

# CONFERENCE NEWS

## Ageing, Development and Social Protection

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Accelerated population ageing is a global trend. It has long been a significant issue for developed countries, and it is now becoming one for many developing areas. There is a tendency to depict population ageing as a threat to the future. Rather, it should be recognized as one of the great achievements of the past century—albeit one that also generates a range of social, economic, political and cultural challenges. Population ageing is part of, and is influenced by, wider processes of development and transformation. The well-being and quality of life of elderly people are strongly conditioned by their capacity to manage the opportunities and risks associated with rapid and complex change. Social protection, both formal and informal, can play a key role in mediating these relationships. This conference, at which 14 leading international experts in the field of ageing and development presented papers commissioned by UNRISD, was the Institute's contribution to the United Nations Second World Assembly on Ageing.

The UNRISD conference provided participants at the global event with insight to the current state of academic research and debate on some core issues related to ageing and development, as they affect different social groups (including the non-elderly), countries and regions, as well as different contexts of development, change and crisis. Because research

about population ageing, particularly in low- and middle-income countries, remains underdeveloped and patchy, there is an urgent need for a stronger knowledge base and for coherent policy frameworks that address the effects of ageing and the needs of older people. The conference therefore examined the opportunities, problems and challenges of effective social protection for older people—including formal public policies and more informal strategies, such as household support systems. In Session One, participants considered the dynamics and challenges of population ageing in countries experiencing different development trajectories. Session Two focused on formal social protection mechanisms, including pension programmes, health care and social services. And Session Three examined a range of issues relating to the care economy. The conference agenda and a list of contributions to the project are included in this report.

### INTRODUCTION

#### Ageing, Development and Social Protection: A Research Agenda

In his opening address, Peter Lloyd-Sherlock outlined four important myths that stereotype and continue to bedevil debates about ageing and development.



*Myth No.1: Population ageing is mainly a Northern issue.*

A review of basic demographic data quickly dispels this common misconception. Although the oldest population structures tend to be found in richer countries, the majority of the world's elderly people now live in the South. Also, current rates of population ageing are much more rapid in some parts of the South, such as China and Brazil, than those that have been observed in industrialized countries.

*Myth No.2: Inevitably, older people represent an unproductive burden on society and a hindrance to economic development.*

In other words, ageing may be desirable for the individual, but it is bad for society as a whole. Debates about ageing are permeated by what might be termed a “negative paradigm of population ageing and later life”. According to this model, old age is associated with dependency, vulnerability, inherent lack of capability and poor quality of life. With reference to economic development, it is claimed that older people use up savings, are unproductive and have expensive needs—the cost of which reduces the resource base of the economy as a whole. These ideas sometimes translate into specific policy agendas. For example, the main cost-effectiveness tool used by the World Bank in allocating health resources assigns a lower social return value to health improvements for people age 60 and over than for those it terms the “productive cohorts”.

This negative paradigm is being challenged, however. Greater attention is now being paid to the diversity of later-life experiences, and to the actual or potential contributions elders can make to their own well-being and to that of others. These new ideas have come together under the label “active ageing”. While this shift in thinking is to be welcomed, there is a danger that it may downplay the real needs and vulnerabilities of some older people. Rather than generalize about later life from either a negative or active perspective, it is necessary to recognize the heterogeneity of experience.

*Myth No.3: Inevitably, population ageing will place unsustainable pressures on formal social protection.*

This is often portrayed as not only a problem for richer countries, but also a global phenomenon. Instead, it is more useful to identify different sets of challenges

for different parts of the world. In developed countries there has been a rapid growth in public expenditure on the needs of older people. This has led to concerns about fiscal sustainability, and to calls for a more pluralistic approach to financing and provision. Yet the link between population ageing and spending on formal social protection is not always as strong as is claimed. For example, expenditure on health services is significantly affected by the ways these services are organized and financed, regardless of the demographic context. In most low-income countries, social policies have tended to focus on the needs of other groups, such as mothers, children and “workers”. Instead of sustaining existing programmes, the main challenge for such countries will be to factor older people into social policies for the first time. Across middle-income countries, the scale of formal social protection for older people is extremely varied, ranging from minimal policies to schemes that rival those of the North. In many middle-income countries formal social protection has been threatened by structural adjustment, shifts in welfare paradigms, and the rapid growth of private sector services in often weak regulatory settings.

Given this diversity, it is misleading to talk about the inevitable impacts of population ageing on formal welfare programmes. Yet policy debates continue to be characterized by a “one-size-fits-all” approach. For example, discussions about pension reform closely follow global blueprints, and sometimes seem more pre-occupied with the performance of capital markets than the needs of older people. Likewise, health sector reform follows an increasingly globalized model of market opening, cost recovery and decentralization—reforms that may pose serious threats to elders.

*Myth No.4: The care economy can care for itself and is not a priority issue for public action.*

The care economy has received scant attention from policy makers and academics in both the North and the South. In the North there are growing concerns about the capacity of the state to meet care needs, yet the bulk of these services is still being provided through the private sector or informal carers. The role of the private sector raises issues about regulation and equity; the role of the informal sector raises concerns about social justice and sustainability. In the South it is still assumed that traditional family and community structures can meet care needs. However, families,

norms and values are undergoing unprecedented changes, and so it may be dangerous to assume that they are an effective guarantee of care.

In concluding his remarks, Lloyd-Sherlock re-emphasized the diversity of ageing experiences. He advised against portraying older people as a special interest group whose concerns are separate from, and possibly in conflict with, those of other age groups. Older people do not live in isolation, and so their welfare is intimately bound with that of society as a whole. Policy needs to recognize both difference and interdependence.

## SESSION ONE

### Development Trajectories, Social Change and Well-Being in Later Life

Population ageing and the well-being of older people are inseparable from wider processes of development. The speed of these processes of change in developing countries is reflected in the sudden onset of population ageing there; and the relationship works both ways: population ageing may also influence patterns of development. However, claims that ageing simply increases the burden on productive sectors of the economy are based on overgeneralized notions of consumption and dependency in later life. Several participants argued that the standard age-based categories from which dependency ratios are calculated are grounded in monolithic and outdated assumptions about the roles of different age groups. Development affects the capacity of societies to provide for all groups, including older people. In particular, it can influence the ability to develop formal social protection mechanisms (as well as the need for such mechanisms). At the same time, development may involve complex social and cultural changes that represent both opportunities and threats to the aged, especially in the areas of social status and informal support systems.

Session One explored these issues and relationships in different national and regional settings. Several key themes emerged from the presentations and related discussions. A central concern was the material status of older people, including how it has changed over time and how it compares with that of other age groups. The country studies revealed diverse experiences in relative well-being between generations.

## Great Britain

In his presentation, Paul Johnson looked at the long-term historical experience of Great Britain, taken as broadly representative of advanced industrial nations. Although it is often presumed that older people were few in pre-modern societies, this is not true. Around 1700, when Britain was a primarily agricultural and rural economy, more than 10 per cent of the population was over the age of 60. It is clear that even though life expectancy at birth was low in pre-modern times, older people constituted a large part of the *adult* population—15 to 25 per cent—well before the onset of more rapid population ageing in the twentieth century. It is therefore wrong to assume that older people have gained visibility and critical mass only in recent times.

Formal retirement from the labour market was rare prior to 1900, though physical incapacity limited the ability of a large minority of older people to engage in paid work. Since 1950 there has been a dramatic fall in older-age employment for both men and women in Britain. This has resulted from a complex array of factors, including the extension of public pension and welfare programmes, employer behaviour, individual

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choice and social norms. At the beginning of the twentieth century, being old and out of work was synonymous with being poor for all but a very small minority of middle- and upper-class people. Today, for a growing proportion of retirees (though by no means all), the end of work heralds not poverty and economic dependency, but instead a new life-course stage of active and well-resourced leisure. A key determinant of fortune in old age is now the individual's labour force history. If they had continuous employment in a pensionable job at average or above-average wages, then retirement is likely to be financially secure. But if their work history included long earning gaps, part-time work, below-average pay or non-pensionable jobs, then retirement will almost inevitably be a time of reduced financial capacity and of dependence on public welfare.

When looking at the political record of pension policy in Britain since 1908, Johnson reported, it is clear that

pensioners have consistently been viewed by all main political parties as worthy of legislative attention and deserving of public financial support. Yet the proportion of pensioners deemed to be living in, or on the margins of, poverty remains around 30 per cent.

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The history of public policy toward retirement and pensions in Britain is curiously polarized. On one hand, there is the story of popular and successful institutional innovation that has led to the comprehensive incorporation of older people in the welfare state in the role of “pensioners”, and to the allocation of a large share of public revenue to this group via the state pension. On the other hand, there is a consistent history of cross-party inability or unwillingness to provide adequate resources to meet expectations, or to provide pension income above subsistence level. This has reflected fears of giving pensioners a “blank cheque” and of framing pension policy in terms of a zero-sum trade-off between pensioners’ and workers’ incomes. These tendencies have been particularly marked in Great Britain, resulting in low pension benefits relative to most other advanced industrial nations.

As well as being an element of public policy intervention and labour market change, the history of retirement was also an important part of the reconceptualization of the life-course that occurred over the past century. People’s expectations of old age, how they plan for it and experience it, have altered enormously. One simple reason for this is that most people can now expect not only to survive into retirement, but to do so in good health for well over a decade. Retirement has, therefore, changed from being a residual phase of life, experienced by a minority, to being a normal part of the life-course, of duration equal to or longer than childhood and adolescence.

The country studies presented on Brazil and Ukraine provide a contrast in terms of development trajectories and well-being in later life. In her study of Brazil,

Ana Amélia Camarano found that, despite modest economic performance, the country has seen the recent emergence of an embracing and generous range of social programmes for older people. In their essay on Ukraine, Vladislav Bezrukov and Natalia Foigt showed how the country’s deep economic crisis has been mirrored by the collapse of formal social protection. Yet these two presentations also identified important processes that affect elders in both countries, such as changing household dynamics and shifts in cultural norms.

### Brazil

Drawing on national household survey data from 1981, 1998 and 1999, Camarano examined short-term changes in the status of older people (defined as age 60 and over) in Brazil. She paid particular attention to differences between rural and urban areas, and between the relatively impoverished northeast of the country and the more prosperous southeast. She found that there had been a general improvement in the situation of elderly people over this period, particularly in rural areas. Between 1981 and 1998 life expectancy at age 60 increased by 2.4 years for males and 2.7 years for females. There was also a fall in the incidence of mental and physical disability among the elderly population. Poverty and the proportion of elders without any earnings decreased substantially, particularly for women. For example, in rural areas

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the proportion of women with no income fell from 45 to 20 per cent between 1981 and 1999. Improvements in health conditions enabled older people to remain in employment until advanced ages: in 1998, 20 per cent of males age 80 and over were still working.

Camarano’s study identified the increased coverage and value of social security benefits as the key factor that had improved the position of elders. Brazil’s 1988 Constitution introduced a more inclusive concept of social security, establishing universal coverage and equal rights for rural and urban beneficiaries. These policies were implemented in 1990 and 1991, and included two important changes to pension eligibility.

First, access to social assistance pensions became less dependent on past contributions through participation in the formal sector of the labour market. Second, the beneficiary unit changed from the household to the individual. The first of these measures had a substantial impact in rural areas, where the proportion of elders who received some kind of social security benefit rose from 53 to 82 per cent during the study period. Both measures had significant effects on women, who were able to obtain pensions regardless of past economic activity and their position in the household. Between 1981 and 1999 the proportion of women receiving benefits rose from 53 to 77 per cent.

While Camarano did identify general trends in older people's well-being, she also observed that the position of older people remained varied, with large differences between rural and urban areas, and between richer and poorer regions. The social security system has done little to redress Brazil's extreme income inequalities, as retirement benefits are closely linked to lifetime earnings. For example, the average pension of a retired judiciary official in 2000 was worth 40 times that of a retired rural labourer.

Camarano also contrasted the generally improved circumstances of older people with the deteriorating economic situation of other age groups, the latter reflecting increased unemployment, declining average income and the chronic instability of the Brazilian economy. This has increased the economic dependence of children on the elder generation. Other factors, such as an escalation in rates of teenage pregnancy, divorce and separation may have placed additional demands on elderly parents for support. As a result, there has been an increase in the time that adult children spend as dependants of their parents. For example, between 1981 and 1999 the proportion of elderly male-headed households that included at least one adult child (age 21 or over) increased from 19 to 44 per cent. According to other studies cited by Camarano, this increase in co-residency has responded more to the material needs of children than to the care needs of older people. This is reflected in data on the direct contributions of older people to their household budgets. By 1999 elders provided 58 per cent of their total household budgets in rural areas and 51 per cent in urban ones. There has also been a rise in the number of elders living with grandchildren. By 1999, 12 per cent of all children under age 14 were

living in a household that included an older person. This is likely to have had a large impact on the role of elders as care providers.

The presentation on Brazil also showed how changes to pension policy can bring about a large improvement in the economic and social status of older people in a short period of time. The traditional stereotype of the dependent elder has been replaced by the perception of elder as provider. To a large extent, the varying fortunes of different generations in Brazil reflect the radical upgrading of non-contributory pension programmes. They also reflect changing national circumstances during the era that moulded their life-chances. Many older people experienced a long and stable employment career in a more favourable economic environment. Access to private housing was easier as a result of more secure household incomes and large (now defunct) public subsidies for the purchase of private homes.

## Ukraine

In presenting his and Foigt's study of Ukraine, an economy in transition, Bezrukov provided a strong contrast to the Brazilian experience. In Ukraine, economic underperformance has been much more acute: between 1990 and 1998 gross domestic product (GDP) fell by 41 per cent, and the system of social protection virtually collapsed. While all generations have been affected by these problems, older people have been especially vulnerable. This is most clearly reflected in health trends: between 1989 and 1998 life expectancy at age 65 fell by almost a year, mainly as a result of rising cardiovascular mortality and

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“socially determined” causes such as alcoholism and suicide. However, the underlying determinants relate to increased poverty, societal stress and a collapsing health care system. These trends have been pronounced among older men, because of a range of



factors including diet, behaviour and the often hazardous nature of their previous employment.

Before the transition period, state services—such as public health care, housing and pensions—ensured that all older people received an adequate, albeit basic, level of social protection. Another component involved price controls, including heavy subsidizing

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of basic foodstuffs. In the initial stages of transition, however, price controls were abandoned, the real value of pension benefits fell, and state spending on all social sectors was cut substantially. For example, between 1986 and 1998 the value of the basic pension fell from 40 to 28 per cent of the average worker's salary. The situation was exacerbated by the attempted implementation of poorly conceived reform initiatives.

As a result, Bezrukov explained, older people have become increasingly reliant on market-based income. This is reflected in a widening gap in the average incomes of working and non-working elders. However, increases in general unemployment have reduced the capacity of older people to obtain jobs. Indeed, employers discriminate strongly against elderly job applicants. Access to private plots of land has also come to play an increasingly important role in determining the income of elderly households. These changes have led to a marked increase in inequality across the elderly population, as is evidenced by widening disparities in nutritional intake, with dangerously low levels for the poorest and most vulnerable.

In this context of state collapse and economic crisis, families and households have become increasingly important providers of welfare. Patterns of intergenerational exchange and the position of older people in households are strongly influenced by wider de-

mographic trends. Older people already have a large presence in Ukrainian society: in 2000, 14 per cent of the population was age 65 and over. Due to past housing shortages and current economic straits, households in which three to four generations live together have become the norm. Bezrukov cited 1999 survey findings that 60 per cent of young families lived with at least one of the spouses' parents. However, very low levels of fertility mean that elders' co-residence with grandchildren is rare.

As in Brazil, older people play an important role as providers. According to Bezrukov, another recent survey found that around a third of young families received significant material support from the older generation. Whereas in Brazil intergenerational exchange is framed by the strengthening economic position of elders vis-à-vis younger generations, in Ukraine it results from mutual hardship.

Although economic transition has led to the rapid deterioration of the situation of elders, Bezrukov and Foigt's study did identify some positive trends. In recent years, there have been small, real rises in the value of pension benefits, which partly cancel out the losses suffered during the early years of transition. Perhaps more importantly, older people now enjoy greater civil liberties and are becoming more involved in public life and politics. Especially noteworthy is a large voluntary movement started and run by war veterans and retired workers.

## China

The study by Du Peng and David Phillips, presented by the former, examines how policy makers in China are struggling to respond to processes of change that are unprecedented in terms of their scope, speed and scale. Demographically, China has experienced a rapid decline in fertility and is starting to see an equally notable acceleration in population ageing. At the same time, mortality levels have fallen rapidly, as part of one of the fastest epidemiological transitions in human history. China's strict family planning policies have given rise to the new generation of the "only child", which has been part and parcel of declining family size and simpler family structures. This has been accompanied by changing living arrangements for older people.

China has also been undergoing profound economic and social reform, which accelerated during the

1980s and 1990s. Moving from communal to household rural production units led to rapid increases in output and freed up large numbers of rural labourers, stimulating migration and urban development. Per capita GDP has grown rapidly over the last two decades, and there have been advances in public health education and retirement provision. Reforms have brought about greater freedom, and improvements in quality of life and opportunity for many Chinese, including elders. Yet Du Peng emphasized that some large regions, particularly the west, have seen fewer benefits, and thus regional inequalities have tended to deepen.

Traditionally, older people usually controlled the economic resources in Chinese households, and they therefore played a dominant role. However, over the past 50 years, China has experienced a rapid shift from an agricultural to an industrialized society, and increasing numbers of young people are living in the cities, separately from their old parents. At the same time, the elderly generation may have lost control over their children who work outside the family and who, instead of handing over their salaries, now tend to provide their parents with some money for food, clothing and daily expenses.

Although China has been improving its social security system and has expanded the coverage of pension schemes, only one quarter of older people now receive a pension. As a result, the majority of Chinese elders have to depend on the economic support of their children. This situation seriously affects the economic status of older people, many of whom increasingly regard themselves as an economic burden to their children. According to data from the 1994 national sample survey, 57 per cent of all people age 60 and

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over depend predominantly on financial support from their children and other relatives. In rural areas this proportion reaches 64 per cent. Older people who depend mainly on their children's support usually live with their children, and emotional attachment and mutual support among family members are very

strong in China. However, population change is threatening the capacity of family members to provide support. The most important factor is a considerable decline in fertility, which has led to a reduction in the number of children available to provide support for older people. As filial piety is predicted to

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become more and more unreliable, further legislation may be required to guarantee the rights and benefits of elderly people. Older women are in a particularly vulnerable economic position. According to the 1994 survey, 81 per cent of older women depended mainly on their children's economic support, while only 2 per cent depended mainly on their pensions. Low levels of female pension coverage reflect lower levels of salaried participation during earlier stages of the life-course.

Du Peng explained that the Chinese government sees the development of the social protection system as part of a wider economic and social reform process in the coming decades. In the context of marketization, there is an urgent need to replace a welfare system based on "cradle-to-grave" state patronage with a more flexible model. China is stepping up efforts to create a network of pensions and unemployment insurance to cover about 200 million people. If it succeeds, it will represent the largest insurance scheme of this kind in the world. However, the government has no plans to significantly alter the polarization of welfare policies between rural and urban areas, and this is likely to remain a major source of inequality across the elderly population.

The majority of urban older people are now pensioners, which implies that they have much better income security than in the past. Most of them can live on

their pensions, independent of support from their children. Few people enjoy the advantages of this social insurance in rural areas, where family support is still the main provider for elders. For those without family support, the government continues to rely on the “Five Guarantees” system. In theory, these guarantees ensure that communities fulfil older people’s basic needs for food, medical care, clothing, housing and burial expenses. These guarantees were legally enshrined in 1996 and all older people were, in theory, provided with a copy of them. However, increased rural-to-urban migration is reducing the capacity of communities to meet these guarantees.

China’s growing elderly population is also likely to exert a strong political influence in the near future. The proportion of better-educated people and retirees who once worked in state-owned enterprises or government agencies has been increasing rapidly. They are changing the composition of the elderly population, as they have more active attitudes toward participation in social and political affairs and greater willingness to express their opinions in public. In 1996, the Law of Protecting the Rights of the Elderly of the People’s Republic of China was enacted. It defines the rights of older people in family life, social life and participation in social activities. With the strong support of older people, other new laws are expected: a law on eldercare, one on their social participation, and regulation of the management of welfare facilities for the elderly. Du Peng reported that respondents to a survey of older people conducted by the Beijing Ageing Studies Centre in 1999 considered “protecting my legal rights” to be one of the top three priorities that the government should address. With increasing numbers of older people and ongoing social and political reform, Du Peng expressed his hope that older people would play an increasingly active and important role in local and national politics.

### Session One Discussion

During the discussion, participants observed that the session’s four presentations offered perspectives on different stages in the evolution of formal social protection systems: a case in which embracing, old age welfare programmes are long established (Great Britain); an example of recent, rapid extension of such programmes (Brazil); a country where formal provision has been reduced (Ukraine); and a case in which services are at an incipient stage of development (China). These experiences are closely linked to wider

processes of economic development and to conditions of economic crisis. However, their evolution also reflects processes of public choice about where, and to whom, resources should be allocated. In every case, it was observed, informal social protection for elders is under stress. Yet this seems less problematic in countries such as Brazil, which may indicate that formal and informal social protection are complementary strategies, not alternative ones. Migration by younger

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age groups has contributed to strains on informal caring: while participants conceded that migrants tend to remit a share of their earnings to elderly parents, they emphasized that this income does not compensate for the absence of younger family members.

Gender issues arose throughout this and subsequent sessions. Johnson observed that much of the later-life gender poverty gap in the countries of the Organisation for Economic Co-operation and Development (OECD) reflected different levels of participation in salaried labour during the life-course. There are indications that in some, though not all, OECD countries, increased female incorporation in the formal labour market will reduce this gap for future generations of elders. While women typically earn lower salaries, they are more likely to be engaged in the public sector, for which pension entitlements are superior. In most developing countries rates of female incorporation in salaried labour remain much lower than in the North, and thus the poverty gap in those countries is large and likely to persist.

### SESSION TWO Formal Social Protection and Older People

A key part of the relationship between development and the well-being of older people hinges on the creation of formal social protection programmes. Thinking about public policy for older people in the



South is strongly influenced by the experiences of the North, and has been dominated by controversies about pension reform. Yet conference participants identified a wider range of issues, as well as varied models of social protection emerging from the South. As the presentations and discussions of Session One revealed, it is dangerous to make global generalizations about the challenges of formal social protection for older people. Different developmental contexts were thus clearly reflected in the papers presented in this session, although it was also apparent that there was considerable scope for sharing experiences across countries.

### Chile, Singapore, South Africa and Brazil

In his presentation, Armando Barrientos drew attention to the diverse approaches to pension provision in the South. In recent years a number of countries have radically transformed their pension provision, moving swiftly in the direction of government mandated, privately provided individual retirement plans.

*In recent years a number of countries have radically transformed their pension provision, moving swiftly in the direction of government mandated, privately provided individual retirement plans. In 1994, the World Bank recommended that developing countries adopt 'multi-pillar' pension systems: a basic safety net pension, a contributory retirement plan, and voluntary saving.*

The blueprint for many countries was Chile's 1981 pension reform, and the World Bank played a key role in supporting and financing this model. The Bank's 1994 report, **Averting the Old Age Crisis: Policies to Protect the Old and Promote Growth**, recommended that developing countries adopt "multi-pillar" pension systems: a basic safety net pension, a contributory retirement plan, and voluntary saving. However, the Bank focused almost exclusively on supporting the second pillar (the contributory retirement plan), and justified this emphasis in terms of its significant economic advantages: improved work and saving incentives, strengthened capital markets, and reduced fiscal deficits. Chile typified this approach to pension provision, and has been portrayed by the Bank as highly successful.

Singapore's Central Provident Fund provides a different model of old age support. Compulsory payroll contributions are collected in a central fund, which is invested in interest-yielding assets. In addition to retirement-related withdrawals, the fund allows withdrawals for a range of "merit expenditures", including health, housing and tertiary education. The scheme has some similarities to the Chilean model: both are based on fully capitalized individual accounts. However, a key difference is Singapore's centralized, state-run collection scheme. This has been found to have significantly lower administrative costs than the decentralized collection by competing pension fund managers in Chile.

The South African and Brazilian experiences provide a strong contrast to those of Chile and Singapore. In South Africa, the end of apartheid coincided with the extension of basic universal pension benefits to all citizens. This "social pension", worth about \$3 a day, provides a regular source of income to elders and their households. It is proving to be a strong instrument for development, by supporting households' economic activity and raising investment in physical and human capital. At the same time, the social pension has led to a significant improvement in the status of elders in their households. Brazil's 1988 Constitution extended pension entitlements to elders in rural communities and in informal employment. And the *previdência social* (social security), implemented in 1993, has provided a significant boost to households' economic activity, with an important impact on poverty. The experiences of South Africa and Brazil show that basic universal pensions can decrease impoverishment, improve the well-being of elders, and contribute to economic development. The cost of South Africa's universal pension scheme, expressed as a share of GDP, seems to be lower than Chile's will be once private pension plans mature. In Brazil, the cost of pension provision is rather higher, but this includes the contributory scheme, which accounts for the bulk of expenditure and is notorious for paying generous benefits to civil servants and other privileged sectors of the workforce.

### Japan

Long-term care of older people has not been a large part of formal social protection systems in the South. In developed countries, by contrast, there are mounting concerns about the financial sustainability of formal long-term care provision. Tetsuo Ogawa's pres-

entation on Japan, where the proportion of the population age 60 and over is the highest in the world, described the major reforms undertaken there. Around two million older people required long-term care by 1992. Traditionally, the country relied almost entirely on informal care provision. However, this reliance has declined for a number of reasons, including changing gender roles, low fertility (which reduces the supply of potential carers) and changing social norms. Another key factor highlighted by Ogawa was the introduction of heavy inheritance taxes. These, he felt, have had a significant impact on intergenerational bargaining, reducing the economic incentive of the younger generation to care for aged parents.

The provision of formal care services in Japan has been highly pluralistic, with a large voluntary sector, private ventures and services offered by different levels of government. In the 1990s there were a series of initiatives designed to improve the co-ordination and increase the capacity of social care institutions. Emphasis was placed on the role of local government, and particular efforts were made to expand home- and community-based care. However, financial allocations were clearly inadequate, with demand for all forms of care services heavily outstripping supply. The government was not prepared to bear the full fiscal burden for these services.

The compulsory Social Care Insurance Scheme (SCIS), introduced in 2000, seeks to provide frail older people with a comprehensive package of care services, including both home and institutional care

*The main innovation in Japan is that the model is applied to care rather than health services. There is still disagreement about the merits of such an approach, and the challenges of effective state regulation of this complex, pluralistic system can be considerable. However, Japan's success in achieving social consensus that eldercare be managed through social insurance is highly significant.*

via a provider network of state, voluntary and private agencies. Half of the SCIS funds are taken from the contributions of workers age 40 and over; the remaining half come from general government revenues. Local authorities are responsible for collect-

ing contributions, the co-ordination of care services, regulation and quality control. The SCIS draws on an emerging tradition of quasi-market reforms (as applied to the health sector in the United Kingdom, for example, and in an increasing number of developing countries). The main innovation in Japan, according to Ogawa, is that the model is applied to *care* rather than *health* services. He noted that there is still disagreement about the merits of such an approach, and that the challenges of effective state regulation of this complex, pluralistic system can be considerable. Given that the SCIS is still in its infancy, it will be necessary to wait some time before it can be properly assessed. However, Japan's success in achieving social consensus that eldercare be managed through social insurance is highly significant, and signals the path likely to be taken by many other developed countries in the region.

### Sub-Saharan Africa

Financing and providing health services for older people have received much less attention than has pension reform, particularly in low- and middle-income countries. This is surprising, as older people now account for a growing share of health service consumption in many countries, and effective health policies could do much to promote active ageing. The lack of attention to elder health care is nowhere more apparent than in sub-Saharan Africa. Di McIntyre's presentation represented an important first step in filling this gap. She expressed concern about the still-substantial pressure of some international organizations on governments in African countries to restrict their financing of health services to an "essential package" of care. This recommended package is heavily biased toward maternal and child health, which translates into very limited availability of the type of publicly funded health services most needed by older people. The almost exclusive focus on children and women of childbearing age is seen in a wide range of international initiatives relating to health services, including the World Bank's Poverty Reduction Strategy initiatives.

Although there are extremely limited empirical data on the issue, McIntyre suggested, it is likely that most of the health sector reforms introduced in African countries over the past decade or so have had adverse consequences for many older people. The introduction of, or increase in, user fees has potentially had the most serious adverse impact on their access to

health care. This relates to the fact that one needs ready access to money at the time of seeking health care, which is a particular constraint for elders living

*It is likely that most of the health sector reforms introduced in African countries over the past decade or so have had adverse consequences for many older people. The introduction of, or increase in, user fees has potentially had the most serious adverse impact on their access to health care.*

in poor households. Given that older people do report ill health more frequently than other age groups, the requirement for ready access to funds would impact more heavily on older people and their families.

It is precisely due to the risk of incurring substantial health care costs that health insurance vehicles were created. A range of insurance or prepayment mechanisms are being promoted through reforms of African health systems. However, very few older people are likely to be covered through voluntary private or social health insurance schemes, unless they are included as adult dependants of a formal sector employee. In a limited number of African countries where older people are principal members of private insurance schemes, through continuation membership on retirement, there has been a trend of rapid increases in contribution rates and declining benefit packages for this “high-risk” group. The result has been older people’s declining membership of these schemes, and heightened reliance on publicly funded services. The major concern in relation to social health insurance (SHI), said McIntyre, is that elders will become an increasingly marginalized group, and that public resources will gradually be directed more toward funding SHI contributions for civil servants and subsidizing those for other SHI members, with correspondingly lower resources being devoted to those who are dependent on publicly funded services.

### Argentina

Beyond low-income countries, the main focus of concern has been how to contain health spending in the face of rapid population ageing. As conference participants noted, these debates sometimes fall into a trap of demographic determinism. While population ageing *may* increase spending, it is only one of several factors that come into play. Large differences in health

expenditure across OECD countries reflect how health care systems are financed and organized; the proportion of older people in the population tends to matter less. In countries where greater reliance is placed on private financing, expenditure tends to be significantly higher.

Usually, health care financing and provision for older people is not separate from programmes for the rest of the population. There are two exceptions to this general rule; the experience of the United States is fairly well known, and the Argentine experience less so. Neither of these systems has been successful in containing costs. Between 1967 and 1984, Medicare expenditures in the United States grew more than 9 per cent annually in real terms. Only a small part of this can be accounted for by growing affiliation or an increase in the age of the average member. Subsequent attempts to halt cost escalation have proved politically controversial. Likewise, by early 2001 Argentina’s Programa de Atención Médica Integral (PAMI, comprehensive health care programme) had accumulated debts of nearly \$2 billion. Néida Redondo’s presentation of her comparative study of the two schemes emphasized that the financial collapse of PAMI was not the result of population ageing, but rather of widespread administrative failure

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and corruption. PAMI is a complex system, not unlike Japan’s SCIS, in which a quasi-public agency regulates provision of health services by a pluralistic array of providers. Yet regulation has been ineffective and there has been widespread abuse of contracting procedures. In an effort to control costs, PAMI adopted a per capita payment system. However, this mainly had the effect of minimizing service provision for affiliates, rather than reducing graft.

The Argentine experience of health care financing for pensioners is far from encouraging. Whether similar

programmes are appropriate for other countries depends on their broader contexts of health care financing and organization. In countries with unitary, universal social insurance schemes, there would seem to be little point in creating separate programmes. Indeed, such a move might ghettoize health care for pensioners, prevent intergenerational solidarity and create an institutional logic of cost escalation. However, in countries where health care programmes are fragmented and non-universal, and where private insurance is a major component, there may be little alternative. This is because market mechanisms and individually contracted health insurance often discriminate against groups such as the aged and disabled. The growing global prominence of private health insurance and schemes, such as health maintenance organizations (HMOs), is likely to marginalize health care for groups such as the elderly and disabled, unless specified funds such as PAMI or Medicare are in place. The apparent problems of these funds—and the lack of alternatives to them—should be considered as an intrinsic cost of shifting away from unitary public programmes and, where possible, these costs should be passed on to private insurers.

## Session Two Discussion

Several key themes were discussed following the presentations. One was the significant challenges of a complex, pluralistic approach to formal service provision for elders, whereby the state, private and voluntary sectors may all play a role within a harmonious framework. Issues of regulation and governance are central to the development of such a framework. Usually, responsibility for old age services is divided between government agencies, with little attempt to develop a co-ordinated package of protection. The presentations focusing of health and social services suggest that older people are particularly vulnerable to failures in formal social protection systems. Conversely, research from Brazil and South Africa demonstrates the positive impacts that appropriate interventions may have on sustaining well-being through later life.

## SESSION THREE Older People and the Care Economy

The divisions between formal social protection and informal means of support are blurred, and increasing attention is now being paid to the interface be-

tween them. This is particularly significant in the area of long-term care for groups such as the very old. In most developing countries the great majority of older people continue to live with children or other family members. However, this in itself does not guarantee satisfactory care. Contexts of poverty and rapid change may put families under strain and reduce their capacity to meet the special needs of the elderly. Furthermore, increased female participation in the salaried labour force is likely to constrain the supply of informal care, regardless of household structure.

## Sub-Saharan Africa

It is sometimes argued that strains on the care economy are linked to an erosion of traditional values and norms. Nana Apt made this case strongly in her presentation, which examined processes of modernization and changing patterns of informal support in sub-Saharan Africa. She argued that urbanization, migration and the collapse of extended household

*Urbanization, migration and the collapse of extended household structures have increased the isolation and economic vulnerability of African elders, particularly in rural areas. Modern education has also eroded the power base of the older generation, conferring power on those who are educated, urbanized and politically active.*

structures have increased the isolation and economic vulnerability of African elders, particularly in rural areas. Modern education has also eroded the power base of the older generation, conferring power on those who are educated, urbanized and politically active. This situation has been exacerbated by the region's entrenched economic crises. Resource scarcity has increased the conflict of loyalties between younger and older generations, even though feelings of obligation toward ageing parents remain strong. This is particularly problematic in cities, where expensive accommodation deters rural migrants from establishing households in which three generations live together. In those parts of the region with high HIV/AIDS prevalence, older people are badly affected by the general economic fallout, as well as increased caring roles for orphans and sick children. At the same time, sub-Saharan African states have been able to do little to provide the formal social protection for elders that would mitigate such effects.

While participants did not discount the seriousness of older people's plight in very poor countries, their discussion sought to qualify the belief that older people in all parts of the world had previously lived in a pre-modern "Golden Age". Indeed, many commented, historical research has questioned the generalization that past societies were characterized by stronger norms of family support and respect for elders. Furthermore, some surviving traditional attitudes, including witchcraft beliefs and discrimination against individuals suffering from cognitive impairment, may be very detrimental to the well-being of elders, particularly women, and lead to what might be labelled an "uncare economy".

### India<sup>1</sup>

In the paper she prepared for this conference, Martha Chen examined traditional values and widowhood in India. In addition to having a high prevalence of widows, India is also known for its unique customs and practices regarding widowhood. Although long illegal, incidences of *suttee* (the burning of the widow on the husband's funeral pyre) are still reported in India. Many communities also continue to ban remarriage and impose strict codes of dress, demeanour and diet

*Many communities continue to ban remarriage and impose strict codes of dress, demeanour and diet on widows throughout their lives—not just for a stipulated mourning period.*

on widows throughout their lives—not just for a stipulated mourning period. Moreover, strong and widespread traditions of patrilineal residence and inheritance, and patriarchal gender relations—including a gender division of labour, female seclusion, and the conditioned dependence of women on men—govern the lives of all women, including widows.

It is widely acknowledged across India that one function of extended kinship ties is to look after the wives and children of dead relatives. The projected ideal is that Hinduism provides the widow a secure place—at least physically and economically—within the joint family. In this ideal life cycle, a Hindu woman's life is

marked by the successive transfer of responsibility for social control and economic support from father to husband to son. Yet, things often do not go according to plan. Chen cited interviews with more than 500 widowed women that found that about half managed on their own in households without an adult

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male. Of those widows living alone, almost two thirds were working outside the household. For the rest, access to care and material resources was highly constrained. Some were able to claim a share of the harvest from their late husband's family, and a lucky few obtained support through means-tested widows' pensions. For many, the outcome may have been premature mortality. Chen cited another study using national census data from 1971 and 1981, which found mortality rates were 82 per cent higher for widows than for married women.

Participants discussed the degree to which the plight of Indian widows is echoed in the experiences of other countries. India was generally considered an extreme case, although not dissimilar to the condition of widows in parts of Latin America in the recent past. It was claimed that widows in Ukraine suffer relatively little stigma or socioeconomic disadvantage. However, access to property upon widowhood was identified as a key issue in the South. Sometimes this resulted from patriarchal inheritance law, which put the needs of surviving children over those of surviving spouses.

### Gender Dimensions of Eldercare<sup>2</sup>

The issues of care for and care by elderly people contain strong gender dimensions. In poorer, three-generation households, this may add to the multiple

<sup>1</sup> While the paper on India was not presented by its author at the UNRISD conference, some of its content was referred to by the Project Co-ordinator.

<sup>2</sup> While the paper on Gender Dimensions of Eldercare was not presented by its author at the UNRISD conference, some of its content was referred to by the Project Co-ordinator.



responsibilities of employment, domestic chores and childcare. In the paper she prepared for this conference, Martha Nussbaum observed that, although cultural attitudes toward supporting the aged vary, women are almost always the main providers of care. She argued that the most ubiquitous and long-lasting conception of the woman, in virtually all countries and traditions of the world, is as a giver of care: homemaker, mother, wife, tender of the needs of older people. She claimed that this caregiving function had often been used to remove women from candidacy for full citizenship, and from many types of employment.

Nussbaum therefore suggested that the general way of thinking about a society, its citizens and its goals, fostered by the social contract tradition, has created a blinkered way of considering need, dependency and dignity. Thinking about the social contract usually envisages a situation in which parties of roughly equal ability come together to achieve mutual benefit through co-operation. However, this situation does not apply in many human relations, which are characterized by asymmetrical dependency. This makes it difficult to place care prominently enough on the agenda of society, and to give it the support it deserves. One solution to this problem might be to include care in times of extreme dependency on a list of Rawlsian “primary goods”,<sup>3</sup> seen as fundamental basic needs of all citizens.

However, Nussbaum argued in her paper, a perspective based on ideas of human capability and functioning can more adequately deal with the issues of social justice that are raised by the need to provide care for elderly people in a state of extreme and asymmetrical dependency. The capability approach, she suggested, goes beyond conceiving of care as the

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distribution of certain kinds of primary resources. Instead it applies a framework emphasizing empower-

ment, opportunity and dignity for both caregivers and care receivers. The asymmetrical needs of older people are treated as part of their human dignity, rather than as large social costs to be borne. Also, this approach can support the development of political principles that respect older people as equal citizens.

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Patterns of care are strongly determined by intergenerational exchange and reciprocity. Even when they have little current income, many older people still have valuable assets, such as houses and land. Research has found that both explicit and implicit contracts about inheritance and asset transfer may have an important effect on care arrangements. However, it should not be assumed that inheritance and similar forms of intergenerational exchange accord with a perfect moral economy, in which caregiving is matched by subsequent bequests. Having assets to bequeath does not guarantee that an older person will receive good care: equally, the principal carer may go unrewarded. Furthermore, it may be simplistic to reduce such relations to an economic rationale, ignoring cultural norms of filial duty.

## Mexico

How do notions and processes of intergenerational exchange and reciprocity influence the supply of informal care for older people? In their presentation, Cristina Gomes da Conceição and Verónica Montes de Oca Zavala noted that the general Mexican care economy is characterized by scarcity. On one hand, this reflects a lack of state participation in formal care services. On the other, it results from the limited capacity of younger generations to provide material support, due to erratic national economic performance and high income inequality. At the same time, recent demographic trends have greatly increased the demand for care services. Their findings were in accord with Nussbaum’s view of the care economy as highly gendered. However, by focusing on the situa-

<sup>3</sup> See John Rawls, *Political Liberalism*, Columbia University Press, New York, 1993.

tion of care receivers, they challenged the view that women are universally disadvantaged by all aspects of the care economy.

Gomes da Conceição and Montes de Oca Zavala placed household structures and patterns of co-residence at the centre of their analysis of informal care. In Mexico, as in many other developing countries, it is generally believed that “traditional” extended households are being superseded by nuclear family structures. In fact, the opposite is occurring. With older people living longer, there has been an increase in the proportion of three-generation households. As in Ukraine and Brazil, this is often motivated by economic barriers that deter young adults from purchasing their own homes. Older people also make significant contributions in other areas. While they remain in employment, older men usually retain their role and status as principal breadwinner. For their part, older women tend to continue in their established

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domestic caring and homemaking roles. Indeed, Gomes da Conceição and Montes de Oca Zavala cited findings of the preference of many older women for living alone, as this freed them from domestic burdens that they would otherwise be expected to perform, but it did not necessarily isolate them from kinship networks.

Nonetheless, co-residence can provide numerous benefits for elders. A 1994 national survey found that households were the most important source of material support for people age 60 and over, playing a much more significant role than state transfers. For older people with significant care needs, co-residence is likely to be the only channel through which such needs can be met. Gomes da Conceição and Montes de Oca Zavala argued that frail older men may be particularly vulnerable to abandonment. This could be seen in general patterns of living arrangements. For women,

the likelihood of living with children or other adult relatives was higher in extreme old age than between the ages of 60 and 70. For men, the reverse was true, with co-residence falling off sharply once they were no longer in employment. Co-resident older men generally received less material support than women, even when they were sick or frail. Gomes da Conceição and Montes de Oca Zavala argued that older women were seen as more desirable household members, given their well-established domestic roles. By contrast, the traditional male breadwinner role had tended to overlook kinship ties and the domestic ambit, thus reducing men's status and the quality of their family relations in later life.

### Thailand

The potentially significant role of older people as caregivers should not be forgotten. But as in earlier life, this remains a highly feminized activity. Grandparenting often represents an extension of a woman's previous domestic responsibilities. Also, as women tend to have a longer life expectancy than men, they are more likely to provide care to their spouses, rather than to receive it. Caregiving by older people has become increasingly significant in contexts of high HIV/AIDS prevalence. In their presentation, John Knodel and Chanpen Saengtienchai studied the social and economic impacts of HIV/AIDS on older people in Thailand. The global pandemic is typically associated with adults in their 20s, 30s and 40s and, to a lesser extent, with their young children who may have been infected through perinatal transmission or who may become AIDS orphans. But older adults are also deeply affected by the pandemic, even though their situation has largely been ignored in the discourse about AIDS. They too can contract HIV/AIDS: in Thailand, 5.4 per cent of the over 100,000 AIDS cases reported to the Ministry of Health through 1998 were people age 50 and over. Older adults are also severely affected as relatives—particularly in their role as parents—of the adults who become ill and die from AIDS. As most of these victims are in their 20s and 30s, their surviving parents tend to be in their 50s, 60s and 70s. And as one or both parents are usually alive, the numbers of affected are very large. In Thailand, the number of older people who have lost an adult son or daughter is estimated at well over 300,000. To put this number in perspective, it is at least four times the cumulative number of AIDS orphans in Thailand, estimated to be 75,000. Yet while AIDS orphans receive a great

deal of attention, almost no notice is given to the much larger number of AIDS parents.

Knodel and Saengtienchai's study was based on data from interviews with community health workers, as well as in-depth and survey interviews with AIDS parents. They reported that older people were extensively involved with their infected adult children through both living and caregiving arrangements. The majority of adults who died of AIDS (59 per cent) co-resided with a parent at the terminal stage, and two thirds either co-resided with or lived next to a parent at the terminal stage. Almost two thirds of adults who died of AIDS received at least some personal care from a parent, and for half a parent was a main caregiver. Mothers are more likely than fathers to provide at least some personal care, and are four to five times as likely to be a main personal caregiver.

This caregiving role imposes a heavy burden on many AIDS parents. The fact that many are in older age makes them particularly vulnerable to the physical strains associated with caregiving. Over half of the caregivers surveyed by Knodel and Saengtienchai experienced fatigue, insomnia and anxiety. Parents played

burdens, older people have considerable untapped potential for contributing to efforts to expand and improve the treatment of people with AIDS. The in-depth interviews with AIDS parents revealed the dedication with which they carry out these roles, and their desperate wish to reduce the suffering and improve the health of their infected sons and daughters.

Discussants praised Knodel and Saengtienchai's work as one of very few significant surveys of the impacts of HIV/AIDS on older people in a developing country. However, it was suggested that some of the impacts of the pandemic in other parts of the developing world may differ from the Thai case. In parts of sub-Saharan Africa, for example, a combination of high rates of fertility and death from AIDS has led to large numbers of AIDS orphans. This means that the grandparenting role of AIDS parents is likely to be greater than in Thailand. One participant cited a recent survey from Tanzania, however, that had found a similar proportion of people with AIDS residing with their parents during the terminal stage of their illness, to that reported by Knodel and Saengtienchai.

*Caregiving by older people has become increasingly significant in contexts of high HIV/AIDS prevalence. Older adults are deeply affected by the pandemic, even though their situation has largely been ignored in the discourse about AIDS. Older adults are not immune from contracting HIV/AIDS themselves; and they are severely affected as relatives—particularly in their role as parents—of the adults who become ill and die from AIDS.*

a large role in paying for treatment for their ill adult child in over half of the cases. In half of the cases where a parent gave care to the ill child, one or both parents had to either stop or reduce their economic activities, and in a third of such cases this created serious economic difficulties for the parents. These financial losses were compounded by the fact that, for about a third of all AIDS parents, the deceased child had been the main income earner for their household. Knodel and Saengtienchai argued that, despite these

### Session Three Discussion

Taken together, the presentations of Session Three drew attention to the importance and the complexity of informal exchange and care relationships between older people and other generations. These issues are especially significant in the poorest countries, where formal social protection is lacking, yet they remain less widely researched than “richer country concerns”, such as the reform of pension systems. Policy, as it exists, draws mainly on optimistic assumptions that are themselves based more on normative ideals and stereotypes than on actual practice. While the issue of elder abuse was not directly raised in the presentations, during discussions several participants emphasized its significance, and the lack of recognition it receives in most developing countries or on the international development agenda.

### Closing Remarks

In summing up, Lloyd-Sherlock argued that any discussion of population ageing and older people begs one very important question: In what way are elders (or later life) significantly different from younger age groups (or earlier stages in the life-course)? This is not an easy question to answer, for several reasons.

First, there is no obvious cutoff between later life and earlier life, nor is there a satisfactory definition of old age. Second, as illustrated by the conference discussions, older people are a heterogeneous group, living in very different circumstances. The problems faced by elders in low-income countries may have more in common with those of younger generations than with those of elders living in the rich North.

Nevertheless, he suggested, some generalizations could be made about older people. As a group, they are less likely to be engaged in salaried economic activity. They are more exposed to age-related risks, such as physical decline and some kinds of chronic disease. Older people are also exposed to the general stereotypes and prejudices of society at large—attitudes that may become self-fulfilling prophecies. Taken together, these mean that the capability and functioning of older people tend to be restricted, and become increasingly so as they progress through later life to death. These common characteristics go some way toward justifying the emerging academic interest and policy focus on older people around the world. However, they do not justify the portrayal of older people as a special interest group whose concerns are separate from, and possibly in conflict with, those of other generations. Elders do not exist in isolation (despite the efforts of some societies to promote this), and so their well-being is intimately bound with that of society as a whole. Many of these concerns, he argued, relate to wider issues, such as poverty reduction and gender equity. As with gender, policy needs to recognize both difference and interdependence.

Population ageing is accelerating, and can now be considered a global phenomenon. However, this conference showed the dangers of generalizing about what this may mean, both for older people and for

hard evidence, and there are increasing calls for a more optimistic, “active ageing” approach. Population ageing requires a dynamic response from public policy and social attitudes, a key challenge being

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the need to reduce the exclusion of elders from salaried economic activity. This process of adaptation has so far been slow, uncertain and imperfect.

Population ageing poses particular challenges for developing countries. International debates are almost exclusively drawn from Northern gerontology and neoliberal political economy. While these may provide some useful insight, they have very little to say about the situation of large numbers of older people in many parts of the world. There is a manifest gap in current knowledge about policies and frames of reference that may be of relevance to the South. If the needs of older people in such countries are not addressed, population ageing may simply constitute an extension of privation and misery, rather than an enrichment of lifetime opportunities.

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the societies in which they live. There is a prevailing negative paradigm that labels older people as inherently incapable, a hindrance to development, and a burden on public policy and informal carers. Yet these views are more often based on supposition than

## Agenda

### Monday, 8 April 2002

#### OPENING SESSION

9.30 – 11.00 Welcome — *Cynthia Hewitt de Alcántara*,  
Deputy Director, UNRISD

Introduction — *Peter Lloyd-Sherlock*,  
School of Development Studies,  
University of East Anglia

GENERAL DISCUSSION

11.00 – 11.30 BREAK

#### SESSION ONE

#### Development Trajectories, Social Change and Well-Being in Later Life

Chairperson — *Peter Lloyd-Sherlock*,  
School of Development Studies,  
University of East Anglia

11.30 – 12.15 ■ Long-Term Historical Changes in the Status  
of Elders: Britain as an Exemplar of Advanced  
Industrial Economies — *Paul Johnson*

GENERAL DISCUSSION

12.15 – 14.00 LUNCH

14.00 – 15.30 ■ Brazilian Ageing: Differences in  
Well-Being by Rural and Urban Areas  
— *Ana Amélia Camarano*

■ The Impact of Transition on Older People  
in Ukraine: The Look into a Future with Hope  
— *Vladislav Bezrukov*

GENERAL DISCUSSION

15.30 – 16.00 BREAK

16.00 – 17.30 ■ Potential Consequences of Population  
Ageing for Social Development in China  
— *Du Peng*

GENERAL DISCUSSION

### Tuesday, 9 April 2002

#### SESSION TWO

#### Formal Social Protection and Older People

Chairperson — *Mark Gorman*,  
Policy Division, HelpAge International

9.30 – 11.00 ■ Comparing Pension Schemes in Chile,  
Singapore, South Africa and Brazil  
— *Armando Barrientos*

■ Is Ageing an Issue of Social Contract in  
Welfare Transfer, or Generational Conflicts?  
The Case of Japan — *Tetsuo Ogawa*

GENERAL DISCUSSION

11.00 – 11.30 BREAK

11.30 – 13.00 ■ Health Policy and Older People in Africa  
— *Di McIntyre*

■ Social Health Insurance for Older People:  
A Comparison of Argentina and the United  
States — *Nélida Redondo*

GENERAL DISCUSSION

13.00 – 14.30 LUNCH

#### SESSION THREE

#### Older People and the Care Economy

Chairperson — *Peter Lloyd-Sherlock*,  
School of Development Studies,  
University of East Anglia

14.30 – 15.45 ■ Informal Care for Older People:  
The African Crisis — *Nana Apt*

■ Ageing in Mexico: Informal Care, Gender, and  
Reciprocity — *Cristina Gomes da Conceição*  
and *Verónica Montes de Oca Zavala*

15.45 – 16.15 BREAK

16.15 – 17.15 ■ AIDS and Older Persons: The View  
from Thailand — *John Knodel* and  
*Chanpen Saengtienchai*

GENERAL DISCUSSION

17.15 – 17.30 **Closing Remarks** — *Peter Lloyd-Sherlock*,  
School of Development Studies,  
University of East Anglia



**Contributions to the project include:**

**Ageing, Development and Social Protection: Generalizations, Myths and Stereotypes**

Peter Lloyd-Sherlock — School of Development Studies, University of East Anglia, United Kingdom

**Ageing in Mexico: Informal Care, Gender, and Reciprocity**

Cristina Gomes da Conceição — Facultad Latinoamericana de Ciencias Sociales (FLACSO), Mexico; and  
Verónica Montes de Oca Zavala — Universidad Nacional Autónoma de México, Mexico

**AIDS and Older Persons: The View from Thailand**

John Knodel and Chanpen Saengtienchai — Population Studies Centre, University of Michigan, United States

**Brazilian Ageing: Differences in Well-Being by Rural-Urban Areas**

Ana Amélia Camarano — Instituto de Pesquisa Econômica Aplicada, Brazil

**Care, Dependency and Social Justice: A Challenge to Conventional Ideas of Social Contract**

Martha Nussbaum — University of Chicago, United States

**Comparing Pension Schemes in Chile, Singapore, South Africa and Brazil**

Armando Barrientos — Institute for Development Policy and Management, University of Manchester, United Kingdom

**Health Policy and Older People in Africa**

Di McIntyre — University of Cape Town, South Africa

**The Impact of Transition on Older People in Ukraine: The Look into a Future with Hope**

Vladislav V. Bezrukov and Natalia A. Foigt — Institute of Gerontology, Academy of Medical Sciences of Ukraine, Ukraine

**Informal Care for Older People: The African Crisis**

Nana A. Apt — Centre for Social Policy Studies, University of Ghana, Ghana

**Is Ageing an Issue of Social Contract in Welfare Transfer, or Generational Conflicts?  
The Case of Japan**

Tetsuo Ogawa — Oxford Institute of Ageing, University of Oxford, United Kingdom

**Long-Term Historical Changes in the Status of Elders: Britain as an Exemplar of  
Advanced Industrial Economies**

Paul Johnson — London School of Economics and Political Science, United Kingdom

**Potential Consequences of Population Ageing for Social Development in China**

Du Peng — Renmin University of China, China; and  
David Phillips — Asia-Pacific Institute of Ageing Studies and Department of Politics and Sociology, Lingnan University, Hong Kong

**Social Health Insurance for Older People: A Comparison of Argentina and the United States**

Nélida Redondo — Universidad Católica Argentina, Argentina

**Widowhood and Ageing in India**

Martha Alter Chen — Harvard University, United States

*A selection of project contributions will be co-published by UNRISD and Zed Books in a forthcoming volume edited by Peter Lloyd-Sherlock (Lecturer, School of Development Studies, University of East Anglia).*

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