

Population Ageing: Background Review

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Viewed as a whole the 'problem of ageing' is no problem at all. It is only the pessimistic way of looking at a great triumph of civilization (Notestein, 1954).

This review is divided into three broad parts. In the first part, the paper addresses the fundamental demographic processes which underlie the structural ageing of populations and the outcomes in terms of changing age and gender balances, and uneven spatial distribution. Limitations of chronological age in defining concepts of dependency are also discussed. Part two addresses the major issues produced by ageing processes for individuals and national governments or agencies in the context of diverse cultural, social and economic contexts. These issues range from the personal needs and preferences of older persons themselves to the support of caregivers and agencies, and to private and public obligations and funding for the welfare of older persons. Finally, in the third part, the review outlines and summarises UNFPA participation in policies and programmes aimed at those undertaking the responsibility of promoting the welfare of older persons and particularly those projects adopting the strategic focus developed in the post ICPD phase.

Throughout the review *older persons*, or synonymously, *the elderly*, are generally defined as those 60 years of age and over. However, examples are cited in a few instances from countries or studies which have adopted 65 years of age as the threshold for identifying this group of people.

1 DEMOGRAPHIC PROCESSES AND OUTCOMES

Population Age Structure

Population ageing is increasingly being recognised as a process of major significance for all societies as they enter the twenty-first century. In the second half of the twentieth century, age composition, as an integral element of population change, tended to be largely ignored in the preoccupation with rapid population growth and the issues related to reducing levels of mortality and fertility. Despite the wide range of implications of youthful populations, notably in terms of education, labour supply and unemployment, the main concern was perceived to be the momentum of the age structure which implied continuing high numbers of births even under conditions of declining fertility rates.

The scale and extent of population ageing has seen a major shift in focus as the incipient ageing of earlier periods and localised communities has become an emerging feature of populations worldwide. Earlier reductions in mortality had a rather diffuse and uneven impact on the age structure, favouring infant mortality and generally extending expectation of life. Declining fertility, by contrast, because it focused on a single birth cohort, had a major impact on the age structure, and

persistence to low and even sub-replacement levels has inverted the age momentum effect, perpetuating the low fertility and ageing features of these populations. Most recently, as reductions in age-specific mortality rates in childhood and younger adult ages have attenuated to low if not irreducible levels, significant improvements in life expectancy are occurring within older populations. This development has further accentuated the trend to expanded numbers and proportions of older persons in the population.

The same basic determinants, mortality and fertility, have also influenced the balance between the sexes at any given time, but in spite of relatively high sex ratios at birth and the reductions in mortality, higher age-specific mortality rates for males persist, resulting in larger numbers and proportions of elderly women than men. Consequently, the burgeoning population of older people also raises important gender issues particularly in such areas as health, income and welfare.

The ever-changing age structures of countries worldwide are increasingly portraying characteristics of ageing as most countries, to a greater or lesser degree, experience the declining fertility rates which are a primary determinant of population ageing. Even the least developed countries display the incipient symptoms of this trend which will become an almost universal feature of national populations into the twenty-first century. More developed countries, with sustained low or sub-replacement fertility, already have large elderly populations (Golini, 1997) and among other countries now following this path the rapidity of fertility decline is determining the unprecedented speed of the ageing process (UNFPA, 1998).

Median age A summary measure of age structure, such as median age, reflects the general shift in age distribution which has accompanied changes in fertility levels (Table 1). At the world scale, increasingly youthful populations (with the median falling to less than 22 years of age) characterised the 1960s and 1970s during the phase of rapid growth, a feature strongly apparent in less developed regions but not in more developed regions where low birth rates were already common. Through the 1980s and 1990s, median ages have been rising almost everywhere as lower fertility has become more and more widespread, and even least developed countries (which are a subset of the less developed category) with a median age of 17.9 years in 1995, had joined the overall trend. Specific African countries (Table 1) are still very youthful although most, like Algeria, have passed their nadir. In many countries of Asia the median age, as in Korea, is already into the later twenties and this is also true of more mature populations in Latin America and the Caribbean, such as Argentina and Cuba.

By the turn of the century the median age in countries in the **more developed regions** is expected to exceed 37 years of age, a level of maturity characteristic of both Europe and North America and exceeded by Japan (the leading example) with a median age of nearly 41. The shift in age distribution will become even more extensive and fundamental through the first two decades of the twenty-first century as more developed regions reach a median of about 42 years with some other countries such as Germany and Italy matching or overtaking Japan. Even **less developed regions** move, on average over the fifty-year period 1970 to 2020, from a median age of 19 years to a median exceeding 29 years.

As a measure of central tendency, the median age is not a particularly sensitive measure of the major changes occurring at the extremes of the age distribution, since it is at the youngest and oldest

ages that the greatest impact occurs. As younger cohorts tend to become proportionately (and in the longer-term even numerically) smaller than previously, adult groups of working age expand, stabilise and even shrink as the peristaltic effect of successive birth cohorts moves through to expand older age groups.

Functional age groups In the period 1970-2020 the child share of the world's total population is expected to have reduced by more than twelve percentage points, three-fifths of that difference accruing to the 15-59 age groups and the remainder being reflected in the expansion of the elderly age groups. Consequently, as early as 2020, the population 60 years of age and over is expected to exceed 13 percent of the total world population (Table 2). In terms of absolute **numerical** growth the child population is expected to have grown by 545 million, or about 39 percent, 1970-2020, the working-age adult population by 2,730 million (136 percent), and the 60 and over population by 694 million or 223 percent, to reach a total of about 1,005 million older persons.

The shift in age distribution continues to be greatest in the low fertility countries comprising the **more developed regions** where the working-age population already comprises about 62 percent of the total and older persons more than 18 percent (1995). By 2020 the working-age share will have declined to about 58 percent and those aged 60 and over will comprise one-quarter of the population, as demonstrated by Europe and North America, the two major continental regions contributing to the more developed regions. By 2020, the **less developed regions** will also have about 62 percent of their populations in the adult working ages, but the child component will still exceed a quarter of the total and the elderly about 11 percent - less than half the comparable proportions in the more developed regions. Within this group of less developed regions, in 2020, the **least developed countries** are expected to have a functional age distribution similar to that of the total world population fifty years earlier, in 1970.

The spatial distribution of the world's population among the major world regions is even more significant in terms of the implications for the provision of basic human needs. In 1970, the people in **less developed regions** already comprised about 73 percent of the world's total population and this share had risen to about 79 percent in 1995, and can be expected to reach about 84 percent by 2020. Consequently, irrespective of the proportional age distribution *within* regions, the less developed regions have more children, more adults of working age and more older persons than the more developed regions by a wide margin and the share of all groups will continue to increase. Specifically, in 1995, the less developed regions had 87 percent of the children, 78 percent of those of working age, and 61 percent of the elderly. By 2020, this share is expected to increase to 89 percent, 85 percent and 70 percent respectively, with major implications for the provision of education, productive work and support of the aged, in addition to such basic needs as food, clothing and housing.

In view of this situation, an assessment of implied needs and appropriate policy measures for particular age categories of the population must focus particularly on the situation in the countries comprising the less developed regions. Furthermore, the overwhelmingly predominant share of the world's population at all ages and the issues and problems associated with each requires that, even where one age category is singled out for analysis and evaluation of special needs, policy decisions must adopt a more holistic view, and particular subgroups and remedial measures must be

resynthesised with those of the wider community to promote and support 'a society for *all* ages'.

Older Persons

Growth of older populations Given the major and increasingly universal shift towards older populations it is hardly surprising to discover that the scale and speed of change in populations at these ages is exceptional. Over the last 25 years to 1995, in all but the least developed countries the population aged **60 and over** has been increasing at, or faster than, the total population growth rate (Table 3). If the two largely overlapping regions of the least developed countries and Africa are excluded, the growth rate of the elderly 60 years of age and over everywhere has been much more rapid than for the total populations, and in the most extreme case, that of Europe, the rate was three times as fast.

In the period 1995-2020, the difference between the 60 years of age and over and total growth rates is expected to increase substantially. At the world scale, the growth rate for the elderly 60 and over is double the general rate. In the less developed regions, including Africa and Latin America & Caribbean, the average annual rate is in excess of three percent - again, as much as double the overall growth rate. In regions where the total growth is very low, the elderly component is growing at many times the total population rate.

Even more noteworthy, however, is the rate of growth in the older aged population, **80 years and over**. Rates for these ages worldwide exceeded three percent, 1970-1995, reflecting increased life expectancy for the oldest ages which has already been making an impact over a relatively sustained period. In the **more developed regions**, notably Europe and North America, these rapid growth rates for the 80 and over populations drop by fifty percent through the 1995-2020 period, but in other regions rates of increase in the oldest populations will be maintained at similar high levels to those for 1970-1995 (Table 3).

Sex ratios Despite the substantial growth trends for both sexes, the sex ratios continue to reflect the established, strong predominance of women at all older ages (Table 4). The sex ratios *within* the elderly age groups are lowest in those regions with the largest and longest established proportions of older persons. For age **60 and over**, the **more developed regions** with persistent low fertility and relatively large older populations averaged sex ratios as low as 645 males per thousand females (in Europe) in 1970, while North America had somewhat higher ratios at about 760 males per thousand females. A modest recovery in the proportions of males is expected to occur in more developed regions by 2020 to at least 725 per thousand (in Europe) and to levels above 800 elsewhere. In 1970, **less developed regions** collectively recorded rates around 880 males per thousand females and were expected to maintain these through to 2020.

Sex ratios for populations aged **70 and over** reflected the increasing preponderance of women at these ages with levels, particularly in more developed regions, about 100 points per thousand lower than for the corresponding year for the population 60 and over. The difference in sex ratios between the 60 and over and 70 and over populations tends to be smaller for the less developed regions. At ages **80 and over**, the world average is below 600 males for every thousand females. In the **more developed regions** women in 1970 outnumbered men by two to one and, with some oscillation, this

pattern will persist to 2020. In the **less developed regions** a 1970 ratio of about 750 has dropped about 100 points but is likely to maintain this level subsequently at around 650 males per thousand females.

Overall Demographic Appraisal

In general, the established pattern of substantially larger numbers of women in older populations will continue and become progressively greater as cohorts advance into older ages. Over time, the United Nations (1997b) projections suggest that, for the **more developed regions**, sex ratios among older populations may have reached their nadir towards the end of the twentieth century and might be expected to rise again in the following decades, reverting to levels similar to those pertaining in the 1970s. In the **less developed regions**, sex ratios had not sunk so low and, entering the twenty-first century, are more likely to remain at levels characteristic of the 1990s. Women therefore comprise by far the greater proportion of older populations at any advanced age, and although the *proportions* of elderly women are largest in more developed regions, much larger *numbers* of elderly women are located in less developed regions.

Spatial variations The spatial distribution of the elderly, as the end product of the differential growth rates previously discussed, reflects not only the burgeoning numbers of older persons in less developed regions but also the varying degrees of concentration and predominance of the female component of the aged. Already by 1970, the population aged **60 and over** in less developed regions was distinctly larger than in more developed regions although the female component was about the same (87 million in each of the two regions; Table 5). By 2020, the large numbers of older persons in less developed regions will not only be substantially more than double those in more developed countries but will comprise over 40 million more women than men. Over 80 percent of the elderly, both male and female, in less developed regions will then be located in Asia (Neville, 1992)

In the 1990s, the population aged **80 and over** is still concentrated in more developed regions, and it is the large female numbers which account for this (Table 5). By 2020, however, the predominance of the less developed regions as the main locale of the elderly will have prevailed at these ages also, for both men and women. Again, at these older ages, most of the elderly identified as living in less developed regions will be in Asia: the projections indicate this concentration to be about 88 percent for each sex. In fact, it is anticipated that more than half of the males and about 46 percent of the females aged 80 and over worldwide, will be living in Asia.

Limitations of age as an indicator While the preceding discussion has adopted a series of simple statistical measures to assist in identifying the broad parameters of the older populations distributed worldwide, both in the recent past and for the immediate future, that such an analysis is only a first step in determining the fundamental character and needs of older persons. As a surrogate for identifying the particular needs of a major cluster of people within a population, age provides a rather crude tool. Although certain problems and needs are strongly associated with age, groups defined by age can be extremely heterogeneous in terms of educational attainment, health status, income and many other major variables. Just as there is a common element together with a diversity of needs for the thirty-year age category 0-30 years (which would never be treated as a single homogeneous unit), so too there is immense heterogeneity in the characteristics and needs of

populations aged 60-90 and over. Recognition of this diversity is essential if the mainstream of older people is to achieve a satisfying quality of life through active ageing while the most marginalised and needy are simultaneously and effectively included in relevant policy decisions and appropriate provisions.

For similar reasons the notional concept of the demographic dependency ratio, in which children and older adults, together defined as dependents, are offset against those ostensibly of working ages, is extremely unsatisfactory (Dean, 1993). Differences between countries in age of commencement and curtailment of participation in economic activity vary widely, the definition and variable nature of work undertaken at all ages and the heterogeneity within such broad age categories totally defeat any useful interpretation. Additionally, the meeting of needs of the elderly by their own endeavours, by voluntary activities of community or family caregivers often without remuneration, confuses more than it clarifies and defaults to a dependency status not only inappropriate and unacceptable to many older persons but unreliable and misleading in its reflection of reality.

2 CULTURAL, SOCIAL AND ECONOMIC ISSUES

Marital Status and Living Arrangements

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 outnumber widowers even at quite advanced ages. 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 although, in the case of England and Wales in 1991, for example, this did not occur until the age of 73 (Grundy, 1998). The reasons for this gender disparity are readily apparent. Women have a greater life expectancy than men, and in most societies are likely to be younger than their spouses, increasing the probability of surviving them. Similarly, in most societies, men are more likely than women to remarry - partly because the paucity of available males reduces the option of remarriage for women. In addition, significant differences occur from one society to another in numbers never marrying or divorced, and this component is a significant subgroup among older persons in some instances.

Although marital status provides some indication of family relationships, of greater significance for the elderly is the extent to which generations are coresident. With escalating life expectancy and the increasingly common occurrence of four generation families in many societies, especially in Asia, North America and Europe, expectations that traditional family practices in caring for the elderly would be expanded and elaborated might well be anticipated. For example, in France 26 percent of the women born in 1930 were part of a four-generation family at the age of 60 and even the least favourable survivorship hypothesis inflates this proportion to 33 percent in the foreseeable future (Pennec, 1997). Even where three generations are still predominant, postponement of childbearing by career women in low fertility countries tends to result in their moving in short order from a situation of dependent teenage children to dependent elderly parents. Despite the apparent advantages of multigenerational coresidence, in most low fertility societies the trend is towards

separate lifestyles and greater independence.

Historically, for many cultures in Asia, multigenerational accommodation arrangements have been integral to social organisation whereas this has been less common in Europe, although some consider that the differences may have been overstated (Goody, 1996). In China and Korea, for example, older people most commonly lived with a married eldest son, 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 coresident or independent is often addressed, what is commonly neglected is determination of the *function* of coresidence or non-coresidence. Coresidence may signify support flowing from the elderly parents to their offspring in the form of childcare, shopping and meal preparation rather than assistance to the older generation. With increases in income, non-coresidence may signify a greater preference for privacy and independence on the part of parents and adult children (Hermalin, 1997).

In Korea, the proportion of older people living in households composed only of the elderly rose from 23 percent in 1985 to 42 percent in 1995 (Chung, 1998). Results of the 1997 Korean National Fertility and Family Health Survey indicated that over 70 percent of women said that they did not want to coreside with their children in old age, whereas under eight percent said they did. On the other hand, somewhat unusually, a very large proportion indicated that they would prefer institutional care to home care in old age (Lee, 1998). Whether practice will actually correspond to this expression of intent remains to be seen.

Although coresidence continues to be the core of support relationships between parents and adult offspring in China, levels of coresidence themselves have declined over time. Despite most parents still living with one of their adult offspring, non-coresident children maintain high levels of face-to-face contact with parents and provide help on a regular basis even in instances where the parents live with another child. There is also a bias toward living closer to sons - comparable to the gender bias previously found for coresidence (Bian, Logan and Bian, 1998). This study of intergenerational relationships, undertaken in two major Chinese cities, found no effects of parents' age or health on proximity, contact, or help but rather, suggested that support of parents represents not so much parental needs as filial obligation. Some kinds of help, such as financial aid to parents with no pension or only a small retirement income, have a strong instrumental component, but weekly visits, a token gift or regular help with some aspect of shopping or household care can be more symbolic than instrumental, expressing publicly the ideology of respect and filial piety.

For the Chinese, major adjustments still lie in the future as the Chinese family is enmeshed in processes for which impacts remain to be assessed. The first cohort of the one-child family era is now reaching adulthood, and parents and children will gradually begin to experience the consequences. Certainly gender preferences are unsustainable if parents have only a daughter. Choices will also have to be made as to whether parents live with their only adult child or accept the contemporary trend away from coresidence, and live apart from their offspring. The adjustments to family arrangements for ageing parents are likely to be as fundamental as the economic and social adjustments to low fertility levels achieved by the one-child family policy.

Japan, represents a particularly significant example because, while perceived to be sharing many demographic and economic features with the more developed societies of Europe and North America, in matters of family demography it is commonly believed to share more with the newly industrialising societies of East Asia. Certainly, the tradition of support within the home has not been entirely lost and attempts are being made to encourage the retention of this system. Reportedly, increasing numbers of older men and especially older women are living alone or, in much smaller and quite stable numbers, in hospitals or institutions. The proportion of older persons in one-person and couple only households is on the rise but is still lower than in other countries in more developed regions (Kojima, 1998). Of the population aged 65 and over, 56 percent lived in three-generation households as recently as 1972, but this proportion had fallen to 33 percent by 1995 (Ogawa and Retherford, 1997). However, as these authors note, population ageing, the growth of the social security system, and the weakening of family care of the elderly in Japan conform to a pattern common to all countries that modernise and undergo demographic transition.

Japan differs in the speed and extent of population ageing and the initial strength of traditional joint family arrangements and values of filial piety. Although changes in values have tended to lag behind changes in underlying economic and social conditions, theory and evidence suggest that the government's efforts to shift some of the responsibility for caring for the elderly from the social security system back to families will not be very successful. The reasons are familiar in the experience of other developed countries: declines in coresidence, increases in women's education and full-time paid employment, increases in the ratio of impaired elderly to available caregivers, and weakening values of filial piety.

By contrast, in Thailand, where the preference for living with adult sons is less pronounced (and is actually higher for married daughters), widespread abandonment of obligations to Thai elderly by their children or kin is viewed as unlikely, although the impact of rapid fertility decline and socio-economic change may modify the situation in the future (Knodel and Napaporn, 1997). In Singapore, the government considers that primary responsibility for older people still lies with the family and various schemes have been introduced to encourage this. Public housing provisions now include granny flats, multigenerational accommodation (in public housing previously restricted to nuclear families only), or priority for elderly parents to live in close proximity (Yap, 1998). A 1995 survey revealed that there had been no decline in the proportion of elderly coresiding with at least one child. Among those aged 60 and over, more than 85 percent lived with one of their children (Chan, 1997).

The experience of some societies in western Europe, although significantly different in the evolution of marriage practice and family structures from countries in Asia, is producing a somewhat similar result to some of the more affluent Asian societies where coresidence appears to be declining - ever larger numbers of older persons living alone, with women much more affected than men at the oldest ages. The increasing autonomy of older people is illustrated by the case of France where the proportion of people aged 60 and over who are living on their own (with a spouse or alone) had risen to 85 percent by 1990, and fewer and fewer older people are living in a household headed by someone else (Toulemon, 1997).

The main change in adult family life in France is the decreasing proportion of married people at all ages. Since the early 1970s, cohabitation without marriage has emerged as the common way

of union formation, as nine out of ten unions now begin without marriage (Toulemon, 1998). This arrangement is not confined to young adults, but is occurring among the over-60s where cohabitation may also take more novel forms such as intermittent or alternating cohabitation. Such conjugal lifestyles help resolve problems specific to the older generation: the existence of children and grandchildren with whom they wish to remain on good terms; ownership of property, especially houses to which the elderly are particularly attached; and the existence of a past that must neither be forgotten nor disowned (Caradec, 1997).

Employment and Retirement

Issues relating to age of retirement and retention of older workers in the labour force have been widely and frequently discussed in many of the societies which comprise the **more developed regions**. There is a considerable degree

habits.

Another reason for the decline in participation rates of older workers is an increased preference for retirement, but other factors such as retirement policies, social security systems and labour demand are likely to be of greater fundamental importance as the underlying factors influencing the actual timing of retirement. In the United States, the accelerated decrease in labour force participation corresponds roughly to the introduction of Social Security and the adoption of employer-provided pension plans which have both been shown to constitute substantial incentives to leave the labour force early (Wise, 1997). In addition, sub-optimal health can also be a predisposing element in favour of retirement in the United States, whereas personal savings, because they are relatively low, do not encourage retirement.

Provisions of pension schemes and the presence of early retirement policies often reduce incentives to prolong participation even when individuals may wish to postpone their departure from the labour market or to have a more flexible transition from work to retirement. Despite the evidence suggesting that there is no relationship between the fall in participation rates of older workers and recorded unemployment (OECD, 1997), early retirement is often encouraged in the expectation that it will improve job prospects for the young unemployed, and many European countries have so-called 'unemployment pensions' which function as early retirement schemes. However, withdrawal of older workers from the labour force does not necessarily result in direct substitution of younger workers, and even if suitable replacements can be found the older workers may well undertake alternative employment elsewhere. In situations where social security benefits are sufficiently generous to discourage active searching for another job the economy is then deprived of valuable human resources. The provisions of social security schemes may create a high reservation wage for older workers and instead of reducing unemployment, forced early retirement may aggravate the problem over the longer term, as early retirement is often financed by higher taxes.

In an alternative approach, invalidity and sickness benefits have also been used in many countries as surrogate schemes for early retirement plans, particularly when unemployment rates have been high. Such measures not only affect current flows into what is effectively early retirement, but also have an impact on the behaviour of future cohorts of older workers by raising their expectations of an early exit from the labour force and possibly reducing their current work effort.

An increase in the age of entitlement to retirement benefits in order to align work incentives with fiscal provisions would have a direct impact on the labour market. In some instances pension benefits are not actuarially based and therefore are not reduced when public pensions are obtained before the statutory age, providing workers with an incentive to retire earlier. In some systems, public pensions have an earnings rule attached to them so that any earnings above a certain limit may result in a substantial reduction in pension payments or, in effect, high effective marginal tax rates on earned income, disadvantaging anyone who works beyond the statutory retirement age. Such provisions may also account for the abruptness of the transition from work to retirement. Limited portability of many private pension plans has an inhibiting effect on labour mobility which is particularly acute for schemes organised at the company level rather than at the wider economic sector level. Older workers may also suffer other disadvantages, including lack of access to re-training programmes, and difficulties in securing jobs once they become unemployed (Grundy, 1998).

In **less developed regions** the ability of the older population to be self-supporting for at least some of their later years is often overlooked and only the governments of the more economically and demographically advanced countries have really recognised the productive capabilities of the elderly and begun to institute programmes to encourage continued economic activity albeit with mixed success. In the Republic of Korea, for example, in order to encourage retention of older workers in the industrial sector, the government enacted the Aged Employment Law in 1991 requiring establishments with 300 or more employees to employ at least three percent older workers (Song, 1998) although reportedly some firms would rather pay fines than conform to these requirements (Cho and Byun, 1998). Following the enactment of this law, public enterprises increased the mandatory retirement age to 60, explicitly attempting to employ more older workers, an example which leading private enterprises followed until diverted by the financial and foreign exchange crises of 1997. Some commentators consider that more decisive government measures are required to enable a greater proportion of healthy and active older populations to continue working. Employment in the form of re-training is particularly desirable since this allows older workers to take up new occupations and to cope with rapid technological change.

In recent years Singapore has initiated significant changes in an attempt not only to provide positive opportunities for the elderly but also to ensure that the paucity of young adults entering the labour market does not have a deleterious effect on production. Apart from the influx of foreign workers, measures taken to enhance the size of the labour force include raising the retirement age from 55 to 60 years of age in 1993, and progressively to 62 in 1999 and to 67 in 2003; and encouraging women generally and older people in particular not currently in the work force to return to work. This is consistent with the government's promotion of 'life-long employability' through 'life-long learning' by which continued economic activity can be achieved on the basis of re-training and upskilling throughout the population. Here, too, concern is being expressed by employers over the rising cost of labour in the context of an ageing work force where the seniority-based system of remuneration has prevailed. Adjustments are being made to incorporate such features as a more flexible system of payment to reflect productivity and to reduce requirements for contributions to the Central Provident Fund for workers over 60.

Focusing on the formal sector of the more highly urbanised societies in the less developed regions, especially in Asia, can be somewhat misleading since such observations suggest that issues of employment among older people are being met by official measures analogous to those invoked by countries in Europe and North America at an earlier stage in the ageing process. However, for most of Asia, the greater proportion of opportunities to remain in the labour force occur in a significantly different form: they are concentrated in services and agriculture, and rather than relying on the public sector or large corporations, older workers are more likely to be self-employed or active in family businesses. While official measures are largely geared up to the particular circumstances of urban employees, the majority of the actually or potentially economically active are in rural areas, in small family businesses, and in the informal sector in both its rural and urban manifestations.

Outside the modern and predominantly urban business sector the concept of 'retirement' may have little currency and family roles and economic activities merge. For older people, whether urban or rural, contributing to the collective needs of the family (as distinct from continuing to follow a personal career or even pursuing individual employment outside the home) may not give rise to a

need to differentiate between activities commanding remuneration and fulfilment of obligations and duties in the home. Childcare and housework (more especially for women), and financial assistance and consultation on family or business matters within the household may contribute just as significantly to family well-being as participation in productive processes identifiable as 'economic activity'. This also provides a reminder, as previously noted, that coresidence need not imply dependence on the part of older persons but intergenerational support flowing from parents to children and grandchildren. This again raises issues, particularly for women but also for all older people, relating to the definition of work, and the value of activities undertaken without the recognition that remuneration provides.

Given these circumstances it is therefore hardly surprising that, in the many surveys of the elderly which have been made in Asian countries in recent years and the range of themes addressed, one topic not included is that of work and retirement. Although many of the surveys contain some current information on labour force participation, the closely related topics of work, wealth and retirement as studied in Europe and North America, have been largely absent from most Asian studies to date (Hermalin, 1997).

Health and Health Care

The health characteristics of most people in their sixties and seventies are broadly similar to the rest of the adult population. The stereotype that closely links ageing with infirmity is unfounded. There are enormous health variations within each older age group ranging from persons with virtually no impairment to those with severe disability. Being sick and limited in life choices is the antithesis of active ageing. The fact that most older people are reasonably healthy is a sound reason for pursuing active ageing policies which proactively encourage participation in the widest possible range of activities including employment and, as far as possible, removing barriers to work and learning for people who have reached some notional age of retirement. 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.

Although the majority of older people enjoy good health, ageing is accompanied by biological changes which increase the risks of illness, disability and the probability of dying. 'Health expectancy' may be used to describe disability free years of life and probabilities determined on the basis of decrement tables derived using a methodology similar to that of the life table. Prevalence of chronic illness rises with age and, as one would expect in **low fertility countries** where degenerative diseases prevail, comprises similar illnesses or disabilities in such contrasting cultures as England and Japan: musculo-skeletal conditions and disorders of the heart and circulatory system. While chronic illness may not amount to disability or frailty and have little inhibiting effect on the activities especially of the younger elderly, the prevalence of disabilities is strongly age related and reaches high rates at more advanced ages (Grundy, 1998).

Despite women having a distinctly longer life expectancy than men, in most more developed countries they also spend longer in a state of impaired health. However, while there appears to be an increase in the prevalence of light and moderate disabilities as people grow older, this is accompanied by a levelling or fall in the occurrence of severe disabilities (Mertens, 1994). The increase in life expectancy has to be partly explained by a slowing in the rate of progression of chronic

diseases. So, although the decline in mortality leads to an increase in the prevalence of chronic diseases these diseases are generally milder in character and the severity of dysfunction is declining. Nevertheless, a recent analysis provides evidence for the United States that in the 1980s increases in life expectancy were concentrated in years spent without disability. This stands in remarkable contrast to the preceding decade when almost all of the increase in life expectancy was in older years characterised by disability. While this outcome was true for both males and females, the increases in both life expectancy and life expectancy free of disability for males have been much larger than those for females (Crimmins, Saito and Ingegneri, 1997). More rigorous evidence about the linkages among mortality, health, dysfunction and ageing would enable greater precision in the assessment of the effects of changes in epidemiology, medical interventions and health policy.

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, and in some more developed countries as much as one half of all health care expenditure occurs in the last two years of life (OECD, 1997). Whereas personal health care expenditure increases only moderately before the age of 60 when mortality is still relatively low, preliminary estimates indicate that per capita expenditures around age 70 are twice the average, peaking to four times higher for those aged 80 and over. The concentration of long-term care use among the very elderly is even more dramatic.

Other recent research carried out in the United States but with an apparent wider applicability suggests that health outcomes at old age are influenced by health attributes of past and concurrent generations of relatives. In particular, parents' age of death and number of surviving siblings are both correlated with disease prevalence and ability to function. Still to be determined is whether this correlation reflects shared genetic endowments, where some families are healthier than others, or the cumulative impact of common social, economic, and geographic environments (Smith and Kington, 1997). Other findings also indicate that the greater inability of some groups to function effectively during old age has less to do with ethnicity per se than the joint interaction of socio-economic status and health. Furthermore, compared to men, women of each ethnic group have more functional limitations. These appear to reflect a relationship between parity and general health among women over 50 years of age; differences between men and women in how they report symptoms and health outcomes; and, given their relatively high mortality rates, a greater degree of selectivity among males since only the more robust survive to older ages.

In the majority of **less developed countries** governments provide very limited health services or medical care so that the needs of the lower and middle income segments of the elderly population - preventive, curative, restorative and rehabilitative - remain largely unmet. Most older people have to depend on their limited savings or on the support their children can provide for treatment and general health care. State supported public health services are limited in their coverage and are mainly 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 services (Bose, 1996).

Gradual improvements in most countries include separate access and consultation hours for the elderly; specialisation in geriatric medicine and hospital wards; mobile facilities, and expanded

facilities for treatment of health problems, such as cataract, which are a particular problem of the aged. The bulk of the population in less developed countries is not covered by medical insurance which, in most instances, caters only to the more affluent sections of society and receives little or no support from the state. Even where available and accessible to older people, medical insurance generally does not cover preventive health measures, personal health care or domestic ancillary support services, aids or appliances.

The Republic of Korea is one of the few wealthier countries in less developed regions where there is comprehensive medical provision for the whole population since everyone is covered by health insurance or medical assistance programmes. As of 1995, nearly 97 percent of those aged 65 and over were covered by health insurance and the remainder were covered by medical assistance (Chung, 1998). As elsewhere, health insurance coverage is more focused on curative health care rather than preventive care. Furthermore, patients have to pay 20 percent of hospitalisation fees, and an even more substantial proportion of outpatient fees so that the outgoings confronting the elderly can still represent quite a financial burden. As recently as 1996, the limitation on the reimbursable treatment period for the elderly was abandoned to the benefit of the chronically ill and long-care patients. In Singapore, where part of Central Provident Fund savings can be used for medical expenses, the obligations of filial piety and the safety net of medical insurance are combined in the Fund's provision for parents' hospitalisation charges to be deducted from their children's medical savings accounts (Yap, 1998).

Wherever they are provided, public health systems and health insurance schemes are facing funding problems partly because of the escalating numbers of older people who make more frequent use of health service provisions, but also partly because the elderly are more likely to require procedures based on the use of expensive technology. Whether in societies where the main responsibility for care of the aged is undertaken by the family, by the community or by the state, the major costs relate to the long-term care of the frail elderly and the main issue is balancing individual or private responsibilities against collective or public responsibilities. In many societies, not confined to more developed regions, long-term care has become a normal risk in society and its financing requires some form of collective risk-pooling mechanism. Such mechanisms must take into account the major costs, such as long-term nursing care, as well as the more minor costs that now tend to be covered in a more comprehensive way. At present, most of these risk-pooling mechanisms are in the public rather than in the private sector.

Economic Security and Income Support

Adequate income support at older ages is a matter of primary concern for those who wish to ensure some degree of independence; absence of a sufficient and reliable income reduces the elderly to varying degrees of dependence. 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 regions who are in the unorganised, small scale and informal sector in urban areas, or in agriculture and allied sectors in rural areas, the absence of pension schemes, provident fund or other suitable savings instruments, the lack of information and foresight with regard to problems of older ages, the irregular flow of income during their working lives and the constant pressures to meet current needs guarantee a high degree of dependence on their children (Bose, 1996). Those without

children run a severe risk of joining the indigent and homeless.

In all but the wealthiest societies in less developed regions, the majority of aged people do not have the resources to support themselves and so children are the main means of support by default. Even then, the elderly are unlikely to receive cash directly from their children for personal spending. This problem of income security is far more acute in the case of elderly women since even in the normal course of events women 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 particularly disadvantaged because of their longer expectation of life and period of widowhood, and their earlier withdrawal from economic activity, especially self-employment.

In countries in less developed regions, provident funds established for the benefit of civil servants and other beneficiaries of the (mainly British) colonial system have, in many instances, evolved into more general pension provisions for those in the formal labour force and these provisions have been complemented by private schemes accessible to the more affluent. National provident funds are employment-based social security systems providing primarily for urban-dwelling workers in the formal employment sector. Employers and employees pay to the central government agency pre-determined proportions of a person's wage or salary which are then credited to the individual.

National provident funds, in one form or another, constitute one of the most popular forms of social security. They are popular with their members who identify with their 'deposits', and with sponsoring governments which perceive them as self-help vehicles for the provision of basic retirement income protection while at the same time mobilising substantial domestic savings for low-cost public use (Dixon, 1995). However, because the funds are employment related and focus on wage and salary earners in the formal sector, those who have never undertaken economic activity as officially defined, who have worked in the informal sector, or comprise part of the very large and mainly self-employed work force in rural activities such as agriculture, are unlikely to be beneficiaries of such a system. Even beneficiaries are unlikely to find their old age payments from the provident funds adequate to support them at anything like the level of lifestyle to which they have been accustomed. Furthermore, broadening of the basic functions of the provident funds to include funding for housing, healthcare and even, in the case of Singapore, investment in the stockmarket, has diluted the superannuitant function of the funds.

Examples of the national provision of pensions and of the alternative ways of supplementing them or substituting for them where they are lacking are diverse and varied. In Malaysia, despite the provisions of the official provident fund for those who were contributing employees in the labour force, there is broad evidence for the enduring importance of the provision of old age security through the family, particularly for widows who are elderly and in ill health, and there is even stronger evidence in favour of the concept of adult children repaying their parents. Transfers from parents to children serve primarily to finance the children's education, and adult children's transfers to elderly parents are a strongly increasing function of the child's education. In sharp contrast to a society like that of the United States, where employer provided pensions, health insurance, public social security

and Medicare have replaced the family, the dominant direction of monetary transfers between non-coresident parents and their children is from the younger to the older generation (Lillard and Willis, 1997). Family financing of investment in the younger generation's human capital has played a significant role in facilitating Malaysia's rapid economic growth, but national economic development has not reduced either the obligation or the need for children to continue to reciprocate with monetary transfers to their parents as they reach older ages (Leete, 1996).

The Korean government has put considerable effort into developing welfare policies for the elderly including livelihood protection, although overall, less than five percent of the Ministry of Health and Welfare expenditure in 1997 was devoted to the elderly. The old age allowance comprised nearly two-thirds of government expenditure on programmes for older people, with a further quarter devoted to institutional care of the aged (Chung, 1998). Even in the more wealthy Asian societies such as Korea, Hong Kong and Singapore, the widespread expectation of family support of the aged is still passively, and sometimes quite actively, encouraged. For example, in 1995, Singapore introduced the Maintenance of Parents Act which provides for parents to sue neglectful children for financial support (Yap, 1998).

In other countries in more developed regions government transfer payments and personal savings are the major pillars of income maintenance, and in contrast to many societies in less developed regions, relatively little support comes directly from children. Expenditure on pensions has become a very significant proportion of government expenditure (and consequently of GDP) in most countries. Many rely heavily on pay-as-you-go schemes which operate effectively in the context of an expanding labour force that is producing a favourable balance between contributors and recipients. However, as populations age, the labour force stabilises in size or even shrinks, and the ratio between the economically active and pensioners deteriorates - a trend accentuated by the tendency to early retirement until very recently in countries such as the United States. Increases in pension expenditures have been more affected by changes in beneficiary ratios than by demographic ageing alone, a consequence of early labour market exit for a range of reasons alluded to earlier. Government reactions tend to be mixed as specific provision for the recognised need of the older population is traded off against such issues as youthful unemployment and provisions for other types of beneficiary payments to adults of all ages.

In Japan, the average income level of the elderly is reported to be similar to other households (Atoh, 1998), but differentials among elderly households are larger than for the remainder of the population in terms of the value of income, savings and ownership of real estate. Consequently, public pensions are extremely important for those older persons with small incomes and assets. Public pension schemes have been provided for everyone since 1991, and in 1994 benefits comprised 55 percent of the average annual income of elderly households. However, maintenance of this level of support is becoming increasingly problematic as estimates indicate that by 2025 contributions per worker would have to rise from the present 17.4 percent to 34 percent of wages and salaries. Modifications which will ease this and other heavy demands on the social security system are likely to be introduced at the time of the next scheduled review of public pensions in 1999.

In most low fertility societies the real problem with maintaining old-age pensions at or above subsistence level is not the ratio of the working-age population to the elderly but the reluctance of

modern populations to expend resources on the old rather than on the young (Caldwell, Caldwell and McDonald, 1998). The notion of the old as dependents has largely been superseded at the family level and increasingly there are intergenerational resentments when substantial increases occur in government expenditure on the aged. The obvious option, to cut the real value of pensions, is becoming progressively more difficult as the older population become an ever larger proportion of the electorate. Such a measure is becoming an increasingly difficult option as many older persons who stand to benefit from pay-as-you-go systems consider that, having paid their taxes as employees, they have earned the right to receive pension payments as retirees. In the United States, 'grey power' has effectively influenced increased government spending on the old. This trend can be made more palatable to the electorate at large by creating the illusion that the elderly are supporting themselves, an outcome which can be contrived, as in the United States, by separating normal taxation from social security payments and steeply increasing only the latter (Caldwell, Caldwell and McDonald, 1998). Alternatively, individuals and their employers may be required to contribute to private pension or superannuation schemes effectively as a form of tax, and others such as the self-employed may voluntarily contribute to such plans. The issue which then arises, particularly in the case of government funds, is making the appropriate investments with the huge sums involved.

Women and Poverty

For many of the elderly, particularly in less developed regions, the greatest issue is poverty. The issue is more acute for women, not only because of their progressive predominance numerically with age, but also because women are disadvantaged in the predominantly patriarchal societies in which most of them live. It is when they become old that the consequences of gender roles (men as 'breadwinners', women as 'housekeepers' even in instances where they have been economically active) is explicitly revealed. 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. The large numbers of women who are single, widowed or divorced are especially vulnerable, receiving few or none of the entitlements of men and in some instances even lacking comparable status in the community and the family.

The proportions of married older people owning their own houses can be quite high but ownership among women living alone tends to be much lower. Women living alone include those who may once have owned their homes with their husbands, but whose customs of inheritance dictate partial or total forfeiture to children, or sale of the home to share out the inheritance or to cover imposition of death duties. Even in circumstances where the elderly continue to own their own homes, shrinking incomes and deteriorating lifestyles may make maintenance of the housing stock impossible and the seeking of more appropriate alternatives impractical - a state of affairs which is likely to be more acute for women than for men.

The status of women currently unmarried may also be different from that of those with the husband present, and even in family situations where the senior woman has authority and respect, their position within the family is no guarantee of freedom from poverty. Approved gender roles, status in old age and limited opportunities during their lifetimes for asset formation, make women more vulnerable than men in the same society and more likely to be at the mercy of their families which may themselves be poorly resourced.

Provision of basic needs is an issue affecting many older persons but particularly the larger number of women at advanced ages. Housing especially constitutes a problem which has more serious connotations for the elderly than for most other groups, especially in the urban areas of less developed regions. Difficulties range from homelessness, to absence of adequate maintenance of housing stock and inappropriateness of design for those who are frail or partly immobilised. In more affluent societies, debate focuses more specifically on the desirability of institutionalisation of particular categories of the needy aged, and of the respective merits of retirement homes for the elderly and staged retirement villages which offer owner occupiers a range of lifestyle facilities and progressively more comprehensive services to cater for the escalating needs of residents as they age.

The particular issues facing women run the gamut of problems confronting all older persons. As noted earlier, 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.

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 coresidence is declining in practice. Not only is a much greater share of aged care shouldered by women but many women who have been economically active reduce their work participation or quit altogether in order to undertake such obligations. 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 them 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.

Policy and Programme Implications

A number of the more affluent countries in less developed regions, particularly in Asia, have recognised from a relatively early stage the symptoms of incipient ageing in their own societies, and have responded by initiating research, conferences and consultation. Already the major declines in fertility and mortality have had a marked effect on the age structure of these populations, with significant implications for full employment and the provision of services such as education and health. These increasingly widespread demographic trends have occurred in the context of rapidly changing economic and social parameters which tend to exacerbate rather than ameliorate the impact of the continuing population transition.

The experience to date of countries in the more developed regions, as briefly touched upon in this paper, has been salutary. Most other countries are at pains to avoid emulating that example,

particularly in terms of the high cost and difficulties of effective delivery of official social welfare programmes for older populations. There are marked differences in the national experiences of the process of population maturation which can be ascribed to contrasts in cultural and social mores, in levels of economic development, in the degree of government involvement, but above all to the speed with which fertility decline is already ageing the populations of many of the world's most populous nations. Approaches are therefore being sought which will accommodate such differences and deliver the requisite services at much lower cost, perhaps by melding modified versions of established support systems, improved infrastructures and modest publicly funded programmes (Hermalin, 1997).

As the proportion of the population in older age groups increases the factors of development have, in most respects, consorted to compromise the status and viability of the aged. Technological and other changes trap them in traditional and less rewarding jobs, impede access to more desirable alternatives, necessitate early retirement from preferred careers or even withdrawal from the labour force altogether. Social change, economic success and increased mobility among the younger cohorts who have benefited from opportunities unavailable to their parents, tend to distance older people from their families and deprive them of meaningful familial roles. It is therefore inevitable that the social, economic and health needs of vulnerable older persons should emerge as priority considerations for analysts and policy makers (Hermalin, 1997).

Although the majority of countries in less developed regions are already showing clear signs of ageing populations and this process is proceeding at a speed greater than that experienced in more developed regions, there is generally sufficient lead time before the emergence of the projected and greatly enlarged proportions of older persons for policy and decision makers to adopt a nuanced approach in the development of appropriate policies and programmes. While the changing *proportions* concentrated in older ages reflect the shifting age and gender balance within populations, with major implications for substantial adjustments in the resource base (especially for any effective fiscal measures), it is the huge *numbers* of older individuals with which governments, agencies, communities and families will have to deal that must command attention.

With the large number of surveys and research projects already completed or underway, particularly in Asia, the structural features of the aged component in society, and the circumstances and needs of older people in these societies have become increasingly apparent and will continue to do so as concerned funding agencies and research institutions persevere with investment of resources in these investigations. However, while the process of change in the *form* of social, economic and demographic structures these older people are experiencing in their societies is being comprehensively analysed and better understood, the underlying *rationale* for these adaptations and people's perceptions of what needs to be done in response is less well understood.

The fact of declining coresidence in many societies is well known, but is the motivation positive on the part of both the elderly and the family, is the goal greater privacy and independence for either or both, are the objectives whatever they are being achieved to the satisfaction of all, some or none? Earlier withdrawal from the labour force is a recurrent phenomenon, but in their own particular societal contexts, is this expressing a real preference for opportunities other than employment for the older worker, a strategic response to government policy and programmes as the simplest way of achieving a particular lifestyle, a calculated preference for recreation and leisure rather than work, or

simply an outcome by default rather than by choice? Identifying the underlying motivation for exercising choice in achieving change is equally appropriate, not only for coresidence and economic activity but for most areas of human activity relating to the ageing phenomenon where such issues as poor health, disability or frailty are not the determinants of behaviour.

In attempting to develop new policies and programmes the real needs and preferences of older people need to be determined and both the direct and indirect consequences of their implementation (including the side effects of unrelated policies) evaluated. For such policies and programmes to be effective, adoption of an holistic approach will ensure that in dealing with one particular issue the broader needs of the elderly and of the wider society are recognised, that the influence of earlier life experiences of the currently aged are acknowledged, and that the prospects for meeting the needs of future older cohorts are not compromised.

3 UNFPA PARTICIPATION IN POLICIES AND PROGRAMMES

It is primarily this forward looking perspective that the UNFPA has adopted in supporting activities in the general field of population ageing. The strategic focus of the Fund's approach has emphasised data collection and analysis, especially for gender issues, and related research. Emphasis has been placed on policy formulation and planning, together with the creation of awareness of the distinctive characteristics of societies and older persons themselves in countries where ageing is emerging as an issue. Such activities have included training and other support for the implementation and evaluation of action programmes including specific policy interventions by governments and NGOs.

In the post ICPD period there has been a shift in emphasis to more closely align the strategic objectives of the Fund with those of the Programme of Action. Advocacy is being emphasised in order to draw the attention of policy makers to the social and economic issues associated with ageing, to promote coordination of programmes and to mobilise resources. Technical assistance is being offered to assist in policy development, to help strengthen national institutional capacity for integrated approaches to ageing and to emphasise the special needs of women. Training is aimed at achieving

International Conference for Population and Development, 1994

Summary of the Programme of Action for Older Persons

Basis for action

- C fertility and mortality decline: increasingly mature age structure: expanding numbers and proportions of elderly
- C an advanced process in developed countries
- C an incipient to substantive feature of less developed countries
- C gender issue: the longer life expectancy of women; elderly women are often poor
- C fiscal issue: constraints consequent upon expansion of older people relative to working age people
- C time to reassess the positive contribution of the elderly, and assistance in meeting their long- term needs

Objectives

- C to enhance self reliance, optimise independence, promote quality of life for older people
- C to develop systems of health care, and economic and social security recognising the special needs of women
- C to develop a social support system enhancing the ability of families to care for their older family members

Actions

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

- C develop social security systems to ensure intergenerational and intragenerational equity and solidarity
- C encourage multigenerational families, and support services for growing numbers of frail older people
- C promote self reliance and create opportunities for the elderly to lead self determined, healthy and active lives
- C encourage the elderly to utilise existing skills and abilities, and others to recognise their contributions to family life
- C strengthen support systems to eliminate violence and discrimination against older persons especially women
- C promote the interests of the elderly in collaboration with NGOs and the private sector

UNFPA IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION

Role of the UNFPA

I Mandate and Guidelines for UNFPA Approach to Population Ageing

Rationale

- C population ageing is a major challenge in developing countries already advanced in the demographic transition
- C the process will be much more rapid in less developed countries than in developed countries
- C developing countries have fewer institutional and economic resources to respond to basic needs of the elderly

Ultimate goals

- C to promote the well-being of people throughout the lifespan
- C to ensure in later years that every individual lives as full a life as possible
- C to strengthen national capacity of less developed countries to help meet the needs of older populations

Mandate

- C United Nations 1982 International Plan of Action on Ageing
United Nations Principles for Older Persons and Targets on Ageing for the Year 2001
- C United Nations General Assembly Resolution 46/91 of 16 December 1991
to ensure that ageing remains an important part of the United Nations development programme
- C United Nations
Programme of Action of the 1994 International Conference on Population and Development

Strategic focus

pre ICPD

data collection and analysis:

- C to undertake gender-specific analysis
- C to promote special sample surveys
- C to develop integrated data base systems
- C to promote cooperative efforts in compilation and dissemination of statistics on population ageing

research, including evaluative research *prioritising* -

- C interdisciplinary studies
- C gender specific research
- C research useful for planning and policy making

policy formulation and planning:

- C to provide assistance to governments and NGOs working in this field
- C to assist in enhancing their institutional capabilities
- C to assist in preparing alternative policy options

training: *UNFPA is supportive of* -

- C the inclusion of ageing related contents in training programmes on population and development
- C the promotion of specific training activities on population ageing for decision-makers and planners

awareness creation:

- C to further understanding of economic, social and cultural implications of population ageing
- C to support education and communication activities through formal and informal channels
- C to integrate issues of population ageing into existing IEC programmes in population and development

evaluation of action programmes: *UNFPA to make assistance available* -

- C for monitoring and evaluating specific policy interventions by governments and NGOs
- C for assessing the feasibility and effectiveness of programmes meeting the challenge of progressive ageing

Strategic focus

post ICPD

advocacy

- C to draw attention of policy makers to social and economic issues associated with ageing, including -
 - need for information and statistics to guide development planning
 - support for community-based services for those in later years of life
 - improved knowledge of programme managers and service providers of clients' perceptions and needs
 - enhancement of service providers interpersonal communication skills
- C to promote coordination of ageing programmes among governments, agencies, NGOs and the private sector
- C to assist policy makers, programme managers, service providers and communities mobilise needed resources

technical assistance

- C to assist in policy development, programme planning and management to meet the needs of older persons
- C to help strengthen national institutional capacity to develop comprehensive, integrated approaches to ageing
- C to emphasise the special needs of women, especially poor women, most vulnerable to the effects of ageing

training

- C to assist in collection of data and use of information for policy formation by researchers and policy makers

research to support

- C global, regional and country research on creation of data bases and identification of populations at risk
- C innovative research on healthy life expectancy so as to develop disability and quality of life measures
- C data on family and household composition, socio-cultural studies and the economic situation of older persons

UNFPA IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION

Role of the UNFPA

II Health Care of Older Persons in Less Developed Regions Responses to Survey Question on Health Care of Older Persons

During 1997, a Survey was conducted by UNFPA among countries of the less developed regions to determine developments which had occurred since ICPD. The Survey focused on a wide range of issues most of which are not relevant to this paper, but part of one question dealt with the health care of older people. The summary given below has reference to the responses of some 80 governments and an additional number of NGOs, to the question:

Some population groups are at greater risk to suffer a poor quality of health. What actions have the Government and NGOs taken since ICPD to 'Strengthen the provision of health care for persons at the older ages?'

Summary of Survey Responses

Within **Africa**, most of the respondents gave very full replies to other questions in the Survey, but not this one, indicating a clear focus on the other health and reproductive health issues which were of primary concern throughout the continent. Clearly the issue of the aged and provision for their health care has not yet assumed the proportions that would necessitate the mobilisation of scarce resources to deal with it given other more pressing priorities.

The general tenor of the mainly brief replies from those countries in **Africa** which did respond was:

- C governments prefer not to intervene but support traditional preferences for family care of the elderly and disabled
- C a few governments have trained personnel responsible for the care of people with disabilities and the elderly
- C general health care, often undertaken by NGOs, includes health provision for the elderly
- C in some instances NGOs have been instrumental in the provision of geriatric homes to promote the welfare and interests of old people especially if disabled
- C a few countries indicated intentions for implementing procedures to formulate a national policy to deal with issues relating to the elderly, notably provision of health care
- C promotion of participation in activities appropriate to their age

Only two countries of **Eastern Europe** responded to the questionnaire. Their responses suggested increasing recognition of the particular health needs of the elderly and that these are beginning to be provided for more explicitly.

The main points mentioned by the responses from **Eastern Europe** included:

- C official specification of the precise responsibilities of institutions providing health care in order to ensure appropriate care of the aged
- C transformation of a major hospital into a centre to care specifically for older persons
- C NGOs provide services (such as meals on wheels) and home-based medical assistance to immobilised persons including the elderly

About 16 of the countries in **Latin America and the Caribbean** responded to the questionnaire, most noting that there was little or no explicit provision for the health care of the elderly.

The main comments from **Latin America and the Caribbean** included the following:

- C provisions through social security mechanisms is one means adopted for providing for the elderly, but this has been reduced because of recent financial problems
- C an alternative approach has been to provide special discounts for the elderly, facilitating their access to public health services
- C some states provide services to the elderly as part of a free medical service to all citizens

About 20 countries in **Asia** responded to the Survey. Because of the wide variation in demographic status and degree of economic development, responses were wide ranging and reflected substantially different priorities in recognition and action for the health of the elderly.

The more significant points arising from the responses from countries in **Asia** included:

- C in many countries health care is provided to all irrespective of age
- C some administrations are still at the stage of formulating national policy aimed at providing a comprehensive primary health and medical care infrastructure
- C in some instances there is a trend for clinics for the elderly to be established within existing health centres
- C policies and legislation are being implemented in recognition of the needs of the elderly
- C voluntary agencies, sometimes with government assistance, are taking responsibility for the particular health needs of the aged
- C in some countries governments are establishing units to administer centres which are being set up, sometimes within existing health facilities, explicitly for the care of the elderly
- C other administrations, while accepting some responsibility, consider the provision of health care for the elderly still to be the responsibility of the community through extended family linkages
- C special health and charitable programmes have been implemented to support old persons without family
- C government initiatives are being implemented in geriatric medicine and in other programmes for the disabled
- C NGOs and other voluntary organisations have roles which include support of the disabled, invalids

and destitute old people

- C one country reports groups of the elderly in several cities organising themselves to lobby for their particular needs
- C in some instances centres for the elderly have been set up drawing on resources within the community
- C there is a general belief that increasing attention must be focused on the particular needs of the elderly in order to create an awareness amongst people generally
- C in some instances retired government officials are beneficiaries of health insurance schemes
- C a few governments are able to provide welfare assistance for the aged at home or in specialist hospitals where physical or mental disabilities severely affect quality of life
- C in a few instances where authorities are attempting to retain the needy elderly in the community, welfare programmes are being implemented to provide a home visiting service, day care services, and short-term care services

Although the Survey was attempting to identify developments that had occurred within each country since ICPD, in many instances it was not feasible to differentiate between activities implemented before or after that date. Apart from the case of a few countries in Asia which have both the need and the resources to make specific provisions for the elderly, most countries loosely grouped the disadvantaged and the marginalised groups together, or as one country's response expressed it: various programmes and measures have been put in place to take care of the needs of the disabled, the handicapped as well as the senior citizens and aged who are invalid and abandoned. This suggests that, at least in terms of public policy, the aged as a group are either small in numbers or represent what is perceived to be a relatively minor problem, and that it is only when the needs of the elderly become too acute for families to be able to cope that governments expect to have to become involved - as with other seriously disadvantaged groups.

UNFPA IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION

Role of the UNFPA

III Recent Projects Related to Ageing, Supported by the UNFPA

Types of projects funded

Although the issues of ageing are not central to the main activities of the UNFPA, the Fund has supported a number of important initiatives consistent with its mandate and guidelines. Most have been multi-focused in terms of the strategic objectives of the Fund, combining various permutations of advocacy, technical assistance, training and research. Some of the larger and more significant examples are given below.

Project participants and locations

Projects are awarded to national governments, to non-government organisations (NGOs), to other agencies including the United Nations Economic and Social Commissions, to universities and other research institutions. Projects vary widely in scale, not only in the geographical area to which the project relates but also in the financial resources committed. The more substantive projects relate to individual countries, to more extensive areas such as Regional Asia, Regional Europe, Regional Asia and the Pacific, or are Interregional. Small projects, often only partially funded by UNFPA, and supported simply to ensure for example appropriate country representation at meetings, or publication of major conference proceedings, have had to do with a *Pilot Project on Communications to Benefit the Elderly* in Ecuador, *Activities for International Year of Older Persons 1999*, *Publication and Dissemination of the Final Report of the International Conference on Population Ageing* initiated by the Secretary-General, and *Preparatory Activities for the Social Summit in Europe*.

Selected examples of UNFPA projects

Title: The Status of Older Persons in ECE Countries: Economic Conditions, Living Arrangements and Gender

Locale: Regional Europe

Agency: Economic Commission for Europe (ECE)

The project was initiated in 1992 under the title, The Dynamics of Population Ageing in ECE Countries, and after extensive review and evaluation early in 1996, continuation was approved for the 1996-1999 financial cycle, under the new title. Funding was provided initially by UNFPA and subsequently by the United States National Institute on Ageing (NIA), enabling the Population Activities Unit of the ECE to assemble and standardise micro-data from national population and housing censuses for fourteen countries. Several workshops, seminars and conferences have been held and the last of these will take place in 1999 as part of the United Nations International Year of Older Persons. Two major research publications have resulted to date: The Directory of Research Institutions Working in the Field of Ageing, and, Ageing Research in Europe: Demographic, Social and Behavioural Aspects.

Objectives:

overall:

- C to enable countries to implement the International Conference on Population and Development (ICPD) Programme of Action in the region
- C to facilitate implementation of the European Population Conference (EPC, 1993) Recommendations with respect to the vulnerable older age groups in the population, particularly women

in the longer term:

- C to assess and monitor the social and economic conditions of older persons, particularly older women, living in the countries of the ECE, as recommended by several recent international conferences
- C to focus on east and central European countries with economies in transition plus, for comparative purposes, countries from North America and western Europe
- C to produce policy makers with information and analysis on the impact of population ageing on pension and health care systems in countries in economic transition
- C to prepare a series of country reports and cross-national comparative studies based on micro-data samples drawn from the 1990 round of censuses

more immediately:

- C to provide input into and support for the population structure and the aged to be included in the information system for the monitoring of the ICPD and EPC follow-up process
- C to promote collaborative research efforts on the status of older persons, particularly among women and other vulnerable groups
- C to transfer know-how in the fields of population ageing and related data processing and analysis through

Title: Development of Research on the Aged for Policy Formation Purposes

Locale: China

Agency: China Research Center on Ageing

Objectives:

- C to conduct a comprehensive survey on the existing support systems for the elderly in China in order to lay a scientific basis for the government to formulate policies for the support of the elderly
- C to develop an appropriate methodology, design suitable instruments and carry out a large-scale survey of elderly in both rural and urban areas
- C to organise meetings of experts to advise and assist in determination of procedures, and to provide training for enumerators and supervisors
- C to process and publish the data collected in order to enable further research and analysis to be undertaken
- C to formulate policy recommendations for the State Council in the areas of pension policy, social security, and overall well-being of the elderly

Title: Support for the International Institute for Ageing, Malta

Locale: Interregional

Agency: The International Institute on Ageing (INIA)

The International Institute on Ageing (INIA) was established in Malta in 1988 following the signing of an official agreement between the United Nations and the Government of Malta. The initiative derived from the Plan of Action of the World Assembly on Ageing in Vienna, 1982, and a proposal to the Secretary-General of the United Nations by the Government of Malta to establish the International Institute as an autonomous body under the auspices of the United Nations. The Government of Malta, as host country, provides the requisite office premises and their maintenance and, together with other governments, the University of Malta and various agencies contributes additional funding and support. UNFPA has been supporting INIA since 1989 with cumulative contributions of about US\$1.5 million through the end of the cycle to 1999. Following the ICPD, the INIA has attempted to adapt its activities to take into account the objectives and recommendations of the ICPD.

Objectives:

programmes for the period 1996-1999 aim -

- C to facilitate the recommendations of the Vienna International Plan of Action and the ICPD Programme of Action in the area of ageing
- C to increase awareness of issues involved in population ageing through research, advocacy, networking and information exchange activities
- C to devise appropriate strategies and measures to counteract any negative effects of ageing
- C to draw up recommendations and targets to ensure the well-being of elderly persons
- C to fulfil the training needs of developing countries

Title: Asia's Population Future - Implications for Family and the Elderly
Locale: Regional Asia and the Pacific
Agency: Economic and Social Commission for Asia and the Pacific (ESCAP)

Objectives:

in the longer-term:

- C to support the role of the family and to promote complementary community-based services, with the active involvement of the elderly in their care and in the effective utilisation of their potentials in development, in the context of evolving demographic and developmental dynamics

more immediately:

- C to enhance the understanding of the effects of socio-economic and demographic changes, including urbanisation, on the patterns and dynamics of family composition and structure
- C to examine the economic and social conditions of the elderly, with special focus on women
 - C to understand their special needs as well as capabilities for their participation in development
 - C to assess the potential for organising them as a self-supporting group
- C to undertake operational research on the role and functions of NGOs that could provide community-based services for the benefit of elderly
 - C to enhance the national capacity for support of the elderly
 - C to formulate strategies for developing family support systems and community-based services as complementary mechanisms for the care of the elderly
- C to create greater awareness among senior planners and policy makers as well as within communities of the issues and problems of the elderly, and the role of the family and community-based services in the working development context

Title: Community Participation in Providing Care, Services and Activities for Thai Elderly
Locale: Thailand
Agency: Government

Survey results indicate that over one-third of Thai elderly face financial difficulties, another third suffer from health problems, and most have little knowledge or awareness of the limited welfare programmes available to them; recognising these difficulties, this pilot project focuses on setting up the Elderly Social Service Centres on a pilot basis by the Department of Public Welfare.

Objectives:

- C to mobilise and utilise financial, physical and human resources within the community in order to promote social and economic contributions by the elderly Thai population to their own well-being
- C to assess the current situation, existing needs and potential for self-help
- C to create awareness and understanding of the needs and capabilities of the elderly among public welfare officers, community leaders and voluntary workers
- C to develop a self-help scheme for providing services to the elderly in four selected communities by establishing the Elderly Social Service Centres

Title: Local Level Policy Development to Deal with the Consequences of Population Ageing

Locale: Regional Asia and Pacific

Agency: Korean Institute for Health and Social Affairs (KIHASA)

Objective:

C to contribute to the successful implementation of the International Conference on Population and Development (ICPD) Programme of Action through the International Symposium entitled *Population and Development Policies in Low Fertility Countries: Challenges of Changing Age Structures*.

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Table 1: Median Ages (years) by World Regions, 1950-2020¹

Area/Country	1950	1970	1995	2020
World	23.5	21.6	25.4	30.9
More Developed Regions	28.6	30.6	35.8	42.0
Less Developed Regions	21.3	19.0	23.2	29.1
Least Developed Countries ²	19.4	17.9	17.9	21.3
Africa	18.7	17.6	17.9	21.3
Algeria	19.9	15.8	19.8	27.9
Uganda	17.7	16.4	15.7	17.8
Asia	21.9	19.7	24.7	31.7
Japan	22.3	29.0	39.4	46.4
Republic of Korea	19.1	19.0	29.2	39.8
Europe	29.2	31.7	36.0	42.8
Germany	35.4	34.3	38.1	46.0
Italy	29.0	32.8	38.1	48.7
Latin America & Caribbean	20.1	18.7	23.2	30.8
Argentina	25.7	27.4	27.4	32.4
Cuba	23.3	22.3	30.2	42.4
North America	29.8	28.0	34.3	38.7
Canada	27.7	26.0	34.7	41.5
Oceania	27.9	25.0	29.9	34.1
Australia	30.4	27.6	33.7	38.8

¹ The medium variant of fertility has been adopted for all projections

² Also included in the less developed regions

Source: United Nations (1997c)

**Table 2: Percentage Distribution of Functional Age Groups
by World Regions, 1970, 1995, 2020¹**

Area/Country	1970	1995	2020
	<i>0-14</i>		
World	37.5	31.4	25.2
More Developed Regions	26.0	19.6	16.7
Less Developed Regions	41.8	34.4	26.8
Least Developed Countries ²	44.3	43.9	37.1
Africa	44.8	43.8	37.1
Asia	40.3	31.8	23.8
Europe	25.3	19.1	15.5
Latin America & Caribbean	42.4	33.6	25.9
North America	28.5	22.0	19.4
Oceania	32.3	26.0	22.8
	<i>15-59</i>		
World	54.1	59.1	61.7
More Developed Regions	59.5	62.1	58.2
Less Developed Regions	52.1	58.3	62.3
Least Developed Countries ²	50.6	51.3	57.2
Africa	50.2	51.2	56.9
Asia	53.2	60.0	63.6
Europe	59.2	62.0	59.3
Latin America & Caribbean	51.2	58.9	61.8
North America	57.7	61.7	57.5
Oceania	57.0	61.0	59.6
	<i>60+</i>		
World	8.4	9.5	13.1
More Developed Regions	14.5	18.3	25.1
Less Developed Regions	6.1	7.3	10.9
Least Developed Countries ²	5.1	4.8	5.7
Africa	5.0	5.0	6.0
Asia	6.5	8.2	12.6
Europe	15.5	18.9	25.2
Latin America & Caribbean	6.4	7.5	12.3
North America	13.8	16.3	23.1
Oceania	10.7	13.0	17.6

¹ The medium variant of fertility has been adopted for all projections

² Also included in the less developed regions

Source: United Nations (1997b)

Table 3: Average Annual Growth Rates (%) by World Regions for Older and Total Populations, 1970-1995 and 1995-2020¹

Area/Country	1970-1995	1995-2020
<i>60 and over</i>		
World	2.23	2.48
More Developed Regions	1.52	1.42
Less Developed Regions	2.77	3.05
Least Developed Countries ²	2.32	3.03
Africa	2.71	3.15
Asia	2.83	2.90
Europe	1.21	1.06
Latin America & Caribbean	2.67	3.29
North America	1.66	2.13
Oceania	2.29	2.46
<i>80 and over</i>		
World	3.32	2.67
More Developed Regions	3.11	1.75
Less Developed Regions	3.62	3.62
Least Developed Countries ²	3.49	3.30
Africa	3.17	3.68
Asia	3.84	3.57
Europe	2.88	1.46
Latin America & Caribbean	3.78	3.70
North America	3.02	1.57
Oceania	3.40	2.43
<i>All ages</i>		
World	1.72	1.20
More Developed Regions	0.60	0.16
Less Developed Regions	2.07	1.43
Least Developed Countries ²	2.51	2.38
Africa	2.72	2.42
Asia	1.88	1.16
Europe	0.42	-0.11
Latin America & Caribbean	2.08	1.29
North America	0.99	0.75
Oceania	1.53	1.26

¹ The medium variant of fertility has been adopted for all projections

² Also included in the less developed regions

Source: United Nations (1997b)

Table 4: Sex Ratios (males per thousand females) at Older Ages by World Regions, 1970, 1995, 2020¹

Area/Country	1970	1995	2020
<i>60 and over</i>			
World	785	807	844
More Developed Regions	684	691	761
Less Developed Regions	886	893	883
Least Developed Countries ²	917	895	882
Africa	826	846	870
Asia	888	895	892
Europe	645	657	725
Latin America & Caribbean	884	830	801
North America	764	748	815
Oceania	813	828	848
<i>80 and over</i>			
World	594	529	581
More Developed Regions	501	439	496
Less Developed Regions	753	665	656
Least Developed Countries ²	826	801	754
Africa	689	686	701
Asia	736	639	644
Europe	470	411	464
Latin America & Caribbean	749	675	623
North America	576	473	527
Oceania	550	521	568

¹ The medium variant of fertility has been adopted for all projections

² Also included in the less developed regions

Source: United Nations (1997b)

Table 5: Population Numbers (millions) Aged 60 and Over and Aged 80 and Over by Sex, World

Area/Country	1970		1995	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
	Aged 60+			
World	137	174	242	300
More Developed Regions	59	87	88	127
Less Developed Regions	77	87	154	173
Least Developed Countries ²	7	8	13	15
Africa	8	10	16	19
Asia	65	73	133	148
Europe	40	62	54	83
Latin America & Caribbean	9	10	16	19
North America	14	18	21	28
Oceania	1	1	2	2
	Aged 80+			
World	10	17	21	40
More Developed Regions	5	11	11	24
Less Developed Regions	5	6	11	16
Least Developed Countries ²	-	-	1	1
Africa	-	1	1	1
Asia	4	5	9	15
Europe	3	7	6	15
Latin America & Caribbean	1	1	2	2
North America	2	3	3	6
Oceania	-	-	-	-

¹ The medium variant of fertility has been adopted for all projections

² Also included in the less developed regions

Source: United Nations (1997b)