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AGING POPULATIONS IN DEVELOPING NATIONS

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TABLE OF CONTENTS

	Page
Message	
Executive Summary	1
PART I	
THE GLOBAL AGING IMPERATIVE	7
Summary	10
PART II	
FORCES AFFECTING LDC ELDERLY	13
Social Dynamics	13
Social Age	13
Urbanization	16
Rural Transition	16
Migration	17
Industrialization	17
Myths That Feed Age-Related Stresses	18
A Focus on Older Women	19
Summary	22
PART III	
CATALYSTS FOR WORLDWIDE ATTENTION TO AGING	25
Significance of the World Assembly on Aging	26
Essential Facts: The World Assembly on Aging	27
Selected Points: The Vienna International Plan of Action on Aging	28
Response from Developing Nations	29
Signs of Forward Motion	30
US Actions and Response (including USAID)	31
Summary	32
PART IV	
PLANNING AND PROGRAMMING FOR THE ELDERLY	35
Developmental and Humanitarian Considerations	35
Frail and Helpless, or Contributors to Society?	36
Categorical Programs, or Mainstream Integration?	37
Suggested Areas for Program Action	38
The Agriculture, Rural Development and Nutrition Account	39
Health Account	39
Education and Human Resources Account	39
Selected Development Activities Account	40
Women and Programming Issues	41
Summary	42

PART V

ILLUSTRATIVE PROJECTS FOR THE OLDER POPULATION IN LESS DEVELOPED COUNTRIES	45
Active Aging: Problems and Recommendations from Six Nations (Brazil, Egypt, India, Kenya, Nigeria, The Philippines)	45
Responses: Problems	45
Responses: Recommendations	47
Differences Among Three Nations (Honduras, Egypt, Thailand)	49
Major Project Categories	51
Economic Security	51
Economic Development	52
Small-scale Community Projects	52
Tapping Experience and Talents	54
Health	56
Long-Term Care	57
Housing	59
Education and Training	60
Summary	61

PART VI

NEED FOR FURTHER STUDY	65
Conclusion	68

APPENDICES

ONE	ESTIMATED AND PROJECTED TOTAL POPULATION AND NUMBERS OF PERSONS AGED 60 AND OVER BY REGION, SUBREGION, AND NATIONS (1960-2025) Africa, Asia and the Pacific, Latin America and the Caribbean	71
TWO	PROFILE OF AGING IN THE UNITED STATES	77
THREE	MESSAGE SENT BY PRESIDENT REAGAN TO THE 1982 U.N. WORLD ASSEMBLY ON AGING	81
FOUR	STATES REPRESENTED AT THE 1982 U.N. WORLD ASSEMBLY ON AGING	85

TABLES AND FIGURE

Table I	Regional Population Projections	8
Table II	Life Expectancy at Birth and at Age 65 in Selected Countries	15
Table III	Percentage Widowed Persons 60 Years of Age and Over by Sex, Selected Countries, Circa 1970	21
Table IV	Specialized Services for the Elderly: Stage of Development Model	58
Figure I	Job Options for Older People in Meeting Community Needs	55

Human problems--which vary so greatly between individuals--do not easily lend themselves to general solutions that will prove satisfactory in all cases. This is especially true in an international context, when dealing with people and communities of vastly different backgrounds, aspirations, and creeds. The greatest danger clearly lies in attempting to impose--by means of international conventions--solutions conceived to meet one set of circumstances, which later prove to be hopelessly ill-adapted or totally inadequate when transposed to a different cultural or social environment.

In this context the greatest sufferers are, too often, the inhabitants of Less Developed Countries. They tend to inherit inappropriate, western-designed solutions and shortly afterwards--by a curious back-to-front process--the problems to match! Our western society created the problem of the elderly, which it has attempted to solve, largely unsuccessfully, by recourse to institutions. Let us not encourage developing countries to build institutions and then seek out the elderly to fill them!

We must cast aside our paternalistic attitude and blind belief in the superiority of the industrialized system. Let us take a more humble approach. Before indulging in wholesale westernization, let us investigate whether we have something to learn--or more likely rediscover--from the traditions that prevail in Third World Nations.

Sadruddin Aga Khan
Geneva*

*Excerpted from the preface to:
Aging 2000--A Challenge for Society.
Selby, Philip; Schechter, Mal. (Eds.)
Boston. MTP Press Limited. 1982.
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Health and Socio-Economic Studies.)

EXECUTIVE SUMMARY

This report was requested by the Agency for International Development in order to: acquaint development planners with the effects of an increasingly older population on countries' economic and social development, with the needs of an older population, and with the necessity to consider the impact on this group of planned assistance activities. It includes demographic information, analysis of social issues and attitudes impacting on older persons with special force, discussion of recent catalysts for action on aging in developing regions of the world, principles by which special needs of older persons may be met without isolating them from other age groups, examples of ways in which aging components may be included in ongoing programs, and a call for research and other fact-finding needed to deal with troublesome information gaps on worldwide aging.

Meeting the needs of the burgeoning population of older people throughout the world, already a tremendous challenge, is becoming even more so with each passing year.

Urgent reasons for development planners to pay due heed to the aging of populations in Less Developed Countries (LDCs) include:

- A dramatic demographic imperative which:
 - already has given LDCs dominance over More Developed Countries (MDCs) in terms of total numbers of the world's elderly, and which
 - raises the foreseeable prospect that such growth, particularly among the highest-risk elderly, will accelerate markedly for four decades to come.
- The fact that complex social dynamics and ingrained negative attitudes toward aging tend to obscure the true picture of the situation faced by LDC older population. This is unfortunate, but not irremediable.
- A strong positive countercurrent is strong, widespread attention to aging, stimulated in part by a United Nations World Assembly on Aging in which the United States took a leadership role. LDC initiatives during and since the World Assembly provide strong evidence of LDC awareness that the aging revolution is already taking shape among their peoples.
- Planning and programming for the elderly pose absorbing challenges on essential questions as:
 - how can "aging-only" categorical needs be met while ongoing mainstream programs are altered to include an aging component?
 - how can current US Agency for International Development (USAID) functions, or accounts for broadening LDC economic opportunity, be modified to include more older persons?
 - and, how can USAID's commitment to the integration of women as equal partners in the development process take due note of older women's potential contributions?

- Quandaries in programming for older populations are very real, but exciting opportunities exist, too. Tapping of experience and talents holds special potential challenge for planners, as does the tailoring of health and housing programs to help older persons stay in their own homes, as respected members of families, even in the face of long-term disability.
- USAID's caveats against making generalizations about the condition of "typical people" in LDCs is especially appropriate to aging populations. Research is badly needed on important questions about older persons caught up in social and economic change, even as their very roles in life are subjected to new definitions or no definition at all.

THE DEMOGRAPHIC IMPERATIVE

Throughout the world, almost one billion persons will be age 60 or above by the year 2020.

There is a widely held belief that the aging of societies is limited to North America and Europe. But:

- LDCs will have an increase in 60-and-over population of almost 474 million people between 1980 and 2020. MDCs will have 106 million. (LDCs, by 1980, had already taken the lead, 205.3 million 60-plus as compared to the MDCs' 170.5 million.)
- Youthful population profiles in LDCs tend to obscure the fact that the 60-and-over populations are already proportionately significant in many LDCs, or within sub-regions of such nations. From 1980 to 2020, the percentage of the world's 60-and-over population in MDCs will decrease from 46.4 percent to 40.4 percent, with a corresponding increase of from 54.6 percent to 69.6 percent in LDCs.

Other noteworthy aspects of the aging revolution are: the majority of LDC persons aged 60 and over will be in urban centers within 15 years; the 80-plus group will increase more than three times, to 111 million, by 2025; and predominance of women in 60-plus populations will continue in LDCs and MDCs.

SOCIAL DYNAMICS AND PERSISTENT STEREOTYPES

The observation that life expectancy in LDCs is age 58, as compared to age 75 in the United States, can produce a mindset that assumes little if any need to direct programs toward that population. However, an important distinction must be made between life expectancy "at birth" and "at age 65". Life expectancy at age 65 for men and women in selected LDCs and MDCs have been shown to be strikingly close, suggesting that an individual who has survived earlier "critical" points (including the still-formidable pervasiveness of infant mortality) is increasingly likely to experience survival to old age. Elderly persons, who only recently were scarcely visible as a group, now feature more prominently in families, neighborhoods and communities.

Simultaneously, however, modernization, industrialization, and urbanization in many LDCs are breaking past family patterns, particularly in caregiving. Farmland as the foundation of the family economy is often replaced by salaried employment of the youth; migration of young or old can cause labor-depleted agricultural areas to fall further and further behind in capability to produce food for local consumption and in urban areas.

Complicating such stresses are myths often rooted in age-ism (or negative attitudes toward the elderly and to the aging process). A persistent stereotype is skepticism about learning ability of older persons, often resulting in denial of socially productive roles for them.

Women, who tend to outlive men, can realistically expect widowhood and poverty in many nations. Of special concern is that landownership is fast fading as a source of economic security for older women.

RISING CURRENTS OF CONCERN AND ACTION

Nation-by-nation awareness of the aging revolution would be evolutionary rather than relatively swift without a context and a catalyst for action. Fortunately, this has been provided through the United Nations World Assembly on Aging, in which the United States took a crucial leadership role. President Reagan, in a message to the Assembly as it opened in 1982, urged its participants to define "the many questions surrounding a rapidly aging world population and to point the way to the answers or solutions that will effectively meet future challenges and promote the highest values of human freedom and dignity."

Remarkably, and for the first time in the history of U.N. single-topic conferences, the action plan at the World Assembly was adopted by acclamation, without written or oral reservations.

LDCs took a prominent role in the Assembly and preparations for it. One significant initiative taken in December 1984 was the first African Conference on Gerontology, held in Dakar.

USAID, in response to a 1984 U.N. questionnaire on followup to the Assembly, emphasized USAID's activities in human resource development.

PLANNING AND PROGRAMMING FOR THE ELDERLY

Program development for older people in LDCs will evolve from both developmental and humanitarian considerations. In the majority of LDCs, resource allocation and programming has not progressed to the point of extensive policy re-examination, but there is already a strong determination to design responses that will avoid mistakes made by MDCs, which often have been accused of relying on institutional medical care, rather than community-based resources, often to the detriment of family solidarity.

A key question is: should programs for older persons be developed along categorical lines in which age is the determinant factor of the recipient of the program effort, or integrated into efforts serving all age groups? Advocates of the categorical approach argue that general programs often neglect the elderly or are unsuited for them. Proliferation of such age-specific programs, however, poses other dangers. But it is possible to include aging components in established programs, including USAID's accounts on Agriculture, Rural Development and Nutrition; Health; Education and Human Resources; Selected Development Activities. Even population programs directly affect older persons by changing family structures. Older women, as caregivers and as agricultural and marketing agents, should be increasingly recognized as essential to development programs.

ILLUSTRATIVE PROJECTS IN LDCs

Economic development projects for older persons are taking shape, or their potential benefits are being perceived more clearly, as LDCs begin to focus on the older members of their widely varying societies. A survey of "problems" and "recommendations" reported by experts in Brazil, Egypt, India, Kenya, Nigeria, and the Philippines, for example, showed both similarities and differences in appraisals of need and suggested action. Diversity is further demonstrated in a discussion of aging's varying impacts in Honduras, Egypt, and Thailand.

Social insurance as a bulwark of economic security in old age has severe limitation in many LDCs, causing calls for more versatile forms of social assistance designed to suit local needs. The enlistment of older persons in activities that contribute to national growth and their own personal income security is also receiving increased attention. Small-scale community projects, including USAID's Special Development Activities Program, can be especially important to older persons in LDCs. An example of another approach is Pro Vida, in Colombia. It began as a bakery planned and operated primarily by older persons. Half their product is sold for profit; the other half goes to the poor. A laundry similarly evolved, and is also successful. Profits have helped establish a medical center, at which special attention is given to isolated older persons.

Tapping experience and talents of older persons is an essential process in developing new forms of employment to meet community needs. A Philippines "Senior Aides Service", for example, enlists older persons in community projects.

Health programs offer a wide range of opportunities, not only to provide care, but to make full use of the capabilities of the elderly and their caregiving kin and friends in integrated health/social service programs employing lay or religious workers where feasible. A key goal is to maintain aging persons within their own homes. It is essential, particularly in long-term care, to conceptualize and define service boundaries to avoid a hodgepodge of programs.

A first priority goal for housing is to develop policies to help older persons currently unaffiliated with a family network.

NEED FOR FURTHER STUDY

Gaps in needed knowlege about aging populations of the world have been described as "catastrophic." Information about social change, demographics, and program design must be developed and disseminated. Efforts to alert the nations of the world to the aging demographic imperative are still uphill, but on the increase. A hopeful view is that, as the World Assembly on Aging was told: "This is, in fact, one of the few occasions when an issue of global impact and importance is being faced by the international community at a relatively early stage--before it is too late." The remarkable surge of interest in worldwide aging in the first half of the 1980s is a positive indicator that nations will not be too late in responding.

* * * * *

PART I
THE GLOBAL AGING IMPERATIVE

The challenge of meeting the needs of the burgeoning population of older people in the developed and less developed countries of the world is tremendous. The dramatic growth in the 60 and over population which is expected in the 40 years between 1980 and 2020 indicates the magnitude of the aging population which we are now and will be encountering in the future.

- While the world population will not quite double, the 60 and over population will more than double between 1980 and 2020 to almost one billion, world-wide.

There is, however, a widely held belief that the aging of societies is occurring only in North America and Europe. The demographics suggest otherwise.

- The 60 and over population in the More Developed Countries (MDCs) is expected to increase by almost 106 million between 1980 and 2020.
- The 60 and over population in the Less Developed Countries (LDCs) is expected to increase by almost 474 million people between 1980 and 2020.
- South Asia, Africa, Latin America and East Asia are expected to have the most dramatic percentage increases in their 60-plus populations between 1980 and 2020.

**PERCENTAGE INCREASES, 60-PLUS POPULATION
IN LESS DEVELOPED COUNTRIES***

REGION	YEARS	
	1980-2000	2000-2020
South Asia	87.8%	90.6%
Africa	86.3%	97.2%
Latin America	75.7%	90.7%
East Asia	64.7%	74.9%

- The Less Developed Countries will have an increasingly greater percentage distribution of the world's 60-plus population in the 40 years from 1980 to 2020. In the 40 years between 1980 and 2020, the percentage of the world's 60 and over population will decrease from 46.4 to 40.4 percent in More Developed Countries with a corresponding increase of 54.6 percent to 69.6 percent in Less Developed Countries.

TABLE I

REGIONAL POPULATION PROJECTIONS*
(Compiled by the American Association for International Aging)
(in millions)

	1980 Population		2000 Population		2020 Population	
	Total	60 & Over	Total	60 & Over	Total	60 & Over
The World	4,432.1	375.8	6,118.9	590.4	7,813.0	975.6
More-Developed Regions	1,131.3	170.5	1,272.2	230.3	1,360.2	296.3
Less-Developed Regions	3,300.8	205.3	4,846.7	360.0	6,452.8	679.2
<hr style="border-top: 1px dashed black;"/>						
Africa	470.0	14.3	852.9	42.7	1,401.6	84.2
East Asia	1,174.9	68.2	1,474.7	168.8	1,680.1	295.3
South Asia	1,403.7	43.8	2,074.8	133.4	2,688.6	254.3
Northern America	247.8	26.2	298.8	44.7	336.4	69.7
Latin America	363.7	15.5	565.7	41.0	803.6	78.2
Europe	483.7	63.0	512.0	101.6	521.4	122.7
USSR	265.5	26.7	310.2	54.4	346.2	65.4
Oceania	22.8	1.8	29.7	3.7	35.0	5.8

NOTE: More-developed regions include Northern America, Japan, Europe, Australia, New Zealand, Union of Soviet Socialist Republics; Less-developed regions include Africa, Latin America, China, Other East Asia (excluding Japan), South Asia, Melanesia, and Micronesia-Polynesia.

*SOURCE: Based on United Nations, Demographic Indicators of Countries: Estimates and Projections as Assessed in 1980, Population Studies, Series A, No.82, United Nations, New York, 1982

A detailed description of the varying rates of aging within nations is beyond the scope of this report. A nation-by-nation listing of LDCs' current and projected 60-plus populations, however, appears in Appendix One.

One measure of the uneven impact of aging among widely varying nations is to cite those likely to have the largest numbers of 60-plus persons soon after 2020. As indicated below, more- and less-developed countries are represented:1/

China	284	million	Pakistan	18.1	million
India	146	million	Mexico	17.5	million
USSR	71.3	million	Bangladesh	16.8	million
USA	67.3	million	Nigeria	16.05	million
Japan	33.1	million	Italy	15.8	million
Brazil	31.8	million	Federal Republic		
Indonesia	31.3	million	of Germany	15.9	million

Other key demographic trends in what is rapidly becoming the "Age of Aging" include:

- **URBAN AND RURAL**

Forty-six percent of the world's 60-plus population was urban in 1975, but by 2000 will constitute 55 percent. Much of this increase will be in less-developed regions, which will increase their share of the worldwide urban elderly from 27 percent to 42 percent, from 45.7 million in 1975 to 142.8 million in 2000.

- **THE OLDEST ELDERS**

Worldwide, the number of persons aged 80 and up was 32 million in 1975. It is expected that their numbers will increase by more than threefold, to 111 million by 2025. Countries projected to have the largest number of 80-plus persons in 2025 are: China, 25.7 million; India, 10.5 million; USSR, 10 million; USA, 7.6 million; Japan, 5.8 million; Brazil, 3.4 million; Italy, 2.6 million; Federal Republic of Germany, 2.4 million; and Indonesia, 2.1 million. Nations with surprisingly large numbers of persons 80 years and over in 2025 include: Mexico, 1.6 million; Nigeria, 1.2 million, and Pakistan, 1 million. All in all, 17 nations will have more than 1 million persons 80 years old or older.2/

- **WOMEN, THE MAJORITY**

In 1975, 188 million of the world's 60-plus population of 338 million were women. For 2000, it is projected that women will number 313.1 million of the 576 million 60-plus persons of the world. The preponderance of older women is occurring in developing, as well as developed, nations.3/

SUMMARY

Developing nations have relatively low percentages of persons aged 60 and over in their populations, yet already the total in absolute numbers of older persons in such countries is slightly greater than for the More Developed Countries. The tendency to look at the proportions, rather than the absolute numbers, of older persons has led to a common assumption that nations with predominantly youthful population profiles need not be concerned, for some time to come, about aging of their citizens as a factor in social and economic development. But in the view of demographer George Meyers, a turning point has already been reached with the almost equal division in the numbers of older persons in the developed and the developing regions:^{4/}

From this point onward, a rapidly growing majority of aged persons will be found in countries still developing. Concerted attention at this time to the issues arising from population aging and some of their policy implications provides at least an opportunity to anticipate future developments and avoid the situation whereby "events overtake history."

Scrutiny of variations in the aging patterns of widely varying regions is also required. East and South Asia, which will have far more than half of the 60-plus population by 2020, require special attention. Africa and Latin America, which will have far fewer in total numbers, will nevertheless have startling growth rates that will affect nations in varying ways. Latin America, for example, is likely to lead the world in rapid urbanization, with substantial increases in the numbers of persons who have grown old in such agglomerations, or who have migrated to be with younger family members or to escape rural deprivation. Africa is already an arena for sweeping changes in tribal and family patterns, and elderly people are undergoing profound changes in status and role.

Added to the intricacies of population aging is the trend in almost all nations for the so-called "old-old"--or persons above ages 75 or 80--to grow more rapidly in number than all other age groups. Their need for health care or support is great, and likely to increase with the passage of years. Conversely, the likelihood that younger family members can provide such help is likely to diminish as they grow older. Women, who constitute the majority of persons 60 and over in most developed and developing nations, are especially at risk as they enter the ranks of the "old-old," because they are likely to be widowed or living alone for other reasons, at far lower incomes than for elderly couples or men.

In short, demographics alone make a striking case for immediate attention to world-wide aging. But, as will be discussed in Part II, other factors--unique to aging--also impinge.

NOTES AND REFERENCES

1. Table I identifies sources of material analyzed by the American Association for International Aging for the table and preceding demographic material. The reference to nations with the greatest 60-plus populations, and all following demographic references, are from: United Nations. Introductory Document: Demographic Considerations. Report of the Secretary General. World Assembly on Aging Document A/Conf.113/4. 26 March 1982.
2. Additional perspective on the likely impact of the "extreme aged," who are at high risk of acute or chronic illness, is provided by the prediction that by the year 2000 "nearly all of the world's regions will have more than 10 percent of their aged population 80 years of age and over. The percentage increases of extreme aged persons will be large in all of the developing countries--more than doubling in general." From: Meyers, George C. "The Aging of Populations." In: Binstock, Robert; Wing-Sun, Chow; Schulz, James (Eds.). International Perspectives on Aging: Population and Policy Challenges. United Nations Fund for Population Activities. Policy Development Studies No.7. 1982.
3. Developing nations by the year 2000 may have a relatively more balanced sex ratio (90/100) than developed nations (67/100). An important consideration of the disproportionate ratios of elderly women to elderly men is that "older females have a high probability of being widowed and impoverished." From: Maddox, George. "Aging People and Aging Populations: A Framework for Decision Making." In: Thomae, Hans; Maddox, George (Eds.). New Perspectives on Old Age: A Message to Decision Makers. New York. Springer Publishing Company. 1982. (On behalf of the International Association of Gerontology.)
4. Meyers, George. Chapter cited in reference 2.

PART II

FORCES AFFECTING LDC ELDERLY

Important as it is to highlight the growth in numbers of aged persons, numerical growth alone does not provide a true picture of the situation faced by the older population of Less Developed Countries (LDCs). A variety of forces impact on their status, well-being and their function in society.

SOCIAL DYNAMICS

Rapid social and economic change throughout the world has special or even unique consequences for older populations. This section discusses several of them.

Social Age

Demographics in this report are based, for the most part, on the 60-plus population. These are presented as a means for introducing the projected numerical growth of the "older population" and its impact on the current age distribution of the overall population.^{1/}

It is important to keep in mind, however, that in many LDCs an "older person" may be defined by retirement from the work force, which might occur at age 40 or 70; by the end of reproductive years; by the birth of grandchildren; or by some other event which makes them senior in the community.

This point must be made in light of the fact that multilateral assistance efforts do not develop programs for the chronologically "aged" nor do they develop programs for the socially "aged."

A case in point is made in the USAID 1985 Annual Report of the Chairman of the Development Ccoordination Committee, which states:^{2/}

US foreign assistance programs give expression to this desire to alleviate suffering and to develop the essential elements for the achievements by the poor of the developing world of a life of dignity and hope. These programs are aimed at an undeveloped world in which the following conditions prevail:

- Average life expectancy is 58 years, compared with 75 in the United States.
- Average annual income is \$700 compared with \$11,070 in developed countries.

- About half the people do not know how to read.
- Three out of five people do not have access to safe water.
- Children under the age of five years account for more than half of all deaths.

Interestingly, while all but the last of these conditions impact on the "older population," the age 58-year life expectancy may produce a mindset which assumes little if any need for directing programs toward that population. Therefore, it is important to keep in mind the social age as well as the chronological age when considering programming for the older population.

The important distinction between life expectancy "at birth" and "at age 65" should also be borne in mind. In general, life expectancy at birth is still low in developing countries, despite reduction of mortality among infants and early adulthood. But life expectancy at age 65 is becoming increasingly similar for LDCs and MDCs. For example, life expectancy at age 65 for men and women in selected LDCs and MDCs was strikingly close, as Table II indicates. A suggested explanation for this phenomenon is, "once the individual has survived the 'critical' points of life (infancy, adulthood), survival to old age is determined mostly by natural and physiological factors that cannot be greatly influenced by developmental factors." 3/

Added years are important, but so is the quality of those years. Fortunately, the image of older people--shared by professionals in the field as well as lay persons--is changing. Instead of being regarded as afflicted by illness and economic and social dependency, elders are increasingly recognized in more positive terms. A United States Government statement points out that as early as the 1940s, a sprinkling of behavioral and social scientists joined a small number of physicians to produce evidence of aging as a rewarding and challenging experience:4/

Most psychological capacities, they said, did not necessarily decline if they were exercised, and good or better health could be maintained by most well into advanced years.

A World Health Organization (WHO) account acknowledges that maternal and child health and control of poverty-related diseases are nearly "all-absorbing concerns" in the least developed countries. But it adds:5/

However, many countries have begun to shake off the legacy of shortened life expectancy. A consequence of this is that aging persons, who previously were scarcely visible as a group, now feature more prominently in families, neighborhoods and communities. Thus, we are seeing the emergence of a sizeable human group--persons aged 60 and above--which almost everywhere in the world, is the fastest growing age group of all. While, in the past, only a minority reached old age, in the future, in an expanding number of countries, only a minority will fail to do so.

TABLE II
LIFE EXPECTANCY AT BIRTH AND AT AGE 65
IN SELECTED COUNTRIES (YEARS)

	Age 0	Age 65
Bangladesh (1974)		
Male	45.8	11.6
Female	46.6	11.3
Brazil (1960-70)		
Male	57.6	12.01
Female	61.10	13.2
Canada (1970-72)		
Male	69.3	13.7
Female	76.30	17.4
Egypt (1975)		
Male	53.7 (1)	11.8
Female	56.1 (1)	14.1
France (1976)		
Male	69.2	13.4
Female	77.2	17.4
Ghana (1975)		
Male	44.4 (1)	9.4
Female	47.6 (1)	9.4
India (1951-60)		
Male	41.8	9.8
Female	40.5	11.0
Kenya (1975)		
Male	50.8 (1)	11.7
Female	54.3 (1)	12.6
Mexico (1975)		
Male	62.7	17.9
Female	66.6	19.1
USA (1975)		
Male	68.7	13.7
Female	76.5	18.0

SOURCE: UN Demographic Yearbook 1978

(1) Figures obtained from the UN Demographic Handbook for Africa 1978

WHO also notes that the actual increase in 60-plus populations may be larger than current projections indicate, because of improved health practices now making considerable headway in developing nations.6/

Urbanization

In making the transition from traditional to modern structures, LDCs and their populations are experiencing the consequences of social and cultural change. As modernization, industrialization and urbanization occur, traditional social and family structures tend to dissolve:7/

In traditional society, the members of the older generation, nearly without exception, live within the extended family. The extended family is defined as a three- to four-generation family, held together by kinship. Of course, in the past, only a very small number of people reached advanced age. Within the family, the older person holds an unambiguous high-status position and enjoys esteem and respect; as a rule, he or she is head of the family. As culture in traditional society hardly changes for long periods of time, the older person possesses all the knowledge available, teaching it to the younger ones. The older person can withdraw from full activity and economic independence to inactivity and economic dependence without any conflict with the family, which gradually takes over the functions of the older persons.

While families may continue looking after their elderly members, such responsibility becomes more difficult. Traditional caregivers enter the workforce and remain there, leaving no one to care for elderly family members. Housing in urban centers is often ill-planned to accommodate the extended family. With limited space, the older family members have to become accustomed to limited privacy or to seek alternate means of shelter. When pension programs are available, the elderly are often not eligible due to traditions of self-employment and labor which has taken place outside the wage-earning perimeters.8/

Thus, not only does urbanization result in tensions and conflicts among generations, but older people often find themselves without social or economic support. The loss of status and esteem, displacement in unfavorable housing conditions, and the exclusion from economic production processes combine to put the older population in urban settings in a marginal position.

Rural Transition

Since social change is less rapid in the rural areas than in the urban centers, the situation of the elderly in the rural areas has been less problematic so far. At the same time, urbanization and the departure over time of the youth of the rural areas for the opportunities available in urban areas can have profound social and economic impact.

Because of the migration to the cities, traditional patterns of children remaining with their families after marriage to look after them are broken. Farmland as the foundation of the family economy is often replaced by salaried employment of the youth. Education becomes the key to employment and the sons become the economic as well as the educational leaders of the family.

These and other factors result in a decline of traditional family support systems with older members of the family losing economic as well as social control of the family. The resulting dependency and vulnerability may be compounded, since no one is available or willing to assume the traditional caregiving role.

In many LDCs, there is a tradition of the elderly retiring to their native villages. When migration to the cities has increased the percentage of the older population of the village, this tradition can result in an extraordinarily high percentage of elderly in the village. The impact on both the elderly and on the village may be substantial.

Migration

Urbanization and rural transition are, in many instances, the result of migration.

Migration has been said to be the greatest factor in the older population's deprivation of living space. In some cases, when older persons are left behind while younger family members go to the cities, rural villages may be turned into "settlements for the old and the very young," with a consequent decrease in crop yields and actual importation of food into areas that once had been fairly self-sufficient.^{9/} The U.N. Food and Agriculture Organization (FAO) has warned of a "vicious cycle" that can occur as labor-depleted agricultural areas fall further and further behind in capability to produce food for local consumption and in the burgeoning urban areas.^{10/} Older individuals who make the move to urban centers may encounter "an abrupt change of all environmental conditions" and may even have to learn a new language if their dialect is not used in the city.^{11/} It has even suggested that the majority of displaced urban elderly may "live in town without belonging there," a major factor in what has been called "marginalization of the elderly."^{12/}

The move to the city can indeed cause a total and abrupt change of all environmental conditions. Older persons must enter another socialization process, and must face an abrupt loss of their traditional functions and status. In the environment of the city, disorientation is a natural feeling.^{13/}

Industrialization

Industrialization and technology diminish the usefulness of the elderly in the work force. Where they are economic assets in an agrarian economy, industrial and technological requirements may reduce the economic value of their knowledge and experience. Industrial occupations in the urban cities provide little employment opportunity for the older person, who has neither the orientation or training for industrial jobs.

MYTHS THAT FEED AGE-RELATED STRESSES

A complicating factor in all schemes to increase participation of the elderly in society, or in plans to improve their circumstances, is what has been described as "age-ism," a cluster of negative attitudes toward the aging process and toward persons perceived as aged. Perhaps most rampant in industrialized nations, age-ism also flares forth even in those Less Developed Countries that have in the past been regarded as especially respectful of elders.

Age-ism persists despite a body of scientific knowledge based upon realities of aging, rather than fixed beliefs. Gerontologists have identified several particularly troubling myths, among them:

- **Confusion between the aging and disease processes** (despite evidence that older persons retain many functional capacities notwithstanding organic decline);
- **Skepticism about the learning ability of older persons** (despite test findings showing that learning can continue throughout the life span);
- **The belief that younger family members abandon older members** (ignoring research findings showing close family contact even when members are widely dispersed);
- **An image of elderly persons as overly dependent on others** (studies have acknowledged a certain amount of normal dependency in advanced age, but have also warned against societal-induced dependencies rooted in misconception or in a tendency to "infantalize" older persons, often over their objections);
- **A tendency to regard older persons as obsolete in areas of rapid technological change** (disregarding knowledge and experiences that grow out of past identities and that can help provide perspective on present and future societal adaptations); and
- **Frequent denial of socially productive roles to the elderly** (overruling considerable evidence about the feasibility of their adapting to new roles and modified means of remaining productive.^{14/}

Another common belief of special consequence in LDCs is that the extended family is providing security and care in old age to an extent beyond that of More Developed Countries. It should be recognized, however, that: ^{15/}

The extended family is not only a social but also an economic unit. Each member contributes for himself and for the others. The head of the family maintains authority as long as he holds the purse strings. When property is transmitted to the sons, the old man will invariably experience feelings of insecurity. In very poor families where there is no property or wealth to be divided, the insecurity of the young is simply extended into old age.

Furthermore:

The social status of the aged in rural settings may not depend on chronological age but on other ascribed or acquired characteristics such as position in the hierarchical structure of the village, material wealth, education, political power, etc. Respect may often be shown to older persons on ritual occasions but, in the everyday life of the community, ill-use of the aged is not uncommon.

There is also a tendency to romanticize the fact that older persons in many LDCs appear to be exempt from mandatory retirement; that is, they have the option to keep working, usually reducing their regular chores in what amounts to gradual retirement. This seems borne out by high percentages of males over 65 who are still economically active in rural areas. In India, for example, some 77.4 percent of rural males 65-plus were active in 1978, as compared to 19.2 percent in the USA. It should be recognized, however, that work continuation may be dictated by harsh economic necessity.16/

At the same time, the widespread belief that the rural elderly are not amenable to changing work methods and technologies is challenged by a review of 3,000 studies on the adoption of innovations in rural agricultural societies. It concludes that "...the persons who adapt to technological innovations earlier and who are prone to change in agricultural methods are not necessarily the younger members of a community. In fact, old age not only does not hinder the adoption of new technologies but, in many studies, the opposite seems to be the case: i.e., the earlier adopters of agricultural innovations are mostly older persons."17/

Older populations, whether in LDCs or MDCs, are often victims of myths about their capabilities, aspirations, and attitudes. The dangers of age-ism can be especially insidious in LDCs, despite mounting evidence to support active roles for older persons, making the most of their experience and their versatility in adjusting to new challenge.

A FOCUS ON OLDER WOMEN

To the myths that tend to denigrate all older persons must be added the special factors that cause unique problems for older women. As noted in Part I, women are the majority group among the world's older populations. The imbalance between older women and older men grows more pronounced with advancing age. In 1980, there were 93 men per 100 females of age 60 years and over in developing nations. But for persons aged 70 and over, the ratio was 86 to 100. It is expected that the imbalance between sexes will worsen somewhat in developing nations.18/

Women, then, are not only in the majority among all persons over age 60; they become increasingly preponderant as they grow older. Accompanying that likelihood is the probability of widowhood:19/

For women, widowhood can realistically be regarded as part of the aging process. The proportion of older women who are widowed is many times greater than that of men in practically all developed and developing nations. In Kenya, for example, 51 percent of women aged 60 and over in 1970 were widowed, compared to only 7 percent of males. In Japan, the comparable figures were 57 percent vs. 17 percent; and in the United States, 46 percent vs. 13 percent.

Table III gives statistics for other selected nations.

Poverty also is probable for many elderly women. Pension benefits, where they exist, may be suspended or sharply reduced with the death of the husband. Economic dependency is likely, especially in developing nations. (One study in India, for example, showed that almost three out of four women reported that they were economically dependent upon others for support, compared to 42 percent of older men. A survey of 900 older people in Bangladesh indicated that twice as many older women (61 percent) as older men (31 percent) were dependent for support on their children.20/

Does land ownership give greater security to older women in LDCs? One study, which serves as the primary information source for this section on older women, finds that this source of security is fast fading:21/

This is due in part to the fact that agrarian reform efforts have failed to take their needs and contributions into account. For example, women rarely have access to commercial credit, and are often ignored by male agricultural extension workers, who do not introduce them to modern high yielding seeds, fertilizers, and irrigation methods. In some instances, new land reform laws and programs have even undercut their access to land use and ownership. In Kenya and the United Republic of Tanzania, for example, women traditionally had rights to use their husbands', fathers', and brothers' land. Recent legislation, however, has ignored women's rights and established exclusive male ownership. This situation is particularly problematic for widows. In Kenya, widowed women have become dependent on inheriting land from sons, are virtually landless if they have only daughters. In Nigeria, there is no uniform inheritance practice from community to community. In some areas, widows do not inherit land at all. Such instances suggest the need for a thorough review of the impact of land reform and inheritance practices on older women in developing nations.

TABLE III
 PERCENTAGE WIDOWED PERSONS 60 YEARS OF AGE AND OVER
 BY SEX, SELECTED COUNTRIES, CIRCA 1970

REGION	MALES	FEMALES
AFRICA		
Botswana	8.5	53.7
Kenya	7.5	51.0
Morocco	8.3	68.2
ganda	9.4	48.6
ASIA		
Indonesia	15.4	68.7
Japan	16.6	56.6
Korea	19.2	70.2
LATIN AMERICA		
Brazil	14.4	50.2
Chile	16.2	45.5
Costa Rica	12.2	33.9
Cuba	10.6	36.9
Dominican Republic	7.7	31.6
Mexico	10.8	36.6
Peru	18.3	44.1
NORTH AMERICA		
Canada	12.7	41.6
United States	13.2	44.5
EUROPE		
Austria	14.4	48.8
Czechoslovakia	14.8	48.8
Finland	13.9	43.0
France	14.5	45.5
German Democratic Republic	14.5	48.7
Federal Republic of Germany	14.3	47.6
Hungary	14.0	49.0
Italy	14.5	42.4
Netherlands	15.0	36.8
Norway	13.8	34.2
Sweden	14.2	34.2
United Kingdom	14.3	41.9

SOURCE: U.N. Demographic Yearbook, 1976, Table 41. In: George C. Myers and Constance Nathanson, "Aging and the Family." World Health Statistics Quarterly, 35, 1982.

Summing up the many difficulties facing older LDC women at a time of rapid change, one authority has found that it is perhaps "the generation of older widows, caught in the initial stages of development, who are the most vulnerable to the exigencies of social change." At one and the same time, lack of education, migration to cities, and other forces--particularly changes in status for younger women--may leave older women in a familial and societal limbo.22/

Such difficulties are severe, but need not be insurmountable. (See Part IV for discussion of women in developmental activities.)

SUMMARY

The description here is not meant to present a picture of all elderly in Third World Countries as isolated, dependent, and impoverished. In many societies, the quality of life is stable, and society provides a basic support system. The aged enjoy honor and prestige and maintain an important role in society.

However, in times of tremendous social change, they do not fit the romantic view of the happy aged, socially integrated and enjoying life, in traditional society. The effect of social transition which has taken place in each LDC is coupled with the fact that the aged in general are at risk with regard to increased susceptibility to chronic and long-term diseases and disabilities. Additionally, more of the aged in general tend to be socially dependent, illiterate, or poor. These conditions increase the demand for medical, social, and economic support beyond what might be expected from their proportion of the population.

The question is: Can the demand be met? In developed countries, specialized services for the aged have accompanied urbanization and industrialization. In LDCs, there is a growing number of aged who have to live on their own without benefit of any social and economic support, as public and private social programs to serve the older population are limited and frequently nonexistent.

When the support traditionally provided by the extended family is no longer available, and there is almost a total absence of public and private social and economic programs to assist and enable the older population, the plight of the elderly can be very bleak. The persistence of myths about aging, and the unique problems faced by older women, are complicating factors that must be considered in all efforts to produce positive change.

NOTES AND REFERENCES

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18. Gibson, Mary Jo. Older Women Around the World. Washington DC. International Federation on Aging (in cooperation with the American Association of Retired Persons). 1985.
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PART III

CATALYSTS FOR WORLDWIDE ATTENTION TO AGING

Many forces are causing nations to focus on major adjustments that must be made to accommodate the aging of populations. The demographic imperative, as described in Part I, may seem to be the most apparent, but statistics tend to become abstractions when repeated frequently. The idea of nearly one billion persons of age 60 and over in all nations may seem to be a powerful argument for action on aging, but the consequences of this growth will be felt only gradually over almost four decades. Other impacts are likely to be more direct, but scattered. Transformations of villages into communities of young and old, caused by large-scale migration of the middle generations into urban centers, are already having documentable effect. At the same time, the aging of those who have migrated into cities is emerging as a factor to be tracked and heeded by planners and programmers. Part II dealt with other factors that are prompting attention and some action, with much more likely to follow.

But it is clear that nation-by-nation awareness of the aging revolution would be evolutionary rather than relatively swift without a context and a catalyst for action. Fortunately, one has been provided; and the United States took a crucial leadership role in bringing it about. It was the World Assembly on Aging conducted by the United Nations in 1982.

The goals of the United States in stimulating U.N. interest in the World Assembly are suggested in the words of a message sent by President Ronald Reagan to the Assembly. Acknowledging that the growth in numbers of "senior members of society" raises "a number of social and economic problems with which we must deal," President Reagan asked for a "secure place in society" for older persons, who must not be denied "the dignity that comes from being wanted, needed, and respected." To grapple with "the challenges of ensuring a productive place in society for our older citizens," the President added, the World Assembly had to identify and define "the many questions surrounding a rapidly aging world population and to point the way to the answers or solutions that will effectively meet future challenges and promote the highest values of human freedom and dignity."

Noting that "The United States has strongly supported preparation for this World Assembly," President Reagan added: "We will continue to work with the other member nations for the betterment of this important, growing part of our world population." (The complete text of the President's Message appears in Appendix 3.)

The President's emphasis on the role of member nations is well placed. The World Assembly, while significant and useful in assembling a global perspective on the aging revolution, stressed in its action plan that the success of the Assembly and the plan "will depend largely on action undertaken by Governments to create conditions and broad possibilities for full participation of the citizens, particularly the elderly." At the same time, the plan asked for cooperation and information exchange among nations. Governments were further urged "to encourage and, where possible, support national and private organizations dealing with matters concerning the elderly and the aging of the population."

The importance of individual national action is underscored by the fact that a Voluntary Trust Fund established at the World Assembly on Aging is critically underfunded, perhaps to the point of suspending operations or embarking in new directions to secure support.

In any case, the World Assembly is given close attention on the following pages because it has accelerated the realization, already felt in many MDCs and LDCs, that aging is raising issues that require thought, planning, and actions, now and in the future. The positive response of the LDCs is especially noteworthy, suggesting that their supposed reluctance to deal with aging--in the face of other, and more seemingly immediate, problems that stand starkly before them--may have been exaggerated, or perhaps even mythical.

SIGNIFICANCE OF THE WORLD ASSEMBLY

A World Assembly on Aging, conducted by the United Nations in 1982 with important support and leadership by the United States, served to crystallize awareness about aging. It also provided an ongoing focal point for international, national, and private actions on aging.

Essential details about the Assembly may be found in Box One. The International Plan of Action on Aging (IPAA) adopted at the Assembly, and later in the year by the U.N. General Assembly) is far-reaching in terms of its recommendations (see Box Two for a summary of selected themes) and the intensity of its declarations about need for far-ranging and continuing attention to aging.

The United States was prominent during the Assembly and in preparatory actions. It was a major contributor to the Assembly voluntary fund, which later became a Trust Fund to assist developing nations. The US delegation was headed by a cabinet officer, Richard Schweiker, then Health and Human Services Secretary. President Reagan was one of three heads of state to send a message to Assembly participants. Many key recommendations pursued by the United States appeared in the IPAA. The United States also made extensive efforts to work with Nongovernmental Organizations, which participated in a pre-Assembly forum and in liaison capacities throughout the Assembly.

Despite an Israel-Lebanon crisis and other international tensions, political issues at the Assembly were remarkably muted. Intensive work by the United States and several other nations led to unprecedentedly positive final action. As described in the US report on the Assembly:1/

The report of the Main Committee, including the Plan of Action on Aging, was...adopted by acclamation. Remarkably, and for the first time in the history of the U.N. single-topic conferences, there were no written or oral reservations to the Plan of Action nor any substantive explanations of vote.

Commenting later on the vote by applause and acclamation, the US Coordinator to the World Assembly said that there was no single explanation of this kind of vote. He added:2/

We had what we believed was a most successful meeting because the question of aging is one of the vital concerns to the entire world.

BOX ONE:

ESSENTIAL FACTS: THE WORLD ASSEMBLY ON AGING
July 26-August 6, 1982 Vienna, Austria

Auspices

The United Nations General Assembly--on December 14, 1978--approved by consensus a resolution announcing approval of the Assembly as "a forum to launch an international action program aimed at guaranteeing economic and social security to older persons, as well as opportunities to contribute to national developments." An earlier UN statement had recognized aging as "one of the crucial social policy questions of the latter third of the 20th century."

Preparations

Technical regional meetings were conducted in 1980-81. The North American Regional meeting for the USA and Canada was held in June 1981 at the Department of State. UN economic commissions reviewed regional meeting findings in late 1981 and early 1982. The North American meeting report was influential at the World Assembly.

Nongovernmental organizations (NGOs) conducted an unprecedented preliminary forum March 29--April 2, 1982, in Vienna, attracting 340 delegates from 43 nations representing 59 organizations, including 11 NGOs from the United States. A report issued by the Forum was to prove useful at the World Assembly.

US Role

The US Senate and the House of Representatives, by joint resolution in 1977, called for a World Assembly, and thus took an active role in convening this conference, and provided \$600,000 to the UN Trust Fund on Aging. A US cabinet member led the national delegation. Many USA positions were adopted at the Assembly.

Assembly Participation

In attendance were 124 nations (see Appendix Four for listing); 143 NGOs were represented. UN specialized agencies, including the World Health Organization and UN Fund for Population Activities, were active in deliberations.

Product

The International Plan of Action on Aging (see Box Two).

UN Administration

The Centre for Social Development and Humanitarian Affairs is administrator for a voluntary trust fund "to encourage greater interest in the developing nations on matters related to aging and to assist the governments of these countries, at their request, in formulating and implementing policies and programs for the elderly." CSDHA is also responsible for technical cooperation. The Commission for Social Development reviews the Plan of Action every four years.

Followup Action

In preparation for the first Commission for Social Development review in February 1985, national replies to UN questionnaires revealed actions including establishment of national bodies on aging. Of special note was the first African Conference on Gerontology in December 1984 at Dakar. UN agencies reported sustained actions and new initiatives. Aging received attention at the Mexico City International Conference on Population in 1984 and the World Conference for Women in Nairobi in 1985.

SELECTED POINTS
THE VIENNA INTERNATIONAL PLAN OF ACTION ON AGING
 (Adopted Without Written or Oral Reservations, World Assembly in August 1982
 Confirmed by the UN General Assembly in December 1982)

PRINCIPLES

Quality of life is solemnly recognized as no less important than longevity. Optimum utilization of the wisdom and expertise of elderly individuals is sought. A balance between traditional and innovative elements is recognized as essential for harmonious development of widely varying nations. Aging individuals should be "active participants in the formulation and implementation of policies, including those especially affecting them." Governments, nongovernmental organizations, and all concerned have a special responsibility to the most vulnerable among the elderly, particularly the poor, of whom many are women and from rural areas. An important objective is an age-integrated society, free of discrimination and involuntary segregation.

ISSUES

Health and Nutrition -- Alleviative or reorienting care should be regarded as important as curative treatment. Care must go beyond disease focus and involve a regard for total well-being. Much education is needed in self-care and caregiving. High quality homecare and institutional care should be linked and complementary. Special attention should be paid to education of the elderly and others in correct nutrition and eating habits.

Protection of Elderly Consumers -- Governments should restrain the "intensive promotion and other marketing techniques primarily aimed at exploiting the meager resources of the elderly."

Housing and Environment -- More than "mere shelter," housing should release the aged from dependence on others; older persons should be helped to stay in their own homes; housing and community services should work in tandem.

Family -- As the "fundamental unit of society," the family should receive appropriate support that "can make a crucial difference to the willingness and ability of families to continue to care for elderly relatives."

Social Welfare -- Services should be community-based and provide a broad range of preventive, remedial and developmental services. The "important role that cooperatives can play in providing services should be recognized, encouraged."

Income Security and Employment -- Social Security schemes based on universal coverage and fair treatment of women, should be developed; where social insurance is not feasible in the near future, other approaches such as benefits in kind or direct assistance to families should be considered.

Education -- Older persons should be involved as transmitters of knowledge and as learning participants. The media can do much to overcome negative stereotypes.

Data Collection -- Governments, institutions should improve information exchange.

Training, Education -- Interdisciplinary cooperation is essential; practical training centers should be promoted as a bridge among MDCs, LDCs.

Research -- Biological, medical, cultural, societal and behavioral, and programatic data should be assembled; governmental and private resources should be used.

IMPLEMENTATION

National governments, the UN Secretariat and its specialized agencies, and regional entities should work in harmony and exchange information; the UN Commission for Social Development should review IPAA implementation every four years; the UN Voluntary Trust Fund for the World Assembly on Aging to be administered by the UN Centre for Social Development and Humanitarian Affairs.

RESPONSE FROM DEVELOPING NATIONS

Frequently, during the World Assembly and the preparations leading to it, discussions turned to the question of whether LDCs--beset on all sides with critically urgent issues of the moment--would have the will and the concern to direct attention to aging issues.

It had become evident at the 15 preliminary meetings that aging-related issues had not only emerged in many LDCs, but had already received considerable thought and attention. For example, at a 1981 regional meeting held for Asia in Manila, there was widespread agreement that many countries were depending upon the village structure to care for their older citizens. But:^{3/}

As country after country told the same story, it became clear that the village mechanism is breaking down in many of the developing countries. This has occurred because of the migration from the farm to the city, from rural areas to urban areas, and those who are left behind are the very young and the very old. In some villages, which were presented as examples, farm productivity has declined because of the massive migration.

In Manila, as at regional meetings in Costa Rica for Latin America and in Addis Ababa, there was common agreement that segregation of chronically ill elderly into institutions should be used only as a last resort, and that families needed strengthening with assistance from governmental or nongovernmental organizations.

A mounting interest in aging within LDCs is also evident in the reports submitted by 52 developing nations to the 1982 World Assembly. A recent analysis indicates that only six of these countries explicitly stated that aging was not an issue of current governmental concern. The remaining 46 countries, including several Latin American countries with relatively old populations and African and other countries with very young populations, expressed considerable interest.^{4/} Nigeria was cited as representative of countries keenly aware of the problem of aging in the context of high fertility. Its national report declared:

The demographic projections, to say the least, are appalling. Prevention is not only better than cure, but it is much cheaper. We do not need to fold our hands until the problem swallows us up.

Another analysis of the national statements to the World Assembly focused on African nations. A few excerpts from these statements testify to growing concern about changing social patterns that impact on aging:^{5/}

The shift from an agrarian economy which by its very production activities maintained the cohesion and stability of the family, to plantations, mines, and factories is now causing physical separation of family members often by great distances thus weakening the traditional family ties...the concentration of industry, trade, and educational opportunities in cities spurs the migration of young people from their villages. --Kenya

The division of labour with its increasing specialization puts emphasis on the individual rather than the community. --Malawi

A new type of social relations has emerged resting on the search for profit, competition and in the valuation of a certain form of activity, salaried activity. --Peoples Republic of the Congo

Modern education and the mass media have contributed to the dissolution of the extended family system. --Tanzania and Cameroon

The rural exodus is causing a void through the elimination of the active population who could have been able to provide for the essential needs of the aging populations. --Zaire

The situation of the elderly left on their own in villages is worsening by periodic droughts which make subsistence farming even more difficult. --Botswana

The living conditions and industrial occupations provided for younger persons are not conducive for them to care for all their elderly relatives. --Ethiopia

Such trends are multiplying cases in which young people preoccupied by the absorbing daily problems of modern life fail to fulfill their duties towards the old. --Mali

SIGNS OF FORWARD MOTION

The United Nations, complying with an IPAA recommendation calling for regular appraisals of progress made since the World Assembly, conducted a survey of participating nations in 1984. The U.N. acknowledged that recession, unemployment, outbreaks of infectious disease, and rising mortality rates had had intense impact in developing countries and had constrained opportunities for complying with IPAA recommendations. Nevertheless, the U.N. review found that "important progress had been made in increasing national and international awareness of the impact that the aging of populations can have on socio-economic development, of the contribution that the elderly themselves can make to development, and of the forward planning needed to ensure that the individual needs of growing numbers of the elderly can be met in the future."⁶ It also indicated that more than 72 countries, both developed and developing, had continued national committees or other bodies on aging originally established for the Assembly. A key goal of such units is to promote technical cooperation among countries of a given region.

Another sign of interest, the U.N. reported, is the volume of requests submitted by LDCs for technical assistance from the U.N. Trust Fund for Aging. Of the project requests submitted to the Trust Fund by mid-1984, over 80 percent concern national projects, primarily in developing nations. The U.N. has acknowledged, however, that the level of funding available through the Trust Fund is modest, and that additional national contributions are urgently needed.

One of the most visible responses to the World Assembly was the first African Conference on Gerontology, convened with U.N. Trust Fund assistance at the initiative of the Government of Senegal in December 1984. Held in Dakar, the meeting attracted delegates from 27 African countries. A conference summary reported:7/

The need for immediate action was stressed throughout the conference in recognition of the rapidly changing face of traditional societies. The aim was to secure for the elderly a role in the development process that would guarantee the continuation of African cultures while, in turn, the elderly would benefit from their own full participation, as agents and beneficiaries, in the development of their societies.

The same report also stressed that specialized U.N. agencies have responded to IPAA recommendations for intensified attention to aging.

US ACTIONS AND RESPONSE (INCLUDING USAID)

Strong support for the purposes of the World Assembly on Aging came not only from the US Government but from our nation's nongovernmental organizations (NGOs). An unprecedented NGO Forum, held in Vienna four months before the Assembly, attracted 340 delegates representing 159 organizations of 43 countries, including a heavy representation from the US. At the Assembly itself, more than 40 US NGO representatives took active roles in deliberations and special events. In addition, according to the US Report on the Assembly:

The American corporate and private community was also involved in the US preparation for the World Assembly, particularly through the active participation of such corporations and organizations as IBM, Travelers Insurance Company, the National Association of Manufacturers, and the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO).

Since the Assembly, NGOs have maintained their interest. A US Committee on World Aging has at least 30 such organizations as members; a paramount goal is to track public and private response to the Assembly and related activities. The American Association for International Aging, which prepared this report, is primarily concerned with providing technical and other assistance directly to older persons in Third World Nations. AAIA and several other NGOs were instrumental in plans for a Third World series of discussions at the July 1985 International Association of Gerontology conference in New York City.

US Congressional interest in outcomes related to international aging has once again been expressed. House and the Senate resolutions requested called for Executive Branch action on issue raised at the World Assembly. Language of the resolution was adopted on November 17, 1983, in an appropriations bill designated as Public Law 98-164. The legislation declared that it was the sense of the Congress that the President should take steps to encourage government-wide participation in implementing World Assembly recommendations, encourage the exchange of information and promotion of research on aging, and encourage greater private sector involvement in responding

to the concerns of the aging. A reply from AID Director M. Peter McPherson stated that the agency would prepare materials and study activities "that could be funded that would promote the topic and include the aging as part of AID's regular programs overseas."

The US Government has responded to the 1984 U.N. questionnaire described earlier. The response from USAID described the agency's technical cooperation activities in developing countries to reduce poverty, eradicate disease, improve nutrition and, in general, "better satisfy the basic needs of the poor majority, thus improving the quality of life throughout the lifespan into old age."8/

Emphasizing USAID's activities in human resources development, the agency statement also said that the basic objective of its health assistance is to lower mortality and morbidity through basic preventive health care, reduction in the incidence of water-borne, sanitation-related and communicable disease and through assistance in assuring continued availability of basic health services to all segments of the population. The statement added:

The nutrition assistance program stresses improving production, access to and better utilization of food by populations at the highest nutritional risk, i.e., the elderly and the very young. Activities include increasing income and/or agricultural production of the highest risk group, improving rural markets and access to them, and provision of nutritional education and the seasonal sources of income or food and food supplements to especially vulnerable groups.

Older persons, the report continued, are among those benefiting from USAID programs not specially designed for them. The statement added:

At this time, USAID does not have programs or projects which directly address the problems of aging. However, in line with Congressional support for an exchange of information and promotion of research on aging among international organizations, USAID will be considering ways in which such a policy might be developed and implemented.

SUMMARY

Attention to the needs of aging populations in LDCs and other nations appears to be on the rise, thanks to the understandable concerns of national leaders, private organizations, and other sectors. The World Assembly on Aging, conducted by the United Nations in 1982 with major assistance and leadership from the United States, has undoubtedly helped to accelerate this process. Within the United States, corporate and private community support was helpful in preparations for the World Assembly. Since then, nongovernmental organizations have also continued to take initiatives in international aging. USAID, responding to the United Nations request for followup information related to the World Assembly, has indicated that its ongoing programs are undoubtedly helpful to many older persons, and that it will consider ways in which to promote exchange of information and other activities.

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PART IV

PLANNING AND PROGRAMMING FOR THE ELDERLY

Current data supports the notion that aging in LDCs has become a critical if not yet a crisis issue. Governments, communities, organizations, groups and individuals within many countries have recognized aging as an issue for action and have begun to initiate a response.

This section outlines several conceptual ways for viewing the possibilities for action as well as practical ways in which action may be taken.

DEVELOPMENTAL AND HUMANITARIAN CONSIDERATIONS

National and international policies on aging can be approached in two ways:

1. Developmental considerations focus on society at large and address the goal of facilitating changes occurring in all the economic, social, and political institutions of society as they become transformed by the changing age distribution.
2. Humanitarian considerations focus on the goal of enhancing the lives of older women and men through programs such as income security, health, social services, housing, employment, education and cultural activities, thus enabling them to participate fully in society and to multiply the benefits of long life.

Program development for older people in LDCs will evolve from both considerations. Changes brought about by conditions such as urbanization, migration, and changing family structure, and the numerical as well as proportional growth in the age 60-and-over population, will dictate the need for action on the part of governments and private sector organizations.

If the lead of Western countries is followed, actions will be initiated to improve the social environments and economic circumstances of older people, to solve the problems resulting from international and intranational migration upon family social supports, to develop services for the elderly population and then to deal with the effectiveness of service delivery systems, and then perhaps to debate the question of whether age segregation has a positive or negative outcome. Massive outlays of money and the proliferation of health, social, and educational services for older persons from both public and private sources--and concerns about whether the social and psychological well-being of older people will continue to improve in line with expectations--will give rise to the questions regarding whether the redistribution of resources from young to old can be maintained.^{1/}

In the majority of LDCs, resource allocation and programming for the older segment of the population has not progressed to the point of extensive policy reexamination. However, it may be possible to avoid some of the problems encountered in the past if LDCs, and those organizations which provide financial and technical assistance to LDCs, recognize the successes as well as the failures in policy development and programming for older people within Western countries.

In somewhat blunt language, a British economist describes the importance of LDCs finding their own paths:

Developing countries will...be faced with difficult problems in establishing their priorities for public expenditure. **They can, however, at least learn from the experience of the More Developed Countries what to avoid.** The aim of policy must be to hold the family together as far as possible, to develop community rather than institutional services, and to avoid inappropriate or unnecessarily expensive services. Moreover, greater security for the elderly may contribute to socio-economic development and thereby benefit later generations.^{2/} (emphasis added)

FRAIL AND HELPLESS, OR CONTRIBUTORS TO SOCIETY?

Policy and programs for older persons, regardless of country, will be determined to some extent by the way in which their needs, and they themselves, are viewed.

If, for example, older people are viewed as frail, ill, helpless, lonely and frightened, then the programs which are created will most likely serve the needs of the frail and helpless. If on the other hand, older people are viewed as socially integrated, taking pleasure in life and physically and psychologically capable of making a contribution to society, the programs which are created will most likely be oriented toward enabling older people to continue as productive members of society.

Both views are relevant to policy as well as program development in LDCs, and both areas for action will be discussed. However, for the early stages of action, a case will be made for allocating resources and developing programs that enable older persons to contribute to society.

From the purely humanitarian perspective, concern for the older population could well be on a par with the concern for infants, children and mothers. The elderly, while they may not be the future generation of a country, are one of the most vulnerable groups in the age spectrum; and there is a multitude of cultural, social, and economic reasons why they should be targeted for attention. Additionally, the poor elderly--particularly elderly women--are at the greatest risk.

Programs which are and will be needed include health, education, and training, nutrition, housing, and employment development.

CATEGORICAL PROGRAMS, OR MAINSTREAM INTEGRATION?

A key question in aging policy is: should programs for older persons be developed along categorical lines in which age is the determinant factor of the recipient of the program effort, or integrated into the total effort serving all age groups?

Advocates of categorical or specific programming for older persons argue that generalized programs often fail to recognize unique problems or needs of the elderly. Opponents say that categorical programs tend to segregate the aging from the rest of society, and that quite often specialized programs for the elderly merely give token, and inadequate, response to very real needs. One United States critic has spoken, in fact, of "compassionate age-ism," meaning that inadequate and generally inappropriate response is directed at older persons as if they all had exactly the same problems and needs, when what is needed is more careful targeting of assistance to those most in need.^{3/}

Programs based on age are proliferating widely among public and private agencies in developed countries. The United States is described as the most extreme in this regard with its example of programs in education, housing and health, senior clubs and senior centers, home-delivered meals, home care services and so on.^{4/} In the matter of health programs, it appears that the United States is on a different course, thus far, from other developed nations, which typically have included older persons in national health insurance programs serving all age groups.^{5/}

Difficulties in arriving at strict separation of "categorical" and "age-irrelevant" policies are suggested by the experience of the World Health Organization. A major means of arriving at the WHO goal of "Health for All by the Year 2000" is to improve primary health. It is clear that the elderly, as well as other members of society, will benefit from fundamental achievements tied to this goal, such as potable water, elimination of contagious diseases, and availability of trained health personnel. At the same time, WHO has maintained since 1980 a World Wide Program on Health of the Elderly. Thus, WHO's program on aging may be regarded as a means of directing categorical attention and awareness to the specific needs of the elderly in changing societies and at the same time calling for inclusion of the elderly within the mainstream health care systems.

In LDCs, programming for older persons is needed. A sensitivity and awareness as to the problems and needs of the older population is important in initiating development of categorical as well as integrated programs. However, because of a wide variety of programs which already exist in areas such as economic development, agriculture, health, housing, education and training--all relevant to older people--and because of the scarcity of resources available, and because of continuing concerns about creating dependency and isolation, a case can be made for emphasizing the integrated or mainstream approach.

SUGGESTED AREAS FOR PROGRAM ACTION

In the aftermath of the World Assembly on Aging, governments worldwide are beginning to recognize the demographic and social imperatives for action on aging (see Part III). Much of this sensitivity to the needs of the older population is the result of efforts on the part of nations to cope with the emerging problems of that population group.

It is possible to include an aging component within housing programs, to integrate an older women's component into many of the women's cooperative efforts, to develop geriatric medical care within primary health centers, to consider the needs of the older population when developing new social services. Advocates for the aging in LDCs need to work with existing funding organizations to convince them of the need for program components for the older population.

For multilateral donors, there is a wealth of experience, expertise, and programs and purposes to build on in programming for the older population. In speaking to HUMANITARIAN CONCERNS, for example, the Agency for International Development outlines a variety of objectives and projects which are appropriate for an older population group:

Improving the well-being and earning capacity of the world's poor is an important objective of US development programs. Many projects are specifically directed toward increasing the capacity of the poor to address their basic human needs. Satisfaction of these needs rests fundamentally on increasing the overall income and earning potential of the poor. It also entails removing the constraints to the availability of food, shelter, health care, education and their right to participate in making decisions that affect them.^{6/}

The older LDC population is among the poorest of the poor.^{7/} Programs are needed to increase their earning potential and to improve the availability of and their access to food, shelter, health care, education and employment, while recognizing their right to participate in decisions affecting them. It is also important to identify the types of special purpose projects for the older population which can be undertaken with small amounts of money. Medical programs in eye and dental care, for example, offer rehabilitation possibilities to those who otherwise might be considered frail. Cooperatives can be developed to build on the experience and expertise of members of the older population and to benefit them economically. Members of the community can be trained to provide "care to the caregivers" of homebound elderly.

Programs for the older population can be developed within four of the five functions which the Agency for International Development has defined for broadening economic opportunity in developing countries.

The Agriculture, Rural Development, and Nutrition Account

The objectives of this assistance are to enable countries to become self-reliant in food, to ensure food security to their populations, and to contribute to broadly-based economic growth.

The older population can have a key role in these efforts, particularly with regard to their importance as human resources in agriculture and rural development.

Health Account

The objective of this account is to assist developing countries to become self-sufficient in providing broad access to cost-effective preventive and curative health services. Primary Health care (PHC) remains USAID's top priority in its health assistance efforts.

The older population inevitably will be a consumer of basic health care. Health programs for women could be expanded to include older women; village level health committees could include participation of the elderly; private sector health practitioners and enterprises could be encouraged to develop expertise in geriatric medicine. Insofar as new programming is concerned, the development of medical and social support for home health care programs will contribute greatly to the effectiveness of traditional ways of caring for the elderly. Additionally, efforts could be undertaken to improve the training of older women who provide medical care, and to train women to organize and provide home health care services.

Education and Human Resources Account

The two AID priorities associated with this account are high level manpower training and technical assistance to help countries improve the efficiency of their basic education system.

Training of administrators, managers and professional personnel in the fields of agriculture, rural development, nutrition, health, economic development, and housing should include sensitization to the needs of the older population. Additionally, personnel can be trained in special purpose programming for the older population in each of these areas.

External training in the US, as well as training in regional institutions, is appropriate for transferring the experience and expertise in aging of an American institution or that of a culturally similar country to an LDC. Such training might focus on ways to encourage the volunteer sector to develop an interest and expertise in working with the older population.

Selected Development Activities Account

- Increasing the involvement of US-based and LDC-based private enterprise in LDC development:

The older population is capable of participating in private enterprise, in any country, including LDCs. Private, profit-making enterprises formed by community groups and cooperatives are increasingly common in LDCs and can be encouraged on the basis of their economic support for a population at risk.

- Increasing employment and income-earning opportunities in developing countries by stimulating small- and medium-scale, labor-intensive private enterprise:

Economic development offers one of the most effective methods of enabling the older population to continue making a contribution to society and at the same time securing resources necessary for their own well-being.

- Increasing the flow of resources to low-income people by working more closely with US private voluntary organizations (PVOs) and cooperatives and building the capacity of indigenous PVOs and cooperatives to mount development programs:

Currently, very limited resources are available for program development for the low-income, older population. With the competition for programs from other age groups in the population, it is highly likely that only limited resources will be available for programming for the elderly. The PVO community in the US and indigenous PVOs and cooperatives have the potential for providing resources for development programs for the older population, and should be encouraged to do so. Programs appropriate to the elderly which AID is committed to pursuing with PVOs include development assistance in small housing, primary health care, rural technology, nonformal education, and skills transfer programs.

In addition to the PVO community, however, there is a variety of AID and US-financed programs and organizations which are appropriate avenues for program development geared to the older population. These include:

The Women in Development Program
 The Housing Guaranty Program
 The Overseas Private Investment Corporation
 The Peace Corps
 The Inter-American Foundation.
 The African Development Foundation

- Improving the capability of developing nations to provide basic services to the urban poor and displaced persons:

The elderly comprise a body of the "poorest of the poor" in many urban areas, and migration has displaced numerous elderly in many LDCs. Basic services, particularly housing can be critical to the dignity as well as the survival of the older population.

Programming for the elderly under the Population Account was not listed separately here, but it should be recognized that population programs can have

a dramatic effect on the older population, in the present and in the future. Decreases in family size often have a profound effect on the family structure and the economic wellbeing of elderly family members. The reduction in the number of children in a family frequently means that the economic livelihood of the older woman is reduced or eliminated altogether. Population programs, like other programs, can be planned, monitored, and evaluated, with the impacts on the older population of critical concern.

WOMEN AND PROGRAMMING ISSUES

USAID has stressed the integration of women as equal partners in the development process in the developing nations, with special reference to activities that will increase their economic activity and income earning capacity. This emphasis also can apply to older women.

In many LDCs, women have long played an essential role in agricultural and marketing enterprises. Older women are credited with playing an important role in the development of home-based manufacturing, using simple tools that often are rented. Skills and experience of the elderly are especially useful in the field of traditional handicrafts and food processing.^{8/} And yet, because women tend to live longer than men, the perils of widowhood and loss of status is very real. As stated in a study of Indian villages: "So long as he lives no one dares neglect her, but as soon as the husband dies, the old woman is left alone to suffer the pangs and agonies of widowhood."^{9/} A study in Bangladesh reports on widows with no adult sons who are usually reduced to the status of the totally destitute even when the family of the deceased husband is relatively well off.^{10/}

Another aging-related factor affecting women with special impact is their traditional role as caregiver to older family members. In the United States, much attention has been directed to the "women in the middle," or those wives and daughters from middle age and up who are called upon to care for spouses, siblings, or parents suffering from one or more chronic illnesses that require, not institutionalization, but attention and assistance at home. As more women enter the job market, the role of caregiver nevertheless persists, often creating household tensions and fatigue.^{11/} It has been strongly suggested that the phenomenon of the woman in the middle is not confined to Western societies:

Even in the absence of employment in monetized economic activity, women in the Third World work outside their homes. In many areas, they are the principal producers and collectors of food--an involvement that does not necessarily change with modernization, since rural women (in developed as well as developing countries) are likely to assume more agricultural tasks when their husbands seek paid employment. In addition to economic activities, which may take Third World women on extensive tradition expeditions, as in West Africa and parts of the Caribbean and mainland Latin America, or in search of distant partners in savings-and-loan transactions, as in the Papua New Guinea Highlands--they typically fulfill obligations to a wider circle of kinsmen (their husbands' and their own) than do women in most Western countries.^{12/}

(Part V gives several examples of commercial programs designed for older women.)

Grandmothers often fulfill another important function: care of grandchildren, even when the parents may be away from villages for extended periods. Extension programs have been provided in some countries to provide access to current information and advice to rural aged women responsible for caring for children within the extended family.^{13/} Training for maternal and child care among younger women should be shared, according to the same rationale, with grandmothers. The same principle can also be applied to family planning, in that the older woman is frequently a significant partner in assuring the success or failure of social and health interventions within the family.

USAID's insistence on gender-disaggregated data collection, and the development of four regional handbooks titled Women of the World, testify to the need for more focus on concerns relating to women and development.^{14/} A strong case can be made for devoting attention to older women as part of this intensive effort.

SUMMARY

Sensitivity to the needs of the older population involves consideration of the needs of that population in the planning, implementation and evaluation of multilateral development efforts, regardless of whether the approach is categorical or integrated.

It is not only important to orient programming in a manner including older people in new or existing programs, but it is also important to monitor the impact of seemingly unrelated programs on that population as well. Such monitoring can have many benefits. It can help a government or a funding organization recognize the impact of a wide variety of programs on the older population; and to identify ways in which that population will be affected, preferably with minimum negative impact.

For example, when day care centers for children are established, older women may be displaced as traditional caregivers of the children. When agricultural equipment is provided, older women may be displaced as traditional tillers of the fields. When a social security program is developed it may provide economic support for older people and at the same time isolate them in villages because their children feel they have the freedom to leave for the cities. Although a housing program may not be directed toward the particular needs of the older population, consideration should be given, when housing is planned and financed, to traditions of extended families' sharing living quarters.

There is every reason to build on current program objectives rather than creating a new, and extensive, category of program development and assistance. This can be initiated by linking programming for the older population to existing priorities and programs of donor organizations and of governments and interest groups in LDCs. The next step is to include aging as an issue for action and/or attention within the breadth and scope of policy as well as programs. In all steps, it is essential that the special contributions and needs of women be recognized.

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PART V

ILLUSTRATIVE PROJECTS FOR THE OLDER POPULATION IN LESS DEVELOPED COUNTRIES

There is a multitude of social and economic development projects which have been undertaken by and for the older populations of LDCs. This section details specific problems and recommendations for action in six nations and the types of programs which have been, or could be, developed in other nations.

ACTIVE AGING: PROBLEMS, RECOMMENDATIONS FROM SIX NATIONS

In preparation for the World Assembly on Aging (see Part III), Sandoz Institute, in consultation with the United Nations Centre for Social Development and Humanitarian Affairs, conducted an international survey on the problems of the elderly. The first round of the survey included questions on 17 topics including: maintaining an active and independent life for as long as possible, preventing and coping with chronic physical and mental disorders, ensuring suitable housing, enabling the elderly to remain in their own homes for as long as possible, provision of institutional services, provision of community-based and home services, payment for health and social services, optimal utilization of human resources, support by the family, role in the family, support by the community, role in the community, activities and the use of time, ensuring an adequate income after retirement, employment policies, preparation for retirement, and retirement policies.

The following summarizes the responses provided by a small working group of experts--representing the broad areas of health, sociology, and social policy, often with additional advisors--who gave answers from six nations to the questions:

"What are the main problems today?"

"What measures, including novel and unconventional ones, should in your opinion be undertaken in order to reduce or prevent these problems?"

Responses: Problems_1/

Brazil

Owing to a low level of education, including health education, people are generally unaware of the necessity for improving their own health. Preventive geriatrics is not practiced, owing perhaps to a lack of information and professional training. Arteriosclerosis is responsible for much disability and death in later life. Nutrition is poor. Low income does not allow for a reasonably healthy life.

Because of long commuting times, workers in urban areas have no opportunity to develop leisure activities.

Egypt

Because there is little recognition of the needs of the elderly, there is little response to them. Among these needs are: greater involvement in community life; part-time jobs after retirement; activity programs and rehabilitation; specialized medical care, especially physiotherapy and mental health care; and preventive geriatrics. Family members and neighbors have particular needs for information about the physiological changes and diseases prevalent in old age. Medication dosages are not adjusted to take account of age changes. Insufficient attention is given to nutrition of the elderly.

Most Egyptians lack education in good physical and mental health practices, including regular physical exercise, sports, hobbies, and other leisure activities.

India

Fifty percent of the elderly experience difficulty in maintaining an active and independent life. This problem is less for those in agricultural areas, business, professions, and higher income brackets. Poverty, unemployment and lack of institutions for the elderly are the main causes of dependency.

Fortunately, in India, the cultural pressures are such that families still look after their aged, despite economic or other difficulties. Urbanization works against this pattern because families split up; this increases the number of old people in need of institutionalized service.

Kenya

The basic problem is a lack of community awareness of the needs of the elderly. Facilities that could be provided for them are lacking, such as old people's homes and other housing. No organization trained in services for older people exists. The elderly tend to be isolated, poorly fed, and dependent on the extended family.

Nigeria

There is a lack of adequate and accessible health care, housing, transport, adult and vocational education, recreation clubs, and other social facilities.

Philippines

Because of unemployment and other reasons for insufficient income, a reasonable living standard, including decent housing, cannot be maintained.

Health-care facilities, for example geriatric clinics, are scarce, particularly in rural areas.

Feelings of loneliness and isolation due to increasing physical weakness are common. Social values and attitudes towards the elderly are changing for the worse as a result of urbanization and modernization.

Responses: Recommendations 2/

Brazil

1. Combat age prejudice and discrimination by various means, including the schools.
2. Orient government and the private sector to regard all efforts to improve later life as medium-term investments in human capital.
3. Give the working population training and encouragement to engage in recreational activities.

Egypt

1. Promote preventive geriatrics and an inter-disciplinary approach to services, including medical, social, psychological, and other disciplines.
2. Establish more day-care centers, clubs, homes for the aged, and other residential facilities for the elderly.
3. Cover all the needy elderly with health insurance.
4. Promote programs of health education, to prepare the middle-aged for old age and to educate families about the needs of the elderly.
5. Increase research to determine safe and effective drugs and dosages for the elderly with specific ailments.
6. Establish a Supreme Council for the Elderly, to help make policies and coordinate programs.
7. Make occupational therapy, vocational training, and part-time jobs available for the elderly.

India

1. Initiate health education programs under government and voluntary agency auspices, with an emphasis on promoting positive attitudes of the elderly toward themselves, their usefulness, and the role of work in their lives.
2. Establish refresher courses in geriatrics for general practitioners.
3. Develop a cadre of health professional and paraprofessional workers who are committed to work with the elderly, and who live and work in rural areas.
4. Establish a national institute of gerontology, responsible for research and training and for managing a program of regional centers to provide job counseling, craft training, vocational guidance, and other kinds of personal assistance.
5. Revise medical education to incorporate gerontology and geriatrics in the undergraduate and postgraduate curricula.

Kenya

1. Create community services.
2. Re-evaluate and reform health-care policies to meet changes expected by 2000, including more geriatric facilities and personnel to deal with the elderly population.
3. Provide facilities for retirement.

Nigeria

1. Maintain and extend the custom by which elders retain some of their traditional role in society, even after retirement.
2. Incorporate elements about aging in mass literacy campaigns and at all levels of the educational system.
3. Ensure balanced and decentralized rural development to strengthen rural society, including elderly members.
4. Establish more realistic planning and organization of health and social service programs, with a role for public participation.

Philippines

1. Accelerate rural development programs. (including electrification and road construction) to produce more jobs and industries, in the hope of deterring the younger population from migrating to urban areas.
2. Establish rooming units for the elderly, to enable them to stay close to their families.
3. Offer pre-retirement planning and counseling (including investment counseling as retirement benefits improve) to government and private employees.
4. Provide jobs for the skilled elderly who are still able to work.

DIFFERENCES AMONG THREE NATIONS

To further illustrate varying impacts of aging among LDCs--and need for versatile programming in dealing with them--the American Association for International Aging has analyzed demographic data for three countries. Key findings are:

HONDURAS

In 1985, 47 percent of the total population of 4.3 million was in the 0-14 age group; 48 percent was in the 15-59 age group, and 5 percent was in the 60-and-over age group. By the year 2025, it is expected that there will be a substantial shift in the population toward the older population, with 34 percent of the population in the 0-14 age group, 59 percent of the population in the 15-59 age group, and 7 percent in the 60-and-over age group.

EGYPT

In 1985, 39 percent of the total population of 46.9 million was in the 0-14 age group; 54 percent was in the 15-59 age group and 7 percent was in the 60-and-over age group. By 2025, a dramatic shift in the population distribution is likely to produce this pattern: 0-14, 27 percent; 15-59, 62 percent; and 60-plus, 11 percent.

THAILAND

In 1980, 37 percent of the total population of 46.4 million was in the 0-14 group, 58 percent in the 15-59 age group, and 5 percent in the 60-plus group. By the year 2025, it is expected that a pronounced shift toward an older population will produce this pattern: 22 percent, 0-14; 64 percent, 15-59; and 14 percent, 60-plus.

Life expectancy at birth is expected to increase between 1985 and 2000 from 62.6 to 69.3 in Honduras; from 59.7 to 65.5 in Egypt; and from 64.1 to 67.9 in Thailand.

Differences among these nations are not limited to demographic variations. Elders face varying circumstances and rates of national progress in identifying and dealing with problems and opportunities related to aging.

Honduras, for example, has 50 percent unemployment. Social Security is available only to a small minority of workers, many of them civil servants or others in urban areas. Care provided to the elderly by families is hampered by extreme poverty, and only approximately 200 beds are available for the destitute aged, and services are minimal. Religious organizations provide what help is available for older persons without families. With a majority of population now under age 25, Honduras can anticipate a massive increase in elders when this youthful population reaches the older years.3/

Egypt, according to its former Minister of Agriculture, offers a special opportunity for elderly farmers to improve food production:

The help of the elderly is badly needed and will be good for their country and themselves. It must be kept in mind that the elderly engaged should be well selected, updated, trained and assisted if needed. They will not be replacing the younger generation by helping and filling the existing big gaps in the field...The village has become a consumer rather than a producer. Unless something is done fast, the situation would be critical. In this, the elderly who are normally attached and crowded in the rural areas can be of great help.4/

Thailand, according to an informative national report submitted at the World Assembly on Aging, still maintains a traditionally elevated place of respect for elders, but faces new challenges brought by rapid growth since the 1970s. Family ties are especially strained in cities; some elders have been found to be neglected. In 1980, 60 percent of men above 60 years were still in gainful employment, but only 33 percent of 60-plus women were "still working profitably." An income security scheme is still limited to civil servants, state enterprise employees and salaried employees in the organized private sectors. In addition to "inevitable residential care" for some elderly, the Fifth National Plan also offered "noninstitutional care, particularly in the form of social service centers for the elderly."5/

Furthermore, it "is expected that family assistance programs and community-based services which are preferred will enable the aging to remain in and to be taken care of adequately by their own families; this also makes it possible to avoid the unnecessary establishment of homes for the aged." In 1963, the first geriatric clinic was opened in Bangkok; more recently general hospitals have been encouraged to render special care for the elderly in geriatric units. Non-formal education projects initiated specifically for the elderly include use of Buddhist temples to offer information on physical, psychological, and social needs of the aging. The Thai Government is encouraging and promoting the participation of the private sector in aging projects through subsidies, technical assistance, and "psychological support."

MAJOR PROJECT CATEGORIES

It is clear, as seen in Part IV and thus far in Part V, that any number of initiatives can be taken on behalf of older populations in LDCs. What follows now is a discussion of possibilities and pitfalls in several major project categories.

Economic Security

Industrialized nations are increasingly considering policy adjustments related to such issues as the total cost of social insurance programs, whether changes in official retirement age should be made, and better protection for the lowest-income population. In developing countries, where the majority of the population are at subsistence levels, other kinds of issues emerge. As summed up in the World Assembly International Plan of Action on Aging:

In several of these countries the social security programs launched tend to offer limited coverage; in the rural areas, where in many cases most of the population lives, there is little or no coverage. Further more, particular attention should be paid, in social security and social programs, to the circumstances of the elderly women whose income is generally lower than men's and whose employment has often been broken up by maternity and family responsibilities. In the long term, policies should be directed towards providing social insurance for women in their own right.^{6/}

The International Social Security Association has acknowledged that with some notable exceptions, especially in Latin America, social security schemes in most developing nations are of recent origin and cover, with limited resources, only a small proportion of the working population.^{7/} Even rudimentary social insurance schemes, however, often stand in need of technical assistance related to operating efficiencies and systems development.

Clearly, varying forms of economic security for older persons in developing nations will take shape as new population and development patterns evolve. It is significant that the United Nations Development Fund, in a listing released at the time of the World Assembly, was financing 74 projects related to Social Security, 14 on pension schemes, 10 on pension funds, 6 on old age benefits, and 4 on retirement pensions.^{8/}

Nevertheless, criticism of social insurance inadequacies persist. To assist "the excluded majority," one economist has suggested more versatile forms of social assistance, defined as "a service or scheme which provides benefits to persons of small means as a right in amounts sufficient to meet minimum standards of need and financed from taxation."^{9/}

In addition to cash benefits, social assistance may be used to provide clothing, food rations, travel vouchers, rent rebates, institutional care, and free medical treatment. One well-documented old age assistance scheme, in the state of Uttar Pradesh in India, provides payments to needy people over age 70 who have no relatives able to support them. In the Philippines, the Ministry of Social Services and Development has

used its social assistance budget to help low-income people establish small-scale income generating projects. Among the small enterprises thus established are a variety of agricultural and animal husbandry projects, sales of food and beverages, and mat-weaving, and other cottage industries. In cases where loans were given, a total repayment rate of 52 percent was reported (another 25 percent partially repaid).10/

Economic Development

The link between business enterprise with economic development is receiving increased attention as a means to enlist older persons in activities that contribute to national growth and their own personal income security.

To help adapt development to meet the new problems of old age, two stages may be needed. The first would focus on exchanges of information and experience organized within the framework of technical cooperation among developing nations. The second would be encouragement of community-based experiments which would draw on and update practices already assimilated by one population, opening the way for the establishment of a flexible support and communication network.11/

Public and private agencies in More Developed Countries could be helpful in this process through (a) selective funding of community-based projects and network exchange of information, (b) stimulation of educational efforts intended to provide "a form of support to help older persons help themselves" 12/, and (c) to help developing nations find their own solutions instead of adopting models of developed countries, support should be directed to "the developing countries in their efforts at sufficient research by providing financial resources and scientific technology."13/

This brief account can give only a few examples of community-based programs of special relevance to older persons.

Small-Scale Community Projects

USAID's Special Development Activities Program provides many examples of useful projects that could readily incorporate an aging component. A review of several projects in the Leeward Islands in the Caribbean reveals, for example, that funds have been authorized in Anguilla for materials used for a craft building, and a revolving fund to generate income generating activities. In St. Kitts, projects included maintenance of a fishing cooperative and a 4-H sponsored purchase of equipment and material for developing and marketing vegetables. In Montserrat, older women predominated in a project using sewing machines to make school uniforms. USAID in Tortola provided a van for transporting handicapped workers to a workshop and it also was used for marketing.14/ Subject to local conditions, each one of these projects offer possibilities for serving or recruiting older persons in activities that could have intergenerational aspects.

Other examples, from the Peace Corps/USAID Small Project Assistance Program, offer similar possibilities. A June 1984 catalogue of such projects includes agricultural, livestock, and rabbit raising activities that, it appears, could well have room not only for students but for older persons who could adapt old techniques or learn new ones. A \$4,676 weaving workshop in Togo, since it is intended to produce traditional African cloth to be sold in local markets, might well benefit from the experience of older women. A \$9,200 project in Paraguay will support the first small-scale wheelchair factory in Asuncion, producing high quality wheelchairs at low-affordable prices for the handicapped of rural and urban sectors.^{15/}

Many of the projects mentioned above have several objectives and probable long-range effect--two of the criteria sought by the American Association for International Aging in projects it considers for funding. AAIA also favors projects:

- That increase the functional, social and economic independence of the elderly;
- That train indigenous workers at all levels of expertise, particularly the elderly, to be providers of health, education, and social services, and that train elders in the community to care for other elderly and children in the community; and
- That involve elderly women in the design, implementation, and outcome of efforts.

An example of AAIA principles in operation is an award to the Council of Voluntary Social Services in Jamaica to conduct a feasibility study preceding the development of a skills bank for the elderly. AAIA was told:

Many of the elderly in Jamaica are living on little or no pension and therefore require additional income. At the same time, many elderly are still able and willing to provide useful services, usually on a part time basis. However, a network must be established that will link together business needs and elderly skills. The skills bank project proposes to do this.

Thirty-eight percent of 300 potential employers contacted in a survey expressed willingness to participate in the skills bank project.

Another example is Pro Vida in Colombia. This program began as a bakery developed and operated primarily by older persons. One half the product is sold for profit; the other half goes to the poor. A laundry similarly evolved, and is also successful. Profits have helped establish a medical center, at which special attention is given to isolated older persons.

Though not directed specifically at older women, the El Castano Cooperative of El Salvador demonstrates the effectiveness of a woman's initiative that has changed the local economy. Promoted by the Overseas Education Fund (US), the cooperative began when 30 housewives in search of ways to make money banded together first for a local construction project. The next step was to use technical

assistance to increase tomato production, then almost nonexistent. Within its first three years, the cooperative grew into a profitable business affecting the lives of more than 6,000 women and their families. The co-op rents a plant at which women in rotating shifts process catsup, sauces from tomatoes and peppers, and jams from pineapples and mangoes. Profits are reinvested to buy land to be farmed by community members who are not property owners.

Tapping Experience and Talents

Economic security may be also enhanced by new forms of employment opportunities developed to meet community needs. This concept has been studied at length in the United States by a private sector organization which regards older Americans as "an untapped resource" with valuable experience and skills. At the same time, many cities or towns stand in need of services that can help citizens of all ages. In comprehensive fashion, the organization compiled the model, "Job Options for Older People in Meeting Community Needs"^{16/}, which appears in this section. It is presented, not as a "model" for developing nations, but as a reminder that vast changes in the LDCs--particularly in urban areas--are likely to cause a need for assistance, albeit in modified forms, similar to those listed here.

An example of the evolution of participatory roles for older persons is provided by the national report submitted to the World Assembly on Aging by the Government of The Philippines in 1982. In describing programs and services, including an Elderly Volunteer Program, the report said:

Organized services for the elderly in the Philippines which date back to 1925 were mostly institutional care. However, this has expanded to include programs in community settings. Senior Citizens' Clubs have become favorite media for elderly to interact with peers, to articulate their needs, express interests and participate in volunteer work which they found to be self-fulfilling. There are 247 clubs established all over the country by and with nongovernment organizations. Each of the thirteen regions have their regional organizations of elderly persons besides those organized in the community or barangay level. Presently the first national search for the Elderly Lingap (Love & Compassion) Award is being launched by the Ministry of Social Services and Development to honor and recognize individuals, groups and agencies that have made significant contributions in the promotion of programs for the welfare of elderly persons.^{17/}

A Philippines "Senior Aides Service" encourages elderly individuals to devote time to "community beautification projects, community fund-raising programs, schools, libraries, parks, drop in homes for babies, and day care centers where the elderly can teach social, spiritual values, customs, and practices necessary for the children's development."

FIGURE I

JOB OPTIONS FOR OLDER PEOPLE IN MEETING COMMUNITY NEEDS

TRANSPORTATION

- Station information aides
- Bus drivers
- Van drivers
- Pool arrangers
- Improved route sign advisors
- Service assistance locators

CULTURAL ACTIVITIES

- Performers and artists
- Programmers
- Trainers
- Sales and promotion workers
- Facilities maintenance workers
- Fund-raising counselors & assistants
- Audience development specialists
- Arts conservators and technicians
- Resource and information assistants

EMPLOYMENT

- Job finders
- Trainers
- Job developers
- Career and job counselors

NON-PROFIT ACTIVITIES

- Fund-raising/membership counselors
- Bookkeepers and accountants
- Government regulations & compliance counselors
- Coordinators of volunteers
- Incorporation advisors

MANAGERIAL ROLES

For all of the activity areas on this chart:

- Project managers and sub-unit directors
- Legal, financial, and planning advisors

ENVIRONMENT

- Counselors on pesticides & safety
- Extended sanitation & special cleanup workers
- Monitors
- Materials recycling aides
- Environmental impact analysis

EMPLOYEE RELATIONS

- Mediation, arbitration, conciliation specialists (employee/management & employee/employee relations)

NEIGHBORHOOD

- Guards and monitors
- Cleanup aides
- Repair workers for substandard housing
- Energy conservation advisors & workers
- Mediators, conciliators, and arbitrators
- Fire and safety inspectors
- Pest control workers
- Translators and communicators

HEALTH

- Hospital technicians & aides
- Home health care providers & aides
- Rehabilitation technicians & aides
- Medical equipment operators

EDUCATION

- Discipline aides
- Tutors and resource specialists
- Class administration aides
- Library workers
- Career and other counselors
- Special population education programmers and advisors
- Fund raisers
- Special skill enrichment advisors and aides
- Financial aid advisors

SPECIAL SERVICES TO DEPENDENT PERSONS

- Companions
- Nutrition advisors
- Form fillers
- Eligibility & assistance advisors
- Readers & communicators
- Recreation advisors and workers
- Meal providers and/or feeding helpers
- Day care providers
- Home health care aides
- Rehabilitation technicians & helpers
- Representative payees & guardians
- Homemakers
- Shopping assistance helpers

Health

Perhaps the most consistent viewpoint on a health issue expressed before, during, and since the 1982 World Assembly on Aging was that institutionalization should be the last resort, not the first, for care of ill elderly.

How, then, is an LDC older person to maintain personal independence at a time when family ties may be strained or nonexistent, while LDC governments continue to place heavy reliance on kin caregivers?

The World Health Organization, as has already been noted, has found it necessary to direct special attention to aging even while pursuing its more general goals, with special emphasis upon primary care. WHO also recommends a planning methodology that makes full use of the capabilities of the elderly and their caregiving kin and friends, integration of health and social services in primary health care systems that employ lay or religious workers where feasible; and maintaining aging people within their own homes, heavily relying on voluntary agencies where they are available. WHO pays due note to suitable housing as a factor in health maintenance.^{18/}

In addition, WHO suggests productive activities by which old people contribute to their own social well-being and to the community while extending their active years:

- "traditional birth attendant, who can learn new techniques;
- "schemes of self-help in which people exchange reciprocal services;
- surrogate grandparent roles; and baby-minding to allow young mothers to go to outside work.

The enlistment of older persons in education, self-help, and health maintenance activities is a recurring theme in WHO documents on aging.

A manual of self-health/care and older people gives examples of initiatives at the community level, several of which are excerpted here:

- Senior citizen clubs are the base being used by the Thai Red Cross in providing health, education, exercise programs, and other services to the elderly living in refugee camps and borderline areas. The Thai Red Cross is training health volunteers to work with older persons who have migrated to these areas and are without family support.
- In Egypt, efforts are being made to structure health education for the aging around the religious life of the community. Meetings are arranged to coincide with prayer times, especially on Friday when the elderly gather at the mosque to discuss their concerns and recite the Koran. In the Christian community, priests are encouraged to talk about self-care to the elderly and their families before and after Sunday prayer.
- In Mexico, the Sociedad de Geriatria y Gerontologia has proposed health education programs in places where the elderly gather, such as community centers and homes for the aged. In addition, a very simple self/health/care manual designed for older persons and younger family members, would be distributed

through natural leaders in the community. Mass media would be used to communicate self-care messages in rural areas. Mexican gerontologists, like many others, stress that negative stereotypes about aging, such as the idea that disease and incapacity are inevitable concomitants of the aging process, must be combatted if self-care programs are to be successful in most Latin American nations.19/

Long-Term Care

Important in any discussion of health and the elderly is clear understanding of the role of long-term care. Unfortunately, there is a tendency to equate such care with residence in a nursing home or other such facility. Actually, long-term care can be delivered in many forms. In the United States, approximately 75 percent of care or other forms of help is given at home to older persons by family members or friends. The goal is usually not cure, but support, and minimization of dependency, within the person's own living quarters.

Caregivers themselves, however, often stand in need of assistance, such as regular visits by nurses or home helps, or respite, in one form or another, from the daily demands of meeting the needs of a chronically ill older person. Much discussion has taken place in the United States about a "continuum of care" which would provide exactly the right amount and kind of care that elderly individuals may need as they go through stages of one or more illnesses at a time. Institutional care is included in such "continuums", but only to the degree that it is more suitable than home-based alternatives. But the United States has failed to make such ideal systems available for more than a relatively few older Americans. Instead, criticism runs high about the tendency to rely primarily upon institutional care.

LDCs, with their tradition of family support of elders and their limited funds for capital construction, clearly have a major stake in avoiding over-institutionalization. This however, may be more difficult than may be commonly supposed. A proponent of "open care," (that is, care given in the community) has warned that failure to conceptualize and define the boundaries of a service can result in a hodgepodge of services and programs, even in LDCs, where such arrangements are now beginning to take shape, sometimes in support of families, sometimes to families' detriment.20/ She has developed the stages of development model, below, which provides a conceptual framework that can help national planners analyze the situation in their own countries or parts of countries.

Field data gathered by the author of the model indicates wide variation among nations. Classified as "residual" were Afghanistan, Indonesia, Western Samoa, Burma, Pakistan, Kenya, Iran, India, and The Philippines. Classified as Early Institutional were: Greece, Singapore, Hong Kong, New Zealand, Australia, Austria, Germany, and the Netherlands. "Institutional" nations were: United States, Japan, Israel, Canada, Great Britain, Denmark, and Sweden. No nation achieved "maximum institutional status." "Closed," or institutional, care tended to develop first in all nations, no matter what their stage of development. Another level, "coordination and integration", may develop in the United States as information and pilot projects build data and support for more balanced systems.21/

TABLE IV

SPECIALIZED SERVICES FOR THE ELDERLY:
STAGE OF DEVELOPMENT MODEL

RESIDUAL: Characterized by:

1. Family and mutual aid only: some volunteers;
2. Some private homes for the aged;
3. No public funding of facilities for the aged;
4. Lack of training program;
5. Lack of home help or other domiciliary services.

EARLY INSTITUTIONAL: Characterized by:

1. Organized social services, including volunteer organizations;
2. Attempt at supervision/regulation of private homes;
3. Some public funding of institutions for the aged;
4. Professional training programs with an aging component;
5. Demonstration home help-domiciliary services.

INDICATIVE INSTITUTIONAL: Characterized by:

1. Specialized medical facilities, such as geriatric hospitals; chronic care and attention to homes;
2. Licensing and regulation of private homes by a public agency;
3. Public funding extended to special housing, community centers, and other facilities;
4. Substantial development of professional training programs;
5. Substantial development of a range of domiciliary services, including home help, Meals-on-Wheels, laundry, transportation, and the like.

MAXIMUM INSTITUTIONAL: Characterized by:

1. A range of specialized facilities, including day care centers and hospitals, halfway houses;
2. Participation/leadership in regional/international programs for establishing and enforcing standards;
3. Active organization of the aging, political, and otherwise;
4. Regional centers for research, training, and community service in gerontology;
5. A cluster of domiciliary services, coordinated with other health and welfare subsystems.

Housing

USAID, by establishing the Housing Guaranty program and taking other steps, has responded to "the enormous and rapidly mounting worldwide shortage of adequate shelter, particularly in urban areas of developing countries." There can be no doubt that the already severe housing problems of older persons in such urban concentrations will continue to rise dramatically, and that many will be without family (in the barrios of Colombia, for example, 20 percent of the aging were living alone or had no child or relative nearby in 1977).^{22/}

The World Assembly on Aging, taking the view that "housing for the elderly must be viewed as more than mere shelter," said in its action plan that a primary goal is to help "the aged to continue to live in their own homes as long as possible, provision being made for restoration and development and, where feasible and appropriate, the remodelling and improvement of homes and their adaptation to match the ability of the aged to get to and from them and use the facilities." The plan also called for housing policies that provide for public financing and agreements with the private sector to plan and introduce "housing for the aged of various types to suit the status and degree of self-sufficiency of the aged themselves, in accordance with local tradition and customs." Also emphasized is coordination of housing policies with those concerned with community services.

A US expert on housing for older persons has said that a first priority, applicable in all countries, is to develop a policy for dealing with the older people who are currently unaffiliated with a family network.^{23/} In urban areas, planned housing for the elderly may be necessary to assist large cohorts of "unattached, rejected, and poor elderly people," but governments may find it wise to "consider building some model developments in areas where an early need arises in order to experiment with various types of housing schemes." Of special importance in rural areas are "all possible supports for a family that wishes to keep an older person in the household." But:

The resolve to maintain the total family responsibility that characterizes rural societies is bound to be difficult to sustain as the numbers and proportions of elderly increase. Institutions will be necessary, but it is important not to allow them to be used to solve ordinary personal, social, and economic problems; institutions should be reserved for people with major physical or mental problems.^{24/}

In Zimbabwe, cooperative action on farming and housing needs has been reported:

...in one rural area, a community of 40 persons, composed primarily of elderly male immigrants, live together communally on a 30-acre farm. There is a division of labor according to age and health status, with the able-bodied cultivating the land and the others sharing in daily tasks. Although the farm is in an isolated area without transportation, its residents find life there fairly attractive compared to their previous situations."^{25/}

Education and Training

Literacy training ranks high on USAID's list of urgent needs among developing nations. Indeed, it is possible that young and old could help each other to cope with rudimentary symbols that could lead to more formal training. In addition, USAID has emphasized training of skilled personnel for emerging needs of all kinds in developing nations.

A similar emphasis was expressed by the World Assembly on Aging Action Plan in 1982. It declared: "intergovernmental and nongovernmental organizations should take the necessary measures to develop trained personnel in the field of aging, and should strengthen their efforts to disseminate information on aging, and particularly to the aging themselves." Establishment of "practical training centers" was seen as a way to "provide updating and refresher courses and act as a practical bridge between and among developed and developing regions."

An example of practical training in the field is offered by Burma, where the central department of social welfare is responsible for homemaker services, "which are really training programs utilizing as instructors social workers, some of whom have received their professional training abroad. Trainees are selected by village officials from among local volunteers known to them, especially middle-aged women. The courses are short, ranging from one to three months, and stress home economics skills. In return, these trained homemakers are expected to instruct the other women of the village. They do not offer direct services, but are available for short-term family counseling and referral to other community resources."26/

It is suggested that "in the absence of social insurance coverage, the first line of attack may well focus on preserving and enhancing traditional networks of mutual aid and family support." One way to do this would be to adapt the Kenya type of home economics training for care of older people, perhaps sending some local people abroad for training.27/

Still another dimension of education is training intended to help older persons "to develop personally and to acquire skills that would enable them to participate in national development." This was the thrust of several recommendations at the first national seminar on aging in Senegal, held in June 1983. Among the proposals:

- "Increasing participation by older persons in continuing education programs offered under the auspices of the Ministry of Higher Education;
- "Directing educational campaigns toward members of retired persons' associations and other groups of older persons, especially in rural areas;
- "Exploring the feasibility of establishing a "university of the third age" so that retirees might have a forum for dialogue and action; and
- "Using the national press and other media more effectively to educate the public about the aging process and various problems associated with old age."28/

SUMMARY

Asked to describe problems and recommendations for corrective action, experts from six countries made observations and proposals expressing widely varying views. Once again the point is hammered home: Just as each person's own aging is an individual process, so are the consequences of the aging of populations within individual nations. Diversity is also the theme in the brief descriptions of Honduras, Egypt and Thailand. The point is further demonstrated in discussions of program possibilities under the headings of economic security, economic development (with examples of the role of small-scale community projects, together with some discussion of job options that can be tied to community needs), health (emphasizing pitfalls that should be avoided in approaches to long-term care needs), housing, and education and training. Under the last heading, an example is given of a Senegal seminar emphasizing training of older persons intended to help them acquire skills enabling them to participate in national development.

In short, if the many challenges of increasingly aging populations are to be met and unique solutions are to be found to deal with unique circumstances, the elderly and those who would work with them "must draw on the strengths of both old and new worlds, developed and developing nations, in finding ways of sharing knowledge, skills, and resources."29/

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PART VI

NEED FOR FURTHER STUDY

USAID has warned against "any generalization about the condition of 'typical people' in developing countries," noting that contradictions are likely to arise within countries, regions, or population groups.^{1/} This caution applies with special force to older persons, since they are caught up in social and economic change, even as their very roles in life are subject to new definitions or no definition at all. Another USAID injunction also is decidedly relevant:

...statistical averages mask great disparities in the distribution of income, opportunities, and services between urban and rural areas, between men and women, and between the culturally or politically advantaged and those left behind.^{2/}

The danger of averages is strikingly demonstrated in studies of international aging that find great differences in lifestyles of older persons within areas of the same developing nation, or in concentrations of the elderly within one part of the nation and sparse numbers in others. The shortage of reliable information has caused a scholarly complaint about "the catastrophic deficit in research on aging and old age in developing nations."^{3/}

Similarly, the World Assembly International Plan of Action on Aging (see Part III) has been emphatic. It declares: "Further study on all aspects of aging is necessary." The Plan has designated two broad areas in which further research is required (1) to narrow the wide gaps in knowledge about aging and about the particular needs of aging, and (2) to enable resources to be used most effectively. Among issues "of universal interest to all societies" are three of special concern to this report:

- "the use of skills, expertise, knowledge, and cultural potential of the aging;
- "health and social services for the aging as well as studies of coordinated programs; and
- "training and education."

As a beginning, a tiny U.N. Trust Fund for Aging (see Box 1, Part III) has been used extensively, if thinly, to help LDCs initiate or expand basic fact-gathering efforts.

Ghana, for example, has been given a grant for "Research into the Impact of Social Change on Aging;" Kenya is studying the "Role of the Family and Relevant Institutions in Meeting the Needs of the Aging;" and Malawi is conducting an analysis of the impact of aging on rural development.^{4/}

In addition, a substantial survey of the medical and social needs of the elderly in Argentina, Barbados, Colombia, Costa Rica, Cuba, Chile, El Salvador, Guyana, Honduras, and Jamaica is being conducted by the Pan American Health Organization.

Indicative of the groundbreaking nature of the PAHO survey is that its objectives include (a) to standardize criteria, terminology, and research instruments for this study and for future work in the field of gerontology; (b) to apply a common methodology to produce comparable data; and (c) to promote the routine inclusion of the aging as a separate group in established national statistical systems.5/

In short, the task of arriving at essential demographic information is formidable, but underway in a more far-reaching way than in the past. The World Health Organization is playing a major role in turning attention to epidemiological issues related to aging. And yet much more has to be discovered. As a renowned researcher observed at the time of the World Assembly:6/

How we define disease is not a philosophical question. It is not really yet known what the differences are between physiological aging and disease related change. This factor alone has consequences affecting individuals, families, and entire societies.

The importance of continuing communication about experiences with aging, especially in Third World countries, is suggested by this statement:7/

In the coming decade, the so-called developed countries could learn some useful lessons from the less affluent countries which have been able to control their development, in particular by combating the processes we have outlined by which old people lose contact with others and their continued existence becomes a burden. As well as being a question of social and human ethics, the participation of the men and women of all ages in the life of their community and their country is one of the conditions for economic and social progress.

On specifics related to developmental issues, the challenge is also great. The U.N. Food and Agriculture Organization, for example, finds that lack of data on the rural aged from both the developed and especially developing countries continues to be a major obstacle in understanding the problem and in planning services for the aged. Areas where FAO regards reliable information as urgently needed include:8/

The number and distribution of the aging population, their living arrangements (alone, in family, in institutions), their work activities, their land holdings and income, their consumption patterns, the types of production resources available to them, the services and programs for their protection, their health, nutritional and housing conditions, the attitudes and needs of the community and of the aged themselves in regard to future programs and policies.

Pragmatically, FAO points out that it is not always necessary to conduct special research surveys to answer all of the questions. Some of the data are already collected for other purposes--such as population or agricultural censuses--and the ongoing surveys could be elaborated and tabulated to provide information on the aged population.

On the key question of caregiving by the family and others in the "informal network," much is already known but even more still must be determined. One important question asks when families reach the breaking point in their willingness to provide long-term care. Important information is provided by the finding of an extensive Austrian survey that fully one-third of the respondents felt feelings of burden because of time pressures; they did not mention psychosocial, physical, or financial pressures.^{9/} For women, who bear the caregiving brunt, this is especially true.

Several questions related to income security have already been suggested. On the matter of housing, all manner of issues arise. In the United States, for example, it has been pointed out that specially designed housing for older persons meets the needs of an important minority, but that public policy should also include attention to multitudes of low-income homeowners and that other efforts should be made to make use of existing stock. Another need is to make social and health services, including meals, more readily available to persons living in age-targeted housing. It has been suggested that policymakers should heed studies on the effects of programs that offer financial or direct housing-related support to families keeping older relatives in the household:^{10/}

This type of research would be particularly useful for developing countries that have the opportunity to preserve rather than restore a pattern of intergenerational living arrangements.^{10/}

In addition to formal research, there is also a growing need for information exchange about ideas and programs that work, and that are suitable for adoption or adaptation elsewhere. Steps toward this end have accelerated since the World Assembly. For example, at the first African Conference on Gerontology convened at the initiative of the Government of Senegal at Dakar in December 1984, a key recommendation was that national committees on aging be strengthened or established.

USAID, after due consideration, may find merit in steps to expedite information exchange. In international aging, the U.N. World Assembly was primarily a meeting of governmental representatives, and the triennial meetings of the International Association on Gerontology are primarily meetings of the scientific community. Another means of exchange is needed--that which makes accessible ideas and models that "seep up" from everyday work in the field. This is a key area of need that would benefit considerably from USAID attention.

CONCLUSION

Efforts to alert the nations of the world to varying forms of "the aging imperative" are on the increase, but they still are uphill. Very pressing problems of the moment seem to require immediate attention, but the fact is that all people in the world are aging, and the proportions and numbers of those already old are increasing dramatically in some areas and less visibly in others.

The following observation about the pace of transformation should also be considered:11/

Social changes are taking place in the developing world more rapidly and in a shorter space of time than they did in the more developed countries. Rural development, new political systems, changes in education, technical and employment needs, advances in communication, medical and nutritional sciences, and a wide variety of other changes are taking place at an unprecedented rate in the more traditional societies of the developing world. The more developing countries have had many decades and, in some cases, centuries to adapt to such changes; many developing nations have had to cope with them in a relatively few years. In both the developed and the developing world, however, these changes have had striking effects on society as a whole, as well as on the aging persons themselves. (emphasis added)

The hope is that even in the face of vast change that nations will recognize the inevitability--and potentially positive effects--of the aging revolution. As the U.N. Secretary-General told the World Assembly on Aging:12/

This is, in fact, one of the few occasions when an issue of global impact and importance is being faced by the international community at a relatively early stage--before it is too late. The process of aging, to the extent that it is a problem, can be faced in a positive and constructive manner, if it is recognized and dealt with in time. The whole purpose and thrust of this forward-looking assembly--its common pledge to meet the problems and make the best out of the challenges before us--is the most encouraging message we can convey to the international community. (emphasis added)

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APPENDIX ONE**ESTIMATED AND PROJECTED TOTAL POPULATION
AND NUMBERS OF PERSONS AGED 60 AND OVER
BY REGION, SUBREGION, AND NATIONS****AFRICA, ASIA and the PACIFIC
LATIN AMERICA and the CARIBBEAN****(For the Years 1960, 1980, 2000, 2020, 2025)**

SOURCE: United Nations Department of International
Economic and Social Affairs.
Periodical on Aging. Vol.1, No.1, 1984.
(Published in 1985)

AFRICA

ESTIMATED AND PROJECTED TOTAL POPULATION AND NUMBERS OF PERSONS AGED 60 AND OVER, AFRICAN SUBREGIONS AND COUNTRIES, 1960, 1980, 2000, 2020, 2025 (IN THOUSANDS).

REGION OR COUNTRY	TOTAL POPULATION					PERSONS AGED 60 AND OVER				
	1960	1980	2000	2020	2025	1960	1980	2000	2020	2025
AFRICA	277,541	475,983	877,439	1,489,229	1,642,903	14,402	23,237	41,872	81,041	98,215
EASTERN AFRICA (a)	76,025	136,658	266,238	478,233	531,365	3,392	5,884	11,196	22,209	26,893
Burundi	2,927	4,052	6,951	10,366	11,047	148	216	363	614	722
Comoros	215	392	715	1,014	1,076	10	18	33	66	80
Ethiopia	20,021	32,012	58,407	101,101	111,983	873	1,375	2,525	4,894	5,814
Kenya	7,903	15,766	38,534	74,129	82,850	328	508	1,147	2,775	3,497
Madagascar	5,362	8,704	15,552	26,774	29,663	270	476	827	1,441	1,688
Malawi	3,529	5,969	11,669	20,943	23,187	149	232	449	894	1,077
Mauritius (a)	640	955	1,298	1,559	1,606	27	48	109	228	285
Mozambique	6,546	12,094	21,779	36,258	39,705	328	649	1,155	2,038	2,414
Reunion	332	525	685	805	825	16	30	63	135	163
Rwanda	2,753	5,144	10,565	19,943	22,161	113	210	416	817	1,012
Somalia	2,271	4,612	7,079	11,949	13,204	115	282	394	566	686
Uganda	6,562	13,179	26,774	47,411	52,334	282	543	1,040	2,235	2,731
United Rep. of Tanzania	10,026	18,867	39,129	74,539	83,805	441	714	1,501	3,138	3,839
Zambia	3,141	5,648	11,237	21,138	23,800	126	243	474	964	1,173
Zimbabwe	3,604	7,360	15,132	28,992	32,660	159	323	641	1,343	1,638
MIDDLE AFRICA (a)	34,940	54,614	96,072	165,222	183,477	1,847	2,845	4,903	9,056	10,706
Angola	4,816	7,723	13,234	22,278	24,473	229	381	644	1,131	1,329
Central African Rep.	1,605	2,290	3,736	6,110	6,724	108	143	212	348	404
Chad	3,064	4,477	7,304	11,906	13,115	187	261	405	681	798
Congo	972	1,529	2,646	4,534	5,050	52	83	140	246	290
Equatorial Guinea	252	352	559	865	937	20	24	34	55	63
Gabon	867	1,074	1,611	2,835	3,273	79	101	136	192	212
Rep. of Cameroon	5,545	8,554	14,424	23,177	25,234	301	527	819	1,432	1,688
Zaire	17,755	28,532	52,410	93,260	104,387	867	1,323	2,506	4,957	5,904
NORTHERN AFRICA (a)	65,133	108,150	185,671	273,643	294,994	3,797	6,246	10,820	21,102	26,135
Algeria	10,800	18,667	35,194	52,981	57,344	633	1,077	1,754	3,548	4,509
Egypt	25,940	41,251	65,200	91,179	97,391	1,791	2,818	4,580	8,628	10,504
Libyan Arab Jamahiriya	1,349	2,974	6,072	10,043	11,057	80	111	282	632	735
Morocco	11,626	20,050	36,325	55,307	59,859	503	972	1,864	3,803	4,905
Sudan	11,165	18,681	32,926	50,944	55,379	523	836	1,604	3,224	3,849
Tunisia	4,221	6,393	9,725	12,852	13,599	264	424	722	1,243	1,601
SOUTHERN AFRICA	20,792	32,766	54,456	83,623	90,673	1,496	2,007	3,292	6,098	7,250
Botswana	481	908	1,865	3,599	4,057	23	30	65	152	191
Lesotho	871	1,339	2,251	3,684	4,055	54	76	131	233	273
Namibia	820	1,349	2,382	3,916	4,286	44	69	121	224	267
South Africa	18,281	28,612	46,918	70,652	76,332	1,359	1,804	2,926	5,396	6,408
Swaziland	338	558	1,041	1,771	1,943	16	27	49	92	110
WESTERN AFRICA (a)	80,651	143,796	275,002	488,508	452,594	3,871	6,254	11,638	22,575	27,232
Benin	2,251	3,472	6,381	11,051	12,166	225	168	271	503	599
Burkina Faso	4,279	6,174	10,542	17,702	19,488	203	288	506	900	1,060
Cape Verde	195	300	382	445	457	9	17	32	70	84
Gambia	374	583	898	1,385	1,500	23	30	45	75	88
Ghana	6,772	11,457	21,923	34,954	37,748	286	521	992	1,993	2,425
Guinea	3,271	4,832	7,935	12,744	13,906	193	233	400	703	818
Guinea-Bissau	540	809	1,241	1,939	2,141	31	55	80	123	140
Ivory Coast	3,731	8,247	15,581	25,771	28,134	300	393	763	1,388	1,639
Liberia	1,047	1,871	3,564	6,131	6,763	55	93	164	307	366
Mali	4,636	7,009	12,363	19,739	21,368	197	319	556	996	1,190
Mauritania	981	1,631	2,999	5,254	5,901	45	76	130	245	294
Niger	3,234	5,311	9,750	17,114	18,940	284	298	391	770	918
Nigeria	42,305	80,555	161,930	301,773	338,105	1,651	3,196	6,350	12,787	15,599
Senegal	3,041	5,708	10,036	17,137	18,928	150	274	473	861	1,018
Sierra Leone	2,475	3,296	4,868	7,251	7,805	135	166	259	427	486
Togo	1,514	2,534	4,599	8,100	9,024	84	129	226	425	507

SOURCE: Derived from World Population Prospects: Estimates and Projections as Assessed in 1982 (United Nations publication, Sales No. 83.XIII.5).

NOTE: Figures may not add to totals because of rounding.

ASIA AND THE PACIFIC

ESTIMATED AND PROJECTED TOTAL POPULATION AND NUMBERS OF PERSONS AGED 60 AND OVER, ASIA AND THE PACIFIC SUBREGIONS AND COUNTRIES, 1960, 1980, 2000, 2020, 2025 (IN THOUSANDS).

REGION OR COUNTRY	TOTAL POPULATION					PERSONS AGED 60 AND OVER				
	1960	1980	2000	2020	2025	1960	1980	2000	2020	2025
ASIA (excl. Western Asia)	1,609,717	2,492,858	3,375,395	4,065,910	4,196,711	93,503	160,673	293,330	529,226	818,115
EAST ASIA	801,121	1,182,510	1,470,036	1,662,029	1,696,050	48,115	91,843	162,122	283,899	322,980
China	667,322	1,002,803	1,255,656	1,428,860	1,460,086	37,678	72,815	127,389	234,036	270,469
Japan	94,096	116,701	127,683	128,586	127,600	8,340	15,020	26,626	34,133	33,715
Hong Kong	3,075	5,039	6,894	7,756	7,877	149	506	910	1,680	1,947
Democratic People's Rep. of Korea	10,526	17,892	27,256	35,785	37,556	566	1,028	1,912	3,956	4,715
Republic of Korea	25,003	38,124	49,485	56,902	58,556	1,320	2,371	5,077	9,684	11,642
Mongolia	931	1,663	2,673	3,674	3,888	54	85	174	340	409
SOUTH EASTERN ASIA (1)	224,885	361,683	519,707	657,674	684,721	11,952	19,228	36,200	70,741	85,378
Burma	21,780	34,818	55,186	77,221	82,153	1,236	2,061	3,550	6,214	7,561
Democratic Kampuchea	5,433	6,400	9,918	12,048	12,526	247	277	563	1,274	1,522
East Timor	500	581	876	1,096	1,144	22	26	51	94	113
Indonesia	96,194	150,958	204,486	247,589	255,334	5,014	8,010	15,005	27,215	32,584
Lao People's Democratic Republic	2,355	3,901	6,213	8,683	9,217	93	191	347	635	750
Malaysia	8,205	13,870	20,615	26,010	26,942	497	797	1,460	3,203	3,939
Philippines	27,904	48,317	74,810	97,699	102,318	1,428	2,235	4,768	11,148	13,591
Singapore	1,634	2,415	2,976	3,206	3,207	61	174	321	730	840
Thailand	26,867	46,455	66,115	83,132	86,282	1,365	2,307	4,488	9,966	12,150
Viet Nam	33,932	53,740	78,129	100,520	105,103	1,984	3,138	5,622	10,211	12,267
SOUTHERN ASIA (2)	583,711	948,665	1,385,652	1,746,207	1,815,940	33,436	49,602	95,008	174,586	209,757
Afghanistan	10,016	14,607	24,180	33,953	35,937	440	604	1,013	1,885	2,247
Bangladesh	51,585	88,219	145,800	205,999	219,383	3,333	4,566	6,636	12,556	15,505
Bhutan	867	1,280	1,893	2,537	2,662	46	68	113	198	229
India	431,463	688,956	961,531	1,154,456	1,188,504	24,375	36,719	73,818	132,289	157,815
Iran (Islamic Republic of)	20,301	38,790	65,549	90,799	96,166	833	1,998	3,562	8,144	9,969
Nepal	9,404	14,667	23,048	32,023	33,946	563	694	1,299	2,337	2,473
Pakistan	50,093	87,172	142,554	200,715	212,811	3,282	3,988	6,700	13,391	17,240
Sri Lanka	9,889	14,818	20,843	25,369	26,152	559	957	1,849	3,499	4,216
OCEANIA	15,782	23,030	30,403	37,796	39,507	1,708	2,644	3,836	6,181	6,923
Australia (3)	10,315	14,719	18,668	22,574	23,508	1,263	1,964	2,813	4,404	4,661
New Zealand	2,372	3,169	3,693	4,121	4,201	290	414	529	841	942
Papua New Guinea	1,920	3,231	5,292	7,645	8,205	94	171	307	578	657
Other Melanesia (4)	269	491	873	1,285	1,380	18	22	49	95	117
Micronesia (5)	202	325	437	512	522	10	18	28	50	57
Fiji	394	630	821	927	942	15	32	64	138	162
Polynesia (6)	310	465	619	732	749	18	23	46	74	87

SOURCE: Derived from World Population Prospects: Estimates and Projections as Assessed in 1982 (United Nations publication, Sales No. 83.XIII.5).

NOTE: Figures may not add to totals because of rounding.

LATIN AMERICA AND THE CARIBBEAN

75

ESTIMATED AND PROJECTED TOTAL POPULATION AND NUMBERS OF PERSONS AGED 60 AND OVER, LATIN AMERICA AND THE CARIBBEAN SUBREGIONS AND COUNTRIES, 1960, 1980, 2000, 2020, 2025, (IN THOUSANDS).

REGION OR COUNTRY	TOTAL POPULATION					PERSONS AGED 60 AND OVER				
	1960	1980	2000	2020	2025	1960	1980	2000	2020	2025
LATIN AMERICA	216,794	362,130	549,971	741,910	786,584	12,260	23,312	41,768	90,504	96,294
CARIBBEAN	20,398	29,548	40,833	54,343	57,685	1,417	2,392	3,613	6,216	7,557
Barbados	231	254	307	361	372	23	33	35	64	78
Cuba	7,029	9,732	11,718	13,307	13,575	529	1,016	1,520	2,320	2,752
Dominican Republic	3,224	5,558	8,407	11,465	12,154	196	249	513	1,144	1,434
Guadeloupe	275	318	338	387	400	20	30	45	56	72
Haiti	3,723	5,809	9,860	16,438	18,312	230	323	478	850	1,025
Jamaica	1,629	2,170	2,849	3,504	3,671	108	185	217	399	559
Martinique	285	312	338	383	376	20	32	47	57	75
Puerto Rico	2,358	3,199	4,212	5,050	5,219	181	358	499	823	956
Trinidad and Tobago	843	1,068	1,321	1,596	1,656	50	83	140	239	283
Windward Islands (1)	319	399	525	679	712	28	26	32	84	109
Other Caribbean (2)	483	730	958	1,173	1,216	33	56	89	180	215
CENTRAL AMERICA (3)	49,523	92,294	149,557	208,745	222,590	2,519	4,697	9,168	19,599	24,011
Costa Rica	1,236	2,279	3,596	4,837	5,099	59	125	232	589	719
El Salvador	2,574	4,797	8,708	13,769	15,048	121	245	485	1,037	1,276
Guatemala	3,966	7,262	12,739	19,818	21,717	172	326	734	1,565	1,899
Honduras	1,943	3,691	6,978	11,972	13,293	71	163	347	730	906
Mexico	37,073	69,393	109,180	145,956	154,085	1,962	3,600	6,852	14,614	17,912
Nicaragua	1,493	2,771	5,261	8,435	9,219	58	108	247	581	722
Panama	1,148	1,956	2,893	3,701	3,862	71	123	228	458	548
TEMPERATE SOUTH AMERICA (4)	30,741	42,252	55,496	67,489	70,056	2,640	4,702	6,939	9,977	10,886
Argentina	20,616	28,237	37,197	45,565	47,421	1,820	3,376	4,914	6,710	7,172
Chile	7,585	11,104	14,934	18,141	18,758	520	899	1,471	2,645	3,038
Uruguay	2,538	2,908	3,364	3,782	3,875	300	426	553	623	676
TROPICAL SOUTH AMERICA (5)	116,133	198,036	304,085	411,333	436,253	5,683	11,521	22,047	44,712	53,930
Bolivia	3,428	5,570	9,724	16,401	18,294	182	290	489	910	1,077
Brazil	72,594	121,286	179,487	233,817	245,809	3,476	7,473	14,352	28,370	33,882
Colombia	15,538	25,794	37,999	49,259	51,718	746	1,433	2,589	5,407	6,606
Ecuador	4,422	8,021	14,596	23,327	25,725	261	424	779	1,589	1,935
Guyana	569	865	1,196	1,499	1,562	29	49	84	199	256
Paraguay	1,778	3,168	5,405	7,930	8,552	94	171	303	665	810
Peru	9,931	17,295	27,952	38,647	41,006	560	956	1,853	3,870	4,697
Suriname	290	352	423	574	612	18	22	27	35	57
Venezuela	7,550	15,620	27,207	39,755	42,846	315	698	1,564	3,653	4,494

 SOURCE: Derived from World Population Prospects: Estimates and Projections as Assessed in 1992 (United Nations publication, Sales No. 93.XIII.5).

NOTE: Figures may not add to totals because of rounding.

APPENDIX TWO**PROFILE OF THE AGING IN THE UNITED STATES**

Prepared by

**American Association for International Aging
Statistics from a variety of sources, including
Census Bureau
American Association of Retired Persons
Older Women's League**

PROFILE OF THE AGING IN THE UNITED STATES

- Total US population July 1, 1984: 236,681,000
- Median age: 31.2 years old

Persons 65+ years of age (1983 statistics)

- **Numbers and percentages**
 27.4 million persons (11.7% of the population)
 compare to: 1900 3.1 million persons (4.1% of the population)
 1960 16.7 million persons
 1983 27.4 million persons (11.7% of the population)
 2000 34.9 million persons (13.0% of the population)
 2030 64.6 million persons (21.2% of the population)
- **Gender breakdowns**
 Of the 27.4 million:
 16.4 are older women, 40% married, 7.7 million widows
 11.0 are older men, 79% married, 1.4 million widowers
 Average ratio: 149 women to every 100 men but this increases with
 age--for persons over 85: 241-100
- **Life expectancy**
 In 1982, persons reaching age 65 had an average life expectancy of
 an additional 16.8 years (18.8 for women; 14.4 for men)
- **Income for 65+ population**
 Median income:
 \$9,766 for men
 5,599 for women
 Median income for persons 65+ living alone: \$6,938
- **Poverty**
 3.7 million of the 35+ population live below the poverty level (in
 1983, poverty level was \$4,775 for an older individual); this
 totals 14.1% of the population, or 1 in every 7 persons.
 An additional 2.2 million persons live in "near poverty" (125%
 of the poverty line).
 Together this totals 22% of the 65+ population.

		Men	Women
Poor Whites	12%	8.2%	14.7%
Poor Blacks	36%	28.3%	41.7%
Poor Hispanics	23%	22.3%	23.7%
Poor living alone	26%		

- **Employment**
 12% or 3 million of the 65+ population are in the labor force
 (this is 3% of the labor force)
 (1.8 million men; 1.2 million women)
 (1/2 of these work part-time)

APPENDIX THREE

**MESSAGE SENT BY PRESIDENT RONALD REAGAN
TO THE U.N. WORLD ASSEMBLY ON AGING
JULY 1982**

THE WHITE HOUSE
WASHINGTON

July 22, 1982

I appreciate the opportunity to extend greetings to delegates attending the United Nations World Assembly on Aging.

This Assembly represents a timely and farsighted effort on the part of the world community of nations to address one of the more remarkable phenomena of our times. Thanks to unprecedented advances in medicine, nutrition, and economic development, more people than ever before in history can enjoy the prospect of becoming senior members of society and of enjoying long and productive lives.

This development is most welcome, but it poses a number of social and economic questions with which we must deal. Older persons must have a secure place in society. They must be given the opportunity to contribute both socially and economically. Above all, they must not be denied the dignity that comes from being wanted, needed, and respected.

The challenges of ensuring a productive place in society for our older citizens are already upon us, and these challenges are fast growing in magnitude. The task before the World Assembly on Aging is not simple, and it must be undertaken vigorously and with a sense of purpose. That task is to identify and define the many questions surrounding a rapidly aging world population and to point the way to the answers or solutions that will effectively meet future challenges and promote the highest values of human freedom and dignity.

The United States has strongly supported preparation for this World Assembly, and we will continue to work with the other member nations for the betterment of this important, growing part of our world population.

I send my very best wishes to you for success in the very essential work you are undertaking.

Ronald Reagan

APPENDIX FOUR
STATES REPRESENTED
AT THE
1982 U.N. WORLD ASSEMBLY ON AGING

NOTE: Many attending nations
submitted national reports
summarizing programs and
problems related to aging

STATES REPRESENTED

Afghanistan	Greece	Peru
Algeria	Guatemala	Philippines
Angola	Guinea	Poland
Argentina	Guinea-Bissau	Portugal
Australia	Haiti	Republic of Korea
Austria	Holy See	Romania
Bahrain	Hungary	Rwanda
Bangladesh	Iceland	San Marino
Belgium	India	Saudi Arabia
Benin	Indonesia	Senegal
Botswana	Iran	Seychelles
Brazil	Iraq	Spain
Bulgaria	Ireland	Sri Lanka
Burundi	Israel	Sudan
Byelorussian Soviet Socialist Republic	Italy	Suriname
Canada	Ivory Coast	Swaziland
Cape Verde	Jamaica	Sweden
Central African Republic	Japan	Switzerland
Chad	Jordan	Syrian Arab Republic
Chile	Kenya	Thailand
China	Kuwait	Togo
Colombia	Lebanon	Trinidad and Tobago
Congo	Lesotho	Tunisia
Costa Rica	Liberia	Turkey
Cuba	Libyan Arab Jamahiriya	Ukrainian Socialist Republic
Cyprus	Luxembourg	Union of Soviet Socialist Republics
Czechoslovakia	Malawi	United Arab Emirates
Democratic Kampuchea	Malaysia	United Kingdom of Great Britain and N.Ireland
Democratic Yemen	Maldives	United Republic of Cameroon
Denmark	Mali	United Republic of Tanzania
Djibouti	Malta	United States of America
Dominican Republic	Mauritius	Upper Volta
Ecuador	Mexico	Uruguay
Egypt	Morocco	Venezuela
El Salvador	Mozambique	Viet Nam
Ethiopia	Netherlands	Yemen
Finland	New Zealand	Yugoslavia
France	Nicaragua	Zaire
Gabon	Niger	Zambia
Gambia	Nigeria	
German Democratic Republic	Norway	
Germany, Federal Republic of	Pakistan	
	Panama	