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**IN THE CARE OF THE STATE AND THE FAMILY:  
Understanding Care of the Elderly through Macro and Micro  
Perspectives**

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## **INTRODUCTION**

This discussion paper will examine the provision of care for older people by linking various care at macro (national) and micro (individual or family) levels. This paper argues that these different levels are not mutually exclusive. On the one hand, products of macro level national policies, regulations and programmes must be compatible with the needs of target groups. Therefore, policy makers in particular, need to be well informed of what is really happening in people's lives at the micro level. On the other hand, individuals should be more aware of and better informed about programmes, regulations and activities that are relevant and useful to their interests. This paper also highlights the important role civil society groups can play in bringing macro policies and programmes into the day-to-day lives of the target groups and in helping those people to voice their concerns and interests at high-level forums.

The discussion on a macro perspective is based on the results of two national workshops of the Economic and Social Commission for Asia and the Pacific (ESCAP) on gender-responsive healthcare and social security for the elderly held in Hanoi, Viet Nam (12 to 14 March 2008) and in Ulanbataar, Mongolia (9 to 11 April 2008). This paper selects the two host countries (Viet Nam and Mongolia) and two countries of invited experts (Thailand and India) to be further examined as examples of national situations. The discussion on a micro perspective is based on an anthropological study on support for a particular group of older persons, namely childless elderly widows in urban areas of Indonesia and the consequences of the absence of family support.<sup>1</sup>

In the next section, the paper provides an overview of population ageing, gender concerns and the needs of healthcare with a focus on some aspects in the Asia-Pacific region. Section three examines care for older persons from a macro perspective. In this section, the national situations of the four selected countries are systematically analyzed against four areas of policy interventions. Section four takes a micro perspective and focuses on cases, problems and coping efforts of elderly childless widows in the absence of family support. Concluding remarks, including recommendations, are outlined in the final section.

## **I. POPULATION AGEING, GENDER CONCERNS AND THE NEED FOR HEALTH CARE**

Changes related to ageing are easily associated with decline in some aspects of a person's life such as health and economic conditions. Biologically, normal ageing is indeed an irreversible process that leads to progressive loss of functional capacity of the human

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<sup>1</sup> Marianti, Ruly (2002). *Surviving Spouses: Support for Widows in Malang, East Java*. Ph.D. Thesis, University of Amsterdam.

body. However, ageing is not a disease, but might increase a person's susceptibility to disease and disability. The association with "decline" has resulted in negative images of ageing and stereotypes of older persons such as being unproductive, burdensome, needy or frail. When they are accepted and internalized, the negative stereotypes and images can negatively affect beliefs, perceptions, attitudes about the process of becoming old or even policy decisions concerning older people. In this regard, it is important that *ageing* (as biological changes as well as demographic trends) and *older persons* (as individuals as well as a growing section of the population) are understood and addressed in appropriate manners so that societies, on the one hand can continue to benefit from the potential and capacities of older persons and on the other hand, provide support to them for healthy, active and dignified ageing.

### **A. Gender and ageing in Asia-Pacific: an overview**

Globally, extended life expectancy and rapid fertility decline have caused an increase in the proportion of older persons (those aged 60 years or over) in the population. Between 2005 and 2010, the growth rate of the older population at 2.6 per cent annually is more than twice that of the total population at 1.1 per cent (United Nations 2007a).

Population ageing on this scale is unprecedented, is affecting nearly all the countries of the world and has major consequences and implications for all facets of human life. In the economic sector, population ageing will affect growth, labor markets, pensions, taxation, intergenerational transfers as well as consumption and savings patterns. In the social sector, population ageing will influence family composition and living arrangements, patterns of diseases that frequently occur in the population and the need for long-term health care. The proportion of older persons will continue to increase as long as mortality and fertility continue to decline.

Currently, 9.6 per cent of the population of Asia is over the age of 60. This proportion is likely to increase to 14.9 per cent in 2025 and 23.6 per cent in 2050. In absolute numbers, in 2007, Asia had 385 million older persons (60+), and will have an estimated 706 million older persons by 2025 and more than 1.2 billion by 2050. Additionally, this region will also face a major transition in the population structure between 2000 and 2050. The proportion of the population aged over 60 years is expected to increase by two and half times (from 9.6 per cent in 2007 to 23.6 per cent in 2050), while the proportion of the population under 15 years of age is expected to decline by one-third (from 27 per cent in 2007 to 18.3 per cent in 2050) (United Nations 2007a). As on average women live longer than men, they outnumber men in the age groups of 60+, 80+ and 100+.

Table 1: Proportion of women among persons in different age groups, globally, 2007

AGE GROUPS	PERCENTAGE OF WOMEN
40 – 59	50
60+	55
80+	64
100+	82

Source: United Nations (2007a). *World Population Ageing 2007*

In most countries, women also constitute a majority of the oldest old (aged 80 years and older). Table 2 below shows the trend in some Asian countries.

Table 2: Percentage of women in the oldest old (80+) population in selected countries

COUNTRIES	2000	2007	2025	2050
<b>Cambodia</b>	59.3	69.3	67.9	66.5
<b>India</b>	55	55.3	57.7	58.2
<b>Indonesia</b>	54.2	58.9	53.5	54.5
<b>Malaysia</b>	56.7	57.9	62.1	63.9
<b>Myanmar</b>	56.9	57.4	58.8	60.9
<b>Mongolia</b>	65.1	63.3	61.1	62.0
<b>Philippines</b>	61.9	62.6	60.9	64.4
<b>Singapore</b>	61.6	59.3	60.1	60.7
<b>Thailand</b>	60.6	60.2	65.2	65.4
<b>Viet Nam</b>	57.3	56.4	58.0	60.5

Sources: (a) United Nations (2002b). *World Population Ageing, 1950-2050*;

(b) United Nations (2007a). *World Population Ageing 2007*.

Women not only comprise a larger percentage of the older population, but are also more at risk of poverty and certain health problems than older men due to various intertwined causes. Socio-culturally constructed gender relations and roles have limited women's access to education and capacity development opportunities outside the domestic sphere. It is estimated that, on average, 35 per cent of women and 58 per cent of men aged 65 years or over are literate in developing countries, a gap of 23 percentage points (United Nations 2007a). Also, in most countries, older women have had fewer educational opportunities than younger women now enjoy. Furthermore, older women have fewer opportunities to save over the course of their productive lifetime. Generally, they have spent more time than men as caregivers, engaged in household labor, and subject to limited labor market access and wage discrimination. Consequently, older women also tend to benefit less from pension schemes and social security programmes that are based

on formal wage labor and not on household labor or activities in the informal economy where a higher proportion of women than men work. These gender-based disadvantages are also reflected in the higher incidence of poverty among older women than older men.

While in general, older men are more likely to suffer acute ailments, older women more often suffer from chronic, progressive illnesses that in most cases require long-term care. Women are often encouraged to marry men older than themselves, increasing their chances of becoming widows. Furthermore, while in most cultural contexts widowers are encouraged to remarry, widows are discouraged from doing so or even stigmatized if they choose to remarry. Because of their longevity and lower propensity to remarry, older women are more likely than men to live alone. They often do not have a spouse to care for them when ill or disabled and are at a greater risk of experiencing social isolation. Moreover, in some cultural contexts, widowhood leads to many forms of exclusion and economic deprivation.

Table 3: Gender differences in the socio-economic circumstances of older persons in selected countries

COUNTRIES	Percentage of population over 65 years who are in the labor force, 2007		Percentage of older persons who are illiterate		Marital status (percentage of older persons living alone)	
	M	F	M	F	M	F
<b>Cambodia</b>	42.6	23.8	28.6	84.3	n/a	n/a
<b>India</b>	50.1	11.7	48.0	80.3	1.8	5.0
<b>Indonesia</b>	56.6	29.8	31.4	60.2	2.4	11.9
<b>Malaysia</b>	47.1	25.7	39.8	69.5	4.7	8.7
<b>Mongolia</b>	46.5	19.4	4.4	17.2	n/a	n/a
<b>Myanmar</b>	63	45.5	11.7	35.1	3.1	5.9
<b>Philippines</b>	53.1	28.8	20.1	22.7	4	6.4
<b>Singapore</b>	13.5	3.2	15.5	58.8	1.6	2.7
<b>Thailand</b>	38.0	16.8	20.8	40.1	2.9	5.5
<b>Viet Nam</b>	22.8	15.1	n/a	n/a	n/a	n/a

Source: United Nations (2007a). *World Population Ageing 2007*.

## B. Health status of older persons

Health should not be understood only in terms of the absence of disease but as the state of complete physical, mental and social well-being<sup>2</sup>. This broad definition of health is

<sup>2</sup> As rephrased from the Preamble to the Constitution of the World Health Organization (WHO) as adopted by the International Health Conference, New York, 19 to 22 June, 1946.

compatible with the idea of active and productive ageing and therefore very useful for promoting a more positive understanding of health status and health care needs of older persons. Older persons, however, are definitively not a homogeneous group and the situation varies from one country to another.

As the biological process of ageing might increase a person's susceptibility to disease and disability, it is also crucial to have a good understanding of health problems that are usually faced by the older persons. Physiological changes - and their consequences - that are caused by the process of ageing include cardiovascular changes that can result in coronary artery disease and hypertension, changes in respiratory organs that can result in the decline of lung function, neurological changes that can result in peptic ulcers and gastritis and loss of appetite,. The most common chronic diseases are coronary artery disease, hypertension, diabetes mellitus, chronic renal failure, and chronic obstructive pulmonary disease. Table 4 below shows variations in diseases that commonly occur among older people in some Asian countries (World Health Organization, 2004). In addition, psychological changes and problems such as depression and anxiety are common in old age. Non-communicable diseases are the leading cause of morbidity, hospitalization and disability among older persons globally.

Table 4: Common health problem among older person in some Asian countries (2000)

COUNTRIES	DISEASES
India	Hypertension, diabetes mellitus, coronary artery disease
Myanmar	Malaria, cataracts, hypertension, pulmonary tuberculosis
Sri Lanka	Hypertension, heart disease, diabetes mellitus
Thailand	Hypertension, arthritis, heart disease, peptic ulcer, diabetes mellitus

Source: World Health Organization (2004). *Health of the Elderly in South-East Asia A Profile*.

### C. Factors determining the health conditions of older persons

The health status of a person can be affected by various factors such as his/her economic condition, mainly linked with income; being male or female; level of educational

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