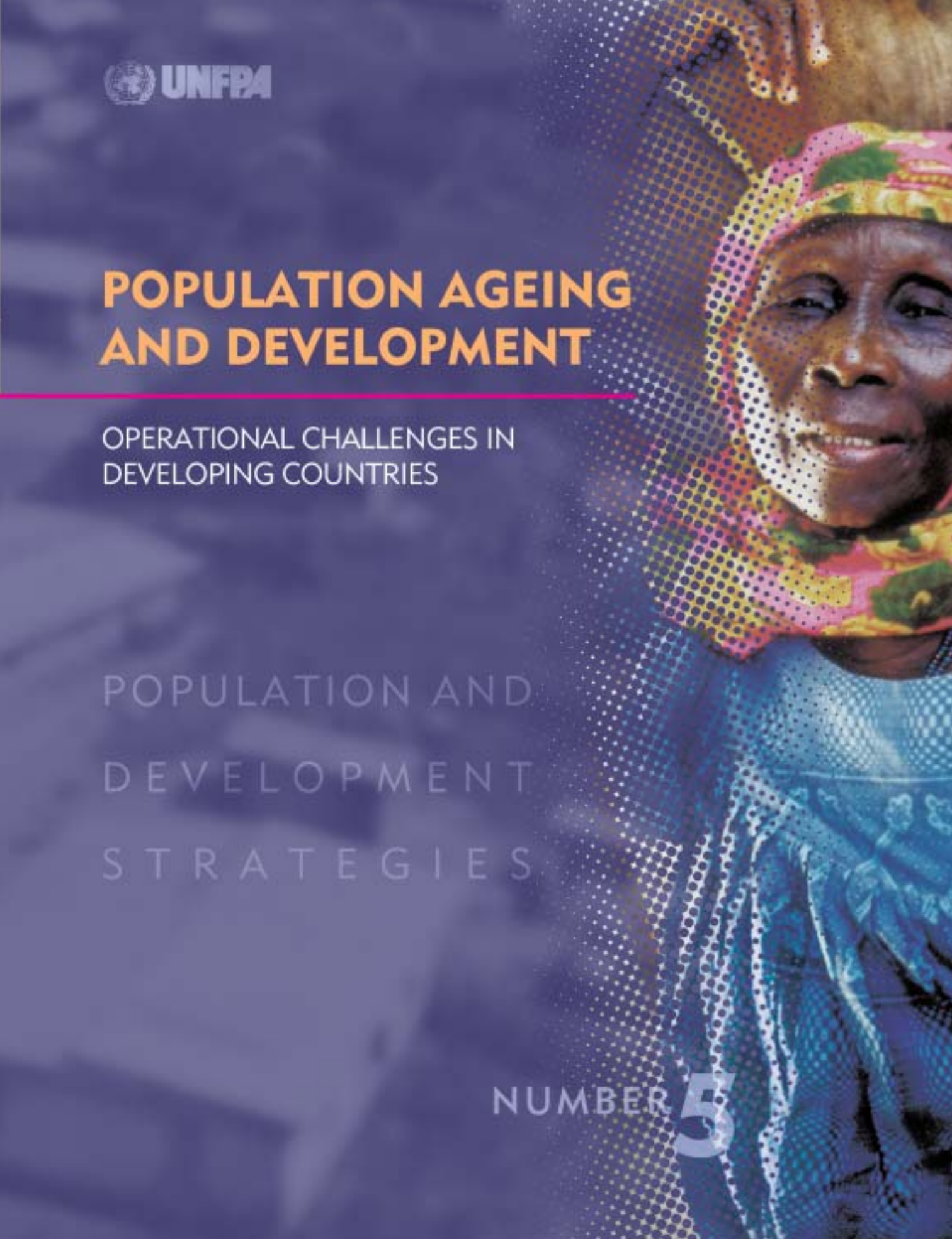


# POPULATION AGEING AND DEVELOPMENT

OPERATIONAL CHALLENGES IN  
DEVELOPING COUNTRIES

POPULATION AND  
DEVELOPMENT  
STRATEGIES

NUMBER **5**





**UNFPA**

United Nations  
Population Fund

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**NOTES:**

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## FOREWORD

In the Millennium Declaration, world leaders from 189 nations made the eradication of poverty and the realisation of human rights the overarching goals for development cooperation. Towards this end, the Declaration outlines a set of mutually reinforcing development goals, with time-bound targets, for progressively eradicating poverty. The Millennium Development Goals (MDGs), disaggregated by age and sex, provide a focus for meeting the basic needs of older persons, especially the poor. Many older persons living in developing countries are below the poverty line. Hence meeting the MDG target of reducing by half the proportion of persons living in extreme poverty in 2015 requires that poverty reduction strategies, through multi-sectoral programmes, must increase their focus on the poorest and most vulnerable older persons.

The number and proportion of older persons is increasing at a faster rate than any other age group in the population. Today, one out of every ten persons in the world is aged 60 or over. By 2020, the corresponding figure will be about one out of every eight. Two thirds of all older persons live in developing countries - numbering in 2002 some 400 million persons. Women comprise by far the greater number and proportion of older populations in almost all societies: the disparity increasing with advancing age.

In April 2002, the international community met in Madrid, Spain, for the Second World Assembly on Ageing and adopted the Madrid International Plan of Action on Ageing. UNFPA supports the implementation of the plan at global, regional and national levels. This report documents UNFPA's support for a number of initiatives in the area of pop-

ulation, ageing and development, with information sourced from its country and inter-country programmes.

As this report describes, UNFPA has long supported projects in the area of population ageing and development. For example, in Indonesia, in response to a request by the Government, UNFPA implemented a three-year project, initiated in 1998, that addresses ageing issues through a programme of activities. These activities included conducting reviews of literature and programmes directed at older persons; supporting inter-country visits; workshops and policy dialogues for NGOs, planners and decision makers, as well as socio-cultural research.

Research commissioned by UNFPA and carried out in India and South Africa in 2001 showed that the main concerns of older people relate to conditions associated with extreme poverty, including inadequate living conditions; lack of access to social services; and inter-generational violence and abuse. Poverty among older people is linked to low levels of literacy, especially for women. Only one-third of women aged 60 and over in the developing world can read and write. Poverty among older people is also linked to low levels of health, lack of awareness and access to information, and a lack of participation. This situation leads to social exclusion and isolation, reinforcing the cycle of poverty between generations.

UNFPA's focus in the area of population ageing is guided by the Programme of Action of the International Conference on Population and Development (ICPD), the recommendations of ICPD+5, the goals of the Millennium Declaration and the Madrid International Plan of Action on Ageing. In supporting government efforts to meet the operational challenges of population ageing, UNFPA seeks to work in partnerships with other members of the United Nations system and international and national NGOs.

Through country programming processes such as Common Country Assessments (CCAs), United Nations Development Assistance Frameworks (UNDAFs) and Poverty Reduction Strategy Papers (PRSPs), UNFPA seeks to promote a focus on issues related to ageing, especially the increasing number of older people in all countries, and the particular challenges of the older poor. The United Nations system can play a major role at the international and national levels by facilitating policy dialogue on meeting priority needs of older persons, especially the poor and women.

I would like to thank the Geographical Divisions at UNFPA Headquarters as well as the UNFPA Country Office Representatives for helping to supply the source material on which much of this publication is based. I would also like to thank the members of the study team (see page vi) for their hard work and commitment in preparing this report. I sincerely hope that this publication will prove useful in the context of the ongoing dialogue on issues of population, ageing and development.

Mari Simonen



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## EXECUTIVE SUMMARY

Population ageing is an inevitable consequence of the demographic transition, that is, the shift from higher to lower levels of mortality and, especially, to lower levels of fertility. Because this transition is taking place at a much faster pace in developing countries so, too, population ageing is proceeding at a more rapid rate than has occurred elsewhere. The number and proportion of older persons is increasing at a faster rate than any other age segment of the population.

Globally, one out of every 10 persons was aged 60 or over in 2000; by 2020, the corresponding ratio will be about one in eight. Already, well over 60 per cent of all older persons live in developing countries and that share is growing both numerically and proportionately. There were around 374 million persons aged 60 and over in less developed regions in 2000, compared with about 232 million in more developed regions. Totals in both regions, but especially in less developed countries, are expected to rise markedly in the decades ahead.

Women comprise by far the greater number and proportion of older populations in almost all societies, the disparity increasing with advancing age. Larger numbers and proportions of elderly women than men arise because of the significantly higher survival rates of females at every age. Eventually, as cohorts reach older ages, this disparity more than offsets the higher male sex ratios at birth.

It is important to recognize that older persons are not a homogeneous group. They have different interests, needs, hopes and fears. Social and economic programmes must take into account the elderly as individuals, rather than the aged as a proportion of the total population, in order to ensure that the diverse needs of older people are met.

Older persons should not be seen as a needy and dependent group. It is important that their substantial contributions to families, communities and societies are acknowledged, encouraged and supported. Promotion of active ageing and empowerment of older persons is essential so that they can be part of decision-making processes in issues that affect them. The elderly need opportunities to participate in cultural, economic, political and social life and lifelong learning. The human rights of older persons should be respected.

It is essential to integrate the evolving process of global ageing within the larger process of development. Policies on ageing deserve close examination from the developmental perspective of a broad life-course and society-wide view, taking into account recent global initiatives and the guiding principles of the Madrid International Plan of Action on Ageing agreed in 2002 at the Second World Assembly on Ageing.

The issues and challenges of such large, ageing populations are complex, but becoming increasingly better understood. The central issue is poverty, in its various manifestations, but by ensuring older people are in the mainstream of development there is the realistic possibility of ensuring economic security and social support from the community and from the government, as well as through the traditional mechanisms of family support.

Pre-eminent among the needs of older people are health and health care. Ageing populations present a major challenge to systems of health and long-term care. Despite the relatively good health of many older people, there is a heavy concentration of health problems and long-term care costs among the aged, particularly the very elderly. In most developing countries, governments provide only limited health services or medical care, so the needs of older people, especially the poor, whether preventive, curative, restorative or rehabilitative, remain largely unmet. Older persons are fully entitled to have access to preventive and curative care, including rehabilitation care and sexual and reproductive health.

Foremost among the issues related to health, are the expanding problems and repercussions related to the HIV/AIDS pandemic. Currently the main impact of HIV/AIDS on older people is the responsibility devolving on them because their adult children are victims and consequently the grandchildren become dependents. By the end of 2000, the global HIV/AIDS pandemic had claimed nearly 22 million lives – most in sub-Saharan Africa. Among those directly affected by the epidemic are some 13 million children who have been orphaned by HIV/AIDS, over 90 per cent in sub-Saharan Africa. It is expected that, by 2020, the number of AIDS orphans will rise to about 40 million in sub-Saharan Africa alone.

In most less developed countries, the family has generally taken care of its older frail members, and therefore, partly for this reason and partly for lack of resources, governments have not been particularly involved in meeting the needs of the elderly. But modernisation and economic and social transformations have weakened traditional structures and practices so that governments are increasingly obliged to offer alternative support systems. Because of the scale of the problems confronting them, most governments must inevitably work in partnership with other agencies.

In practice, the participation of local communities, local and international NGOs, and the international community as represented by both official and private agencies, is crucial in meeting the basic needs of older persons, especially the poor. Whatever the circumstances of older persons, all are entitled to live in an environment that enhances their capabilities. Policies are required that empower older persons and support their contribution to society.

UNFPA seeks to implement the goals of the United Nations Millennium Declaration and the Madrid International Plan of Action on Ageing 2002, contributing at global, regional and national levels to key activities in the areas identified in this report. These include policy dialogue and planning in relation to population and development, as well as poverty and health concerns, and ageing populations and gender mainstreaming. UNFPA provides support for capacity building for implementing, monitoring and evaluating policies and programmes to improve data collection, analysis, research and dissemination, and promotes population and advocacy.

The focus of UNFPA in responding to this situation of worldwide population ageing is to intervene constructively through the medium of development planning so that resource allocation can be made appropriately through existing agencies. Advocacy for a more proactive approach to population ageing issues and capacity building requires a comprehensive and reliable information base that provides complete coverage of all variables of significance to the local contexts, and UNFPA is well placed to promote this role.

UNFPA's response to the challenges of ageing populations and ageing individuals has been to identify appropriate operational strategies (summarised in an operational matrix) to ensure the adoption of appropriate and inclusive development policies; the compilation of the necessary information databases; the promotion of gender equality and equity of opportunity among older people; the encouragement of the family in persisting with traditional inter-generational support roles; the recognition of the contribution and needs of family caregivers; and the support of measures to overcome the worst symptoms of acute and chronic poverty.



## CHAPTER 1 INTRODUCTION

The Millennium Declaration, in which world leaders from 189 nations built on the outcomes of the series of global conferences of the 1990s, made poverty reduction and the realisation of human rights the overarching goals for development cooperation. The Declaration outlines a set of mutually reinforcing development goals and time-bound targets to be achieved by 2015, including halving the proportion of people living in poverty. The Millennium Development Goals, disaggregated by age and sex, provide a focus for meeting the basic needs of older persons, especially the poor. But while the Millennium Declaration proclaimed that no individual should be denied the opportunity to benefit from development, there is no specific focus in the Millennium Development Goals on the older poor. Yet the older poor, of whom a majority are women, are disproportionately represented among the world's 1.2 billion people living in extreme poverty – that is, living on less than \$1 a day.

The International Strategy for Action on Ageing, adopted at the Second World Assembly on Ageing as the *Madrid International Plan of Action on Ageing (2002)*, provides an unparalleled opportunity to propel concerns about older persons, especially the older poor, into the forefront of the development agenda. Poverty reduction strategies, through multisectoral programmes, must increase their focus on the poorest and most vulnerable older persons, especially women, and allow them to achieve their basic human rights and to live in dignity.

**Box 1.1****Building the foundation for a society for all ages**

The modern world has unprecedented wealth and technological capacity and has presented extraordinary opportunities:

- To empower men and women to reach old age in better health, and with more fully realised well-being;
- To seek the comprehensive inclusion and participation of older persons in their societies;
- To enable older persons to contribute more effectively to their communities and to the development of their societies;
- To steadily improve care and support for older persons as they need it.

Concerted action is required to transform the opportunities and the quality of life of men and women as they age to ensure the sustainability of their support systems, thus building the foundation for a society for all ages. When ageing is embraced as an achievement, the reliance on human skills, experience and resources of the higher age groups is naturally recognised as an asset in the growth of mature, fully integrated, humane societies.

**SOURCE:** Madrid International Plan of Action on Ageing (2002)

**Box 1.2****Images of ageing**

A positive view of ageing is an integral aspect of the Madrid International Plan of Action on Ageing. Recognition of the authority, wisdom, dignity and restraint that comes with a lifetime of experience, has been a normal feature of the respect accorded to the old throughout history. These values are often neglected in some societies, and older persons are disproportionately portrayed as a drain on the economy, with their escalating need for health and support services. Although healthy ageing is naturally an increasingly important issue for older people, public focus on the scale and cost of health care, pensions and other services, has sometimes fostered a negative image of ageing. Images of older persons as attractive, diverse and creative individuals making vital contributions, must compete for the public's attention. Globalisation of the media has contributed to spreading ageism to societies in which it was traditionally unknown. Older women are particularly affected by misleading and negative stereotypes. Instead of being portrayed in ways that reflect their contributions, strengths, resourcefulness and humanity, they are often depicted as weak and dependent. This reinforces exclusionary practices at the local and national levels.

**SOURCE:** Madrid International Plan of Action on Ageing (2002)

## CHAPTER 2 | DEMOGRAPHIC CONTEXT

### Transition to low-fertility populations

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A backward glance from the vantage point of the turn of the century reveals a series of unprecedented demographic events of a nature and dimension previously unparalleled in human history. Globally, the twentieth century proved to be a demographic watershed. It witnessed increments in population numbers on a scale and at rates unlikely to be replicated. From about 1,650 million people worldwide in 1900, population numbers escalated, mainly in the second half of the century, to more than 6,000 million. Average annual growth rates, which had remained at 0.5 per cent per annum or less for centuries, surged above two per cent per annum in the 1960s, and net increments in numbers, exceeded 85 million per annum in the 1980s.

Although this net outcome, at a world scale, created widespread concern over the adequacy of the food supply and the sustainability of resources, the phenomenon of rapid population growth was very uneven. Most of the *more developed countries* had already witnessed major reductions, first in their death rates and subsequently in their birth rates. This secular transition resulted in the emergence of low-fertility populations in more developed societies to the point that, in the later decades of the twentieth century, many of them were failing to achieve replacement level. As the proportion of children in these populations declined, inevitably the populations overall began to age.

By contrast, twentieth-century fertility rates in the large populations of many *less developed countries* remained relatively high while mortality

rates declined and life expectancy rose, partly emulating the earlier experience of the low-fertility populations in more developed countries. Medical intervention, preventive and therapeutic, made a significant impact for the first time in history, and differential impacts (reflecting contrasting stages in the process of adjusting high fertility to declining mortality) resulted in major spatial redistribution of population concentrations by continent and country.

Early in the twenty-first century, more countries than ever were undergoing fertility decline to levels below (and sometimes far below) replacement, and many others were moving in that same direction. The worldwide population growth rate had fallen to about 1.2 per cent per annum and net annual increments were estimated to be of the order of 77 million per annum and still falling (United Nations, 2001).

While such major modifications to these vital demographic processes were in themselves quite exceptional, the repercussions for demographic, economic and social structures were fundamentally transforming. The high birth rates and steadily declining infant and general mortality rates characteristic of very youthful societies and still a feature of some developing societies, gave way progressively in most others to declining birth rates and low death rates, setting in train the trend towards more demographically mature populations. In this context, the heavy burden of child dependency was reduced and an enlarged working-age adult population created a favourable balance between the notionally 'active' and 'dependent' ages – dependents both young and old.

The full benefit of this favourable population structure has not always been realised, however, because the expansion of the labour supply (at ages beyond the more youthful bottleneck of 'never-worked' unemployment) has frequently not been matched by the creation of job opportunities or comparable growth in labour demand. With persistent reductions in the total fertility rate in most Western societies (including Japan), but particularly in Europe, this incipient ageing developed into a major trend, impacting beyond working-age adults to produce ever-larger numbers and proportions of older persons in these low-fertility populations (Golini 1997). The expansion in size of older populations was compounded by rising life expectancy not only among the younger populations, but more recently at older ages as well.

Population ageing is changing the numbers of older persons in relation to that of other age groups in the population in all regions of the world, with the changes occurring more rapidly in the more developed regions (Table 2.1). Increases in the proportions of persons aged 60 years and over are accompanied by declines in the proportions of the young, those under age 15. UNFPA's *The State of World Population 1998* points out that over the first decades of the next century, there will be a gradual demographic shift towards an older population in all countries. Globally, by 2050, the number of older persons in the world will exceed the number of young people for the first time in history. This historic reversal in relative proportions of young and old has already taken place in more developed regions. Population ageing is largely irreversible, with young populations of the past unlikely to occur again.

Globally, the percentage of young people under 15 years old increased from 34.3 per cent in 1950 to 36.7 per cent in 1975, and subsequently declined to 30 per cent in 2000. This age group is projected to decline

**TABLE 2.1:** Percentage distribution of population by broad age groups: global total and by region, 1950 – 2050

Region	1950	1975	2000	2025	2050
<b>World</b>					
<b>0-14</b>	34.3	36.7	30.0	24.3	21.0
<b>15-59</b>	57.6	54.7	60.0	60.7	58.0
<b>60+</b>	8.2	8.6	10.0	15.0	21.1
<b>More developed regions</b>					
<b>0-14</b>	27.3	24.2	18.3	15.0	15.5
<b>15-59</b>	60.9	60.4	62.3	56.8	51.0
<b>60+</b>	11.7	15.4	19.4	28.2	33.5
<b>Less developed regions</b>					
<b>0-14</b>	37.6	41.1	32.8	26.0	21.8
<b>15-59</b>	56.0	52.7	59.5	61.4	59.0
<b>60+</b>	6.4	6.2	7.7	12.6	19.3
<b>Least developed regions</b>					
<b>0-14</b>	41.1	44.7	43.1	37.9	29.1
<b>15-59</b>	53.5	50.3	52.0	56.2	61.4
<b>60+</b>	5.4	5.0	4.9	5.9	9.5

SOURCE: United Nations (2001)

further to 21 per cent in 2050. The percentage of those aged 60 years and over, on the other hand, has grown steadily since 1950, from 8.2 per cent in 1950 to 10 per cent in 2000 and is projected to increase to 21.1 per cent in 2050.

Over 19 per cent of the population in more developed regions was 60 years and over in 2000, compared to just over 18 per cent who were under 15 years old. This difference is expected to grow by 2050, when over one third of the population will be aged 60 years and over, compared to only 15.5 per cent who will be under 15 years old. In less developed regions, the proportions of young still exceeded those of older persons in 2000 (32.8 per cent to 7.7 per cent, respectively). This difference is expected to be minimal by 2050, when 21.8 per cent of the population is expected to be under age 15, compared to 19.3 per cent who will be aged 60 years and over. The least developed regions, although moving in the direction of more older persons and less young people, are projected to continue to have a large proportion of young as compared to older persons, 29.1 per cent and 9.5 per cent, respectively in 2050.

### Global population age dynamics

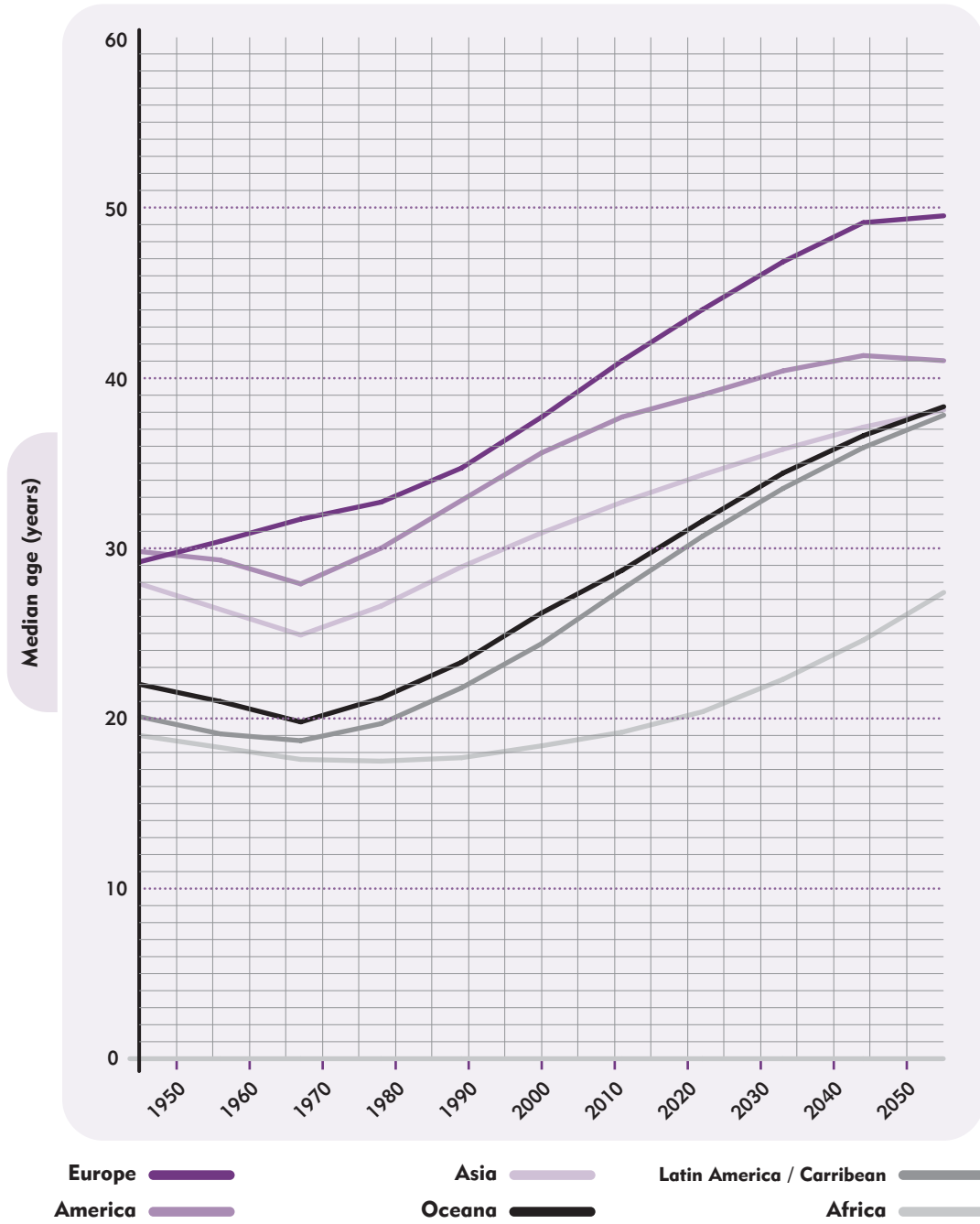
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The substantial variations in the pathways followed by ageing populations worldwide can be analysed in many different ways. Trends in median age (the age of the middle person in the age distribution of any given population) encapsulate the broad adjustments occurring in the age structures of populations over time. This measure, in a single statistic, demonstrates the impact of fertility in creating either progressively more youthful or more aged population structures.

Adopting the continental regions defined by the United Nations (United Nations, 2001), the broad differences in global demographic ageing experience can readily be observed by tracing these regional median ages from 1950 to 2050 (Fig 2.1).

Europe is clearly different from all other regions in its trajectory, showing no downward trend in age in the entire period represented. The ageing process of that region as a whole had been under way for some time before the mid-twentieth century, with the relatively mature age of almost 30 years already evident in 1950. The persistence of low, often below-replacement, fertility over much of the one-hundred year period, is expected to perpetuate this trend until reaching a plateau in median

FIGURE 2.1: Trends in median age by continental region, 1950 to 2050



SOURCE OF DATA: United Nations (2001)

age of over 49 some time after 2040. While other world regions (apart from Africa) show a tendency to converge on a median age in the upper thirties around mid-century, the decline in European fertility has been so substantial and so sustained that this region becomes increasingly differentiated from the others by a median-age gap of almost ten years.

All regions other than Europe had increasingly youthful populations (declining median ages) from some time prior to 1950 until about 1970. However, the median age at that date was strongly influenced by fertility behaviour prior to 1950, and also by the fact that Northern America and Oceania in particular (in addition to Europe) already had comparatively mature populations. These regions are dominated by the more developed countries (Australia and New Zealand are the major components of Oceania) with their relatively advanced economies and technologies and well-established preferences for small completed family size.

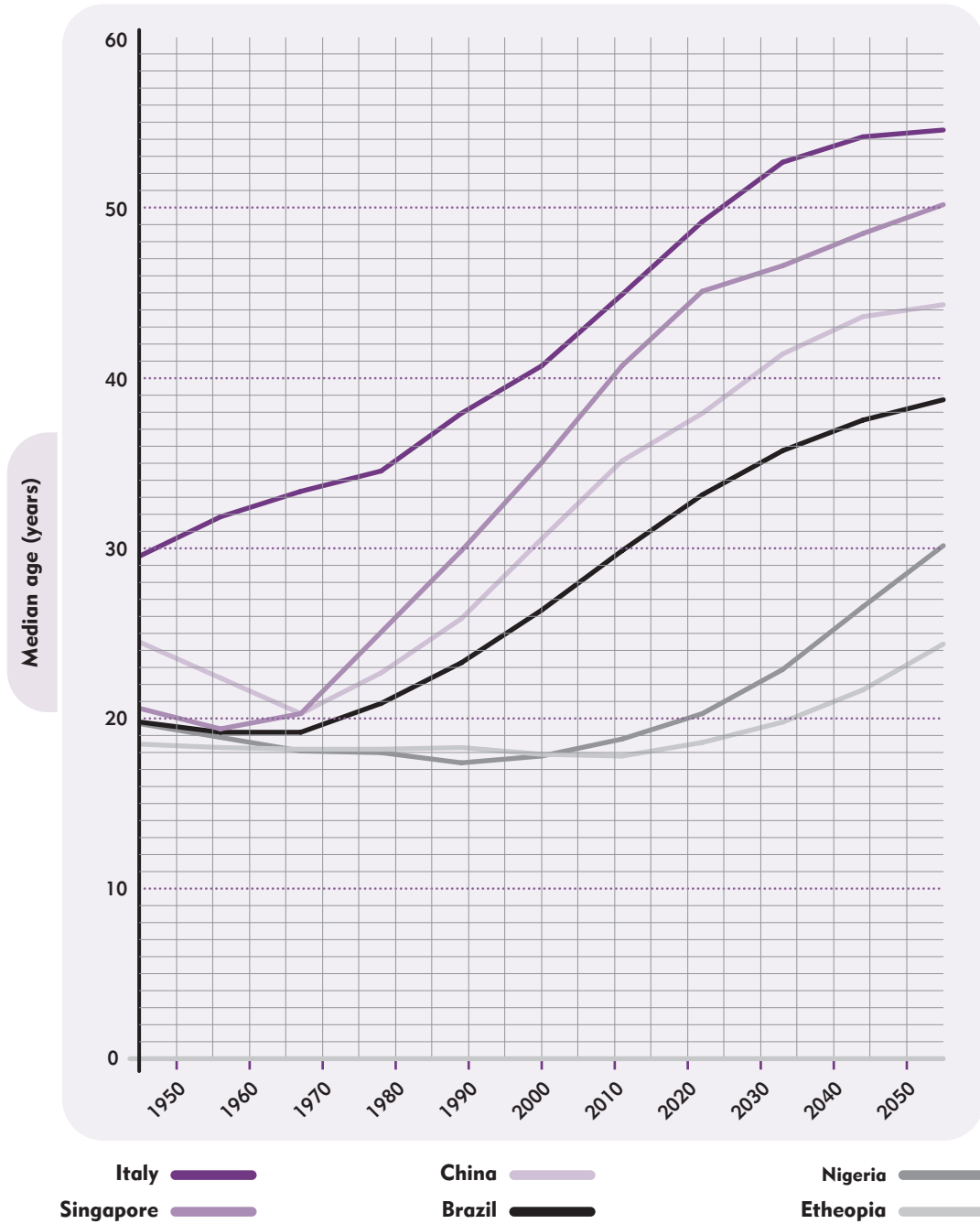
The trends occurring in the two regional populations of Asia and Latin America and the Caribbean are particularly notable. In aggregate, the countries of these regions reached their nadir in a median age under 20 years in the late 1960s or 1970. However, both are experiencing rapidly ageing populations through the early years of the twenty-first century, and this trend is expected to level off only slightly by mid-century. Their experience of ageing is a particularly rapid one as depicted by the steepness of the curves and the shift through such a substantial age range.

Africa, as a region, is still experiencing only the incipient stages of ageing so that most of this process lies ahead through to mid-century and beyond. The extreme youthfulness of the population of the countries of Africa (a median age just above 17 in the period 1965-90, and still only a little above 18 in 2000) will persist, so that by 2040 the median will not be much over 24 years of age. Nevertheless the rate of change is expected to accelerate steadily as the century proceeds, and the substantial size of many of the national populations will still result in considerable numbers of older people in these populations.

The collective experience of these large continental regions tends to mask the widely divergent experience of the individual countries within them and it is imperative to recognise that there can be at least as much variation within a region as between regions. This diversity of experience is demonstrated in a selection of countries (Fig 2.2) that clearly do not always reflect the aggregated experience of the regions in which they are located.



FIGURE 2.2: Trends in median age for selected countries, 1950 to 2050



SOURCE OF DATA: United Nations (2001)

Italy has emerged in recent years as one of the countries in Europe with the lowest sub-replacement fertility level. Even though the steep slope of the curve, reflecting the rapid rate of ageing, levels off towards mid-century, this trend would produce a population in which the median age is over 54. This is not only unprecedented in a large, contemporary population at a national scale, but the implications of such an overwhelmingly older population have yet to be explored comprehensively.

Singapore and China, both from the Asia region and with predominantly Chinese populations, represent major contrasts in numerical population size, economic development and recent population policies and histories. Both, following an early period of high fertility and youthfulness, have recorded rapid ageing, and Singapore in particular is anticipating a mid-century population age structure (with a median age close to 50 in 2050) more like that of Europe than of most countries in the large Asia region. China, with a median age of 44 years in 2050 and a projected population by then of 1.47 billion people, will therefore have half of its very large population numbers aged 44 or older, resulting in both a larger and an older population than will characterise most other countries in the Asia region.

Brazil, comprising one of the larger populations among the countries in the Latin America and Caribbean region, has recorded declining fertility since about 1965, when the median age was slightly above 18. The ageing process is anticipated to continue at a fairly rapid rate, levelling off somewhat towards mid-century at about 38 years of age, a little older than the median age for that region.

Although both countries are located in the continental region of Africa, Nigeria and Ethiopia have begun following divergent pathways from mid-century. As declining fertility impacts on the age structure of Nigeria the country will emerge somewhat ahead of the regional level of ageing as reflected in the median age trend. The Ethiopian population, by contrast, will continue to have a very young median age that will not begin to exceed 20 until about 2040, steadily dropping behind the regional trend.

While the trends in ageing, as represented by changes in median age, provide a measure of understanding about the dynamics of the ageing process, they provide little information about the actual structure or

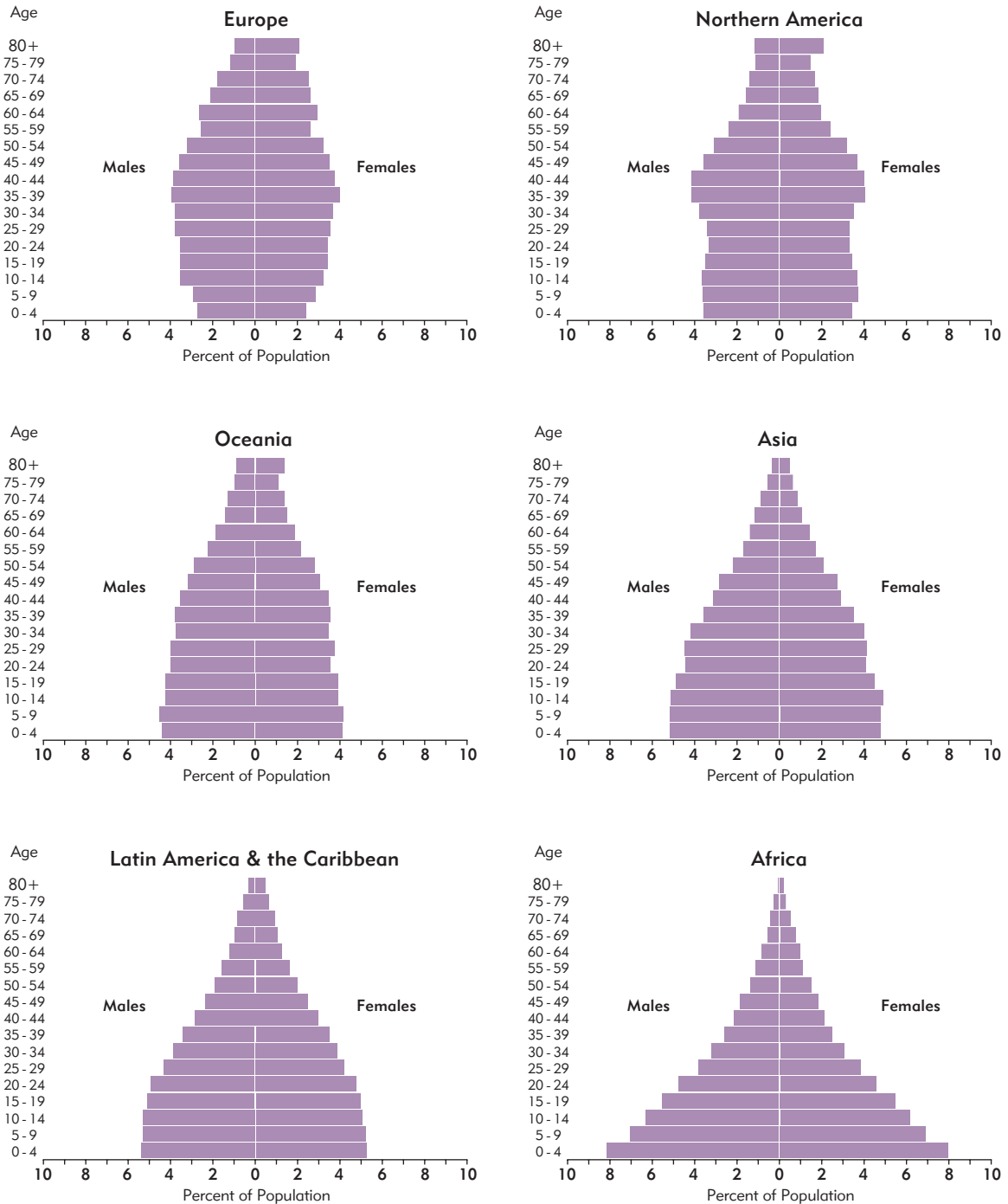
age *distribution* of the populations at any given moment. The conventional age pyramid summarizes these distributions, by sex/gender, in quinquennial age groups, in effect demonstrating the spread of all the age groups around the median age. Age pyramids in the year 2000 (Figs 2.3 and 2.4) for the same regions and countries as those cited earlier, provide examples of the types of age distribution associated with the median-age trends already described.

The pyramid representing the age distribution of the population of Europe is characteristic of an advanced mature population with a strong ageing tendency (Fig. 2.3), and clearly reflects the median age of nearly 38 years in 2000. While net migration has also played a part, the pyramid indicates that, in aggregate, Europe has experienced a declining birth rate for the last 35 years, and that currently additions to the population (as represented by the 0-4 age group) are of similar magnitude to the population in the 55-59 age group. The impact of ageing on the population over a sustained period is also evident in the relative predominance of females among older age groups.

The North American age pyramid, also representative of a mature ageing population, is significantly different from the European case in two particulars: a relatively stable age structure below the age of thirty in 2000, and (despite similar proportions to Europe among those aged 80 and over), a less substantial and consolidated cluster of older persons aged 60 and over. Although the gap in median ages in 2000 between Europe and Northern America was not much over two years, the young adult and child component in Northern America has the potential to result in a substantially different ageing outcome from Europe by mid-century.

There are broad similarities between the Asian and the Latin American and Caribbean age distributions, although the influence of the population of China on the sex ratio (apparent in unusually small proportions of girls) at the youngest ages has a noticeable impact on the age pyramid for Asia. The similarities between the age distributions of these two regions are scarcely surprising given the closely parallel path of the median age trends already described. Although the age distribution indicates that fertility levels have stabilised, there are large numbers of young people entering adulthood and the family formation stage. Under conditions of stable or declining fertility, therefore, many of the countries in both of these regions are likely to experience a favourable

**FIGURE 2.3:** Population age distribution by continental region, 2000



SOURCE OF DATA: United Nations (2001).

balance between notionally dependent populations (whether young or old) and the adult population of working age. The extent to which benefits accrue and issues like poverty can be effectively dealt with depends to a large degree on the availability of employment for these working-age people.

The Oceania region, which has a relatively small but maturing population (strongly influenced by the populations of Australia and New Zealand), lies somewhere between the Asia/Latin America and the Caribbean regions and the Northern America region in the broad character of its age distribution in 2000.

The age pyramid representing the populations of Africa epitomises the age structure of youthful, high fertility countries. This pattern, characteristic of many more countries two or three decades earlier, highlights the predominance of children, teenagers and young adults in the population, and the reproductive potential for sustaining the momentum of high fertility rates. The working age population constitutes a modest proportion of the total, and although aged dependency is still low, child dependency is high. It is in this context, with the serious issues of HIV/AIDS affecting young adults, that large numbers in high-risk cohorts, and older persons as carers and providers of family support for the large child and teenage cohorts becomes extremely problematical.

The regional age distributions depicted at a continental scale represent the aggregated patterns of large numbers of individual countries, none of which is likely to replicate precisely the regional structure and many of which have age patterns highly divergent from it. These important variations must be recognised and treated as significant because they reflect unique combinations of economic, social and cultural – as well as demographic – histories that make these countries what they are, and may be crucial in determining priorities for action.

Italy (**Fig. 2.4**) provides one of the more extreme examples of the age distribution among the countries comprising the region of Europe. The pyramid indicates that the reduction in births in the Italian population began earlier than in the region as a whole so that young adults moving into the reproductive ages over the decade after 2000 are proportionally fewer than their immediate predecessors. For example, in 2000, the 15-19 year age group was numerically smaller than any older age

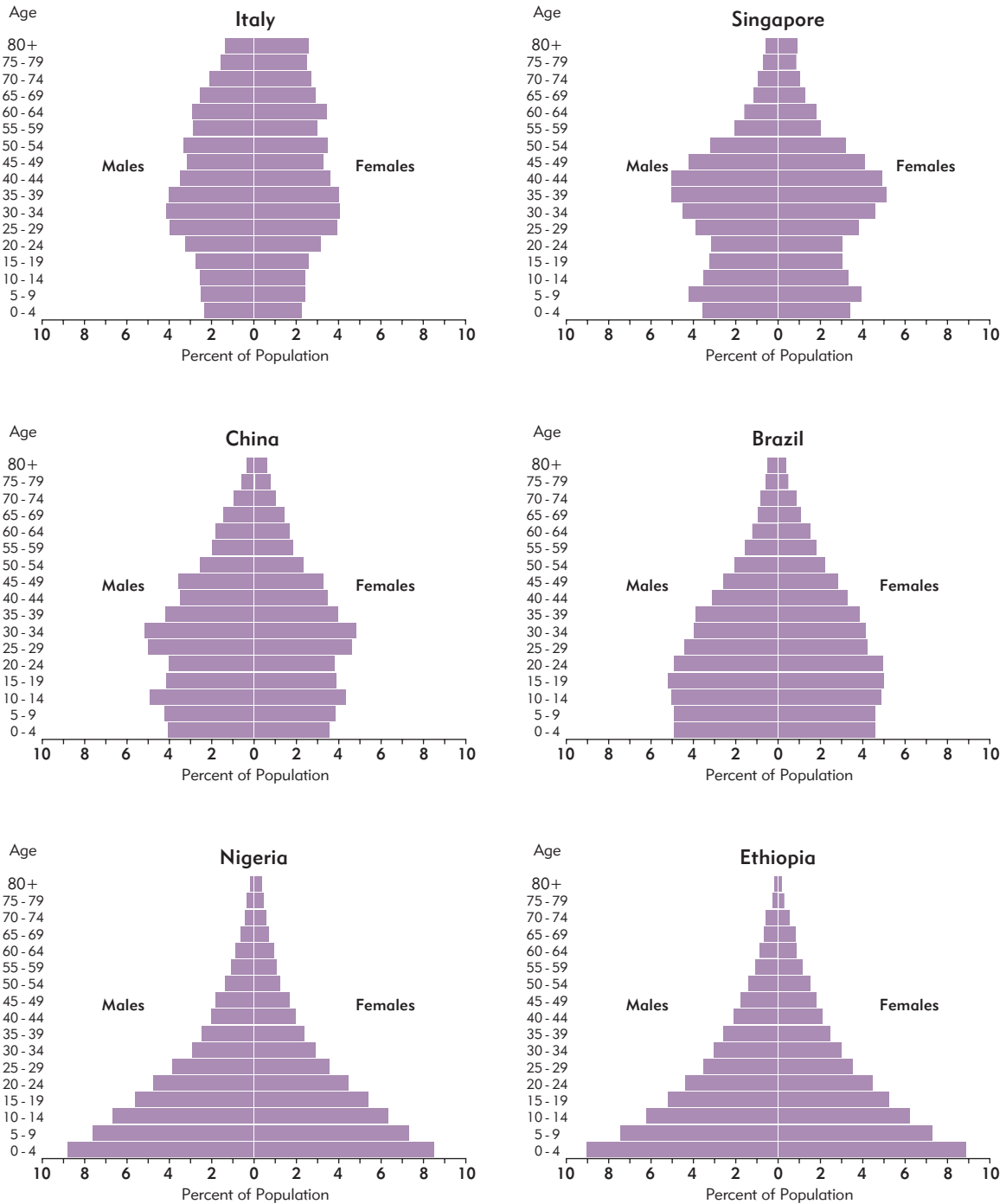
group below the age of 70, a trend that appears likely to persist. The salutary challenge in countries such as Italy is to manage the ageing of the population through to mid-century (when the median age is expected to exceed 54) and beyond.

The two examples from Asia, China and Singapore, are substantially different in detail from the regional distribution (which gains much of its smooth symmetry from the large populations that have been aggregated into the regional total), the two countries strongly contrasted not only in numerical size but also in the age distributions that summarize their particular demographic histories. The reason for the rapid ageing predicted by the median age trends in the case of Singapore is clearly discernible in the relatively large block of middle-aged people that will have begun moving into the older ages by 2020. Although structured somewhat differently, China's population is also poised for a large proportion of the adult population to move into the older age groups by 2030 by which time the already large numbers of older persons will be huge.

Although the pyramid representing the population age structure of Brazil appears similar to that of the Latin American and Caribbean region in which it is located, closer examination indicates that Brazil has already moved away from a steadily expanding birth rate with the last three five-year cohorts smaller than their predecessors in 2000. This has resulted in an expansion of the younger adult groups relative to those both older and younger, and explains why the median age in Brazil through to mid-century is expected to be older than for the region overall.

The pyramids for Nigeria and Ethiopia epitomise the quandary of Africa, especially for the sub-Saharan countries: how to cope with continuing high fertility in less than satisfactory conditions of reproductive health and the threat of disease. In Ethiopia, over 55 per cent of the population in 2000 were aged under 20; in Nigeria, where the total population size is much larger, 56 per cent were aged under 20. But, as noted elsewhere, the most daunting challenge for the many countries with similar age structures where the HIV/AIDS pandemic is prevalent, is to educate and protect the ever-larger groups moving into young adulthood from the risk of exposure to the disease. Meantime, in many communities in sub-Saharan Africa, older people are obliged to assume the duties and household support not only for those who are infected by the disease but also for their grandchildren who are often orphaned and would otherwise be destitute.

**FIGURE 2.4:** Population age distribution for selected countries, 2000



SOURCE OF DATA: United Nations (2001)

Nigeria, with a rather high total fertility rate and low life expectancy, has a very large young population under the age of 15 years, compared to older persons aged 60 and over. Brazil, which is further along in the demographic transition, characterised by lower fertility and higher life expectancy, has a much lower percentage of young people under the age of 15 and a larger population aged 50-59 years as well as a larger proportion of older persons 60 years and over. By contrast Japan, with one of the world's lowest fertility rates and the world's highest life expectancy, has a considerably smaller young population and a much larger proportion of persons aged 60 years and over.

### **The ageing process in the populations of less developed countries**

The mechanics of this demographic transition, despite the processes' variability from time to time and from place to place, are now well understood. The fertility levels of earlier decades are the primary determinants of a population's age structure, high birth rates resulting in relative surpluses at some ages, and low rates in relative deficits. By contrast, the impact of mortality is more diffuse across all ages of a population, and that of migration, while often concentrated at young adult ages, is more erratic, often relatively localised, and of limited impact in all but major population movements.

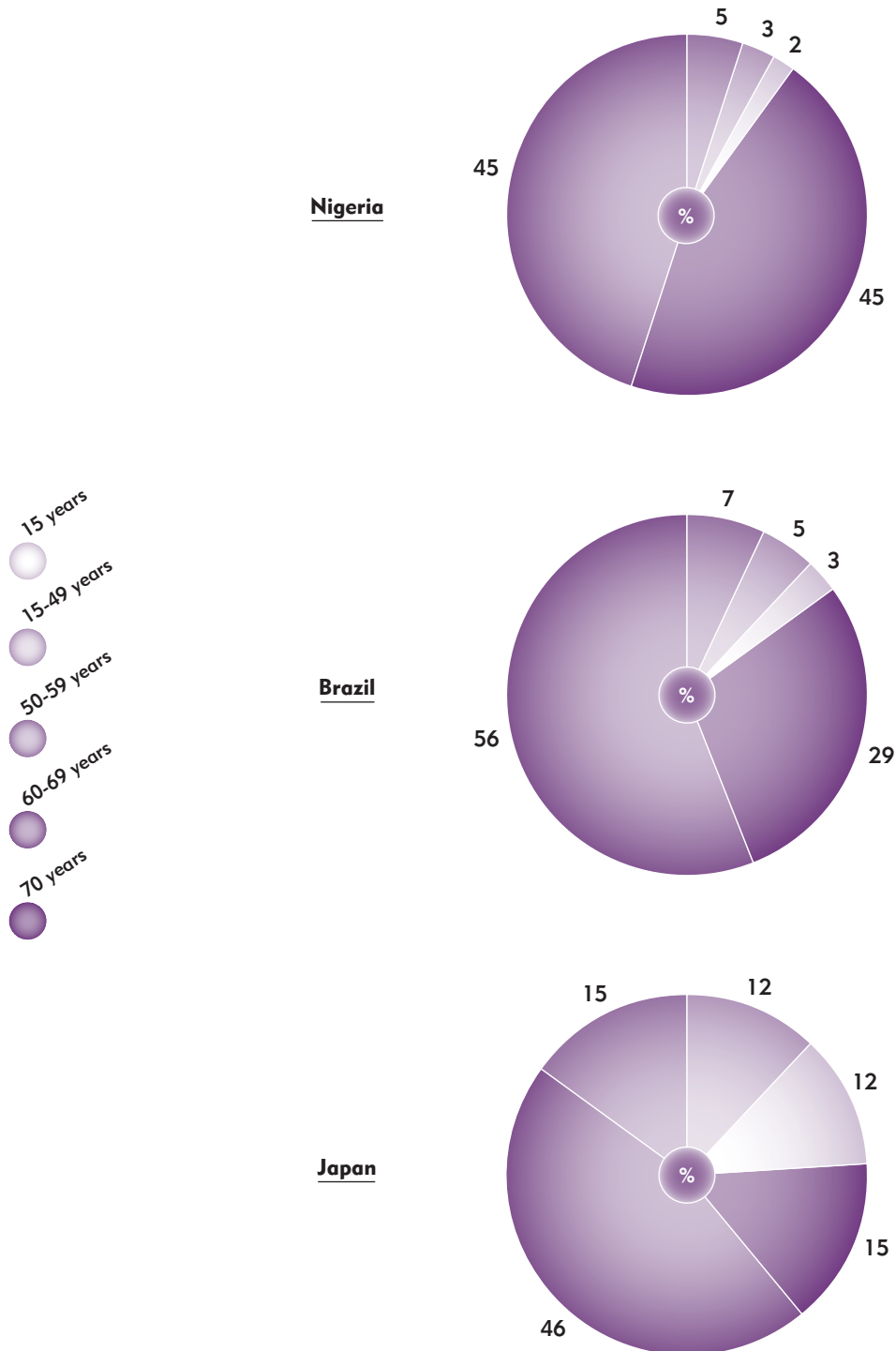
*Population ageing refers to shifts in the age distribution of the population in which the relative share of persons at older ages increases, and the share at younger ages decreases. This proportional redistribution is distinct from absolute increases in the number of older persons that can occur even if their share does not increase.*

At the commencement of the twenty-first century, the older population (here defined as those 60 years of age and over) in less developed countries comprises cohorts born before 1940, at a time of high fertility and high infant and overall mortality. This means that their life course experiences have exposed them to the vicissitudes of both global and local political, economic and social circumstances and events extending back to the first half of the twentieth century.

Mid-twentieth century population trends in most developing countries resulted in the moderate levels of population growth that preceded the transfer of medical technologies and therapies and characterised the phase before public health programmes had impacted significantly on



FIGURE 2.5: Population age distribution for Nigeria, Brazil and Japan, 2000



SOURCE OF DATA: United Nations (2001).

life expectancy. As a consequence, the proportions of most of these populations aged 60 and over, generally in the vicinity of six or seven per cent, is still quite modest compared with that of societies in more developed countries which average in excess of 18 per cent.

Since birth rates are still quite high in many countries in the developing world (especially in Africa), and because of the considerable lead time required following fertility decline for the shift in age distribution to become apparent at older adult ages, the greater part of the ageing process in less developed countries is still to come. This will occur as the high fertility and reduced mortality in the second half of the twentieth century gives way to the transition to low fertility, relatively low mortality and a consequent rise in life expectancy.

Although the scale and full impact of the ageing process will not be evident for some time yet, several important features are already apparent. Compared with more developed countries, there will be a more rapid *pace* of ageing reflecting the generally faster rate of fertility decline. There is already considerable variation in the *timing* of the onset of the ageing process among the countries comprising the less developed countries and this, combined with the pace of ageing, is likely to determine the observable *levels* of population ageing attained in each society at any particular date. (See [Table 2.2](#))

So far there is less evidence of substantial improvements in life expectancy among the older populations themselves than in more developed countries, but this can be expected to change. Certainly the recurrent imbalance in the sex ratio among the older population is clearly evident in most societies, though usually not to the extremes experienced in more developed countries. Since this phenomenon becomes progressively more marked with survival to older ages, the issues in older age groups must increasingly take account of gender and the particular circumstances of women.

### Scale and location of older populations

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The proportional distribution of populations according to age suggests that the scale of any issues with which societies must deal to enhance the life style of older people is much greater in the more developed countries than it is in less developed countries. This is a misapprehension. While it is true that older populations comprise a large proportion

TABLE 2.2: The speed of population ageing in selected countries

Country	Year in which 7 per cent of population is 60 and over	Year in which 14 per cent of population is 60 and over	Number of years required to double the elderly share from 7 per cent to 14 per cent
China	2001	2027	26
Japan	1970	1994	24
Republic of Korea	2000	2021	21
Indonesia	2019	2042	23
Malaysia	2018	2046	28
Philippines	2026	2051	25
Singapore	1999	2017	18
Thailand	2011	2031	20
Mexico	2016	2038	22
France	1864	1979	115
Germany	1932	1972	40
Sweden	1887	1972	85
United Kingdom	1929	1976	47

SOURCE: United Nations (2001)

of the population in more developed societies, sheer numbers are far larger in less developed countries.

As long ago as 1950, the majority of the world's population aged 60 and over lived in the less developed regions of the world: 110/205 million, or 54 per cent. By 2000, that majority had expanded to an estimated 374/606 million or about 62 per cent. Further into the future (adopting the medium variant option), the share of older people located in the developing world is expected to escalate rapidly: in 2020, the numbers are anticipated to be around 707/1,024 million, or about 69 per cent; and by 2050, 1,570/1,964 million or 80 per cent of the world's population aged 60 and over (Table 2.3). Not only does the majority of the world's older population live in less developed countries, but also the scale of that majority is rapidly increasing.

At the turn of the century, few developing countries were really coming to grips with the issues accompanying these major structural changes in the population in terms of awareness, policy development, capacity building or in any other way, although the need to do so is becoming increasingly apparent. This is a salutary situation, because for these

societies, the main challenge is yet to present itself in the increase from 374 million to about 1,570 million older people in the fifty-year period 2000 to 2050. Raising the definitional age of 'older people' to those 65 and over, as commonly adopted in many developed countries (thus eliminating the largest quinquennial age group from the 'aged' category), reduces the numbers somewhat (to 248 and 1,141 million respectively) but does little to reduce the overall enormity of the situation.

Some countries in less developed regions are still attempting to cope with the high levels of population growth that result from relatively high birth rates, but these circumstances do not necessarily exempt them from having to deal with this issue. While population ageing is certainly more conspicuous in societies that have experienced sus-

**TABLE 2.3: Numbers and distribution of the population aged 60 and over, 1950-2050**

Region	World		More Developed Countries		Less Developed Countries	
	Year	millions	millions	per cent	millions	per cent
1950		205	95	46	110	54
1970		312	147	47	165	53
2000		606	232	38	374	62
2020		1,024	317	31	707	69
2050		1,964	395	20	1,569	80

SOURCE: : Derived from United Nations (2001) for the medium variant

tained sub-replacement level fertility, nevertheless, some large populations in which fertility still remains relatively high or has shown only moderate signs of decline (as in Nigeria, for example), can still have substantial numbers in the older population. In such instances, the issues relating to the older population also need to be addressed.

Even where the current numbers or proportions of older people do not seem particularly significant, this is only the beginning, the numerical base on which the bulk of the ageing process, mostly still to take place in the future, is commencing to build. Fortunately, because of the lengthy lead time, and the readily and accurately predictable numbers

## Box 2.1

## Numbers count

Actual numerical size must be taken into account because most planning, if there is to be any, must deal with people, with individuals as distinct from proportions: mouths to feed, patients to be cared for, elders to be accommodated, and consumers to be supplied with the basic necessities of life. 'It is this numerical growth that is of prime relevance to social and economic programmes in the short and intermediate terms' (Knodel, 1999, 45; Hugo, 1996).

(the 60 and over population of 2050 had all been born by 1990), the type and scale of the issues arising can be anticipated well ahead of time.

### Gender and ageing

Despite the substantial growth in overall numbers of older persons worldwide, the numbers of women continue to exceed the numbers of men, age for age, as reflected in the sex ratios of those 60 and over and 80 and over (Table 2.4). The sex ratios for these older age groups are lowest in those countries with the largest and longest established proportions of older persons. For those aged 60 and over, the more developed countries, with their persistent low fertility and relatively large older populations, averaged sex ratios of 684 males per thousand females in 1970. A modest recovery in the proportions of males is expected to occur in these more developed countries to about 760 per thousand females by 2020, and to 782 by 2050. By contrast, in 1970, less developed countries collectively recorded the much more balanced rate of 889 males per thousand females, and are expected to maintain quite similar rates to these (down slightly to 868 per thousand females) through to 2050.

Sex ratios for populations aged 80 and over reflected the increasing preponderance of women at these more advanced ages with levels, particularly in more developed countries, falling below the *1 male to 2 females* ratio (500 per 1,000) for the earlier decades of the twenty-first century, and only rising a little above this to 557 males per thousand females, by 2050. By contrast, the 80 and over sex ratios in less developed countries, although reflecting the greater survival potential of women at these ages, still remain in the 630 to 650 range in the early decades of the twenty-first century, through 2050.

**TABLE 2.4:** Sex ratios of the population aged 60 and over and 80 and over, 1950-2050

Region	World		More Developed Countries		Less Developed Countries	
	<i>m a l e s p e r t h o u s a n d</i>		<i>f e m a l e s</i>			
Year	60 and over	80 and over	60 and over	80 and over	60 and over	80 and over
1950	801	614	737	575	859	682
1970	787	593	684	501	889	751
2000	812	531	707	442	884	649
2020	840	569	760	496	878	634
2050	850	607	782	557	868	630

**SOURCE:** Derived from United Nations (2001) for the medium variant

### Culture and ageing

The socio-cultural aspects of population ageing are crucial to an understanding of the situation of the older poor. Cultural values and traditions play an important part in older peoples' lives and in their role in extended families and communities. Culture is not neutral on ageing as a phenomenon – it conditions the attitudes and behaviour of older persons, and the perception and practices of the society around them. Cultural values help form societies' attitudes toward patterns of kinship and family relationships; participation in and withdrawal from productive activities; as well as the differential treatment of older persons on the basis of gender. Today gender-based violence is increasingly becoming a problem in many countries where older women, particularly those that are widowed, are often victims of abuse, sometimes even due to witchcraft accusations.

Given the rapid changes of the past century, and especially of the past decade, cultures are evolving to accommodate the changing social and economic circumstances. Around the world, cultures are struggling to embrace the increasing complexity created by accelerated globalisation, intercultural migration and interethnic marriage. Cultures are trying to adjust to the dictates of reduced family size and modified family structures; and to contend with the social trauma and supportive demands of a pandemic such as HIV/AIDS.

While the family still constitutes the main support system of older persons in most cultures, traditional family support mechanisms are being eroded due to declining family size, rural to urban migration and declining co-residence, and in some countries, because younger family members are dying of HIV/AIDS. Nevertheless, in some settings older people are revered for their wisdom and treated with respect by their communities. Positive cultural values should be built on to encourage respect for older persons.

## CHAPTER 3 ISSUES AND CHALLENGES

### Implications of demographic change

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In many less developed countries, older persons have traditionally been cared for within the extended family network and by the community at large. Reductions in family size, coupled with changing values and cultural practices brought about by the processes of industrialisation and urbanisation, have altered the social fabric of the family, directly affecting the security of its elderly members. Attitudes of children regarding their duty towards their parents and the custom of caring for their elders are rapidly changing. In rural communities, many younger family members leave the parental home in search of employment in urban areas.

Government policies and programmes in many less developed countries give low priority to the concerns of the elderly. Authorities generally expect families to continue to provide for the welfare of their elderly members. Social security systems provide limited coverage for only a small minority of older persons, mostly professional and urban-based. Yet the semi-urban and rural elderly represent the bulk of the elderly population. In these changing circumstances, older family members are increasingly left to care for themselves despite the absence of family and community support systems or elderly-friendly health care, social, and recreational services. Many of them suffer from malnutrition and lack of adequate medical care.

The pattern of marital status of older men is very different from that of older women throughout the world. Although widowhood is increasingly probable for both sexes as age advances, married men usually out-



## Box 3.1

**Cultural values can provide continuity for supportive family systems**

The role that cultural values and traditions play in older peoples' lives should not be underestimated. Culture conditions the attitudes and behaviour of older people and the perception and practices of the society around them. Given the rapid changes of the past century, and especially of the past decade, cultures are evolving to accommodate the changing social and economic circumstances. Cultures are struggling to embrace the increasing complexity created by accelerated globalisation, intercultural migration and interethnic marriage. Cultures are trying to adjust to the dictates of reduced family size and modified family structures; and to contend with the social trauma and supportive demands of a pandemic such as HIV/AIDS.

Although the family still constitutes the main support system for older people in most cultures, traditional family support mechanisms are being eroded due to: reduction in average family size; rural to urban migration of young adults; declining levels of co-residence; and, in some countries, because young-adult family members are dying of HIV/AIDS. Nevertheless, despite the numerous negative forces being exerted in most societies, there are still many cultural settings in which older people continue to be revered for their wisdom and treated with respect by their families and communities.

These positive values provide a basis for the encouragement, protection and respect of older persons in all cultures. This is particularly true for older women who, in most societies, comprise the catalyst for the perpetuation of cultural beliefs, attitudes and values. Yet in many countries, women themselves are frequently the victims of discrimination under various inequitable laws, particularly those governing the inheritance of property, and thus become increasingly vulnerable to poverty, as they grow older. Laws and policies are required to promote the welfare of the ageing population at the national level, but effort is also needed at the community level to ensure that legal and policy changes are effective and sustainable. These fundamental stipulations are particularly important in today's rapidly changing environment of globalisation and human mobility, which tend to impact so negatively on traditional family support systems.

number widowers even at quite advanced ages, and therefore spend their final years with a wife to care for them. By contrast, women are much more likely to be widows, and women of widowed status commonly outnumber married women at older ages in many societies. Consequently, in most societies, longer life expectancy among women and a younger age at marriage than their spouses ensure a strong probability that they will survive them and experience a lengthy period living alone.

Historically, for many cultures, multi-generational accommodation arrangements have been integral to their social and family organisation. In China and Korea, for example, family has traditionally been the primary source of care, often in the form of co-residence with adult children (often the oldest son and his wife, or failing that, with another married son or an unmarried child). However, the current evidence suggests that in countries where this pattern of living with adult children has been widespread, it is undergoing rapid modification.

While the *form* of living arrangements, whether co-resident or independent, is often addressed, what is commonly neglected is determination of the *function* of co-residence or non co-residence. Even where co-residence persists, the extended family structure does not necessarily imply a family supportive of the elderly. The flow of wealth may be in either or both directions or, where they are beneficiaries, older people may not be the recipients of actual cash transactions from their children for discretionary personal spending (Neville, 2000).

Alternatively, co-residence may signify less tangible forms of support flowing from the elderly parents to their offspring in the form of child-care, shopping and meal preparation as well as, or rather than, assistance to the older generation. By contrast, in the South African case, older family members' pensions frequently provide the only income for the support of an extended family.

A degree of weakening of the traditional system of family care of older people is a pattern common to most countries which have experienced, or are undergoing, a process of modernisation and transition (KIHASA and UNFPA, 2000). With increases in income in the more advanced developing countries, non co-residence may simply signify changing preferences towards greater privacy and independence on the part of parents, adult children or both.

Although care is more easily and willingly provided to older people within households than outside them, elements of social modernisation suggest that in developing countries the retention and support of older persons within the home is becoming increasingly unsustainable. Yet for many groups in a country like India, putting elderly parents into a nursing home – even where that is feasible – may be culturally unacceptable.

**Box 3.2****The older poor in South Africa**

The voices of the older poor in South Africa speak of concerns, fears and needs, but also of some successes. Despite the different ethnic backgrounds of the older people interviewed, their experiences are similar.

**Among their most pressing problems are**

- A lack of food, water, electricity and cash;
- No birth certificates or identity documents;
- Difficulty in accessing social pensions, accommodation, health-care facilities;
- Tiredness and lack of strength to care for spouses.

**Older people fear that**

- Their children will resort to violence and delinquency because they cannot adequately care for them;
- They will be killed and nobody will know who they are because they have no identity documents;
- They will become ill and have nobody to care for them;
- They will be abandoned to isolation and rejection;
- Their grandchildren will resort to burglary and theft, because there is no money to share with their children and grandchildren;
- They will contract all kinds of diseases because of the risks their low socio-economic status exposes them to;
- They will be thrown out onto the streets, or die before their spouses and be left with nobody to take care of them;
- They might fall as a result of weak muscles if they go out walking;
- They can only anticipate a dark and bleak future;
- They will be overtaken by death and dying;
- Their children and grandchildren will always be unemployed;
- They will be the victims of criminals and rapists.

Yet older people also have good experiences. One older person was an orphan whose family did not take good care of her, but whose husband made her life much more enjoyable. Others reported that the church is where they find happiness and that the women's meetings at their churches create the opportunity for socialising and providing mutual support. Still others grow vegetables and sell them at the nearest market, augmenting their social pensions. Some respondents mentioned their children celebrating their birthdays, and giving them an opportunity to invite friends. Others reported that being well cared for made them feel appreciated. Some older women are still called upon in the community to serve as midwives, and this makes them feel recognised and acknowledged. A number of older persons reminisced that they had a good time when their spouses were still alive, and these memories still sustain them.

ADAPTED FROM: UNFPA (2000b)

While favouring a policy of family support does not preclude a modest public programme to provide a safety net for the most needy, it is commonly a limited response adopted by governments in order to avoid diverting resources from other priorities. As Caldwell (2001) points out, even though families in more developed countries are prepared to make huge investments in their children using a drip-feed approach, there is a cool reception to the suggestion that a similar quantum of resources be collected as part of regular taxation payments to support the older population *en bloc*. It is hardly surprising, therefore, that in countries with fewer resources, making fiscal contributions to such an anonymous sector of society is unpalatable to government and taxpayer alike.

### Development, poverty and the older poor

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Poverty is the main threat to the well-being of older persons. Many of the 400 million older people in developing countries are living below the poverty line. Meeting the Millennium Development Goal of halving the proportion of people living in extreme poverty by 2015 requires that poverty reduction strategies focus on the poorest and most vulnerable older persons, especially women. If this achievement is to be perpetuated, then the focus must also be on breaking the poverty cycle that runs from one generation to the next.

The poverty experience of childhood and adulthood is likely to compound with age. Older people who have experienced a lifetime of poor diet, inadequate medical care, multiple pregnancies, inadequate reproductive health care and arduous physical labour are likely to enter old age in ill health. The inevitable physical decline brought on by ageing reduces each person's ability to contribute to the household and to remain economically self-sufficient. This dynamic forms a vicious cycle since for many older people their physical health is the only significant asset they have to protect themselves from destitution.

Poverty commonly evidences itself in developing countries in two major ways. The most conspicuous is the deprivation of a large proportion of the population of the basic necessities of life, a phenomenon in which the older age groups generally represent the extreme case. This situation is frequently characterised by the second recurrent feature: the inability of the governments of the countries in which the chronically poor live to marshal the requisite resources to eradicate the causes or even alleviate the symptoms of deprivation to any significant degree.

Older persons are consistently among the poorest in all societies. The majority of the older poor in developing countries live in rural areas and are typically engaged in agriculture until they can no longer work in the fields. Access to basic social services as well as transportation and communication is limited. Location in urban areas is seldom any more beneficial, most older people continuing to be involved in the less structured, small-scale informal sector as long as they are capable of participating in productive activity.

Whether rural or urban, poverty among older people is linked to low levels of literacy, low standards of health, lack of access to information, social exclusion and isolation, and to minimal participation in political and administrative decision-making. For the vast majority, old age is conceived of less in terms of chronological age than as an inability to work and therefore of a relentless and progressive poverty. Because the incidence of poverty is high, and likely to remain so well into the future, poverty will continue to be a significant barrier to policy development and programme implementation in aged care (Hugo, 1996). The resulting disempowerment reinforces the inter-generational cycle of poverty.

The most positive steps, even in the poorest societies, include involvement of older people in community-based activities. Inclusion provides the basis for a network that ensures that their voices and views are heard in the development of policies and programmes that affect them. These measures apply particularly to determining appropriate responses to the demand for home-based care, in linking up the network of multiple NGOs that are attempting to deliver effective support and services, and in providing these services at accessible distribution points.

Where poverty is most severe, competition for resources among generations creates problems that even subvert kinship allegiances. Furthermore, young adults are leaving rural areas for the city, undermining the structure of the traditional family, and leaving older persons, especially widows, living in poverty in rural areas. Conditions faced by older people in urban contexts of squatter housing and shanty towns impact on the poorest and most vulnerable. In such a context, despite official pension payments, there are often extensive problems and abuses in implementation of support programmes, including lack of access, delays, lack of security and cheating. So immense is the depth of poverty in some instances, that even household members may inflict physical

## Box 3.3

**Neglect, abuse and violence**

Neglect, abuse and violence against older persons take many forms – physical, psychological, emotional, financial – and occur in every social, economic, ethnic and geographic sphere. The process of ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover physically or emotionally from trauma. The impact of trauma may be worsened because shame and fear cause reluctance to seek help. Communities must work together to prevent abuse, consumer fraud and crimes against older persons. Professionals need to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers both in the home, and in community and institutional settings.

**SOURCE:** Madrid International Plan of Action on Ageing (2002)

violence and emotional abuse on the poor and frail elderly, taking their pension money and marginalising them within the household.

Where poverty is most severe, competition for resources among generations creates problems that even subvert kinship allegiances. Furthermore, young adults are leaving rural areas for the city, undermining the structure of the traditional family, and leaving older persons, especially widows, living in poverty in rural areas. Conditions faced by older people in urban contexts of squatter housing and shanty towns impact on the poorest and most vulnerable. In such a context, despite official pension payments, there are often extensive problems and abuses in implementation of support programmes, including lack of access, delays, lack of security and cheating. So immense is the depth of poverty in some instances, that even household members may inflict physical violence and emotional abuse on the poor and frail elderly, taking their pension money and marginalising them within the household.

Provision of basic needs is an issue affecting many older persons particularly women. Housing and adequate shelter especially constitute a problem that has more serious connotations for the elderly than for most other groups, most notably in the urban areas of less developed countries. Difficulties range from homelessness to absence of adequate maintenance of housing stock and inappropriateness of design for those who are frail or partly immobilised. Leaving aside considerations of its desirability, institutional care of particular categories of the needy

**Box 3.4****Achieving cohesion in conditions of conflict**

Older persons, especially women, are increasingly at risk of violent and other serious human rights abuses and violations, particularly during times of war and military conflict. These tragic events compel children, young women and older persons to resort to the relative safety of refugee and displaced persons' camps in order to minimize the risks of being endangered civilians in their own communities. The faces and voices of such people, many of them elderly, confront and challenge the world through the news media in countries as disparate as Sierra Leone, Liberia, the Democratic Republic of the Congo, Afghanistan and the Occupied Palestinian Territories. Those committed to serving needy communities in the humanitarian area must accept the challenge to ensure that older persons are protected in all of these places, and that they are assured of access to the emergency relief and services necessary for their survival. Such tragic events continue to have a devastating and traumatising impact on all civilians, but it is the most vulnerable, such as older persons and children, who suffer the most. This happens despite the fact that it is the older people who are trying to preserve whatever cohesion remains in their families and communities in these conditions of conflict.

UNFPA can play an important advocacy role in influencing public policy to help break the cycle of abuses and human rights violations of older persons, especially women, who find themselves in conflict situations. UNFPA is well placed to create awareness of the problem and encourage governments and humanitarian agencies to place the issue of human rights violations of older persons on the agenda. The Fund can also encourage the establishment of community watch-dog and self-help groups where abused older persons can turn for advice, comfort and support.

aged is not always a viable option that low-income countries can seriously contemplate, especially in rural areas.

**Poverty and older women**

These problems are more acute for women, not only because of their progressive numerical predominance with age, but also because women tend to be disadvantaged in the mainly patriarchal societies in which most of them live. Commonly, as people move into older ages, the consequences of gender roles (men as 'breadwinners', women as 'housekeepers' - regardless of their participation in any economic activity outside the home) become explicitly apparent. In situations where pension schemes accrue mainly to employees, women who have not worked for most of their adult lives become even more heavily reliant on their husbands' status and pensions.

## Box 3.5

**Societal attitudes and the human rights of older women**

Older women face greater risk of physical and psychological abuse due to discriminatory societal attitudes and the non-realisation of the human rights of women. Some harmful traditional and customary practices result in abuse and violence directed at older women, often exacerbated by poverty and lack of access to legal protection.

Women's poverty is directly related to the absence of economic opportunities and autonomy, lack of access to economic resources, including credit, land ownership and inheritance, lack of access to education and support services and their minimal participation in the decision-making process. Poverty can also force women into situations in which they are vulnerable to sexual exploitation.

**SOURCE:** Madrid International Plan of Action on Ageing (2002)

The large numbers of older women who are single, widowed or divorced are especially vulnerable, receiving few or none of the entitlements received by men and in some instances even lacking comparable status in the community and the family. Frequently, especially in rural communities where pension schemes are the exception rather than the rule, older persons tend to work until they become too frail to continue to do so. At this point they may well become subject to abuse as their status in the household and community diminishes.

The particular issues facing women run the gamut of problems confronting all older persons. Deterioration in health may be a feature of advancing age and, since some types of degenerative disease are strongly associated with age, incidence among women is inevitably high. Dementia is an example of one such illness, and osteoporosis, to which women are particularly prone, is an example of a sex-linked disorder, which develops its most debilitating symptoms at older ages.

Similarly, problems of loneliness, isolation and abandonment tend to be more acute for women, as increasingly frail survivors of shrinking cohorts gradually withdraw even from active family roles. The acuity of these difficulties is accentuated during their advanced years by the constrained resources available to most women in their own right, because of the often limited time spent in the formal labour force or in the acquisition of assets independent of spouses or families. Women living in poverty are especially disadvantaged.



## Box 3.6

**Voices of older widows in India**

*I was left by deceit by my three sons and their wives in this place two years ago when they brought me to offer prayers for my dead husband. I had no money to go back and no possessions to sell and support myself. My jewellery - two rings, a pair of ear-tops, a chain, all in gold, which I wore regularly - was taken away by my family with the request to appear as 'a widow' in performing the ritual rites. ...I wanted to die, but I started to beg. Sitting outside this temple, living on food doled out, I have managed to accumulate small savings from the alms thrown on this cloth in front of me. I sleep in the shack close by... How can I go back? Where can I go? I am a burden to my family, a mouth to feed, a body to maintain. My sons will realise their folly only when their children will ill-treat them...*

*There are many like me in this town. You see that row of beggars; they are all widows, with nobody to take care of them. Parents, brothers, sisters, children, no one from the family or society supports a widow... Look at this old woman, Sujata, sitting next to me. Her family also disowned her. She refused to part with the jewellery she had in her possession. Her children ill-treated her after her husband's death. She came to this holy town from Gujarat thinking she would settle down in an ashram. She sold her jewellery, bringing all the money with her, breaking her ties with her family. Her money was stolen and she had nowhere to go. She tried to work as a domestic servant, but nobody gave her employment on the basis of which she could settle herself. She found this corner to spend her last days. She has been here for the last 10 years or so. She cannot see, she is blind. She has no money to treat herself for her eye ailments. She taught me how to beg. She is my only companion...*

**Sarla, about 66 years of age, is living in Haridwar, a pilgrim town in Uttar Pradesh**

*I spend all my time in this garage since coming to live with my son after my husband's death about a year ago. I have this cot to sit and sleep on. I eat here. There is a toilet attached to the room. My son and daughter-in-law work in an office. They lock the house when they go to work. They leave my morning meal and a bottle of water and also the vegetables for cutting; my daughter-in-law returns and cooks the evening meal. Then she serves me dinner here... My grandchildren go to school from their maternal grandparents' house in the neighbourhood and return home in the evening with their parents. They greet me, but beyond that there is no conversation... I do not have much to do during the day. I sit and watch the road, people going by. Occasionally, there is a visitor; it brings a change. I would like to spend time watching programmes on television but that is in my son's room and I cannot go there. I do not step out of this gate, as I am not familiar with the roads and have difficulty in walking. Also I cannot speak the local language fluently... I had no option but to move in with my son. How could I have lived alone back home? I cannot live with my married daughters.*

**Swapna, is a woman from Orissa, about 72 years of age, now living in Delhi**

ADAPTED FROM: UNFPA (2002b)

The involvement of women with the ageing process is not confined to their own old age but often includes responsibilities as caregivers for their elderly parents, even in societies where co-residence is declining in practice. Not only is a much greater share of aged care shouldered by women, but also many women who have been economically active reduce their work hours or quit altogether to undertake such obligations.

**Box 3.7****Care and support for caregivers**

Even in countries with well-developed formal care policies, inter-generational ties and reciprocity ensure that most care is still informal. Informal care has a complementary character and does not replace professional care. Ageing in one's community is an ideal in all countries. In many countries, however, family care without compensation to caregivers is creating new economic and social strains. The cost to women in particular, who continue to provide the majority of informal care, is now recognised. Female caregivers bear the financial penalty of low pension contributions because of absences from the labour market, foregone promotions and lower incomes. They also bear the physical and emotional cost of stress from balancing work and household obligations. The situation is especially demanding for women with both child and elder care responsibilities.

**SOURCE:** Madrid International Plan of Action on Ageing (2002)

With increased life expectancy worldwide, the elderly who are frail and in need of long-term care are likely to be drawing family support from women who themselves are already in middle to early old age. The longer-term impact on caregivers derives from loss of income and the consequent curtailment of the period of asset formation, and accumulated stress and deterioration in their own health. Since most of this support is provided within the family or through voluntary community agencies, the impacts on the caregiving women for their own prospective health and well-being in old age are largely negative.

The circumstances of younger women, potentially and traditionally the main caregivers, are in the process of altering radically. Decreasing family size, expanding career opportunities and increased mobility are introducing new levels of financial and social independence for women, and personal advancement is likely to appeal much more than being confined to the home and caring for ageing parents in deteriorating

health and advancing frailty. Nevertheless, positive outcomes of these trends may result in benefits to older people in the form of remittances or consumer goods (Gubhaju et al., 2001).

There is potential for conflict in many situations where gender-based attitudes and behaviour are undergoing change. The obligations of children (especially sons) to parents are being diminished and even superseded by obligations to wife and children. The subordination of the daughter-in-law by her parents-in-law and the failure of young husbands to give priority to their wives and children is inimical to messages coming increasingly forcefully from the wider world (Caldwell, 2001).

### **Economic security and income support**

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Adequate income support at older ages is vital to maintain some degree of independence. Absence of sufficient income forces the elderly to become dependent on others. The most vulnerable are those who have no productive assets, little or no savings or investments, no pensions or retirement funds, and either have no family to care for them or who are part of families with low or uncertain incomes. For the majority of workers in less developed countries who are in the unorganised, small-scale and informal sector in urban areas, or in the agricultural sector in rural areas, the absence of pension schemes, the irregular flow of income during their working lives, and the constant pressures to meet current needs, virtually guarantee a high degree of dependence on their children.

Since the majority of older people in less developed countries do not have the resources to support themselves, children and other family members are the main means of support. This problem of income security is far more acute in the case of elderly women since, even in the normal course of events, women generally have limited control of household resources. Women constitute a small proportion of the labour force in the organised sector and, therefore, only limited numbers have the benefit of an independent pension. While some may benefit from a husband's pension on his retirement or after his death, others lose their entitlement once their spouse is deceased. Women who are unmarried, widowed or divorced are even more disadvantaged because of their longer expectation of life and period of widowhood.

The implementation of social protection schemes for older persons can be problematic, especially among communities lacking ready access to

banking and financial systems. Moreover, older persons who receive state financial support may become the victims of inter-generational violence, especially when they live in multi-generational households within poverty contexts. Their difficulties are further exacerbated where younger family and household members are unemployed.

### Box 3.8

#### Governments respond to dire need

Although governments in less developed countries are loath to commit resources for the care of older people, according low priority to their needs, an increasingly substantial number maintain social welfare measures as an 'ultimate-need' safety net. Such measures generally target older persons who have been abandoned or who are indigent or disabled, a provision that may not always be readily accessible or even generally known. Insisting on a family-based, no-government-participation approach is becoming progressively more difficult to sustain in any society with pretensions to assuring the well-being of its needy older people.

#### Health and health care of older persons

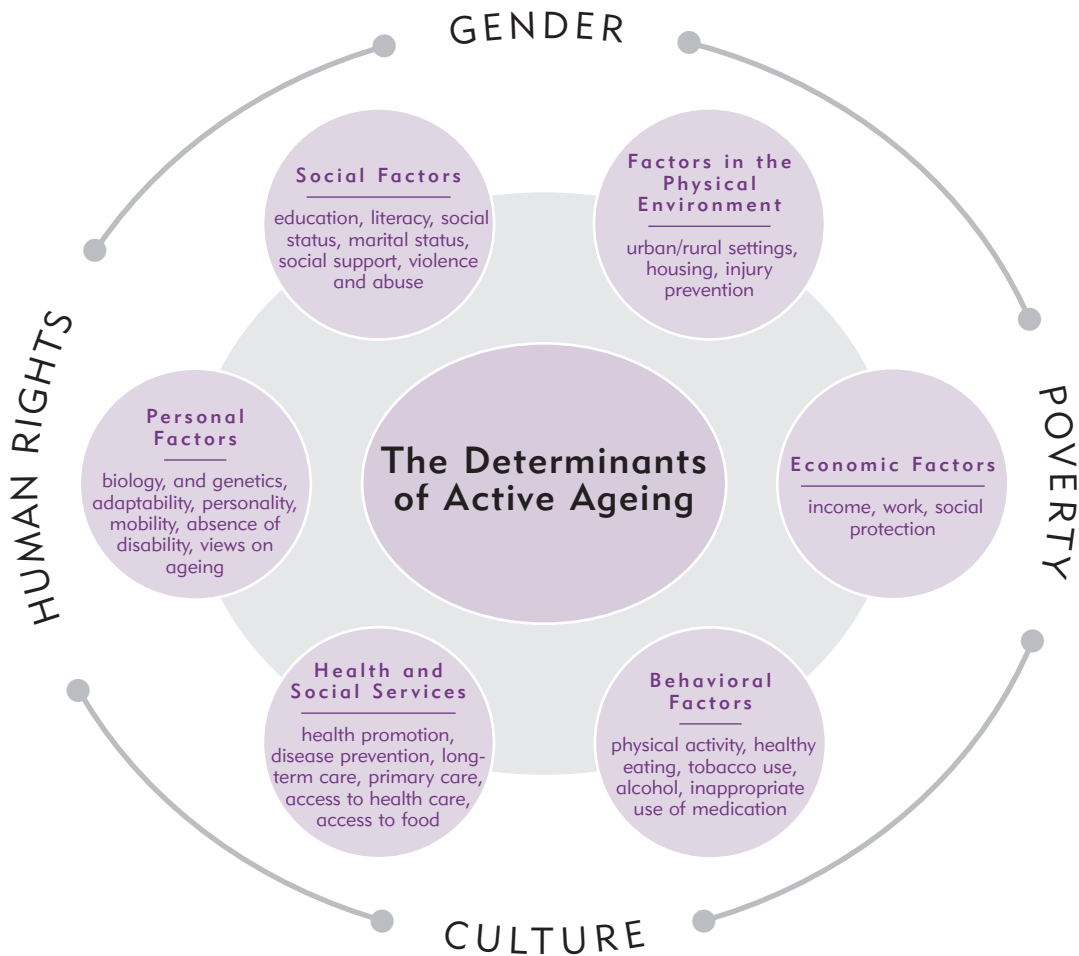
The health characteristics of most people in their sixties and seventies are, for the most part, similar to the rest of the adult population. Nevertheless, although many older people enjoy good health, ageing is accompanied by biological changes, which increase the risk of illness, disability and the probability of dying. There are enormous health variations within each older age group ranging from persons with virtually no impairment to those with severe disability.

Early improvements in health and mortality rates were largely realised through the reduction in infectious and contagious diseases achieved by relatively inexpensive technology transfer of medical and public health provisions. Now, degenerative diseases account for most mortality, especially among older cohorts. In less developed countries, for most urban populations and virtually all rural populations, little intervention takes place in the case of circulatory disease, cancers, or any condition requiring surgery (Caldwell, 2001).

Being sick and limited in life choices is the antithesis of active ageing. Promotion of sound health and nutrition practices from very early years

is essential for people to remain healthy and active in their old age. There is a need to promote active ageing policies that remove barriers to work and learning for people who have reached some notional age of retirement, and to encourage participation in the widest possible range of activities including employment and voluntary community work. Beyond that, with the large growth in the number of very old people, dependent care for the frail elderly becomes a stage of life that warrants recognition by existing public policy makers.

**FIGURE 3.1:** The determinants of active ageing



ADAPTED FROM: the World Health Organization (2001)

Ageing populations present a major challenge to systems of health and long-term care. In most societies, despite the relatively good health of many of the elderly, there is a heavy concentration of health problems and long-term care costs among older people, particularly the very elderly. In the majority of less developed countries, governments provide only limited health services or medical care so that the needs of older persons, especially the poor – preventive, curative, restorative and rehabilitative – remain largely unmet. Most older people have to depend on their limited savings (if any), or on the support of their children and other family members, for treatment and health care.

Public health services in most developing countries are limited in their coverage and are largely confined to urban areas. These facilities are often overcrowded, unevenly distributed and overstretched due to paucity of funding and qualified personnel, shortage of space, poor maintenance and indifferent service. More fundamentally, however, the nature of health issues has shifted, especially in their significance for older populations.

In most less developed countries the vast majority of older people accept that poor health, often accompanied by increasing poverty, is an integral part of old age. Degenerative conditions are seldom explicitly diagnosed and the individuals and their families alike tend to accept this process as a normal stage in the life course. However, this acceptance, and attitudes to health and health care, can be expected to change. Rising expectations are being perpetrated by increased educational levels, by media penetration and a raised awareness of the medical options accessible to those with the resources to purchase them.

Gradual improvements are occurring in many countries, but access for the majority of older people, especially if they are rural dwellers, is problematic. However, in the majority of less developed countries, there is still a serious lack of adequately trained geriatric specialists, and a paucity of standardised training for paramedical and other caregivers in support of the elderly – a reflection of the lack of demand for training as well as a lack of capacity.

Poor health and uncertain finances also result in high levels of stress in older populations living in poverty and difficult circumstances. Stress takes the form of loneliness, violence or abuse of older people and these

**Box 3.9****Healthy ageing through the entire life course**

Equal access to health promotion that includes disease prevention throughout life is the cornerstone of healthy ageing. A life-course perspective involves recognising that health promotion and disease prevention activities need to focus on maintaining independence, prevention and delay of disease and disability, as well as on improving the quality of life of older people who already have disabilities. Despite improvements in legislation and service delivery, equal opportunities for women through the life course are still not realised in many areas. For women, a life-course approach to well-being in old age is particularly important, as they face obstacles throughout life with a cumulative effect on their social, economic and psychological well-being in later years.

**SOURCE:** Madrid International Plan of Action on Ageing (2002)

are further compounded by a lack of awareness of where and how to find help - or by its total unavailability. The majority of people in less developed countries are not covered by medical insurance which, in most instances, caters only to the relatively affluent sections of society, generally those employed in the formal sector, and receive little or no support from the state. Public policies and programmes are required to address the needs of the older poor who cannot afford basic social services, especially health care.

Older persons, and especially the poor, should have access to information regarding healthy lifestyles and healthy ageing, as well as to details of the risks and illnesses common to their age group. They must be made aware that they are also at risk from HIV/AIDS and other sexually transmitted diseases (STDs). Yet they are not typically addressed by reproductive health and sexual health programmes, public information, education and communication campaigns on how to protect themselves from STDs. HIV/AIDS diagnosis in older people is more difficult because systems of infection can be mistaken for other immuno-deficiency syndromes that occur in older people.

**HIV/AIDS, AIDS orphans and caregiving**

The incidence of HIV/AIDS worldwide is extremely uneven, and the implications for the older sectors of populations and their economic and social circumstances is generally not well understood. Currently the main impact of HIV/AIDS on older people is not so much suffering from

the disease themselves but more as parents of young adult victims, and the widespread dependence on inter-generational arrangements for caregiving and support.

Yet research on AIDS-related caregiving in the developing world is not extensive. The most extensive research up to date has been carried out in Thailand. (Chanpen Saengtienchai and Knodel, 2001). A qualitative case study reveals that caregivers of AIDS afflicted persons are confronted with stress and adopt various coping mechanisms as well as dealing with consequences for their social, economic and emotional well being. The study also explores the issues of stigma and discrimination attached to caring for adult sons or daughters with AIDS.

By the end of 2000, the global HIV/AIDS pandemic had claimed nearly 22 million lives – most in sub-Saharan Africa. Approximately three million people died of AIDS in 2000 alone, and some 36 million people are currently living with HIV/AIDS. Prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective and comprehensive response to the epidemic.

Among those directly affected by the epidemic are some 13 million children who have been orphaned as a result of HIV/AIDS, over 90 per cent of them in sub-Saharan Africa. It is expected that the number of AIDS orphans will rise to approximately 40 million in the next two decades in sub-Saharan Africa alone. The mechanisms causing and perpetrating poverty are changing due to AIDS because the majority of people living with and dying from AIDS are in the prime ages of life.

The disproportionate mortality among younger parents, especially in the severely affected countries of Africa, necessitates the fostering of children – a culturally acceptable option that ensures there are few deserted orphans. However, much of the childcare is provided by grandparents, so that instead of those older people being cared for, they are doing the caring. Many older people therefore become involved in stressful and exhausting situations that are not of their own making and that constitute a frustrating conclusion to the hard lives they have led.

The impact of HIV/AIDS compared with other illnesses can be particularly severe given the lengthy periods of illness and disability, the untimely nature of the death, and stigma of community reactions to



persons with HIV/AIDS and their families, including older parents. The plight of older people enmeshed in these circumstances becomes most traumatic in conditions of poverty and truncated kinship structures and makes the need for support in the form of income, physical help and counselling services all the more acute.

Demonstrably, it is not only children who are being affected by the consequences of the epidemic. Older persons are being denied the reasonable expectation of being cared for by their adult children and, instead, are finding themselves in the position of caregivers to adult children suffering from AIDS or their orphaned grandchildren. These conditions pose additional burdens on the elderly, especially women, some of whom are in dire economic circumstances and frail health themselves.

## Box 3.10

**The HIV/AIDS pandemic redefines roles**

Older persons are especially likely to be adversely affected by the presence of AIDS in the family. When adult children suffer from AIDS, it is the elderly parents who, despite meager economic circumstances and frail health, often take care of them and their children, perform household and farm chores and provide financial assistance to run the household, pay for medication and educate grandchildren. The burden of additional work and reduced economic circumstances leaves less time and money for elderly parents to take care of their own health. Older men and women are equally likely to care for sick household members, but women spend twice the number of hours as men caring for the sick.

A longitudinal survey of households in northwestern Tanzania in 1991-1994 examined coping strategies and health consequences of the elderly in families with an adult AIDS patient and compared the activities and well-being of older persons in households before and after the death of a prime-aged adult with those of the elderly that did not experience the death of an adult. Results showed that a significant proportion of adults who suffer from AIDS return to their parents' home shortly before death, increasing the burden of caring for them and their children on the elderly parents. The findings also showed that time spent by older persons in performing household chores rises following an adult's death and their participation in wage employment falls.

The physical well-being of older persons, measured by body mass index, is reduced before the death of an adult (during the height of caregiving) but recovers thereafter. Deaths of adults from AIDS had the largest adverse impact on the elderly in poor households. However, the study found a high correlation between poverty and low health status of older persons even in households that did not experience the death of a family member.

The findings suggest that the period prior to the death of an adult, when a terminally ill person is living with the family, is the most stressful for older persons. An important policy implication is that to prevent a decline in well-being of elderly caregivers, interventions should be focused on older persons in households with an AIDS patient during the time of illness. Given the high correlation between poverty and low health status of older persons, policies should seek to improve the longer-term health status of the large number of elderly poor and to slow the spread of HIV/AIDS.

ADAPTED FROM: Dayton and Ainsworth (2002)

## CHAPTER 4 COUNTRY PERSPECTIVES ON POPULATION AGEING

In April 2002, the international community met in Madrid, Spain for the Second World Assembly on Ageing and adopted the Madrid International Plan of Action on Ageing (2002). This section summarises a selection of statements made by governments at the Assembly, from the perspective of what countries see as key challenges in population ageing, and the policy and programme measures that are being taken to address them. The full statements can be found at <http://www.un.org/ageing/coverage/statements.htm>.

### ***Sub-Saharan Africa perspectives***

In Ghana, population ageing is becoming an issue of growing concern in terms of its socio-economic implications on national development. Modernisation, urbanisation and migration have resulted in a proportional increase in the number of neglected and isolated older persons, particularly in rural areas. In 1997, the government of Ghana developed a national policy on ageing. Poverty, poor nutrition, poor housing and poor access to health facilities have been identified as some of the major problems facing older persons. The policy includes the promotion of healthy ageing among young adults, support for community care and the special needs of older women.

The Ghanaian government and civil society are making conscious efforts to ensure that older persons are not neglected or abused by society. Income security has been identified as a priority issue and the government is developing appropriate pension schemes in order to better

cater to the income needs of older persons. Ghana is committed to the goals of the Copenhagen Declaration and its follow-up strategy, which seeks to promote social development.

The Kenyan government, in collaboration with other stakeholders, has spearheaded implementation of various programmes aimed at providing security and improving the well-being of older persons. It is currently drafting a national policy on older persons, which will provide guidelines for designing and implementing activities that will benefit them.

Older people are among the poorest of the poor in Kenya and are faced with many socio-economic and health problems. They face malnutrition, loss of independence, abuse and illness. HIV/AIDS is also having a devastating impact on their lives. Commonly, older people are caring for orphans whose parents have died from AIDS, but the older people themselves are also at risk of infection due to negative socio-cultural practices and abuse from younger HIV/AIDS infected persons. Consequently, the government is providing HIV/AIDS education programmes targeting older persons.

The impact of rural-urban migration has led to significant changes in family structures, leaving older persons in rural areas to manage economic and social affairs. In the wider community, social exclusion has also been identified as an issue facing older persons, leading to loss of self-esteem and confidence.

Malawi is working towards mainstreaming ageing in most of its social sector plans. Initiatives to address the needs of older persons include free housing schemes for the poor in rural areas; free farm inputs to households where older people reside; improvement of water and sanitation at the community level; health related interventions in rural areas; and the provision of micro-credit financing to poor rural women. In terms of older people's rights, the government has established a land policy that enables older persons to exercise their rights to property and land ownership, particularly for older women. The government has also designed a needs assessment survey to better understand the issues facing older persons.

Yet Malawi still faces many challenges. The biggest of these is HIV/AIDS. Sufferers and deaths from AIDS are concentrated in the productive

groups aged 15-49 which means a reduced transfer of economic resources to older persons. This has a substantial negative effect on their general welfare. The second greatest challenge is severe poverty, particularly in rural areas.

The government encourages family and community-based care, as opposed to institutional care, in order to promote inter-generational interdependence, including the learning of traditional skills and culture transfer.

Nigeria is experiencing population ageing, albeit less rapidly than in some other developing countries. Although older people are traditionally seen as assets to the family, taking on responsibility of other active family members, these traditional family support structures are steadily weakening. Furthermore, the well-being of older persons is suffering due to the negative impact of many external and internal factors. Structural adjustment policies, a large external debt, devaluation of local currency and the effects of globalisation are some of the major factors preventing Nigeria, like so many developing countries, from providing social services for older persons and creating employment opportunities for young adults. Unemployment undermines the capacity of economically active members of the society to support older generations. Nigeria is an advocate for the protection of older persons against all kinds of abuse, violence and discrimination.

The South African government has introduced many laws, policies and programmes to promote equality and freedom for everyone, including older people. A social grants programme, which benefits older persons, is central to the attempt at alleviating their poverty. Measures to meet the growing needs of older people include free primary health care, free water and a housing subsidy scheme.

In 1999, the International Year of Older Persons, the government launched *Operation Dignity*, a campaign to raise public awareness and to promote the rights of older persons. The campaign is on-going and is encouraging young people to participate. The South African Human Rights Commission has identified older persons as a group deserving special attention.

Older persons have continued to play an active role in their own development and in the development of their communities, yet they are

faced with many problems, including low literacy rates; mental, physical and financial abuse; violence; and HIV/AIDS. The government has introduced home-based and community-based care for families and children affected by the AIDS pandemic.

In Sudan, older persons are highly respected and are seen as pillars of the family and the source of wisdom and experience that help in the upbringing and preparation of younger generations for the future. Cultural beliefs dictate that care and respect for older persons should be provided through the family, irrespective of the provision of institutional care. Older persons are seen as a catalyst of social adjustment, and have a leading role in issues related to peace and stability within the community.

The Sudanese government has placed the issue of ageing on its development agenda and has established national plans and committees to implement international plans of action and strategies on ageing.

In Tanzania, the issue of ageing is regarded as an important aspect of social development. Older persons serve as advisers for the community's development plans where their lifelong skills are much needed, and as role models for the youth. They also provide the link between generations, which is fundamental in ensuring continuity and in guiding younger generations towards the future. In Tanzania, as elsewhere in Africa, the family is the basic unit, protecting and supporting its members, yet increasingly large numbers are living in absolute poverty, and more older persons are suffering from unhealthy, insecure and difficult circumstances.

The HIV/AIDS pandemic has increased the vulnerability of older persons as they are obliged to take responsibility for their grandchildren when their children are ill or have died of AIDS. This is physically demanding and stressful, impacting negatively on their health and well-being.

### **| Asian perspectives**

In Bangladesh, ageing has become an issue of concern for the sectors of government dealing with socio-economic programmes. Older people are highly respected in society yet the country is witnessing a new trend. Because of rural-urban migration, industrialisation and shifting employment patterns among the younger adult population, older persons are facing increased social isolation, particularly in rural areas.

The government of Bangladesh has created a number of social security and welfare programmes benefitting older persons, including old age pensions; allowances for widows, distressed and deserted women; and homes for abandoned and disabled older persons. These programmes, funded by the public, have somewhat improved the quality of life of the older poor. Other projects provide shelter, security, food, clothing, and health and recreation services to the most vulnerable older people. Micro-credit programmes have also been successful in the partial alleviation of poverty and in empowering older women to become more economically self-sufficient.

Older persons' voluntary associations receive public contributions for their welfare programmes and a large number of NGOs are working with the older poor in urban and rural areas.

China attaches great importance to the welfare of older persons and has strengthened its work in this area by setting up coordination agencies at all levels. A law has been passed to eliminate discrimination against older persons and to protect their lawful rights and interests through legal, administrative and educational means. The government has also developed a social security system for older persons and advocates and encourages their active participation in public welfare activities. Efforts have been made to improve community welfare services, health care, cultural and sports activities for older persons and to enhance China's virtues of respecting, providing for and assisting the largest older population in the world.

The government of Indonesia is committed to ensuring that older persons are given a high degree of respect and that their long-life experiences contribute to their own community and to national development. Under the Welfare for the Elderly Law, national programmes have been created on social welfare, health services, social assistance and security. Specific health programmes for older persons include geriatric services in hospitals and community health services. The government has also formulated provisions on social assistance and social security especially for vulnerable older persons.

The economic difficulties experienced following the 1997 crisis restrict the government's ability to implement national policies and programmes for older persons, but by promoting civil society, social welfare agencies and community-based services are being strengthened.

The government of Malaysia is seeking to create awareness of population ageing and the needs of older persons by designating 1 October as a National Day for Older Persons. The day includes a grand launch by a VIP, seminars on ageing issues, fora and talk shows on radio and television, exhibitions, Open Days/Family Days at homes for older persons, participation of children in various programmes such as essay writing and family tree campaigns, and recreational activities such as inter-generational jogathons, sports and dinners. A web site on older persons and issues related to ageing has also been created.

Malaysia has developed a national policy on ageing. The government promotes the family as the basic unit of society and the primary source of nurturing and caring, as well as providing support for the sick, disabled and older persons. Emphasis is given to strengthening the family unit so as to protect all individuals, including older persons, from the negative effects of development. To encourage families to care for older persons, tax deductions are available for medical expenses. The government has also established community-based day-care centres and homes for those who have no relatives to care for them; and provides financial aid to ensure their well-being. The retirement age has been raised for employees in the public sector to enable them to continue to work.

Opportunities are provided for older people to optimise their potential and to acknowledge their productive capabilities and contributions to national development through retraining, life-long education and job placements.

In Myanmar, the government launched a project aimed at promoting health care for older persons and increasing their access to geriatric services. This project is expanded yearly and currently covers 34 townships to provide eye, ear, throat and dental care for older persons. Manuals on health care and education are distributed to the townships. Basic health care training courses are conducted for doctors, nurses, local NGOs and volunteers. Medical specialists provide health education and counselling to older persons and their families. Reading glasses and lenses are distributed free of charge to older persons. Implementation of the project has improved older people's health, enabling them to live healthy and independent lives. Other activities include collecting data on older persons and recording their health status in collaboration with local NGOs.



In Pakistan, issues such as income security, housing and health care for older persons have assumed increasing importance. In order to address the issue of ageing in Pakistan, various steps have been taken. These include drafting a national policy, providing pensions to government employees and establishing homes and clubs for older persons. Apart from providing institutional care, major emphasis is placed on strengthening the traditional family support system. The government also gives certain benefits to older persons such as exemption from waiting in queues, free library membership and exemption from payment of taxes on recreational activities.

Older persons in Thailand are valued for their contribution to society and are encouraged to remain active. Most older persons in Thailand play an important role as supporters for their families and communities, with responsibilities for such tasks as taking care of grandchildren, cooking, cleaning, looking after the house, and providing financial support. Older persons also join in social and religious activities. Some of them socialize with others of their age in senior citizens' clubs, volunteer groups and recreation clubs. Most older persons play a leading role in religious observances by supervising and providing information concerning religious activities to younger members of the family and community. They also transmit their traditions and culture to the younger generation.

In Viet Nam, the government's policy on older persons is based on the nation's tradition of respect for elders. Programmes aimed at caring for older persons have always been integrated into the socio-economic development programmes including community health care. Older persons enjoy preferential treatment at hospitals, clinics and other public socio-cultural facilities and those without families are taken care of at social centres run by the government.

### ***Latin American and the Caribbean perspectives***

In 1999, The Bahamas celebrated the International Year of Older Persons and a significant outcome in 2000 was the drafting of a national policy on ageing. In the same year, the Ministry of Health implemented a five-year national plan, which includes a section designed to achieve a healthy ageing population.

The Bahamas provides universal access to health care to older persons aged 60 and over and all government clinics provide medication free of charge to those over 65. Other public health services include home health care, gerontology clinics and a geriatric hospital which provides care for older persons who are too ill to be cared for at home or whose relatives are unable to afford adequate medical care. A national education and awareness programme on healthy ageing is under way, which targets individuals aged 40 years and over.

Lack of housing is an increasing issue of concern for older persons due to changing family support systems. As a result, the government has established residential care facilities for older persons. Partnerships have been forged with NGOs, particularly inter-generational organisations, to provide services to older persons. Many NGOs combine residential care for older persons with day-care centres for children and this concept is proving successful.

Costa Rica has drawn up a concrete programme of change in several sectors to address issues related to population ageing. In education, the government developed programmes for the training of health personnel, formulated a plan for the accreditation of care facilities to ensure high quality service and supported training for medical personnel. Health care is currently being provided for 65 per cent of older persons. Changes in the transportation sector include reduced fares for older persons, encouraging their participation in civil society. The government is establishing a forum to prevent the abuse of older persons.

The government of Mexico has implemented a strategy of human development based on partnership between government and society to address population ageing issues. Designed to build up an individual's resource base and generate opportunities for all, the strategy provides for the integration of all aspects of social development and addresses the needs of individuals throughout their lives. It incorporates the social security and protection system and addresses the needs of disadvantaged groups in society. To address the challenges of population ageing, including a lack of adequate low-income housing, high rates of illiteracy and poor health services, the government envisions the creation of a comprehensive social development system that promotes active ageing. Within the framework of international cooperation in the area of population ageing, Mexico proposes a campaign, headed by the United Nations, to eradicate stereotypes and promote a positive image of old age.

***North African and Middle Eastern perspectives***

The Lebanese government established a National Commission on the elderly in compliance with the international strategy on ageing. The Commission declared a National Grandparent's Day and NGOs, private businesses, the media and government agencies participate in the event.

At the social level, the Lebanese Geriatric Society was founded to raise public awareness among civil society and promote the rights of older persons to remain with their families. It also supports older persons through prevention programmes. Projects have been developed to respond to the needs of older persons including setting up 40 day-care centres.

In Morocco, the national programme for the fight against begging and social exclusion is part of the strategy to alleviate poverty. It involves partnership with NGOs through projects generating revenues and benefitting those living in difficult situations, including older people. Social programmes targeted at older people include leisure clubs providing social and health services as well as awareness activities to share knowledge and experiences.

A national plan of action on ageing has been developed to protect older persons and includes the revision of laws guaranteeing the rights of older persons, social coverage and leisure activities.

Ageing has only recently become an issue for the Syrian government. In the past, age-care was the responsibility of civil society. Ageing was not considered an urgent social problem due to traditions and customs and family relations which depended on close family links. However, changing social conditions, the shift from the extended family to the nuclear family and the increasing number of women in professional fields of work have warranted a revision of the government's stance on ageing.

Syria has drafted a national plan of ageing to preserve and promote the health needs of older persons, improve socio-economic conditions, promote awareness, ensure their welfare, provide psychiatric care and conduct research on ageing issues.

***Eastern European perspectives***

In transition countries such as Bulgaria, the ageing process is accompanied by decreasing incomes and financial resources for the population.

Pension reform started in Bulgaria in 2000. The pension system is comprehensive and obligatory for all employed and self-employed persons. A strategy and action plan is also being drafted to reform social services following the socio-economic changes in the country.

The government is currently working on a national policy on ageing, together with the non-governmental sector, researchers and older people themselves. The report covers most aspects of social policy including social insurance for older persons, employment possibilities, life-long learning, health care and social services, culture and recreational activities, inter-generational issues and challenges to the national economy resulting from changing demographic trends.

In Hungary, special emphasis is placed on recognising and supporting a multi-generational family model. The government promotes respect for older persons and insists that their recognition, dignity, activity and self-fulfillment at the social level can be incorporated into macro-level policies effectively if these values take root within families themselves. Hungary places special emphasis on the health needs of older persons. Hungary's health policy primarily focuses on prevention but medical treatment and nursing of older persons are regarded as equally important.

#### ***Developed countries' perspectives***

The Australian government's national strategy on ageing focuses on four themes: independence and self-provision; attitude, lifestyle and community support; healthy ageing; and world-class care. Australia is also engaged in a number of initiatives to address issues relating to ageing. For example, a mature age employment strategy is being drafted to introduce legislation against age discrimination and to develop the capacity of older people to further contribute to national life. The government is also expanding its community age-care programme to develop extended nursing care in the home to enable more people to stay in their own homes as long as possible.

In Finland, the establishment of individual and universal mandatory pension rights has been an efficient way to eradicate poverty in old age among both women and men. Private services provided by the third sector and informal care also play an important role in supplementing public services. Health promotion and well-being throughout the life course are key issues. Preventive work begins with child guidance and family counselling clinics, day-care units and schools.

The Finnish National Programme for Ageing Workers aims to create positive attitudes towards staying longer in working life and encourages employers to recruit people over the age of 45.

In Israel, policy development related to ageing is guided by many principles including promoting independence and autonomy, empowering older persons, ensuring that they have the right to participation and representation, promoting opportunities to maintain active roles in society, promoting equality, maintaining inter-generational partnerships and mutual responsibility, ensuring appropriate and effective delivery of services, preventing age discrimination and providing non-discriminatory health care.

Israel's progress in addressing ageing issues includes improving access to services, expanding professional and academic training and research in gerontology and extending the retirement age of women from 60 to 65.

The government of the Republic of Korea has been implementing policies for older persons designed at enhancing their quality of life whilst promoting sustainable socio-economic development. In order to provide healthy and economically stable lives to older persons, the government is working towards strengthening the necessary social infrastructure that supports the care-giving role of the family.

A nation-wide health system exists in the Republic of Korea to provide medical assistance to older persons and those living in poverty are given additional subsidies for free medical care. The government has also expanded public facilities to older persons, including community centres, and cultural programmes have been established, such as access to the internet and use of traditional instruments.

Box 4.1

### Regional implementation strategy – the ECE region

Member States of the UNECE region met in Berlin in September 2002, together with United Nations agencies, intergovernmental organizations and non-governmental organizations, to adopt the Berlin Ministerial Declaration, A Society for All Ages in the UNECE Region and a Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002.

The Berlin Ministerial Declaration recognized that the ECE region is experiencing unprecedented demographic changes and has the highest proportion of older persons. It welcomed the continual growth in longevity as an important achievement of society and emphasized that older persons are a valuable resource and must be enabled to continue to participate fully in all aspects of life.

In adopting the Regional Implementation Strategy and in pursuing the mainstreaming of ageing into all policy fields, ECE Member States gave particular priority to expanding participation of older persons in society and fostering social inclusion and independent living; promoting equitable and sustainable economic growth in addressing the implications of population ageing; strengthening adequate and sustainable social protection for present and future generations; encouraging labour markets to respond to ageing and take advantage of the potential of older persons; promoting life-long learning; enhancing life-long physical and mental health and well-being; ensuring equal access to high quality health and social care; mainstreaming a gender perspective in all ageing policies; supporting older persons, their families and communities in their caregiving roles; and promoting intergenerational solidarity.

The ECE Member States affirmed their commitment to implement the regional strategy at all levels and their resolve to promote cooperation within the region in the implementation.

#### The Regional Implementation Strategy contains 10 Commitments:

- COMMITMENT 1** *To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages*
- COMMITMENT 2** *To ensure full integration and participation of older persons in society*
- COMMITMENT 3** *To promote equitable and sustainable economic growth in response to population ageing*
- COMMITMENT 4** *To adjust social protection systems in response to demographic changes and their social and economic consequences*
- COMMITMENT 5** *To enable labour markets to respond to the economic and social consequences of population ageing*

**Box 4.1** *continued*

- COMMITMENT 6** *To promote life-long learning and adapt the educational system in order to meet the changing economic, social and demographic conditions*
- COMMITMENT 7** *To strive to ensure quality of life at all ages and maintain independent living including health and well-being*
- COMMITMENT 8** *To mainstream a gender approach in an ageing society*
- COMMITMENT 9** *To support families that provide care for older persons and promote inter-generational and intra-generational solidarity among their members*
- COMMITMENT 10** *To promote the implementation and follow-up of the regional implementation strategy through regional co-operation*

**Box 4.2****Regional implementation strategy – the ESCAP region**

The Asia-Pacific Seminar on Regional Follow-up to the Second World Assembly on Ageing was convened in Shanghai in September 2002 to review the situation of ageing in Asia and the Pacific and to consider a draft regional strategy for the implementation of the Madrid International Plan of Action on Ageing and the continued implementation of the Macao Plan of Action on Ageing.

Asia and the Pacific is the most rapidly ageing region in the world, with over half of the world's elderly living in the region. While population ageing is acknowledged as a positive outcome of combined social, economic and health advances, the challenge faced by many countries is to formulate appropriate policies and take practical measures to transform this positive concept of ageing into reality.

ESCAP Member States adopted the Shanghai Implementation Strategy: Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002 and the Macao Plan of Action on Ageing for Asia and the Pacific 1999 which focuses on older persons and development, advancing health and well-being into old age, ensuring enabling and supportive environments, and implementation and follow-up. The document contains over 65 key actions that serve as guidelines for the implementation of commitments made in Madrid and Macau. It addresses such important areas as mainstreaming ageing into development policy, alleviation of poverty in old age, recognizing gender specific issues in ageing, ensuring quality of life at all ages, protection of the rights of older persons, and care and support to caregivers.

**The Shanghai Implementation Strategy focuses on 16 key issues:**

1. Mainstreaming ageing into development policy and promoting full integration and participation of older persons
2. Provision of social protection and security
3. Alleviation of poverty in old age
4. Older persons and emergencies
5. Promoting positive attitudes towards ageing and older persons
6. Employment of older persons
7. Recognizing gender specific issues in ageing
8. Ensuring the quality of life at all ages, including independent living, health and well-being
9. Providing quality health and long-term care
10. Older persons and the family
11. Social service and community support
12. Housing and enabling environments
13. Care and support to caregivers
14. Protection of the rights of older persons
15. National mechanisms on ageing
16. Regional and international cooperation



## CHAPTER 5 UNFPA'S FOCUS AND SUPPORT IN POPULATION AGEING

### The approach

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The focus of UNFPA in its approach to population ageing is guided by the Programme of Action of the International Conference on Population and Development (ICPD), the recommendations of the ICPD+5 review endorsed by the United Nations General Assembly in 1999, and the Madrid International Plan of Action on Ageing adopted at the Second World Assembly on Ageing. The ultimate goal is to promote the development of a society for all ages, and in order to achieve this, there is an urgent need, particularly in less developed countries, for better information, basic research, training and subsequent policy and programme development in the area of population ageing.

Box 5.1

**International Conference on Population and Development, 1994**  
*Summary of the Programme of Action for older persons*

**Basis for Action**

- Fertility and mortality decline: increasingly mature age structure: expanding numbers and proportions of elderly;
- An advanced process in developed countries;
- An incipient-to-substantive feature of developing countries;
- Gender issue: the longer life expectancy of women; elderly women are often poor;
- Fiscal issue: constraints resulting from the increase in the number of older persons relative to the number of working age persons;
- Time to reassess the positive contribution of the elderly and assist in meeting their long-term needs.

**Objectives**

- To enhance self-reliance, optimize independence, promote quality of life for older people;
- To develop systems of health care services and economic and social security, recognizing the special needs of women; and
- To develop a social support system enhancing the ability of families to care for older family members.

**Actions**

*In recognition of the particular needs and expanding numbers of the elderly, governments should:*

- Develop social security systems to ensure inter-generational and intra-generational equity and solidarity;
- Encourage multi-generational families and support services for growing numbers of frail older people;
- Promote self-reliance and create opportunities for the elderly to lead self-determined, healthy and active lives;
- Encourage the elderly to utilize existing skills and abilities, and encourage others to recognize their contributions to family life;
- Strengthen support systems to eliminate violence and discrimination against older persons, especially women; and
- Promote the interests of the elderly in collaboration with NGOs and the private sector, especially in the area of health.

**SOURCE:** Summarized from the *Programme of Action of the International Conference on Population and Development*, paras. 6.16-6.20

## Box 5.2

## ICPD +5 and population ageing

The United Nations General Assembly Special Session ICPD+5 (1999) recommended that governments:

- Continue to examine social and economic implications of demographic change and how they relate to development planning concerns and the needs of individuals;
- Support research and develop comprehensive strategies at the national, regional and local levels to meet the challenges of population ageing;
- Invest more resources in gender-sensitive research as well as in training and capacity building in social policies and health care for the elderly, especially the older poor, in particular older women; support affordable, accessible and appropriate health-care services; and promote the human rights and dignity of older persons and the productive and useful roles they play in society;
- Support systems to enhance: the ability of families and communities to care for older family members; the ability of the elderly to care for family and community members who are victims of HIV/AIDS; and generational solidarity with the goal of maintaining and improving social cohesion.

In addition,

- Governments and civil society, including NGOs and the private sector, should create opportunities and remove barriers that hinder elderly women and men from continuing to contribute their skills to their families, to the workforce and to their communities in order to help foster inter-generational solidarity and enhance the well-being of society; and
- The United Nations system should, provided that additional resources are made available, document the positive experience of policies and programmes in the ageing of men and women and disseminate information and recommendations about those practices. Countries should be enabled, through adequate training and capacity building, to evolve their own policies appropriate to their cultures, traditions and socio-economic circumstances.

**SOURCE:** United Nations, *Report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly*. A/S-21/5/Add.1. 1 July 1999

## Box 5.3

## UNFPA activities in the area of population ageing

UNFPA continues to provide support for a number of activities at the global, regional and country levels that address population ageing. These activities include data collection and analysis, research, training and awareness creation. The emphasis is on capacity building at national and local levels with particular focus on the most vulnerable groups of older persons, including the very poor, the very old and frail, older women, minority groups and rural communities. UNFPA seeks to promote projects that include life-course, gender, multi-generational and socio-economic dimensions. Attention is given to projects that support 'active ageing', positive contributions of older persons, preventive social and health approaches, sustainable programmes of old age income security, and community-based care and support of older persons. UNFPA promotes a proactive approach that supports appropriate, timely and effective policy and programme interventions aimed at ensuring achievement, maintenance and enhancement of the quality of life of older persons.

The Fund actively participated in the preparatory activities leading up to the Second World Assembly on Ageing. UNFPA organised, together with the UN Programme on Ageing, AARP and HelpAge International, an Expert Group Meeting on Population Ageing and Development: Social, Health and Gender Issues with a Focus on the Poor in Old Age, hosted by the International Institute on Ageing in Malta to explore ways to reduce poverty in old age, especially among women and the frail. UNFPA commissioned a pilot study in India and South Africa, in partnership with the Population and Family Study Centre (CBGS) in Belgium, to focus on the key operational challenges faced by older people today. Findings of the study were presented at the Valencia Forum and at a panel during the Second World Assembly on Ageing to launch UNFPA's 2002 publication, *Situation and Voices: The Older Poor and Excluded in South Africa and India* (Box 5.4). UNFPA supported the organisation by the NGO Committee on Ageing of the second Global Video Conference to enable participating countries to report on developments in the area of population ageing.

UNFPA will be involved in the implementation of the Madrid International Plan of Action on Ageing at the global, regional and country levels, supporting programmes aimed at policy formulation and planning in ageing, training programmes on ageing and development, interdisciplinary research studies with particular emphasis on gender specific research, advocacy programmes to draw attention of policy makers to the issues of older persons, and technical assistance to help strengthen national institutional capacity for integrated approaches to ageing. UNFPA will use the momentum generated by the Second World Assembly to advocate for placing population ageing, especially the basic social and health needs of older persons in developing countries, on the global development agenda.

**Box 5.4****UNFPA research in India and South Africa**

Research commissioned by UNFPA and carried out in India and South Africa in 2001, found that the main concerns of older people relate to conditions associated with extreme poverty, including inadequate living conditions; lack of access to social services; and inter-generational violence and abuse. Poverty among older people is linked to low levels of literacy, especially for women: only one-third of women aged 60 and over in the developing world can read and write. Poverty among older people is also linked to low levels of health, lack of awareness and access to information, and a lack of participation. This situation leads to social exclusion and isolation, reinforcing the cycle of poverty between generations.

In responding to interviews, older people identified their priority needs as food security, clean water, good health, adequate accommodation, and support in caring for their families. Due to the devastating impact of HIV/AIDS, older people, and particularly older women, are increasingly acting as caregivers for their adult children as well as for their orphaned grandchildren. This occurs despite the fact that their own situations are characterised by extreme poverty, and they themselves often need help and support. Their concerns with growing older include: fear of isolation, exclusion, illness, violence and abuse; a sense of helplessness; and confusion over the escalation of HIV/AIDS.

There is a need to facilitate positive action, in partnerships with Governments, by non-governmental organisations, communities and the private sector for the welfare of older people. Policy dialogue can help bring different stakeholders together and provide a basis for joint action. Expression of these needs by the voices of the older poor needs to be reflected in country-level programmes.

ADAPTED FROM: UNFPA (2002b)

For effective intervention that addresses the needs of older persons there must be heightened sensitivity and more attention given to issues of population ageing in development planning so that appropriate resource allocation can be made among the various branches and agencies of government. Advocacy for a more proactive approach to population ageing issues and capacity building also requires the backing of a reliable information base that provides comprehensive and complete coverage of all variables of significance to the local contexts.

**Among the issues that need to be addressed by all countries are:**

***Comprehensive strategies at national, regional and local levels to meet the challenges of population ageing.***

The concerns and needs of the older population are an integral part of the economic and social fabric of all societies. As such, these issues need to be incorporated in development plans, not only at the national level but also at regional and local community levels, since it is at the grass-roots that the really needy can be targeted, and the efficient delivery of services and support can be achieved. The concomitants of population ageing will not be effectively addressed as long as they are accorded low or no priority, or simply relegated to the multitude of responsibilities families have traditionally been expected to cover.

***Capacity-building to support the development of policies, including the health care of older persons, especially the older poor, taking into account national and local cultures, traditions and socio-economic circumstances.***

While national development plans and policies have been formulated in many countries, much remains to be done in terms of including older people in the mainstream of development and proceeding to deal with constraints on implementation. Although traditional values in many less developed countries are often at odds with intervention on behalf of older people from outside the family, it is essential that governments and other agencies develop the capacity to complement family resources and take initiatives that foresee and provide for changing social circumstances. Such provisions also have the advantage of catering to the needs of those without family support, the indigent, or families that themselves lack the capacity to care for the aged.

***Creation of information systems documenting the positive experiences of policies and programmes in population ageing.***

Because of the concern to improve the living standards of older people and all of the care and support services they require, assessments and reports of existing policies and programmes tend to dwell on the deficiencies occurring in access, implementation and delivery of services. Much insight and encouragement is to be drawn from the many beneficial experiences occurring throughout the developing world. Information systems that are readily accessible both to providers and consumers recounting some of the many success stories among ageing populations would add a positive dimension to the accounts of need and hardship circulating in many disadvantaged communities.

***Provision of affordable, accessible and appropriate health-care services for older persons, as well as support systems to enhance the ability of families and communities to care for older family members, and for older persons who are caring for victims of HIV/AIDS.***

Although many older people keep in good health, the risk of illness and disability increases with age, and optimising the health of older people adds greatly to their well-being and that of the community. Enabling more families to care for older family members has significant preventative value in terms of quality of life and minimising the charge of medical services on the state or the community. In countries where HIV/AIDS is particularly prevalent, support for older people who have been bereaved and especially for those who as a consequence of the death of their adult children have become child carers is essential, although not adequately recognised.

In its intercountry and country programmes, UNFPA has adopted a forward-looking, proactive perspective in support of activities in the field of population ageing. Overall, the strategic focus of UNFPA is to encourage and influence public policy to respond to the challenges posed by the social, health and economic consequences of population ageing. This involves addressing and meeting the specific needs of older persons, with particular emphasis on the needs of the poor, especially women.

A consistent message in the Fund's approach to dealing with the issues of ageing populations is to attempt to reorient and redirect the prevalent thinking about individual and population ageing. Fundamental to this approach is recognition of the opportunities for integrating ageing

## Box 5.5

## UNFPA addresses population ageing issues in Indonesia

The growing importance of ageing issues in Indonesia is a product of rapidly changing demographic, economic and social conditions. One of the most significant developments is the rapid decline in fertility, which is resulting in fewer children per family than previously to care for ageing parents. Improvements in health that have led to improved life expectancy have also contributed to the increased numbers and the proportions of older people.

In response to the Government's needs, UNFPA implemented a three-year project (1998-2000) addressing ageing issues through the development of a sound policy involving the implementation of a scheduled programme of activities in the area of ageing. The project's objectives were three-fold.

- *To create a strong policy setting to strengthen family support by raising the awareness and understanding of policy makers.* Under this objective, several activities were implemented, including conducting reviews of country literature and programmes; supporting inter-country visits; and staging workshops for NGOs, planners and decision makers. Support was also given for the development of a National Plan of Action (NPA). This NPA provides strategies for different ministries to undertake an integrated set of activities in the interests of the elderly.
- *To provide support for research for the development of policy and programme activities in order to identify priority issues in ageing.* Under this objective, UNFPA supported socio-cultural research and developed a manual on socio-cultural and operational research on ageing. The research results were then disseminated to policy makers and planners, resulting in a new approach for ageing programmes in Indonesia.
- *To deal with the design and production of information, education and communication (IEC), and the requisite supporting training materials to complement the new initiative for promoting the ageing programmes.* To that end, IEC materials were developed, tested and produced. Subsequently, training and workshops aiming to build the capacity of institutions to run programmes benefiting older people, were conducted in five provinces. In addition, several fellowships, ranging from short courses to a masters degree programme, were also supported by UNFPA, with the aim of building long-term capacity.

In UNFPA's Sixth Country Programme (2001-2005), the Fund will continue to sponsor policy dialogue on issues related to older persons and the ageing process.



## Box 5.6

**UNFPA addresses population ageing issues in Sri Lanka**

Sri Lanka has one of the fastest ageing populations in the developing world. Indeed, ageing is considered to be a major challenge that the country will face in the coming decade. About 10 per cent of the current population is over 60 years of age and this is projected to exceed 20 per cent by 2025.

As a result, ageing has been recognised as an important area of concern by the UNFPA Sixth Country Programme (2002-2006). The Reproductive Health and Gender Advocacy project has research components that review the ageing issue and will produce a monograph on the subject. Advocacy will also include creating awareness of reproductive health, gender and ageing among a wide range of target groups. Under the reproductive health service delivery project, provisions have been made for manpower training and equipment/supplies for the Well Women Clinics (WWC), which focus on the reproductive health needs of older women, screening for cervical cancer, reproductive health organ malignancies, etc. Under the Reproductive Health Information and Services project for out-of-school youth, there is provision to support HelpAge International and other NGOs to train youths in voluntary home care approaches and encourage care of elderly in households.

The UNFPA Country Office in Sri Lanka has also supported universities, NGOs, the Population Association and the Ministry of Social Services in the area of advocacy, awareness creation, participation in conferences and workshops, and publications in various aspects of ageing under an umbrella project. Such activities will be continued.

The Country Office facilitated the participation of delegates to the Second World Assembly on Ageing in Madrid and supported the participation of a policy maker from the Ministry of Social Services in the ageing-related panel discussion in the IUSSP meeting in June 2002 in Bangkok, which was organised by UNFPA.

## Box 5.7

## UNFPA working in partnership with the African Gerontological Society (AGES)

As part of the preparatory activities for the Second World Assembly on Ageing, the African Gerontological Society (AGES) in cooperation with UNFPA, convened a workshop in Legon, Ghana in January 2002 to enable governments in Africa to review the draft text of the International Plan of Action on Ageing and to plan appropriate strategies for implementing its recommendations. The theme of the workshop was Appropriate Strategies for Ageing in Africa. Participants came from Chad, Gambia, Ghana, Kenya, Nigeria, South Africa, Zimbabwe, HelpAge International, WHO and UNFPA. AGES, whose membership is located in 12 African countries, promotes regional awareness of ageing through studies, publications and conferences.

Participants noted the fact that Africa will experience one of the largest increases in numbers of persons aged 60 years and over of any world region by 2025. They pointed out that this growing number of older persons constitutes a positive force for development and should not be considered a burden. Taking into account the socio-economic situation of older persons in Africa as well as the varying cultural, spiritual and secular values and traditions on the African continent, participants adopted the following recommendations:

1. *Endorse* the report and recommendations of AGES International workshop at Legon, Ghana;
2. *Encourage* African governments to ensure that the question of ageing is included in their national development plans;
3. *Further encourage* African governments to develop and adopt a national policy on ageing and plan of action to facilitate a well-coordinated response to the socio-economic implications of the ageing of their populations;
4. *Appeal* to Governments who are in a position to do so to contribute to the UN Trust Fund for Ageing so that it may strengthen its assistance to African countries in developing their policies and programmes of ageing;
5. *Request* UN and its specialised organisations as well as other concerned intergovernmental and non-governmental organisations to continue to strengthen their programmes in the field of ageing and to assist African governments at their request;
6. *Invite* the African governments in collaboration with the UN and its specialised agencies, the OAU, AGES, HelpAge International and organisations of elderly people in Africa to work together to promote the exchange of knowledge, information and experience as well as training and to investigate the feasibility and desirability of establishing Institutes on Ageing in every country;
7. *Request* that African governments convene a working meeting to examine the issues and recommendations of this workshop in preparation for the Madrid meeting in April;

**Box 5.7 continued**

8. *Also invite* the UN, its specialised organisations and other intergovernmental organisations to assist in this African effort;
9. *Decide* hereafter to refer to the recommendations of the AGES International workshop on Appropriate strategies for ageing in Africa as the "Legon Recommendations for Action on Ageing in Africa";
10. *Recommend* that AGES International be supported to send delegations from this workshop to the Madrid meeting.

An AGES conference is planned for 2003 in Ibadan, Nigeria to discuss action on ageing in Africa beyond Madrid 2002.

## Box 5.8

**UNFPA addresses population ageing issues in Europe**

UNFPA activities in the United Nations Economic Commission for Europe (ECE) region include two important projects that address the issue of population ageing. One project, co-funded by the United States National Institute on Aging, sought to assemble a set of cross-nationally comparable microdata samples based on the 1990-round of national population and housing censuses in countries of Europe and North America; and to use these samples to study the social and economic conditions of older persons.

*Among the outputs of the project are:*

1. A collection of census-based microdata samples for 15 countries designed to allow research on a wide range of issues related to ageing, as well as on other social phenomena;
2. A series of national reports on the social and economic conditions and living arrangements of older persons in selected countries of the ECE region. Thus far, the reports for Canada, Finland and Switzerland have been published; reports for Estonia, Latvia and Romania are expected to be published shortly.

Another UNFPA project focuses on the dynamics of the family and familial relations in contemporary industrialised countries of Europe and North America. Its overarching goal is a cross-national, comparative, multidisciplinary, longitudinal study of factors, including public policy and programme interventions, influencing these dynamics. The specific aim is to improve the understanding of factors that have a major bearing on the beginning of, change in and the end of, two principal familial relations, that is, the child-parent and partner-partner relations.

*The project has two major outputs:*

1. Setting the stage for the implementation of the Generation and Gender Programme (GGP) by engaging the active participation of ECE Population Activities Unit partners, both national and regional, in developing recommendations for the programme, including its research agenda and the work plan;
2. Co-ordinating additional data collection efforts/surveys by developing model instruments and promoting their use in participating countries and the preparation and archiving of standard re-code files. The plan was to test the first draft of the questionnaire of the Generations and Gender in the summer of 2002. A working group on the contextual data, which includes members from other international organisations, has already begun the conceptual and operational work on the contextual database.

into a broader development framework – a framework that takes account of lifelong individual development, multi-generational relations, and the close link between ageing and development.

### Operational strategies

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Significant challenges are presented for introducing policies capable of effectively responding to older people's needs, expectations and rights. Among the possibilities are the following:

***Mainstreaming ageing issues into the development process, with a focus on the older poor, and taking into account their priority needs in policies and programmes.***

The ageing process affects the whole of society, steadily shifting the balance upwards among the components of children, working-age adults and older people. These changes are reflected in the patterns of production, of consumption and of demand for services. Equally, older people must be an integral component in the development process along with children and economically active adults, with the inclusion of their own priorities as part of national and community policies and programmes.

***Examining the economic, social and cultural implications of population and demographic changes, and how they relate to development concerns and the needs of older persons.***

Societies are dynamic, and while traditional values and approaches provide stability in dealing with changes such as the demographic transition, gradually these attitudes are also modified, often spurred on by accompanying economic development and other social adjustments. Relationships within the family, family size, family structure and residential location of family members are equally prone to change, and consequently alternatives to traditional behaviour in the care of older people must be identified and implemented.

***Promoting good health throughout the life cycle, starting from young ages and especially through the reproductive ages, to older ages, including the provision of affordable, accessible and appropriate health-care information and services.***

Successive generations are, in many respects, a product of the economic and social circumstances pertaining at a global, regional and local scale during their life course. Consequently, war, famine, economic depression and other forms of hardship and deprivation leave an imprint on the

health and well-being of each ageing cohort. Recognising the all-pervasive nature of the population ageing process, it is incumbent on authorities and support agencies to provide the best possible health services at all ages, and particularly at the most vulnerable points in the life course – infancy, the reproductive and older ages.

***Promotion of active ageing, including lifelong education and training, and the full participation of older persons in community life.***

The well-being of older people is reliant to a significant degree on their continuing ability to engage physically and mentally with the on-going events and activities of their families, communities and the wider world. For some, there may be little option but to work as long as possible, but for many others, economic activity may no longer be a feasible option. Purposive activity adds interest and achievement to their lives, particularly if it includes the opportunity to make significant decisions and maintain at least some control over their lives.

***Recognising and supporting the caregiving services provided by older persons, especially women, to grandchildren orphaned by the effects of HIV/AIDS – a problem that is especially acute throughout much of sub-Saharan Africa.***

In recent years the caring role of women has taken a somewhat different form from the traditional pattern: whereas, in many societies in the past, care of elderly parents and older spouses was regarded as normal, and occasional care of grandchildren as a desirable choice, in communities devastated by HIV/AIDS, care of grandchildren has become an unavoidable obligation. Recognition and appropriate support is required for those women who, at a stage in their lives at which they might reasonably expect to have been cared for, have again become primary caregivers.

***Promoting appropriate social services and welfare coverage for the elderly, particularly of the poor elderly, most commonly women.***

Together with health, income security is the most pressing of needs among older people. Where these fundamentals prevail they are desirably supplemented by other welfare and social services specific to the needs of the older population. However, for the majority in less developed countries, and especially for lone women, poverty is an all-embracing fact of life, and economic security is largely or completely absent. In such circumstances, where pension provisions are inadequate or absent, any and all forms of support assume a critical role simply in achieving survival.

***Eliminating discrimination, violence and other crimes against the elderly, especially women, including inter-generational violence arising through poverty situations.***

In conditions of extreme poverty, any financial provision by governments or other agencies is likely to attract envy and engender crime among the less fortunate. The older beneficiaries need assistance in accessing their entitlement in safety, and support in ensuring freedom of choice in deciding how the money should be spent. In conditions of extreme deprivation, this need for protection even extends to older people within their families where, by stealth or violence, they may be deprived of their entitlement.

***Promoting inter-generational solidarity with the goal of maintaining and improving social cohesion.***

Family relationships vary in their significance for older people. But whether family cohesiveness is demonstrated by co-residence of older family members living with their adult children, or by less tangible support between the generations at a distance, maintenance of inter-generational solidarity is a highly desirable feature in all societies. The continuing interdependence of the generations, whether or not through formal or financial support, not only benefits the families concerned but also their communities, relieving governments of at least part of the burden of responsibility for older people.

## Box 5.9

**Inter-generational solidarity – the key to a society for all ages**

Inter-generational solidarity is fundamental for the achievement of a society for all ages. Solidarity between generations at all levels – in families, communities and nations – is a major prerequisite for social cohesion and a foundation of formal public welfare and informal care systems. The exchange of support between generations, which is a key feature of family survival, should be strengthened and the contribution of older people should be recognised. Older persons are providers as well as receivers of support. Relationships between generations work in both directions, with older persons often making significant contributions financially, and in such important areas as the education and care of grandchildren, meal preparation and housework, protection of the security of the home while other household members are at work, and preservation of culture and traditions. Strategies for poverty reduction should therefore facilitate inter-generational support mechanisms and informal networks. People of all ages should be included in relief and development projects. The voices and views of people of all ages, including the elderly, should be heard.

In Madrid, Member States agreed on a series of actions to strengthen inter-generational solidarity through equity and reciprocity between generations:

1. Promote understanding of ageing through public education as an issue of concern to the entire society;
2. Consider reviewing existing policies to ensure that they foster solidarity between generations and thus promoting social cohesion;
3. Develop initiatives aimed at promoting mutual, productive generations, focusing on older persons as a societal resource;
4. Maximize opportunities for maintaining and improving inter-generational relations in local communities, *inter alia*, by facilitating meetings for all age groups and avoiding generational segregation;
5. Consider the need to address the specific situation of the generation that has to care at the same time for their parents, their own children and grandchildren;
6. Promote and strengthen solidarity among generations and mutual support as a key element for social development;
7. Initiate research on the advantages and disadvantages of different living arrangements for older persons, including familial co-residence and independent living in different cultures and settings.

SOURCE: Madrid International Plan of Action on Ageing (2002)



## CHAPTER 6 NEED FOR PARTNERSHIP

### Governments working in partnership

Traditionally, in less developed countries, in face of the many competing demands on development budgets, governments have not been particularly involved in meeting the needs of the elderly. The family has generally taken care of its older frail members – albeit with much difficulty in the context of severe poverty. The impact of the process of modernisation and its accompanying economic and social transformations have weakened traditional structures and practices. Alternative support systems outside the family now need to be established to assist older persons whose families cannot, or will not, provide the necessary support.

#### Box 6.1

#### Effective government participation and partnership

Governments have the primary responsibility for implementing the broad recommendations of the International Plan of Action on Ageing. A necessary first step in successful implementation of the Plan is to mainstream ageing and the concerns of older persons into national development frameworks and poverty eradication strategies. Programme innovation, mobilisation of financial resources and development of necessary human resources will be undertaken simultaneously. Accordingly, progress in the implementation of the Plan should be contingent upon effective partnership between governments, all parts of civil society and the private sector as well as an enabling environment based, *inter alia*, on democracy, the rule of law, respect for all human rights, fundamental freedoms and good governance at national and international levels.

SOURCE: Madrid International Plan of Action on Ageing (2002)

It is therefore essential that all levels of government take account of these new realities in their development agendas and poverty reduction programmes. Nevertheless, because of the scale of the issues and the limited resources available to most governments, it must be recognised that they will inevitably need to work in partnership with other agencies. The participation of local communities, local and international NGOs, and the international community as represented by both official and private agencies, is essential in meeting the basic needs of older persons, especially the poor.

### **UNFPA working in partnership**

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The United Nations system provides a major source of informed support for the encouragement of governments attempting to deal with particularly difficult issues for which expertise and resources are often lacking locally. In supporting government efforts to meet the operational challenges of population ageing, UNFPA seeks to work in partnerships, especially with other members of the United Nations Development Group and international and national NGOs. For example, UNFPA and HelpAge International have been working together in some developing countries, particularly in relation to funding partners of HAI to attend meetings addressing population ageing.

There is a multiplicity of mechanisms through which the United Nations system can play a major role at the international and national levels to facilitate policy dialogue on meeting priority needs of older persons, especially the poor and women. Through country programming processes such as Common Country Assessments (CCAs), United Nations Development Assistance Frameworks (UNDAFs) and Poverty Reduction Strategy Papers (PRSPs), UNFPA seeks to promote a focus on the older poor.

Furthermore, UNFPA, working in partnership, supports evidence-based policy making by promoting the collection, analysis and dissemination of reliable sex-specific disaggregated socio-economic data, especially on the older poor. The Fund, by providing the essential knowledge and expertise, is able to assist in taking into account such important data as the participatory poverty assessments (PPAs) that bring the voices of the older poor directly into the design of interventions intended to promote their well-being.

## Box 6.2

## The International Institute on Ageing (INIA) in partnership with UNFPA

In 1982, the World Assembly on Ageing adopted the Vienna International Plan of Action on Ageing. INIA, United Nations – Malta, was established as a result of UN/ECOSOC Resolution 1987/41, and following an agreement between the United Nations and the Government of Malta. The Institute is largely supported by the Government of Malta. INIA works in close partnership with UNFPA from which it receives support for the implementation of its activities.

Since its establishment in 1988, INIA has striven to live up to its United Nations mandate by training key personnel through both its short-term and long-term courses, as well as acting as a practical bridge between and among more developed and less developed countries. INIA organises annually four core courses that focus on Social Gerontology, Economic and Financial Aspects of Ageing, Geriatrics and Demographic Aspects of Population Ageing, as well as a nine-month diploma course and a masters degree course in Gerontology and Geriatrics, conducted at the University of Malta. To date 1,281 participants from 121 countries have attended international short and long-term courses in Malta.

Since 1995, INIA has conducted *in situ* training programmes in various countries that are tailored to the specific needs of the particular country concerned. By 2001, INIA had conducted 26 such programmes and trained 922 participants in the following countries: Barbados, Brazil, China, Egypt, Ghana, India, Kuwait, Macedonia, Mexico, Panama, Philippines, Singapore, South Africa, Thailand and Tunisia. The training programmes address the issues of poverty and exclusion which remain major threats to the well-being of older persons throughout the world.

The Institute has entered into a number of collaborative agreements with various organisations in order to enable countries to build their capacity to meet the challenges of their rapidly increasing elderly populations. It has also set up a Collaborating Network of 59 countries as a result of which members can access and disseminate information about ageing.

INIA publishes the quarterly journal *BOLD*, which contains research and related articles on ageing. It also supports a library that contains books, journals, reports and audio-visual material. INIA's website is [www.inia.org.mt](http://www.inia.org.mt)

INIA also carries out research projects, hosts Expert Group Meetings and offers consultancy services. With worldwide access to the Internet, INIA intends developing distance learning programmes in less developed countries in collaboration with the University of Malta.

ADAPTED FROM: UNFPA (2002a)

**Policy challenge** | *Population ageing affects not only the elderly but has fundamental implications for development*

**UNFPA's operational response is to:**

- Promote policy dialogue and ensure that the comprehensive development agenda gives adequate consideration to the implications of population ageing and inter-generational issues, taking gender and socio-cultural dimensions into account;
- Support the training of policy makers and programme planners, in order to enable them to respond adequately to the challenges posed to the whole of society by the consequences of population ageing;
- Encourage and support research on population ageing, its socio-cultural aspects and its social and economic implications.

**Policy challenge** | *Poor older people face particular socio-economic vulnerabilities, especially widows and persons without children*

**UNFPA's operational response is to:**

- Promote the analysis of survey data on the poverty and socio-economic vulnerability of the aged, including the accessibility of pensions and insurance, health care, education appropriate to their needs, and other types of social protection;
- Ensure that adequate consideration is given to the social and demographic circumstances of older people in poverty programmes;
- Promote policies that support gender equality and equity of opportunity among older people;
- Support qualitative data collection which is sensitive to the voices of the older poor, together with the subsequent socio-cultural research needed for improved information flows and more appropriate responses.

**Policy challenge** | *The family continues to be the major social institution responsible for the care of the elderly and needs to receive social support to fulfil this role*

**UNFPA's operational response is to:**

- Coordinate advocacy on behalf of support for family caregivers of elderly relatives, and promote inter-generational solidarity by encouraging dialogue and interaction;
- Promote support systems for elderly caregivers of HIV/AIDS victims and AIDS orphans;
- Promote systems to combat all forms of discrimination, violence and abuse of older persons;
- Support the analysis of census and survey data on the living arrangements of older people and the collection of additional data on intra-family transfers, including the monetary and non-monetary contributions of older persons to their households.

### **Opportunities, constraints and prospects**

Implementation of the Madrid International Plan of Action on Ageing (2002) requires a political, economic, ethical and spiritual vision of the social development of older persons, a vision that is based on human dignity, human rights, equality, and respect towards the elderly.

Although governments have the primary responsibility for implementing the recommendations of the Plan of Action, including mainstreaming population ageing and the concerns of older persons into national development agendas and poverty eradication strategies, successful implementation calls for a partnership between governments, civil society and the private sector. It also requires effective organisation of older persons themselves.

Reliable and timely age and gender specific data and analysis are essential for policy planning, programme development, monitoring and evaluation. Educational, training and research activities on ageing are also crucial elements of successful implementation of the Plan of Action.

Increasingly, developing countries are recognising the implications of population ageing, and despite capacity constraints and competing development priorities, are, in turn, attempting to respond by initiating policy dialogue and programmes. However, there are marked differences in national experiences of the process of population ageing that result from differences in social and cultural values, in levels of eco-

conomic development, in the degree of government involvement, and above all, in the speed with which fertility decline is ageing populations. Approaches are therefore being sought that accommodate these differences and meet the basic needs of older persons at much lower cost than the long-established support systems of developed countries.

In developing new policies and multisectoral programmes, the needs and preferences of older people, especially those of the poor, need to be taken into account. Further, both the direct and indirect consequences of implementation of these policies and programmes need to be evaluated. For such policies and programmes to be effective, there needs to be strong political and administrative support, coupled with adequate financial and human resources. This will require increased technical cooperation and financial assistance from the donor community.

Financial resources are essential to fully implement the recommendations of the Plan of Action. A substantial increase in ODA and other resources will be required if developing countries are to achieve the internationally agreed development goals and objectives, including poverty eradication. As did the Monterrey Consensus before it, the Plan of Action urged developed countries to make concrete efforts to achieve the target of 0.7 per cent of gross national product (GNP) as ODA to developing countries. The Plan of Action urged that 0.15 per cent of GNP of developed countries go to least developed countries. It encouraged developing countries to build on progress achieved in ensuring that ODA is used effectively to help reach development goals and targets. International financial institutions and regional development banks were invited to review and adjust their lending and grants practices to ensure that older persons are recognised as a development resource and taken into account in policies and projects.

Member States noted with concern the shortfalls in resources required to achieve the internationally agreed development goals, including those contained in the United Nations Millennium Declaration. They committed themselves, *inter alia*, to mobilising domestic resources, attracting international flows, and increasing international financial and technical cooperation for development (Madrid International Plan of Action on Ageing (2002)).

The Plan of Action pointed out that commitment by United Nations funds and programmes to ensure integration of ageing in their programmes and projects, including at country level, as well as support by

the international community and international development agencies for organisations that promote training and capacity building in the area of ageing in developing countries is essential. An important part of international cooperation should be the exchange of experiences, best practices and lessons learned, and information dissemination.

#### Box 7.1

### Madrid International Plan of Action on Ageing: priority directions for an ageing world

#### Priority direction I: older persons and development

Older people must be full participants in the development process and also share in its benefits. No individual should be denied the opportunity to benefit from development. The impact of population ageing on the socio-economic development of society, combined with the social and economic changes taking place in all countries, engender the need for urgent action to ensure the continuing integration and empowerment of older persons. Also, migration, urbanisation, the shift from extended to smaller, mobile families, lack of access to technology that promotes independence and other socio-economic changes can marginalize older persons from the mainstream of development, taking away their purposeful economic and social roles and weakening their traditional sources of support.

#### Priority direction II: advancing health and well-being into old age

Older persons are fully entitled to have access to preventive and curative care, including rehabilitation care and sexual health. Full access of older persons to health care and services that include disease prevention and involve recognition that health promotion and disease prevention activities throughout life need to focus on maintaining independence, prevention and delay of disease and disability treatment, as well as on improving the quality of life of older persons who already have disabilities. The health care and services need to include the necessary training of personnel and facilities to meet the special needs of the older population.

#### Priority direction III: ensuring enabling and supportive environments

Whatever the circumstances of older persons, all are entitled to live in an environment that enhances their capabilities. While some older persons need a high level of physical support and care, the majority are willing and capable of continuing to be active and productive including through voluntary activities. Policies are required that empower older persons and support their contribution to society. This includes access to basic services such as clean water and adequate food. It also requires policies that simultaneously strengthen both lifelong development and independence and that support social institutions based on principles of reciprocity and interdependence. Governments must play a central role in formulating and implementing policies that foster such an enabling environment, while engaging civil society and older persons themselves.

**SOURCE:** Madrid International Plan of Action on Ageing (2002)

***The role of UNFPA: an operational matrix***

The objective of UNFPA support, as demonstrated in the preceding discussion, is to influence public policy to respond to the challenges posed by the social, health and economic consequences of population ageing and to meet the needs of older persons, with particular emphasis on the poor, especially women. The operational matrix (Table 7.1), gives examples of possible programming options, and brings together the broad policy issues (the 'policy message') to which UNFPA is seeking to encourage a response by the appropriate government and other public and private agencies. Within these broad policy statements are embedded the specific items ('key issues and questions') that need to be addressed. The precise set of actions representing the optimal reaction will vary from place to place, time to time, and culture to culture, but the main choices are identified as the 'possible programming options'.

In essence, the role of UNFPA must be to influence public policy to help break the poverty cycle that runs from one generation to the next. This requires the strengthening of mechanisms that support active ageing of older people, through a life-course perspective, recognising that better health in childhood and during the reproductive ages leads to better health later in life. There is a need to facilitate positive action by non-governmental organisations, communities and the private sector for the welfare of older people. Policy dialogue can help bring different stakeholders together and provide a basis for joint action. This must be a consultative process in which the needs and voices of the older poor are clearly heard as an integral part of this dialogue.



**TABLE 7.1:** An operational matrix for UNFPA support for population and ageing

Policy Message	Key Issues and Questions	Possible Programming Options
<p><b>1</b> Population ageing affects not only the elderly but has fundamental implications for development</p>	<p><i>Are policymakers aware of the socio-economic and socio-cultural implications of population ageing?</i></p> <p><i>Does the health system take into account the need for reproductive health information and services throughout the life course?</i></p>	<p>Promote policy dialogue and ensure that the development agenda gives adequate consideration to the implications of population ageing and inter-generational issues, taking gender and socio-cultural dimensions into account</p> <p>Support training of policy makers and programme planners to respond to the challenges posed by the consequences of population ageing</p> <p>Support research on population ageing, its socio-cultural aspects and its social and economic implications</p> <p>Build partnerships, including with NGOs, on population ageing issues, especially in the promotion of reproductive health information and services throughout the life course</p>
<p><b>2</b> Poor older persons face particular socio-economic vulnerabilities, especially widows and persons without children</p>	<p><i>Are issues of poverty and socio-economic vulnerability of the aged adequately addressed in government policies and programmes?</i></p> <p><i>What are the gender-specific vulnerabilities of older persons?</i></p>	<p>Include a focus on the social and demographic circumstances of older persons in poverty strategies and programmes</p> <p>Promote policies that support gender equality of older persons</p> <p>Support qualitative data collection taking account of the voices of the older poor, as well as socio-cultural research</p> <p>Support analysis of survey data on the poverty and socio-economic vulnerability of the aged, including access to pensions, health care, education adapted to their needs, and other types of social protection</p>
<p><b>3</b> The family continues to be the major social institution responsible for the care of the elderly and needs to receive social support to fulfil this role</p>	<p><i>Are there adequate support systems to allow families to take care of ageing relatives?</i></p> <p><i>Are there adequate support systems to allow older persons to take care of the younger generation, especially AIDS orphans?</i></p>	<p>Advocate for support to family caregivers of elderly relatives and promote inter-generational solidarity by encouraging dialogue and interaction</p> <p>Promote support systems for elderly caregivers of HIV/AIDS victims and AIDS orphans through dialogue and advocacy</p> <p>Help combat all forms of discrimination, violence and abuse of older persons through dialogue and advocacy</p> <p>Advocate to protect older persons, especially women, at risk of violence and other serious human rights abuses during times of conflict and crises</p> <p>Support the analysis of census and survey data on the living arrangements of older people and the collection of additional data on intra-family transfers including the monetary and non-monetary contributions of older persons to their households</p>

## SELECTED REFERENCES

### Selected References

**BOSE, A.B.** (1996) Economic and social conditions of the elderly, with a special focus on women: needs and capabilities of the elderly, in United Nations, *Implications of Asia's Population Future for Older People in the Family*, ESCAP, Asian Population Studies Series, No. 145, 82-95.

**CALDWELL, J.C.** (2001), Prospects for the aged in the developing world, UNFPA Symposium on the Aged, IUSSP Conference, Salvador de Bahia, 3pp.

**CHANPEN SAENGTIENCHAI and KNODEL J** (2000) *Parents providing care to adult sons and daughters with HIV/AIDS in Thailand*, UNAIDS Case Study. [www.unaids.org](http://www.unaids.org)

**DAYTON, J and AINSWORTH, M** (2002) The Elderly and AIDS: Coping Strategies and Health Consequences in Rural Tanzania. Population Council Working Paper No. 160.

**GUBHAJU, B., SEETHARAM, K.S. and HUGUET, J.W.** (2001) Demographic dynamics in the ESCAP region: implications for sustainable development and poverty, *Asia-Pacific Population Journal*, 16, 1, 45-66.

**HELPAge INTERNATIONAL** (2001) *Towards a New Plan of Action on Ageing*, HelpAge International Briefing Notes. [www.helpage.org](http://www.helpage.org).

**HELPAge INTERNATIONAL** (2000) *World Summit on Social Development, Inter-generational Solidarity: The Key to a Society for All Ages*.

**HERMALIN, A.I.** (1997) Drawing policy lessons for Asia from research in ageing, *Asia-Pacific Population Journal*, 12, 4, 89-102.

**HUGO, G.** (1996) Over to the next century: continuities and discontinuities, in ESCAP, *Added Years of Life in Asia: Current Situation and Future Challenges*, United Nations, Bangkok, 179-209.

**KNODEL, J. (1999)** The demography of Asian ageing: past accomplishments and future challenges, *Asia-Pacific Population Journal*, 14, 4, 39-56.

**KNODEL, J. AND NIBHON D. (1997)** Living arrangements and support among the elderly in South-East Asia: an introduction, *Asia-Pacific Population Journal*, 12, 4, 5-15.

**KOREAN INSTITUTE FOR HEALTH and SOCIAL AFFAIRS (KIHASA) and UNITED NATIONS POPULATION FUND (UNFPA) (2000)** *Low Fertility and Policy Responses to Issues of Ageing and Welfare* KIHASA, Seoul, 400pp.

**NEVILLE, W. (2000)** Introduction, in Korean Institute for Health and Social Affairs (KIHASA) and United Nations Population Fund (UNFPA), *Low Fertility and Policy Responses to Issues of Ageing and Welfare* KIHASA, Seoul, 1-23.

**NIZAMUDDIN, M. (1999)** Population ageing: an overview, in United Nations (UNFPA) and Population Family Study Centre (CBGS), *Population Ageing: Challenges for Policies and Programmes in Developed and Developing Countries*, Leuven, Belgium, 3-27.

**QIAO, XIAOCHUN (2001)** From decline of fertility to transition of age structure: ageing and its policy implications in China, *Genus*, LVII (n.1), 57-81.

**UNITED NATIONS (2001)** *World Population Prospects: The 2000 Revision*, Department of Economic and Social Affairs, Population Division, New York, Population Database. [www.unpopulation.org](http://www.unpopulation.org)

**UNITED NATIONS COMMISSION FOR SOCIAL DEVELOPMENT (2002)** *International Plan of Action on Ageing 2002*, The Second World Assembly on Ageing 2002, [www.un.org/esa/socdev/ageing/waa/strategycons1.htm](http://www.un.org/esa/socdev/ageing/waa/strategycons1.htm)

**UNFPA (1998)** *The State of World Population 1998*. New York.

**UNFPA (2002a)** *Population Ageing and Development: Social, Health and Gender Issues*, Report of the Expert Group Meeting (29-31 October 2001, Valletta, Malta), New York, Technical Support Division. [www.unfpa.org/publications/pubmain.htm](http://www.unfpa.org/publications/pubmain.htm)

**UNFPA (2002b)** *Situation and Voices: The Older Poor and Excluded in South Africa and India*, New York, Technical Support Division. [www.unfpa.org/publications/pubmain.htm](http://www.unfpa.org/publications/pubmain.htm)

**UNITED NATIONS PROGRAMME ON AGEING (2000)** *Report of the First Meeting of the Technical Committee for the Second World Assembly on Ageing, 13-16 June, Frankfurt, Germany, 17 pp.*

**WORLD BANK (1994)** *Averting the Old Age Crisis: Policies to Protect the Old and Promote Growth*, World Bank Policy Research Report, Oxford University Press, New York. [www.worldbank.org](http://www.worldbank.org)

**WORLD HEALTH ORGANIZATION (2001)** *Health and Ageing: A Discussion Paper*. Geneva.

**Population and Development Strategies (PDS) series**

*Population and Development Strategies* (PDS) is one of two major substantive thematic areas guiding the operational activities of UNFPA – the other being reproductive health – with advocacy and gender as important cross-cutting dimensions. The focus of PDS is on integrating population issues into sustainable human development processes and on examining the impact of development processes on population variables.

The goal of the Fund's work in this area, guided by the ICPD Programme of Action, the recommendations of ICPD + 5 and the Millennium Declaration, is to help countries achieve an improved balance between population dynamics and economic and social development. The Fund's PDS work follows a people-centred approach to sustainable development, putting the well-being of individual women and men at the centre of sustained economic growth and sustainable development.

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This new series, *Population and Development Strategies*, seeks to contribute to an improved understanding of population and development, and to the adoption of a more integrated approach to their analysis and management. The series will have a special focus on the conditions that generate and perpetuate poverty, inequality and inequity – the operational challenges arising from these conditions, and how UNFPA is responding to these at the global, regional and country levels.

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