

The Ageing & Development Report: a summary

Poverty, Independence &
the World's Older People



HelpAge
International

Leading global action on ageing

HelpAge International is a global network of not for profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

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What is The Ageing & Development Report?

The Ageing & Development Report is the first extensive survey of the roles and needs of older people in developing countries. The report examines the major social and economic implications of the rapid growth in numbers of older people in Africa, Asia, the Americas and Russia, Eastern and Central Europe. It covers the impact on economies, health systems, housing, working patterns and family relationships.

The report draws on HelpAge International's 20 years experience in over 60 countries, with contributions from world experts in the field. Key themes, such as community involvement, family life, health and wellbeing, poverty and exclusion, gender, migration and economic security are addressed.

One goal of the report is to fill the current gap in the information available on older people. Case studies, summaries of national policies on ageing and statistics provide a comprehensive review of the condition of older people in over 45 of the world's poorest countries.

The report argues for a fundamental shift in policy and opinion on ageing to reflect the real economic and social contributions of older people and enable them to retain their independence. It is essential reading for development policy makers, practitioners in government and non-governmental agencies, demographers and gerontologists.

The report contains:

Part I: An introduction to ageing and development

- Development and the rights of older people
- Poverty and livelihoods in an ageing world
- Gender and ageing
- Reinforcing capability: Informal community-based support services for older people in the developing world
- Ageing and health
- Older people's strategies in times of social and economic transformation
- Economic security in old age: A family-government partnership
- Change, family life, coping strategies and seniors
- Conflict, humanitarian assistance and older people

Part II: The state of the world's older people

- The situation of older people in Latin America and the Caribbean
- The situation of older people in rural and urban India
- The situation of older people in Cambodia
- The situation of older people in Tanzania
- The situation of older people in Zimbabwe
- The situation of older people in the transitional economies of central and eastern Europe

Part III: Ageing and development data

Part IV: Reference section

For availability see back cover.

Ageing societies: The global challenge for the new millennium

The rapid growth in the numbers of older people worldwide is creating an unprecedented global demographic revolution. During this century, improvements in hygiene and water supply and control of infectious diseases have greatly reduced the risk of premature death. As a consequence, the proportion of the world's population over 60 years is increasing more rapidly than in any previous era. In 1950 there were about 200 million people over 60 throughout the world. By the year 2000, there will be about 550 million, and by 2025, the number of over-60s is expected to reach 1.2 billion.

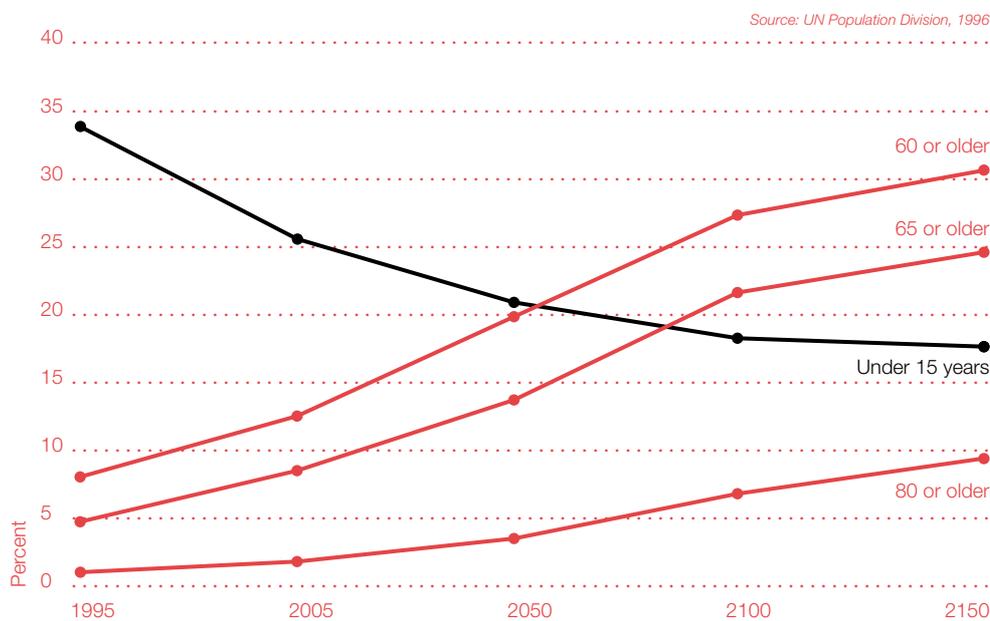
The increase in the numbers and proportion of older people is predictable. For the first time in history, the majority of those who have survived childhood in all countries can expect to live past 50 years of age.



© Jenny Matthews/HelpAge International

You are never too old to learn

The share of older people in the population of developing countries



Most older people live in the South

The myth that older populations do not exist in the developing world because life expectancy is low is contradicted by the statistics. Even in the world's poorest countries, those who survive the diseases of infancy and childhood have a very good chance of living to be grandparents. This means that the number of older people in developing countries will more than double over the next quarter century, reaching 850 million by 2025 – 12 per cent of their total population. By 2050 the proportion will be 20 per cent.

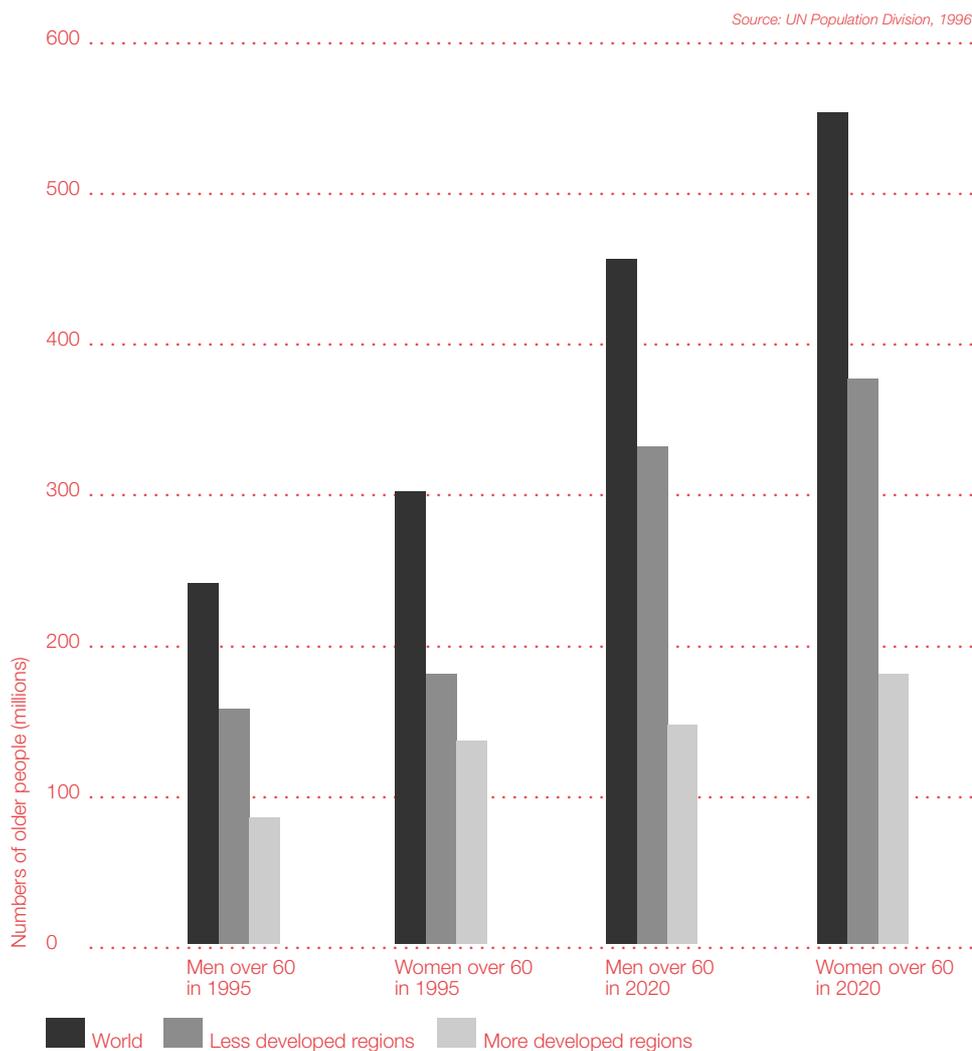
For example, in Latin America and the Caribbean, reduced fertility rates have been matched by lower mortality. As a result, by 2025, the proportion of people aged over 60 will exceed 10 per cent of the population in all Latin American and Caribbean countries. By 2020, Cuba, Argentina, Thailand and Sri Lanka will have a higher proportion of over-65s than the United States.

Ageing in poverty

The growth in life expectancy offers new opportunities but it also creates challenges for the future. In the developing world populations are now ageing at unprecedented speed while most of their people still live in poverty. The development of medical technology that allows people to live longer has overtaken the achievement of economic prosperity.

It is appropriate that the United Nations has chosen the closing year of the century as the International Year of Older Persons, to celebrate their contribution to social wellbeing. But eight years after the adoption of the United Nations Principles for Older Persons, too many people still spend their later years in poverty, living on the margins of their society.

The growing majority of the world's older people living in developing countries



An invisible population

The existence of large populations of older people is undoubtedly becoming a major issue for governments, international organisations, non-governmental organisations (NGOs) and communities. But at present, older people still remain a neglected group, largely invisible to those who promote economic development, health care and education. Although the high birth rates previously experienced in many countries are now falling, young people remain the focus of planners' attention.

For the past fifty years, economic growth and increased productivity have been the goal of development policy. Older people, on the other hand, are usually thought of as economically dependent and passive. As a result, they have been treated at best as irrelevant to development, and at worst, as hampering the prospects for prosperity.

Ageing should be a positive experience

Being able-bodied has come to be equated with normality, and since older people cannot always conform to this ideal, they are viewed in negative terms. But if ageing is to be a positive experience there must be improvements in the quality of life for older people. To ignore their needs is both to deny their rights and to waste the fund of skills and experience that they represent.

At present, older people receive a fraction of the resources they need, while their continuing contribution to society is unrecognised. Discrimination, exclusion and even persecution or violence cast a shadow over the later years of many older people. Reducing vulnerability and promoting inclusion is not so much about creating special services for older people but rather ensuring that they have equal access to mainstream services along with other vulnerable groups.

National development policies to support older people

The far-reaching economic and social implications of global ageing during the next century are finally receiving recognition in countries throughout the South and the North. Much of the focus, however, is on the ‘crisis’ represented by the growing number of older people, rather than the challenge of ageing itself.

The growth of older populations does not need to be a crisis for governments; it can be planned for. Work is in progress in a number of countries to develop new policies that address the changing demographic balance, but ageing is still a low priority on most governments’ agendas. At the moment, most older people cannot rely on any form of state support. Only 30 per cent of the world’s older people are currently covered by pension schemes, and in most societies, health, employment and transport services are not easily available or accessible.

Progress towards effective implementation is slow in most cases. Both resources and legislation are required. National laws can only be effective if adequate resources are available to implement them. In some countries, national policies already exist – for example, to provide free health care for older people – but they fail because of poor structures for communication, implementation and enforcement.

Key policy issues

National policies need to incorporate the issue of ageing and appropriate support mechanisms for older people into the mainstream of their social and economic planning. Policies for employment, health, transport and social care should take account of the needs of older people. These sectoral targets should also be integrated into broader social strategies.

National governments should seek the active involvement of older people themselves and of their families, communities and non-governmental organisations in research, planning and policy implementation on issues that are of concern to them.

Bilateral and multilateral donors must also take account of the contributions and needs of older people living in developing countries as a critical element in poverty reduction.

Invisible figures:

Why is so little known about older people?

Ageing is a biological process with its own dynamic. But each society has its own sense of old age. In industrialised countries, the beginning of ‘old age’ is usually equated with ‘retirement’, at the age of 60 or 65. In many developing countries, chronological time has little or no importance in defining old age. Old age is defined as a state of dependence and incapacity thought to begin at the point when the person can no longer work.

Key action points from the report

The United Nations Principles for Older Persons should be given much greater global prominence.

Key action point: adopt the UN Principles for Older Persons as a legally binding charter of rights, to which all governments are accountable.

National and international action to address the situation of older people needs to be based on an integrated approach within the context of broader social policy.

Key action point: develop integrated strategies to enable older people’s basic needs to be met in the areas of income, health, housing, and community support, as well as social attitudes, addressing isolation, fear, discrimination, disability and abuse.

The profile of ageing and the policy issues it raises in the South need priority attention.

Key action point: increase research, data collection and analysis relating to the special needs and capacities of older people.

Policy makers need to acknowledge, measure and support the contributions of older people to their societies.

Key action point: set and measure development targets - together with appropriate indicators - which relate to older people, particularly in areas such as health status, income and poverty.

Policy making for older citizens should actively involve them in identifying key problems and their solutions. The experience of older people needs to be recognised as a major resource in the development process.

Key action point: ensure that policy research, planning exercises, programme design and monitoring directly involve older people, especially the most disadvantaged, in the consultation process.



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The challenge for policy makers is to make the extra years worth living

Insofar as older people appear on the development agenda, they are usually viewed as a distinct but homogenous group. In fact, the experience of ageing is different for men and women, and varies between cultures. Differing standards of living also influence conditions for older people.

For example, at all stages of life, men and women experience social and economic structures differently. Although more boys than girls are born each year throughout the world, in almost all countries women live longer than men. But the gender gap is much smaller in developing countries where women live around three years longer than men, compared with seven years in more developed countries. This is largely due to much higher rates of maternal mortality. A few countries – for example, India, Bangladesh and Egypt – report more men than women in most older groups. Other exceptions are countries such as Uganda, suffering the impact of the HIV/AIDS epidemic, where life expectancy for women has only increased by two years since 1950.

The impact of these differences can only be understood by conducting in-depth research within communities. Health issues are of particular concern – for example, the prevalence of malnutrition among older people and the problems of dementia have been little studied. There is also evidence of increasing violence against older people, but in most countries, the extent of the problem is unknown.

The lack of research data on issues relating to ageing and the absence of funds to support further research severely hampers policy-making. The promotion of such research should be a priority on any future policy agenda. Adequate support is needed for research which enables older people themselves to raise the issues which they see as important and to participate in planning and implementing projects to address their needs. The knowledge and expertise accumulated by people over their lifetimes are the primary resources on which they rely in old age. They are also assets of great value in planning and delivering services involving older people.

‘We are the
reflection of
your future’

*Older people’s campaign
slogan in Bolivia*

Ageing in a changing world

The demographic shift towards older populations has to be seen in the context of rapid economic change, shifting attitudes towards social welfare and large-scale population movements. International migration and the movement of people of working age from rural to urban areas have led to major changes in family structures, and in the roles available to older people in their own communities. Similarly, the increasing number of younger women joining formal employment has altered family life.

Because older people have not always been visible actors in the ‘modernisation’ process, they have come to be associated with traditional ways. But urbanisation, increased social and geographical mobility, changes in family structures and social values are said to have undermined the ‘traditional extended family’.

This concept of modernisation does allow us to see how older people can be vulnerable to social and economic change, but it overlooks the part played by structural inequalities in the exclusion and impoverishment of older people. Lifelong poverty – caused by low wages and high unemployment, poor health services, gender discrimination and lack of access to education – leaves successive generations less able to help each other. ‘Poor from the parents down to the grandchildren’, as one older Cambodian woman put it.

Since the 1980s, the policy focus on efficiency and cost-saving advocated by donor agencies such as the World Bank in many developing countries has drastically reduced investment in public health and welfare provision. The reduction of social spending under structural adjustment programmes has shifted the burden of care back onto the family, and particularly onto older women.

In Eastern Europe and the states of the former Soviet Union, the development of market forces has undermined the previous system of state pensions, health and welfare services without providing other means of survival. For the poor in these societies, including many older people, these economic changes have brought neither prosperity nor financial security.

Migration and family life

The 20th century has seen greater mass movements of people, whether as individuals or whole populations, than any other era in history. People have migrated not only across frontiers but from rural areas to cities, and between regions in the same country.

Many features of these migrations have had an impact on the lives of older people, whether they have become migrants themselves, or have remained in their original homes. Urban migration in developing countries has often been a circular process, with migrants investing in their home community and seeking to return to that home in old age.

At present, a little over one-third of older people live in urban areas, but this is expected to rise to more than one-half by 2015. In Latin America and the Caribbean, urban migrants tend to remain in the cities in old age, hence these older populations are already substantially urbanised. Even in the harsh conditions of city slum life, the majority of older people continue to support themselves, although the possibilities of paid labour decline with advancing age.

Older people who remain in rural areas may receive remittances from migrant relatives, but these are not necessarily adequate to cover their needs. In India, three-quarters of older people still live in rural areas, largely as landless labourers, surviving on day-to-day earnings, without any long-term savings. They are severely disadvantaged by economic hardships, unresolved chronic health problems, functional impairment and illiteracy.

Many older people living alone in rural areas find it impossible to cope and move into the town to be near family members. Research suggests that those who move late in life find it very difficult to adapt to urban life. A report on slums surrounding New Delhi



© Neil Cooper

Older people's rights need to be supported

describes the living conditions of older residents. Many dwellings consist of only one room, in which families of 4-6 people are living. The lack of space causes some older family members to sleep outside. Many older people cannot afford to use public toilets – the only ones available – because charges are made. Severe environmental pollution is particularly hazardous for older people.

Surviving disaster: Older people in humanitarian crises

War, civil conflict or natural disaster may turn the chronic daily problems faced by older people in the developing world into acute emergencies. Alongside economic migration, the century has seen the forced movement of refugees and displaced people, the survivors of natural and human disasters, sometimes on a massive scale. While such crises affect all sections of the population, older people are among those whose capacity to respond is most seriously compromised. They are often discriminated against and regarded as less worthy of help than the young.

In the early stages of an emergency, older people are physically less able than most adults to struggle for food and other resources, to travel long distances and to live without shelter. Emergency medical care tends to require refugees to visit medical centres, which are focused on acute rather than chronic illnesses. Both these factors put older people at a disadvantage.

Other community members are less able to care for vulnerable older people in the absence of sufficient food, medical care or shelter. Many older people care for young dependants whose parents are missing or support other members of their families. In this respect, they contribute as much assistance as they receive.

Many older people never become refugees but remain in their homes when the younger people flee. This may be because they are unable or unwilling to leave. As a consequence, they are left isolated, often in damaged homes and without basic services. In Eastern Slavonia, an area handed to Croatia after the Dayton Peace Accords, Serb families left for the Federal Republic, in some cases leaving their elders behind to care for their property. Many of these elders remaining in their homes had health needs, which were not met due to their own isolation and fear, and because of discrimination by service providers.

At the rehabilitation stage, those older people who were working before the crisis are still perceived as aid-dependent victims, rather than part of more durable solutions to the common problems of refugee environments. They are seldom offered credit or training to re-establish a livelihood.

A further consequence is the loss of children as a result of war and conflict. In Cambodia, for example, large numbers of older people lost their children during the 1970s and 1980s and therefore have no one to support them as they become older.

Poverty: The enemy of older people's independence

Older people are consistently among the poorest in all societies, and material security is therefore one of the greatest preoccupations of old age. Many experience the same lack of physical necessities, assets and income felt by other poor people, but without the resources which younger, fitter and more active adults can use to compensate.

The prevalence of poverty among older people is also linked to educational levels, including differing levels of literacy. In Latin America, for example, the percentage of literate men over 60 varies from 93 per cent in Argentina to only 39 per cent in Honduras. For women, the figures for these countries are respectively 91 per cent and 33 per cent.



© Andrew Testa/Panos Pictures

Albanian refugees hide from Serb shelling: older refugees are especially vulnerable

‘They only tell the young people about (development) projects, not the old people’

Older man, Cambodia

Lack of material means is not the only problem of poverty. Another consequence is the inability to participate effectively in economic, social and political life. Older people living in poverty find themselves socially excluded and isolated from decision-making processes. This affects not only their income and wealth but also contributes to poor housing, ill health and personal insecurity.

It is often argued that the informal networks of family and community in many developing countries reduce the social exclusion of older people. But this has always been contingent on factors such as the individual's gender and material means, rather than their age. Furthermore, rapid social and economic change has often undermined the capacity of these informal networks to provide support.

In many societies older people had leadership roles such as conflict resolution and cultural, religious and health education. While these roles still exist, they have been eroded by the changing structure of the family, migration and the emergence of a dominant culture which gives higher status to literacy and formal education and has moved away from communalist forms of governance.

Efforts to understand poverty have dominated much of the debate on development over recent years, but the poverty experienced by the majority of older people in developing countries has been largely ignored. In many development initiatives, such as literacy programmes or credit schemes, programme managers appear to believe that older people are unable to participate and have no productive role, or are merely passive recipients of support.

Tackling poverty among older people

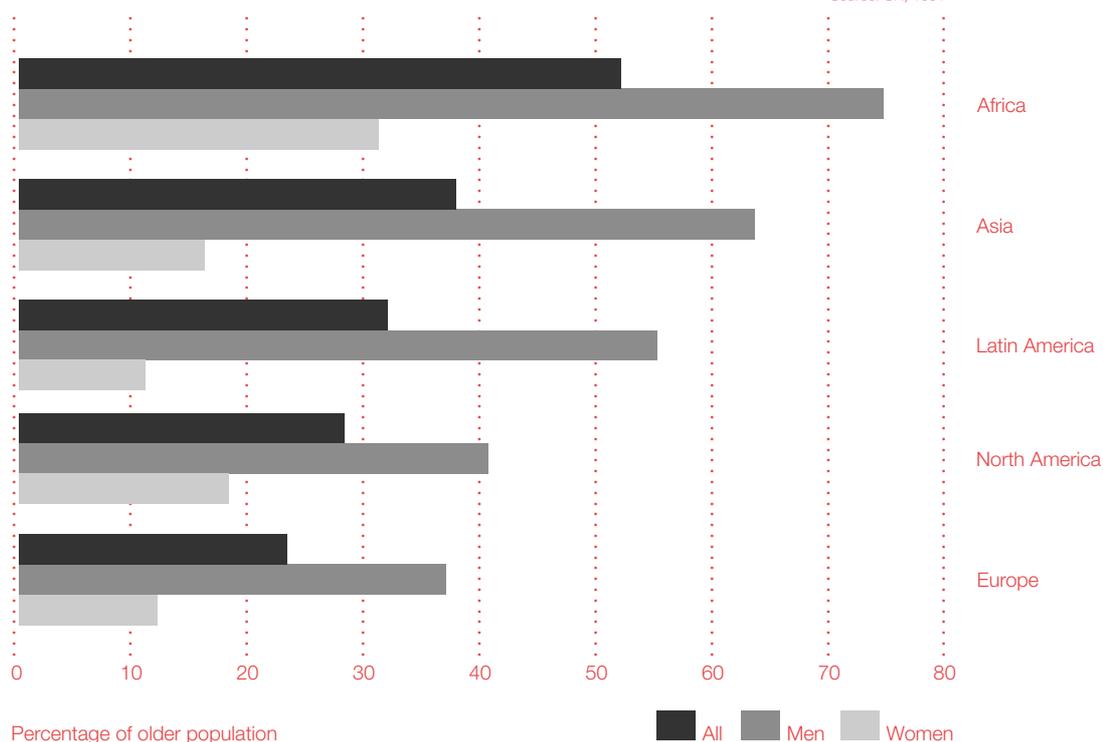
- Any credible anti-poverty strategy must seek ways to allow older people to live independently and contribute to their families and communities, and to support frail older people living in poverty.
- Anti-poverty strategies will have more chance of success if older people play a major part in identifying the problems as well as the solutions.

‘Before I was like a thrown away item. Now after sitting for two weeks in this workshop alongside government officers and respected people, I am rising up’

Older woman, Ethiopia

The proportion of older people who are economically active

Source: UN, 1991



The economic contribution of older people

Older people are not passive and they continue to contribute to their families and communities, but their capacity for productivity is also overlooked. The work contributed by older people is severely undervalued, even by older people themselves.

Frequently an elderly woman, when asked if she ‘works’ will reply ‘no’ even though she spends most of her day selling vegetables or fruit in the market, or selling home prepared food in the street... this kind of informal work is not given the value it deserves and is not seen as ‘work’.

International Labour Organization studies of labour force participation by older people show that, in 1993, in at least 20 African countries, between 74 per cent and 91 per cent of people over 65 continued to work. As a writer on older women in India notes: ‘In fact, there is no retirement for an elderly woman until either death, dementia or disability claims her.’

Older people engage in a variety of occupations, including farming, trading and small-scale enterprise. They may use special skills as health care providers, herbalists and traditional birth attendants. Older family members are also active, though often unacknowledged, participants in the household economy. They look after children, do domestic work and make cash or in-kind contributions. In Russia and Romania, surveys in the early 1990s found that people over 60 spent 20 hours a week queuing in shops, freeing other family members to do paid work.

By maintaining their own livelihoods where possible, older people contribute to the wellbeing of the household and family. Factors that reduce these assets and limit the capacity of older people to provide for themselves include diminished physical strength, poor health, low status, landlessness, absence of or limited family or community support, lack of capital, lack of education or training opportunities.

Barriers to work

In many developing countries increasing export dependency, international indebtedness and industrialisation have drawn resources away from regions and sectors such as agricultural production and informal trade, where older people, especially women, are most active. In many of the transitional economies of Eastern Europe and the former Soviet Union, high unemployment has intensified competition for jobs of all kinds, with older people increasingly marginalised from all job opportunities.

Older people involved in small businesses in Tanzania emphasise that activities such as selling coconut husks, fish and tomatoes, and running their own tailoring shops generate very little income for the amount of effort invested. Marketing their produce is also difficult for older people who are not very mobile.

Older people living in rural areas who still depend on farming for a living find that their capacity to farm the land is restricted. Their lack of capital means they cannot maintain their land or pay others to do it for them. They are unable to raise credit due to their low incomes, lack of savings and collateral. Most credit and loan schemes discriminate against older people. Women are further disadvantaged by the fact that they often have no independent income, no control over fixed assets such as land, and very limited exposure to business or the formal sector. Many development programmes do not consider these needs: for example, the rules of most credit schemes still make it impossible for older people to join.

A credit to perseverance

In Lima, a local NGO, Pro Vida Perú, has established a revolving credit scheme, with backing from CARE Perú, to give older people loans to start up small businesses, such as making clothes and tools, running market stalls and shops, and providing services such as hairdressing.

The scheme was piloted with women members of a Third Age Club who chose three of their members to serve as a credit committee, to approve loans, manage the accounts and report to members. The borrower must agree to repay the loan punctually, and to use it for production, commercial activities or service provision.

Despite some initial difficulties when women used loans to pay family expenses rather than investing in income-earning activities, many of the women have now established viable businesses. The credit scheme has also improved women's confidence, and their sense of security and responsibility, overcoming barriers created by poor education, economic dependency and ill-health.

Sustaining older people in work

- *The capacity of older people to work, often in spite of physical frailty, needs to be recognised and supported.*
- *Since most older people in developing countries live in rural areas, policies favouring agriculture and rural development could assist them.*
- *On an individual level, training opportunities and the opening up of credit programmes to older people would significantly improve their chances of being self-supporting. HelpAge International's experience with credit schemes suggests that the hurdle of providing collateral for loans can be overcome. This can be done by establishing the collective responsibility of all savings and credit group members for meeting loan repayments if an individual defaults.*

Different needs, different expectations: Gender roles in older age

Gender continues to influence older people's participation in social and economic life, according to a study of livelihood security in Ghana, conducted by HelpAge Ghana and HelpAge International. The survey, part of a six-country study on the contribution of older people to family and community life, aimed to make policies and services more responsive to the needs and capabilities of poor and disadvantaged older people.

Older women, according to the study, are the bedrock of support for the family. In addition to providing childcare for the family, they also offer physical care and financial assistance to older men. Although older men appear to place a high value on this support, the contribution of older women is less likely to be officially recognised. It is regarded as 'domestic' and therefore an extension of their normal responsibilities.

The shift from dependence on economic sources of support (such as trading or wages) to dependence on social sources (such as provision by relatives) tends to be swifter for older men than older women. Women are better able to diversify their activities at times of need: for example, if older people become homebound, the men are unlikely to remain economically active, whereas the women may still undertake petty trading activities.

Differing economic roles also give women more flexibility. Older men have the responsibility for providing for the household and the purchase of major assets such as land and livestock, but older women manage household income and daily expenditure. As a result women are more often able to economise in times of stress or to invest when they have small savings.

Vulnerable widows

In general, women's greater longevity and earlier age at marriage mean that widowhood is a common experience of their older age. The rise in divorce rates in many societies also tends to leave women in a more precarious economic situation than men as they grow older. Lack of access to education reduces their ability throughout their lives to enter the formal labour market and limits their earning power.

In societies where older people have to rely on their own resources, without the support of state benefits, older women are also less likely to own or have control over property or assets. The pattern of women's dependency is a function of role changes due not to age but to family events, such as the death or remarriage of the household head. Women often lose land and property on being widowed. The death of a husband may therefore result in severe poverty for the widow. In a survey of older people in Zimbabwe, rural elderly widowed women were clearly identified as the most vulnerable group.

Witchcraft and older women

In Tanzania, an estimated 500 women are murdered every year after being accused of witchcraft. Many more are driven from their homes and communities, becoming destitute as a result.

A recent study in Tanzania by HelpAge International found that widowhood exposed many older women to the charge of witchcraft. This was typically related to their solitude: 'If she is not seen much around the village, an air of mystery may grow up around her, which contributes strongly to accusations of being a witch.'

Family and in-laws sometimes use such accusations to prevent a widowed woman from inheriting property and possessions. Defenceless older women have been hacked to death under the guise of ridding the village of a witch.

Women are much more likely to be targeted than men as they often do not have a family or community network to defend them.

The Tanzania study found that women were often seen as being 'cleverer' than men and therefore more capable of witchcraft.

Older women are one of the poorest population groups yet they are often the primary carers for the other poorest group – children. In several African countries, rural grandmothers have taken on the responsibility of caring for children and grandchildren with HIV/AIDS and for bringing up children orphaned by the death of their parents from AIDS.

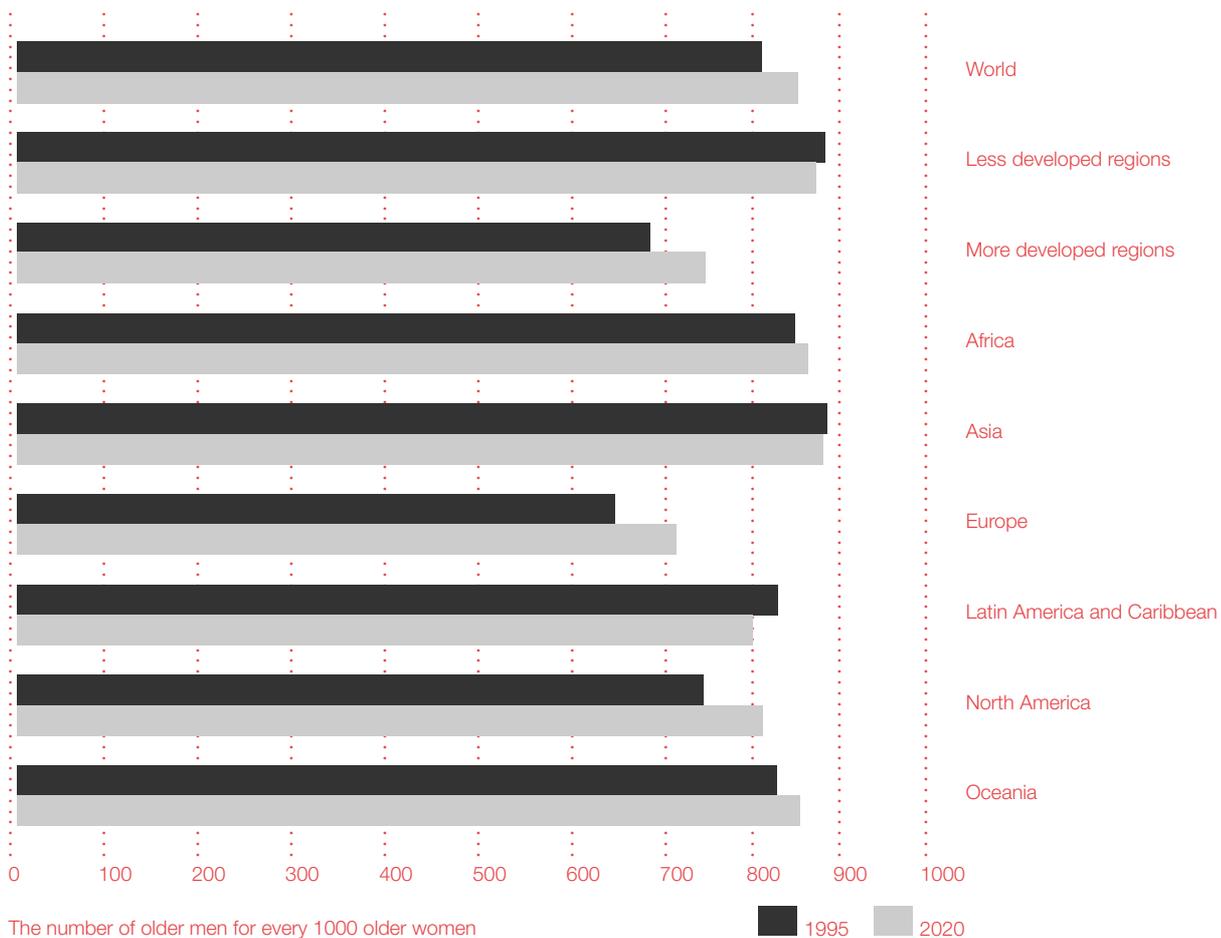
The unpaid work done by older women in support of household economies, such as caring for older or younger dependants, provides no guarantee of future material security. In Tanzania, a woman of 80 who had been left with four orphans after the death of her daughter, said: ‘I know I am too old to depend upon, but what can I do except try to support them?’

Gender-sensitive policies for older people

- Policies need to address the particular vulnerabilities to long-term poverty in old age that result from women’s life-long disadvantages in health and nutrition, limited labour force participation and discrimination in property and inheritance.
- Policy makers also need to recognise the disadvantages which older men experience through the loss of their established adult roles at retirement and the relatively greater problems experienced by men in maintaining social support networks outside their families in old age.

The gender gap between older men and women

Source: UN Population Division, 1996



In all parts of the world women have a higher life expectancy than men, and men and women have different experiences and expectations of old age.

Life-long deprivation and older people's health needs

A second major concern for older people is their personal health, which affects their ability to work and to play an active role in their communities.

Many people in developing countries have a lifetime's exposure to health problems, suffering chronic illness and disability, without access to adequate health care facilities. They are therefore functionally 'old' by the time they are in their forties or fifties. This is particularly true for women, who, after years of hard physical labour, poor nutrition and multiple pregnancies, are on the threshold of old age by the end of their reproductive years.

Chronic illness is therefore a serious problem. In a major survey on health profiles of older people in India, covering 5,000 households in urban and rural areas, 45 per cent of both men and women in the sample reported chronic illnesses. Smaller studies in India have also indicated that in addition to coronary, muscular and respiratory problems, close to 90 per cent of older people surveyed had visual impairment and more than 40 per cent suffered from some form of depressive illness.

Inaccessible health care

For older people, there are numerous barriers to effective health care. Most health care facilities are concentrated in urban areas, while the majority of older people in many developing countries are concentrated in rural areas. Transport and treatment costs – drugs invariably have to be purchased – are a further barrier. Finally, older people encounter negative attitudes from medical personnel who give them low priority for treatment, while at national level, health care planners also neglect the problems of old age.

As a consequence, many resort to self-treatment, such as buying drugs without prescription, and consulting traditional healers. Otherwise, they have to weigh the seriousness of the illness, and the cost of treatment, against the effects for themselves and their families of selling assets or getting into debt.

In Cambodia, the majority of older people in rural areas have to go without the basic aids for sight and eating which would greatly improve their quality of life, because they are too poor and eyeglasses and dentures are not easily available.

In a survey conducted in Mumbai, India, older people identified financial stress, community discrimination, lack of information and support from health services, as well as their own illness and frailty, as their main problems.

In the transitional economies, the declining economic situation of older people, and the collapse or shrinkage of health care and welfare systems has rapidly been reflected in rising mortality rates, especially among men. In contrast to most other countries, male life expectancy in the Russian Federation fell from 65 to 58 years between 1987 and 1994. In Estonia, life expectancy for men in 1993 was 62.6 years compared with 74 for women.

Community age care

A programme launched in 1996 by the NGO Coalition of Services of the Elderly (COSE) in 21 communities of Metro Manila, Philippines, provides an alternative for older people unable to afford access to health facilities. COSE has set up outpatient and mobile clinics, trains older people as 'community gerontologists' and has a health promotion programme.

The initiative came from older people themselves, through the consultation meetings that are a feature of COSE's process. The programme is thus highly responsive to community need, and this is reinforced by the use of older people as primary health care workers at community level.

Community-based primary health providers complement a core team (a doctor, dentist and nurse). In the first two years some 30 community gerontologists received initial training which equips them to do basic medical checks, keep records and refer more complex cases on to the health professionals. They are unpaid, although they receive an allowance when assisting at the clinic, and are entitled to free medicines under the programme.

Promoting older people-friendly health care

- *Raising the quality and coverage of basic health care for all age groups will minimise the impact of lifelong illness and disability for older people.*
- *A much greater effort is required to target the needs of the many people who reach old age in chronic ill health. Primary health care and outreach services need to be accessible and affordable for older people. Exemptions from health care fees can only work if the cost of implementation is adequately subsidised and information campaigns raise awareness both among potential users and health care staff.*
- *Training health staff offers substantial scope to improve the quality of health care for older people. The importance of understanding the specific health needs of older people is beginning to be reflected in the inclusion of basic 'age care' in training curricula for health care staff.*
- *There is much unrealised potential for links between formal public health systems and non-governmental and community-based health care programmes. For example, home visiting schemes and training for family carers preserve the role of older people as health providers.*

'With modern medicine, many older people are living too long; longer than they are prepared for'

Zadek Plaches, Zivot 90,
Czech Republic

Supporting capability: Building state, family and community partnerships

Although most countries have some form of social security or insurance cover for older people, in practice these benefits are often limited to a small group of professionals and civil servants. According to World Bank figures, in OECD countries 84 per cent of people over 60 years old had pensions, but in Côte d'Ivoire the figure was only 5.7 per cent, 7 per cent in the Philippines, 9.8 per cent in Indonesia, and 17.8 per cent in Bolivia.

In India, although the government recognises old age poverty, the pension scheme for destitute elderly people reaches only 2.76 million out of an estimated 28 million older people below the poverty line. Even in countries such as China which have greater state social welfare provision, only 22.5 per cent of older people are reported to have pensions.

Even where pensions are provided, they are frequently inadequate to meet the pensioner's needs, and are eroded by inflation. In Russia, not only has inflation undermined the value of the state pension but the collapse of the rouble in 1998 has left pensions unpaid since that time. The opportunities for poorer informal sector workers to save or sustain pension contributions to private schemes are very limited.



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Retirement is not an option for most older people

South Africa is one of the few countries of the South which has universal state pensions. However, it has been found that where poor rural women are receiving pensions, they commonly use them not to provide for their own needs, but to pay school fees for their grandchildren or give loans to other family members.

The vast majority of workers in developing countries are excluded from any form of state provision. Since the 1940s, the International Labour Organization has advocated a universal, state-provided social security system. In contrast, the World Bank has argued that most people could save for their old age. Although it supports limited safety nets for the poorest, it is opposed to the idea that social welfare is required to assist older people whose families are less able to support them.

However, neither market forces nor state pensions have come to the aid of the rural poor. For example, most countries of Latin America and the Caribbean are projected to have between 15 and 40 per cent of their total older population in rural areas in the early 21st century. These rural populations form part of fragile labour markets. They only receive marginal income support from public programmes and do not participate at all in existing private schemes.

Family support

In practice, family care remains the most widely used survival strategy for the majority of the world's older people, whether in the context of extended families or co-residence of parents with adult children.

In Zimbabwe, research suggests that the family is still a major support mechanism, with 45 per cent of older people in the sample receiving cash transfers, albeit for small amounts, and 61 per cent receiving transfers in kind. On the other hand, 23 per cent of older people provided financial support to children, nieces, nephews and grandchildren, mainly in the form of school fees, food or cash payments.

But economic and demographic change has had a profound effect on family structures. Social processes and institutional arrangements often result in social isolation, the effective distancing of older people from the mainstream of their communities. In many countries of Latin America and the Caribbean, the current trend towards more older people living alone may have negative consequences, made worse by inadequate pension systems. On the other hand, co-residence, which is still common, is part of an exchange that provides material goods (cost of housing, sharing of food) and emotional and psychological support for older people.

Moreover, when families are scattered by migration or forced movement, their support cannot always be relied upon. For families trapped in endemic poverty, the capacity of younger generations to help older relatives is severely limited. The trend towards smaller families means that the proportion of older family members is increasing. With the decline in extended family networks, there are fewer relatives available to help older members who are in need. Poverty and isolation face those who have no children, and those whose children have died (in particular of AIDS which claims the lives of many young adults) or are absent and unable to help their parents.

In some countries, there have recently been examples of effective self-organisation by groups of older people who do not have sufficient family support. Older people are involved in a wide range of collective activities, including community groups, centres and clubs, religious societies and the like.

The support offered by NGOs, communities and families needs to reflect the great diversity of national contexts. In Singapore, for example, there are well-developed public services, so that NGOs can focus on covering gaps in provision. In contrast, Bangladesh has neither comprehensive public service provision, nor substantial NGO support to older people.

‘Worry, I think a lot because I have no money and am often sick. I have no children except an adopted grandchild, but the grandchild is also poor. I don’t know what to think every day – I think this way, think that way, like a cat with its head caught in a coconut shell’

Older woman, Cambodia



© Mr Haji/HelpAge International

The care giving roles of older people need wider recognition

Social service for familyless elderly people in Korea

With Korea's average lifespan expected to rise to 74 early in the next century, nuclear families make up two-thirds the total, and nearly a quarter of over-65s are living alone. Support systems within the community are mainly on a one-off basis and not a foundation for continuous long-term care. Family care to older members has decreased in recent years.

In response, HelpAge Korea has established a wide network of volunteer home helpers, recruited through the media. These helpers are assigned to familyless elderly people on a one-to-one basis. There are now 800 paid helpers and 4,000 volunteers.

Government policy is 'family protection first, social protection second', which assumes that traditional forms of family care for older people will be maintained. But HelpAge International's work convinced the Ministry of Health and Social Affairs that the home help programme should be incorporated into the Act for the Elderly in December 1989. In 1993, the government amended its national policy on supporting older people to put more emphasis on community-based service. The target is to extend government-funded community care so that there are 520 teams of home carers across the country.

Strengthening capacities

In the absence of any prospect that comprehensive state support for older people will be available in the near future, other strategies have to be considered:

- *The key aim is to enable older people to support themselves and remain independent for as long as possible.*
- *A priority is to increase the family's ability to support those members who cannot provide for themselves. Public services should aim to complement, not replace, these informal systems. Family support should not be used as a justification for reducing public services.*
- *For those with access to insurance programmes, whether privately or publicly provided, their savings should be adequately protected.*
- *Efforts need to be made to design financial services to support sustainable incomes for the poorest in old age.*
- *Special attention is required to meet the needs of the most vulnerable older people who have no means of support, and to encourage self-help groups. Many of these groups provide important material and psychological support for their members, but remain fragile because of the lack of continuity which external subsidy could provide.*

Promoting the United Nations Principles for Older Persons

Ageing brings an inevitable decline in capacity and greater vulnerability to sudden change. But older people have greatly varying capacities, and a variety of ways in which they can continue to contribute to their families and communities. A balance has to be found between acknowledging active older people and supporting those who are unable to work.

A crucial overall goal of policy development must be to challenge and overcome the invisible barriers of age prejudice that prevent older people playing a full and valued part in the development of their societies. There are a growing number of examples at community and national levels that demonstrate the value of a rights-based approach in relation to older people.

Involving older people in the design and implementation of projects enables them to express their concerns and participate in activities to address them. These methods of working can raise awareness within communities of the rights of older people and the problems of social exclusion and provide an empowering experience for older people themselves.

It makes economic sense to recognise and respond to the rights of older people. For example, supporting their right to health enables them to work, maintain an adequate standard of living and contribute to their families. As a result their household, family and community members gain both economically and socially.

For rights-based approaches at community level to have a significant impact, they must be supported at all levels. The United Nations Principles for Older Persons, agreed in December 1991, outlined fundamental aspects of social, political, cultural and economic rights of older people. This document has been used in advocacy work worldwide to promote awareness of the needs of older people.

Promoting rights

- *A human rights approach implies responsibility on the part of groups at all levels – local, national and international – and across sectors to promote these rights and to develop effective legislation to protect them.*
- *A priority is to enable older people to participate fully in this process through training and awareness-raising programmes.*
- *Further work is required to develop participatory approaches, establish good practice and develop advocacy work based upon them.*
- *The United Nations Principles for Older Persons need to be established as a convention or charter that is legally binding on all governments.*



© Neil Cooper

Older people's coping strategies need to be supported and replicated

United Nations Principles for Older Persons

On 16 December 1991 the United Nations General Assembly adopted resolution 46/91 containing the United Nations Principles for Older Persons to add life to the years that have been added to life. Governments were encouraged to incorporate the principles into their national programmes whenever possible.

Independence

Older persons should:

- have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help; have the opportunity to work or to have access to other income-generating opportunities
- be able to participate in determining when and at what pace withdrawal from the labour force takes place
- have access to appropriate educational and training programmes
- be able to live in environments that are safe and adaptable to personal preferences and changing capacities
- be able to reside at home for as long as possible.

Participation

Older persons should:

- remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their wellbeing and share their knowledge and skills with younger generations
- be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities
- be able to form movements or associations of older persons.

Care

Older persons should :

- benefit from family and community care and protection in accordance with each society's system of cultural values
- have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional wellbeing and to prevent or delay the onset of illness
- have access to social and legal services to enhance their autonomy, protection and care
- be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment
- be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-fulfilment

Older persons should:

- be able to pursue opportunities for the full development of their potential
- have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

Older persons should:

- be able to live in dignity and security and be free of exploitation and physical or mental abuse
- be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

Further copies of this summary are available in English, French and Spanish from:

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