6	15.0	34.2
Employer's pension (government or other)	16.5	6.8	11.4
Social pension (old age/widow)	13.7	22.4	18.3
No income	26.0	58.7	43.2
Number of elderly	4,672	5,180	9,852

exists significant unused labor force capacity at older ages. Retirement decisions in European countries are linked with pension reforms, and work participation ends with the retirement (Kalwij and Vermeulen 2005; Mete and Schultz 2002). In developing countries like India, however, the scenario is different—the labor force participation of the elderly, particularly of women, is often driven by poverty (Bhalotra and Umaña-Aponte 2010; Bhalla and Kaur 2011). India's occupational structure is dominated by informal sector employment where there is neither retirement age nor a pension (Unni and Raveendran 2007). According to the National Sample Survey Office (NSSO), nearly 84 percent of workers are employed in the informal sector, and this is true even for the senior citizens (Rajan 2004; Selvaraj, Karan, and Madheswaran 2011). For majority of the elderly in India, work is more of a compulsion than choice. This is particularly true for the socioeconomically vulnerable sections among the elderly. Income earned from work is perhaps a necessity for most elders to take care of their basic needs.

Figure 1 shows the current work participation rates among the elderly in the selected seven states of India. The figure shows that the current work participation rate among the elderly is higher in rural areas (26 percent) than in urban areas (19 percent). Sharp gender differentials are also observed in the work participation rates—a considerably higher proportion of men than women engage in work.

The age variations in work participation rate show that 13 percent of elderly men and 3 percent of elderly women currently participate in the labor force even beyond the age of eighty years. Although labor force participation declines with advancing age, significant proportion of labor force participation by the elderly beyond eighty years old is an indication of economic compulsion driven by poverty. In general, it is observed that the labor force participation of the elderly is closely linked to poverty across countries (Rajan 2004).



**Figure 1. Working elderly by age and sex, 2011 (In percent)**

## CHARACTERISTICS OF ELDERLY WORKERS

Table 2 depicts the major socioeconomic characteristics of the working elderly in India. As the survey did not collect information on household income, wealth quintiles consisting of asset holding and amenities were worked out to measure economic standard of living. The table clearly shows that the elderly workers are mostly drawn from lower wealth quintiles and have no formal education. Another important measure of economic standard of living in India is the caste status. The scheduled caste and scheduled tribes (SC/ST) belong to the poorest sections of society followed by other backward caste (OBC). The percentage of working elderly is higher among both these groups than in other caste categories. This clearly indicates that the labor force participation of the elderly is poverty induced. Majority of the workers are also engaged as unskilled laborers (28 percent) with low wages. Furthermore, the work intensity of the elderly is also quite high, with the large majority doing full-time work (81 percent work more than six months a year and 94 percent work more than four hours a day). Such intense participation in the workforce at older ages indicates the economic necessity for the elderly to earn for their survival as well as for their family.

The survey also found out the motivation behind the work participation of the elderly—whether they work by their own choice or by compulsion. Answers to the question indicate that the elderly are compelled to remain

in the labor force. Nearly three fourths of the elderly reported economic or other compulsions as the reason to remain in labor force (table 3). Clear gender differentials relating to the need for current work among the elderly are also evident; 82 percent of the elderly women participating in the labor force due to economic compulsions as against 68 percent of the elderly men.

Majority of the elderly who work out of compulsion are poor and illiterate (table 4). The caste differences are also striking. Moreover, a higher proportion of widows and elderly who live alone are also compelled to work. This clearly shows that the elderly work mainly to take care of their own basic needs. This data clearly support the view that elderly workforce participation in India is mainly poverty induced.

**Table 2. Percentage of elderly according to their work status and intensity of work by background characteristics, 2011**

Background Characteristics	Currently Working	Main Worker (More than Six Months per Year)	More than Four Hours a Day	Number of Elderly
AGE				
60–69	30.8	25.0	29.1	6,239
70–79	15.6	12.3	14.3	2,601
80+	7.7	6.0	6.6	1,012
SEX				
Male	38.9	32.3	37.0	4,672
Female	10.9	7.9	9.7	5180
EDUCATION				
None	21.3	16.2	19.9	4,528
1–4 years	29.4	23.1	27.5	1,263
5–7 years	30.7	26.2	29.0	1,324
8+ years	24.0	20.8	22.4	2,682
CASTE				
SC/ST	30.9	24.4	29.5	2,383
OBC	23.2	17.8	21.3	3,353
Other	20.5	17.7	19.2	4,116
WEALTH INDEX				
Lowest	33.1	24.1	31.3	1,954
Second	30.5	25.2	29.2	1,974
Middle	20.8	17.5	19.0	1,938
Fourth	15.9	13.6	14.4	1,962
Highest	15.1	13.3	13.5	2,018
TOTAL	24.2	19.4	22.6	9,852

**Table 3. Percent distribution of working elderly by the need to work at old age according to sex, 2011**

Motivation for Work	Men	Women	Total
By choice	32.0	17.6	28.6
Economic/other compulsion	67.9	82.2	71.3
No answer	0.1	0.2	0.1
Total	100.0	100.0	100.0
Number of elderly	1,716	549	2,265

**Table 4. Percent distribution of working elderly by the need for work according to background characteristics, 2011**

Background Characteristics	By Choice	By Economic/ Other Compulsion	Don't Know/No Answer	Total	No. of Elderly
<b>AGE</b>					
60–69	28.4	71.6	0.1	100.0	1,828
70–79	27.6	72.4	0.0	100.0	378
80+	39.3	59.0	1.7	100.0	59
<b>SEX</b>					
Men	32.1	67.9	0.1	100.0	1,716
Women	17.6	82.1	0.2	100.0	549
<b>MARITAL STATUS</b>					
Married	30.8	69.1	0.1	100.0	1,727
Widowed	21.7	78.0	0.3	100.0	473
Others	20.5	79.5	0.0	100.0	63
<b>EDUCATION</b>					
None	19.1	80.8	0.1	100.0	956
1–4 years	26.0	74.0	0.0	100.0	344
5–7 years	33.8	66.2	0.0	100.0	368
8+ years	45.6	54.2	0.2	100.0	584
<b>CASTE</b>					
ST/SC	19.2	80.7	0.2	100.0	706
OBC	30.4	69.6	0.0	100.0	760
Others	36.3	63.5	0.2	100.0	799
<b>LIVING ARRANGEMENT</b>					
Living alone	10.9	88.2	0.9	100.0	164
With spouse	25.1	74.6	0.3	100.0	431
Others	31.3	68.7	0.0	100.0	1,670
<b>WEALTH INDEX</b>					
Lowest	12.2	87.5	0.3	100.0	669
Second	26.5	73.5	0.0	100.0	588
Middle	32.8	67.2	0.0	100.0	406
Fourth	50.7	49.3	0.0	100.0	317
Highest	57.5	42.5	0.0	100.0	284



The data also show that the intention to participate in the labor market is relatively high among those who are currently not working. The main reason for not working is poor health. About 47 percent of elderly women and 32 percent of elderly men used to work but can no longer participate in the labor market due to health reasons. Thus the intention to work remains very high in India perhaps due to economic compulsion.

Overall, the analysis of work participation at old age indicates that work is the elderly's major source of income to support themselves. Thus, unlike in developed countries where transfer income forms the elderly's major source of income, factor income forms the major source of income for the elderly in India. As the income at older ages comes from salary and wages, it clearly indicates that work at older ages is poverty induced and also due to economic compulsions.

## **ASSET OWNERSHIP**

Another source of factor income apart from work is the income that comes from assets. Thus, ownership of assets is an important indicator of the financial well-being of individuals. Assets such as land, housing, and cash can be a source of income for the elderly through rents, interest, dividends etc. This source of income is advantageous since it has the potential of providing income for elderly persons without involving much labor, which is desirable as the elderly become more physically vulnerable. It also has the advantage of acting as collateral for loans. Further, asset ownership endows the elderly with status within the household as well as in society, especially in the case of women. The data collected here are specifically on elderly asset holding. The asset holding of other members of the family is not considered in the analysis. Table 5 gives information on ownership of various movable and immovable assets by the elderly.

Majority of the elderly report that they own some form of asset, whether land, housing, jewelry, or savings. Gender gap in assets is very apparent from the data, with fewer women possessing land, housing, and savings compared to men. It is notable that inheritance is a significant way of accumulating land for all elderly women and for elderly men in rural areas. On the other hand, housing in urban areas is mostly acquired rather than inherited by both elderly men and women. Overall, about one out of four elderly does not own any assets, and more elderly women own no assets as compared to elderly men.

Although asset holding provides a positive picture of elderly status in the country, the size of asset was found to be negligible. The size of landholding was very small, indicating that land cannot provide any

**Table 5. Percentage of elderly by asset ownership and sex, 2011**

Type of Assets	Men	Women	Total
Land	50.5	23.6	36.4
House	79.8	45.2	61.6
Housing plot	2.7	1.6	2.2
Gold or jewellery	21.6	29.2	25.6
Savings in bank, post office, cash	30.8	14.7	22.3
Savings in bonds, shares, mutual funds	0.2	0.1	0.1
Life insurance	2.5	0.7	1.6
Don't own any asset	11.0	34.1	23.1
Total	4,672	5,180	9,852

significant income to the elderly. This was true also in the case of other assets. All these indicate that income from assets is negligible for the elderly in India. Thus the factor income of the elderly mainly comes from wages and not from the asset holding.

## TRANSFER INCOME

Transfer income includes work-related pensions (government or private); social security benefits provided by government or nongovernment agencies; and other annuity schemes, pension schemes, health insurance, etc. Table 6 provides the coverage of pension benefits by the Indian elderly. Only 10 percent of the elderly in India receive work-related pension.

The pension benefits vary significantly between men and women. While nearly 17 percent of the men receive some benefits, the figure for women is as low as 3 percent. Indian labor market is characterized by informal work, and the large majority work in the informal sector. Such work does not have any retirement benefits. As a result, only a negligible proportion of

**Table 6. Percentage of elderly receiving pension benefits according to sex, 2011**

Sex	Receiving Pension Benefits	Number of Cases
Men	16.7	4,672
Women	3.0	5,180
Total	9.5	9,852

the elderly are able to get the benefits of work-related pension during old age. This has, perhaps, increased their old-age work participation in order to earn livelihood.

## UTILIZATION OF NATIONAL SOCIAL SECURITY SCHEMES

Considering the vulnerability of the elderly in the country, the government of India has announced some social security measures for those elderly living below poverty line (BPL households). In many contexts, social security benefits are used as main policy instruments to eradicate poverty, reduce income inequalities, and enhance human capital (UNFPA and HelpAge International 2012). These are important mechanisms for financing the elderly in many western countries. In India there are no universal social security measures for the elderly. As already pointed out, the schemes in India target only the elderly in BPL households. The major schemes that are currently operating in India are the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) and the Indira Gandhi National Widow Pension Scheme (IGNWPS). Those who are not able to get IGNOAPS are eligible for a free food allocation through the Public Distribution System (Annapurna scheme).

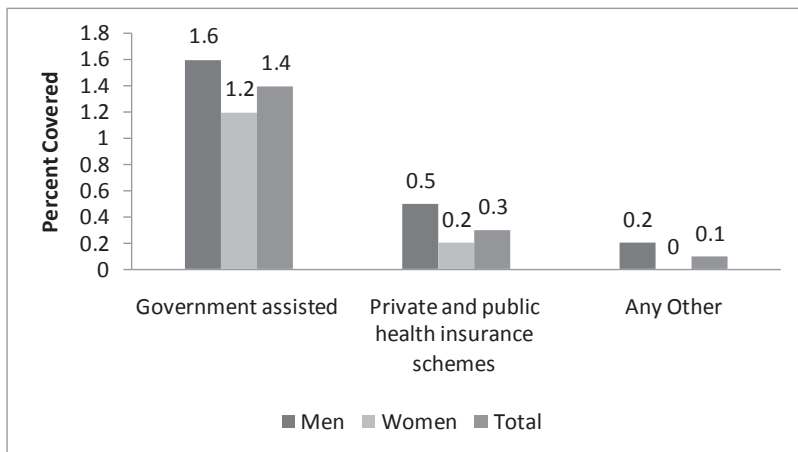
Table 7 presents the coverage of social security schemes for the elderly. Although the schemes have been announced a decade back, their coverage in the country has remained inadequate. While all the elderly who belong to BPL households are eligible to get the benefits, the coverage was only 18 percent for IGNOAPS and 25 percent for IGNWPS. The food scheme (Annapurna scheme) is availed by a negligible number of elderly in the country. Moreover, the amount paid under these schemes per month turns out to be below USD 10 (there are state-level variations in the amount paid in the country). The table also shows that the schemes could have missed

**Table 7. Percentage of elderly men and women belonging to BPL households utilizing national social security schemes, 2011**

Schemes	Men	Women	Total
Elderly belonging to BPL households			
IGNOAPS	21.5	14.7	17.8
Annapurna scheme	3.6	3.4	3.5
Number	1,836	2,210	4,046
IGNWPS*	NA	24.6	24.6
Number	-	1,451	1,451

some of the target beneficiaries as a considerable proportion of non-BPL elderly also enjoy the benefits of these schemes.

Another possible way of ameliorating the economic burden among the elderly is through provision of health insurance. As ill health is a major concern during old age, health insurance, in a way, transfers funds to the elderly to take care of their hospital expenses. Studies have pointed out that out-of-pocket expenditure is the major cause of health burden in the country. Health insurance schemes are necessary to meet the burgeoning health-care expenditure associated with many old-age illnesses. The coverage of health insurance schemes by the elderly in India is presented in figure 2. The data show that the coverage of health insurance schemes is as low as 2 percent for both men and women.



**Figure 2. Coverage of health insurance schemes, 2011**

## **ECONOMIC CONTRIBUTION OF THE ELDERLY TO THE FAMILY**

From the earlier analysis, it is clear that the elderly earn income. However, it is not clear how far they still depend on the family. Information on the elderly's contribution to the family is also important to understand how far the conventional view of the burden of elderly care is true in the case of India. The notion that Indian elderly in general are economically dependent on the family needs further validation given the economic activities they are engaged in. This is particularly important since the studies, as already pointed out, have indicated that those households with an elderly member are marginally better-off economically than households without an elderly.

Table 8 presents the elderly member's perception of the magnitude of their economic contribution to the total household expenditure. More than half of the elderly report that they make some contribution to the household budget and almost one-third felt that their contribution covers more than 80 percent of the household budget. The magnitude of contribution is higher among men than among women. Overall, the data show that the economic contribution of the elderly to their family is quite substantial.

It is also of interest to see that the contribution made by the elderly is used mainly for household sustenance. The data clearly show that 90 percent of the contribution made by the elderly is used for daily expenditures (table 9). A major chunk of their contribution is also used for medical expenses.

**Table 8. Percent distribution of elderly by their perceived magnitude of contribution to household expenditure, 2011**

Proportion of Contribution	Men	Women	Total
No income	26.0	58.7	43.3
No contribution	2.8	5.7	4.3
<40%	6.7	8.2	7.5
40–60%	10.6	4.8	7.5
60–80%	13.3	4.2	8.5
80+	40.4	18.0	28.6
DK/NA	0.2	0.4	0.3
Total	100.0	100.0	100.0
Number of elderly	4,672	5,180	9,852

**Table 9. Percentage contribution of elderly to household expenditure, 2011**

Purpose of Expenditure (Multiple Choices)	Men	Women	Total
Daily expenditures	94.3	80.3	88.9
Children's/grandchildren's education	20.9	10.4	16.9
Medical expenses	70.6	61.9	67.3
Savings	22.8	9.9	17.9
Loan repayment	10.7	4.1	8.2
Special events	31.0	18.1	26.1
Number of elderly	3,440	2,148	5,588

## ECONOMIC DEPENDENCY OF THE ELDERLY

Although a significant proportion (nearly half) of the elderly have some income, it is often insufficient to fulfill their basic needs. Table 10 presents the distribution of elderly men and women by their level of financial dependency.

Overall, 23 percent of the elderly are economically independent, 26 percent are partially dependent, and half are fully dependent on others. Sharp gender differentials are also observed in the economic dependency status: more women are economically dependent than men.

When personal financial resources are insufficient or inadequate to cover the elderly's basic needs, it is essential to know the person whom the elderly depend on for financial help. As expected, sons are the major sources of economic support (50 percent) for the elderly followed by spouse (15 percent). Only a very small proportion (4 percent) of the elderly receive economic support from daughters. This pattern is more or less constant for both men and women.

**Table 10. Percent distribution of elderly by their financial dependency status according to sex, 2011**

Financial Dependence	Men	Women	Total
Fully dependent	32.6	66.4	50.4
Partially dependent	31.8	21.0	26.1
Not dependent	35.5	12.5	23.4
Don't know/No answer	0.1	0.1	0.1
Total	100.0	100.0	100.0
Number of elderly	4,672	5,180	9,852

**Table 11. Percent distribution of elderly by main source of economic support according to sex, 2011**

Source of Economic Support	Men	Women	Total
Son	46.8	52.2	49.7
Spouse	7.3	22.0	15.0
Daughter	2.4	4.8	3.7
Others	5.5	6.0	5.8
Not dependent on anyone	37.9	14.9	25.8
Total	100.0	100.0	100.0
Number of elderly	4,672	5,180	9,852

## CONCLUSION

Overall, in India, the households with resident elderly appear to be marginally better-off than non-elderly households due to the elderly's economic contribution to the family. Although elderly work can be regarded as a survival strategy, a substantial portion of their income supports their family. The contribution made by the elderly member covers daily expenditures and also medical expenses. It is true that the elderly work not out of choice but out of compulsion. Work is necessitated due to the elderly's lack of transfer income. Work-related pension covers only 10 percent of the elderly while social security schemes cover only a smaller proportion of poorer households. Although ownership of assets is common, asset sizes are minimal and incomes earned from them are negligible, indicating a lack of long-term dependency on asset income.

Overall, this paper sheds light on many commonly held beliefs about the economic and social support system of the elderly within the family. The paper concludes that the economic and emotional exchanges taking place between the elderly and children within the context of family is complex, and that the elderly's economic contribution to the family is an important factor for the survival of many families in India. It also stresses the significance of a social security system, however meager the amount may be, for the welfare of the family in general and the elderly in particular.

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## PART III

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### Changing Family Structures, Filial Networks, and Elderly Care



# Senior Citizens in Indonesia: Caregiving in Some International Migrant-Sending Areas in West Java

Mita Noveria

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As their abilities continue to deteriorate, most senior citizens are assumed to need greater care. However, previous studies found that instead of being care recipients, many elderly actually provided support to their families. Specifically in migrant worker source areas, the main support that is usually provided by the elderly is the care for grandchildren who are left behind by their migrant parents. A study in two migrant-worker villages in Indramayu district, West Java province, revealed that senior citizens were the main caregivers in one-fourth of households with at least one left-behind child that were interviewed in the study. Although the elderly were never asked about their willingness to take over the chore, they accepted it readily and saw it as their contribution in rearing the grandchildren. Some elderly encountered several problems while caring for the grandchildren, mainly financial matters and the disciplining of grandchildren.

**Keywords:** elderly population, grandparenting, children left behind, West Java, Indonesia

## INTRODUCTION

The number of Indonesian elderly<sup>1</sup> has increased over time. It rose by about 2.16 million and 4.6 million during the periods 1990–2000 and 2000–2010, respectively. Although the percentage has not been as large as in more developed countries in Asia,<sup>2</sup> the number is quite immense. In 2010,

for instance, there were 18,043,712 Indonesians aged sixty years and over. As the fourth country with the biggest population in the world, Indonesia ranks number seven in the world's oldest population (Kreager 2006). In the Asian region, specifically, the number of senior citizens in Indonesia is below that of China and Japan (Jones 2007). The enormously increasing number of senior citizens has significant implications for the family, the community, and also the nation, especially in the provision of elderly care. The family with one or more elderly household members, in particular, is most affected. When a person grows old and starts becoming dependent on a caregiver, family members, usually the women, are expected to assume the responsibility of providing care (McCulloch 1995; Eeuwijk 2006; Wahyudi 1999).

However, changes in the social and economic conditions unfavorably create a new phenomenon in the daily lives of families. One of such changes is the growing tendency of the productive-age villagers to migrate. This leaves a condition where almost no family members can be given the responsibility for elderly care. This condition worsens in rural areas where a lot of the women travel internationally for work and leave their children behind in their villages. While most of these children usually live with their fathers, the care for them, however, especially the very young ones, is predominantly taken over by the grandparents, mainly grandmothers. Thus, instead of being taken care of by their offspring, the elderly have to take care of their grandchildren.

This phenomenon may be viewed both positively and negatively. On the positive side, the involvement of the elderly in looking after their young grandchildren while the mothers are away is a form of participation to gain family income. It can also provide a sense of usefulness and purpose for the elderly. They may have a sense of pride, feeling that they are still needed. On the other hand, looking after the young ones can create burdens. They have to act as caregiver, while at the same time are actually in need of care themselves. These burdens are not only physical but also financial. In some cases, they have to cover some of the grandchildren's expenses because the mothers fail to send home enough money in a timely manner.

This paper discusses the issues of caring provided by the senior citizens for their family, mainly the grandchildren, while the mothers work abroad. The paper also presents a profile of the Indonesian senior citizen population. The analysis is based on data from some studies on related issues concerning senior citizens, carried out by the author and a research team of the Centre for Population–Indonesian Institute of Sciences (PPK-LIPI) in several places in Indonesia, particularly in international labor-migrant-source areas. Some published data relating to the topic are also employed.

## SENIOR CITIZENS AND THEIR ROLES IN SUPPORTING FAMILY LIVES

When one is experiencing aging, there are changes in one's overall abilities. These changes are mostly the deterioration of the elderly's mental and physical capabilities. Their condition requires extensive care and provision of assistance in their personal hygiene, meal preparation, and other daily activities (Thompson 2003). The care needs to be extended especially for the elderly with frail conditions. Geographical proximity with potential caregivers is a relevant consideration in maintaining family support for the elderly (Baldock 2000). In many cases, financial support is also needed, mainly for those who do not receive pension or social security benefits. Decreasing physical capabilities make it difficult for senior citizens to engage in economic activities, which in turn compel them to rely on others to sustain a living. The reliance on the family's support for people of advanced age continues to be the norm (Kreager 2006). This is probably based on the assumption that the absence of the family's support negatively affects the elderly's welfare, physical and psychological conditions. A study that was conducted in Mexico confirmed this argument. It was found that the absence of at least one child at home in order to work in the United States contributed to the deterioration of the elderly parents' health conditions, both mental and physical (Antman 2010).

Despite the deterioration of their abilities, many senior citizens are not as fragile as what is commonly assumed. Some studies actually argued that some senior citizens, especially the ones that can be considered "young-old,"<sup>3</sup> are still able to live independently. A study in rural China, for example, found that nearly half of the respondents aged sixty to sixty-nine still actively participate in productive work and can take care of themselves (Shen, Li, and Tanui 2012). Another study that was conducted in three rural communities in Indonesia (East Java, West Java, and West Sumatra provinces) found that some respondents were not only able to maintain parenting duties but also continue being the breadwinners in their families (Butterfill 2004). During the economic crises that struck Indonesia in the late 1990s, the pension recipients and agricultural land owners offered significant financial support to their children who struggled to earn a living due to job loss and high unemployment.

Furthermore, in most out-migration source areas, senior citizens play a crucial role in the care of children who are left behind by their migrant parents. Some studies also found that left-behind children live with their extended family, with the grandparents, particularly grandmothers, as the main caregiver. This situation mostly occurs in countries where

intergenerational family living arrangement is common, such as Indonesia, Vietnam, Thailand, China, India, and the Philippines (Hoang, Yeoh, and Wattie 2012; Knodel and Chayovan 2011; Guo, Aranda, and Silverstein 2009; Guo, Chi, and Silverstein 2009; Locke, Hoa, and Tam 2009; Krishnaswamy et al. 2008; Parreñas 2005). The increasing number of the elderly, particularly the “young-old,” residing in urban areas may be responsible for their increased roles as the grandchildren’s caregivers. The participation of young and economically productive urban females in the workforce requires the need for caregivers for their children. While there is no precise empirical data, some families tend to leave their children in the care of their grandparents. This is the reason why senior citizens who originally lived in rural areas are often living in urban areas and caring for their grandchildren. Regarding such condition, it can be said that while some senior citizens receive care, others provide care for their family members.

Elderly help in parenting the grandchildren is also practiced by families in several western countries. In the United States, where the nuclear family is mostly the main family arrangement, grandparenting is still a common practice (Meyer 2012). The high rate of parental migration in Romania leads to a high number of children being left behind at home, which leaves very little choice but for the parents to ask for the grandparents’ involvement in childcare. In order to do so, sometimes grandparents need to leave their own houses and live in their children’s (Pantea 2012). This arrangement is mostly temporary. Still, the grandparents have to cope with changes caused by having to alter their lives to fit the arrangement, and that is not always easy. A similar trend was also observed in ten European countries (excluding Romania). As one study revealed, the grandparents’ involvement in caring for their grandchildren is considered to be quite a common practice. There can be any number of reasons for this continuing practice, and it is not always necessarily because of the migration of the parents (Hank and Buber 2009, cited in Pantea 2012). Therefore, it should not be seen as an exaggeration that in her writing Sun (2012) pointed out that grandparents’ participation in childcare can be viewed as a norm in many countries.

## **THE PORTRAYAL OF INDONESIAN SENIOR CITIZENS**

This section provides a profile of Indonesian senior citizens in terms of numbers and characteristics such as sex, education, occupation, place of residence (urban vs. rural areas), and living arrangement. These are particularly useful in understanding the situation of the elderly, which is important for all stakeholders in planning and implementation of programs and services for the elderly, especially with respect to their care.



## Number, sex, and place of residence

The number of Indonesian elderly varies among the different groups. In 2010, for instance, of the entire Indonesian senior citizen population, the highest number was among those aged sixty to sixty-nine years (59.6 percent), followed by the senior citizens in the age group seventy to seventy-nine years (30.1 percent). The remaining (10.3 percent) were in the age group eighty years and above. Since more than half of the elderly belong to the “young-old” group, the family burden that may be generated by the elderly, such as the provision of support for daily activities, may not yet be a problem. A study on elderly care in rural Yogyakarta showed that, on average, senior citizens that fall in the category of “young old” are still able to live independently in terms of conducting instrumental and personal daily activities like cooking meals, boiling water, cleaning the house, bathing, using the toilet, getting dressed, and walking outside for about five minutes without resting (Keasberry 2001). This proves that the elderly in the younger category are fit enough not only to care for themselves but also to support their family by assuming caregiving functions.

Looking at numbers in the advanced age group, the males are outnumbered by the females, as shown by the 2010 Indonesian Population Census data. The sex ratio was 0.84 among those sixty years of age and above. The ratio varies at every age group. Within the younger group (sixty to sixty-nine), the sex ratio was 0.92, while those for the seventy to seventy-nine age group and the eighty years old and above were 0.78 and 0.80, respectively. The females’ higher life expectancy at the earlier and also older ages is the factor that contributes to the figures (Jones 2007). There are significant differences among the elderly in terms of marital status. The 2010 Indonesian Population Census noted that more male elderly (84.14 percent) were married than their female counterparts (39.13 percent). As a consequence, the proportion of male elderly who were widowed was far less than the females (13.59 percent and 56.50 percent, respectively). This may be due to the tendency of widowed men to remarry. The unwillingness to live without a spouse and the social acceptance for men to remarry seem to be the prominent factors that can explain the higher percentage of the male elderly who are still married (Jones 2007).

In terms of residential area, the percentage of senior citizens who live in rural areas was higher than those who live in urban areas. In 2010, of the overall Indonesian elderly population, around 57.4 percent resided in rural areas. The figure was higher in 1990 (74.1 percent) before it started to decrease to 63.5 percent in 2000. One possible reason for the decreasing trend is the tendency of the senior citizens to stay with their children in

urban areas (Noveria 2007). This is influenced by the traditional view that living with children or relatives is an appropriate living arrangement for the elderly. Consequently, as their adult children move to urban areas to work, which gradually increases over time, the aging parents join the move. A survey that was conducted involving two hundred respondents in a densely populated urban area in Indonesia revealed that the majority of senior citizens lived with their family although the housing condition was not adequate for coresidency (Niehof 1995). Another study also revealed that the same situation of coresidency was stronger among the urban elderly than their rural counterparts. This makes it easier for children to see their parents, thus coresiding in urban areas becomes logical (Mohd et al. 2010). Another reason why the elderly stay with their children is their need of constant support if they are no longer capable of living independently; this is especially true for the frail and destitute elderly.

### **Economic activities**

Some Indonesian senior citizens are still considered economically productive since many of them continue to participate in the labor force. Data concerning this matter show that in 2010 around 44.76 percent of the elderly were working (BPS 2011). In line with their spatial distribution, the proportion of the elderly who were working in the rural areas was higher than their urban counterparts, which was 51.14 percent and 36.18 percent, respectively. The data also show that most elderly work in the informal sector, which does not require certain age qualification. They work mostly in the agricultural sector, which relies on the physical capability to do work. This means that most senior citizens are likely to continue working as long as they are physically able to do so.

The involvement of senior citizens in economic activities can also be viewed as a strategy for them to maintain their livelihood. The small amount of pension coverage in the country forces some senior citizens to remain working even in their advanced age. This is a common phenomenon in most Asian countries, where the pension plan only covers less than 20 percent of senior citizens and is exclusively provided for retired government workers (ESCAP 2005, cited in Jones 2007). Being senior usually requires more budget for health care, especially since the deterioration of health is to be expected in old age. Unfortunately, most health insurance plans can hardly cover the elderly's health needs. Arifianto (2004) stated that only 10 percent of Indonesian senior citizens are covered by health insurance managed by either the government or privately owned companies. Of all the senior citizens' health insurance coverage, 1.8 percent is under the social

safety net plan. In facing such conditions, to remain working is the most reasonable option for most elderly, particularly those who are impoverished and cannot rely on their offspring for support. Thus, senior citizens engaging in economic activity may and should be viewed positively. This indicates their fitness to carry out jobs as well as prevent them from being economically dependent on their offspring at later ages.

## **Living arrangements**

Similar to the situation in other Asian countries, Indonesian elderly mostly live with family members. It is generally believed that letting aging parents live alone or sending them to institutionalized homes for the elderly is not a wise living arrangement. It was not surprising, therefore, to find 92.7 percent of Indonesian elderly in 1997 living with others, mainly their spouse and children/grandchildren (United Nations 2005, cited in Jones 2007). Of the figure, the highest proportion (68.9 percent) lived with child/grandchild, followed by spouse (16.9 percent). Other studies in several areas in Indonesia also found a similar trend (Keasberry 2001; Noveria and Djohan 2001; Niehof 1995). The proximity to family members is considered very important as a person grows older.

The 2010 Indonesia Population Census found that more than half (57.7 percent) of senior citizens were the head of the household (BPS 2011). There were two reasons for this circumstance. First, they were actually the head of the household, in the sense of being fully in charge of running the household daily life. Second, they lived with other relatives, including their married children, but were honored as the head of the household because the children and their spouses coreside in the elderly parent's house. Furthermore, 21.04 percent of the senior citizens were parents/in-laws of the household head; this percentage was for those who coresided in their children's houses.

## **THE STUDY ON CAREGIVING PROVIDED BY THE ELDERLY: LOCATION AND METHODOLOGY**

As previously mentioned, this paper is based on studies related to the care provided by the elderly for their grandchildren who are left behind by their migrant parents. These studies were conducted by a research team of the Centre for Population Studies, Indonesian Institute of Sciences. The data were obtained mainly from a study on social costs and families left behind in two Indonesian international labor-migrant-source villages in Indramayu District, West Java Province. The study focuses on the social costs that family members of international migrant workers have to face

while the mother is away. The care of the children is an issue that is explored in the study. Since some of the children are cared for by their aging grandparents, the issues related to elderly caregivers, especially concerning both the support and also the obstacles that they face while grandparenting, are also taken into account.

The study was conducted in Juntikebon and Juntikedokan villages, which are among the international female-migrant-source villages in the subdistrict of Juntinyuat. In general, villages in Indramayu district has a long history of international labor migration, especially of the females. The onset of female labor migration from these areas started in the early 1980s, as there was high demand for housemaids to be employed in Saudi Arabia during Ramadhan (the holy month of Islam). The supply of female migrant workers continues and involves migrant workers from other areas in Indonesia. This puts Indonesia as one of the major international migrant-worker suppliers. In the two villages studied in particular, the young and economically productive females were found to be highly enthusiastic to work overseas.

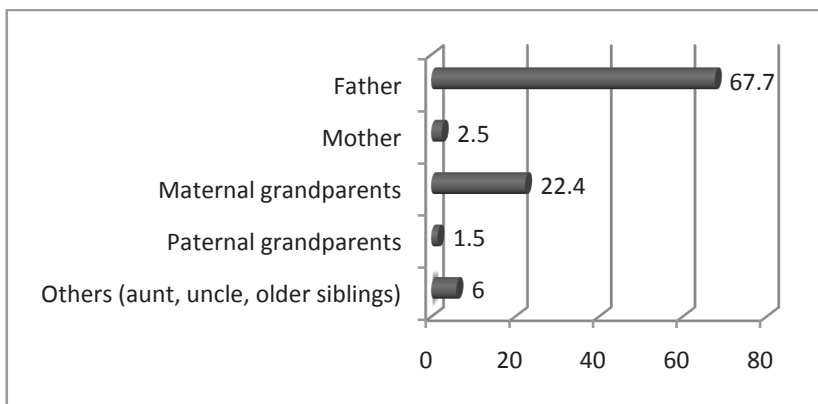
The main reason for the enthusiasm was the promise of generating more income compared to taking similar jobs in the country. Given job scarcity in the villages and the adjacent areas, quite a number of young and economically productive women decided to try their luck in other countries, mainly in the Middle East, to work as housemaids. It is rare, therefore, to find a household without at least one female member who is either working or has experienced working overseas as a housemaid. Other factors that also contribute to the decisions to work overseas are to build a house for their family, to buy economic assets such as agricultural land, and to celebrate family events such as a son's circumcision. The families in the studied villages have the habit of spending a large amount of money to celebrate events such as boy circumcision.

The study applied quantitative and qualitative methods to collect primary data from various sources. The quantitative data were collected through a survey of 201 selected households with at least one child aged thirteen to twenty-one left behind by migrating parent(s). The questionnaires were answered by the children's caregivers. There were also questionnaires for a child at particular age groups of each household. Questions were related to issues such as the sociodemographic characteristics of caregivers with whom the children live, the means to support the migrant's family at home, the financial problems encountered by the caregivers during the time when the migrant parents were away and the strategy to solve it, and other problems including the disciplining of the children. Furthermore, the qualitative data were collected through in-depth interviews and focus

group discussions (FGD) with relevant sources such as the children left at home, the caregivers, the formal and informal leaders, and the government officials at the subdistrict and district levels.

## THE CARE FOR CHILDREN LEFT BEHIND BY THEIR ELDERLY GRANDPARENTS IN THE FEMALE MIGRANT FAMILIES

The study found that many female migrants left their children at home to be cared for by their grandparents, mostly the maternal grandparents, during their overseas contract period. Figure 1 shows the living arrangement for the left-behind children that were selected as respondents in the study. It can be seen from the figure that nearly one-fourth of the 201 children interviewed lived with their grandparents, mostly the maternal grandparents. This is not surprising since intergenerational family arrangement is a common practice in the study areas. The availability of extended family members, including parents, to help more likely reinforced the desire to work overseas. DeJong, Richter, and Isarabhakdi (1996) pointed out that those who live with three-generational extended families are more likely to move for work than those from a nuclear family living arrangement.



Source: PPK-LIPI (2011).

**Figure 1. Living arrangement of children left at home in Juntikebon and Juntikedokan Villages, Indramayu, West Java (%) (N = 201)**

Interviews with many children left behind by their migrant mothers and living with their fathers at home revealed that grandmothers provide valuable assistance as caregivers, especially of the very young. Inasmuch

as nurturing and caring for children are not men's traditional gender role, fathers find the practice of typically motherly duties complicated. When the father is given the responsibility of caring for the children, he is likely to hand over the responsibility to a relative, usually the parents or one of them (Perez 1994). It is not surprising to find that eventually other female relatives take over the job of caring and nurturing for the children, as also occurs in others countries (Hoang, Yeoh, and Wattie 2012; Locke, Hoa, and Tam 2009; Parreñas 2000). A boy that was interviewed in the study confirmed this conclusion:

My father is busy working every day. He sells boiled noodles in a place quite far from my house. He leaves home in the morning and comes back in the afternoon. I am left at home with my younger brother, who is three year old. During the day, I have to care for my brother, including preparing his meals. This is stressful and I often come to my grandmother to ask for her assistance to care for my little brother. My grandmother always assists me anytime I ask for her help. (Yd, a fifteen-year-old boy whose mother works in Saudi Arabia)

The study also found that the grandparents' availability to care for the children was unfortunately taken for granted, especially since the majority of these grandparents were not asked about their willingness to accept such a chore. The job simply fell in their laps. This, however, is not only typical in Indonesia—many elderly caregivers in other countries such as Vietnam also face similar situations (Hoang, Yeoh, and Wattie 2012). Having grandparents taking care of their grandchildren seems natural because the children are already familiar with their grandparents, especially if they are reared in the intergenerational family living arrangement. The following quotations describe the situation:

My daughter and her husband never came to me to ask for my willingness to care for their two kids [a fourteen-year-old boy and a seven-year-old girl]. They just told me that they were going to work overseas and left the children with me. I could not say anything because they went abroad to earn money. It was better for them to go rather than staying here with no permanent job. (Mrs. Sp, sixty years old, caregiver of two grandchildren; she passed away six months after the interview after suffering from stroke)

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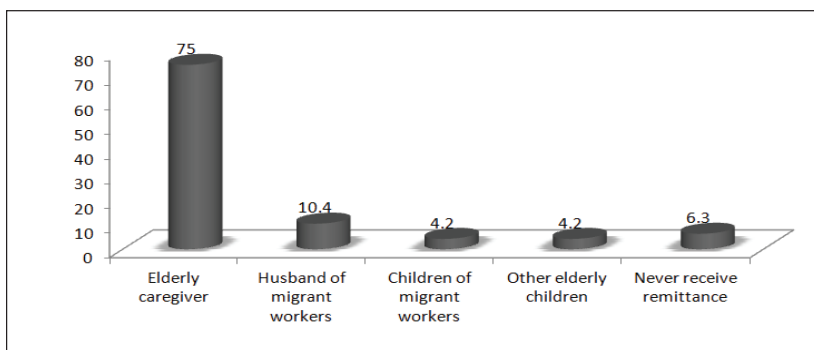
My daughter went to work abroad and left her nine-month-old girl with me. My willingness to care for the girl was never requested. My son-in-law now joins his parents in his ancestral's house and left the baby girl to live with me. Even though I live with my other daughter's family in my house, the main responsibility of caring for the baby is in my hands. (Mrs. Tm, sixty-five years old who takes care of a nine-month-old granddaughter)

Fortunately, the elderly caregivers willingly took on the noble task since the mothers have to be away to gain income to support their family. This is a common phenomenon in many other migrant-source countries. Elderly respondents in a study on female out-migration in Nigeria and Bulgaria, for instance, mentioned that caring for grandchildren left behind by migrating parents was considered as a natural chore for grandmothers (Harper, Aboderin, and Ruchieva 2008). Moreover, they also viewed the task as their necessary contribution to ensure the welfare of the children left behind by migrant mothers. From the positive perspective, the job may very well raise the elderly's self-esteem because of their indirect economic contribution to their migrant children's family.

## THE MANAGEMENT OF REMITTANCES

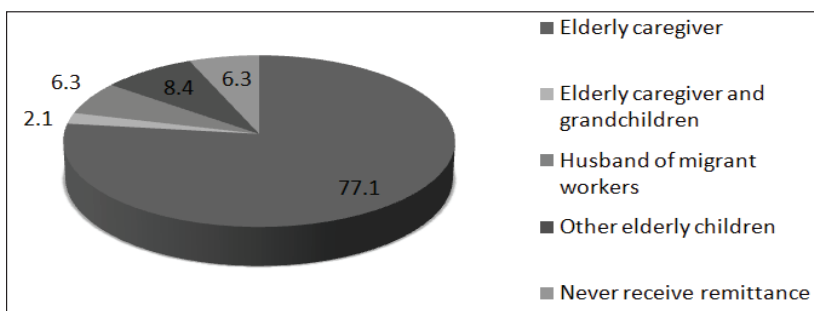
The main reason for working abroad is to gain higher income compared to earnings from having similar jobs in their countries of origin, as mentioned previously. Parreñas (2005) pointed out that many Philippine women workers who were interviewed in some European countries stated such reason for their international labor migration. The money that was earned from overseas work was remitted home to support the family, which also served as a way to maintain a relationship between the migrant workers and their family in their home country. The PPK-LIPI study found that three-fourths of the elderly caregivers received the money sent home by their migrant worker children (figure 2). This is in line with their role as caregivers, especially since they are the persons responsible to carry out the parenting duty during the working contract period of the children's parents.

The elderly caregivers not only received the money remitted by their migrant children but also made decision on how to use the money. Among the members of a migrant worker's family with left-behind children, the elderly caregivers made most decisions on the use of remittances, as shown in figure 3. The percentage was quite higher than the percentage of others who also received the money (75 percent and 77.1 percent, respectively). Figure 3 also shows that the migrant workers' husbands had less decision-making power on the use of the remittances.



Source: PPK-LIPI (2012).

**Figure 2. Migrant workers' family left behind who receive remittances in Juntikebon and Juntikedokan villages, Indramayu, West Java (%), (N = 48)**



Source: PPK-LIPI (2012).

**Figure 3. Migrant workers' family left behind who decide the use of remittances in Juntikebon and Juntikedokan villages, Indramayu, West Java (%), (N = 48)**

## THE LACK OF FINANCIAL SUPPORT FOR THE GRANDCHILDREN LEFT BEHIND: PROBLEMS THAT ARE FACED BY SOME ELDERLY CAREGIVERS

It is commonly assumed that children left behind are financially supported by their migrant parents while being cared for by the grandparents. Consequently, the elderly who care for the migrants' children are unlikely to have financial problems during their migrant children's contract period. Knodel and Chayovan (2011) pointed out that in Thailand, most elderly were unlikely to be burdened financially in caring for their grandchildren.



Unfortunately, this is not always the case with the elderly respondents in the PPK-LIPI's study. The in-depth interviews with elderly female caregivers showed that the family still faced financial difficulties because they did not receive a sufficient amount of money in order to raise the grandchildren. In some cases the amount of money sent by their migrant daughters was less than what they actually needed. Quite a number of migrant workers did not remit money on a monthly basis, as mentioned by the following respondents:

I receive money from my daughter who works overseas once in three to five months. She sometime sends one million rupiah [almost USD 100] and sometimes two million rupiah [almost USD 200]. The amount of money I receive is certainly less than what we need. It is indeed insufficient for buying formula [milk] for my granddaughter. Can you imagine receiving only one million in three months? What can such amount of money buy in current economic situation? (Mrs. Tm)

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My daughter sent money home only once in the last seven months. I have received remittance once in a year, indeed. My daughter mentioned that she did not have money because her employer had not paid her salary yet. I then had to borrow some money from our neighbor to fulfill my grandson's need and promise to pay the debt once I receive remittance from my daughter. (Mrs. Ws, carer of fifteen-year-old grandson left at home by his mother)

The tough financial situation pushes the elderly caregivers to continue working even at their advanced age. The study pointed out that around two-thirds of the elderly caregivers are engaged in various kinds of job in the agricultural and service sectors and informal trading in their houses (*warung*, small store selling various daily necessities). Those who do not work are the female elderly who relied on their husband's income. This means that the male elderly remains working in order to support the family. The poor social security plan also brings about difficulties among the elderly to sustain their daily lives. It is worsened by the lack of financial support from their migrant children/in-laws. In some cases, the financial support from the migrant children will stop completely, unless the elderly caregivers make urgent pleadings for the money to be remitted. This situation, unfortunately, is quite common, as stated in the following quotation:

I have to support our family financially. I feel it is hard because raising children needs a large amount of money. They need money to buy meals or snacks at school and at home every day. This forces me to keep working. I continue to sew clothes if a neighbor asks for my services. In case I have no more money, I ask my son [father of her granddaughter] and sometimes I ask from her aunt. I feel as if I reared children twice because now I care for my grandchild left at home by their parents like I previously did for my own children. I also have to make sure that all her needs are met. (Mrs. Si, sixty-five years old, caregiver of a seven-year-old granddaughter left at home by her parents)

Interviews that were conducted with ex-migrant women in the study revealed that there were two reasons why the migrants could not send a sufficient amount of money home to their children and parents. First, they intended to keep the money themselves and bring the money home as soon as their working contract was finished. This would allow them to bring home a large sum to be used for major expenditures such as building a house or financing a party (mostly to celebrate a son's circumcision, which is commonly and widely practiced among villagers). Second, they were not paid by the employers every month, and this prevented them from sending money home on a monthly basis. The practice of the intergenerational family arrangement assured migrant women before departing for abroad that their children would be safe living under the care of their families.

The study suggested that there was no social network related to the provision of support for elderly caregivers who had to deal with financial difficulties. The provision of support is seen as a family's own problem, which then of course has to be solved by family members themselves, especially the elderly caregivers. Those who have wealthy relatives may rely on assistance from their extended kin in the form of a loan. Once they get the remittance from their migrant children, the elderly caregivers have to pay the debt. The lack of community awareness in supporting the financial needs of the elderly who shoulder the burden of caring for their grandchildren should therefore be addressed.

Tough financial situations do not seem to be experienced by those who are adequately supported by their migrant children. Another study that was conducted by the research team of PPK-LIPI in Tulungagung district, East Java province, revealed that many elderly caregivers were unlikely to encounter financial problems while caring for their grandchildren left at home since their migrant children remitted a sufficient amount of money regularly. The elderly grandparents were able meet all the grandchildren's

needs. Mrs. Jm (sixty-eight years old) whose son and daughter-in-law worked in Malaysia, for example, could be called a “finance manager” for her family with three left-behind grandchildren. She managed all the money her son remitted and used it to meet all the family members’ needs. Mrs. Jm saved the remaining amount until the savings were sufficient enough to buy economically valuable things, such as agricultural land. She also used the savings to invest in economic activities, such as raising chicken. She ran the poultry business with assistance from other relatives. In-depth interviews with Mrs. Jm revealed that she was less likely to experience substantial problems in sustaining her life while at the same time caring for three grandchildren.

There was another elderly caregiver who enjoyed not having financial problems while grandparenting children left behind. Mrs. Rh, whose daughter and son-in-law migrated to Malaysia to work, lived with only her two elementary school-age grandchildren in a house owned by her migrant daughter’s family. The parents of the two children regularly remitted a sufficient amount of money home. The money that Mrs. Rh received was not only able to meet the children’s needs but also helped cover other necessities. The adequate sum of money she received and her good physical condition enabled Mrs. Rh to take care of her grandchildren well.

## **THE NONFINANCIAL PROBLEMS ENJOYED BY SOME ELDERLY CAREGIVERS**

A study that was done by PPK-LIPT’s asked about problems other than financial ones, that may have been encountered by elderly caregivers in parenting their grandchildren. Although the problems may have been pretty insignificant, some elderly caregivers did experience them. Seventeen percent of forty-eight elderly caregivers encountered various nonfinancial problems depending on the age of the grandchildren. Among the very young grandchildren, the major problem was the difficulty in fulfilling their needs because of the caregivers’ weak physical condition. Waking up at midnight for various reasons such as preparing milk and changing diapers were the main difficulties that were met by elderly caregivers as expressed by Mrs. Tm:

My granddaughter always wake up and ask for milk at night. I have to wake up and prepare formula for her. This bothered my night sleep. I feel this is the hardest part of caring for the baby. It is not like washing her clothes, for which I have no problem in carrying out the chore.

For those elderly caring for grandchildren in the preteen and teenage groups, the main problem pertained to disciplining them, particularly in spending their leisure time. Some of them even had to face bigger problems, such as grandchildren skipping school hours. Many male children frequently spent their after-school time at paid public Internet facilities, mainly for playing online games. They played these games for hours and went home late in the afternoon on school days. This habit was not only a waste of their time, but also their money because they had to pay for the Internet services. Mrs. Sp, whose grandson was fourteen years old, mentioned that she became stressed out thinking about her grandson who often did not attend school despite leaving for school every school day, as expressed in the following quotation:

I was informed by the school that my grandson often was not present at school. When I asked the boy, he told me that he always came to school. He lied to me because if he attended school, his school would not tell me differently. He always came home very late. I got mad at him frequently, but it did not seem to have any difference. He just kept silent but did not change his behavior.

## CONCLUSION

It is undeniable that as a person is getting old, his/her ability deteriorates, which in some cases intervenes in his/her daily life. This leads to him/her to be heavily reliant on others' support, particularly offsprings and other relatives. Fortunately, for many elderly, deteriorating abilities at advanced ages do not prevent them from providing support to their family. Instead of requiring greater care at their late ages, some elderly continue to play a crucial role in the family. This brings about the question: who supports whom?

The main form of support provided by the elderly to the family is assistance in caring for their grandchildren. In migrant-worker-sending areas, in particular, senior citizens are more likely to be the main caregivers for children whose parents migrate for work. The caregiving support is usually provided by "young elderly" who are still relatively in good health and are able to support themselves. Regarding financial matters, caring for grandchildren left behind seems not to bear any kind of problem as long as the elderly receive a sufficient amount of money from their migrant children. Since they are the main caregivers for the grandchildren, the elderly have the power to fully manage remittance—that is, receive the money and decide on its use. Their power in controlling the remittance is sometimes even stronger than that of their sons-in-law.

Unfortunately, caring for grandchildren left behind poses financial and psychological burdens for some elderly. They have financial problems because they do not always receive a sufficient amount of money from the grandchildren's parents. Probably the migrant workers think that their children are in the right family hands, and that the children will continue having adequate care even without sufficient financial support from the migrant parents. Furthermore, disciplining of the grandchildren, particularly teenagers, is among the pressing problems that are faced by elderly caregivers. This has to do with schooling issues and spending leisure time effectively.

In regard to the difficulties that are faced by the elderly caregivers, the support from others is needed so they can deal with daily life activities. The community members who live adjacent to the elderly are expected to be more aware of their difficulties and offer support to help them run their lives well while at the same time caring for their grandchildren. Ideally, continuous intervention from informal local leaders can help mobilize the community to establish social networks that provide support to elderly caregivers.

## NOTES

- 1 The Indonesian Law 13/1988 on Senior Citizens' Welfare states that senior citizens refer to people sixty years of age and above.
- 2 The percentage of the population aged sixty-five years and over in Singapore and Japan were 8.3 percent and 26.0 percent, respectively, in 2010. It is projected that in 2025 the proportion may increase to 14.8 percent in Singapore and 32.2 percent in Japan (UN Population Division 2004, medium projection, cited in Jones 2007).
- 3 In many studies on senior citizens, this group of people is usually categorized into three according to age. The first category constitutes those who are sixty to sixty-nine years of age; the second, those aged seventy to seventy-nine; and the last consists of those aged eighty years and above (see Knodel and Chayovan 2011).

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# “Only-Child-Death” Family and Its Developing Trends under China’s Family Planning Policy<sup>1</sup>

Wang Guangzhou

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Based on the Chinese census data of 1990, 2000, and 2010, this paper analyzed the fertility of the second birth, total fertility rate, and progression fertility, using the 1 percent sample of the 2005 and 2010 census data to set up the population simulation model. Using this simulation model, the total only-child population was estimated at 145 million in 2010 and the only-child-death population at more than one million since the family planning policy was adopted in China. If the current family planning policy is maintained in the future, the total only-child population may reach 300 million and the only-child-death population may increase to 11.84 million in 2050. The new only-child-death family is projected to increase from 95,000 in 2010 to 560,000 for each year in 2050.

**Keywords:** birth control policy, parity progression fertility rate, only-child population, “only-child-death” family

## BACKGROUND

Chinese women had very high fertility rate before the 1970s. The total fertility rate (TFR) was about 6.0 from 1950 to 1970. The TFR decreased dramatically in the 1970s. Although the TFR was about 3.0 in 1973, the natural increase rate was still more than 20 percent. To face the challenge of fast population growth, the Chinese government adopted family planning policies. At the beginning, the family planning policy was mainly to call on

each family to have fewer, later, and bigger birth intervals. In 1980, the government significantly changed its family planning policy to a one-child policy. Thus more and more families have become one-child.

Death is not only a matter of demography but is also an important family event since human life matters a lot. The direct consequence of China's family planning policy, especially the one-child policy, is the ever-increasing one-child family as well as the great change of family structure. The traditional concept of child-bearing refers to "more children representing more happiness" and "the continuity of a clan." Although the former has changed a lot in modern society, the latter still dominates. The death of the only-child may mean the ruin of a family's hope and the end of the family line, which is not the expected result of the family planning policy.

As the main part of the family planning policy, the one-child policy results not only in the reduction of newborn babies but also in the rise of the one-child family structure. Along with the growth of the aging population and the weakening capability to support the aged, too many only-child families may lead to social problems (Zhou Changhong 2009). The enormous psychological shock and the difficulty of supporting the aged confronted by the "only-child-death" family are unimaginable.

Studies of "only-child-death" not only pay attention to the disadvantages but also the social risks, social costs, and negative effects of the family planning policy. However, previous only-child research has focused on children under eighteen or under thirty (Feng Tianxiao 2006, 2008; Wang Guangzhou 2009; Yang Shuzhang and Wang Guangzhou 2007; Song Jian 2006). Apparently research on the only-child cannot be limited to underage children or the young.

To help reduce the impact of the only-child-death or disability, Wang Guangzhou, Guo Zhigang, and Guo Zhenwei (Wang Guangzhou 2008) have studied the number of only-child-death or disability population as a basic research component in support of "the Notice of the Pilot Program of supporting the only-child-death or disability families policy by Population Family Planning Commission and the Ministry of Finance."<sup>2</sup> The research focuses mainly on the only-child-death mothers above forty-nine years old and therefore has not shown the total accumulated number of only-child-death population, which is important in formulating the family planning policy. There is a slight probability for women of childbearing age above thirty-five or forty to give birth again. It is therefore quite necessary to make an in-depth study of the total number of only-child-death population and its implications for the future.

Due to the lack of research concerning the only-child issue (Yang Shuzhang and Guo Zhenwei 2000), we are unclear about the number of

the only-child population and the only-child families affected by the family planning policy. There are studies about the only-child mortality, the total only-child population in some provinces, and risk analysis (Jiang Quanbao and Guo Zhenwei 2008; Pan Jinhong and Jiang Jihong 2007), but there is no research focusing on the total only-child population and the structure of only-child-death family in China. In view of the tragedy of only-child-death and given the increasing number of only-child-death families, the only-child-death family, as a policy group, deserves greater research attention.

## **METHODS AND DATA SOURCES**

For the research on the total only-child-death population, structure, and future trend, two issues shall be examined. The first one is the fertility status of the women in reproductive age. The proportion of the second birth determines the likelihood and the number of only-child. The second is the total structure of the only-child population, since the death risk of the only-child varies obviously with age, sex, and other factors. After resolving these two issues, the research on the total number and structure of the only-child-death population can be undertaken. First, to measure the fertility status of women in reproductive age, scientific indicators are necessary. The likelihood of whether the living one-child is the only-child or will be the only-child depends on the possibility of parity progression fertility of second birth. Thus the scientific measurement of fertility for the second birth in reproductive age is quite crucial. Based on the progression ratio, from the basic principle of algorithm, parity progression fertility rate means putting women with same timing of birth together, which eliminates the effects of number and gender of children that women have given birth to before. The indicators will be more stable and closer to the expected number of births in her lifetime. The change of total parity progression fertility rate may not be affected by the period and timing effect. Thus, the research on parity progression fertility rate may reflect the fertility level of women in reproductive age and the probability that the living one-child will be the only-child. Of particular note is that the parity progression rate of second birth determines the probability of one-birth-mother to be the only-child-mother.

Second is the estimation of the number and structure of the only-child population. Two basic prerequisites—the authentic and authoritative number of women of different ages and the history of women fertility (i.e., birth in different years)—are necessary in estimating the only-child population. The current raw data of 2000 and 2010 population census and the large-scale sample surveys cannot meet the above requisites. Even the

most authoritative population census data of 1990, 2000, and 2010 do not include complete data on fertility history. Furthermore, there is a problem with the 2000 population census data because of the omission of the young population. Though the National Bureau of Statistics has done some research on data quality assessment, no adjustment has been made for population estimates at different ages. In consideration of data quality of the 2000 population census and raw data constraints of the 2010 population census, the estimate of the only-child population based on the above data can only be regarded as a reference point (Wang Guangzhou 2008). With attention to the quality of data, to get a more authentic assessment, we shall adopt multiple sets of data to calculate the only-child population respectively, and then analyze the results and assess their reliability and margin of error (Wang Guangzhou 2012).

Third is the estimation of the conditions of only-child-death. Death is a small probability event and the estimation of only-child-death conditions is the estimation of population events based on a small probability event. A small probability event is stable in the larger population. Thus, the accuracy of only-child-death estimation depends on the total structure of the only-child population and the estimation of life expectancy. Furthermore, the future trend of the only-child-death population depends not only on the assessment of the future structure of the only-child population but also on the analysis of the death level and death situation. Due to the uniqueness of the only-child phenomenon, the low mortality probability of adults, and the lower mortality probability of both the two only-child-generations, the total only-child-death population is equal to the number of only-child-death families.

The only-child-death population can be studied in terms of reproductive-age women or the only-child attribute of dead children. However, the only-child attribute depends on the fertility behavior of first-birth mothers. The research on the only-child-death includes the population processes of two different population groups, and the digital model is hard to describe. Thus this research adopts the estimation method of random micro-population simulation (Wang Guangzhou 2012). For the definition of only-child or only-child-death, please see Wang Guangzhou (2008).

Combing the summarized data of the population census 2000 and 2010, the basic data for this research were drawn mainly from the raw data of the 1990 population census and the raw data of the 1 percent sample survey of population in 2005.

## **PARITY PROGRESSION FERTILITY RATE AND SECOND-BIRTH PROGRESSION OF REPRODUCTIVE-AGE WOMEN**

The change in fertility level affects not only the variation of the total population and natural population structure but also the population, social structure, and the correlation between the two. The higher the fertility level, the lower the probability of only-child birth. On the contrary, the lower the fertility level, the higher the probability of only-child birth. Since the fertility level of reproductive-age women is decreasing and remains low, the probability of only-child birth is higher and the number of the only-child population is higher.

### **Parity progression fertility rate**

The parity progression fertility may measure the lifetime fertility level of women; the total parity progression fertility may reflect the fertility tempo of reproductive-age women. The analysis of parity progression fertility process of reproductive-age women entails figuring out the basis of only-child population changes. The main differences in fertility levels of Chinese reproductive-age women are the urban and rural difference and regional difference. Reviewing the fertility history of Chinese reproductive-age women over the past thirty years, the following four major features are evident.

First, the total parity progression fertility rate of reproductive-age women from 1982 to 2010 kept decreasing (see table 1). The total parity progression fertility rate of 1982 was 2.54; the figure decreased to 1.38 in 2010. From the regional difference, the internal logic relations, and the composition of total parity progression fertility rate, we can see that the decrease of total parity progression fertility rate mainly lies in the sharp declines of multi-birth parity progression fertility rate.

Second, from the pattern of change and characteristics of the total parity progression fertility rate per birth, we can see that the change in the first-birth parity progression fertility rate is the smallest.<sup>3</sup> In whatever region or period, the first-birth parity progression fertility level is close to 1, but the proportion of lifelong infertility has greatly increased from 2000. In 2010, the average expected lifelong infertility of reproductive-age women reached 27.4 percent, increasing by 24.1 percent compared with that of 1982 and is 8.3 times of the 1982 figure. The proportion of expected lifelong infertility of reproductive-age women in the non-agricultural population reached 93.3 percent in 2000, which is 2.74 times of the 1982 figure. It is estimated that the expected lifelong infertility of reproductive-age women in non-agricultural population in 2010 may be larger than that of 2000.

**Table 1. Total parity progression fertility rate of reproductive-age women per birth<sup>4</sup>**

Survey Time	Area	0→1 Birth	1→2 Birth	2→3 Birth	3→4 Birth	Total Parity Progression Fertility Rate
In 1982 <sup>5</sup>	Nationwide	0.9967	0.8847	0.4422	0.2169	2.5404
	Eastern region	0.9971	0.8109	0.3076	0.1060	2.2215
	Central region	0.9976	0.9345	0.5424	0.2282	2.7027
	Western region	0.9956	0.9267	0.5767	0.4365	2.9354
	Agricultural	0.9952	0.9180	0.5707	0.3585	2.8424
	Non-agricultural	0.9660	0.3776	0.0519	0.0104	1.4059
In 1990	Nationwide	0.9932	0.7073	0.2865	0.1226	2.1097
	Eastern region	0.9923	0.6181	0.2051	0.0769	1.8924
	Central region	0.9956	0.7907	0.3540	0.1409	2.2813
	Western region	0.9906	0.7247	0.3203	0.1598	2.1954
	Agricultural	0.9846	0.8354	0.3313	0.1285	2.2798
	Non-agricultural	0.9439	0.2064	0.0351	0.0134	1.1988
In 2000	Nationwide	0.9727	0.3329	0.0267	0.0025	1.3348
	Eastern region	0.9601	0.2463	0.0101	0.0006	1.2171
	Central region	0.9798	0.3563	0.0188	0.0006	1.3556
	Western region	0.9824	0.4449	0.0700	0.0109	1.5082
	Agricultural	0.9583	0.5026	0.0593	0.0116	1.5318
	Non-agricultural	0.9067	0.1119	0.0115	0.0022	1.0323
In 2010	Nationwide	0.9726	0.3585	0.0518		1.3829

Third, from the parity progression fertility rate of reproductive-age women in the agricultural population and non-agricultural population, the agricultural population declined from 2.8424 to 1.5318 from the year 1982 to 2000. The non-agricultural population also declined from 1.4059 to 1.0323 with the average value of 0.3736. From the fertility-level differences between the agricultural reproductive-age women and non-agricultural ones, the total parity progression fertility rate of 1982 and 1990 is 2.02 times for the agricultural population and 1.9 times for the non-agricultural population. In 2000, the ratio declined to 1.48. In spite of the lack of data for 2010, it is estimated that the data of 2010 is quite close to that of 2000 according to the changing features of the total parity progression fertility rate. This shows that the decline of fertility level of Chinese reproductive-age women mainly lies in the decline of fertility level of agricultural reproductive-age women.

Fourth, from the changes of 1→2 birth parity progression fertility rate, the figure is low. In 1982, the 1→2 birth parity progression fertility rate of Chinese reproductive-age women was 0.8847; the figure for agricultural



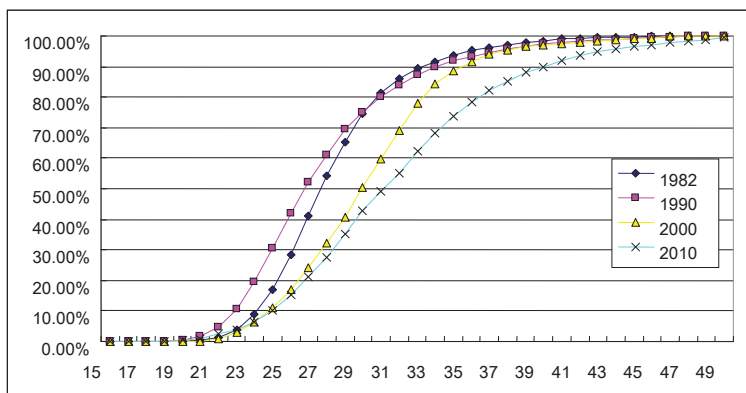
reproductive-age women was 0.9180 and 0.3776 for the non-agricultural. By 1990, the 1→2 birth parity progression fertility rate of Chinese reproductive-age women declined to 0.7073, 0.1774 less than that of 1982; the 1→2 birth parity progression fertility rate of agricultural reproductive-age women declined to 0.7247, while the figure for the non-agricultural declined to 0.2064. In 1990, the total 1→2 birth parity progression fertility rate of agricultural and non-agricultural reproductive-age women declined to 0.0826 and 0.1712, respectively, compared to the 1982 figure. In 2000, the 1→2 birth parity progression fertility rate of Chinese reproductive-age women declined to 0.3329, 0.3744 less than that of 1990. The agricultural and non-agricultural population declined to 0.5026 and 0.1119, respectively, 0.3328 and 0.0945 less than the total 1→2 birth parity progression fertility rates of agricultural and non-agricultural reproductive-age women of 1990. In 2010, the total 1→2 birth parity progression fertility rate of Chinese reproductive-age women reached 0.3585, higher than that of 2000.

In short, from the characteristic features and decline of total parity progression fertility rate, we can conclude that underlining the decline of total parity progression fertility is the change from the high-birth fertility level to low-birth fertility level. That is to say, the declining fertility level is characterized by the change from the high proportion of high-birth parity progression fertility rate to the increasing proportion of low-birth parity progression fertility rate. Thus, whether the first birth is the only child or not depends on the probability of the second-birth parity progression fertility rate. Since 2000, it is expected that about 65 percent of first-birth mothers are only-child mothers.

## **The parity progression of second birth**

Age at first marriage and first-birth affect the completion and process of fertility. In the past twenty years, the average reproductive-age of women has changed greatly. With the decline of the fertility level, the average first-birth age of reproductive age women has been postponed. For example, in 2010, the average first-birth age of reproductive age women reached 26.55 while that of 1990 was 24.5. First-birth fertility may directly affect the parity progression of the second birth, which may then affect the total population structure of the only-child. Based on the accumulated parity progression process of the second birth according to the population census since 1982, we present the following observations:

First, the cumulative curve of the age-specific second-birth parity progression fertility rate is typically the logistic curve (see figure 1), which is characterized by the reduction of the area under the curve. The area



**Figure 1. Parity progression of second birth**

under the 2010 cumulative curve of the age-specific second-birth parity progression fertility rate decreased by 29 percent compared to that of 1990, and it declined by 11 percent compared to that of 2000.

Second, the age at completion of the second-birth parity progression fertility is delayed. In 1990, over 50 percent of the women completed the second birth at age twenty-six; in 2000, over 50 percent completed the second birth at age twenty-nine; and in 2010, less than 50 percent completed the second birth at age thirty.

Third, among women completing the second birth, 90 percent completed it before forty years old. In the years 1990 and 2000, among women completing the second birth, 97 percent completed it before forty years old; while in 2010, the figure declined to 91 percent.

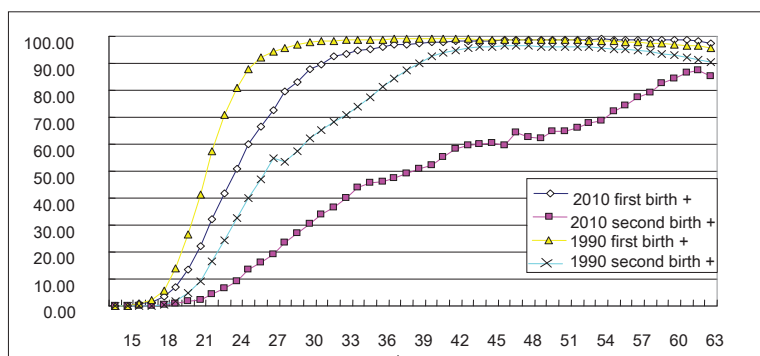
Since natural fertility is closely related to age, the later the completion of the second-birth fertility, the lower the probability of second-birth fertility. In short, fertility tempo is closely interrelated to fertility level, thus the delay of second-birth parity progression fertility age; the tempo will have a considerable impact on the fertility process of reproductive-age women.

### **The fertility completion of second and more birth**

According to the population census of 2010, there were 380 million reproductive-age women, of whom 259 million completed the first and more birth while 120 million completed the second and more birth. In 2010, among reproductive-age women, 31.64 percent completed the second-birth fertility. From the perspective of parity progression fertility tempo, women who have completed the second and more birth account for 46.33 percent of women

who have completed the first and more birth fertility. If all women with first birth had second-birth fertility, then the potential reproductive-age women who would complete second birth account for 139 million, of whom 47 million are above forty years old. Considering the small probability of fertility above the age of forty, in 2010, 92 million reproductive-age women were expected to complete their second birth. The proportion of actual second-birth women accounting for the first-birth women declined to 35.60 percent, which was basically the same as the result of second-birth parity progression fertility rate.

The status of reproductive-age women completing second birth in 2010 was totally different from that of 1990. According to the population census data of 1990, over 90 percent completed the second birth among all reproductive-age women aged forty or above; but the figure declined to 50.69 percent (see figure 2). The above differences lie in the low fertility level as a result of current family planning policy; it also means that many reproductive-age women will have a slim chance to complete the second birth due to age, even though the policy changes—that is to say, they have a slim chance of becoming a non-only-child mother.



**Figure 2. Comparison between fertility completion of 1990 and 2010**

In conclusion, we can see that a large proportion of women completed the second birth regardless of changes in family planning policy. Compared to the situation in 1990, the proportion of second-birth women has greatly declined. According to the analysis of accumulated fertility completion, it means that the probability of a second birth has greatly decreased and the possibility of being an only-child mother has increased.

## ONLY-CHILD STATUS AND ESTIMATED CHANGE TREND

### Estimation of total only-child structure

#### (1) Estimation by means of biological brothers and sisters

In the 1 percent population sample survey of 2005, a survey of biological brothers and sisters was included in people aged thirty and below, which is convenient for the estimation of only-child structure. There are two conditions under which one has no biological brothers and sisters: one is that he/she never has; another is that he/she had one. Apparently, the population with no biological brothers and sisters just approximates the only-child population.

From the result of the 1 percent population sample survey in 2005, we can estimate the age-specific population with no biological brothers and sisters—that is, the state of first birth in 2005. The total structure of the only-child population can also be estimated (for the result, please see table 2). From table 2, we can see that 157.7717 million people had no biological brothers and sisters among the ones aged zero to thirty in 2005; of the said figure, the agricultural population was 90.7973 million (accounting for 57.55 percent) while the non-agricultural population was 66.9744 million (accounting for 42.45 percent). According to the post-enumeration survey of the 1 percent population sample survey in 2005, the total underreport rate was 1.72 percent. Considering data quality issues, such as concealment or omission of the young population, the total only-child population would be less than 157.7717 million among people aged zero to thirty. That is to say, as estimated according to the 1 percent population sample survey of 2005, if the problem of young-population concealment still exists, the maximum number of only-child population may be equal to the amount of first-birth population (157.7717 million of people aged below thirty).

From table 2, we can see that the first-birth population in 2005 was 119.6756 million from the age of five to thirty; considering the regulations of family planning policy toward fertility intervals and the agricultural and non-agricultural parity progression fertility levels, the minimum number of the only-child population was estimated at 119.6756 million among people aged zero to thirty in 2005. Among the first-birth population from the age of five to thirty, those in agriculture was 63.8131 million (accounting for 53.32 percent) while those in the non-agricultural sector was 55.8625 million (accounting for 46.68 percent). We can see that the agricultural population was larger than the non-agricultural population due to the larger absolute number of the agricultural population.

**Table 2. Total structure of the population without biological brothers and sisters among those aged zero to thirty (Unit: ten thousand)**

Age	Agriculture	Non-agricultural	Total
Age of 0–4	2698.42	1111.19	3809.61
Age of 5–9	2178.99	1302.13	3481.12
Age of 10–14	1800.17	1291.21	3091.38
Age of 15–19	1041.27	1209.05	2250.32
Age of 20–24	568.04	950.33	1518.37
Age of 25–29	599.88	678.07	1277.95
Age of 30	192.95	155.47	348.42
Among them: age of 5–30	6381.31	5586.25	11967.56
Total	9079.73	6697.44	15777.17

Source: Estimated according to the 2 percent sample raw data of the 1 percent sample survey data of 2005.

## (2) Estimation by means of mothers

From the perspective of mothers or women of reproductive age, the total only-child population can be estimated as well (Guo Zhigang 2001). Considering the population of women with one-child, we can indirectly verify the reliability of the estimation of population with no biological brothers and sisters in 2005. From table 3, we can see that the only-child population was 143.1407 million according to the 1 percent population sample survey of 2005 from the perspective of mothers, among whom the agricultural population was 74.3666 million and the non-agricultural population was 68.7741 million. There is a big difference, 14.6 million, between this figure and the result of the survey concerning the biological brothers and sisters. Among those aged thirty and below with no biological brothers and sisters, the mother might have given birth after the age of thirty-five, so that the mother aged sixty-five and above might have given birth to one child in 2005 as the supplementation. Less than 1 percent of the population had a first child at the age of thirty-five and above, but it should be considered that there might still be chance for fertility at that age. Thus, from the population census of 1990, we can look at the population of women with only-child from the age of fifty to sixty-four and extrapolate that they might have given birth after the age of thirty-five. Adding these two information may make up for the loss of data and estimate that the total population of women aged thirty and below without biological brothers and sisters was 145.4163 million,<sup>6</sup> which is 12.3 million less than the

**Table 3. Status of women with one existing child (Unit: ten thousand)**

Year	Age group	Agricultural	Non-agricultural	Total
2005	15–19	33.97	1.98	35.96
	20–24	971.51	140.91	1112.42
	25–29	1861.09	770.39	2631.48
	30–34	1800.98	1380.09	3181.07
	35–39	1276.98	1371.86	2648.84
	40–44	668.22	1247.87	1916.09
	45–49	362.26	973.84	1336.10
	50–54	271.79	691.34	963.13
	55–59	113.48	221.35	334.83
	60–64	76.38	77.77	154.15
	Subtotal	7436.66	6877.41	14314.07
1990	65–69	29.01	33.34	62.35
	70–74	36.26	35.18	71.44
	75–79	49.70	44.07	93.77
	Subtotal	114.96	112.60	227.56
Total		7551.63	6990.00	14541.63

data from direct survey. Thus, it might overestimate the total population without biological brothers and sisters. Furthermore, according to the lack of fit of the estimation of the agricultural and non-agricultural population, the discrepancy is 15.281 million for the agricultural population and 2.9256 million for the non-agricultural population. If we put together these two survey results, the agricultural population might be underestimated and the non-agricultural population might be overestimated theoretically due to urbanization, when in fact the agricultural population is overestimated and the non-agricultural population is underestimated. And the gap between the agricultural population is bigger than that of the non-agricultural population, which matches the conditions in the rural areas such as unplanned birth or underreporting. Considering such factors, a larger population without biological brothers and sisters may be found through direct investigation.

### (3) Computer simulation model estimation

Besides the estimation of the only-child population according to the 1 percent sample survey of the population in 2005, we also conducted the computer simulation model estimation using the raw data of the 1990 population census. If the total population of China and the parity progression fertility level of reproductive-age women match with the data of 2000, 2005, and 2010 population census, then the estimate of the population with no

biological brothers and sisters may be seen in table 4. From table 4, we can see that if the total population and the fertility level are close to the current population census result, then the population with no biological brothers and sisters is estimated to be 145.0872 million with the maximum number of 150.5015 million; the population aged thirty and below with no biological brothers and sisters is estimated to be 136.2783 million with the minimum number of 132.396 million and the maximum number of 141.6228 million. Considering factors such as concealment or omission, the estimated result might be closer to the actual data.

**Table 4. Estimation of population without biological brothers and sisters, 2005-2010 (Unit: ten thousand)**

Year	Total			Age of <=30		
	Average Value	Minimum	Maximum	Average Value	Minimum	Maximum
2005	11770.28	11314.16	12128.90	11305.45	10847.60	11657.12
2006	12252.51	11806.84	12607.65	11752.87	11303.71	12113.24
2007	12752.15	12369.15	13136.89	12188.09	11796.39	12569.35
2008	13302.28	12896.64	13747.95	12663.36	12261.21	13116.00
2009	13882.00	13497.26	14390.34	13154.30	12781.74	13650.46
2010	14508.72	14125.73	15050.15	13627.83	13239.60	14162.28

## ANALYSIS OF THE TREND OF ONLY-CHILD POPULATION

The pattern of change of the only-child population or population without biological brothers and sisters can be examined by means of random micro population simulation using the raw data of the 1990 population census (table 5), and the specific simulation mode parameters can be referred to (Wang Guangzhou 2012). From table 5, we can see that if the total population of China and the fertility parameters are matched with those of 2000, 2005, and 2010, and there is no change of family planning policy,<sup>7</sup> then the population without biological brothers and sisters may increase greatly with the annual average increasing to over four million. It is projected that the population without biological brothers and sisters will reach three hundred million in 2050, accounting for one-fourth of the total population. Among the population without biological brothers and sisters, those under thirty may increase from about 140 million people in 2010 to 180 million in 2025 and then decrease to about 137 million in 2050.<sup>8</sup> The

**Table 5. Estimation of population without biological brothers and sisters, 2010-2050 (Unit: ten thousand)<sup>9</sup>**

Family Planning Policy	Year	Total			Age of <=30		
		Average Value	Minimum	Maximum	Average Value	Minimum	Maximum
The existing policy unchanged	2010	14508.72	14125.73	15050.15	13627.83	13239.60	14162.28
	2015	17638.88	17081.79	18178.56	15837.04	15302.58	16385.42
	2020	20401.70	19799.34	21296.52	17523.98	16918.14	18410.10
	2025	22645.73	21684.75	23375.17	18218.60	17327.25	19012.45
	2030	24451.05	23739.02	25049.92	17736.37	17022.60	18295.20
	2035	26104.91	25424.22	26924.88	17053.93	16319.27	17844.30
	2040	27741.36	26975.36	28643.15	16223.52	15591.57	16944.25
	2045	29273.36	28423.80	30110.74	14982.25	14493.06	15579.38
	2050	30575.56	29778.23	31529.58	13655.68	13164.74	14265.00
The policy will allow the second birth in 2015.	2010	14564.71	14075.53	15045.24	13738.46	13227.68	14213.81
	2015	17497.18	17045.17	18084.02	15620.85	15148.09	16186.08
	2020	17933.64	16036.56	19580.08	14964.87	13044.45	16625.13
	2025	18568.88	16992.45	20817.71	14065.16	12498.23	16331.28
	2030	19117.69	17434.09	21096.01	12400.57	10786.98	14348.64
	2035	19661.32	17606.94	21621.49	10824.14	8887.31	12382.42
	2040	20548.06	18393.43	22085.60	9830.23	7934.01	11374.68
	2045	21594.69	19798.74	23031.11	9390.31	8109.46	10836.24
	2050	22242.03	20763.26	24077.75	8941.76	7467.31	10604.61

proportion of those aged thirty and below without biological brothers and sisters in the total population will continue to decrease from 93.92 percent in 2010 to 45 percent in 2025.

If the policy will allow a second birth in 2015, the annual increase of the population without biological brothers and sisters will be slow. From 2015 to 2050, the population may increase by 1.35 million annually, which is the third-time of increase under the current policy. It is projected that in 2050 the population without biological brothers and sisters<sup>10</sup> will decrease from the current 300 million (one-fourth of the total population) to 220 million (16 percent of the total population). Among the population without biological brothers and sisters, the population of those aged thirty and below will decrease since the policy changes in 2015. It is projected that in 2050 those aged thirty and below without biological brothers and sisters will drop to about 90 million and the proportion in the total no-brothers-sisters population will decrease from the current 45 percent to 40 percent with the minimum of 35 percent and the maximum of 44 percent due to the decrease of the only-child population as well as the population of only-child aged thirty and below.



## THE STATUS AND TREND OF ONLY-CHILD-DEATH

### Estimation of total only-child-death population and structure

After the 1990s when the population of China has been well controlled, the survey has paid less attention to the fertility status, the investigating projects on fertility history have decreased, and the reliability of data also has declined. Despite the lack of long-term and complete investigations concerning fertility history and total only-child population and its structure, the accumulated only-child-death population may also be estimated from the issuance of family planning policy according to the population census data of 1990 and 2010 by using the current population of children and children born to women aged fifteen to sixty-four. Taking into account the status of women in the population census of 1990 and 2010, the only-child-death population may be estimated from the year when the family planning policy was issued to 2010.

From the estimation of raw sample data from the 1990 population census, the number of women aged thirty-five to sixty-four who had children was 241,100 in 1990, among whom the number of women aged forty-four to sixty-four who had children was 189,100; the number of women aged thirty-five to sixty-four who had one child was 138,800, among whom the number of women aged forty-four to sixty-four who had one child was 107,500. Therefore, from the strict statistical manipulation, there were at least 100,000 only-child death or families with only-child-death in 1990. From the loose statistical manipulation, there were at least 240,000 only-child death or families with only-child-death since the family planning policy was issued in 1990. From the 2010 population census, there were 814,000 women aged thirty-five to sixty-four who had children and 537,000 women aged thirty-five to sixty-four who had a child in 2010. Comparing the 1990 and 2010 population census, the scale of accumulated only-child-death families may be estimated since the issuance of the family planning policy. Thus, with the combination of estimated result of the 1990 and 2010 population census data, the accumulated number of women aged thirty-five and above who had children were about one million, among whom the women aged thirty-five and above who had a child were about 644,500 (see table 6). That is to say, from the loose statistical manipulation, the total only-child-death population or only-child-death families were about 1.003 million in 2010; from the strict statistical manipulation, the total only-child-death population or only-child-death families were about 644,500 in 2010 due to the family planning policy.

**Table 6. Estimation of accumulated only-child-death population since the issuance of family planning policy (Unit: ten thousand)**

Year	Age Group	With No Child Now (Once Had Children)	With No Child Now (Once Had One Child)
1990	35–64	24.11	13.88
	44–64	18.91	10.75
2010	35–64	81.40	53.70
Since 1990	35–84	100.30	64.45

## ANTICIPATION OF ONLY-CHILD-DEATH FUTURE TREND

By means of computer random micro population simulation, the annual accumulated only-child-death population, structure, and future trend can also be studied. Different family planning policies may exert differential impact on the only-child population and structure, and the only-child-death population and structure. If the current family planning policy remains unchanged, then the life expectancy of male may reach seventy-eight and that of women may reach eighty-two; for the specific parameters, please see Wang Guangzhou (2012). The future accumulated only-child-death population may increase greatly. The accumulated only-child-death population aged five and above or ten and above may reach 11 million in 2050 (see table 7). From the growth rate, it is projected that from 2010 to 2015 the annual accumulated only-child-death population aged ten and above may increase by 9.67 percent compared to the previous year. This growth rate is higher than that for the only-child population. The main reason is that the probability of mortality is relatively high. With the decline of birth rate and the increase of life expectancy, the growth rate of accumulated only-child-death population aged ten and above is further slowing down. If the current family planning policy remains unchanged, the rate may decrease to 5.4 percent in 2050.

If the policy will allow a second birth in 2015, though the growth rate of accumulated only-child-death population is still high, the accumulated only-child-death population aged five and above or ten and above may be over 10 million (see table 7) in 2050. Compared to the situation under the current policy, it is projected that the only-child-death population may decrease by over 650,000.

Besides estimating the accumulated only-child-death population, we can also estimate the annual only-child-death population. The annual only-child-death population aged five and above is 95,100 and those aged ten

**Table 7. Estimation of accumulated only-child-death population since 1990  
(Unit: ten thousand)**

Family Planning Policy	Only-Child-Death	2010	2015	2020	2025	2030	2040	2050
The existing policy unchanged	Total first birth*	292.99	388.06	494.36	613.63	745.00	1069.10	1557.42
	>=5-year-old first birth	108.03	161.62	231.62	320.64	428.68	719.07	1184.05
	>=10-year-old first birth	81.24	128.78	191.87	273.11	375.96	660.30	1120.96
The policy will allow the second birth in 2015	Total first birth	294.72	388.92	491.77	603.26	723.40	1023.30	1478.77
	>=5-year-old first birth	106.31	162.48	229.90	312.00	412.26	681.91	1109.72
	>=10-year-old first birth	81.24	128.78	190.14	268.79	364.72	630.92	1055.28

\* First birth refers to women having only one child when the death happens.

and above is 77,800. If the current policy remains unchanged, it is projected that the annual only-child-death population may exceed 100,000 in 2015, 200,000 in 2028, 300,000 in 2037, and 550,000 in 2050.

If the policy will allow a second birth in 2015, there will be a big difference between the annual only-child-death population and that under the current policy, and that difference will be bigger and bigger. It is anticipated that the only-child-death population may reach over 500,000 in 2050 even though the policy will allow a second birth. The difference in annual decline between only-child-death population under the changed policy and that under the current policy in 2050 may increase to 25,000.

In conclusion, due to the decline of fertility level and the increase of the only-child population, then the only-child-death population may increase as well. If the current policy remains unchanged, it is anticipated that the annual only-child-death population in 2050 will be five times that of the current figure.

## MAJOR CONCLUSIONS AND DISCUSSION

China is still a developing country, and the social security system and pension system in the country have only covered the urban areas. The social security system in the rural areas has just started. Overall, the

**Table 8. Estimation of annual only-child-death population (Unit: ten thousand)**

Family Planning Policy	Only-Child-Death	2010	2015	2020	2025	2030	2040	2050
The existing policy unchanged	first birth	17.29	19.88	21.61	25.06	27.66	38.03	58.77
	>=5-year-old first birth	9.51	11.24	14.69	19.88	23.34	35.44	56.18
	>=10-year-old first birth	7.78	10.37	13.83	18.15	22.47	34.57	55.28
The policy will allow the second birth in 2015	first birth	17.29	19.88	20.74	22.47	25.06	35.44	56.18
	>=5-year-old first birth	9.51	12.96	13.83	18.15	21.61	31.98	53.58
	>=10-year-old first birth	7.78	11.24	12.96	17.29	20.74	31.98	52.72

social support system is very weak. Traditional Chinese parents expect their children's support when they get old. As the population ages fast and traditional family support gets weaker, the shortage in support resources for the aged will be very serious in the future, especially for the only-child-death families. Parents will get into difficulties in old age. In view of the negative effect of public policy, the Chinese government not only gives economic support to the families but also gives much attention to their spiritual well-being.

The measurement of only-child-death families is complicated as it involves the fertility process of mothers and also the death of children. Considering measurement design, calculation methods, and the scale of data operation, it may be regarded as one of the most complicated tasks in population estimation. We may draw the following conclusions through the above analysis and simulation model calculation: (1) Sixty-five percent of first-birth mothers are estimated to be only-child mothers since 2000; (2) The proportion of reproductive-age women with potential second birth among women completing their first birth decreases to 35.60 percent; (3) It is estimated that the population without biological brothers and sisters in 2010 may reach 145.0872 million with the maximum population of 150.5015 million; (4) If the current family planning policy remains unchanged, then the population without biological brothers and sisters may increase by four million annually; it is projected that population may reach three hundred million in 2050, accounting for one-fourth of the total population of China;

(5) It was estimated that in 2010 the total only-child-death population or families might reach 1.003 million since the issuance of the family planning policy; (6) If the current policy remains unchanged, it is projected that the total only-child-death population may have a rapid growth rate, which may exceed the growth rate of only-child population. The total only-child-death population may be over 11 million by 2050; and (7) It is estimated that the annual only-child-death population aged five and above is 95,100; under the current policy, that figure may be over 550,000 by 2050.

Without sufficient data and considering factors such as source of data and statistical caliber or parameters set, the result of random micro population simulation in this research may have some deviations from the real situation due to the following reasons: First, this research adopts the 1 percent sample data of 1990 as the basis of parameter calculation, which may have some deviations in data reliability and sample. Second, second-child parity progression rate affects the overall fertility level and the total structure of only-child population, which further affects the only-child-death population and the pattern of change. Third, deviation of the life expectancy parameters may directly affect the age-specific probability of death and further affect the only-child-death population and the pattern of change. The overestimation of life expectancy means the underestimation of only-child-death probability, and vice versa. Fourth, the small sample of micro data may affect the stability of the estimation result. Since death is a small probability event, the micro simulation model may result in some round-off errors and problems of reliability when estimating the total amount by means of weighted statistics due to the small sample. This research takes the average from a lot of repetitive calculation as the makeup plan. While a large sample may enhance the stability of estimation results, it may take too much time.

## NOTES

- 1 The author would like to extend his deepest gratitude to the bidding project of the "sixth population census" and the raw sample data of the National Bureau of Statistics and the support of the Population and Employment Department.
- 2 <http://www.nxrk.gov.cn/info/zwgk/083626855.html>.
- 3 In order to state conveniently, first-birth parity progression is often abbreviated as  $0 \rightarrow 1$ .
- 4 East China: Beijing, Tianjin, Hebei, Liaoning, Shanghai, Jiangsu, Zhejiang, Fujian, Shandong, Guangdong, Hainan; in 2000, the proportion of reproductive-

age women in east China is 41.63 percent; Middle China: Shanxi, Jilin, Heilongjiang, Anhui, Jiangxi, Henan, Hubei, Hunan; in 2000, the proportion of reproductive-age women in middle China is 31.73 percent; West China: Inner Mongolia, Guangxi, Chongqing, Sichuan, Guizhou, Yunnan, Tibet, Shanxi, Gansu, Qinghai, Ningxia, Xinjiang; in 2000, the proportion of reproductive-age women in west China is 26.64 percent.

- 5 由于国家统计局汇总出版物没有提供相应的数据，所以需要根据原始抽样数据计算。  
Since there are no relevant data in the summarized publications of the National Bureau of Statistics, I make calculations according to the raw sample data
- 6 If there is no problem in data quality, the main reason of the differences lies in the death of children or mother and migration flows.
- 7 Under the current family planning policy, the second-birth parity progression fertility rate is 0.4 with minimum value of 0.2 and maximum value of 0.5.
- 8 Excluding the status without biological brothers and sisters due to their death—that is, only-child fertility.
- 9 Random factors and small simulation sample result in similar models and different parameters. The same as in the following tables.
- 10 Excluding the status without biological brothers and sisters due to their death—that is, only-child fertility.

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# Intergenerational Relationships between Aging Parents and Their Adult Children in Malaysia

Khadijah Alavi

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The debate on the relationship between aging parents and their adult children encompasses roles and responsibilities, parent-child interaction (physical, emotional, and social support), quality relationship, and caregiving. This paper explores the intergenerational relationships between aging parents and their adult children in Malaysia based on in-depth interviews with fifteen elderly parents and adult children. The elderly parents belong to Malay, Chinese, and Indian ethnic groups, aged sixty years and above. The findings indicate that roles and responsibilities, parent-child interaction (physical, emotional, and social support), quality relationship, and caregiving fall upon the shoulders of daughters more frequently than sons. This phenomenon impacts the development of families, communities, and nation. The implication of this study is that there must be substantial improvements in formal and informal support systems to assist adult children in addressing the dilemmas and challenges they face in caring for their aging parents.

**Keywords:** intergenerational relationships, modernization, caregiving, parents, adult children, Malaysia

## INTRODUCTION

Under the impact of rapid industrialization and urbanization over the last few decades, family structures in Malaysia have changed, affecting relationships between aging parents and their adult children.

This has triggered debates on numerous complex issues surrounding such relationships. The modern family structure is a result of formal education producing a professional workforce (e.g., educators, medical doctors, engineers, computer analysts, architects, designers, etc.). The younger generation are no longer engaged in the traditional livelihood of their parents, such as farming, fishery, etc. Today's modern education programs have made the younger generation smarter than their parents. This creates an inverse status between the young and the old as the two age groups differ in academic achievement. Various aspects of modernization (e.g., changes in health, urbanization, and formal education) have a significant impact on the life of the family and the elderly. The trend of having a nuclear family unit in urban areas has resulted in weakening relationship with other relatives. In this type of family structure, the parents-children relationship is deemed more important than that with other relatives. Therefore, most families in the urban areas seem to lack emotional attachment to or strong sentiment toward their relatives. This has made the elderly parents more vulnerable and totally dependent on their children for care (Alavi, Chan et al. 2011; Alavi, Omar et al. 2011 ).

Modernization and urbanization in Malaysia have changed the traditional family system. Geographical distance and the changing family structure seem to hinder the capacity and capability of family members to provide constant care for the elderly. Thus, it is important for the elderly to stay near care providers, although not necessarily stay with them. This will enable the elderly to get continuous financial assistance, emotional support, information, and personal assistance in times of crisis (Seeman and Berkman 1988).

In Malaysia, adult children are very close, physically and emotionally, to their parents. They communicate with their parents regularly (through phone calls, letters, or e-mails) and even visit them regularly (Roziyah 2000). Currently, the Malaysian elderly are using Facebook, Skype, or Viber (popular social media) to stay connected with their children and grandchildren. This shows that family members, especially adult children, remain as the main support for the elderly (Hasmah 2000).

According to Tengku Aizan et al. (2000), majority of the elderly Malays and Indians secure support from their children, whereas the elderly Chinese get support from their partners. In fact, in some Chinese communities, elderly parents are rarely taken care of by their children, although the Chinese believe that those who neglect their elderly parents will be cursed by their ancestors (Sokolovsky 2001). Indian society has traditional informal support systems such as joint family, kin, and community. Due to modernization and globalization, the traditional informal support system is

slowly weakening and can no longer meet even the basic needs of the elderly. In fact, migration of younger generation, lack of proper care within the family, insufficient housing especially in urban areas, economic hardship, and breakup of joint family system have forced the elderly to stay away from their children (Dube 1999; Mandal 1998). Elderly parents living alone or coresiding with adult children often require not only financial support but also help in food preparation, purchase of daily necessities, housekeeping, and transport when visiting relatives, the hospital or clinic (ChorSwang and DaVanzo 1999).

Rapid economic development is contributing to the changes in lifestyle, attitude, and the ways the aging parents are looked after. Family ties between adult children, their parents, and their grandparents are becoming shaky due to the generation gap, which at times leads to family conflicts and tensions, thus affecting the quality of care given to elderly parents (Clarke et al. 1999). Studies on Asian societies, including Taiwan and Malaysia, found that there is intergenerational support among family members as regards living arrangements and material or financial support (Lee, Parish, and Willis 1994; Lillard and Willis 1997). During industrialization and rapid economic growth, an ideal strategy for families to maximize their wealth is to shift resources from the older generation and invest in their children's human capital. Later, parents may share the higher returns from their children's education in times of hardship. The size of the returns to elderly parents may depend on the amount of their investment or their need.

Furthermore, medical advancement and economic development have improved the life expectancy of the elderly population in Malaysia for the past three decades. The population distribution in Malaysia, based on age, in year 2010 showed that 7.9 percent or 2,251,216 people were sixty years old and above, and this is expected to increase to 9.9 percent in the year 2020 (Malaysian Department of Statistics 2010). The increase in the aging population has precipitated social, health, political, and economic challenges and tribulations that have to be faced by the family, community, and the nation. Jariah, Sharifah, and Tengku Aizan (2006) found that many married adult children find it hard to support their parents' medical expenses. Thus the government has to subsidize or increase public health-care expenditures. This will enable the elderly to better cope with their rising medical expenses. The costs of health care are rising due to professional fees charged by specialists and the use of sophisticated medical equipment (Doris, Idris, and Abu Bakar 2010). For the last ten years Malaysians have a higher life expectancy, and it is expected that the costs of medicines and health care will multiply, with adverse impact on the family, community, and government.

Adult children are in a dilemma on how to cope with the increasing challenges of caring for their elderly parents as they become weaker and fragile (Levine et al. 2005; Rokiah et al. 2002; Chen 2002; Chambers 2001; Murphy et al. 1997; Chow 1996). This phenomenon is more acute when modernization affect the family and social structures among the Malays, Chinese, and Indians in the city. Changes in family structure, economic development, increase in life span, and chronic health problems have affected the relationship of adult children and their parents (Zarina 2005; Azura, 2007). Adult children are expected to take care of their aging parents during the final stages of their life. Normally the middle child in the family will be in charge of caring for the aging and ailing parents. The adult child has to assume the responsibility of caring for their parents who can no longer take care of themselves. With their additional role, adult children often find it stressful managing responsibilities to their own family, career, and parents simultaneously. This situation is further complicated by various problems associated with aging and the sharp increase in the elderly population in urban areas.

The issue of intergenerational relationship between parents and children has caught the attention of the Malaysian public recently. Rapid economic developments have changed the mind-set, attitude, and behavior of individuals caring for their aging parents. The relationship between parents and adult children is becoming increasingly tenuous, which can sometimes create conflict and tension in the family. This situation tends to affect the way adult children care for their parents. The question is how to find the best strategy to nurture a harmonious relationship between the caring child and his or her parents. This paper discusses the relationship between aging parents and their adult children, and the challenges faced by children in caring for their parents.

## **OBJECTIVE**

This paper aims to explore the intergenerational relationships between aging parents and their adult children in Malaysia.

## **RESEARCH METHODOLOGY**

This research used a combination of case study and phenomenological approaches. These methods were used to draw a profile of the respondents who were willing to share their experiences, preferences, and expectations as to living arrangements and family relationships in the last stages of their lives. The respondents were chosen based on the criteria that were set to

acquire extensive information. Using a qualitative approach, information and experiences were documented systematically, which were classified, and interpreted to have a better understanding of the research subjects.

The respondents selected are elderly Malays, Chinese, and Indians living in a community in Seri Kembangan, Selangor (urban area), and in Raub, Pahang (rural area). The sample size is fifteen elderly individuals and their adult children. The main reason these elderly respondents were selected is that they are living with their own families and thus can provide insights into their living arrangements and family relationships. This qualitative research uses purposive sampling. Interviews were conducted in an open and unstructured manner. Data were collected through in-depth qualitative interviews. The main questions asked during the interviews were the following: How is the elderly parents' relationship with their children and their own families? What are the preferences and expectations of the elderly during the last stages of their lives in the modern and challenging situation?

Additional questions were asked about their background: Why do they prefer to stay with their family? Have they thought about living in care institutions? In the subsequent interviews, the researcher selected passages from the interview transcripts to develop a theme.

## **FINDINGS AND DISCUSSION**

### **Participants' profile**

Respondents for this study were from urban and rural areas. As for the Malay participants, four were from the rural areas and only one came from the city. For the Chinese participants, four came from the city and one from the outskirts of a town. As to the Indian participants, all of them are from the rural areas. With regard to their educational level, one respondent held a diploma, another has a Malaysian Certificate of Education, one has secondary education, ten have primary education, and the two others did not go to school. Most of the elderly interviewed from the rural areas are still working in the village—for example, as childminder, rubber tapper, oil palm fruit collector, or social worker. Among the elderly from the city are workers, pensioners, housewives, and unemployed persons. The participants' age ranges from sixty years to eighty-seven years, a good mix of early, mid, and late old age. The researchers noted that age is not a setback among elders when they help their children in childminding, house cleaning, cooking, and so on. Even the elderly in the rural areas are still working because their children are unable to support them financially. They are aware of the

difficulties faced by their adult children in the era of modernization such as paying for their home loan, children's education, transportation, etc.

Fifteen adult children (as elderly caregivers) also served as respondents for this study. They are mostly women in their middle age, between thirty-two years and fifty-two years old, who have accepted the task of taking care of their parents /parents-in law. The time span of care varies from three years to twenty-five years. With regard to their health status, three of the respondents below thirty years old do not have any medical problems, while the other respondents are suffering from a health problem (e.g., diabetes, hypertension, heart disease, chronic headache, or sore veins).

## **INTERGENERATIONAL RELATIONSHIP AMONG ADULT CHILDREN**

The dilemma of providing care for the elderly is a global phenomenon, arising as a result of modernization and development. The adult child referred in the study can be a son, a daughter, a stepchild, or an adopted child. Various aspects were looked into regarding elderly care. Piercy (1998) mentioned that where care is concerned, women seem to be the primary caregivers, whereas men provide support to the women—that is, their wives or sisters. Gender is a key element in elderly care. Eriksen and Gerstel (2002) suggest that daughters provide more care to their elderly parents than sons. The kind of care given involves physical (finances), practical (household chores), and emotional (advise) support (Eriksen and Gerstel 2002). Our study shows that daughters take over such responsibilities much more than sons.

Women play the key role in providing care for the elderly. Relatives and neighbors also take up the responsibility of taking care of the elderly as secondary caregivers. The criteria in the designation of the primary caregivers depend on family ties, gender, and location (Cantor 1979; Merrill 1997). Nonetheless, the husbands or partners of the elderly are usually the main care providers. In the absence of a partner, daughters are more involved in providing parental care. If there's no daughter in the family, the son assumes the responsibility of providing care. However, most sons hand over the duty to their wives. If the elderly are childless or have no living children, their close relatives tend to take up the obligation of providing care for them.

The relationship between the respondents and their parents are quite close and warm. However, not all parent-child relationships are harmonious. Some disappointed respondents have poured out their frustration while caring for aging parents. One respondent stopped work to care for her

mother whose left leg was amputated up to the knee due to acute diabetes. Though her mother can carry out her daily chores like cooking, showering, and sewing using a wheelchair, she feels that her mother should not be left alone at home.

I was a cook at the canteen. I had to stop working as my mom had her leg amputated five years ago ... year 2002. Now I help my husband to cook the ingredients for *murtabak*, which he takes around 2:30 p.m. and sells at the night market.

I can cook; I can sew ... when my mom was looking after my kids ... Since her leg was amputated it's difficult to tidy up the house. Why must Mom go through all this ... Mom took care of me when little; now it's my turn to repay her kindness.

My children are mischievous ... Mom feels stressed out with their behavior ... when together they start fighting ... The youngest tend to make a fuss. Mom can't tolerate this nuisance; she gets annoyed.

The respondent could hardly accept the fact that her mother's leg was amputated and that she is now wheelchair-bound. She was continuously sobbing during the interview, feeling sorry for her mother. Apart from taking care of her mother, the respondent is also taking care of her family with ten children, including her sister's two children. Her sister died of asthma. Her brother-in-law remarried and refused to provide support for his children. Both the respondent and her husband have taken charge of raising these children. The situation has distressed the respondent.

Her mother [pointing to her sister's child] is dead. She used to stay here, but died at the age of twenty-five due to asthma attack. She left behind two kids, a three-year old and a five-month baby. We have to shoulder all expenses ... What to do ... I have to accept what has been fated ... Their father does not show up even for a visit and has given nothing for them.

This respondent is always stressed-out in looking after her ailing mother, her own children, and her sister's children. She had to stop work as her mother was getting weaker by the days. According to her, at one point she felt her world was shattered with all the difficulties and challenges she was going through. Likewise a Chinese caregiver also said that it was not easy taking care of the elderly in all aspects.

Taking care of my mother-in-law is not easy ... This not right ... not right. I just don't know what she wants ... I have small children, aged three and a baby ... It's difficult to care for an elderly and young children at the same time. If she's like my neighbor's mother-in-law, we would be at ease. Whatever she cooks, her mother-in-law eats ... My mother-in-law is grumpy ... there is always something to complain about ... either the food is salty or tasteless ... I often feel distressed with what she says. Her tongue is sharp and hurtful. The elderly should also be considerate of us (caretakers) ... Respect should not only come from us; they should also be mindful of our sacrifices. It's frustrating when our efforts are not appreciated. I just don't know how to make her happy. I have done my best but it doesn't seem to matter.

The ability to understand the moods and emotions of the elderly can be challenging, especially for daughters-in-law irrespective of ethnic group. Traditionally, women have assumed the responsibility of caring for parents or parents-in-law. This is prevalent not only in Malaysia but also in other parts of the globe. According to Fitting et al. (1985), the burden associated with caregiving depends on the gender and age of caretaker. Women typically report greater burden associated with caregiving than men. Younger caregivers are lonelier and more resentful of their role than older caregivers. Researchers have shown that female caretakers tend to experience greater psychological burden in caregiving (Zarith et al. 1993), lesser enthusiasm (Gilhooly 1984), very high Minnesota Multiphasic Personality Inventory (MMPI) depression score (Fitting et al. 1985), and higher negative feelings (Siegler and George 1983).

Another Chinese respondent also related incidents of her mother-in-law lashing out at her, but this did not dampen her spirits as she has her husband's and his sibling's support. She said:

If my mother-in-law is happy, I feel contented ... that is important.

This statement expresses a very firm and meaningful principle adhered to by those who are caring for the elderly. One has to go through all these life experiences to fully comprehend the meaning of caring for the elderly. The time frame of care provided by an adult child is significant in understanding the caring experience. Caregiving is always seen as a woman's job as it entails nurturance, personal care, and household activities. However, studies on intergenerational relationship in elderly caregiving have yet to consider issues involving authority, administration, and medical care (Miller 1987; Pruchno and Resch 1989).



Majority of the respondents (90 percent) from both the urban and rural areas said that they chose to take care of their parents in their old age. On the other hand, only 7.2 percent of the urban elderly and 5.8 percent from the rural areas made the choice regarding who takes care of them. Roughly 58 percent of the adult children interviewed have been taking care of their parents for less than ten years; 90 percent offered themselves as caretakers to their parents. They felt it was their duty to provide care for their parents. Their parents stay in their own house or coreside with them. They feel fated to take up the responsibility. Most elderly tend to live by themselves and help their children manage their domestic affairs. However, the ailing and weak parents end up living with their children. Alavi (2008) noted that elderly parents give emotional and financial support, and manage household affairs like cooking, cleaning, and taking kids to school while their adult children go to work.

The Prudential retire-meter survey (2009) reported that elderly parents prefer to spend time with their children and grandchildren, and ramble with family (65 percent). Mohamad Iskandar (2002) studied what makes the elderly feel content during their free time. He observed the elders from Hulu Langat, and noticed that gender tends to define contentment. Most elderly women use their free time taking care of their grandchildren, taking it as a hobby that gives them some pride and joy. Increased longevity has given the elderly more time to be with their grandkids. This gives them a chance to be parents again for the second time. At this point they tend to adopt more lenient parenting styles compared to their younger days. According to Doris, Idris, and Abu Bakar (2010), most pensioners (85 percent) in Malaysia would like to stay with their children or look after their grandchildren (80 percent).

Emotional support is deemed important in the elderly parent and adult child relationship. Emotional support is provided by a companion for conversation, listening, persuasion, compassion, and by someone who serves as a point for spiritual and religious solace. In such relationships, family members tend to render physical support while friends offer emotional support (Antonucci 1990). As noted by Alavi (2012), children give physical and emotional support as they are closest to the elderly; either parents and children stay together or live adjacent to each other. Blood relations are more reliable in elderly care than strangers. Asnarulkhadi et al. (2006) also reported that elders seek social support, financial support, and affection from family members. Of children, who are more reliable for the support: sons or daughters? The traditional perception views sons as caretakers. However, it is difficult to uphold the traditional perception in the challenging modern world (Asnarulkhadi et al. 2006). Traditional

perception cannot be met because modernization has changed the structure and dynamics of social relations.

Alavi (2012) has identified the following as providers of emotional and physical support: spouse, children, siblings, relatives, neighbors, and acquaintances from places of worship (mosque, church, or temple). Research indicates that the most popular support providers to the elderly are their partners (mean = 3.35), followed by their children (mean = 3.04), siblings (mean = 2.82), and relatives (mean = 2.11). Results are almost similar between urban and rural respondents. However, support from relatives, friends, neighbors, and interest groups is lesser compared to that from family members. It is also noted that the emotional and physical support given by adult children or family members are sometimes taken for granted. Middle-aged women are taking the responsibility of providing care for the elders (Alavi 2012). Overall, women comprised 63 percent of the respondents providing care for their parents. The wives of adult children are also actively involved in providing care for their parents-in-law. Previous studies focusing on the primary caretaker showed that 74 percent of primary caretakers are women. Very few sons or male relatives are primary caretakers to the elderly (Stone, Cafferata, and Sangl 1987).

In order to have a blissful home, adult children have to manage their household chores with patience and affection. They should help their parents when need arises. Elderly parents expect their children to help willingly in times of need. But some elderly respondents said that they do not wish to burden their children. The following are taken care of for parents living with their children: financial aid, meals, housekeeping, laundry, groceries, and transportation (to visit relatives or the hospital). Elderly parents in Malaysia still rely on their adult children, relatives, or friends to take them around. According to Doris, Idris, and Abu Bakar (2010), daughters visit their parents more often than sons. Alavi (2008) noted that adult children receive less financial support from others when their parents are weak and bedridden. There are cases in which children have not visited their ailing parents for the past year, or even during special occasions. Available data show that financial and social support given to ailing elderly parents is different from that given to those who are healthy. The following remarks from three respondents illustrate this range of experiences:

Should at least offer a little financial help ... For sons it is difficult as their wives are in charge of finances ... or they can at least visit me. The one who is staying here rarely visits me ... not even once a month ... When he comes, he rushes to go back home with the excuse that he has to work the next day.

Around here they are all from the same father but different mothers ... The first wife's five children used to come, but now hardly ever. I'm also a committee member at the mosque. The mosque committee has arranged for some funds for Mom after looking at her condition ... We received student aid from the government last year; not sure we'll get it this year. I feel like working ... but how, given mom's condition ... no one to look after the kids ...

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Can't rely on the sons ... they are drug addicts ... one died and two left ... both are high on drugs ... my sister, who leaves nearby, and I look after. We just do what we can. No special care ... No one comes forward and offers help. There are wealthy relatives, but I dare not ask for their help ... I'm also a committee member at the mosque ... the board from the mosque helps us to get some funds for my mom.

The respondents' remarks above prove that immobile parents get financial support from social establishments, as they do not receive much from family members or the community. As such, social support is reciprocal for the mobile elderly parents than that for the weak and ailing ones. In this situation, it is important to choose a place of residence that is physically, socially, and emotionally comfortable for the ailing elderly.

## **LIVING ARRANGEMENTS AMONG MALAYSIAN ELDERLY**

Alavi (2012) chose a sample of adult children living in the same house with elderly parents or staying nearby, to get a better view of their caregiving experiences. Almost all the respondents from the rural areas (92.8 percent) chose to stay with their parents or parents-in-law. On the other hand, only 43.1 percent of the urban respondents stay with their parents; the rest (36.6 percent) stay nearby. Research shows that adult children still live with their parents, although there is an increasing trend of adult children living separately from their parents.

According to DaVanzo and Chan (1994), more than two-thirds of Malaysians aged sixty years and above stay with their adult children. The Malaysian Department of Statistics (1998) reported that 59 percent of Malaysian elderly stay with their adult children. Chen (2002) also stated that 72 percent of Malaysian senior citizens stay with their adult children. In other Southeast Asian countries, many elderly parents stay with their adult

children—for example, 71 percent in Philippines, 63 percent in Thailand and Taiwan. Similarly, many elderly parents in Singapore and Indonesia stay with their adult children (Chan 2005; Cameron 2000; Ofstedal, Knodel, and Chayovan et al. 1999).

The respondents' preferences in terms of living-arrangement and expectations regarding family-relationship are closely related to their family beliefs, experiences, and future expectations. Almost all elderly respondents indicated that living with family is more secure and merrier than living in a care institution. Interestingly, they prefer that their children stay with them rather than they stay with their children. The respondents are also concerned about their future living arrangements when they are already sickly and immobile. They prefer to live with their children when they can no longer live independently, and they expect their children to take care of them. Although living with one's children may be much safer, it is not preferred in all cases. As one Malay respondent has commented:

Though some of my children invited me to stay at their houses,  
I don't feel comfortable to reside with them yet. I may just visit  
them but not reside with them.

Two Malay elderly respondents said that they chose to live with their children because they look forward to their children's care when they are ill or can no longer live independently. This view was shared by another Indian respondent, who was confident that her children would take care of her if she is in poor health. Another Indian respondent who was living alone did not mind living with her children. But she prefers to live alone because it gives her more independence and freedom. The third Indian respondent prefers to live with her son because she believes in family ties and affection. For her, strong family ties call for children to take care of parents willingly, especially when they are in poor health. The following quotes illustrate the importance of family ties to two elderly Indian ladies:

I prefer to stay with my son now. I did not order him to take care  
of me, but he chooses to take care of me in my old age ...

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I like to stay with my child because I am taken care of with love.  
I did not impose on this child, but he decided to take care of me  
willingly.

The Chinese respondents prefer their sons and daughters-in-law to take care of them when they are ill and immobile. These views differ from those of the Malay and Indian respondents to whom it does not matter whether the caregivers were their sons or their daughters. The following quotation illustrates this view on family relationships in the Chinese culture:

Must be with the children because the children have grown up, and he should take care of me. I don't mind whoever takes care of me; for me they are all the same. But it would be difficult for my daughter to take care of me because she has her husband and family to take care of. If it is my son, it will be all right. Now I'm living with my unmarried daughter who is working near here, and so she is looking after me now.

Almost all the respondents expect their children to take care of them when they are sick or immobile. The Chinese respondents further suggested that all siblings should provide emotional support and share the responsibility of taking care of their elderly parents, rather than leave the burden of caring to only one of them. In Alavi's (2011) study, elderly Chinese expected their children to give them emotional support, such as talking to them, listening to their grievances and problems, and advising them on religious and spiritual matters. The Chinese respondent also suggested that one should not be too fussy when living with children and should tolerate their busy lifestyle. She expressed her views as follows:

Any child will do ... I do not mind, as long as there is someone to take care of me. I'm already old and cannot be choosy; take it as it is. Eat and drink what they serve us. If possible, other children should visit. But I know they are busy with their work and do not live nearby.

Although most of the Chinese respondents expected their sons to take care of them, this did not turn out to be so in reality. Two of the Chinese respondents have these to say:

If possible, I would like to live with my son and not with my daughters or in any institution caring for the elderly. But I have to live with my daughter, although not my choice, as the others did not offer me to stay with them.

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I prefer to stay with my sons, and not with my daughters or in a nursing home for the elderly. I chose to stay with my daughter as I don't feel comfortable staying with my other children.

Taking care of aging parents is an important way of demonstrating filial piety in an ideal traditional Chinese society influenced by Confucian values; it is necessary for children to meet their aging parents' expectations (Zimmer and Chen 2011). Also, the Chinese see caregiving as a dutiful repayment of debt for having been born and raised by parents (Whyte 2003). According to Islam (for Malay families), every adult child is obliged to look after elderly parents. It begins with *tawakkal* (doing what is expected of one to do and then leaving the results to God's will), which demands patience and tolerance in facing the challenges of caregiving to elderly parents.

## CONCLUSION

It can be deduced that caregiving needs have impact on women, elderly, families, communities, and leaders of the nation. It is apparent that women are shouldering heavier burden in caring for elderly parents. Also, due to decreasing family size, there are fewer potential adult children to care for the elderly (Mason, Lee, and Russo 2001). Caregiving is affected by changes in the health-care system and the social services provided by informal caregivers. Corporatization and higher costs of medical services are cutting treatment time in hospitals while the number of people seeking outpatient treatments has increased. Caregiving at home has become a more prominent concern with the increase in the aging population (Cranswick 1997). Brody (1985), Connidis (1983), and Denton (1997) noted that 80–90 percent of help to the elderly comes from informal caretakers. The other 10–20 percent of assistance comes from formal caregiver such as community health care, social services, and paid services. Informal caregiving by a trusted caregiver or family member is of better quality compared to the care provided by formal caretakers, because of stronger affection and dedication. But how long can informal caregiving remain viable in the Malaysian community?

Women have been the main caregivers. There are gender differences in caregiving styles in the family (Smith and Longino 1994). Usually elderly parents are taken care of by adult children living nearby, unemployed daughters, or unmarried daughters (Himes and Jordan 1996). However, the situation has changed because many educated women have joined the workforce, thereby changing their social roles and responsibilities. As such, women's efforts at caregiving are hampered (Rokiah et al. 2002). These factors are significant in determining the quality of caregiving. A well-

designed retirement plan is important in improving the quality of elderly care. The plan may help individuals to understand their situation and better prepare for a stress-free environment (Ekerdt and DeViney 1993). Naturally, the best option for the elderly in facing greater challenges is to stay under the same roof with children. On the other hand, elders who stay alone or nearby children still need financial support and assistance in various day-to-day concerns such as cleaning, laundry, groceries, and transportation to hospital or clinic (Montgomery and Kosloski 1994; Montgomery, Kosloski, and Datwyler 1993). In both Asian and Western contexts, women seem to assume greater role in caring for the elderly, although ideally both sons and daughters should be responsible in caring for their aged parents.

Oftentimes, informal care providers overlook their weaknesses and limitations in providing care and making decisions for the elderly (Nolan and Grant 1989; Ruddle, Donoghue, and Mulvihill 1997; Kellett and Mannion 1999). On the other hand, Turner and Street (1999) suggest that professional care providers should be more involved in disseminating necessary information to caregivers. Among the important matters to disseminate are the following: medical requirements of the person under care, problem-solving skills, managing family affairs, effective communication with the elderly, community service channels, handling emotions, and long-term plans in caregiving. Caregivers may be stressed-out or strained in providing care if they are not equipped with sufficient knowledge (Cantor 1983). Education programs should provide caregivers knowledge and critical information that will enhance their abilities to provide care and cope with the associated stresses (Schmall 1994). Caregivers are able to provide better care when they are confident and composed (Bandura 1982). Caregiving is a complex, multifaceted concern and should not be assessed based solely on some of negative impacts (Yamamoto and Wallhagen 1997). If much importance and attention is given to competent caregiving, the caretaker's burden and anxieties may be resolved.

Government and nongovernment organizations should collaborate in establishing a proper center to look after the elderly while their children go to work. The government should also take the initiative to ensure that the elderly who lives alone lead a comfortable life, by providing financial and other support services (Siti Zaharah 2002). Asnarulkhadi (2001) suggests that the elderly can be granted a better life through many community projects. The government should also increase programs advocating positive aging and imparting information about the elderly in the local community. This may be disseminated through effective information drive and advocacy programs involving electronic and print media.



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# Elderly People in Vietnam: Some Issues of Concern from Family and Gender Perspectives

Ngo Thi Tuan Dzung

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The paper will provide a brief overview of the changing context of socio-economic, demographic, and family trends during Vietnam's transition period toward a socialist market-oriented economy. It will highlight some socio-demographic characteristics of aging and the elderly in families, their strengths and vulnerabilities, especially from a gender perspective. It will discuss current relevant laws and policies for elderly development and welfare, including achievements and challenges. In conclusion, the paper highlights some issues to further aging and elderly research and aid policy discussions.

**Keywords:** Vietnam, elderly status, aging, gender, family change, institutional support

## AN OVERVIEW OF AGING IN THE CONTEXT OF VIETNAM

During the last twenty-five years, in its transition toward a market-oriented economy with socialist orientations, Vietnam underwent fundamental social changes. A rapid change in the structure and dynamics of the population and family life has been seen in this context.

The aging trend in Vietnam, as in many other Asian countries, has been the effect of some improvements in general socioeconomic and demographic conditions, such as the decrease of mortality rate, reduction of birth rate, and increase in life expectancy.

Statistics show that Vietnam's total fertility rate (TFR) has clearly decreased—from 4.81 children per woman in 1979, 2.33 children per woman in 1999, to 2.03 children per woman in 2009—due to the state's active “two children only” family-planning policy and other health-care measures. The mortality rate has also decreased. Maternal mortality rate went down from 233/100,000 live births in 1999 to 69/100,000 live births in 2009 (VN GSO 2010).

Life expectancy increased, from 63 years for male and 67.5 years for female in 1989 to 70.2 years for male and 75.6 years for female in 2009. It is expected that the average life expectancy in 2025 would be 75.8 years, and the gap between female and male would be four to five years. The life expectancy of women has improved better than that of men (VN GSO 1979–2009).

## A CLEAR TREND TOWARD AN AGING POPULATION IN SOCIETY

Regarding the aged population (sixty years old and over), some statistics of the Population and Housing Census show the increase of older persons in terms of number and in proportion to the population (Nguyen Dinh Cu 2008; VN GSO 1979–2009; UNFPA 2011).

**Table 1. Elderly population (million) in Vietnam, 1979–2020 (%)**

Year	Population over 60 Years	Total Population	%
1979	3.71	53.74	6.9
1989	4.64	64.41	7.2
1999	6.19	76.32	8.12
2007	8.05	85.155	9.45
2020	11.12	99.003	11.24

Source: Nguyen Dinh Cu (2008), cited IFGS (2010).

According to the Population and Housing Survey 1999–2009, the percentage rate of elderly people who are sixty years old and over increased from 8 percent to 9 percent (VN GSO 1999–2009).

Looking at the age structure of the population during the period 1979–2009, the rate of older population (sixty years old and over) doubled (2.12 times), the highest among the population groups; the age group zero to fourteen years old decreased by half while the working-age population (fifteen to fifty-nine years old) doubled (2.08 times). The changing age



structure impacts on the dependency ratio. The population statistics (VN GSO 2010) indicate that the aging index (i.e., ratio of the aged population [over sixty years old]) to the children population [zero to fourteen years old] increased from 18.2 percent in 1989 to 35.7 percent in 2009, higher than the average in Southeast Asia (30 percent). Forecasts for the period 2009–2049 reveal that this will rapidly increase. For instance, in 2009, seven persons of working age may support one older person; but in 2049, there will only be two persons who will support one older person.

## “FEMINIZATION” OF VIETNAM’S AGING POPULATION

In Vietnam, the number of elderly women has always been higher than that of men. The older the age group, the bigger the gap in number. For example, the 2009 data show that for the age group sixty to sixty-nine, the ratio is 100 men to 131 women; for the age group seventy to seventy-nine, the ratio is 149 men to 200 women. It is projected that the “feminization” of the aging population will continue to increase.

**Table 2. “Feminization” of the aging population in Vietnam (million), 2009**

Age	Male	Female	Total Population	Ratio Women/Men
60–69	1.5	1.9	3.4	1.3
70–79	1.0	1.5	2.6	1.4
80 +	0.449	0.9	1.3	2.0

Sources: Giang Thanh Long (2011); VN GSO (2010).

## ELDERLY RESIDENCY AND CONCENTRATION

As to residence location, most of the older persons are now living in rural areas. In 2008, 72.49 percent were rural residents while 27.5 percent were from urban areas (VN GSO 2008). As the rate of urbanization increases—from about 30 percent currently to 50 percent in 2020—there will be remarkable shifts in the people’s residence, living arrangement, and lifestyle, especially for older persons.

The aging population varies by the six geographic regions as well as by provinces, with the percentage of the elderly ranging from 8 percent to 10 percent by location. Most of the older persons now reside in the two big North and South agricultural deltas.

On the other hand, the reality of aging has precipitated many social and policy issues and concerns, regarding income, social security, care services, welfare, and older persons' needs.

The main challenge is: with the rapid pace of aging more than expected, given the country's socioeconomic condition and recently acquired status as a lower-middle-income country—that is, a country with rather limited resources for satisfying the various needs of elderly people and their family—there is a need for better planning to meet the various needs of older population.

## **SOCIO-DEMOGRAPHIC CHARACTERISTICS OF OLDER PERSONS IN FAMILIES**

### **Elderly marriage status**

The data of Vietnam Household Living Standard Survey (VN HLSS) 1998–2008 show that most of the older persons are married and live with spouses, with a rate of 61.63 percent in 1998 and 59.1 percent in 2008. The rate for older persons without wife or husband increased from 35.8 percent in 1998 to 38.65 percent in 2008. The rate for other status (separated, divorced, or unmarried) decreased from 2.56 percent in 1998 to 2.2 percent in 2008.

### **Living arrangements**

An important aspect of aging that needs to be considered is the elderly's living arrangement. Traditionally, elderly people live and desire to live with their families. A strong tradition of respect for the elderly is carried on in families. Due to changes in the family structure and diversified family forms, changes in the relationship between parents and children, and other social factors like increased migration, economic independence of children, and shifts in lifestyle, the pattern of elderly living arrangements has changed gradually.

The data of VN HLSS 1998–2008 indicate that a large proportion of elderly are living with their children, but this has been decreasing through time. The percentage of the elderly who live alone and on their own as couples is increasing.

The data of Vietnam Nationwide Family Survey 2006 (GSO, MOCST, UNICEF, IFGS, 2006) show that 36 percent of households have elderly members. In this type of household, majority live with their children and grandchildren. The proportion of elderly living with spouses (husband or

**Table 3. Living arrangements of the elderly aged sixty and over (1998–2008)**

Pattern	1998	2008
Living with children	74.48%	62.61%
Only elderly spouse	12.7%	21.47%
Living alone	4.93%	6.14%
Elderly living with grandchildren	0.74%	1.41%
Elderly living with other members	7.12%	8.37%

Source: UNFPA (2011), citing GSO VN HLSS 1998–2008.

wife) decreases at higher ages: 73.2 percent for age group sixty-one to sixty-five, 61.2 percent for sixty-six to seventy years old, 53.3 percent for seventy-one to seventy-five years old, and 34.8 percent for seventy-six years old and above (Le Ngoc Lan and Tran Qui Long 2009). The type of skip-generation households, where elderly live with grandchildren, is also increasing. Most of these households are located in the countryside, as a consequence of migration and other factors. Most of the older persons live alone in the countryside (80 percent), and most of them (80 percent) are women (Giang Thanh Long 2011).

## STATUS OF THE ELDERLY IN THE FAMILY

### Elderly educational level

The literacy rate of the elderly has improved in recent years, but gender difference in educational level still exists. As indicated in the 2006 Nationwide Family Survey, there are more illiterate older women (31 percent) than men (7.6 percent). The VLSS 2008 data also indicate that 23.4 percent of the elderly are illiterate. These differences may vary by geographic region, and those elderly who live in remote or mountainous areas are more likely to be illiterate or to have a lower educational level. By marital status, the married elderly who live alone, or widowed, often have lower educational level than those who are married or single. Illiteracy has remained an obstacle to the elderly's access to social services in these areas.

### Elderly economic status

In general, the elderly have continuously made economic contributions to the family both in their working age and after retirement. The elderly's contribution to family life as well as society has been widely acknowledged.

The elderly who used to work in the formal economic sector can rely on pensions or savings for support at old age. However, the proportion of the elderly who have stable income source—like pensions, savings, or other forms of social assistance—is rather low: 35 percent in urban areas and 21.9 percent in rural areas (GSO 2009). The proportion of their income to total household income is small (Giang Thanh Long-Pfau, 2010).

At the age of sixty and over, a proportion of the elderly still participate in economic activities. The data show that elderly working rate increased from 25 percent in 1999 to 35.2 percent (30.3 percent women and 41.7 percent men) in 2009. The rate of men engaged in economic activities is higher, but the rate of elderly women doing domestic chores is five times more than that of elderly men (Nguyen Dinh Cu 2009). Elderly economic participation decreases as age group gets older. They still work actively at age sixty to sixty-nine (61.9 percent), at age seventy to seventy-nine (34.5 percent), and at age eighty and over (7.8 percent) (GSO, Population and Housing Census 2009). Most of the elderly are involved in the agriculture, forestry, and aquaculture sector (60 percent). Others are self-employed or doing services for the family (29.9 percent). Only a small percentage (9.3 percent) earn wages or salaries. It is noted that 18.6 percent of the elderly over sixty-five years old work as migrants.

By location, 25.96 percent of the elderly work in urban areas, and 49.09 percent work in rural areas (VN HLLS 2008). Most of the working elderly live in the rural areas (87.1 percent) (GSO, Population and Housing Census 2009).

Given women's lower economic participation rate (71.8 percent) compared to men (81 percent) at working ages, women's early retirement age (at aged fifty-five), and other sociocultural and institutional factors, like women's concentration in the informal sector, etc., the level of women's economic income security at home is lower. Most elderly, especially women, who work in the informal sector have to rely on personal savings and their adult children's support.

The survey data of the Vietnam National Committee on Ageing (VNCA 2007) show that, on average, the proportion of elderly income is lower than the national average income per person by 59 percent (UNFPA 2011). Other sources like social allowance or protection from life risks are limited, so ensuring the optional level of elderly income security is still a difficult task.

Besides participating in economic activities to earn wages for themselves, the elderly also make a great contribution to improving the household income and well-being. By doing various chores and tasks, they assert their role as well as responsibilities in the extended family, strengthening emotional bonds with children and grandchildren. Traditionally, male elderly often

contribute economically or support adult children in household economic activities and in children's education and livelihood training, while female elderly often undertake more care responsibilities and tasks in the family. Factors related to housework and care in the family include gender, social norms and values. For example, women are perceived as "ministers of interior" and agents of traditional virtues that are focused on women taking care of the family and taking up responsibilities for household care (of children, the old, and the sick).

### **Elderly poverty**

The Nationwide Family Survey 2006 data (GSO, MOCST, UNCEF, IFGS 2006) show that only 51.1 percent of the elderly reported that their economic life is ensured, 44.7 percent are partly ensured, and 4.1 percent are not ensured. Many poor households (35.4 percent) have elderly members. Statistics (VNHLLS 2008) also confirm that poverty is prevalent among the elderly population. Elderly poverty is increasing at older ages. As the elderly get older, the higher the probability that they will fall into poverty. There are more poor elderly women than elderly men. There is social concern about the poor households' "burden" of taking care of the elderly given the limited amount of state financial support and assistance.

### **Elderly health status**

Ninety-five percent of the elderly have health problems. On average, every elderly suffers 2.69 diseases (MOLISA 2006). Data of the Nationwide Family Survey 2006 indicate that 51.3 percent of the elderly have a weak health status. More elderly men (10 percent) than women (5 percent) assessed their health as good. Most of the elderly residing in rural areas have poorer health status than their counterparts in urban areas.

### **Family role in taking care of and supporting the elderly**

Traditionally, the family plays a very important role in the provision of a stable shelter and home for the elderly. Few studies show that the family still assumes main responsibilities for elderly support and care. The reciprocal material and spiritual relationships between adult children and their elderly parents are maintained. Adult children (aged eighteen to sixty), whether living with or apart from their parents, still play a role as the main source of support for their parents in old age. Other forms of support—from relatives, the community, and others—are smaller.

Data of the Nationwide Family Survey 2006 show that 32 percent of adult children provide their elderly parents with economic support. The amount and frequency of support increase as adult children age. A survey with 1,200 households (IFGS 2011) also indicates that adult children provide various forms of material and spiritual assistance to their elderly parents (52.6 percent) and parents-in-law (41.3 percent).

There is also social concern over emerging and new issues—like rapidly changing lifestyles, migration, generation gaps or conflicts, and poverty prevalence—that may affect family relationships and the elderly's well-being.

In short, the main issues of concern (such as elderly income security, health care, and other social security conditions), should be better and sensitively taken into relevant policy considerations.

The elderly poor, especially women being a more vulnerable population group with socioeconomic characteristics like lower educational level, less income stability, and higher rate of widowhood, still face various constraints in their old-age life and well-being.

## **VIETNAM LAWS AND POLICIES FOR THE ELDERLY**

### **Laws, decrees, and guidelines**

The role and status of the elderly as precious assets and key factor to the solidarity of Vietnam's multiethnic society and families have been recognized and acknowledged by the Vietnam Communist Party and Socialist State.

The nation's moral philosophy and long tradition of respect for the aged, and the party and state's perspectives on the elderly are firmly reflected in Vietnam's Constitutions of 1946, 1959, and 1992.

The 1946 Constitution states: "Older citizens, disabled who cannot work, shall be supported" (Article 14). The 1959 Constitution stipulates: "To support the elderly, the sick, and disabled, extend social security, health insurance and social protection" (Article 32).

The 1992 Constitution stipulates on the role of the state and society: "The elderly is one of the population groups that State and Society have responsibilities to support ... Elderly, disabled, orphan children without place to live, shall be supported by the State and society" (Article 87). On family members' reciprocal responsibilities toward older persons, the 1992 Constitution stipulates: "Parents shall take responsibilities of raising children. Children take responsibilities of respecting, nurturing, and taking care of parents and grandparents" (Article 64).

The party secretariat issued various decrees and guidelines on “taking care, nurturing and bringing about the elderly’s best role” for the cause of the country’s renovation and modernization. In particular, it underscored that the state should allot necessary budget to solve social issues, among which is ensuring the welfare of the elderly. The state has given high priorities to guarantee support for specific elderly target groups such as those who are highly honored, policy-favored older persons, heroic mothers, anti-war older veterans, elderly living alone, elderly without relatives, disabled, or poor.

The state continues to promote a supportive and active environment for the aging, through legal, institutional, and other target measures.

New laws, relevant regulations, guidelines, and policies have been issued regarding the care and protection of older persons, in accordance with changing socioeconomic situation and international integration.

One of these is the Ordinance of Older Persons promulgated in 2000. This law was later upgraded to the Law on Elderly, in effect in 2010, with six chapters and thirty-one articles. The law stipulates the rights and responsibilities of individuals, organizations, and agencies in taking care, nurturing, and ensuring elderly role and status in family and society: “The elderly protection is served, taken care by family, state and society” (Article 2); “create conditions for elderly to contribute their minds, talents, best qualities to various activities, including transfer of skills, experiences, socio-cultural knowledge, science and technology, and traditional trades to younger generation” (Article 23); “create favorable conditions and encourage elderly taking part in law implementation and oversights on various policies ...”

There is also an article specifying spiritual care for the elderly and the tradition of respecting old age by holding a celebration of longevity for the elderly aged seventy years and above. The provincial/city People’s Committee (PPC) chairman will congratulate and deliver gifts on the occasion of the elderly’s ninetieth (and above) birthday, while it will be the president of the Socialist Republic of Vietnam’s turn on the occasion of the elderly’s one-hundredth (and above) birthday. The state budget and other sources will be mobilized for these activities (Article 21).

Elderly and aging issues have been mainstreamed into relevant laws, regulations, policies, and development strategies to ensure the elderly’s material, spiritual, and social life and health care so as to bring about their best role in the family, community, and society.

The Marriage and Family Law (2000) also has several articles stipulating adult children’s responsibilities toward parents: “The children have responsibilities to respect, nurture and care for elderly parents” (Article 2). In specific cases, grandchildren should take care of grandparents. The

adult children who do not live with parents have responsibilities to provide material resources to parents who could not work and have no assets to lean on. Children abusing, neglecting, and insulting parents are forbidden (Article 36).

The Civil Law has articles referring to penalty measures for public violent acts against the elderly and children's acts of abuse toward parents in families.

The Law on the Prevention and Suppression of Domestic Violence (2008) also specifies family members' rights and responsibilities, especially penalties for abuse of the elderly.

The Law on People Health Protection (2005) stipulates to give priorities to older persons' primary health risk prevention, treatment, and consultation, and information on elderly health care, etc. (Article 41).

The Law on Labor (2003, revised 2013) has regulation on elderly labor issues (Article 124).

The Law on Legal Assistance (2006) specifies some target elderly groups who should be freely assisted in legal matters.

The Law on Tax (2010) stipulates a tax reduction or exemption for cases of elderly care by dependent members in family, such as exemption on fees or social contribution, etc.

## **Integrate elderly issues in policies and strategies**

The government realizes that aging is a complex social phenomenon and important issues need to be addressed with comprehensive policy system and measures. The main issues of elderly poverty, social security, social protection, and health care are being incorporated into various policy and development strategies, specifying the work targets and concrete measures and highlighting the responsibilities of the state.

In Vietnam, there are different types of policies and programs centered on older person protection (UNFPA 2011), including social security (social insurance, health care insurance, social protection); policies for elderly services and facilities (e.g., regarding health care; cultural, sport, and tourism activities; access to public transportation; promotion of public communication, education, and awareness raising on elderly image and role); and policies for strengthening aging institutions (both public and private, community-based or religious organization).

The National Strategy of Social Security 2011–2020 (MOLISA 2011) underlines the need of setting up comprehensive social security mechanisms, health care, and social assistance for the elderly to better address their economic, social, and health risks, etc.



The Strategy of Population and Reproductive Health 2011–2020 (MOH 2011), for example, focuses on some priority targets, including strengthening the elderly primary health care system, with the target of increasing the number of service facilities to 50 percent by 2020 and increasing elderly access to health care to 50 percent by 2020.

The Strategy for Family Development through 2020 with a vision to 2030 (MOCST 2011) focuses on strengthening interfamily relationships, household economy development, family data base, family research and assessment etc., with particular attention to elderly matters in the family.

Many ministries and state agencies—like the Ministry of Culture Sports and Tourism (MOCST) and the Ministry of Education and Training (MOET)—and local authorities have specific programs. Nongovernment organizations (NGOs) also develop initiatives for addressing the aging issues.

### **Institutions for the elderly**

The Vietnam Elderly Association (VEA), an organization advocating elderly interests and benefits, was established in 1994. The government issued Decree 117/CP 1996 to provide the VEA with budget support and other favorable conditions for operation. The VEA has a huge membership of about nine million people.

The Vietnam National Committee on Ageing was established in 2004, through Prime Minister Decision 141/2004/QĐ-TTĐ, to better fulfill an international commitment, coordinate and support the elderly, and involve other mass organizations to take part in the implementation of the Madrid International Plan of Action on Ageing (MIFA 2002).

The Committee for Social Affairs (National Assembly) performs oversight functions on the implementation of the Law of Elderly (2010).

### **Main achievements**

With the improvement in the country's socioeconomic conditions and other favorable factors like increased mobilization of resources, learning opportunities, and development practices from other countries, the material and spiritual situation of the elderly in Vietnam has improved in terms of elderly benefits like income security, health care, and family and social/community participation. More resources and facilities have been mobilized and dedicated to elderly care and protection. The valuable role and contribution of older persons have been duly acknowledged and promoted within and outside the family.

## Problems and challenges

Vietnam has just acquired a lower-middle-income country status, and a lot of Vietnamese are self-employed and working in the informal and agricultural sectors. Limited or insufficient budget and resources have been mobilized for social and family policies.

There remain constraints on developing a broad social security system or upgrading health care facilities specifically for the elderly; for instance, there is lack of properly trained caregivers for disabled and lonely older persons in both public and private care institutions (Social Protection Centers, Nursing Homes) or even in homes.

Some laws and policies did not meet elderly needs or were poorly adjusted to rapidly changing population structure. For example, a different retirement age is still specified for women and men (The Law of Labor 2003, revised in 2013 revised). There are gaps in the implementation of the Law on Gender Equality (2006); policies, strategies, and development programs lack sensitivity to gender and age perspectives.

The roles of public aging institutions and other related mass- and community-based organizations are still limited with regard to budget, capacity or policy mobilization, etc.

## CONCLUSION

Vietnam is now entering a stage of demographic transition. Rapid socioeconomic development, urbanization, and industrialization provide both opportunities and challenges. As a consequence of demographic transition and the structural change of the population, the proportion of older persons will increase rapidly.

As noted, there are challenges ahead, especially from family and gender perspectives. Aging has multiple dimensions—that is, biological, psychological, sociological, political, and economic. Each population group has its own problems and needs according to age, gender, or family characteristics and circumstances.

There is a need for better knowledge and data on the nature, trends, and implications of various aging issues related to household structural changes, family strategies, health-care patterns, and other socioeconomic and cultural factors, which will enable the development of appropriate policies and measures to ensure better adaptation of the elderly to their situation.

Especially, there is a strong need for learning experiences and workable policies and measures to better address gender-specific needs of the elderly.

There is also a need to enhance collaboration and cooperation among Asian countries and regions regarding aging matters.

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## PART IV

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### **Rapidly Aging Societies: Opportunities and Challenges for the State and the Family**



# Individuals, Families, and the State: Changing Responsibilities in an Aging Australia

Hal Kendig and Nina Lucas

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Social change in Australia over the post-World War II era—including increasing prosperity, massive immigration, and increasing public support—has brought overall improvements in intergenerational relationships and outcomes for older people. The future, however, is more problematic, especially for vulnerable individuals and families over the life course, in the context of rapid societal aging, uncertain economic prospects, and changing political ideologies. The vast majority of older Australians choose to live independently, and they have the means to do so while informal family support networks generally are strong, with support flows both up and down the generations. Governments have increased complementary public support to older people who wish to stay in their own homes, stay in the workforce, and save for retirement. New policy directions have reasonable prospects for increasing the well-being of older people and intergenerational sustainability through an increasing focus on human capital, facilitating contributions over the life course, and fundamentally changing attitudes toward aging.

**Keywords:** Australia, intergenerational support, human rights, retirement

## INTRODUCTION

This paper provides an overview of the changing balance of individual, family, and state responsibilities in support of older Australians and intergenerational relations. It begins with a profile of Australia in terms of diversity and change in the older population, and recent economic and

social developments. It then turns to the main patterns of intergenerational relations and interprets the impact of current policies on older people and successive cohorts. Australia is shifting responsibilities to address what are seen to be the major future challenges of population aging, including increasing longevity, national income, and standards of living. Innovations are being developed concerning the productivity and contributions of older people, the support and care of frail older people, human rights, and age discrimination.

The outline presented here of intergenerational relations and support in Australia draws on earlier works prepared for Asian audiences (Kendig 2000; Kendig and Quine 2006). A summary of current policy directions can be found in the Australian government submission to the Economic and Social Commission for Asia and the Pacific (ESCAP) review of action on the Madrid Action Plan (United Nations 2011) as well as in the additional references cited in the text. The paper concludes by presenting ways in which Australian social sciences are contributing critical thinking and knowledge to further constructive responses to an aging Australia.

## THE AUSTRALIAN CONTEXT

Australia is growing older as a country with a Western heritage and an increasingly Asian future. The small population is approaching 24 million. Although the overall population density is quite low, at 2.9 per square kilometer, it is much higher in the large coastal cities of Sydney, Melbourne, Brisbane, and Perth, where most of the population live. Few people live in the sparsely populated “outback.” A relatively small indigenous population (2–3 percent) experience severe disadvantage and have very low life expectancy. Population growth has been driven by successive waves of immigration initially from Britain during the nineteenth century, and then more from Central and Southern Europe following World War II and more recently from Asia. From the late 1940s to the mid-1960s, Australia had a major, sustained baby boom.

Population aging has, until recently, been modest in Australia relative to some other countries notwithstanding decades of low fertility rates. Those aged sixty years and older were 9 percent of the population in 1976, increasing to only 12 percent in 1997, by which time the first wave of post-World War II migrants were entering older ages. Demographic aging has accelerated in recent years as the large baby-boom cohort of the 1950s and 1960s began to enter later life, and life expectancy at older ages extended. Life expectancy at age sixty is now more than twenty-five years, and it is projected to rise further. As of 2012, 20 percent of the population were aged



over sixty and this is projected to increase to 29 percent by 2050 (United Nations 2012). The proportion of over eighty years old has been increasing, and it will again rise with the aging of the baby-boom cohort (United Nations 2012).

In 1998, 91 percent of older Australians lived in private households while only 6 percent lived in health-care establishments (such as nursing homes) and 3 percent lived elsewhere. Even among older people with a substantial disability, only a minority reside in long-term care accommodations such as hospitals or nursing homes. Widows and never-married men are the most likely groups to be in residential care, reflecting the strength of family care networks for older Australians. Overall, most people continue to live in the community through a long period of later life. Only a third of older women and a quarter of older men are projected to ever live in residential care before death.

Sustained economic growth has underpinned substantial increase in real income; the country has been affected less than other developed countries by global financial crises. A substantial majority of Australians enjoy a high standard of living in single family housing in suburban areas. Personal wealth has increased along with high home ownership rates and rising property values, although the latter are worrisome for younger cohorts now aspiring to buy homes. The unemployment rate has been relatively stable at 4–6 percent since 2004 (Trading Economics 2012).

There are considerable and increasing socioeconomic inequalities including significant pockets of disadvantage. Many of the vulnerabilities of older Australians—seen most starkly among older aboriginal people—arise earlier in life while others arise with health transitions, widowhood, and other adversities in later life. Long-term renters are likely to have insecure housing and high housing costs relative to income. There is increasing recognition that young and middle-aged people—notably those who are unemployed and/or single parents and their children—are among the groups who are most likely to be impoverished.

As with much of the world, there is considerable uncertainty regarding Australia's future. A significant factor will be the Chinese demand for raw resources that has underpinned favorable economic conditions. While employment opportunities are a concern for younger and less skilled workers, workforce shortages are anticipated over the long term as the large baby-boom cohort begins to leave the labor force. Public concern about immigration has centered mainly not only on competition for jobs but also on the environmental consequences of population growth in large cities. The resolution of many issues in Australian federalism—including aged care and health care—is complicated by divided policy and fiscal responsibilities between national and state governments.

## INTERGENERATIONAL SUPPORT

Intergenerational relations in Australia are diverse, but they generally remain strong in the social and expressive domains with deep emotional commitments. Few older Australians live with an adult child because they value their independence and have the necessary financial resources; frequent visits and phone calls are the norm. After retiring from paid work, people are likely to be “asset rich but income poor,” with most owning their own home and thereby having minimal housing costs. Coresidence between the generations is rare except when precipitated by financial necessity, widowhood, disability, or cultural distance from the Australian norm. Older Australians show a marked resistance to entering a nursing home, reflecting a fear of dependency, as well as negative views of conditions in nursing homes.

Adult children are more likely to receive support from their aging parents than to provide it, with the flow of support primarily down the generations. Modest amounts of financial assistance from older parents to their adult children are common, as is assistance with transportation and care of grandchildren; larger amounts of assistance are provided to children and grandchildren in buying a home, with the cost of housing having risen significantly over recent decades. Unmarried or divorced adult children are especially likely to live in the homes of their aging parents, and those who never marry are most likely to provide substantial caring support. Adult children are typically the beneficiaries of tax-free inheritances from their parents' estates.

Intergenerational support generally reflects family values notable for the older members' deep “generational stakes” in the future of their children and grandchildren. The generations strive for balance between competing cultural ideals of autonomy, emotional closeness, and practical support. Tensions can arise between frail older people who wish to remain independent and concerned adult children who wish to ensure good care. Far from “abandoning” their aging parents, the more common situation is that adult children can be the initiators and main advocates for higher levels of community care or (more problematically) unwanted moves to residential care to ensure adequacy of care. Middle-aged Australian women can face stark “choices” between full-time work (and paying off home mortgages) and leaving paid work to care for a frail older parent. Self-care and mutual support among spouses, supplemented by some family assistance and paid or community services, are preferred and they are common ways of managing limitations when needed in later life.

## **AUSTRALIAN POLICIES**

The growth of the welfare state since World War II, fuelled by economic growth and led by progressive government action, has substantially improved the material well-being of Australians including older people. Overall, Australian public support continues for older people who are viewed as a “needy and deserving” group. Concerns, however, arise for intergenerational equity, particularly for younger generations in terms of access to home ownership, competition for employment, and what are perceived to be high tax burdens. For the first time in Australian history, it seems possible that the life prospects of later cohorts (now younger) could be worse overall than those of earlier cohorts (now older).

A series of “intergenerational reports” (IGRs) have served as focal points for Australian policies concerning population aging since the mid-1990s. The IGRs have marked a social policy turning point in which government has invoked population aging as a reason for restraining health and welfare expenditure growth. There has been increasing public resistance to taxation increases and moves toward less public provision and more privatization. There is growing recognition that many of the most disadvantaged individuals are in the younger age groups while increasing numbers are economically well-off through later life.

## **RETIREMENT INCOMES**

The capacity for older people to retain their independence has risen over recent decades as a result of rising real incomes as well as government-funded programs and policies. Foremost among these is the Age Pension, which grew from a small supplement for a minority of older people in the 1960s to an indexed payment providing the majority of income for three-quarters of the older population today. The full pension is paid at a level of approximately 25 percent of average weekly earnings, which is enough for a modest standard of living if combined with the low housing outlays afforded by outright home ownership. Means-tests are set at levels aimed to encourage self-provision as well as public provision. Relatively small (and decreasing) proportions of older people live in subsidized public housing while rent assistance augments income for private tenants on a mean-tested basis.

Since the late 1980s the retirement income system has been improved by compulsory employer-funded contributions to employee’s superannuation savings (Chomik and Piggott 2012). Contributions are encouraged through taxation concessions that disproportionately benefit those on higher

incomes. A broad aim of the policy is to encourage more self-provision by the current cohort of workers and hence increase their retirement incomes and limit future growth of pension outlays. However, these schemes require thirty or more years of contributions before they are fully effective. They will have only partial impact on the retirement incomes and pension demands of people retiring over the next decade. There is ongoing contention as to whether the benefits of the schemes justify their public costs and the minimal benefits for workers on low incomes. The strategy is nonetheless viewed as a way for successive cohorts to self-finance more of their own retirement and limit public costs for future generations.

As in most countries, financial difficulties continue to be faced by a number of groups of Australians in later life. Older women living alone in private rental properties can have high rates of poverty. Living with health difficulties and low income imposes financial hardships that limit participation in everyday life. Aging workers in blue-collar jobs are at risk of disability and unemployment before reaching pension age. Many aboriginal families face economic privation across the entire life course and have limited resources for any of the generations.

## HEALTH AND ELDERLY CARE

Australia has well-developed health services (including public and private hospitals, extensive general practitioner services, and state geriatric services) and a range of community health services (including home nursing and professional allied health care). Universal health care coverage is provided through Medicare, funded in part through a mean-tested levy on income taxes. Supplementary private insurance can meet the costs of a wider range of services as well as less waiting time and more choice for specialists. Other programs for older people aim to prevent falls, provide health assessments, assist in the transition to residential care, and improve access to allied health services (United Nations 2012). While current policies have a strong emphasis on chronic disease and prevention, few initiatives have as yet focused on the older people for whom self-management and prevention programs can have major benefits (Kendig and Browning 2011).

Since the 1950s, the support and care of frail older people has become more of a shared responsibility between self-provision, families, and services. Aged care originated from voluntary organizations with modest public subsidies for poor people without family. In the 1960s, national funding for nursing homes was introduced as a strategy to limit the inappropriate and expensive use of public hospitals. This funding established what became the large nursing home industry with many private for-profit providers. More

modest funding for hostels and community services also increased through this period. By the early 1980s, nursing home expenditure was rising rapidly—by 20 percent or more per year—and this was perceived as a crisis by government. A series of reviews and program reforms were introduced to limit expenditure growth and improve the provision of hitherto fragmented and inadequate community services.

The Home and Community Care (HACC) program was established in 1985 to “support frail older people and their carers and limit inappropriate or premature use of residential care.” HACC provides services such as domestic assistance, personal care, access to professional allied health care, nursing services, social support, home modifications, and transport. Residential care programs continue to expand, albeit at a slower rate, with inappropriate use limited by aged-care assessment prior to entry. Since the 1990s, carer support and respite services in the community have expanded, as have programs specifically for older people with dementia. Access to low-level residential care for people of modest means has been limited, however, by supply restrictions and by increasing requirements for substantial capital donations or payments by older people or their families. Approvals for public funding of new aged-care services are directed to areas where population data indicate that they are most needed. A range of quality assurance programs have been introduced for residential and, increasingly, community care.

## **NEW DIRECTIONS: SHIFTING RESPONSIBILITIES FOR INDIVIDUALS, FAMILIES, AND GOVERNMENTS**

Economic uncertainty and population aging are increasing policy concerns for the future. The 2010 Intergenerational Report recommended expenditure restraint along with the “3 Ps” of population growth, (workforce) participation increases, and increased productivity. Fiscal deficits are projected if existing programs and taxation rates were to remain unchanged as demographic aging impacts on national budgets over the next ten years. In contrast to many developed countries, serious workforce shortages are projected for the coming decades. There is mixed evidence on health trends for older people in the future. The availability of family caregivers is projected to decline.

Current policy directions aim to maintain quality of life for the increasing number of older people while ensuring the sustainability of government expenditure programs. The recent ESCAP review summarizes government progress in terms of the UN’s Vienna and Madrid International Plans of Action on Ageing (MIPPA) (United Nations 2012). The following

areas of innovation aim to better position Australia for future demographic change by improving the capacities of and outcomes for people across the age groups.

## **Productivity and contributions**

Under the MIPPA priority area, Older Persons and Development, Australia has important objectives in terms of the IGR's goals of increasing productivity and workforce participation but there is considerable controversy over population growth targets. Workforce participation rates at ages fifty years to sixty-nine years have been rising over recent years, but they are still lower than in New Zealand and most other Organisation for Economic Co-operation and Development (OECD) countries. Treasury estimates that increasing the participation rate of this age group from 62 percent in 2012 to 67 percent in 2050 would increase gross domestic product (GDP) by 2.75 percent (Chomik and Piggott 2012). This amount would come close to meeting the "fiscal gap" projected as result of population aging during this time frame.

A number of government actions are in place to raise workforce participation rates of older workers. In 2010 the Department of Education, Employment and Workplace Relations implemented "Experience+," a suite of programs providing career advice, training grants, job-seeker assistance, and on-the-job support for older people, as well as cash and other incentives to employers who hire workers aged over fifty ([deewr.gov.au/experience](http://deewr.gov.au/experience)). Government has also encouraged continued workforce participation of older people by increasing the age to which employers must make superannuation contributions on their employees behalf, from seventy years to seventy-four years (effective from July 2013), and progressively increasing the eligibility age for the Age Pension to aged sixty-seven. Compulsory superannuation contributions are being increased from 9 percent to 12 percent; this increases labor costs for employers but it works to increase individual and cohort self-sufficiency in future retirement incomes.

The government's response to the Final Report of the Economic Potential of Senior Australians (2012) recommended a number of actions to encourage active aging, volunteering, and other forms of productive aging beyond participation in the formal workforce. A ten-year plan is now being developed to enable older people to have more opportunities to participate fully in social and economic life. A life span approach recognizes that investment in human capital, such as education and health, can yield substantial returns across a range of productive activities (Loh and Kendig 2013). Many of the contributions by older people are made in the context

of the family, including child care and caregiving valued conservatively at AUS\$ 7 billion in 2009 (National Seniors Australia 2009).

### **Living longer, living better reforms**

In April 2012, after a thorough review by the Productivity Commission, the Australian government outlined major directions in *Caring for Older People* and set a ten-year plan for implementation (<http://www.livinglongerlivingbetter.gov.au/>). The plan strengthens commitments to enabling people to remain in their own homes with combinations of family support and community services. It outlines new emphases in the ongoing balance of support, including the following:

- a primary focus on quality in terms of the well-being of older people and carers, promoting independence, enabling choice, and maintaining community engagement
- new “consumer-directed” programs that place decision-making power increasingly into the hands of older people themselves and their carers, including the designation of individual budgets
- increased options for provision through supportive environments and flexible assistance rather than rigidly set services delivered on a uniform basis irrespective of individual preference
- a new language of “consumer entitlements” in contrast to rationing by service providers
- significant user payments on the basis of capacity to pay and new means tests, recognizing that a need for care is distinct from a need for financial resources
- a stronger focus on prevention as well as re-enablement when people have lost capacities
- more recognition of the needs of culturally and linguistically diverse (CALD) groups as well as gay and lesbian groups

These aged-care reforms have received widespread support in principle from consumers and providers. Even with foreshadowed increases of user charges, however, the adequacy of resource commitments for implementation remains unclear. The government did not accept the commission’s recommendations that would have enabled older people to draw more on their home assets through reverse annuity mortgages. These were considered to be too contentious as the increased resources for care would have been at the expense of inheritances and would have attracted considerable political opposition.



## Human rights and discrimination

Australia is increasingly moving toward a human rights approach to aging, following the movement within the United Nations toward a new human rights convention for older people ([social.un.org/aging-working-group](http://social.un.org/aging-working-group)). The Australian Age Discrimination Act 2004 prohibits age discrimination in many areas of public life, including employment and the provision of goods, services, and facilities (United Nations 2011). A dedicated age discrimination commissioner, Susan Ryan, was appointed in August 2011 to tackle discrimination in workplaces and in the community, promote respect and fairness, and address attitudes and stereotypes that can contribute to age discrimination (United Nations 2011).

Under the leadership of Commissioner Ryan, the Australian Human Rights Commission (AHRC) has released several publications outlining a human rights approach to aging-related policy. In the area of workforce participation, the report *Working Past Our 60s: Reforming Laws and Policies for the Older Worker* (Australian Human Rights Commission 2012a) highlighted the need for workplaces to be flexible in order to accommodate sickness, disability, or caring responsibilities. It also highlighted the need to remove age-related limits on worker's compensation, income insurance, and superannuation policies, which can act as barriers to continued workforce participation. Another AHRC report, *Economic Impact of Increased Participation among Older Workers* (Deloitte Access Economics 2012), outlined the economic benefits of a human rights approach for national productivity as well as the economic well-being of aging individuals.

The commission also released a report outlining a human rights approach to aging and health (Australian Human Right Commission 2012b). This report argues that a human rights approach allows a better understanding of how health services can be delivered effectively and fairly, and highlights specific areas of elderly care that could be strengthened by such an approach. Among the recommendations were the development of disaggregated indicators to allow monitoring of human rights; human rights training for health workers; accessibility and quality of services, particularly how they relate to human rights; and national programs to increase the health literacy and Internet competencies of older Australians.

Finally, the commission has actively promoted the rights of older people by, among other things, releasing a plain-language summary of the Age Discrimination Act 2004. This report, *Know Your Rights: Age Discrimination* (Australian Human Rights Commission 2012c), explains the types of age discrimination and how the act protects individuals against



age discrimination in a range of areas (such as employment, education, accommodation, and services) and outlines complaint procedures.

## **CONCLUSION**

This paper has provided an overview of population aging and changing intergenerational relations in Australia. Family relations have generally continued to be strong in the affective and social domains, with family assistance in support and care provided down the generations as well as up to older people. Rising real incomes and wealth have increased the independence of older people while rising workforce participation, particularly among married women, has decreased the availability of informal care. Older people have shared in increasing national prosperity, but significant minorities face financial, health, and social hardships through later life.

Since the mid-1980s, Australian governments have substantially increased support for older people by increasing access to pensions and community-care programs. The overall trend has been toward improvement particularly in addressing higher levels of need in the community and in making provision for diversity among older people. Massive investment in employer-funded superannuation over recent and coming decades will increase retirement incomes and ease tax pressure on the next generations. However, there is increasing concern for the future, on behalf of younger as well as older generation, as a result of the economic and fiscal pressures of an aging population as the large baby-boom cohort reaches later life.

Increasing workforce participation rates among older workers can partially offset the risks and costs of increasing longevity for individuals and governments. Investments in human capital, promoting healthy lifestyles, and supporting self-care with chronic diseases have the potential to maintain or increase capacities and autonomy as people grow older. Positive attitudes toward older people—as promulgated effectively by the age discrimination commissioner—will be important as will investment in maintaining capacities among people vulnerable to economic and social disadvantages over the life course. While Australia has made substantial progress over the recent decades, significant challenges lie ahead for governments in working with individuals and families to achieve outcomes that are both sufficient and equitable in years to come.

## POSTNOTE

Australia is developing a research base that aims to bring new ways of thinking and evidence to inform constructive approaches to aging and enable constructive societal change (Kendig and Browning 2011). In setting the National Research Priorities in 2003, the Academy of Social Sciences in Australia (ASSA) played an important part in facilitating consultations for the then Minister of Science leading to a decision by the Cabinet to establish the “Ageing Well, Ageing Productively” research priority goal (Australian Government 2002). ASSA also had a representative in the preparation of the Prime Minister’s Science, Engineering and Innovation Council’s (PMSEIC 2003) report on healthy aging, which set a national vision for “another ten years of healthy and productive living by 2050.” In the international arena, Australia has contributed to the UN International Research Agenda on Ageing and related actions led by international agencies and nongovernment organizations (Kendig, Lucas, and Anstey, in press). Our current research is being carried out as part of the multidisciplinary Centre of Research Excellence in Population Ageing Research (CEPAR) funded by the Australian Research Council ([www.cepar.edu.au](http://www.cepar.edu.au)).

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Professor Kendig is a fellow of the Academy of Social Sciences in Australia, fellow of the Gerontological Society of America, foundation fellow of the Australian Epidemiology Association and a founding board member of the Global Social Initiative on Ageing. He serves on the editorial boards of *Ageing and Society*, the *Australasian Journal on Ageing*, the *Journal of Population Ageing* and the *Journal of Gerontology (Social Sciences)*. (Source: <http://crahw.anu.edu.au/about-us/people/hal-kendig>)

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# **Toward an Active Aging Society: The Pension Reform in Taiwan<sup>1</sup>**

Jen-Der Lue, Shao-hua Liu, and Shu-min Huang

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Taiwan is expected to enter the aged society according to various demographic surveys and projections. The dependency ratio between the elderly and productive population is expected to worsen, which is likely to result in many social problems: caring for the elderly, deteriorating national economic competitiveness, and increasing financial burdens for families and the government. Compared to other advanced industrial countries in terms of elderly labor market and social participation rate, Taiwan still ranks low, and it demands governmental policy reform to address the social problems in an aging society. This paper aims to study and evaluate the policies for enhancing the elderly labor market and social participation rates.

Stimulated by the “active society” idea proposed by crucial international/global organizations such as the Organisation of Economic Co-operation and Development (OECD), the European Union (EU), the United Nations (UN) and the International Labour Organization (ILO), this paper analyzes effective policies toward active aging in Taiwan. Based on international comparisons, we highlight some policy convergences and divergences in this field. We then examine current policy and legislation that promote labor market and social participation in Taiwan.

Based on empirical analysis, this paper also aims to make some policy recommendations. In the short term, flexible labor market measures and models should be developed. It should include changes in work arrangements and schedule. The idea is to develop an elderly-friendly work environment. It also demands innovative work training programs. In the long term, the pension scheme should be reformed to accommodate the demands of an

ageing and aged society. The retirement age can be extended to sixty-seven years old, and a more flexible pension scheme for accommodating the flexible life course is also recommended.

**Keywords:** active aging, pension reform, old-age poverty, allowance programs, social security system, Taiwan

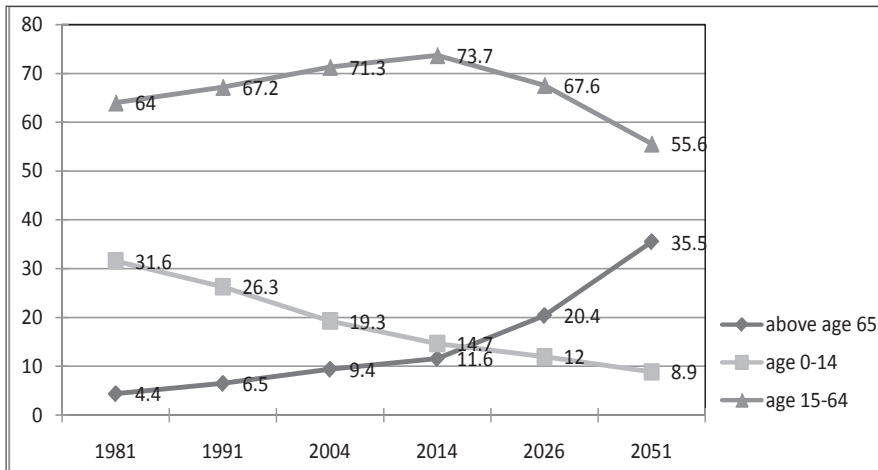
## **INTRODUCTION: PENSION REFORMS IN AN EMERGING SUPER-AGING SOCIETY**

The formation of a fully established social security system in Taiwan has been a long journey. After fifteen years of intense debates in Taiwan, the National Pension Insurance Act (NPI) was passed in 2007 and was implemented starting October 2008. The final piece of the institutional structure of NPI, however, is fragmented and only covers those who are not insured by the previous pension insurance schemes (e.g., the Labor Insurance and the insurance for military personnel, public and private teachers, and civil servants). Even the revision of NPI in July 2008, before its formal launch, also excluded farmers who were protected by Farmer Insurance and could receive the flat-rate Elder-Farmer allowance.<sup>2</sup> The NPI's insurance coverage is for the unemployed or non-employed, non-wage family workers, and so on. This would cause many problems and elicit criticisms from civil society members and scholars (Yeh and Lue 2009).

## **THE DEMOGRAPHIC CHANGE IN TAIWAN AND ITS CONSEQUENCES FOR OLD-AGE POVERTY**

The increase of the aging population in most East Asian countries seems faster than in European countries (Fu and Huges 2009). In Taiwan, the aging population has increased from only 2.5 percent in 1956 to 8.6 percent in 2000. According to the estimate of the Council for Economic Planning and Development (CEPD), Administrative Yuan, the elderly population above sixty-five will increase from 2.734 million (11.6 percent) in 2014 to 4.824 million (20.4 percent) in 2026. The aged population will account for 20 percent of the population by 2026. This ratio will increase to one-third or 35.5 percent by 2051. (See table 1 and figure 1.)

According to another estimate of the CEPD (2004), the elderly population above sixty-five and those under fifteen will be almost equal, about 3.2 million respectively, in 2017. After that, the elderly will outnumber those under the age of fifteen. The dependency ratio between the elderly



Source: CEPD (2004, 15).

**Figure 1. The three phases of aging and demographic structure in Taiwan**

and the productive population will increase from 13.17 percent in 2004 to 23.45 percent in 2021 (table 2). Every 7.7 young people had to care for an elderly in 2003. This ratio will increase to 37.61 in 2031. The caring burden shifts to the shoulders of working-age populations (table 2).

The reasons for the increase of the aging population are manifold. Aside from longer life expectancy, one of the most important factors is low fertility rate. Table 3 shows that most of the aging countries, Italy and Japan for example, also have very low fertility rates. Once the fertility rate continues to fall below the replacement rate, the demographic structure will be characterized by an unbalanced shift, which will have negative impact on the dependency ratio.

## THE OLD-AGE POVERTY PROBLEM IN TAIWAN

The changing demographic structure results in the increase of aging households. According to the statistical data, the number of aged households increased from 600,500 in 1996 to 980,000 in 2003. Dividing the households into five income deciles, 60 percent of the aged fall into the lowest one-fifth decile. Their average income reaches only 50 percent of the national average. The economic vulnerability of the aged families is apparent.

One of the reasons that can explain the increasing old-age poverty is the change of family structure. The two surveys conducted by the Bureau of

**Table 1. The three phases of aging and demographic structure in Taiwan**

Year/Age	1980		1990		2004		2014		2026		2051	
	Population	%	Population	%	Population	%	Population	%	Population	%	Population	%
Above 65	798	4.4	1,336	6.5	2,137	9.4	2,734	11.6	4,824	20.4	6,947	35.5
0~14	5,731	31.6	5,406	26.3	4,397	19.3	3,451	14.7	2,837	12	1,746	8.9
15~64	11,607	64	13,814	67.2	16,228	71.3	17,308	73.7	15,947	67.6	10,896	55.6

Unit: million.

Source: CEPD (2004, 15).

**Table 2. The population structure of Taiwan: Mid-term estimation**

Year	Population (Unit: Thousand)			Structure of Population(%)			Dependency Ratio	
	0~14 (1)	15~64 (2)	Above 65 (3)	0~14	15~64	Above 65	Children Population (1)/(2) *100	Old-Age Population (3)/(2) *100
2004	4,397	16,228	2,137	19.32	71.30	9.39	27.09	13.17
2011	3,696	17,164	2,463	15.85	73.89	10.56	21.54	14.35
2021	3,079	16,701	3,916	12.99	70.48	16.52	18.43	23.45
2031	2,586	15,039	5,657	11.11	64.60	24.30	17.19	37.61
2041	2,092	13,153	6,610	9.57	60.18	30.25	15.19	50.26
2051	1,746	10,896	6,947	8.91	55.62	35.47	16.02	63.76

Source: CEPD (2004, 16).



**Table 3. International comparison of old-age population percentage and total fertility rates (TFRs)**

Countries	Percentage of Aged People above 65 (%)	Populations (Million)	Natural Increase Rate (%)	TFR (Persons)	Life Expectancy (Ages)	
					Male	Female
Italy	19	57.2	0	1.2	77	83
Japan	19	127.5	0.2	1.3	78	85
Sweden	17	9.0	-0.1	1.6	78	82
United Kingdom	16	59.2	0.1	1.6	75	80
France	16	59.8	0.4	1.9	76	83
USA	13	291.5	0.6	2.0	74	80
Hong Kong	11	6.8	0.2	0.9	78	85
Taiwan	9.2	22.5	0.5	1.22	73.2	78.9
South Korea	8	47.9	0.8	1.3	72	80
Singapore	7	4.2	0.8	1.4	76	81

Source: US Population Reference Bureau (2003).

**Table 4. The poverty rate of aged people (above 65) in Taiwan compared to well-developed countries**

	Taiwan				Germany	UK	Sweden	Switzerland
	1988	1991	1994	1996				
Median Income 40%	8.6	9.2	10.1	7.7	3.0	1.7	0.2	3.8
Median Income 50%	16.8	17.5	19.5	15.9	7.4	14.1	0.4	6.7
Median Income 60%	26.4	25.9	28.6	25.5	9.7	34.1	2.5	13.8

Source: Wu (1999, 31).

Statistical and Accounting Affairs in 1990 and 2000 show that the nuclear family decreased from 63.6 percent in 1990 to 55.1 percent in 2000. On the other hand, the single family increased the most compared to other forms of family. The single family increased from 13.4 percent in 1990 to 21.5 percent in 2000. The aged single family accounts for a substantial number of single families and is 40 percent of the total. Chen (2005) noted that the percentage of aged couples and the elderly who are living alone has increased to one-third of the total in the past three decades.

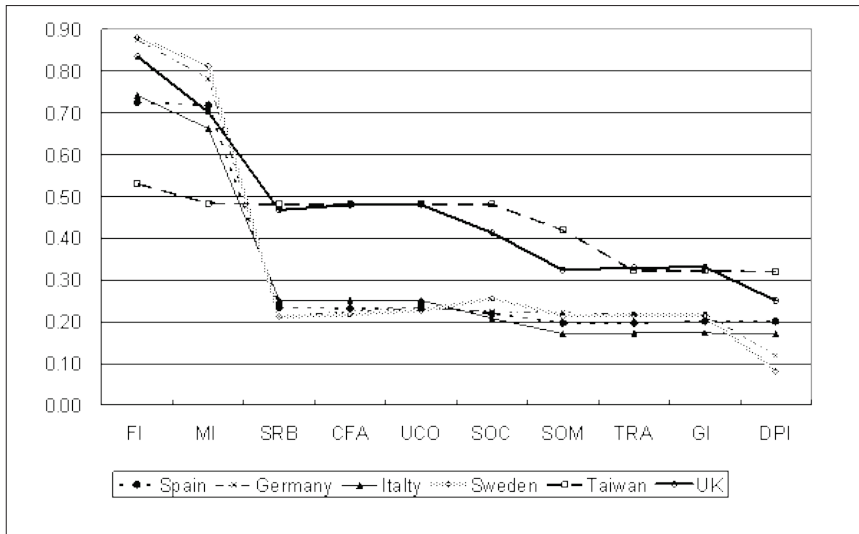
Traditionally, the elderly in Taiwan were cared for by the sons or daughters through cohabitation arrangements. In the process of modernization, however, the patterns of caring for the elderly have changed tremendously. In 1986, 65.8 percent of the aged were cared for by their sons or daughters. This decreased to 52.3 percent in 1993 and 48 percent in 2008 (Ministry of Interior 2010). Hermalin et al. (1993) found that only 43 percent of the elderly live by their children's incomes. The same pattern has also been observed by Lin and Yi (2011) in their recent research using the Panel Data of Chinese Family Dynamics. The increase of aged single family implies the economic dependence of the elderly on alternative resources.

Theoretically, the aged people can protect themselves from income loss risks through savings. However, this option has been less feasible owing to the weakening of the saving capacity in Taiwan since the 1980s (Hermalin et al. 1993). Thus, the option of old-age income protection through personal savings becomes less feasible because of the rise of the consumer price index (CPI) and inflation. Compared to most OECD (Organisation for Economic Co-operation and Development) countries, except Spain and Italy, the reduction of poverty rate in Taiwan was relatively low. Taiwan spent the least percent (11 percent) of gross domestic product (GDP) on social welfare programs than OECD countries (16–31 percent). (See figure 2.)

To sum up, changes in family structure and general social changes have made the transfer of resources between generations in one's own household less practical. The income dependence of the elderly on public means has increased in Taiwan in the process of modernization. Under this circumstance, some policy measures were enacted to protect the elderly from income-loss risks after retirement.

## **THE UNDERDEVELOPMENT OF OLD-AGE SOCIAL INSURANCE SYSTEMS IN TAIWAN**

The pension system accounts for the major part of the expenditure of social security systems, and is the main institution to protect the economic security of the elderly (Gillion et al. 2000; Gillion 2000). However, this



Source: Jau-Rong Chen's calculation based on Luxembourg Income Survey (LIS) data.

Notes: FI – Total factor income (total earnings + cash property income)

MI – Market income (factor income + private occupational pensions + public sector pensions)

SRB – Market income + social retirement benefits

CFA – SRB + Child or family allowances

UCO – CFA + Unemployment compensation

**Figure 2. Poverty rate for the elderly by income packages, circa 2000**

system is still underdeveloped in Taiwan and requires structural reform. Some four million citizens in Taiwan are excluded from the public pension system. Their economic security after retirement depends only either on their private savings or on the support of their children. Owing to the declining role of the nuclear family, the social support function of the family has been increasingly eroded in the process of modernization. The aging problem has become critical for the future of the social security system. The aged people above sixty-five have already reached 8.4 percent of the total population. It is estimated that it will grow from 10 percent in 2011 to 20 percent in 2031.

The Labor Insurance, the Civil Servants' Insurance, and the Teachers' Insurance offer retirement benefits. According to the 1984 Basic Labor Standard Act, private enterprises should provide old-age pension for employees upon retirement. Yet it is paid in a lump sum rather than on an annuity plan. This system has been severely criticized because lump-sum payments cannot protect laborers' income from the pressures of inflation

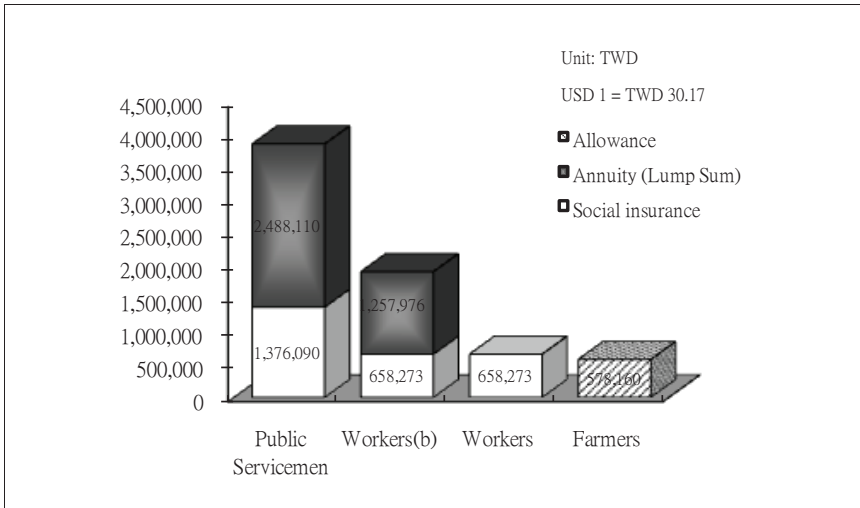
over an extended period of time. Among those who are covered by the public pension system, the public officials, military personnel, and teachers are the most privileged groups. They are covered by a generous retirement pension system. This system is similar to the German public officials' retirement pension scheme, which is financed by the government's budget. Following a 1993 revision, however, it also resembles Japan's public officials' retirement fund system, which is a social security fund system by nature. In other words, they can enjoy a two-tier insurance system.

Instead of aiming at the institutionalization of a social insurance system—that is, the public pension system—the oppositional party Democratic Progressive Party (DPP) seems to concentrate its social policy on welfare services. Most of the items of “Five 5’s” are targeting women's welfare. Compared to other OECD countries, Taiwan's female labor participation rate still lags behind the average. This is mainly due to the underdeveloped provision of public welfare facilities for childcare and community care for the elderly. This results in the heavy domestic workload for women, which reduces their incentive to enter the labor market.

The old-age pension benefit in current social insurance systems is based on lump-sum benefits. Despite the different benefits provided by different schemes, the commonly shared problem is the low level of benefits. As figure 3 shows, the public servicemen enjoy the most generous pension benefits compared to other social groups. The public servicemen received TWD 3,864,200.

For Labor Insurance (LI), the retired workers are entitled to the benefit after a minimum of one-year contribution. The benefit is also a lump-sum payment with a maximum of forty-five months. Due to the lesser years of contribution and lower rates of contribution, LI's benefit level is too low to protect laborers from the old-age income-loss risk after retirement. Calculated on the annuity, the LI-insured workers can only receive TWD 2,000–3,000 per month. The income replacement rate is equivalent only to about 10 percent.

In contrast, retired public servicemen enjoy more generous pension benefits after retirement. These benefits are financed through a multi-tier system. The first tier is the Public Servicemen Insurance (PSI). For PSI, the retired are entitled to the benefits after five years of contribution and at least fifteen years of government service. Those who have twenty-five years of government employment or above the age of fifty can retire and are entitled to receive an annuity. The income replacement rate of the pension is the equivalent of 80 percent of their wage. Compared to other countries, Taiwan designed this system rather generously, which has resulted in financial burden for the government.

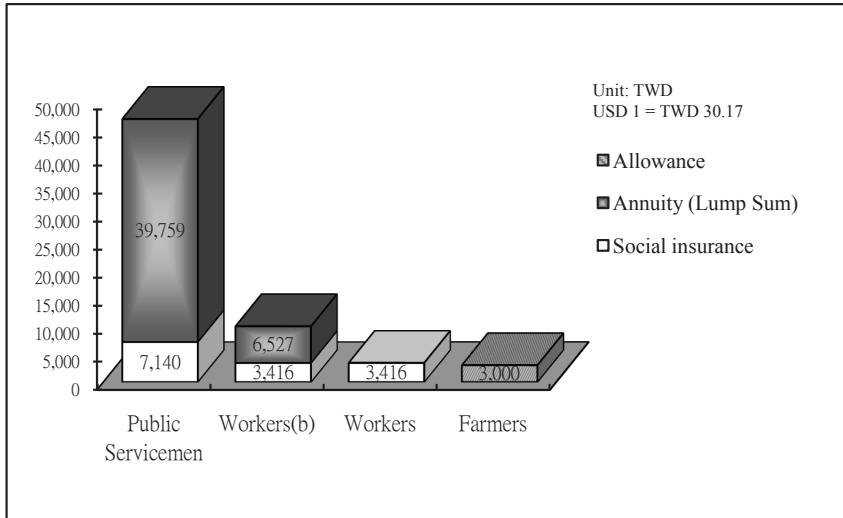


Source: Huang (2003)

**Figure 3. The divergent levels of benefits of institutionalized old-age income insurance systems in Taiwan (2000)**

Figure 4 shows that the PSI recipients are estimated to receive about TWD 46,899 pension benefits per month, compared to TWD 10,000 for the LI workers and TWD 3,000 for farmers. The PSI recipients enjoy five times more benefit than LI recipients and even sixteen times more than the insured farmers. The inequality of benefit levels among different occupations is so enormous that this issue has sparked severe political confrontations in election campaigns since 1993.

The public servicemen can choose either a lump-sum benefit or a monthly pension equivalent to 70 percent of their income of the retirement month. In addition, the retired public servicemen can deposit the lump-sum benefit in a special account that is government-guaranteed to earn an interest rate of 18 percent. This high return is surely an economic incentive for the retired public servicemen and offers them generous old-age pension benefit. The multi-tier system of old-age benefits offer the public servicemen about 90 percent income replacement rate. This benefit is subsidized by the government and has become a severe burden to public finance. Furthermore, this stipulation widens the inequality among occupational groups, triggering severe debates in election campaigns. The then-ruling DPP tried to reform the 18 percent interest rate stipulation during the 2003 parliament election campaign, but its strategy failed.



Source: Huang (2003)

**Figure 4. Amount of monthly pension in Taiwan according to occupation**

Besides the insurance for employees (EI) and the insurance for public servicemen (PSI), the Labor Standards Act also stipulates that employers are required to contribute 3 percent of the salary as retirement benefit. However, most enterprises ignore the act.

## REFORMING THE OLD-AGE INCOME PROTECTION SYSTEMS TOWARD A NATIONAL PENSION SYSTEM

The Taiwanese government has implemented some policy measures to address the old-age poverty problems since 1994. The policymakers responded reluctantly under the pressures of partisan competition in the process of democratization. Apart from the pension for laborers and public servants, they have developed allowance programs for other disadvantaged groups due to the competition between the Kuomintang (KMT) and the Democratic Progressive Party in the process of democratization since 1987 (Ku 1997, 2003). The DPP has accused the ruling KMT of neglecting the undeveloped pension system in Taiwan. The DPP demanded that a comprehensive pension system be established to cover all citizens and offer allowance programs for certain disadvantaged aged people in the transitional period. The DPP has won the local and parliamentary elections since 1992 partly due to this strategy (Lin 2000). The KMT was therefore

forced to offer allowance programs and engaged in institutionalizing pension systems, such as “Living Allowance for Elderly Low-Income Families” (TWD 3,000–6,000 per month), “Welfare Subsidies for Elder Farmers”(TWD 3,000 per month), “Subsidies for the Elderly” (TWD 3,000–8,000 per month), and “Living Allowance for the Veterans” (TWD 14,625 per month). All of the programs are financed by the general revenue. These tax-financed pension systems in Taiwan are so fragmented. The eligibility and benefit levels among different social groups differ, which presents problems of equality and equity.

In 2006, the number of recipients of Living Allowance for the Aged Farmers was 703,000; Living Allowance for Aged Citizens, 795,100; Living Allowance for Middle-Low Income Aged Citizens, 160,000; Living Allowance for Disabled Citizens, 60,000; and Living Allowance for Veterans, 100,000. About 1,690,000 aged people are included in these tax-financed schemes. About 80 percent of the aged population are covered by these programs. In June 2004, the government expenditure in financing these schemes was estimated at TWD 4.52 billion, including TWD 1.4 billion for Living Allowance of Indigenous Aged Citizens. These schemes are important programs in fighting old-age poverty in Taiwan. The policy impact can be measured by the reduction in the poverty rate of aged people (Huang and Chen 2003).

The data on family incomes and expenditures in 2002 show that the social welfare allowances and social insurance transfers contributed jointly to dampen the income inequality by 1.12 times (National Accounting Bureau 2005). Using the data set of family incomes and expenditures between 1976 and 2000 and analyzing the redistributive effects of public transfer schemes to social inequality, Ho (2007) finds that the public transfer has been beneficial to the low-income aged households since 1994.

Table 5 shows the redistributive policy effect of reducing the old-age poverty rates by public transfer schemes (after-transfer). The poverty rate of households under the age of fifty was estimated to be less than 5 percent in 1990. It increased among the households above the age of fifty-five and reached its highest peak in the household groups above the age of sixty-five. The poverty rate for the aged households above sixty-five was 24.9 percent in 1990 and 15.4 percent in 1995. It decreased to 10.4 percent in 2000. If the government had not taken any measures, it was projected that the poverty rate of the aged households should have increased to more than 30 percent (pre-transfer). The poverty rate of aged households (pre-transfer) was 31.8 percent in 1990, 30.9 percent in 1995, and 31.3 percent in 2000. This trend shows slight improvement in governmental welfare allowance programs for the aged people who have not been covered by the public pension insurance schemes since 1994.

**Table 5. The poverty rate difference between pre-transfer and post-transfer (By age)**

By Age	Pre-transfer			Post-transfer		
	1990	1995	2000	1990	1995	2000
20	5.3	7.0	3.1	3.8	4.2	1.3
25	3.7	1.8	1.3	3.2	1.1	0.6
30	4.8	3.1	2.6	3.9	2.2	1.7
35	4.7	3.6	3.3	4.6	2.1	1.6
40	4.6	3.3	3.7	4.2	2.1	2.3
45	3.5	2.3	3.4	3.0	1.2	2.2
50	4.8	2.9	2.4	3.6	1.8	1.7
55	9.0	5.0	5.6	6.8	3.8	3.4
60	14.7	10.0	11.3	11.4	5.1	6.7
65+	31.8	30.9	31.3	24.9	15.4	10.4

Sources: Ministry of Interior, Taiwan; Ho (2007, 104).

To confront the political challenges from the oppositional party and to integrate all the fragmented schemes, the ruling KMT had nominated a task force to set out a reform program of the pension system in 1994. After long debates and discussions, a reform program was completed in 1998 (Lin 2000). According to the plan, it should have been legislated and implemented in 2001 but was postponed after the KMT lost the presidential election in 2000.

The KMT's pension reform program is based on the principle of social insurance, which has been the most popular model in the world. The guideline of this system aims at "providing all citizens the basic elderly protection with the supplementary pension benefits worked out by different occupational groups and the market mechanism where each citizen can purchase further protection as needed from the private insurance" (Chen 2006). The so-called three-tier protection system suggested by the World Bank was set as the blueprint for the planning of the pension system in Taiwan. Theoretically, supplementary levy on personal income tax, payroll tax, and/or business income tax should be a viable way of raising funds for pension. Nevertheless, given the fact that the current tax base is rather narrow and business income tax increase may cause inflation, policymakers have to give up this alternative.

It is expected that the implementation of the pension system would help solve the problem of elderly economic security. Government revenues



have become limited since the unexpected earthquake in 1999 and the accompanying global economic recession that took place in 2000. The government established the pension system but implemented only part of it selectively. The government promised to put the allowance program for the elderly above sixty-five into practice in 2002. It was criticized by the opposition party as a political instrument favoring the aged people toward winning the Parliament election at the end of 2001. Without an adequate financing resource, it is apparent that the implementation of these welfare programs would unavoidably cause squeeze effects on other aspects of government expenditures.

After winning the presidential election in 2000, the DPP aimed to redefine the agenda of social policy. Compared to the former KMT government that was criticized as a stickler for the social insurance model, the DPP opted for the “Three 3’s” and “Five 5’s” welfare program as the party platform during the election. The “Three 3’s” program promises (1) those who are above the age of sixty-five a TWD 3,000 monthly living allowance, (2) children under three years old free medical care, and (3) first-time house buyers an interest rate as low as 3 percent. The “Five 5’s” program plans to (1) increase day-care and kindergarten teachers by 50 percent, (2) increase female labor participation rate by 50 percent, (3) cut down school dropouts by 50 percent, (4) decrease woman’s domestic-care burdens by 50 percent, and (5) decrease violent crimes against women by 50 percent.

As table 6 shows, the existing old-age welfare programs cover about 76.4 percent of the aged people in Taiwan. The old-age pension system in Taiwan is designed along occupational lines. Different occupational groups receive different pension benefits and welfare allowances. The old-age pension system has the following problems (Wang et al. 2004). First, the stipulated criterion of retirement age (fifty-five) for PSI and EI is so low that the insured workers have the incentive to retire earlier than necessary. It results in the fiscal overburden of the pension schemes and a loss of the labor force. Second, the coverage of the pension program is still limited. According to statistics, about 5.3 million (40 percent) of the employed have yet to be covered by any public pension scheme. Third, most pension benefits are released as lump-sum payments. The average amount of the PSI is TWD 1,380,000 while that of EI is TWD 880,000. The total amount is evidently too low for fighting against old-age poverty. The inadequacy of the social insurance pension schemes pushed the government to put forward new welfare allowance programs. However, as many scholars indicated, these measures have some problems. For example, these programs have covered about 76.4 percent of the aged populations since 1993. These temporary allowance schemes are developed to alleviate old-age poverty prior to the

**Table 6. Number of old-age welfare allowance recipients in Taiwan (2004)**

	Population	Percentage	Total
Population above Age 65	2,150,130	100.0	90.9%
Living Allowance for Senior Citizens	691,304	32.2	
Living Allowance for Retired Farmers	687,915	32.0	
Living Allowance for Low-Income Aged Citizens	144,775	6.7	
Living Allowance for Veterans	86,443	4.0	
Living Subsidies for Disabled Citizens	31,444	1.5	
Aged Citizens Covered by PSI or LI	6,830	0.3	
Disqualified Due to Residence in Taiwan Less Than 183 Days in Three Years	305,924	14.2	9.1%
Rich Aged Citizens Exempt from Welfare Allowances	30,570	1.4	
Others	121,743	5.7	
Aged Citizens Covered by PSI or LI	43,182	2.0	

Source: Ministry of Interior, Taiwan (2004).

legislation of the comprehensive National Pension Act. However, as the common critique of institutionalism asserts, such allowance schemes have negative impact on the national pension reform.

These fragmented allowance schemes have caused financial problems for the government. The average expenditure of these welfare allowance programs is estimated at TWD 4.7 billion every year and expected to increase along with the growth of the aging population. In addition, the existing allowance systems are differentiated among populations. The eligibility and benefit-level differ according to schemes. The problem of inequality is a consequence. Therefore, the future reform of Taiwan's pension programs should focus on extending the coverage of pension programs and solving their current inequality.

To overcome the fragmentation problems hidden in the previous pension programs, the government has formed a task force designated by the Ministry of Interior (MOI) for reforms. The main goal is to offer all citizens a basic pension program. Two options have emerged during the policy debates. The first option is called "big-integration" scheme and the second "small-integration." The first option aims at incorporating citizens who were not included in any previous pension or allowance program into one basic pension program. It is estimated that there are still four million citizens not covered by any program. The age of this target population is

between twenty-five and sixty-five; and the population is estimated at 3.84 million, including housewives (2.3 million), farmers (1.1 million), students (40,000), and small business employers (190,000). The “big-integration” option is based on the principle that all citizens would be included in one single scheme regardless of occupational status and gender. The benefit level of this plan is set at TWD 3,000 per month in the initial phase.

Based on this comprehensive reform proposal, the pension benefits in existing fragmented social insurance schemes should be consolidated into one single basic pension program. The other part above the basic pension benefits should be designed as supplementary occupational pension based on earning-related contribution and benefit. Should this “big-integration” program be successfully implemented, a universal eligible basic pension similar to the Nordic welfare states would be established in Taiwan. This is a progressive program because it signifies the principle of equality and helps form solidarity across the lines of class and gender. Based on the principle of universal insurance, all citizens are eligible to claim pension rights. Although the benefit level may still be too low to have strong redistributive effects among upper- and low-income groups, this universal option can lay a firm foundation for the institutionalized pension system in Taiwan.

However, while this reform proposal was transferred to the Committee of Economic Planning and Development (CEPD) in October 1996, the task force was reorganized with more economists included in the team. Instead of following the guideline of “big-integration,” the CEPD blueprint was changed to “small-integration.” Its principle followed the occupational lines, as adopted in the social insurance for public servicemen and the insurance for employees. The newly established National Pension Insurance is set up to cover those who are excluded from the PSI and the EI. The financing mechanism remains the same and the new schemes are also contribution-based. According to the reform proposal of the CEPD, the preexisting differentiated pension schemes should be maintained. The only change is that the payment would be changed from lump sum to annuity-based. Except for the basic guaranteed pension that is equivalent to the benefits of NPI program, the other old-age benefits in PSI and EI would be redesigned according to the annuity principle and established as the second-tier supplement to the NPI.

One of the important reasons for explaining the unlikelihood of the “big-integration” option in the final debates was the conflicting interests among related ministries. The Ministry of Interior (MOI) favored the radical “big-integration” while the Council for Labor Affairs (CLA) was inclined to adopt the “small-integration” version. The attitude of the CLA toward the status quo is understandable because it is interested in holding the EI in hand.

The DPP stood for the “big-Integration” option in the beginning. According to the party program in reforming the pension system, the guideline was a two-tier system. The first tier was the basic pension scheme and was proposed to integrate all old-age pension schemes into the National Pension Insurance. All citizens were entitled to the basic pension when retired. The benefit level was set at TWD 5,000–6,000 per month. The NPI was planned to be financed by levying 1–2 percent of the value-added tax (VAT). It was therefore tax-financed.

This program was later modified after the DPP won the presidential election in 2000. The main change occurred while the employer associations protested against these labor-cost induced measures and moved their capital abroad to China. The main modification can be observed in the method of financing and the pooling of social risks. Instead of financing the NPI by tax, the new version proposed to finance the NPI by contribution. The contribution rate is set at 10 percent. Seven percent of the contribution is specified for the individual savings account (ISA), while the other 3 percent is specified for the social insurance account (SIA). Once the ISA is emptied, the social insurance account serves as a transitory income source to guarantee income security.

Obviously, this new version adopted important elements of the Singapore ISA model, where the government has limited (or near zero) responsibility to the old-age income security of low-income aged citizens. On the contrary, the burdens are shifted onto the shoulders of individuals. As a consequence, this version can be taken as another form of defined contribution (DC) scheme and runs to the disadvantage of the low-income groups. To fight back against this trend of individualization of old-age income risks, many progressive groups for social welfare organized to protest against this version. The DPP, as the ruling party at that time, recalibrated its tune and rolled back to the social insurance model. The partial-funding system was modified to pay-as-you-go system. However, the DPP had given up the “big-integration” principle and adopted the “small-integration” version—that is, the pooling of risk was narrowed to cover those who were excluded from the current social insurance and welfare allowance schemes. The financing mechanism also changed from tax-based to contribution-based.

The principles mentioned above apply to most transitional countries where pension reforms are high on the political agenda. Their flawed old pension systems are subject to reform owing to various social changes. The overall trend is toward a more comprehensive scheme with wider coverage and more generous benefits. But problems have arisen since these countries have to simultaneously develop their own economies as well as reform their political system, which lack a sound framework for appropriate functioning.

A multi-tier pension system requires a political and economic environment that can support the pluralistic arrangements for old-age security.

## **CONCLUSION: TAIWAN'S PENSION REFORM BETWEEN STRUCTURAL NECESSITIES AND POLITICAL BLOCKADES**

The NPI aims at covering the citizens aged between twenty-five and sixty-four who are not covered by the MI, PSI, and LI schemes. Its institutional principle is the social insurance principle. The NPI aims to build a channel with LI through extending the coverage to the spouses of the LI-insured workers. The contribution rate is set at 6 percent in the first year and is planned to rise up to 6.5 percent in the first three years. The premium is set at TWD 1,037 per month. The contribution is distributed between insured citizen (60 percent) and the central government (40 percent). The contribution of social assistance welfare recipients will totally be financed by the government. The future of pension system in Taiwan faces at least several challenges. First, there is the problem of social solidarity. It is indicated that the inclusion of farmers and middle-class groups in the public insurance schemes is the main factor for forming the cross-class solidarity among social classes. NPI's current development seems to run against this trend. It is directed toward the segmentation of different occupation groups including farmers, laborers, and middle-class groups. Second, the benefit level is still too low for those who are covered by the NPI program. They are only covered by NPI as the first tier, and its capacity for protection against the old-age income security is still below the minimum income level.

This article has reviewed recent studies on Taiwan's pension reforms and presents the general characteristics and development of Taiwan's pension schemes. Taiwan has achieved economic progress through the open trade and industrial upgrading strategy. The establishment and reform of the elderly welfare system have become part of the policy agenda, particularly since the democratization waves in Taiwan in the late 1980s. In the context of approaching a super aging society, Taiwan has expanded the elderly welfare system in terms of coverage and financing. The economic growth and the subsequent increase in government revenues constitute the fiscal precondition for the government's commitment to expand pension welfare systems. However, democratization also gives impetus for increasing government's role in delivering comprehensive elderly services to those in need. The partisan competition triggered by democratization compels the ruling party to be more responsive to the welfare needs of the elderly, particularly for the potential votes from low-income households.

Given the favorable conditions to welfare expansion in Taiwan after the late 1990s, this newly aged society also encounters a series of problems emanating from the changing socioeconomic conditions. As shown in this article, problems such as escalating costs caused by the high speed of aging, negative economic impact of low fertility, economic uncertainty resulting from globalization, and restricted financial revenues due to tax competition challenge the sustainability of Taiwan's old-age welfare system.

The most striking factor for the future of Taiwan's pension regime is probably the citizens' understanding of social rights. Democratization has paved the way for equal treatment under the law and equal chances for political participation by voting. The increasing social inequality might push people in Taiwan to consider the necessity of accessing some "basic" goods on a more egalitarian basis, particularly under the circumstances of economic growth without spillover effects and increasing potential poverty risks among the middle class. The development and future of Taiwan's elderly welfare regime depends largely on two factors: the change of citizen's conception of social rights and the institutional design of the welfare system: universalism or fragmentalism. In both cases the middle class will play a pivotal role for the possible choice of scenario.

## NOTES

- 1 The previous version of this article was presented at the 20th Biennial Conference of the Association for Asian Social Science Research Councils (AASSREC) on "Aging in Asia-Pacific: Balancing the State and the Family," organized by the Philippine Social Science Council, April 4–6, 2013, Cebu, Philippines.
- 2 Being a farmer is the main condition for receiving Elder-Farmer allowance through Farmer Insurance.

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**Appendix 1. The public old-age income protection schemes in Taiwan**

Systems	Schemes	Types of Benefits	Level of Benefits	Financing	Coverage
Social insurance	Public Servicemen Insurance (PSI)	lump-sum payment		Contribution by government, employer, and employee	14.2%
	Labor Insurance (LI)	Lump-sum payment		Contribution by government, employer, and employee	
Social Allowance	Welfare Allowance for Old-Aged Farmers	Monthly payment	6,000	Budget	32.0%
Social Assistance	Living Allowance for Aged Citizens	Monthly payment	3,000	Budget	32.2%
	Living Allowance for Low-Income Aged Citizens	Monthly payment	3,000–6,000 per month	Budget	6.7%
	Living Allowance for Indigenous Aged Citizens	Monthly payment	3,000 per month	Budget	0.85%
	Living Subsidies for Disabled Citizens	Monthly payment	3,000–6000 per month	Budget	1.5%

Source: Wang et al. (2004, 72).

**Appendix 2. Benefit levels of different contribution years by NPI**

Starting Ages of Contribution	Contribution Years	Total Amount of Premiums	Estimated Monthly Benefit	Total Pension Benefits after 17-Year Contribution
Age 60	5	37,320	3,475	708,941
Age 50	15	111,960	4,426	902,822
Age 40	25	186,600	5,376	1,096,704
Age 30	35	261,240	6,653	1,357,212
Age 25	40	298,560	7,603	1,551,012

Source: Administrative Yuan (2007, 12).

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