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**ISSUES OF AGING IN DEVELOPING COUNTRIES**

Recommendations of the Research  
Advisory Committee to AID

Meeting of  
January 15, 1988

February 23, 1988

## INTRODUCTION

The recommendations of the AID Research Advisory Committee to AID on the issues of aging in developing countries are largely based on a report issued by a Panel of the Board on Science and Technology for International Development (BOSTID), National Research Council (NRC). It was prepared after a one-day technical discussion held in Washington, D.C., on December 4, 1987, at the request of the Office of Research and University Relations of the Bureau for Science and Technology, Agency for International Development (AID) under terms of a contract for advisory inputs into deliberations of the AID Research Advisory Committee (RAC). These recommendations were then finalized by a discussion at the AID Research Advisory Committee meeting held on January 15, 1988 in Washington, DC.

The Panel members, the NRC, RAC and AID itself recognize that a one-day discussion can only begin to explore the range and depth of the many significant issues on aging in developing countries that merit attention. The goal of the Panel meeting was to ask questions, point out some of the problems, and suggest opportunities in a discussion among knowledgeable experts in the fields of demography, health, epidemiology, and a broad spectrum of the social sciences. The report is neither a definitive statement on the issues nor a comprehensive listing of major problem areas that are worthy of attention by AID and other groups concerned with aging and its effects upon development. The report and RAC recommendations seek to be responsive to questions raised by AID in its request to the NRC and thereby contribute to a

heightened awareness of the dimensions of aging in the social and economic development context.

Annex A of this document lists the NRC panel members and the resource persons from AID, the National Institute on Aging and from Boston University who participated in the discussion meeting.

In its request for the review on issues of aging in the developing countries, AID provided the NRC panel with a background document entitled "Aging in the Developing World: AID's Response to an Emerging Problem." In addition to asking for comments on that document, four problem areas were suggested as the priorities for the Panel and RAC to address. These were:

- o What priority should AID give to the topic of aging of human populations in developing countries in its research program? Is research the most appropriate contribution AID can make on this subject?
  
- o Assuming that AID will undertake a substantial research agenda on aging, should the major emphasis be on social and economic topics as proposed in the background report or should greater emphasis be given to issues such as medical and nutrition problems of the elderly in developing countries? Generally, what research topics should be included on such an agenda and how should they be prioritized?

- o What are the best mechanisms for AID to support research on aging? Should AID attempt to build expertise in one or two LDC institutions or sponsor research mainly on U.S.A.. campuses? Is support of research programs at international research organizations a more effective way to support aging studies? More generally, is there need for institution building related to research on aging? Should priority be given to the training of LDC researchers on aging?
  
- o Are there many opportunities for collaboration with other research programs in this area?

#### **General Issues: Aging in Developing Countries**

With the elderly populations of many Asian, Latin American, and Caribbean countries doubling in the next 25 years, there is a clear need to anticipate the positive and negative consequences for social and economic development of this byproduct of successful AID programs to reduce fertility and mortality. In fact it is in those countries where economic progress has been most notable that the aging problem has emerged more prominently. Although the proportions of these populations that are elderly are not as high as those of more developed countries, the sheer numbers of older persons, the speed of population aging, and the fact that aging is occurring at a relatively low level of economic development, all indicate the importance of studying aging in less developed countries. Furthermore, because of the lifetime of hard physical labor and inadequate health care and nutrition of many individuals in less developed

countries, functional disabilities and lower productivity may be manifested at an age earlier than 60 or 65 years (the usual lower limits used in defining aged populations in international comparisons). Since concerns of the elderly center around maintaining social and physical function, provision of social, economic, and health services are inextricably linked. Therefore, the implications for economic growth and demand for public services may be considerable.

The Panel and the RAC noted with satisfaction AID's concern for increasing significance of aging in developing countries and its recognition that the effects of population aging are likely to cut across a variety of sectors in each country, as indicated in its background document, "Aging in the Developing World: AID's Response to an Emerging Problem." The paper generally endorses a program of action in which AID, among other U.S. organizations both public and private, ought to be involved. An important issue is highlighted in this document - regional differences. A copy of the document is attached as Annex C.

AID's endorsement was given in spite of the perception, voiced in response to its inquiries of country missions, that there is generally not a problem of care for older citizens of less developed countries since families traditionally assume that role. A closer look at economic and social forces shows the traditionally rural families are increasingly required to send the younger people to the cities in order to seek work. Migration, urbanization, industrialization, and increased female labor force participation are making it increasingly difficult for families alone to meet the growing demand for care of the

elderly. With survival to old age a greater likelihood, not only are the number of elderly increasing, but also there may be a prolonged period of need for care. As a result, there may be increasing pressure for government to take over some of the traditional functions of the family. Although some members of RAC feel strongly that some AID efforts should be directed at maintaining the family structure intact, there was a majority opinion that such effort is unlikely to be realistic.

Accordingly, AID's recognition of the potentially very important role that it can play in increasing sensitivity to aging issues among leaders of less developed countries is to be commended. The Panel and RAC agree that it is essential to disseminate the results of baseline data collection efforts on the elderly, but caution that a thorough search for and review of existing data sets, e.g., censuses, surveys, and epidemiological studies, be conducted before launching major new data collection efforts. Illustrative of the extent of available data is the partial list in Annex B of recent internationally-coordinated, but locally-implemented surveys of the elderly in Asia, Latin America, and the Caribbean. The research represented by this list is indicative that there may already be significantly more interest and activity in aging in less developed countries than was reported by the AID missions in response to AID/Washington's inquiries. AID may find it useful to engage data quality experts to review the existing data, particularly to help assess the adequacy of survey data.

The tasks of overseeing the collection and dissemination of baseline information, monitoring development of government awareness, policies, and programs, and managing a

multisectoral research program, as suggested in the background document and discussed in the next section, are formidable. The complexity of those tasks and their associated issues suggests the need for a formal institutional focal point on aging within AID, as opposed to simply relying on each sector of interest within AID to address some of its resources to aging. The latter arrangement could result in aging falling between the cracks or in the perception that aging is an issue in only one sector, e.g., health. A formal coordinating office within AID might avoid these pitfalls and could also play a critical role in the development of a long-term strategy on aging in less developed countries. The RAC suggests that this role be assumed by a designated person or ombudsman within the existing administrative structure of AID. The analysis of AID projects for "social soundness" could add "impact on the elderly population" as a consideration. The AID background document suggests that both short- and long-term strategies are required, but perhaps not surprisingly at this early stage of the Agency's involvement in aging issues, the document specifies only a short-term strategy.

#### **Priorities in Aging Research**

In the formation of a research program on aging in less developed countries, the Panel recommends and RAC confirms that the following steps be taken:

- (1) Conduct appropriate analysis of available data and examine short and long term implications of those results in forecasts and simulations of appropriate sectors (e.g., economic, health). Facilitate

dissemination of the quality and scope of results to policymakers and ensure availability of basic data to researchers.

- (2) On the basis of (1), identify issues and problems for further research.
- (3) Develop methodology to address the relevant issues and problems identified in (2), with particular attention to cultural and country-specified concerns, and collect data as necessary.

In practice, the above are not necessarily discrete steps in the specified order, but represent a continuing process. An additional general recommendation on research is that care be taken to recognize within each country the heterogeneity of older persons and their situations, especially as they differ between urban and rural areas.

The Panel suggests and RAC confirms the need for two general types of research on aging in less developed countries: a macro approach to investigate the current and future consequences of aging and a micro approach to investigate the aging experience at the individual level. The results of the former can be used to raise the awareness of aging issues among policymakers in developing countries and to inform their decisions on the allocation of resources to programs addressing aging issues. The results of the latter are essential to understanding the mechanisms by which individual well-being can be improved, to designing appropriate interventions, and to providing parameter estimates critical to macro-level research and development planning.

Specific macro-level research issues are as follows:

- (1) The effects of aging on economic development.
  - a. The elderly as consumers--financial and time resources allocated both publicly and privately; dependency.
  - b. The elderly as producers--implications for productivity, wages, unemployment, and advancement opportunities for the young.
  - c. Health sector development--implications for sectoral investment, importation of equipment and commodities, and capacity to spend on development projects.
  - d. Development income security--private and public pensions and their long-run viability and effectiveness in providing economic support.
- (2) Implications of aging for the agricultural sector.
  - a. Transfer of land ownership to younger generation--possible delay due to prolonged survival of the elderly as contrasted with less subdivision due to smaller families and fewer offspring.
  - b. Technological innovation--possible effect on pace of change due to lower educational attainment of elderly, not necessarily greater conservatism.

- c. Migration as a cause of local-area aging--effects of out-migration of young.

Specific micro-level issues are as follows:

(1) Health

- a. Risk factors for disease and functional decline with attention to the physical and occupational environment as a determinant.
- b. Implications of health status--consequences for consumption and productivity and for health sector development (see macro level). However, there should not be effort directed to the study of specific diseases of the elderly.

(2) Family and community relations

- a. Interactions of the elderly with family and community in terms of financial, time, and emotional exchange--attitudes and behavior.
- b. Family availability/living arrangements in relation to health of the elderly and their role as consumers (see macro level).
- c. The structure of rights and obligations of families and individuals with respect to aging, including cultural, moral, familial, institutional, and legal aspects.

(3) Economic needs and resource

- a. Work and retirement--attitude and behavior; consequences for the macro level.
- b. Income, expenditures, and savings--relate to development of income security (see macro level).

Given the limited amount of time available to it, the Panel and the RAC could not set priorities among the various topics. In any case, given the variety of situations in the less developed countries and the early stage of research on aging in these countries, it would be premature to set an overall priority for one particular research topic. In this regard, the Panel and the RAC reiterate their pleasure in the multifaceted approach to aging issues that is manifested in the AID background document, as well as the sensitivity expressed to the specific conditions of individual countries (Annex C).

**Balance Between Research and Technical Assistance**

The Panel recommends and the RAC confirms that as a short-term strategy, the bulk of AID effort on aging in less developed countries be focused on research, since the results of such research will be critical in raising the awareness about aging and in subsequent policy formulation. Nevertheless, it would be appropriate also for AID, among other donors, to allocate some effort to the dissemination of knowledge and to training a small core of professionals, perhaps in the course of research collaboration, who can later be called upon to provide the necessary expertise on aging issues within their own countries. The RAC emphasizes that this training should not be an extensive program and

that only that which is essential to conduct the research is appropriate. Furthermore, there may be some role for AID in evaluating current pilot service projects undertaken by private and public organizations and in facilitating improvements in their design.

### **Mechanisms**

Given the suggested emphasis on research and the early stage of work in this area, the Panel suggests and the RAC agrees that collaboration between researchers in the United States and less developed countries may be the best means by which to accomplish the research agenda. Moreover, some countries are seeking ways to deal with aging that are very different from patterns in the West and in Japan, using approaches more consistent with their own customs and traditions. An important benefit of collaborative research with those countries may be to help adapt successful approaches to U.S. situations. The RAC wishes to emphasize that programs for the aging must be tailored to the local situation.

Where appropriate, it may also be useful to collaborate with international research organizations that have already been involved in baseline data collection. In identifying and mobilizing American talent in this area, AID may find it valuable to draw upon the expertise in managing research on aging that exists within the National Institute on Aging and other public and private U.S. organizations.

### **Conclusion**

The Panel and the RAC congratulate AID on its timely attention to and understanding of the broad ramifications of

aging in less developed countries. While both the Panel and the RAC recognize that aging is only one of many issues of concern to AID, its multisectoral nature and the inevitability of associated problems argue for a well-coordinated, forward-looking effort within AID. Expenditure, planning and coordination now on aging issues will allow a careful controlled development of policies and programs, rather than a crisis reaction at a later date.

Annex A

NATIONAL RESEARCH COUNCIL

Discussion Meeting on Issues on Aging in Developing Countries  
for the  
Agency for International Development  
Research Advisory Committee

Friday, December 4, 1987

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Annex B

International Surveys of the Elderly in LDCs\*

Association of Southeast Asian Nations: Indonesia, Malaysia, Philippines, Singapore, and Thailand (analysis stage)

Pan American Health Organization: Argentina, Barbados, Brazil, Chile, Colombia, Costa Rica, Cuba, El Salvador, Guyana, Honduras, Jamaica, Trinidad, and Venezuela (nine of the thirteen have completed data collection)

World Health Organization/Eastern Mediterranean: Bahrain, Egypt, Jordan, Pakistan, Tunisia (questionnaire being drafted; early 1988 surveys)

World Health Organization/Southeast Asia: possibly Bangladesh, Burma, India, and Sri Lanka (proposed, but not funded)

World Health Organization/Western Pacific: Fiji, Korea, Malaysia, and the Philippines (completed)

United Nations Economic and Social Commission for Asia and the Pacific: China, Malaysia, Korea, and Sri Lanka (planning stage)

United Nations University: Brazil, Egypt, India, Republic of Korea, Singapore, Thailand, and Zimbabwe (analysis stage)

\* A partial list of studies and surveys internationally-coordinated, but locally-implemented; prepared December 1987.

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