
ROUTLEDGE STUDIES IN SOCIAL WELFARE IN ASIA
Active Ageing in Asia
Edited by
Alan Walker and
Christian Aspalter
ROUTLEDGE

Active Ageing in Asia

East Asian societies are changing rapidly, and one of the most important facets of this transformation is population ageing. "Active ageing" is one of the few concepts available today to effectively address the problems arising from a highly aged and, particularly in East Asia, fast-ageing society, offering a new social policy paradigm to redirect and innovate new social policies, particularly social services, social transfers, social regulations and laws, towards more investment in and support of the fast-rising number of older citizens.

This book focuses on the experiences of East Asian societies where active ageing has been implemented. It presents a thorough analysis of the concept of active ageing and its potential and problems of implementations in different stages of development in East Asia, whilst providing theoretical clarity to, and broadening the concept of, active ageing. Further, the country-focused case studies explore how to design, pursue, measure and evaluate social policies, highlight the problems related to the implementation of the concept of active ageing in social policy and outline the practical implications of active ageing theory for policy making.

Active Ageing in Asia will appeal to students and scholars of social and public policy, social work, gerontology and health and social administration, as well as to policy makers working in the field.

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1 Introduction

Christian Aspalter and Alan Walker

As the first book on the topic of active ageing in East Asia we regard this project as exploratory. Thus we set out purposely to engage with countries that do not usually figure in global discussions about ageing as well as the one country, China, that will dominate them in the coming decades. The case of Japan is well known because, with Europe, it has led the global longevity revolution, so we decided not to repeat what is relatively well known. Instead we were more interested in the extent to which discussions about active ageing had penetrated other countries in the region: China, Taiwan, Hong Kong, Singapore and, in South-East Asia, Indonesia and Malaysia. In particular what measures had been introduced in the name of active ageing?

Why the focus on active ageing? As indicated at greater length in the next chapter active ageing is the main policy response to population ageing across the globe. Although, again as discussed in the next chapter, the concept means different things to different people and has been implemented in a variety of, often contradictory, ways; it has achieved global pre-eminence. This is due in large measure to the original effort made by the World Health Organization (WHO) to formulate a robust strategy that could be applied in a wide range of countries, North and South (an effort in which, to declare an interest, one of us was involved) (WHO, 2001, 2002) and to its subsequent promotion of the concept.

It is also likely to be due, it must be said, to its flexibility which may be seen as strength by some policy makers but, in practice, has proved to be a major weakness (Chapter 2). The fact that the active ageing concept was adopted by the UN's Madrid International Action Plan on Ageing (UN, 2002), which prioritized action on ageing in less developed countries, is also a key factor in its global prominence.

Ageing and development

In contrast to the European experience, where population ageing followed on from economic development, in the less developed countries these two major transformations are occurring simultaneously. Moreover, while the ageing of the world's oldest region, Europe, proceeded at a fairly leisurely pace, it is rapid

ageing that characterizes much of East Asia and China in particular. For example while it took the populations of Britain and France more than 100 years to achieve the transition from 'ageing' to 'aged' (i.e. from 7 per cent to 14 per cent aged 65 and over), China will take only 25 years.

Taking East Asia as a whole *and here defined in UN terms* to cover China, Hong Kong, Japan, North and South Korea and Mongolia; the percentage aged 65 and over will increase from 7.7 per cent in 2000, to 14.5 per cent in 2025 and 23.6 per cent in 2050. For those aged 80 and over the percentages are 1.2, 2.7 and 7.4 respectively. This transformation in the age structure of the East Asian population is captured in Figure 1.1.

Three of the countries included in this volume are classified by the UN as being part of South-East Asia: Indonesia, Malaysia and Singapore. In this sub-region population ageing will not be quite as rapid as in East Asia but, none the less, still far faster than previously experienced in Europe. The proportion aged 65 and over will increase from 4.7 per cent in 2000, to 8.4 per cent in 2025 and to 16.1 per cent in 2050. The proportion of those aged 80 and over will double in size between 2000 and 2025 and then nearly treble in size between 2025 and 2050. The following population pyramids illustrate the change in population structure in South-East Asia.

The above statistics emphasize the importance of rapid adjustment in East Asia to population ageing and, in particular, a development strategy that takes ageing into account. This pressing need is further emphasized by the other socio-demographic changes taking place in the wake of economic development, especially the transformation in the structure and functions of the family.

As pointed out in Chapter 2 the family is a central source of support in East Asia, including for older people. Shrinking family size (for whatever reason), family breakdown, geographical mobility (particularly rural to urban migration) and a nuclearization towards more inward-looking privatized family units all put pressure on traditional Confucian values and practical support systems. One indicator of the scale of this challenge is the worsening in the potential old-age support ratio, which is the number of people aged 15–64 per person aged 65 and over. Although a rather crude ratio it does provide some indication of the availability of informal support for older people. In East Asia the ratio will decline from 8.8 in 2000, to 4.7 in 2025 and 2.5 in 2050.

The twin challenges of ageing and development emphasize the potential significance of the active ageing strategy. As argued in Chapter 2 it has the potential to not only enable individuals to age in healthy and active ways that sustain their social participation but, also, to prevent unnecessary costs falling on society as basic social protection systems are being developed. This first stock-take of active ageing in East Asia reveals how far these potential advantages are being realized.

The twin challenge of societal ageing and economic development pose major challenges for governments in the West and the East, the North and the South. Figure 1.3 indicates a positive relationship between the ageing of society and lower rates of real growth of the economies concerned.

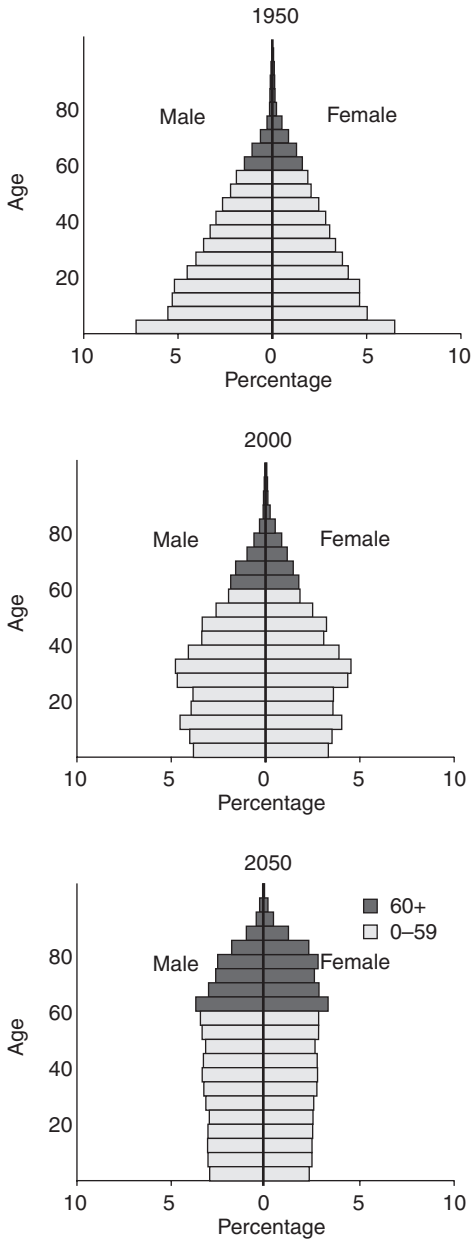

Figure 1.1 Population pyramids for East Asia (source: UN Department of Economic and Social Affairs (2014)).

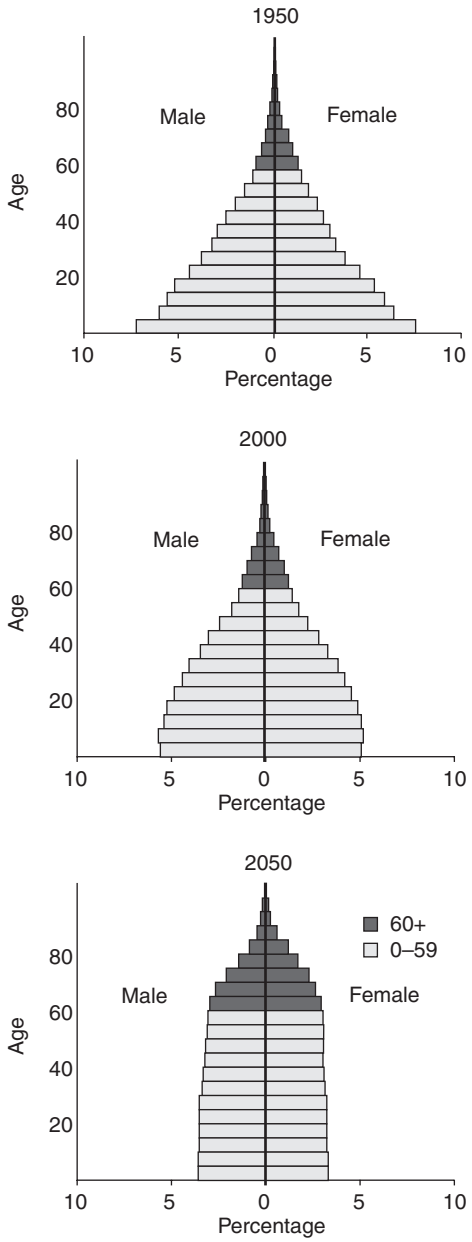

Figure 1.2 Population pyramids for South East Asia (source: UN Department of Economic and Social Affairs (2014)).

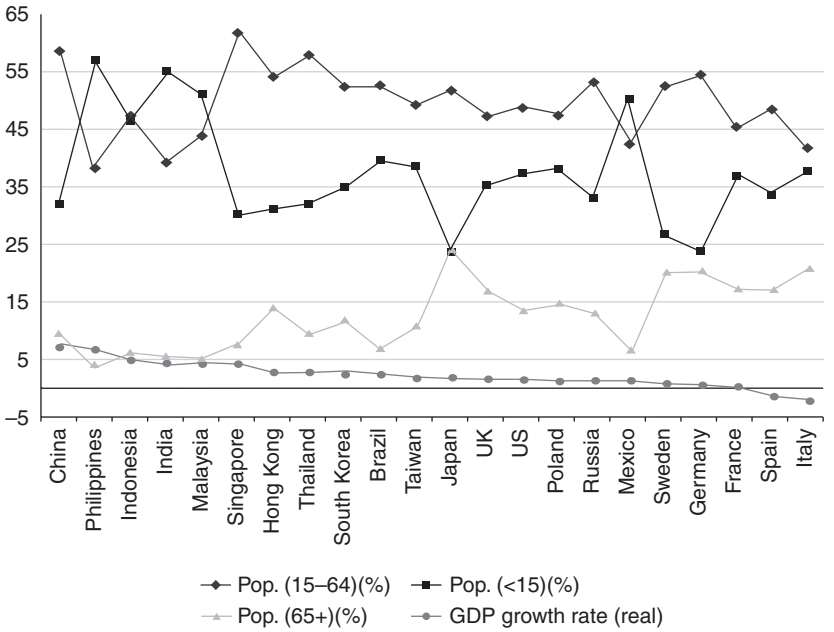

Figure 1.3 Real growth of GDP and age structure of the population (sources: CIA (2014), WB (2014), TE (2014)).

This trend has been worsened by unintended side-effects of reforms to the *Pay-As-You-Go pension systems* which pushed tens of millions of working-aged people to apply for early retirement to get better treatment, due to (i) the ongoing worsening of the pension formulas in frequent pension reforms, and (ii) the ongoing worsening of economic and demographic variables which now have been integrated into the pension formula, as they have a further reducing effect on pension payments.

Figure 1.3 above suggests no clear relationship between the size of working-age population and real GDP growth. However, there are other causal factors for economic growth, such as: (i) industrial structure – especially the size of the manufacturing economy (which induces the highest rates of economic growth; see Kaldor, 1966, 1967); (ii) high rates of *unemployment and underemployment*, as well as, very importantly; (iii) high *drop-out rates from the active labour market* (due to mental and physical ill-health, series of disappointment or failure to find work, personal and familial reasons, age discrimination, gender discrimination, ethnic discrimination, etc.); (iv) high rates of early retirement; (v) increasing years of education, especially in tertiary education (which is part of what is called 'hidden unemployment' due to delayed entry to the labour market due to expected periods of unemployment or low-paid employment, it is the consequence of the *insider-outsider problem* on formal labour markets, cf. Lindbeck and Snower, 1988; Lindbeck *et al.*, 1994), and so forth.

But, interestingly, the size of the younger population is a positive factor behind economic growth (cf. Figure 1.3), due to, for example, forward-looking investment decisions domestically and internationally, especially through *direct foreign investments* (DFIs) (cf. e.g. advertisements for direct foreign investment in Indonesia on CNN which argue directly with the very young population structure of Indonesia, cf. CNN, 2013). DFIs are designed to draw advantages from future economic growth and future growth potentials that are embedded in a young population structure. But, additional factors are necessary to turn a young population structure into high rates of real economic growth, such as, lower or low rates of corruption, peace and higher rates of security, lower or low rates of bureaucracy and taxation.

Therefore, we cannot conclude that it is the size of the older population that is changing economic development. It is one factor, but certainly not the only major one.

Summary of contents

The lead theory chapter (Chapter 2) written by Alan Walker brings theoretical clarity to the concept of active ageing contrasting it with similar, but different concepts such as productive ageing and successful ageing. Walker explains the need to apply a much more holistic approach in the conceptualization of active ageing, including a greater emphasis on religion, culture, social clubs, social rights, financial needs, quality of life and, last but not least, physical and mental health. The case study chapters of this book reflect this wider definition and conceptualization of active ageing, in a variety of different economic, social, cultural, religious and political contexts.

The core of this chapter devotes itself to the problems related to the implementation of the concept of active ageing in social policy across the board and across the world. Walker identifies a number of *key barriers* to the proper and successful realization of the full potential of the concept of active ageing. He especially focuses on conceptual, political, social, bureaucratic barriers, as well as the barriers of age discrimination and ageism and inequality (during old age and throughout the life course).

In addition, *seven guiding principles* for implementing active ageing policies are put forward by Walker, which include:

i activities should include all meaningful activities for the individual, the family, the community and society;
ii an active ageing strategy has to primarily focus on a preventative approach, hence, involving all groups of society active across all the life course;
iii a greater emphasis must be placed on the activation of all older people, especially also the frail and dependent;
iv intergenerational solidarity and fairness across different generations;
v both rights and obligations with respect to active ageing need to be taken into consideration;

vi participation and empowerment; as well as
vii respect for national and cultural diversity.

The respective country/case study chapters of this book have, with different accentuations, discussed these principles of and barriers to the successful implementation of active ageing policies.

In the next theory chapter (Chapter 3), Christian Aspalter works on the practical implications of active ageing theory in policy making and at programme level, by applying the normative theoretical umbrella of '*developmental social policy*' (DSP). Developmental social policy gives guidelines to general social policy making that can be pulled down or broken down to be applied in each specific field of social policy or area of study and policy making. He reviews the main principles and policy suggestions of DSP, and applies them to the study of active ageing. Aspalter explains (i) the need for progressive social change and proactive state intervention, (ii) the need for holistic application of active ageing in all areas of social policy, as well as (ii) the need to develop all people's individual human capabilities, social capabilities and cultural capabilities across all life stages.

Hence, successful active ageing strategies of social policy makers are to be applied in all fields of public policy and social policy, at all times. In addition, Aspalter focuses on the right choices in social policy that are efficient and effective, and do not lead to negative outcomes or negative, unwanted and many times unpredicted, side-effects (especially negative incentives). Aspalter explains the problems of the '*savings trap*' and '*poverty trap*' in the case of social assistance and social services when delivered with *asset- and means-testing* (AMT). There, DSP is calling for the need to replace all asset- and means-tested social assistance and social services with *universal benefits and services* (UBS) and/or *non-economically targeted* (NET) social assistance benefits and services.

Aspalter stresses the need to switch to the incorporation of more non-monetary social policies in times of long-term fiscal constraints of governments, adding more '*communicational social policies*' (that focus on changing behaviour by, for example, applying the method of '*social policy marketing*'), '*environmental social policy*' (using the environment or environmental policies tools to make social policy) and '*cultural social policies*' (using cultural activities and cultural social policies to make social policy), in the area of supporting and enabling active ageing throughout all stages of the life course and all corners of society. He also names numerous examples of how to apply DSP to active ageing policies and programmes on the ground, largely influenced by empirical reality and pioneering case studies that already exist out there, in different corners of the world.

The first case study chapter, Chapter 4, looks at the case of active ageing in South Korea. Choi Sung-Jae first describes the demographic, health care, employment and social participation status of older people in Korea, which, for practical reasons, is defined as the population aged 55 and above. In the Korean context people leave, and are forced to leave, the formal labour market earlier,

due to the dominant industrial model that was led by large corporations, the Chaebols. Choi explains that the traditional, Korean understanding of ageing was based on the concept of *living quietly after leaving the workplace* – quite a contrast to Western ideas of productive ageing, successful ageing and/or active ageing. He stresses the importance of not labelling older people as either productive or unproductive, successful or unsuccessful, active or not active.

Choi promotes the idea of a broadened concept of active ageing, including social, economic, health-promotional, cultural, spiritual and civic dimensions. As to policies on active ageing, Korea set up its first Five Year Policy Plan for Active Ageing in 2006, focusing mainly on stable income security, health and care, social participation and very importantly the building of an elder-friendly environment in terms of neighbourhood and close-by infrastructural development. For income security, new policies address the issue of employment promotion programmes for the elder workforce (50–65) and that part of the retired workforce that is still very fit to participate in the formal economy (65 and above), including flexible work and retirement arrangements. There are also educational and training programmes for the older generations, and very importantly, a policy concentration on combating discrimination of the elder workforce and the elderly people.

In Korea, policies for active ageing comprise also special health screening, oral hygiene promotion, comprehensive management of elderly people with dementia, as well as home and community care services for frail elderly people or elderly people with disabilities. Apart from health promotion policies, there are also volunteering promotion policies, learning activities promotion policies, and policies that focus on the establishment of multi-purpose senior centres, including senior club houses. Choi Sung-Jae concludes that apart from the area of employment and social participation policies, the government has not achieved its ambitious goals. It is for this reason that Choi calls, for example, for the erection of an age-integrated social system that integrates all ages, redefining social roles for people in middle adulthood and older adulthood, and the building of capabilities of current and future generations of older people.

Wan-I Lin, in Chapter 5, analyses the situation of active ageing policies and ageing of society in Taiwan. Lin discusses the origins of the concept of active ageing as promoted by the WHO. The WHO defines health as a state of full physical, mental and social well-being, and not just the absence of ill-health. This is an important direction, as the improvement of older people's well-being also includes the healthy population and the not-yet-frail or not-yet-sick populations, not just those who already have developed health problems. The WHO promotes a wide, fully integrative concept of active ageing, as does the author of this chapter. He focuses on a broad scope of public policy areas, covering preventative and curative health care, social care, employment, community participation, continuous education and economic security (especially old-age income support systems).

Wan-I Lin stresses the importance of political will in developing active ageing policies across the board, which is lacking in the case of Taiwan. Public

policies for the encouragement of active ageing of senior citizens are for the most part still rhetorical. There is no active promotion of an environment that is conducive to promoting high levels of active ageing in Taiwan. Lin points out the need to change the pessimistic discourse about any perceived economic or societal burden that may be caused by high levels of societal ageing towards a positive discourse about the active participation of the government, and especially also the local governments, to, for example, change the physical neighbourhood infrastructure to allow for better, i.e. more frequent and better quality of, active participation of the senior citizens in society – that is, economic, social and cultural participation – in daily life.

In Chapter 6, Joe C.B. Leung takes on the case of Hong Kong, with special emphasis on the workings of its current social security system that is overly reliant on social assistance programmes for older people, while the Mandatory Provident Fund system, that was started in 2002, has not yet changed the situation of poverty and insecurity of the working class and non-working population.

The situation of poverty, housing poverty, absolute poverty and relative poverty, is particularly severe, as Hong Kong has developed an underclass of extreme proportions. Poor people and many older people live in metal cages (of about two cubic metres in size), while there is one of the highest concentrations of billionaires in the very same city, sometimes only some blocks away from scenes of dire poverty. A great number of families, older couples and single older people live in apartments of only a couple of square metres in size (e.g. 4–6 square metres for an elder couple, or a family with children) (cf. e.g. *Daily News*, 2013; Bloom, 2014). Therefore, the importance of economic security is paramount in the case of Hong Kong. Whereas health care services are heavily subsidized by the government and life expectancy is among the highest in the world, the living quality of older people in Hong Kong, in absolute and relative terms, is among the lowest in any developed post-industrial society and country. This is a direct outcome of Hong Kong's social assistance system, that is based entirely on asset- and means-testing, the AMT method (cf. Chapter 3).

Joe Leung, therefore, hits the core of the issue, when it comes to policies that promote active ageing and a better quality of life during old age in Hong Kong. Leung calls for the introduction of an old-age income pension system, apart from the Mandatory Provident Fund system, to counteract the very high rates of proletarianization in Hong Kong society. In addition, Leung notes that even though the Hong Kong government has recognized the importance of active ageing, it keeps avoiding the development of long-term plans to improve the economic security of the elder generations in Hong Kong, particularly among the working classes, as even policy recommendations of the Task Force on Population Policy have not been vigorously followed up. Leung concludes that Hong Kong only follows a narrow interpretation of active ageing, which is limited to the establishment of learning and health education programmes for senior citizens.

The next chapter, Chapter 7, by Vivian W.Q. Lou, investigates the progress of active ageing policies and overall social welfare policies for the older generations

in the motherland of Hong Kong, the Chinese Mainland, which seems to be miles ahead in terms of social welfare development and social policy development, when compared to the super rich society of Hong Kong.

Lou explains that China had an early start when it comes to ageing policies, as it established the Chinese National Committee on Ageing Problems in 1982 and the China National Working Commission on Ageing in 1999. This shows that the Chinese government put a very high priority on ageing policies, from the very beginning. The Eleventh Five Year Development Plan, consequently, proposed six goals of its overall ageing policies: (1) develop care services for older people; (2) develop health care services for older people; (3) increase knowledge about social development and ageing policy; (4) enhance social participation; (5) develop learning opportunities; and, very interestingly – a very relatively (compared to Hong Kong) advanced point of view here – (6) increase happiness in life.

Housing conditions in Mainland China are relatively good, in comparison, for most of the population, and life quality is comparatively good, when compared to most developing countries. The family institution is still working, when it comes to integrating the elder generations into younger generations lives, especially through co-habitation.

Even though, so concludes Lou, the phrase 'active ageing' has not been adopted by the Chinese government, the policy objectives and programmes put forward and implemented by the government are very much in line with the WHO framework of active ageing, which emphasizes a larger, wider interpretation of the concept of active ageing, in terms of reach and quality.

In Chapter 8, Sharifah Norazizan Syed Abdul Rashid thoroughly examines the case of Malaysia. The Malaysian government early on understood the importance of a comprehensive active ageing strategy being applied as soon as possible, even though in comparative terms Malaysia is rather safe in terms of a retirement or ageing tsunami. Malaysia, in fact, has one of the highest total fertility rates among most developing and developed countries in the world. It is for this reason that the case of Malaysia reveals an extraordinarily positive, proactive policy stance of the government.

After the 1982 World Assembly on Ageing in Vienna, the government of Malaysia established the National Advisory and Consultative Council for the Elderly and the Plan of Action on the National Policy for the Elderly. In 1995, the Department of Social Welfare, so says Sharifah Norazizan, established a national policy for the older people, comprising important policy objectives with regard to active ageing, such as (i) strengthening the honour, self-respect and self-worth of the senior citizens, (ii) improving their potentials (capabilities) so that they can live an active, productive and independent life and (iii) developing comprehensive care and protection facilities and institutions.

The Malaysian government focused early on a wide array of measures to support and enable active ageing of its older citizens in the areas of family support, physical and mental geriatric health, education, social participation, employment, housing, transport and media portrayal. Nevertheless, there remain

social problems of inequality, social exclusion, lack of mobility, lack of income; in addition lack of networks, participation and empowerment still hamper the full realization of people's potentials during old age. Sharifah Norazizan concludes that governments need to improve the understanding of active ageing and that past ambitious plans of the government in the area of active ageing have indeed improved the social and economic characteristics and life situation of the current older generations in Malaysia.

Chapter 9, written by Kalyani K. Mehta, depicts the case of Singapore, where the government pursues a very conservative approach to issues related to active ageing in general and family support in particular. The Singaporean government, so Mehta claims, has mainly emphasized the need for longer working life participation of the Singaporean workforce, which led, for example, to the postponement of the official retirement age and the enactment of the Re-Employment Act in 2012. The government in Singapore refers to the principle of '*many helping hands*', a Singaporean version of welfare mix or welfare pluralism, with a keen emphasis on self-help and individual obligations.

The government, though emphasizing the role of the individual and the families, e.g. by mandating filial piety by law (with very strict rules and powerful procedures in place), has not abandoned its own responsibility to help and support the elder generations. In a way, the chapter by Kalyani K. Mehta shows that the Singaporean government has applied a conservative interpretation of the principle of subsidiarity in social policy to the case of active ageing policies in particular, and welfare policies for the elder generations in general.

The Wellness programme that integrates health screening, exercise and social networking to cater to the physical and emotional needs of the people aged 50 and above, says Mehta, is a very successful programme and, as such – with its relatively wide scope and reach in terms of its concept of active ageing – will help to counter any narrow (limited) definition of active ageing in policy making.

The last case study chapter, Chapter 10, highlights the important case of Indonesia. Evi Nurvidya Arifin demonstrates clearly the change of policies in the history of Indonesia. For example, in 1996, the Indonesian government – most of its population is still very young, although there are strong regional variations – declared 29 May as *Older Persons' Day*, a very progressive, active and preventative move of the government indeed. The recent history of social policy in Indonesia is a history of relative expansion and progressive development. In 1998, the Indonesian government enacted the Older Persons' Welfare Law. This was followed by the landmark National Social Security System Law in 2004, which aimed at a universal coverage of the social security system, and the establishment of the National Commission for Older Persons in the same year.

Evi Nurvidya Arifin arrives at the conclusion that awareness of active ageing is on the rise across the country, and that older people in Indonesia are comparatively active in terms of social and economic participation, as well as relatively healthy in comparative terms. The case of Indonesia exhibits a larger number of special circumstances and solutions in the field of active ageing that are worthwhile studying.

The final chapter by Alan Walker and Christian Aspalter (Chapter 11) draws major conclusions and proposes new ways forward for the development of the theoretical concept of active ageing, methodology for measuring the success of active ageing policies and new ways of bringing about, guiding and monitoring overall policy strategies, and the social policies that directly or indirectly take care of implementing and enhancing active ageing

This book set out to foster and strengthen a comprehensive in-depth understanding of the situation of active ageing with the backdrop of fast societal ageing, as well as high numbers of older people, in developed and developing societies in East Asia, and elsewhere around the world. Even though there are more countries to be studied and analysed, in the years and decades ahead, the selection of countries in this volume enables a clear picture of active ageing by highlighting the case of a number of diverse countries and societies in East Asia.

In a nutshell, this book tries to turn a new page in the making of active ageing theory and active ageing policies, no matter in which part of the world. We hope that new theoretical advances have been prompted by the in-depth analyses in this book, by:

i carrying out a thorough analysis of the concept of active ageing and its potential and problems of implementations in different stages of development, in this case in the context of East Asia;
ii further broadening the concept of active ageing;
iii adopting a practical stance on how to design, pursue, measure and evaluate all social policies, all of which need to take into consideration their effect on prevention of current or future social problems that are brought about by the *unpreparedness, ill-preparedness, not-yet-preparedness, or not-yet-fully-preparedness* of governments, parties and policy makers (including social policy experts, inside or outside the government), rather than the scale and/or speed of societal ageing as such; and
iv demanding *mandatory active ageing impact studies* to become standard procedure for the making of any major social policy and public policy, that affects or may affect the state of active ageing or the state of readiness and capability of dealing with the issues and problems raised by population ageing (see Chapter 11).

References

Bloom, Dan (2014), Hong Kong's 'Caged Dogs': Poverty-Stricken People Forced to Live like Animals in One of the World's Wealthiest and Most Densely Populated Cities, www.dailymail.co.uk/news/article-2558403, 9 June.

CIA, Central Intelligence Agency (2014), World Factbook, www.cia.gov/library/publications/the-world-factbook.

CNN (2013), *broadcasts throughout the year*.

Daily News (2013), In Wealthy Hong Kong, the Poorest Residents Live in Metal Cages,

www.nydailynews.com/news/world/wealthy-hong-kong-poorest-live-metal-cages-article-1.1258661#ixzz347YciBUN, 8 February.
Kaldor, Nicholas (1966), *Causes of the Slow Rate of Economic Growth of the United Kingdom*, New York: Cambridge University Press.
Kaldor, Nicholas (1967), *Strategic Factors in Economic Development*, Ithaca, NY: Cornell University Press.
Lindbeck, Assar and Snower, Dennis J. (1988), *The Insider–Outsider Theory of Employment and Unemployment*, Cambridge, MA: MIT Press.
Lindbeck, Assar, Molander, P., Persson, T., Petersson, O., Sandmo. A., Swedenborg, B. and Thygesen, N. (1994), *Turning Sweden Around*, Cambridge, MA: MIT Press.
TE, Tradeconomics (2014), www.tradingeconomics.com.
UN, United Nations (2002), *Report of the Second World Assembly on Ageing*, 8–12 April, Madrid.
UN, United Nations, Department of Economic and Social Affairs (2014), www.un.org/en/development/desa.
WB, Worldbank (2014), www.worldbank.org.
WHO (2001), *Active Ageing: From Evidence to Action*, Geneva: World Health Organization.
WHO (2002), *Active Ageing: A Policy Framework*, Geneva: World Health Organization.

2 The concept of active ageing

Alan Walker

Active ageing is now established as the leading global policy strategy in response to population ageing. This pre-eminence was assured by its promotion by international governmental organisations (IGOs) such as the WHO, UN and OECD. In practice, however, the term 'active ageing' often serves merely as a convenient label for a wide range of contrasting policy discourses and initiatives concerning ageing and demographic change. A key theme of this chapter is that this lack of clarity about precisely what active ageing consists of is a serious barrier to its widespread adoption as a policy strategy. There are other barriers too and these are also examined in the chapter. It is argued that the over-emphasis on productivity and the labour market in active ageing discourses has detracted from the major potential of this approach to promote much wider well-being across all age groups and not only older people. Thus the chapter concludes with an outline of the steps necessary to realise this greater potential. The key reference point and one of the main reasons why active ageing has attracted global interest is demographic ageing but, as the main dimensions of this challenge in East Asia have been discussed in Chapter 1, they will not be repeated here. Another important element of the context for the discussion of active ageing is the policy discourses concerning population ageing, because it is a policy concept as well as a scientific one. That is where we start.

The political economy of active ageing

The emergence of active ageing and its transition from science to public policy are linked inextricably to the important broad transformations that have taken place globally in the policy discourses accompanying population ageing (for fuller accounts see Walker and Naegele, 1999; Walker 2006). The tide in public discourses on ageing in developed countries and among IGOs began to turn in the 1970s. At the macro level policymakers began to reject the political consensus that older people are both needy and deserving of state intervention to promote their welfare and to question, more openly than hitherto, the cost of population ageing (Walker, 1980; Townsend, 1981, 1986; Binstock, 1991). Underlying this tidal shift in policy discourses were macroeconomic developments: first the fiscal crisis of the 1970s following the Yom Kippur War and,

then in the 1980s, the rising influence of neoliberalism with its inherent critique of public welfare. Because pension systems are the keystones of western welfare states they came under close scrutiny from this new doctrinal perspective (Walker, 1981). Moreover, this change in economic and political ideology coincided with the maturation of some national pension schemes and the beginning of the present concern with projections of the future costs of long-term care.

It was in this period too that some European countries in particular witnessed a huge growth of early exit from the labour force (Kohli *et al.*, 1991) which exacerbated the financial consequences of population ageing for national exchequers. All European countries began to focus on the ageing issue at the highest levels of policymaking. Few took significant action, however, which emphasises the essential role of political/economic ideology in shaping policy responses to demographic change as well as the urgency of their introduction. Thus there were big variations between western countries at this stage, ranging from substantial reductions in public pensions in the UK and US (under the neoliberal Thatcher and Reagan governments) to the maintenance or improvement of existing pension systems in many other countries (Pierson, 2000; Scharpf and Schmidt, 2000). In Europe, despite the negative consequences of the public policy measures encouraging early exit, all of them remained in operation apart from the UK's. It was not until the latter part of the following decade that a different policy perspective emerged in the majority of European countries, one which portrayed an active role for older people.

Globalisation was yet to have its later decisive impact on the spread of neoliberal ideas including those concerning ageing and its economic consequences (Estes and Phillipson, 2002; Walker and Deacon, 2003). The early signs of what would become common ground among the IGOs appeared in the late 1980s in the form of two OECD (1988a, 1988b) reports. These set out, and were followed by others in the same mould, a 'burden of ageing' discourse and advocated policy prescriptions that involved a reduction in public pay-as-you-go and private/occupational defined benefit pension schemes and an increase in private, defined contribution ones (World Bank, 1994; OECD, 1998). The IGOs made much, some would argue too much, of the 'ageing crisis' and, in doing so, reinforced negative perceptions of ageing and older people (Quadagno, 1989; Walker 1990; Vincent, 1996). The idea of the public burden of ageing was not accepted by all policymakers nor were the neoliberal prescriptions that accompanied it. For example, there remained substantial variations across the European continent: in the west only the UK went along this policy route wholeheartedly while, in the east, the key roles played by the IGOs in advising the ex-communist bloc countries meant that the neoliberal prescriptions were followed more closely (Ferge, 2002).

There is a common but officially unrecognised 'structural lag' between social and cultural changes and institutional ones (Riley, 1992). So, while the public policy discourses were dominated by either the deserving model of ageing or the public burden one, or sometimes a mixture of both, within some western countries new grassroots discourses were emerging. For example, in the late 1980s

and early 1990s, there was a growth in direct political participation among older people. Such action is invariably a minority pursuit but, nonetheless, new or reconstituted movements of older people were seen in Denmark, Germany and the UK while, in 1992, the Italian pensioner party, the oldest of its kind in Europe, had its first representative elected to the regional government in Rome. A year later seven pensioner representatives were elected to the Dutch parliament (Walker and Naegele, 1999). The character of the political and policy discourses emanating from these social movements were, of course, fundamentally different from the public policy ones. In contrast to the latter the grassroots movements emphasised human (including welfare) rights, participation, social inclusion and fiercely opposed age discrimination regardless of whether it was blatant or benign.

These new social movements of civil society often reflected the close relationship between ageing and the welfare state in two separate ways. On the one hand the success of Western European welfare provision meant that increasing numbers of older people were not only surviving longer than previously but, also, were doing so in better health. On the other hand the negative impact of the changes in economic and political ideology discussed earlier had a mobilising effect and led to direct action in the form of protests against cuts in pensions, health and social services. Policymakers in several countries have responded to this new politics by, for example, establishing advisory boards of older people at the local level. NGOs have also often supported the activities of older people engaged in this new, more direct, politics of ageing (Walker and Naegele, 1999).

Intertwined with this growth in social movements concerned with ageing issues has been the cultural shift in society usually labelled as the transition from modernity to late modernity/post modernity (Harvey, 1989). The key dimension of this transition, for this account, is the rise of individualistic consumerism. Its effects are apparent in both the state and the market sectors (and of course, its spread is closely related to neoliberal economic globalisation). As far as the state is concerned the pressures for more individually tailored services and for a participating voice by service users has led to new, more flexible forms for service provision, such as individual payments in Germany and the UK in lieu of services, and the establishment of user groups to represent the interests of older users, as in Denmark. On the market front, the emergence of the 'older consumer' and the 'silver economy' over the last decade can be seen across many western countries. Indeed one comparison between Germany and the UK concluded that differences are greater between age cohorts *within* the two countries than between them (Pongratz *et al*., 2009). In other words new generations of younger older people who, as a result of continuous employment and pension scheme maturation, are more affluent then their forebears, also display higher levels of hedonism concerning consumption and lifestyle. This finds its expression in a wide variety of forms, from anti-ageing medicines to 'silver travellers' (Pongratz *et al*., 2009).

While active ageing is embedded within the academic literature in Western countries and also, to varying degrees, within their policymaking processes, the

same cannot be said of East Asia. A major reason for this difference is that demographic ageing, with the notable exception of Japan, began much later than in the West, on average sixty to seventy years later. In East Asia, however, the pace of change is far greater than it was in the West. For example, what took around a hundred years for many Western countries to move from the 'ageing' UN category (7 per cent aged sixty and over) to the 'aged' one (14 per cent) is taking only twenty-five years for some East Asian ones. In other words, the period of adjustment to ageing is far shorter in Asia than it was in the West. Moreover many Asian countries are still developing and so, unlike in the West, ageing and development are simultaneous challenges (getting old before getting rich as it is known colloquially). Even for the minority of countries in East Asia which have well-developed policy measures in response to population ageing, such as Japan, Hong Kong and Singapore, there is uncertainty about the sustainability of such measures. This is due to the additional challenge of declining family support and the consequent increased reliance on state provision for long-term care.

With rapid urbanisation and industrialisation, as well as the general spread of individualism and privacy, the traditional extended family has been slowly fragmented into nuclear types, becoming more asymmetrical with single parenthood and higher divorce rates. Inevitably the fragmentation of the extended family system, while allowing more individual aspiration and freedom, weakens the previous collectivist basis for intra-familial and especially intergenerational support. The traditional reliance on aged care support within the extended family, better known as filial piety in Confucian countries, fades away with these changes in the family and society. Governments willingly or coerced by public pressure take on the responsibility to provide care for the older persons, particularly for the frail and destitute. However, as noted and similar to Europe, several East Asian countries are now being faced with a question of financial sustainability.

It is obvious that a viable support system for old age in an advanced society lies within a balance of individual (family) responsibility and social rights (government provision funded collectively). While the EU has gone so far down the road that it is trying to 'bring back the family', Asian countries are at a crossroad – family support is still prevalent but is gradually being replaced by state provision, thus the policy aim is to take active ageing as a means to both respond to population ageing and to limit the cost to the state. The policy directives adopted by member countries of the United Nations Economic and Social Commission for Asia and Pacific (UN ESCAP) in their historic meeting in Macao, 2008 was that governments have a supportive role in providing a basic minimum in all aspects of daily living, but should also allow individuals and family to continue to play a key role in supporting older people in the community. Such policy directives in practising active ageing would mean a shared responsibility between government and individual in three dimensions: financial and environment security, health maintenance and social participation. In shaping collective efforts towards any of these aspects, policy and programmes should be geared to

create a conducive environment for ageing to be more active. Among these new initiatives commonly seen examples are efforts to promote intergenerational and neighbourhood solidarity, life-long learning and healthy ageing, empowerment and volunteering, and engagement in social enterprises. In some ways, these policy and programme initiatives represent an effort to reaffirm the importance of communal values and mutual support present in the extended family system.

The origins of active ageing

Although the term 'active ageing' is of relatively recent origin its roots stretch back to the 1950s and 1960s when the activity perspective in gerontology was developed. This was derived from the empirical observation of the connection between different forms of physical activity and well-being (Blau, 1973). This approach was a reaction to what was the first major theory of social gerontology, 'disengagement', which argued that old age is an inevitable mutual period of withdrawal from roles and relationships (Cumming and Henry, 1961). Activity theorists recognised that this was an erroneous, depressing and empirically weak conception of later life. From a much sounder empirical vantage point the activity perspective argued that the key to 'successful ageing' (Pfeiffer, 1974; Rowe and Kahn, 1987) was the maintenance in old age of the activity patterns and values typical of middle age (Havighurst and Albrecht, 1953; Havighurst, 1954, 1963). In short successful ageing was to be achieved by denying the onset of old age and by replacing those relationships, activities and roles of middle age that are lost, with new ones in order to maintain life satisfaction and well-being.

Later Rowe and Kahn elaborated their initial model of successful ageing to focus on three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life. In the US this idea became a reference point for public and political discourses on ageing and made an important contribution to the case for rejecting the negative notion that older age is an inevitable succession of losses (Boudiny, 2013). It also attracted scientific interest to inquire into the factors that determine ageing well and also clinical practitioner interest to develop preventative measures (Villar, 2012). In essence there was a subtle shift in the research and practice focus from those 'doing poorly to those doing well' (Strawbridge *et al.*, 2002).

While successful ageing derived from the broad activity perspective, however, the adjective 'successful' brought a negative judgement to the concept, which has proved to be its major weakness (Foster and Walker, 2013). For one thing it placed an unrealistic expectation on ageing individuals themselves to maintain levels of activity and to defeat the causes of disease. Overlooked were not only the biological or anatomical limitations but also the economic and social structures that frequently inhibit or prevent people from remaining active – enforced retirement and age discrimination being obvious examples (Walker, 1980, 1981). In moral terms the adjective 'successful' implies that there are necessarily winners and losers in the ageing process. Of course this is true, because ageing

is unequal everywhere (Cann and Dean, 2009) but the fault is less often with individuals than society. Moreover it is stigmatising to label someone 'unsuccessful' because they have a disease or disability, the origins of which are likely to be beyond their influence. Finally, even if a person suffers from such limitations, they may still engage in a range of activities and experience a relatively high quality of life (Tate *et al.*, 2003; Bowling, 2005). Despite its continuing currency then, the idea of successful ageing tends to be exclusionary and discriminatory and lacks a clear single definition. Nonetheless the empirical link between activity and well-being in later life, established by the activity school, remains true today and has an even stronger evidence base.

In the 1980s the concept re-surfaced in the US in the guise of 'productive ageing'. Its emergence reflected various socio-political developments. Researchers had begun to shift the focus of ageing research from older people to the process of human development over the life course. Underlying this attention to the life course was the realisation that chronological age is not a good predictor or performance. A significant group of older US citizens were making it clear that they wanted something else besides leisure and family obligations after traditional retirement and 'productive ageing' became a rallying cry for elder advocates and others looking for a more positive approach to ageing (Bass *et al*., 1993). These changes chimed very closely with policymakers' growing concerns about the pension and health care costs of an ageing population and they too were keen to extend productivity. Thus active ageing was raised at the G8 Summit in Denver in June 1997 and delegates discussed ways of removing disincentives to labour force participation and lowering barriers to part-time employment. Since then it has become a key feature of social policy proposals from the EU and OECD.

Most of the variants of productive ageing are focused narrowly on the production of goods and services and, therefore, tend to be instrumental and economistic. For example, 'productivity' means 'activities that produce goods and services that otherwise would have to be paid for' (Morgan, 1986: 74) or, more broadly, 'Productive ageing is any activity by an older individual that produces goods or services, or develops the capacity to produce them, whether they are paid for or not' (Bass *et al*., 1993: 6).

Partly in reaction to the deficiencies of the successful and productive ageing concepts, from the same intellectual source the idea of active ageing began to emerge in the 1990s, under the influence of the WHO, which, not surprisingly, emphasised the vital connection between activity and health (Butler *et al*., 1990: 201) and the importance of healthy ageing (WHO, 1994; see also WHO, 2001b). Given the link with health and the influence of the European Union (EU) on its development, this approach to active ageing has focused on a broader range of activities than those normally associated with production and the labour market, and has emphasised health and the participation and inclusion of older people as full citizens (see, e.g. Walker, 1993, 1994). The thinking behind this new approach is expressed perfectly in the WHO dictum 'years have been added to life now we must add life to years'. This suggests a general lifestyle strategy for

the preservation of physical and mental health as people age rather than just trying to make them work longer. Thus the essence of the emerging modern concept of active ageing is a combination of the core element of productive ageing but with a strong emphasis on quality of life and mental and physical well-being (European Commission, 1999; Cabinet Office, 2000). The WHO (2001a, 2001b), for example, sees active ageing in terms of the health, independence and productivity of older people and defines it as, 'the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age' (WHO, 2002: 12). Active ageing in this conceptualisation concerns the optimisation of activities related to a wide range of endeavours: employment, politics, education, the arts, religion, social clubs and so on, as well as increasing the paid and unpaid contributions older people make to society, challenging views of older age which emphasise passivity and dependency by alternatively emphasising autonomy and participation. At the same time there is an emphasis on activities designed to ensure protection, dignity and care of older people, including physical, social and financial needs and rights (Stenner *et al.*, 2011). The WHO (2002) definition added further impetus to the case for refocusing perceptions of ageing away from employment and productivity, which risks the marginalisation of those unable to work or who choose not to, towards a more holistic approach which considers a variety of factors which contribute to well-being, in connected policy terms, including quality of life, mental and physical well-being and participation (Walker, 2002).

Barriers to active ageing

Despite the radical promise of the WHO formulation of active ageing and its rhetorical prominence in Europe and across the globe the actual realisation of this promise, in terms of fully formulated and implemented strategies, is incredibly limited. Any radical policy proposal faces barriers to acceptance and take-up because institutions and professions are inherently conservative in nature and, through their bureaucratic rules, training and supervision processes, they constantly reproduce this conservatism. But, in the case of active ageing, while the concept is at least superficially appealing to policymakers, there are additional barriers that have remained in the way of thorough acceptance and implementation. Five such barriers are identified here.

First and perhaps foremost there are two distinct political barriers. On the one hand there is a simple confusion about aims and purposes while, on the other, there is a purposeful and sometimes cynical hijack of the concept which both betrays its original intentions and denies its radical potential.

The policy confusion arises primarily out of the array of cognate terms that are employed simultaneously to describe ageing well: successful ageing, productive ageing, healthy ageing, positive ageing, optimal ageing and so on. Of course there is always a risk attached to the transfer of scientific terms into policy and popular discourses that their original meanings and intentions will be forgotten, purposely or otherwise. However, scientists must take some of the blame here

for both using terms loosely as synonyms and for failing to correct incorrect usage in the policy domain.

As indicated in the previous section successful ageing and active ageing are two fundamentally different concepts and should be recognised as such. The continuing tendency for US academics to favour 'successful ageing' means that they are, in effect, speaking a different language to their European counterparts who favour active ageing. In policy terms the implications of these two formulations are very different. Similarly with the term often conjoined to active ageing, healthy ageing. The latter is an important idea and goal but it is not the same as active ageing. Healthy ageing concerns health and health interventions and, therefore, is mono-dimensional, it tends to be institutional in focus (health services) and therefore top-down. In other words it privileges professional perspectives.

In contrast active ageing is multi-dimensional and demands a joined-up approach, which includes health. It favours wide stakeholder engagement and, therefore, is inclusive rather than exclusive. In practice healthy ageing should be treated as an important sub-set of active ageing but this is rarely the case. The EU for example frequently employs the couplet 'active and healthy ageing' and its strategic framework for research and innovation includes a major initiative on active and healthy ageing (European Commission, 2010; Walker and Maltby, 2012).

The second political barrier is ideological and hence much more fundamental than the issue of nomenclature. Under the influence of neoliberalism, promoted by IGOs such as the OECD, policymakers have come to see the concept of active ageing as a narrowly productivist one. Thus an idea that is intended to embrace the whole life course with a focus on human development has become a policy instrument almost exclusively concerned with encouraging, enabling and even forcing older people to work longer. This tendency is particularly marked in Europe and its evolution has been discussed elsewhere (Walker, 2009a; Walker and Maltby, 2012). The working longer priority is dominant at national level in the EU and also, at European level, it has had high political prominence. For example, the Lisbon Agenda which set the strategic framework for EU policies between 2000 and 2010, included the key targets to increase to 50 per cent the employment rate of those aged 55–64 and the average retirement age by five years – targets incidentally that few EU countries achieved in the case of the former and none achieved in the case of the latter (Walker, 2009a; Zaidi and Zolyami, 2011).

It would be wrong to suggest that the narrow productivist interpretation of active ageing as working longer is so dominant that it excludes other interpretations and clearly there are competing ones within the EC itself. Thus we may contrast these following statements. The first is from a demographic report and the second is from the announcement that 2012 would be the European Year for Active Ageing and Solidarity Between Generations.

> Active ageing constitutes in itself a comprehensive and sustainable approach which must employ a range of tools beyond retirement reforms.
>
> (European Commission, 2006: 9)

> The European Year 2012 aims to help create better job opportunities and working conditions for the growing number of older people in Europe, help them to take an active role in society and encourage healthy ageing.
>
> (European Commission, 2010)

Faced with policymakers' ambivalence it is not difficult to see why Europe has not succeeded in developing a concerted strategy for active ageing which joins up all of the potentially influential policy domains. In its absence the neoliberal reduction of active ageing to working longer remains the main policy goal.

The second barrier to active ageing is cultural. Of highest importance here are misleading and often damaging stereotypes. The most common active ageing stereotype is of a super-fit pensioner who performs extraordinary feats of gymnastics or athletics. Such stereotypes severely distort the meaning of active ageing by transforming it from a potentially mass pursuit to an exclusive minority one. Although there is no evidence to support this contention, these misleading stereotypes are likely to deter anyone other than the fit young-old from believing that active ageing has any relevance to their lives. Moreover they always emphasise physical prowess and rarely focus on mental capacity.

Although not with the same global impact as ageist stereotypes there is evidence of a semantic barrier created by the term 'active ageing', in one region at least. In the central European, Eurasian, Commonwealth of Independent States (Russian Federation, Georgia, Ukraine, Kazakhstan and so on) active ageing has two negative connotations. On the one hand it means *accelerated* ageing at the individual level because of the impact of harsh living and working conditions leading to premature death. At the societal level, on the other hand, it means *rapid* ageing due to low fertility and high mortality among the young (Sidorenko and Zaidi, 2013). In this, albeit limited case, it is clear that an alternative term, such as healthy ageing, is essential.

The third barrier is bureaucratic. As indicated active ageing requires a holistic approach but governments, local and national, are not geared to respond to such strategic needs. Instead, everywhere (even in socialist China) responsibilities are strictly divided between ministries and departments. This division of labour encourages silo thinking and militates against the implementation of an effective active ageing approach. In the same vein this division supports the reduction of the strategic potential of active ageing only to older workers or older people, rather than emphasising the full life course. Thus, in governments everywhere, older people and children are usually represented by ministries but no-one is responsible for ageing.

The fourth barrier, or set of barriers, is societal. This includes the age segmentation that predominates in thought and practice. As illustrated in Figure 2.1 below the traditional paradigm segments the life course into three major stages. Although the life course and working life have been transformed over recent decades – the former for example by increased longevity and the latter by the replacement of secure careers for significant sections of the working population by insecure discontinuous employment (Standing, 2011) – social institutions and

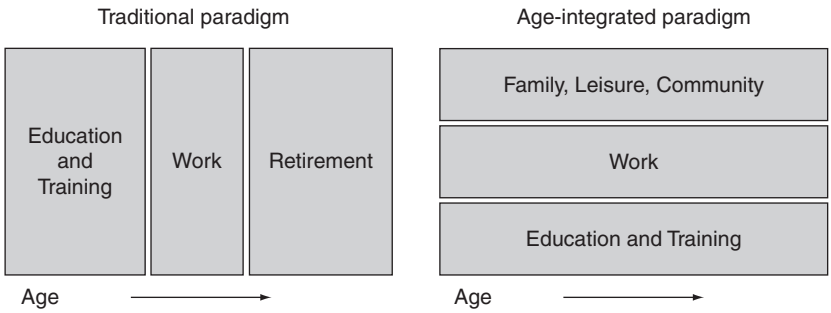

Figure 2.1 Life course segmentation (source: Walker and Maltby (2012)).

popular discourses still operate as if the traditional model is the dominant one. This embeddedness encourages silo thinking in policy and practice: active ageing is for the retired and so on. In contrast the age integrated paradigm opens the door to a life course active ageing approach.

Equally important is the barriers created by age discrimination or ageism (Macnicol, 2006; Walker, 2012). These can include direct discrimination, when older workers are excluded from jobs or vulnerable older patients are abused, but also encompasses less direct, more insidious, stereotyping for example when older people are described as a 'burden' or accused of robbing resources from the young. Discrimination has two unfortunate effects. On the one hand it excludes and stigmatises older people, particularly frail older people and, on the other, it encourages younger people to ignore later life, to push it to the back of their minds. Both effects limit the potential of the active ageing concept and policies arising from it. For example among older people there is often a resigned stoicism – 'at my age what can you expect?' – which militates against active engagement.

The fifth barrier is unequal ageing – the deep-seated inequalities that exist both between older people and, over the life course, between different age groups. Within countries there are inequalities between different groups of older people, for example based on social class, gender and race, which segment the experience of later life. These inequalities are usually created not in old age but at earlier stages of the life cycle (Walker, 2009b). Then there are substantial inequalities in ageing and later life between countries at similar levels of development. In the EU for example there are large differences between member states in healthy life expectancy – ten years between Denmark and Estonia (Jagger *et al.*, 2005). Then there are huge disparities between rich and poor countries – the global north and south. These three aspects of unequal ageing make the task of implementing an active ageing strategy more difficult than it already is because they cry out for flexibility in the design and implementation of such a strategy when the preference of policymakers is invariably closer to 'one size fits all'.

As indicated these five barriers help to account for the fact that the concept of active ageing is not yet reaching its full potential in policy terms. So, what steps

are necessary to confront these barriers and enable the comprehensive approach that is called for? The next section considers this question.

Towards active ageing

As indicated in the previous section there are formidable barriers confronting a comprehensive active ageing approach of the kind originally espoused by the WHO. Some of these stem directly from ideology and must be considered beyond the scope of this chapter and book. The fight for social justice is taking place elsewhere but be in no doubt about its importance for the active ageing agenda (Walker *et al*., 2011). Here my concern is with the nature of the active ageing strategy itself, adopting science's public role to ensure that policymakers and wider society are adequately equipped to pursue specific goals. Thus it is essential to start by clarifying what an active ageing strategy should look like, including the principles upon which it should be based.

Seven key principles have been proposed as the basis for a strategy on active ageing to ensure that it is both comprehensive and consistent (Walker, 2002). First of all, 'activity' should consist of all meaningful pursuits which contribute to the well-being of the individual concerned, his or her family, local community or society at large and should not be concerned only with paid employment or production. Thus, in terms of active ageing, volunteering should be as highly valued as paid employment. Second, it should be primarily a preventative concept. This means involving all age groups in the process of ageing actively across the whole of the life course. The challenge of prevention is summarised in Figure 2.2 showing the path of the common decline in functional capacity with age, until the disability threshold is crossed. The aim of active ageing is to prevent such a decline

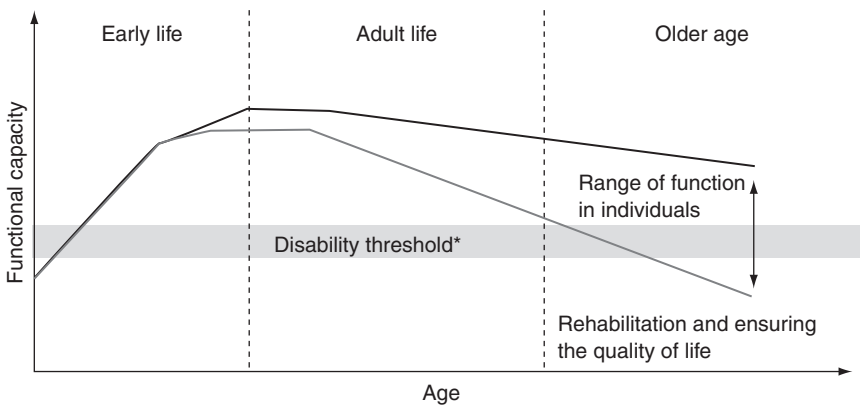

Figure 2.2 The relationship between functional capacity and age (source: Kalache and Kickbusch (1997)).

Note

* Changes in the environment can lower the disability threshold, thus decreasing the number of disabled people in a given community.

and maintain capacity for as long as possible. Although the diagram illustrates physical capacity a similar path is followed by many cognitive functions.

Third, active ageing should encompass *all* older people, even those who are, to some extent, frail and dependent. This is because of the danger that a focus only on the 'young-old' will exclude the 'old-old' and the fact that the link between activity and health (including mental stimulation) holds good into advanced old age (WHO, 2001a). There is also an important gender aspect to this principle in that most of the very old are women. Thus this strategy is framed to be gender-sensitive not gender neutral (Foster and Walker, 2013). Fourth, the maintenance of intergenerational solidarity should be an important feature of active ageing. This means fairness between generations as well as the opportunity to develop activities that span the generations. Fifth, the concept should embody both rights and obligations. Thus the rights to social protection, lifelong education and training and so on should be accompanied by obligations to take advantage of education and training opportunities and to remain active in other ways. Again, from a gender perspective, this requires support to enable women to participate. Sixth, a strategy for active ageing should be participative and empowering. In other words, there must be a combination of top-down policy action to enable and motivate activity but, also, opportunities for citizens to take action, from the bottom up, for example in developing their own forms of activity. Seventh, active ageing has to respect national and cultural diversity. For example there are differences in the forms of participation undertaken between Europe and East Asia, as well as within those regions, therefore value judgements about what sort of activity is 'best' are likely to be problematic (EC, 2000). Within some EU countries, such as Belgium, there are major cultural variations that require a flexible approach to the implementation of an active ageing strategy. Indeed this cultural diversity and the unequal ageing discussed in the previous section suggest that 'flexibility' should be an eighth principle (Foster and Walker, 2013).

These principles suggest that an effective strategy for active ageing will be based on a *partnership* between the citizen and society. In this partnership the role of the state or local community is to enable, facilitate and motivate citizens and, where necessary, to provide high quality social protection for as long as possible. This will require interrelated individual and societal strategies. As far as individuals are concerned they have a duty to take advantage of lifelong learning and continuous training opportunities and to promote their own health and well-being throughout the life course. As far as society is concerned the policy challenge is to recognise the thread that links together all of the relevant policy areas: employment, health, social protection, social inclusion, transport, education and so on. A comprehensive active ageing strategy demands that all of them are 'joined up' and become mutually supportive. The primary discourse behind this strategic vision of active ageing is the UN's one of a society for all ages (www.un.org/esa/socdev/iyop/iyopcfo.htm).

With regard to the scope of the actions necessary to achieve such a comprehensive strategy the WHO has highlighted eight main determinants of active ageing: culture and gender (both of which are cross-cutting), health and social service, behavioural,

the physical environment, the social environment, economic determinants and those related to the person concerned (such as biology, genetics and psychology) (WHO, 2002). In policy terms this would mean linkage between policy domains that have hitherto been separated: employment, health, social protection, pensions, social inclusion, technology, economic policy and research. At the same time, in line with the WHO's call, there is a need to mobilise all stakeholders to 'popularise … active ageing through dialogue, discussion and debate in the political arena, the education sector, public fora and media' (WHO, 2002: 55). The basis for such a comprehensive approach exists already in some countries but appears to be stymied by the huge challenge of transcending traditional departmental boundaries and changing deeply entrenched reactive policies into preventative ones. A case in point is the UK, which has had a comprehensive strategy on active ageing since 2005 which has yet to be thoroughly implemented (Department for Work and Pensions, 2005).

Of course the key stakeholders are not dormant while they wait for the perfect strategic framework to be assembled. Thus there are countless examples of local community and grassroots level initiatives by older people, NGOs and municipalities aimed at raising the participation and well-being of this group (Walker and Naegele, 1999). In some countries there are national programmes to encourage healthy ageing such as 'FinnWell' in Finland. There is plenty of evidence too that some employers, albeit a minority, have developed a variety of age management measures designed to retain, recruit and maximise the potential of an ageing work force (Walker, 1999; Naegele and Walker, 2006). What is lacking at present, however, is a comprehensive strategy on active ageing which includes the sharing of the many examples of good practices between countries.

Research and development have a critical role to play in advancing the active ageing agenda and, especially, in providing the evidence base for policy. European research, under Framework Programmes 5, 6 and 7, has already added considerably to this knowledge base and the future research priorities have been mapped by, for example, coordinated actions like FORUM and ERA-AGE (2014) and the road map project (FUTURAGE, 2011).

Conclusion

This chapter set out to provide the conceptual underpinning for the book by examining the origins and meaning of active ageing. A key theme of the discussion has concerned the lack of clarity that exists about precisely what active ageing consists of. This creates a substantial barrier to the implementation of active ageing strategies and, therefore, impedes the full realisation of the concepts' potential. It is acknowledged that conceptual clarity is often lost when a scientific idea is transferred into the public policy domain. In addition, the challenge that a whole life course perspective poses to traditional policy systems organised according to rigid life course segmented domains, cannot be underestimated. Nonetheless it is possible to envisage a comprehensive approach, rooted in a preventative life course orientation, by which active ageing could be realised for the majority of people in any society. In the end the main challenge is not

conceptual but political: do policymakers have the will to undertake the substantial institutional reorganisation necessary to achieve active ageing across the life course? On the negative side are the short time horizons of politicians in democracies but, on the positive side, the active ageing approach provides answers to the big questions being posed by population ageing.

References

Bass, S., Caro, F. and Chen, Y. (eds) (1993), *Achieving a Productive Ageing Society*, Westport, CT, Greenwood.

Binstock, R. (1991), From the Great Society to the Ageing Society – 25 Years of the Older Americans Act, *Generations*, Vol. 25(3), pp. 11–18.

Blau, Z.S. (1973), *Old Age in a Changing Society*, New York, New Viewpoints.

Boudiny, K. (2013), Active Ageing: From Empty Rhetoric to Effective Policy Tool, *Ageing and Society*, Vol. 33(6), pp. 1077–1098.

Bowling, A. (2005), *Ageing Well: Quality of Life in Old Age*, Maidenhead, Open University Press.

Butler, R., Oberlink, M. and Schecter, M. (eds) (1990), *The Promise of Productive Aging*, New York, Springer.

Cabinet Office (2000), *Winning the Generation Game*, London, The Stationery Office.

Cann, P. and Dean, M. (eds) (2009), *Unequal Ageing: The Untold Story of Exclusion in Old Age*, Bristol, Policy Press.

Cumming, E. and Henry, W. (1961), *Growing Old: The Process of Disengagement*, New York, Basic Books.

Department for Work and Pensions (DWP) (2005), *Opportunity Age*, London, DWP.

ERA-AGE (2014), http://era-age.group.shef.ac.uk.

Estes, C. and Phillipson, C. (2002), The Globalisation of Capital, The Welfare State and Old Age Policy, *International Journal of Health Services*, Vol. 32(2), pp. 279–97.

European Commission (1999), *Towards a Europe for All Ages*, COM (1999) 221, Brussels, EC.

European Commission (2000), *Social Agenda 2000–2005*, Brussels, EC.

European Commission (2006), *The Demographic Future of Europe: From Challenge to Opportunity*, Brussels, EC.

European Commission (2010), *2012 to Be the European Year for Active Ageing*, DG Employment, Social Affairs and Inclusion website, http://ec.europa.eu/social/main.jsp?langId=enandcatId=89andnewsId=860.

Ferge, Z. (2002), European Integration and the Reform of Social Security in the Accession Countries, *European Journal of Social Quality*, Vol. 3(1/2), pp. 9–25.

Foster, L. and Walker, A (2013), Gender and Active Ageing in Europe, *European Journal of Ageing*, Vol. 10(1), pp. 3–10.

FUTURAGE (2011), A Road Map for European Ageing Research, www.futurage.group.shef.ac.uk/roadmap.html.

Harvey, D. (1989), *The Condition of Postmodernity: An Inquiry into the Origins of Cultural Change*, Oxford, Blackwell.

Havighurst, R. (1954), Flexibility and the Social Roles of the Retired, *American Journal of Sociology*, Vol. 59, pp. 309–11.

Havighurst, R. (1963), Successful Ageing, in: R. Williams, C. Tibbitts and W. Donahue (eds), *Process of Ageing*, volume 1, New York, Atherton.

Havighurst, R. and Albrecht, R. (1953), *Older People*, London, Longmans.
Jagger, C., Gillies, C., Moscone, F., Cambois, E., Van Oyen, H., Nusselder, W. and Robine, J.M. (2005), Inequalities in Healthy Life Years in the 25 Countries of the European Union in 2005: A Cross-National Meta Regression Analysis, *Lancet*, Vol. 372, pp. 2124–31.
Kalache, A. and Kickbusch, I. (1997), A Global Strategy for Healthy Ageing, *World Health*, No. 4, July–August, pp. 4–5.
Kohli, M., Rein, M., Guillemard, A.-M. and Gunsteren, H. (eds) (1991), *Time for Retirement*, Cambridge, Cambridge University Press.
Macnicol, J. (2006), *Age Discrimination*, Cambridge, Cambridge University Press.
Morgan, J. (1986), Unpaid Productive Activity Over the Lifecourse, in: Committee on Ageing Society (ed.), *Productive Roles in an Older Society*, Washington DC, National Academy Press.
Naegele, G. and Walker, A. (2006), *A Guide to Good Practice in Age Management*, Dublin, European Foundation for the Improvement of Living and Working Conditions.
OECD (1988a), *Ageing Populations: The Social Policy Implications*, Paris, OECD.
OECD (1988b), *Reforming Public Pensions*, Paris, OECD.
OECD (1998), *Maintaining Prosperity in an Ageing Society*, Paris, OECD.
Pfeiffer, E. (ed.) (1974), *Successful Aging: A Conference Report*, Durham, NC, Duke University.
Pierson, P. (2000), *The New Politics of the Welfare State*, Oxford, Oxford University Press.
Pongratz, W., Gross, T. and Hilbert, J. (2009), The Silver Economy: Purchasing Power and the Quest for Quality of Life, in: G. Naegele and A. Walker (eds), *Ageing and Social Policy: Britain and Germany Compared*, Houndmills, Palgrave.
Quadagno, J. (1989), Generational Equity and the Politics of the Welfare State, *Politics and Society*, Vol. 17, pp. 353–76.
Riley, M. (1992), Cohort Perspectives, in: E. Borgatta and M. Borgatta (eds), *The Encyclopedia of Social Sciences*, New York, Macmillan.
Rowe, J. and Kahn, R. (1987), Human Aging: Usual and Successful, *Science*, Vol. 237, pp. 143–9.
Scharpf, F. and Schmidt, V. (eds) (2000), *Welfare and Work in Open Economies*, Oxford, Oxford University Press.
Sidorenko, A. and Zaidi, A. (2013), Active Ageing in CIS Countries: Semantics, Challenges and Responses, *Current Gerontology and Geriatrics Research*, Vol. 1.
Standing, G. (2011), *The Precariat*, London, Bloomsbury.
Stenner, A., McFarquhar, T. and Bowling, A. (2011), Older People and 'Active Ageing': Subjective Aspects of Ageing Actively, *Journal of Health Psychology*, Vol. 16, pp. 467–77.
Strawbridge, W., Wallhagen, M. and Cohen, R. (2002), Successful Ageing and Well-being: Self-rated Compared with Rave and Kahn, *The Gerontologist*, Vol. 42, pp. 727–35.
Strawbridge, W.J. (2012), Active Aging and Successful Aging, *Journal of Aging and Health*, Vol. 24(8), pp. 1279–97.
Tate, R., Leedine, L. and Cuddy, T. (2003), Definition of Successful Aging by Elderly Canadian Males: The Manitoba Follow-Up Study, *The Gerontologist*, Vol. 43, pp. 735–44.
Townsend, P. (1981), The Structured Dependency of the Elderly: The Creation of Social Policy in the Twentieth Century, *Ageing and Society*, Vol. 1(1), pp. 5–28.
Townsend, P. (1986), Ageism and Social Policy, in: C. Phillipson and A. Walker (eds), *Ageing and Social Policy*, Aldershot, Gower.

Villar, F. (2012), Successful Ageing and Development: The Contribution of Generativity in Older Age, *Ageing and Society*, Vol. 32, pp. 1087–1105.
Vincent, J. (1996), Who's Afraid of an Ageing Population? Nationalism, the Free Market and the Construction of Old Age as an Issue, *Critical Social Policy*, Vol. 16, pp. 3–26.
Walker, A. (1980), The Social Creation of Poverty and Dependency in Old Age, *Journal of Social Policy*, Vol. 9(1), pp. 49–75.
Walker, A. (1981), Towards a Political Economy of Old Age, *Ageing and Society*, Vol. 1(1), pp. 40–55.
Walker, A. (1990), 'The Economic Burden' of Ageing and the Prospect of Intergenerational Conflict, *Ageing and Society*, Vol. 10(4), pp. 377–96.
Walker, A. (1993), *Age and Attitudes*, Brussels, EC.
Walker, A. (1994), Work and Income in the Third Age: An EU Perspective, *The Geneva Papers on Risk and Insurance*, Vol. 19(73), pp. 397–407.
Walker, A. (1999), *Managing an Ageing Workforce: A Guide to Good Practice*, Dublin, European Foundation for the Improvement of Living and Working Conditions.
Walker, A. (2002), A Strategy for Active Ageing, *International Social Security Review*, Vol. 55(1), pp. 121–40.
Walker, A. (2006), Aging and Politics: An International Perspective, in: R. Binstock and L. George (eds), *Handbook of Aging and the Social Sciences*, San Diego, Elsevier Academic Press, pp. 339–59.
Walker, A. (2009a), The Emergence and Application of Active Ageing in Europe, *Journal of Ageing and Social Policy*, Vol. 21, pp. 75–93.
Walker, A. (2009b) Why is Ageing So Unequal? In: P. Cann, P. and M. Dean (eds), *Unequal Ageing: The Untold Story of Exclusion in Old Age*, Bristol, Policy Press, pp. 141–58.
Walker, A. (2012), The New Ageism, *The Political Quarterly*, Vol. 83(4), pp. 812–19.
Walker, A. and Deacon, B. (2003), Economic Globalisation and Policies on Ageing, *Journal of Societal and Social Policy*, Vol. 2(2), pp. 1–18.
Walker, A. and Maltby, T. (1997), *Ageing Europe*, Milton Keynes, Open University Press.
Walker, A. and Maltby, T. (2012), Active Ageing: A Strategic Policy Solution to Demographic Ageing in the European Union, *International Journal of Social Welfare*, Vol. 21(s1), pp. S117–S130.
Walker, A. and Naegele, G. (eds) (1999), *The Politics of Old Age in Europe*, Buckingham, Open University Press
Walker, A., Sinfield, A. and Walker, C. (eds) (2011), *Fighting Poverty, Inequality and Injustice*, Bristol, Policy Press.
WHO (1994), *Health for All: Updated Targets*, Copenhagen, World Health Organization.
WHO (2001a), *Active Ageing: From Evidence to Action*, Geneva, World Health Organization.
WHO (2001b), *Health and Ageing: A Discussion Paper*, Geneva, World Health Organization.
WHO (2002), *Active Ageing: A Policy Framework*, Geneva, World Health Organization.
World Bank (1994), *Averting the Old Age Crisis: Policies to Protect the Old and Promote Growth*, Oxford, Oxford University Press.
Zaidi, A. and Zolyomi, E. (2011), *Active Ageing*, Research Note 7/2011, Produced by the Social Situation Observatory, for the European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Brussels.

3 New perspectives for active ageing

The normative approach of developmental social policy

Christian Aspalter

Social policy in the postmodern era has yet to transform itself in many ways. It has to adapt to secondary changes, new risks and new social problems (cf. Beck, 1992, 2000), while it still has to continue to solve, and learn how to solve, old social problems, such as poverty and unemployment, as well as physical and mental ill-health in an effective and cost-efficient, as well as sustainable and preventative manner.

The normative theory of developmental social policy (DSP) is hereby giving scholars, students, policy administrators and policymakers alike, general guidance as to what directions and what new social policies work to solve the big social problems and challenges of our times. Based on many dozens of country experiences, scholars who advocate developmental social policy have constructed a set of policy proposals that are based, to a large extent, on evaluations of past outcomes of social policies, its successes and especially, on occasion, its failures – be they rather recent policies (like the unsuccessful experiment of health care markets in, e.g., the UK, or unsuccessful mandatory private social insurance systems in Latin America) or rather long-standing policies (such as the failure of asset- and means-tested social assistance and social services to reduce poverty, while they actually induce higher rates of poverty in the long run due to their effect of creating poverty traps and savings traps).

This chapter sets out to explain the overall paradigms and directives as put forward by advocates of developmental social policy, as well as to apply this new overall normative social policy theory to the area of social policies for active ageing. As will be shown, social policies that focus on active ageing have to, due to the nature of cumulative positive and negative lifetime events and choices, focus not only on the current generation of elderly people but also, and vehemently so, on the future elderly generations, from a holistic, integrative societal point of view.

The normative theory of developmental social policy

The normative approach put forward here is by its very nature a remedial approach to social policy, which is not to be confused with descriptive and explanatory approaches of, e.g., Ian Holiday (2000) and Huck-Ju Kwon (2005) whose purpose of study was to look at past and current developments of real-typical welfare models that aim to describe and explain those developments, in this case, in one particular part of the world, East Asia (cf. Table 3.1).

Table 3.1 Brief overview of social policy theories, with a special emphasis on comparative theories

Descriptive theories	*Explanatory theories*	*Normative theories*
• Historical analyses • Describing particular welfare state systems, or families of welfare state systems • Identifying welfare state clusters • Comparing welfare state systems and social policies • Setting up classifications of welfare state systems and social policies	• Explaining determinants of the welfare state in general and social policies in particular • Explaining past and current developments • Explaining comparative differences and similarities, deviations in social policy • Projecting past trends and developments into the future	• Evaluating and criticizing welfare state systems and social policies • Identifying particular failures and successes in social policy • Proposing new social policies, or new directions/key solutions in social policy
Recent examples: Midgley (1986); Esping-Andersen (1987, 1990); Taylor-Gooby (1996, 1998); Kaufmann (1997); Huber and Stephens (1999, 2001); O'Connor *et al.* (1999); Sainsbury (1999); Olsson Hort (2000); Ramesh (2000, 2003); Abrahamson (2003); Clasen and Oorschot (2003); Ferrera and Hemerijk (2003); Mesa-Lago (2003); Gough *et al.* (2004); Holliday and Wilding (2004); Lewis and Surender (2004); Aspalter (2006c, 2011); Lee and Ku (2007); Aspalter *et al.* (2009); Ringen *et al.* (2011).	*Recent examples:* Jones (1993); Kwon (1998); Goodman *et al.* (1998); Huber *et al.* (1993); Gauthier (1996); Midgley and Hughes (1997); Woldendorp *et al.* (1998); Lavallette and Mooney (1999); Bonoli (2000); Holliday (2000); O'Brian (2000); Bradley *et al.* (2001); Aspalter (2001a, 2001b, 2002a, 2002b, 2008); Swank (2001, 2002); Allan (2002); Arts and Gelissen (2002); Saint-Martin (2002); Rieger and Leibfried (2003); Allan and Scruggs (2004); Kwon (2005); Taylor-Gooby (2005a); Bonoli and Reber (2010); Garfinkel *et al.* (2010); Huber and Stephens (2012); Kivinen (forthcoming).	*Recent examples:* Midgley (1995, 1996, 1999, 2001, 2003a, 2003b, 2008); Beverly and Sherraden (1997); Giddens (1998, 2001); Korpi and Palme (1998); Fitzpatrick (1999); Hantrais (2000); Beck *et al.* (2001); Morrow-Howell *et al.* (2001); Shapiro and Wolff (2001); Skocpol and Leone (2001); Esping-Andersen (2002); Lister (2002, 2003, 2004a, 2004b); Walker (2002, 2008, 2009, this volume); Body-Gendrot and Gittell (2003); Taylor-Gooby (2005b); Aspalter (2007a, 2007b, 2007c, 2009, 2010, 2012, 2014); Walker *et al.* (2011); Walker and Maltby (2012); Midgley and Aspalter (forthcoming).

In sharp contrast, James Midgley (1995, 1996, 1999, 2001, 2003a, 2003b, 2008) has developed and fine-tuned over the years his *developmental social policy approach as a remedial, i.e., normative, social policy approach*, suggesting the right path and right solutions for poverty-stricken and/or austerity-plagued developed industrial countries, as well as struggling, fast-changing developing countries of the "Third World" and the "Second World" – in other words, the not yet developing and the slow or fast developing countries of the periphery and semi-periphery (Wallerstein, 1979).

The conceptual ideas of the developmental social policy approach (Aspalter, 2014; Midgley and Aspalter, forthcoming) are being constantly fleshed out, and extended. By and large, they comprise, for example, the ideas of: (a) positive social change; (b) the duty of the state to intervene; (c) proactive intervention (preventative social policies, that include a life-time perspective); (d) holistic approach to social policy (focus on mutually reinforcing beneficial effects of social policies, from a cross-sectional perspective); (e) social integration and social inclusion; (f) full realization of human potentials (applying a life-time perspective, as well as a family and community perspective); (g) full effectiveness and high efficiency of social policies and social programs (being outcome-based and throughput-focused, rather than focusing on financial inputs only); (h) the symbiotic integration of economic policies and social policies that focuses on a great number of "win–win" policy strategies, as well as "win–win" policies and program solutions, and, very importantly; (i) active and healthy ageing of all citizens throughout all of their lifetime, applying a proactive lifetime approach to human development (by, e.g., implementing a mandatory "active ageing impact analysis" for any social policy in all fields of social policy/public policy).

Need for progressive social change

Advocates of the developmental social policy approach highlight the need for progressive social change in order to bring about high standards and quality of living (cf. Midgley, 1995; Midgley and Aspalter, forthcoming). Social change is the outcome of economic change and/or technological advancement, which is also the outcome of economic change. However, the economy by itself cannot solve all the social problems of a society at any given time. Quite on the contrary, we can expect that economic change is intrinsically intertwined with social change which by itself causes new positive and negative phenomena, that is, also new social problems. The faster the speed of economic change (be it growth or structural changes of the economy), the faster we can expect that social conditions and individual behavior at large will change in tune. Economic change, however, also bears the capacity to bring about new wealth for those formerly excluded from the prime distribution of resources or income, *if, and only if*, they are appropriately equipped with educational resources (such as technical or managerial skills, in-depth knowledge, etc.) and if their drive to work, invest and to do business is not hampered by their exposure to common social risks or physical or mental ill-health.

Market players' actions are based on their own intrinsic interests, and hence market outcomes do not take into consideration poverty, suffering and injustice – by way of market mechanisms, such as the distribution of supply and demand, market power, price and product information, which rule markets. The very nature of companies and entrepreneurs make them pursue their own interests of gaining access to market powers, exclusive or insider information, and controlling critical supplies, know-how and distributional channels. Baron de Montesquieu rightfully underlined that the interests of the individual market players (companies or entrepreneurs), more often than not, do not match, or run counter to, the interests of the economy or the state and society: "La liberté du commerce n'est pas une faculté accordée aux négociants de faire ce qu'ils veulent; ce serait bien plutôt sa servitude. Ce qui gêne le commerçant, ne gêne pas pour le commerce" (Baron de Montesquieu, "De l´esprit de lois," cited in Devletoglou, 1991: 15). But, given the powerful incentives of working, investing and doing business for oneself, the society needs to make best use of market forces, and hence the power of individual self-interest, in order to secure the best outcomes of our societies and economies, as well as our entire civilization.

Based on these basic assumptions, developmental social policy does take into account the positive, as well as the negative effects of market mechanisms in bestowing or threatening/destroying peace, social harmony, social inclusivity, equality of opportunity, social justice and overall prosperity of the people and its country.

Proponents of normative developmental social policy may have different solutions at hand here or there, or follow a different accentuation of the overall proposed social policy model, but all of them mandate positive state action, and hence support the duty of the state to intervene in achieving optimal societal outcomes through progressive social change, led by managerial power of the state, and the theoretical and practical insights of social policy researchers and other social and economic researchers, as well as practitioners on the ground.

Developmental social policy does not support in any way any form of comprehensive state socialism or any form of night-watch state/laissez-faire type capitalism. Developmental social policy is evidence-based, not in the sense of ideologies or ideological thoughts of any sort, but that empirically informed/empirical-based research is telling us what to do and what not to do. Positive examples are to be multiplied in any good practice of social policy, and any example of social policy, or system, policy, program or regulation that triggers directly or indirectly negative results must be avoided by all means, all the time, everywhere.

It is for this reason that normative developmental social policy differs a great deal from other traditional normative social policy approaches, such as the institutional approach and the residual approach of social policy, since the former pays little or no attention to individual economic and behavioral incentives and the reality of prolonged fiscal austerity of the state, and the latter pays no attention to (a) the negative side-effects of one particular type of social assistance and social service provision, namely asset- and means-tested benefits and services,

which directly cause the phenomena of *poverty trap* and *savings trap*, contributing to increased overall dependency and increased levels of poverty – as well as (b) the negative effects of mandatory private social insurance systems (cf. Aspalter, 2012, 2014; Midgley and Aspalter, forthcoming).

Developmental social policy, in its very essence, sees social policy as a necessary ingredient and, in fact, as a crucial "*input factor*" (in the terminology of economic theory) to achieve sustained long-term economic growth, with high levels of social standards and social quality. The key engine of fast economic growth according to Kaldor and Verdoorn is the manufacturing sector (cf. e.g., Kaldor, 1966; Solow, 1970), but without the helping hand of social policies, such as education policies, health care policies, land-reform/land distribution policies, and urban social policies, such as infrastructural and housing policies, the transition from an agricultural-based to a manufacturing-based economy, from a light-manufacturing to a heavy-manufacturing industrial base, or later on from an industrial to post-industrial/service- and technology-based economy would not be feasible and/or not sustainable in the longer run, or at least the full (true) potentials of economic growth would be highly compromised, reduced and delayed. Companies and entrepreneurs, too, profit a great deal from social stability, social harmony and social mobility. In addition, many company leaders and entrepreneurs themselves come out of the agricultural and working classes.

The belief that the process of economic growth somehow automatically disburses wealth evenly (cf. *the idea of a trickle-down effect* in economics), or from the top of the economic strata to the bottom is void of a strong sense of reality. The empirical reality of most developed and developing countries all over the world tells quite the opposite story.

Most countries that are not marked by high levels of egalitarian social security and social policies, and/or egalitarian tax and income redistribution policies, reveal highest levels of the GINI index of family income distribution (especially countries in Latin America, Africa, as well as developing countries in Asia and a number of Anglo-Saxon countries).

Advocates of developmental social policy reject any belief that suggests the existence of trickle-down economies (cf. Aspalter, 2006a, 2006b, 2014; Midgley and Aspalter, forthcoming), but rather point to the reality of dominant trickle-up effects (that by far undo any trickle-down effect, e.g., a millionaire buying a hot dog from a street vendor) and *overall reality of trickle-up economies*, where more money is sucked up, due to economics of scale; quantity discounts; access to political power, best lawyers, in-depth/insider information, low-cost and large-scale capital lending and highest-quality professional accounting (the number one goal of which is to avoid paying taxes); the inner workings of real estate and land development projects, as well as mass consumption of the poor in large supermarkets and chain retail stores, etc. will – on the whole – always outperform any positive effect of a top-down redistribution, such as donations of the rich to the poor.

Social change can directly be brought upon by government intervention, e.g., a new policy strategy of the government (such as, the New Deal in the 1930s in

the US, or the Marshall Plan for struggling societies in postwar Europe), or by economic change that is by itself fostered and sustained by ongoing social change with the managerial help of (a) *governments* (national, provincial/state and local governments), (b) *specialized academic disciplines* (social policy, public policy, social work, gerontology, sociology, health sciences, etc.) and (c) *professional experts working in various key fields* (social security and social policy administrators, public policy administrators, teachers, lawyers, police officers, doctors, nurses, psychologists, social workers, media experts, etc.).

Universalism, equality of opportunity, and inclusivity

Given the empirical reality of marked socio-economic inequality in most developing and developed countries of the world, developmental social policy scholars are keen to address this issue with a new focus on redistributive social policies. And here *the most important question is not how much redistribution, but redistribution of what and how to facilitate redistribution in an effective and efficient manner?* Redistribution is meaningless if it proves to be ineffective or even harmful, if it proves to have negative side-effects or outcomes. Therefore, we should not right away discuss the issue of how much redistribution is appropriate, if we don't know what kind of redistribution we are talking about, and how it affects real-life situations and real-life families and societies.

The *Robin Hood mentality* to redistribution reaches back to the Middle Ages (to the birth of the Robin Hood saga, and the time of the crusades). Back then, it was instantaneously known who were the rich and who were the poor. *Over sustained periods of time* a strict application of the so-called Robin Hood approach, even back then at the time of this saga, would have had a devastating effect of individual work incentives of the rich and the poor alike. Today, it is almost impossible and extremely expensive for government administrators to find out exactly how much somebody owns (asset-tests) and how much somebody earns (means-tests) – especially in developing countries. Financial and ownership situations are highly complex and fortunes are highly volatile in the modern, industrial and post-industrial worlds – and they often cross international boundaries, often reaching around the globe. When using asset- and means-tests today, most of the money that was set aside to help the poor actually ends up being used for financial surveillance, bureaucratic paperwork, as well as offices and salaries of bureaucrats. What makes the choice of asset- and means-tests (AMT) as the prime source of redistribution of income even worse is the effect it has on individual behavior, especially reality of *poverty traps* and *savings traps*, and with it the stigma and helplessness of long-term dependency of individuals, families, communities and, in some cases, even virtually entire ethnic minorities, or large chunks of lower social classes.

The Robin Hood approach is only doomed to failure if it is paired with asset- and means-tests, i.e., economic targeting. In the old days, it was very clear who were the very poor and who were the very rich; there was virtually no middle class as well. If we could go back to the Middle Ages, we may find that the

legendary figure of Robin Hood may have actually used a different method to target his redistribution efforts, that is, non-economic targeting (NET) in the form of *geographic targeting*, to be sure he did not or would not be able to conduct asset- and income-tests. The approach of NET is very successful, as it reveals highest levels of effectiveness and efficiency.

Non-economic targeting for social assistance and social services is maybe a relatively new form of targeting in most industrial and post-industrial societies around the world, but it is much closer to the methodology of the original Robin Hood approach.

Asset- and means-testing cause harmful side-effects, by changing people's economic behavior and forcing them not to save, not to invest, not to have more income. That is, by way of *economic targeting* (AMT) people are being forced to avoid overtime work, full-time work, to avoid promotion or pay-increases and to avoid additional savings, either of which would just about push them over the official poverty line – the point where they get cut off from access to numerous welfare benefits and social services for the entire family. The monetary value of the lost access to welfare benefits and services is, more often than not, much higher than the marginal extra income that could be achieved through extra work, extra income or extra savings/investments (cf. e.g., Saunders, 1995; Whiteford, 2007; Buckmaster, 2009).

Non-economic targeting (NET) can be conducted in the form of focusing on a variety of target populations by way of gender, age, family size, number of children, geographic location, ethnic background, religion, work performance, personal achievement or behavior, etc. or, as in most cases, a carefully selected combination thereof.

Also featuring highest levels of effectiveness and efficiency is the method of universal benefits and services (UBS). The principle of universalism goes back to 1884 when a Royal Commission in Sweden set up the principle of *folkhemmet*, or *people's home*, where the entire country is seen as a family, and family members (Aspalter, 2001a), as a consequence of that, are not left behind (a principle that is also prevalent in most modern military philosophies, i.e., "leaving no one behind"). The Chinese (Mandarin) word for nation is a combination of the word for "country" and the word for "family," this points to the fact that maybe the concept of universalism has much longer, much deeper roots in the history of modern-day civilizations, perhaps going far back into pre-historical times, where the society, i.e., the community, was the family and with it the last line of defense.

Modern welfare state systems – be they large or small, no matter what type and degree of redistribution they feature – have tried to achieve equality of opportunity, and overall inclusivity so that no one is left out or is left behind. Universal benefits and services (such as the 0-Baht universal health care scheme in Thailand) and non-economic targeting (such as geographic targeting in anti-poverty programs) (cf. Kitthananan, 2005; Aspalter, 2006a, 2011) have resurfaced in the last decade as prime achievers for overall societal equality, particularly equality of opportunity (in education, health care and the fight

against poverty) and overall inclusivity of formerly left-out and left-behind vulnerable and disadvantaged members of the grand family we call our country.

Symbiotic integration of social policies and economic policies

The main difference between major normative social policy approaches of, e.g., the institutional approach, the residual approach and the developmental approach is that the former two do not address economic issues directly. Both the institutional and the residual approach are based on a fixed idea that social welfare is basically the redistribution of public resources to people in need. While the former is emphasizing extensive social transfers to a larger number of people on a long-term basis, the latter is focusing on asset- and means-tests to give to those who are left out of the labor market or who are born into poverty, or retire in poverty (cf. Aspalter, 2014; Midgley and Aspalter, forthcoming).

The developmental social policy approach is the only approach that focuses on: (1) the fiscal reality of governments in times of high public debt and prolonged government austerity; (2) the negative effects of mandatory private insurance systems (low system efficiency through loss of funding by way of expensive advertisement costs, high profit margins, monopolistic or oligopolistic market conditions, as well as high transaction costs, such as legal and administrative costs, etc.); (3) the long-term behavioral and economic effects of health insurance systems (such as redistribution from those who live healthily to those who smoke and drink alcohol, from those who do exercise to those who don't, etc.); as well as (4) the long-term behavioral and economic effects of pension insurance systems – such as, e.g., (i) redistribution from those who spend a small fortune to raise children to those who benefit from the taxes and pension insurance contribution that are paid by these very same children; (ii) redistribution from the ones who work more years to those who choose to retire as early as possible and, more often than not, (iii) redistribution from the working classes to the middle and upper income classes due to the workings of pension formulas in pay-as-you-go systems – and, last but not least (5) on micro-economic effects of asset- and means-tests (in the form of *poverty traps* and *saving traps*, which in total contribute to an increase in the overall number of poor people below the poverty line in the longer run).

Hence the study of microeconomic and behavioral effects (no matter they involve lifetime choices or short-time choices of individuals) needs to be given greater priority in social policy studies. Many social policy systems, policies and programs have very positive effects on behavioral and microeconomic choices (of consumption, savings, investment, education, work, family choices and leisure activities, etc.), such as, e.g., universal education programs for all, or geographically targeted anti-poverty programs or school-based anti-poverty programs, or contribution-based individual accounts (provident fund systems) that combine full individual interests to stay healthy, to work a lot and to save a lot of money over one's lifetime (i.e., shortening unnecessarily lengthy education, and avoiding early retirement), to invest one's savings, and to use one's lifetime savings for investment in small-scale family enterprises, etc.

Social policies have a long list of positive effects on economic growth and development (cf. Aspalter, 2012: 185; also Garfinkel *et al.*, 2010). *First of all*, they are known to act as an automatic stabilizer that reduces the adverse effects of business cycles, i.e., economic downturns, by way of keeping consumption going (increase in unemployment benefits and subsidies to the poor, a continuation of retirement income, and a continuation of health care and educational services to the general public and especially the poor, etc.).

Second, social security policies, chiefly funded social security systems (be they provident fund systems or funded social insurance systems), served in the past as a funding tool for economic development and social development alike (cf. e.g., the exemplary case of Singapore: Low and Aw, 1997; Low and Aspalter, 2003), as well as serving as a liquidity fund, in times of need.

Third, social policy also creates sustainable conditions for social harmony, social peace, as well as social and political stability. Equality of opportunity, and particularly universal social policies (such as universal education, universal health care programs or systems, or universal minimum pensions) clearly support social unity and support for current political and social elites (e.g., Brazil took large steps towards universalism under authoritarian rule, which broadened the support base of the political regime; in China, recent universalization of basic health care coverage and basic pension coverage is designed to increase social harmony and broad-based political support for the ruling party).

Fourth, social policies serve as an incentive tool for increasing savings rates, as *incentive tools* (a) to increase hard and good-quality work, (b) to support new and current entrepreneurship, (c) to save administrative costs, (d) to prevent and reduce ill-suited behavior (such as alcoholism, smoking, etc.), as well as to (e) multiply and strengthen positive behavior (more years in education; greater efforts to study; healthy lifestyles, such as positive choices with regard to food and exercise, etc.).

Fifth, social policies create, strengthen, defend, secure a steady supply of human resources and the development of know-how to produce goods and services in the market economy. Hence, developmental social policy advocates stress the role of social policy as an *input factor to economic growth*. People are born into and raised in families, and these families need support in the form of appropriate housing, health care services, educational services, family policies, labor policies, social security policies, etc.

Healthy and happy people are the best resources an economy can have. As long as social reproduction is secured in a sustainable (that is, intergenerationally sustainable) manner there will be more babies who need milk and diapers, more children who need kindergarten and school places, more children reading books and playing with toys, more children studying at and graduating from high schools and universities, more entrepreneurs, more technology, more trade and investment. Economic development is a process that starts with the birth of children and the economic activities it causes and leads to in the course of a lifetime. Social policies make sure that all the way there will be proper incentives and proper support for young families and their children, elderly people, the weak, the disadvantaged and the vulnerable.

Sixth, social policies hence have to support, as part of a social investment strategy, the development of individual human capabilities (individual human capital), social capabilities (social capital) and cultural capabilities (cultural capital) (Bourdieu, 1973, 1983, 1986; Aspalter, 2007a, 2010), applying a lifetime approach to human and social development.

Seventh, social policies directly subsidize economic activities, and as such economic growth, by erecting and running public educational institutions and/or by providing subsidies to private educational institutions (from kindergarten to postgraduate university level), by providing public health care, public mental health care, public long-term care services and social services of all types, or subsidies to private services in these areas, or by implementing anti-poverty policies, benefits and services. More indirectly, family and community social policies, gender equality policies, minority policies, etc. also increase social stability and social harmony, which is a necessary and often cited factor that is crucial for economic growth to take off and to continue (cf. Rostow, 1960; Kuznets, 1965). This is also often referred to as necessary, highly beneficent *economic frame conditions* in the study of economic growth (cf. Kuznets, 1979).

Eighth, the economic and societal (and in most cases, political) costs of not having social policies are too high (Weidenholzer and Aspalter, 2008; also Garfinkel *et al.*, 2010). Civil unrest, crime, violence, addiction, neglect will destroy the fruits of economic activities, including labor, investment, entrepreneurship and international trade. Social policy protects economic development and hence supports long-term economic planning and investment by entrepreneurs and corporations.

The development and defense of individual human capabilities

Following the *paradigm of social investment*, social policies that aim to develop and defend individual human capabilities have come to play an even greater role in overall social development and economic development perspectives with the onset of post-industrial societies and service-based/information-based economies (cf. the need for new social policies in the new world of industrial society: Esping-Andersen, 1999, 2002; Taylor-Gooby, 2000, 2005b; Beck, 1986, 1992, 1999, 2000; Aspalter, 2004a, 2004b, 2007a, 2007b, 2010).

What started out to be a pure "financial investment in education" has long developed and transgressed the border of financial considerations, and now also includes a large number of physical, mental, social and cultural traits. Human capabilities need the supporting and managing hand of the government (hence forming new areas of social intervention), which are necessary additional ingredients to higher (than usual) rates of economic growth. *International comparative advantages*, nowadays, also comprise a healthy, educated and happy population, that can generate a strong and capable workforce, the development of cutting-edge know-how and the development of a new generation of entrepreneurs. In order to achieve such an international comparative advantage, a society needs to nurture and safeguard its human resources. Whichever country

succeeds in doing a better job in this regard will by the very nature of international economic competition have a sizeable and winning comparative advantage over other economies specializing in similar goods and services.

Having a healthy and happy workforce implies having healthy and happy retirees, and hence a healthy and happy elderly generation. When one would apply the concept of active ageing to only the ones who have retired or who are about to retire, one misses out the whole picture: an integrated, holistic perspective in social policy. The reasons for one's unhealthiness and unhappiness in old age lie more often than not in mid-age or in early stages of childhood or youth. This is what is called the life-cycle perspective or life-time planning in social policy (cf. Esping-Andersen, 2002; Walker, 2002, 2009, this volume; Aspalter, 2007a, 2010).

Why it is so important from the perspective of social policy to have a healthy and happy ageing population? The costs of health care and long-term care are staggering in ageing societies, particularly in developed slow-growth economies of the West, Japan and other soon to be fully developed economies. However, the impact of mostly non-funded (pay-as-you-go) pension systems combined with low levels of national fertility, and the impact of cost-heavy health care and long-term care are *not necessarily* predicaments of ageing societies.

There are examples of healthy and happy ageing populations with long life expectancies and high quality of living. Okinawa, Macau, Singapore and Sardinia, etc. – which all feature the highest life expectancies at birth in the world – all have in common high individual human capabilities/human capital, which was only achieved by long-term investment in people's physical and mental health *and* in people's happiness. Happiness and self-content (including contentment about one's health, one's family and friends, one's work and personal achievement, one's home, one's hometown and home region) are vital ingredients to people's mental and physical health, so are a stable family, a stable work-place and career, and stable community and family support (cf. also Walker, this volume). The societal human capital perspective in social policy supports the idea of holistic investment in people's lifetime happiness, as well as lifetime physical and mental health. Individual human capital (capabilities) hence is composed of, first of all: (a) physical health and (b) mental health, as well as (c) formal and informal education, (d) skills and training, (e) attitudes, etc. (cf. Aspalter, 2007a).

With regard to policies focusing on active ageing, the societal human capabilities (capital) perspective leaves ample room for *innovative* social policy ideas (i.e., a sheer endless number of instruments and policies are thinkable and feasible) and *"integrated" social policy solutions.* Integrated social policy solutions here mean that they are (a) "overlapping" in the positive sense, i.e., two policies, programs, etc. or more focus on the same problem, which is very positive and necessary to succeed in one's policy objectives; and/or (b) going "hand-in-hand," i.e., supporting and being coordinated with one another.

The list of priorities for any set of active ageing policies should start with health and mental health, then, either labor market participation and/or grandparenting, then cultural and social participation (cultural and social capabilities),

etc. Without proper levels, i.e., quality, of health and mental health, activation of elderly persons for labor markets, entrepreneurship, and social and cultural participation becomes meaningless, since physical and mental health are the most important ingredients for active ageing.

There is a popular wisdom in China that before 35 or 40 years of age people spend their health in order to make money, and thereafter they spend their money trying to buy back their health. As we know, strategies to buy back health are highly limited, if not impossible, and hence doomed to failure. The best green tea in the world, the best Ling Zhi/Reishi mushroom (the king of Far Eastern traditional medicine), the best massages in the world cannot undo the impact of unhealthy lifestyles or life events of one's past years and decades. When people start to feel that health is a like a bank account from which you cannot make unlimited withdrawing, and most of us will run out of (accumulated) health or strength, then we may have already lost a number of years from our personal life expectancy or healthy life expectancy.

Therefore, it is the duty of the government to educate and propagate/communicate the importance of staying physically and mentally healthy and accumulate and sustain health in early years, not just from the mid-point onwards, or after the end of active labor market participation (retirement), following the life-time approach in active ageing and developmental social policy.

Most people in, e.g., the West, and Japan, do know that smoking and drinking cause multiple life-shortening diseases, but their short-time interest (addiction) overrules any long-term rational thinking. Hence, information alone is not enough; governments need to resort to more guiding social action (intervention), such as regulating the use of tobacco (e.g., prohibiting smoking in public places, indoors *and* at outdoor places like bus stops, pedestrian zones, as well as entrance areas of schools, hospitals and other public buildings). Taxing tobacco and alcoholic drinks only has limited use pertaining to curbing the consumption of tobacco, and so does the licensing of tobacco and alcohol sales. The ban of advertisements, however, is much more useful, as is the control of packaging, i.e., warnings against consumption and over-consumption.

In many developing countries, however, the risks of, e.g., consuming alcohol, tobacco (including second-hand smoking), handling dangerous chemicals, eating contaminated (cancer-causing) foods, etc. is not even known to most of the general public, particularly the working and middle classes – nor do they know that a healthy lifestyle includes eating less pork fat, fewer deep-fried vegetables and fewer French fries, drinking less soda with high sugar content, and consuming no second-hand oil (in China, e.g., cooking oil in almost all cheaper restaurants/canteens is recycled cooking oil and of very poor quality), etc.

Due to fast modernization and urbanization, people in developing countries are exposed to much greater risk of personal ill-health over one's life-time than in most developed societies of the West and Japan (cf. Aspalter, 2007b, cf. also Beck, 1986, 1992, 1999, 2000; Taylor-Gooby, 2000, 2005b).

In developing countries, mental health is virtually absent from government policy, and is also being banned in day-to-day discussions. The topic of mental

health is utterly ignored and people are being punished, particularly in East Asia, who mention they or their family members or friends have or may have mental health problems – this is also the case with rather minor mental health problems like depression or anxiety, etc. Words like "bad DNA" appear instantly and the whole extended family is being subjected to discrimination from the community and being despised by it (cf. e.g., Cook and Powell, 2005). Co-workers will start mobbing, and employers will instantly push out any such employee who is diagnosed, known or thought to have any form of major or minor mental illness (in, e.g., South Korea and China, this situation is particularly severe).

Hence, in countries like these, governments need to discuss and inform the general public about simple and complicated health and mental health issues, as there is no private market that sees a profit in teaching people that they have a health or mental health problem and/or what one is, and/or how to prevent such a problem, how to cure it and what to do in case they or their family members, friends or co-workers have it.

Active ageing, besides, has also a strong mandate to integrate the elderly people into the active labor market, most importantly, that is achieved by *not* supporting – and preventing – early retirement, as well as any punitive regulation that hampers continuous employment or self-employment in higher age (i.e., after the usual or legal retirement age). Prof. Mukul Asher (2001) from the National University of Singapore told me once in an eye-opening conversation that there should be *no retirement*, that is, there should be *no retirement age*.

The end of the concept of "retirement at a fixed age" is important for the possibility of higher levels of active ageing. People, as they age, may "retire" partially, or for a shorter period of time, most of them will "retire" on a flexible basis, and quite a few may "retire" by, e.g., starting their own business – at least in Asia, this is even supported by regulations of, e.g., the Central Provident Fund in Singapore, where people may withdraw up to half of their retirement account for the purpose of setting up a business.

Social security systems, and particularly Bismarckian Pay-As-You-Go pension system or NDC (notional/non-financial defined contribution) pension systems, have to take into account individual incentives, flexible lifetime participation of individuals in the formal economy, be it through employment, entrepreneurship or investment – be it through different kinds of individual provident fund accounts, personal savings, home purchase, investment in stocks, business, etc. (Low and Aspalter, 2003; Holzmann and Palmer, 2006; Aspalter, 2009; Holzmann *et al.*, 2012).

The development and defense of social and cultural capabilities

Being physically and mentally healthy, in any way economically active, as well as well-trained and educated in a holistic way is important, but the strongest individual will start to falter in a matter of weeks, if one is isolated or disconnected from one's society and culture.

To join a group of Taiji practitioners in the morning or a group of middle-aged and elderly women dancing in the evenings at public squares, spacious

parking lots and sidewalks in the evenings (a common sight across most cities in China) means to enhance one's social network, one's social support group, one's ability to connect and open up to one another, to find friends and acquaintances, to be able to talk to someone about one's personal/health/family problems, to learn more about what to do to stay healthy and what is going on in the community and society, to learn and practice local culture, and to deepen one's cultural identity, i.e., cultural roots.

In short, the development and defense of social capabilities (social capital) is at the same time supporting the development and defense of individual human capabilities (individual human capital) and cultural capabilities (cultural capital). This integrative, interconnected relationship between different aspects of societal human capabilities (societal human capital) is vital for policymakers to understand that there should not be just one objective for any social policy, e.g., just focusing on individual human capital or just focusing on social capital. Any social policy that supports active ageing in society has to be integrative, that is, it should (wherever possible) "catch more than one bird at the same time," or in other words, pursue more than one limited, specific goal at one time.

That is to say, different fields of social policy have to tackle a particular social problem in tandem (and not isolated from one another in any compartmentalized form of policymaking and policy application): such as education policies, community social work programs, *cultural social policies* (social policies that use culture and cultural activities for social policy goals), *communicational social policies* (social policies that use all types of media for social policy goals), *environmental social policies* (social policies that use the environment or environmental policy to make social policy, i.e., to pursue social policy goals), etc.

To use theaters, opera houses or public performances on main squares, etc. is a great way to do social policy – as people meet, they chat, they get self-confidence, a sense of self-worth. Social policy can use cultural and social events to fight and prevent loneliness and depression in elderly people, elderly suicide, social isolation and hence rapid mental and physical decay (also with respect to Alzheimer's disease, etc.). The findings of Emile Durkheim (1997) have shown a long time ago that the lack of social integration is a key driver that not only causes directly social problems (like suicide), but also, and more importantly so, causes a multitude of indirect (intermediary) social problems.

Communities, societies and families alike that are more integrated are less prone to poverty and feature, in general, higher levels of social development, as well as economic growth (Putnam, 1993, 1995, 2000; Putnam *et al.*, 1993). Adam Smith realized in his book *An Inquiry into the Nature and Causes of the Wealth of Nations* that British immigrants are particularly successful in economic terms, and as a society, due to their social networks and their cultural norms and traditions (favoring, e.g., hard work and the rule of law). Favorable social and cultural capital/capabilities hence are vital ingredients for long-term economic and societal success.

For the reduction of poverty and other social problems, social and cultural capital play also a crucial role, which explains the success of, e.g., very rich

families and individuals and/or the failure to succeed of, e.g., an ordinary poor family or individual. Successful social and cultural reproduction of communities, families and social classes alike is also the main source for success in employment or business, or in accumulating life-time savings, and/or in making the right investment decisions (cf. Bourdieu and Passeron, 1970; Bourdieu, 1973, 1983, 2002; Bourdieu and Johnson, 1993).

The songs we listen to are important and determine the group of people we socialize with. A youth listening to rap music is likely to be accepted into a street gang, or a group of unemployed or troubled youth; only a tiny minority of rap music fans make it to the top and become, e.g., successful singers or managers in the music industry. For the most part, fans of classical Italian opera will outperform fans of rap music.

The role of a young child's process of socialization is key; a young child will likely follow later in their life their parents' first choice of music, as well as their parents' choice of favorite hobbies. The choice of playing tennis, by and large, may resemble a choice of wanting (and being able to, or going to) join the upper classes of society. While the choice of playing soccer and wrestling is, more often than not, common particularly among the working and lower classes. Soccer and wrestling will not hinder one's rise to the upper class per se, but they will limit the circle of one's friends or acquaintances one can talk about the latest matches and results and share one's passion with.

But, imagine a poor boy in Hong Kong who decides to play regularly cricket with members of wealthy families, including on occasion sons of ambassadors of, e.g., countries like Pakistan, India, UK, Australia, South Africa, etc.; imagine the very same poor boy playing regularly tennis in Hong Kong island, near the financial district, or joining the church regularly every Sunday just up the hill of the financial district, where the rich of the rich, the most influential business leaders and managers and their families socialize. His future will be very different from another boy, who might live in this boy's neighborhood, whose parents might share the same occupation and educational level, but who may prefer playing soccer in his working class district. Also, it is well known in, e.g., Hong Kong, that church attendance and activities, e.g., increase one's chances of getting a good job or even a job promotion, or of getting married into a rich family.

Formal education is important, but social and cultural education, and social and cultural experiences, are at least as important in making one's way out of poverty. Golf, tennis, cricket are per se not changing one's lifetime choices, but the opportunities to meet and make conversations of people of importance are. Classical Italian opera or listening to Mozart will not help per se to get out of poverty, but going to the opera house or music-theater will. One's self-esteem will change, one's choice of words and thoughts will change over time, and one's most preferred group of people, one is socializing with, will change, too.

To be clear, social and cultural capabilities are not being learned when joining an afternoon lecture or weekend seminar, they are instead learned over a lifetime. So, it is never too early, and, importantly to note, never too late, to get

started to change one's degree of socialization and one's degree of social and cultural participation, and if possible one should choose selectively when one is about to socialize, to make sports, to listen to music, etc.

Government social policy with regard to active ageing should apply a lifetime perspective, and not just start with the aged or middle-aged population groups. The best way for an ageing population to age is to do it with the support of the family and the community, in close proximity to the very young. What struck me, many years ago, when I visited a local branch of the Salvation Army in Hong Kong (HKSA, 2007) was its approach of letting elderly citizens plant vegetables together with primary school children in the backyard of a local school on a regular basis. The young children and the senior citizens both experienced each other, bonded and learned to understand and to take care of each other, and both learned to enjoy the amazing smell of fresh tomatoes still hanging on a tomato bush, and the joy of harvesting one's own vegetables. To watch this small social program was enlightening.

And so was the lecture in Siberia by a Vice Mayor (Federova, 2006) of a major industrial city in Siberia, a social worker by training, who presented the way the local government there is conducting social policy. The poor and the socially excluded are given first row seats in the theater, social workers are allowed to borrow books from the city library on behalf of their social work clients, social workers travel for free on public busses and trains, etc.

On another occasion, this time in Malaysia, I saw the Director of *Institut Sosial Malaya* (at the ministerial level of the central government) (ISM, 2005) inviting several dozen juvenile delinquents (who dressed up in formal attire) to join a three-hour lecture to hundreds of high level government officers in a large beautiful lecture hall, to show the youth that they are being respected and valued, so that they themselves can develop self-esteem and contribute, later on in their lives, in a valuable and productive way to society. The essence of my lecture was not important for the kids, I suppose, but the fact that the government is taking care of them, and the fact they dressed up and joined a formal occasion at a beautiful location was important for their confidence-building and their future choices and further capabilities in socializing in upward social events.

This is what the societal human capabilities perspective in social policy is all about, especially synergy effects, accumulative lifetime effects, and a holistic approach to well-being and welfare ("learning how to achieve more than one goal at the same time").

Developmental social policy proposes, hence, to focus on (a) the existence of *positive and negative domino effects* of events, activities and circumstances in people's lifetimes where the positive domino effects need to be repeated and strengthened and the negative domino effects need to be avoided; (b) *the principle of cumulative causation* (or the "interest interest effect") in social policy (Aspalter, 2007a, 2010; cf. same principle as applied in economics, cf. e.g., Myrdal, 1957); as well as (c) *the positive, proactive, holistic integration of different streams and objectives of social policy in each and every social program and policy.*

Environmental social policies and programs

The environment is key for healing, for finding peace and harmony, for achieving many great things in life. The physical environment, as well as the personal environment in general, is key for happiness, health and positive lifetime choices. Kids who spend most of their time in a grey housing complex, will find it difficult to find purpose and direction and happiness in life, and to avoid the contact with drugs, gangs and prostitution. On the other hand, kids who play often in a green park next to their home, who can see flowers next to the entrance of their building and/or where they live, are having great chances of becoming happy, healthy individuals, following the right lifetime choices. Urban social policy and housing policy, as well as anti-poverty and anti-crime policies, need to be aligned in the fight against grey, run-down housing environments, and the fight for more green and flowery vegetation and park facilities, right in the middle of troubled or otherwise forgotten neighborhoods and districts.

Hong Kong, for example, has a big problem of not smiling (this was acknowledged to me also by a former Director of the Social Welfare Department of the Hong Kong government after he listened to my lecture). People on the other side of the border, and particularly the working class people of the other side (Mainland China), are happier. In Hong Kong, in addition to the famous small "birdcage"-style public housing complexes, working class districts and their streets (the place where tourists almost exclusively never go to) are basically grey and monotone – thus preventing any sense of joy, inspiration and self-esteem, of local residents.

Environmental social policy or social programs are using the environment or environmental policy to achieve social policy objectives: e.g., planting green and flowery vegetation; building and maintaining public parks, pavilions, places for people to do Taiji, play badminton or basketball, or table tennis; playgrounds for children; larger and smaller playgrounds for adults (available in almost all Chinese cities, and each of their suburbs, accommodating up to several hundreds of adults and their children at the same time); playgrounds especially designed for the elderly citizens (e.g., for gentle exercises); as well as a high number of well-maintained public hiking and walking paths also in and/or near the center of the city. Hiking, for example, is a national sport in South Korea and many well-maintained public hiking paths are available even in the center of Seoul.

Environmental social policies and programs may also look very different from planting trees or flowers, or supporting popular, health-promoting leisure activities. A friend of mine, François Du Toit (2006), from South Africa is a social worker and wildlife expert. He used to take, when he was still in South Africa, his social work clients into the bush, of, e.g., the Kruger National Park, on foot. Using the lions, the environment of the bush, the strange, exotic noises that surrounded the tents at night, he managed to let his clients distance themselves from their personal and/or mental problems, and focus on what is happening right in front of, or surrounding, them. Once the clients settled in their new environment, he successfully applied his techniques of social work and psychology in helping his clients.

Well, not every social worker is as capable in avoiding lions and poisonous snakes, etc., as François, but almost all of them may take their clients up a hill for a short hike, take clients to go fishing or swimming with dolphins, take kids and/or senior citizens to a butterfly farm, a zoo or a public park, etc. to let them experience the joy and happiness of nature, fauna and flora.

Social policy, in the past, was too much centered on money, and still is today. Nature is a powerful tool to prevent and heal, to promote physical and mental health, to gain life experiences and management skills (timekeeping when hiking, or long-term planning when planting tomatoes, or managing to be quiet when walking with lions).

Communicational social policy

Being stationed here in Asia myself, I pick up many new local approaches in social policy, since they solve or have the strength/potential to solve many of the yet unsolved problems we have in developed countries, where social policy focuses exclusively on *monetary social policies*. In times of a sustained fiscal crisis of most governments, *non-monetary social policy* is becoming increasingly crucial for the future of social policy in general and the future of social welfare in highly diverse and fast-changing societies of the post-industrial age.

Communicational social policies are social policies that use all sorts of media to achieve social policy goals, including movies, TV series (such as soap operas), radio, traditional newspapers, internet, even twitter and facebook, etc. A major example of this new method of applying social policies, which we may also call "*social policy marketing*," is the case of Hong Kong, where the government is using *Advertisement in the Public Interest* (APIs) to achieve social goals, and to prevent and address social problems of a wide variety, including the danger of hillside fires while hiking, the danger of youths committing internet crimes, elderly abuse (where an elderly man's clothes are thrown out of his door onto the aisle three times, and he, obviously scared and being very frail already, picks up his clothes slowly and walks back into his house slowly each time), or the positive example of an active elderly man (blowing out birthday candles at his grandchild's birthday party, swimming in a public pool, etc.).

Elderly men in particular are difficult to convince to accept help and/or to join social and cultural activities (due to social perceptions of what a successful man should be like, etc.). This is a common feature around the world, and hence a common problem for active ageing policies. But, the case of Hong Kong has shown that there is a cost-efficient and very effective way of dealing with a myriad of challenges and problems, also with regard to active ageing policies. APIs should be free of charge, mandated and centrally concerted by the government (e.g., five minutes for APIs, for every one or two hours of broadcasting time) by, and with the guidance of, social policy experts.

Conclusions and outlook

Society is changing, and so it seems, social policy has to change as well. The big changes to come represent not necessarily an undoing of past practices. Apart from asset- and means-testing and the mandatory private insurance model, two policy choices that are strictly rejected by advocates of developmental social policy (cf. Midgley and Aspalter, forthcoming), all major traditional social policy models and methods are yet, and still need, to be strengthened and partially adapted. On top, we need to devise new social policy approaches and models, new social policy methods, and entirely new social policies that are ever more innovative, ever more effect-conscious (or side-effect-conscious), ever more cost- and efficiency-conscious, ever more incentive- and lifetime-oriented, as well as ever more over-arching, i.e., applying far-reaching, multiple goal-setting for each social policy institution, for each social policy instrument of the government, and for each social program on the ground.

The *normative (prescriptive) theory of developmental social policy* (DSP) has set out, *first*, to capture old techniques of social policy that work (such as universal education, and universal health care services) and, *second*, devised and composed a new inventory of social policy objectives (building and defending human, social and cultural capabilities from a lifetime perspective) and social policy methods (e.g., the method of social policy marketing), to sustain, improve and propel overall social development.

DSP is an umbrella theory, a normative theory, that is flexible enough to house a number of new and old social policy perspectives. DSP is empirically driven, based on real-life case studies and long-term comparative social policy experiences. DSP takes into account personal, short-term and lifetime, bio-psycho-social factors, as well as microeconomic incentives, and overall macro-economic, growth-related issues. DSP is easily accessible for the average social policy or social science student, or the average government officer or policy-maker, in all parts of the world. DSP is easily operational, as it is practical, and gives detailed policy solutions and case studies. DSP gives governments and their officers the chance to solve social problems and at the same time gain political support, as well as strengthen the economy. DSP will be able to offer basic solutions and approaches acceptable and preferred to most, if not all, government parties of any major political orientation.

In a nutshell, social policies for active ageing, on the one hand, require a lot of system and policy redesign of current social insurance (social security) systems and social policies. Individual incentives need to be fostered through new system design and social policy mechanisms that favor active ageing, early employment, high degree of self-employment, flexible life and employment patterns, and, most of all, a late (and gradual, flexible) exit from the formal labor market.

On the other hand, a whole range of new *non-monetary social policies – cultural social policies* or *environmental social policies* – need to be devised and implemented in a holistic and integrated manner that catch multiple tangible and

intangible social policy objectives at the same time with each and every social policy, law, regulation or social program.

Bibliography

Abrahamson, Peter (2003), The End of the Scandinavian Model? Welfare Reform in the Nordic Countries, *Journal of Societal and Social Policy*, Vol. 2, No. 2, pp. 19–36.

Allan, James P. (2002), Partisan Politics and Welfare State Outcomes: A Comparative Study of 18 Advanced Industrial Democracies, 1979–1997, working paper, No. 12, Keele European Parties Research Unit, Keele University.

Allan, James P. and Scruggs, Lyle A. (2004), Political Parties and Welfare Regime Change in Advanced Industrial Societies, *American Journal of Political Science*, Vol. 48, No. 3, pp. 496–512.

Arts, Wil and Gelissen, John (2002), Three Worlds of Welfare Capitalism or More?, *Journal of European Social Policy*, Vol. 12, No. 2, pp. 137–58.

Asher, Mukul (2001), interview with, Singapore National University, Singapore.

Aspalter, Christian (2001a), *Importance of Christian and Social Democratic Movements in Welfare Politics*, New York: Nova Science.

Aspalter, Christian (2001b), *Conservative Welfare State Systems in East Asia*, Westport, CT: Praeger.

Aspalter, Christian (2002a), *Democratization and Welfare State Development in Taiwan*, Aldershot, UK: Ashgate.

Aspalter, Christian (2002b), Discovering Old and New Shores in Welfare State Theory, in C. Aspalter (ed.), *Discovering the Welfare State in East Asia*, Westport, CT: Praeger.

Aspalter, Christian (2004a), The Family and the Welfare State: Towards a Sustainable Future, keynote speech delivered at the conference on Family Problems and Social Welfare Policy, The Korean Academy of Social Welfare Policy, at The University of Seoul, Seoul, Korea, June 11.

Aspalter, Christian (2004b), Human Capital and Filial Piety, keynote speech delivered at the conference on Filial Piety in Chinese Societies, Social Service Development Institute, Hong Kong, Nov. 30 (delivered in Chinese).

Aspalter, Christian (2006a), Freedom, Dehumanization and Welfare: An Asian Perspective, *Journal of Comparative Social Welfare*, Vol. 22, No. 2, pp. 95–113.

Aspalter, Christian (2006b), Towards a More People-Centered Approach in Social Development, *Asian Journal of Social Policy*, Vol. 2, No. 1, pp. 65–86.

Aspalter, Christian (2006c), The East Asian Welfare Model, *International Journal of Social Welfare*, Vol. 15, pp. 290–301.

Aspalter, Christian (2007a), Towards a Human Capital Welfare State? In Search of Win–Win Solutions, *Journal of Societal and Social Policy*, Vol. 6, No. 1, pp. 1–46.

Aspalter, Christian (2007b), Aging and the Chinese Welfare State: Managing the Transition from Industrial to Postindustrial Welfare, in I. Cook and J. Powell (eds), *New Perspectives on China and Aging*, New York: Nova Science.

Aspalter, Christian (2007c), The Asian Cure for Health Care, *Far Eastern Economic Review*, Vol. 170, No. 9, pp. 56–9.

Aspalter, Christian (2008), The Welfare State in Cross-Cultural Perspectives, *International Social Work*, Vol. 51, No. 6, pp. 777–89.

Aspalter, Christian (2009), Pension Coverage and Demographic Aging in Asia, keynote speech presented at the ISSA International Social Security Association Conference

"Regional Social Security Forum for Asia and the Pacific," hosted by the Government of Philippines, Manila, October 21–23.

Aspalter, Christian (2010), Towards "Human Capital Solidarity": Emphasizing Justice in the Distribution of Physical, Mental, Social and Cultural Capabilities, ISSA International Social Security Association/Geneva, Global Research Conference, Luxembourg, September 30.

Aspalter, Christian (2011), Developing Ideal-Typical Welfare Regime Theory, *International Social Work*, Vol. 54, No. 2, pp. 735–50.

Aspalter, Christian (2012), European and Asian Health Care Systems in Comparative Perspective, in C. Aspalter, Y. Uchida and R. Gauld (eds), *Health Care Systems in Europe and Asia*, London: Routledge.

Aspalter, Christian (2014), Social Work Services and Developmental Social Policy, in C. Aspalter (ed.), *Social Work in East Asia*, Aldershot, UK: Ashgate.

Aspalter, Christian; Kim, Jinsoo and Park, Sojeung (2009), The Welfare States in Poland, Czech Republic, Hungary and Slovenia: An Ideal-Typical Perspective, *Social Policy and Administration*, Vol. 43, No. 2, pp. 170–85.

Bakke, Marit (2004), The Cultural Welfare: Parliamentary Debates About Culture During the Creation of the Norwegian Welfare Society, paper presented at the 3rd International Conference on Cultural Policy Research, Montreal, Canada, August 25–28.

Beck, Ulrich (1986), *Risikogesellschaft: Auf dem Weg in eine Andere Moderne*, Frankfurt a.M., Germany: Suhrkamp.

Beck, Ulrich (1992), *Risk Society, Towards a New Modernity*, London: Sage.

Beck, Ulrich (1999), *World Risk Society*, Oxford, UK: Blackwell.

Beck, Ulrich (2000), *Brave New World of Work*, Cambridge, UK: Polity.

Beck, Wolfgang; Van Der Maesen, Laurent; Thomèse, Fleur and Walker, Alan (eds) (2001), *Social Quality: A Vision for Europe*, London: Kluwer Law International.

Becker, Gary S. (1964), *Human Capital: A Theoretical and Empirical Analysis with Special Reference to Education*, New York: Columbia University Press.

Beverly, Sondra and Sherraden, Michael (1997), Human Capital and Social Work, Center for Social Development, Washington University in St. Louis, CSD working paper, No. 2.

Body-Gendrot, Sophie and Gittell, Marilyn (2003), Introduction: Empowering Citizens: From Social Citizenship to Social Capital, in S. Body-Gendrot and M. Gittell (eds), *Social Capital and Social Citizenship*, Lanham, MD: Lexington.

Bonoli, Giuliano (2000), *The Politics of Pension Reform*, Cambridge, UK: Cambridge University Press.

Bonoli, Giuliano and Reber, Frank (eds) (2010), The Political Economy of Childcare in OECD Countries: Explaining Cross-National Variation in Spending and Coverage Rates, *European Journal of Political Research*, Vol. 49, No. 1, pp. 97–118.

Borzutsky, Silvia (1991), The Chicago Boys, Social Security and Welfare in Chile, in H. Glennerster and J. Midgley (eds), *The Radical Right and the Welfare State: An International Assessment*, Savage, MD: Barnes and Noble.

Borzutsky, Silvia (1997), Privatizing Social Security: Relevance of the Chilean Experience, in J. Midgley and M. Sherraden (eds), *Alternatives to Social Security: An International Inquiry*, London: Auburn House.

Bourdieu, Pierre (1973), Cultural Reproduction and Social Reproduction, in R. Brown (ed.), *Knowledge, Education, and Social Change*, London: Tavistock.

Bourdieu, Pierre (1983), Ökonomisches Kapital, kulturelles Kapital, soziales Kapital, in R. Kreckel (ed.), *Soziale Ungleichheiten*, Göttingen, Germany: Otto Schwartz.

Bourdieu, Pierre (1986), The Forms of Capital, in J.G. Richardson (ed.), *Handbook of Theory and Research for the Sociology of Education*, Westport, CT: Greenwood.

Bourdieu, Pierre (2002), Cultural Power, in L. Spillman (ed.), *Cultural Sociology*, Oxford, UK: Blackwell.

Bourdieu, Pierre and Johnson, Randal (1993), *The Field of Cultural Production*, New York: Columbia University Press.

Bourdieu, Pierre and Passeron, Jean-Claude (1970), *La Reproduction: Éléments pour une Théorie du Système d'Enseignment*, Paris: Minuit.

Bradley, David; Huber, Evelyne; Moller, Stephanie; Nielsen, Francois and Stephens, John D. (2001), Distribution and Redistribution in Post-Industrial Democracies, Luxembourg Income Study working paper, No. 265, Syracuse University, New York, May.

Buckmaster, Luke (2009), Money for Nothing? Australia in the Global Middle Class Welfare Debate, research paper, No. 31 2008–09, Social Policy Section, Parliament of Australia, Canberra, May 12.

Chow, Nelson W.S. (2002), Financial Innovations for Housing the Elderly in Hong Kong, *Social Policy Ti*mes, Vol. 2, No. 1, pp. 1–10.

Clasen, Jochen and Oorschot, Wim van (2003), Classic Principles and Designs in European Social Security, in D. Pieters (ed.), *European Social Security and Global Politics*, London: Kluwer Law International.

Cook, Ian and Powell, Jason (2005), China, Aging and Social Policy: The Influence and Limitations of Bio-Medical Paradigm, *Journal of Societal and Social Policy*, Vol. 4, No. 2, pp. 71–89.

Devletoglou, Nicos E. (1991), Montesquieu and the Wealth of Nations, in Marc Blaug (ed.), *Pre-Classical Economists*, volume II, Aldershot, UK: Edward Elgar.

Du Toit, François (2006), lecture given at the Annual Conference, organized by the Russian Federation of Social Workers, Kyzyl, Tuva Republic, Russian Federation, June.

Durkheim, Emile (1997), *Suicide*, Free Press: New York.

Esping-Andersen, Gøsta (1987), The Comparison of Policy Regimes: An Introduction, in M. Rein and G. Esping-Andersen (eds), *Stagnation and Renewal in Social Policy*, New York: M.E. Sharpe.

Esping-Andersen, Gøsta (1990), *The Three Worlds of Welfare Capitalism*, Cambridge, MA: Polity Press.

Esping-Andersen, Gøsta (1999), *Social Foundations of Postindustrial Economies*, Oxford, UK: Oxford University Press.

Esping-Andersen, Gøsta (2002), *Why We Need a New Welfare State*, Oxford, UK: Oxford University Press.

Estes, Richard (1993), Towards Sustainable Development: From Theory to Praxis, *Social Development Issues*, Vol. 15, No. 3, pp. 1–29.

Fedorova, Irina (2006), lecture, given at the annual conference, organized by the Russian Federation of Social Workers, Kyzyl, Tuva Republic, Russian Federation, June.

Ferrera, Maurizio and Hemerijk, Anton (2003), Recalibrating Europe's Welfare Regimes, in J. Zeitlin and D.B. Trubek (eds), *Governing Work and Welfare in the New Economy: European and American Experiments*, Oxford, UK: Oxford University Press.

Fitzpatrick, Tony (1999), *Freedom and Security: An Introduction to the Basic Income Debate*, London: Palgrave Macmillan.

Garfinkel, Irwin; Rainwater, Lee and Smeeding, Timothy (2010), *Wealth and Welfare States: Is America a Laggard or Leader?*, Oxford, UK: Oxford University Press.

Gauthier, Anne H. (1996), *The State and the Family: A Comparative Analysis of Family Policies in Industrialized Countries*, Oxford, UK: Clarendon.

Georg, Werner (2004), Cultural Capital and Social Inequality in the Life Course, *European Sociological Review*, Vol. 20, No. 4, pp. 333–44.

Giddens, Anthony (1998), *The Third Way*, Cambridge, UK: Polity.

Giddens, Anthony (2001), Introduction, in A. Giddens (ed.), *The Global Third Way Debate*, Cambridge, UK: Polity.

Goodman, Roger, White, Gordon and Kwon, Huck-ju (1998), *The East Asian Welfare State Model*, London: Routledge.

Gough, Ian; Wood, Geof; Barrientos, Armando; Bevan, Philippa; Davis, Peter and Room, Graham (eds) (2004), *Insecurity and Welfare Regimes in Asia, Africa and Latin America*, Cambridge, UK: Cambridge University Press.

Greene, Jack P. (2001), Social and Cultural Capital in Colonial British America: A Case Study, in R. Rotberg (ed.), *Patterns of Social Capital: Stability and Change in Historical Perspective*, Cambridge, UK: Cambridge University Press.

Hantrais, Linda (2000), From Equal Pay to Reconciliation of Employment and Family Life, in L. Hantrais (ed.), *Gendered Policies in Europe: Reconciling Employment and Family Life*, London: Macmillan.

Harbison, Frederick H. (1973), *Human Resources as the Wealth of Nations*, London: Oxford University Press.

Hardiman, Margaret and Midgley, James (1982), *The Social Dimensions of Development: Social Policy and Planning in the Third World*, Chichester, UK: John Wiley and Sons.

HKSA, Salvation Army (2007), organized visit, Hong Kong, June 29.

Hobhouse, Leonard T. (1924), *Social Development: Its Nature and Conditions*, London: Allen and Unwin.

Hoff, Marie and McNutt, John G. (2000), Social Policy and the Physical Environment, in J. Midgley, M.B. Tracy and M. Livermore (eds), *The Handbook of Social Policy*, London: Sage.

Holliday, Ian (2000), Productivist Welfare Capitalism: Social Policy in East Asia, *Political Studies*, Vol. 48, No. 4, pp. 706–23.

Holliday, Ian and Wilding, Paul (2004), Welfare Capitalism in the Tiger Economies of East and Southeast Asia, in I. Holliday and P. Wilding (eds), *Welfare Capitalism in East Asia: Social Policy in the Tiger Economies*, London: Palgrave.

Holzmann, Robert and Palmer, Edward (2006), *Pension Reform: Issues and Prospects for Non-Financial Defined Contribution (NDC) Schemes*, Washington D.C.: World Bank.

Holzmann, Robert, Palmer, Edward and Robalino, David (eds) (2012), *Nonfinancial Defined Contribution Pension Schemes in a Changing Pension World: Volume 1: Progress, Lessons, and Implementation*, Washington D.C.: World Bank.

Huber, E. and Stephens, J.D. (1999), *Welfare State and Production Regimes in the Era of Retrenchment*, www.unc.edu/~jdsteph/pierson/prodregimes.doc.

Huber, Evelyne and Stephens, John D. (2001), *Development and Crisis of the Welfare State: Parties and Policies in Global Markets*, Chicago, IL: University of Chicago Press.

Huber, Evelyne and Stephens, John D. (2012), *Democracy and the Left: Social Policy and Inequality in Latin America*, Chicago, IL: University of Chicago Press.

Huber, Evelyne, Ragin, Charles and Stephens, John D. (1993), Social Democracy, Christian Democracy, Constitutional Structure, and the Welfare State, *American Journal of Sociology*, Vol. 99, No. 3, pp. 711–49.

ISM, Institute Sosial Malaysia, Government of Malaysia (2005), visit, Kuala Lumpur, December 17.

Jones, Catherine (1993), The Pacific Challenge, in C. Jones (ed.), *New Perspectives on the Welfare State in Europe*, London: Routledge.

Kaldor, Nicholas (1966), *Causes of the Slow Rate of Economic Growth of the United Kingdom*, New York: Cambridge University Press.

Kaufman, Franz-Xaver (1997), European Welfare States in Their Relations to the Family, in J. Commaille and F. de Singly (eds), *The European Family: The Family Question in the European Community*, Boston, MA: Kluwer Academic.

Kitthananan, Amornsak (2005), Geographical Targeting for Poverty Alleviation in Thailand, *Asian Journal of Social Policy*, Vol. 1, No. 1, pp. 25–42.

Kivinen, Markku (forthcoming), Financing the Welfare State System in Russia, in C. Aspalter (ed.), *Financing Welfare State Systems in Asia*, forthcoming.

Korpi, Walter and Palme, Joakim (1998), The Paradox of Redistribution and Strategies of Equality: Welfare State Institutions, Inequality, and Poverty in Western Countries, *American Sociological Review*, Vol. 63, pp. 661–87.

Kuznets, Simon (1965), Notes on the Take-Off, in W.W. Rostows (ed.), *The Economics of Take-Off into Sustained Growth*, New York: Macmillan.

Kuznets, Simon (1979), Growth and Structural Shifts, in W. Galenson (ed.), *Economic Growth and Structural Change in Taiwan*, Ithaca, NY: Cornell University Press.

Kwon, Huck-Ju (1998), *The Welfare State in Korea: The Politics of Legitimization*, London: Macmillan.

Kwon, Huck-Ju (ed.) (2005), *Transforming the Developmental Welfare State*, London: Palgrave Macmillan.

Lavalette, Michael and Mooney, Gary (eds) (1999), *Class Struggle and Social Welfare*, London: Routledge.

Lee, Y.J. and Ku, Y.W. (2007), East Asian Welfare Regimes, *Social Policy and Administration*, Vol. 41, No. 2, pp. 197–212.

Lewis, Jane and Surender, Rebecca (eds) (2004), *Welfare State Change: Towards a Third Way?*, Oxford, UK: Oxford University Press.

Lister, Ruth (2002), Towards a New Welfare Settlement?, in C. Hay (ed.), *British Politics Today*, Cambridge, UK: Polity.

Lister, Ruth (2003), Investing in Citizen Workers of the Future: Transformation of Citizenship and the State under New Labour, *Social Policy and Administration*, Vol. 37, No. 5, pp. 427–43.

Lister, Ruth (2004a), Creating Responsible Citizens of the Future in the Social Investment State, paper presented at ESPAnet 2004 Conference, Oxford, UK, September 10.

Lister, Ruth (2004b), The Third Way's Social Investment State, in J. Lewis and R. Surender (eds), *Welfare State Change: Towards a Third Way?*, Oxford, UK: Oxford University Press.

Low, Linda and Aspalter, Christian (2003), The Welfare State in Singapore: Welfare Without Redistribution, in C. Aspalter (ed.), *Welfare Capitalism Around the World*, Taipei: Casa Verde.

Low, Linda and Aw, Tar-Choon (1997), *Housing a Healthy, Educated, and Wealthy Nation Through the CPF*, Singapore: The Institute of Policy Studies.

Mesa-Lago, Carmelo (2003), The Welfare State in Eight Latin American Countries, in C. Aspalter (ed.), *Welfare Capitalism Around the World*, Taipei: Casa Verde.

Midgley, James (1984), *Social Security, Inequality, and the Third World*, New York: John Wiley and Sons.

Midgley, James (1986), Industrialization and Welfare, *Social Policy and Administration*, Vol. 20, No. 3, pp. 225–38.

Midgley, James (1993), Ideological Roots of Social Development Strategies, *Social Development Issues*, Vol. 15, No. 1, pp. 1–13.

Midgley, James (1994), Defining Social Development: Historical Trends and Conceptual Formulations, *Social Development Issues*, Vol. 16, No. 3, pp. 3–19.

Midgley, James (1995), *Social Development: The Developmental Perspective in Social Welfare*, London: Sage.

Midgley, James (1996), Toward a Developmental Model of Social Policy: Relevance of the Third World Experience, *Journal of Sociology and Social Welfare*, Vol. 23, No. 1, pp. 59–74.

Midgley, James (1999), Growth, Redistribution and Welfare: Towards Social Investment, *Social Service Review*, Vol. 77, No. 1, pp. 3–21.

Midgley, James (2001), Growth, Redistribution, and Welfare: Toward Social Investment, in A. Giddens (ed.), *The Global Third Way Debate*, Cambridge, UK: Polity.

Midgley, James (2003a), Social Development: The Intellectual Heritage, *Journal of International Development*, Vol. 15, No. 7, pp. 831–44.

Midgley, James (2003b), Poverty and the Social Development Approach, in K.L. Tang and C.K. Wong (eds), *Poverty Monitoring and Alleviation in East Asia*, New York: Nova Science.

Midgley, James (2008), Developmental Social Policy: Theory and Practice, in S. Singh and C. Aspalter (eds), *Debating Social Development*, Taipei: Casa Verde.

Midgley, James and Aspalter, Christian (forthcoming), Theory of Developmental Social Policy, in C. Aspalter and K. Teguh-Pripadi (eds), *Development and Social Policy*, forthcoming.

Midgley, James and Sherraden, Michael (2000) The Social Development Perspective in Social Policy, in J. Midgley, M.B. Tracy and M. Livermore (eds), *The Handbook of Social Policy*, London: Sage.

Midgley, James and Tang, Kwong-Leung (2001), Social Policy, Economic Growth and Developmental Welfare, *International Journal of Social Welfare*, Vol. 10, No. 4, pp. 242–50.

Midgley, Mary and Hughes, Judith (1997), Are Families Out of Date?, in H. Lindemann Nelson (ed.), *Feminism and Families*, London: Routledge.

Morrow-Howell, Nancy, Hinterlong, James and Sherraden, Michael (2001), *Productive Aging: Concepts and Challenges*, Baltimore, MD: Johns Hopkins University Press.

Myrdal, Gunnar (1957), *Economic Theory and Underdeveloped Regions*, London: Duckworth.

O'Brian, Marc (2000), Class Struggle and the English Poor Laws, in G. Mooney and M. Lavalette (eds), *Class Struggle and Social Welfare*, London: Routledge.

O'Connor, Julia S., Orloff, Ann Shola and Shaver, Sheila (1999), *States, Markets, Families: Gender, Liberalism, and Social Policy in Australia, Canada, Great Britain, and the United States*, Cambridge, UK: Cambridge University Press.

Olsson Hort, Sven E. (2000), From a Generous to a Stingy Welfare State? Sweden's Approach to Targeting, in N. Gilbert (ed.), *Targeting in Social Welfare*, New Brunswick, NJ: Transactions.

Putnam, Robert D. (1993), The Prosperous Community: Social Capital and Public Life, *American Prospect*, No. 13, Spring, pp. 35–42.

Putnam, Robert D. (1995), Bowling Alone: America's Declining Social Capital, *Journal of Democracy*, Vol. 6, No. 1, pp. 65–78.

Putnam, Robert D. (2000), *Bowling Alone: The Collapse and Revival of American Community*, New York: Simon and Schuster.

Putnam, Robert D.; Leonardi, Raffaella Y. and Nanetti, Robert (1993), *Making Democracy Work: Civic Traditions in Modern Italy*, Princeton, NJ: Princeton University Press.

Ramesh, Mishra, with Mukul Asher (2000), *Welfare Capitalism in Southeast Asia: Social Security, Health and Education Policies*, London: Macmillan.

Ramesh, Mishra (2003), Globalization and Social Security Expansion in East Asia, in L. Weiss (ed.), *States in the Global Economy: Bringing Domestic Institutions Back In*, Cambridge, UK: Cambridge University Press.

Rieger, Elmar and Leibfried, Stephan (2003), *Limits to Globalization, Welfare States and the World Economy*, Cambridge, UK: Polity.

Ringen, Stein, Kwon, Huck-Ju, Yi, Ilcheong, Kim, Taekyoon and Lee, Jooha (2011), *The Korean State and Social Policy: How South Korea Lifted Itself from Poverty and Dictatorship to Affluence and Democracy*, Oxford, UK: Oxford University Press.

Rostow, Walt W. (1960), *The Stages of Economic Growth*, New York: Cambridge University Press.

Saegert, Susan; Thompson, J. Phillip and Warren, Mark R. (eds) (2001), *Social Capital and Poor Communities*, New York: Russell Sage.

Sainsbury, Diane (1999), Gender, Policy Regimes, and Politics, in D. Sainsbury (ed.), *Gender and Welfare State Regimes*, London: Sage.

Saint-Martin, Denis (2002), Apprentissage Social et Changement Institutionnel: La Politique de l'Investissement dans l'Enfance au Canada et en Grande-Bretagne, *Politique et Sociétés*, Vol. 21, No. 3, pp. 41–67.

Saunders, Peter (1995), Improving Work Incentives in a Means-Tested Welfare System: The 1994 Australian Social Security Reforms, Social Policy Research Center, Discussion Paper, No. 56, University of New South Wales, Sydney, May.

Sen, Amartya (1985), *Commodities and Capabilities*, Amsterdam, The Netherlands: North-Holland.

Sen, Amartya (1996), *Inequality Reexamined*, New York: Russell Sage.

Sen, Amartya (1999), *Development as Freedom*, New York: Knopf.

Shapiro, Thomas M. and Wolf, Edward N. (eds) (2001), *Assets for the Poor: The Benefits of Spreading Asset Ownership*, New York: Russell Sage.

Shaver, Sheila (1995), Universality and Selectivity in Income Support: A Comparative Study in Social Citizenship, Social Policy Research Center, Discussion Paper, No. 58, University of New South Wales, Sydney, May.

Sherraden, Michael (1991), *Assets and the Poor: A New American Welfare Policy*, Armonk, NY: Sharpe.

Skocpol, Theda (1995), Targeting Within Universalism: Politically Viable Policies to Combat Poverty in the United States, in T. Skocpol (ed.), *Social Policy in the United States: Future Possibilities in Historical Perspective*, Princeton, NJ: Princeton University Press.

Skocpol, Theda and Leone, Richard (2001), *The Missing Middle: Working Families and the Future of American Social Policy*, New York: W.W. Norton.

Solow, Robert M. (1970), *Growth Theory: An Exposition*, Oxford, UK: Clarendon Press.

Streeten, Paul, with S.J. Burki, M. Ul Haq, N. Hicks and F. Stewart (1981), *First Things First: Meeting Basic Needs in Developing Countries*, New York: Oxford University Press.

Swank, Duane (2001), Political Institutions and Welfare State Restructuring: The Impact of Institutions on Social Policy Change in Developed Democracies, in P. Pierson (ed.), *The New Politics of the Welfare State*, Oxford, UK: Oxford University Press.

Swank, Duane (2002), *Global Capital, Political Institutions, and Policy Change in Developed Welfare States*, Cambridge, UK: Cambridge University Press.

Taylor-Gooby, Peter (1996), Eurosclerosis in European Welfare States: Regime Theory and the Dynamics of Change, *Policy and Politics*, Vol. 24, No. 2, pp. 109–23.

Taylor-Gooby, Peter (1998), When Is Innovation? Recent Pension Reform in France, Germany, Italy, and the UK, Center for Comparative Welfare Studies, CCWS working papers, No. 6.

Taylor-Gooby Peter (ed.) (2000), *Risk, Trust and Welfare*, London: Palgrave.

Taylor-Gooby, Peter (2005a), Ideas and Policy Change, in P. Taylor-Gooby (ed.), *Ideas and Welfare State Reform in Western Europe*, London: Palgrave Macmillan.

Taylor-Gooby, Peter (ed.) (2005b), *New Risks, New Welfare*, Oxford, UK: Oxford University Press.

Titmuss, Richard M. (1974), *Social Policy: An Introduction*, London: Allen and Unwin.

UN, United Nations (2005), *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, New York: UN.

UNDP, United Nations Development Program (1990), *Human Development Report*, New York: UNDP.

Walker, Alan (2002), A Strategy for Active Ageing, *International Social Security Review*, Vol. 55, No. 1, pp. 121–39.

Walker, Alan (ed.) (2005a), *Understanding Quality of Life in Old Age*, Maidenhead, UK: Open University Press/McGraw Hill.

Walker, Alan (ed.) (2005b), *Growing Older in Europe*, Maidenhead, UK: Open University Press/McGraw Hill.

Walker, Alan (ed.) (2006), *Understanding Quality of Life in Old Age*, Maidenhead, UK: Open University Press/McGraw Hill.

Walker, Alan (2008), Securing the Future for Old Age in Europe, in A. Walker and C. Aspalter (eds), *Securing the Future for Old Age in Europe*, Taipei: Casa Verde.

Walker, Alan (2009), The Emergence and Application of Active Ageing in Europe, *Journal of Ageing and Social Policy*, Vol. 21, pp. 75–93.

Walker, Alan (this volume), The Concept of Active Ageing.

Walker, Alan and Maltby, Tony (2012), Active Ageing: A Strategic Policy Solution to Demographic Ageing in the European Union, *International Journal of Social Welfare*, Vol. 21(s1), pp. S117–30.

Walker, Alan; Sinfield, Adrian and Walker, Carol (eds) (2011), *Fighting Poverty, Inequality and Injustice*, Bristol, UK: The Policy Press.

Wallerstein, Immanuel (1979), *The Capitalist World Economy*, Cambridge, UK: Cambridge University Press.

Weidenholzer, Josef and Aspalter, Christian (2008), The Contrast of Welfare Regimes: American Penal Policy Versus European Social Policy, in P. Abrahamson and C. Aspalter (eds), *Understanding the European Welfare State*, Taipei: Casa Verde.

Whiteford, Peter (2007), Targeting, Redistribution and Poverty Reduction in OECD Countries, paper presented at the Conference on Welfare State Feedbacks: From Outcomes to Inputs, Aalborg, Denmark, January 31–February 2.

Wilensky, Harold and Lebeaux, Charles (1965), *Industrial Society and Social Welfare*, New York: Free Press.

Woldendorp, Jaap; Keman, Hans and Budge, Ian (1998), Party Government in 20 Democracies, *European Journal of Political Research*, Vol. 33, pp. 125–64.

4 Active ageing in South Korea

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Due to the increasing life expectancy and ever-dropping fertility rate Korea as a society has experienced a rapid ageing phenomenon over the past 50 years. As of 2014, the proportion of older persons in Korea has already reached 12.7 percent, and by 2050, Korea is expected to become a country that may have the largest proportion of older persons in the world.

There is a growing concern in Korea about the quality of life for older persons, who are expected to live up to age 80 or more on average. To comply with this concern, a new strategy that is aimed to improve the quality of life in old age has become prevalent among older persons and gerontological service providers in Korea. The new strategy is called "99–88–234." Ninety-nine (99) means 99 years old; 88 means "active" – the pronunciation of 88 in Korean language is the same as the Korean word that denotes the meaning of "active." And 234 means "to die at the fourth day after only two or three days of sickness." Thus "99–88–234" means "to live an active life until the age of 99 and then to die at the fourth day just after two or three days of sickness." Over the past several years in Korea, those who are in old age are encouraged to set the catchphrase as one of their personal goals. This new strategy may reflect essential elements of active ageing.

Though there is a lack of social consensus among Koreans regarding the meaning of old age and active ageing, an increasing number of individuals in the general public as well as older Koreans think that active ageing is one of the most desirable and effective ways of living in old age that is ever extending. In line with this trend over the past decade, most of the social service programs for ageing Koreans tend to be explicitly or implicitly oriented toward setting goals of active ageing.

For international comparison, older persons are usually defined as individuals whose age is 65 and over. However, when socio-legal systems of a particular society are considered, older persons may need to be defined more practically. In the Korean labor market, older persons or older workers are defined as individuals whose age is 55 and over; individuals whose age is 60 and over are eligible for public pension programs; and individuals whose age is 65 and over are considered to be older persons for the provision of social welfare services in most cases. For these reasons the statistics on older Koreans will be presented by

age brackets, which includes 55 and over, 55–59, 60 and over, 60–64, 65 and over for the convenience of statistical comparison with those in other countries.

This chapter intends to introduce general understanding of active ageing in Korea, describe policy programs designed to promote active ageing, and assess these policy programs after providing an overview of population ageing, older Koreans' health status, their employment status, and social participation status.

Population ageing in Korea

Koreans' mortality has continuously declined, and consequently their life expectancy has increased substantially. Moreover, the life expectancy is expected to continuously increase in the future as shown in Table 4.1. The extension of life span has been conspicuous over the past 50 years.

Life expectancy at birth for men increased from 51.1 years in 1960 to 76.2 years in 2010, and for women the increase has been from 53.7 to 82.9 years. It is projected to reach 82.9 for men and 88.9 for women in 2050.

Due to the continuous increase in life expectancy and the continuous decrease in fertility rates, the absolute number and the proportion of the older Koreans has increased over the last five decades and is projected to increase to unprecedented levels during the first half of the current century, as shown in Table 4.2. The age group 85 and over (the oldest old) is likely to be the fastest growing age bracket among older Koreans aged 65 and over.

Health and employment status of older Koreans

1 Health status

According to the subjective measure of health status of older Koreans, only about one-fifth of them think they are healthy, about 30 percent average, and the

Table 4.1 Koreans' life expectancy, 1960–2050

Year	*Life expectancy*		
	Mean	*Male*	*Female*
1960	52.4	51.1	53.7
1970	61.9	58.7	65.6
1980	65.7	61.8	70.0
1990	71.3	67.3	75.5
2000	76.0	72.3	79.6
2010	79.6	76.2	82.9
2020	81.5	78.0	84.7
2030	83.1	79.8	86.3
2040	84.7	81.4	87.7
2050	86.0	82.9	88.9

Source: Statistics Korea (2006).

Table 4.2 Number and proportion of older persons by age group, 1960–2050 (unit: thousand, %)

Age/year	*55–59*	*60–64*	*65–69*	*70–74*	*75–79*	*80–84*	*85+*	*55+*	*60+*	*65+*	*75+*	*80+*
1960	629	518	346	210	111	59	24	1,873	1,244	726	170	59
	(2.5)	(2.1)	(1.4)	(0.8)	(0.4)	(0.2)	(0.1)	(7.5)	(5.0)	(2.9)	(0.7)	(0.2)
1970	846	659	429	312	150	101	30	2,497	1,651	992	251	101
	(2.6)	(2.0)	(1.3)	(1.0)	(0.5)	(0.3)	(0.1)	(7.7)	(5.1)	(3.1)	(0.8)	(0.3)
1980	1,131	836	624	426	228	178	53	3,423	2,292	1,456	406	178
	(3.0)	(2.2)	(1.6)	(1.1)	(0.6)	(0.5)	(0.1)	(9.0)	(6.0)	(3.8)	(1.1)	(0.5)
1990	1,590	1,157	901	599	393	302	94	4,942	3,352	2,195	695	302
	(3.7)	(2.7)	(2.1)	(1.4)	(0.9)	(0.7)	(0.2)	(11.5)	(7.8)	(5.1)	(1.6)	(0.7)
2000	2,006	1,817	1,381	922	608	310	173	7,217	5,211	3,394	1,091	483
	(4.3)	(3.9)	(2.9)	(2.0)	(1.3)	(0.7)	(0.4)	(15.4)	(11.1)	(7.2)	(2.3)	(1.0)
2010	2,805	2,187	1,811	1,527	1,067	579	373	10,349	7,544	5,357	2,019	952
	(5.7)	(4.5)	(3.7)	(3.1)	(2.2)	(1.2)	(0.8)	(21.2)	(15.4)	(11.0)	(4.1)	(1.9)
2020	4,070	3,711	2,581	1,908	1,429	1,013	770	15,482	11,412	7,701	3,212	1,783
	(8.30)	(7.5)	(5.2)	(3.9)	(2.9)	(2.1)	(1.6)	(31.4)	(23.1)	(15.6)	(6.5)	(3.6)
2030	4,087	3,925	3,792	3,314	2,124	1,340	1,240	19,822	15,735	11,810	4,704	2,580
	(8.4)	(8.1)	(7.8)	(6.8)	(4.4)	(2.8)	(2.5)	(40.8)	(32.4)	(24.3)	(9.7)	(5.3)
2040	3,357	3,577	3,850	3,571	3,208	2,453	1,959	21,975	18,618	15,041	7,620	4,412
	(7.2)	(7.7)	(8.3)	(7.7)	(6.9)	(5.3)	(4.2)	(47.4)	(40.2)	(32.5)	(16.4)	(9.5)
2050	3,240	2,916	3,380	3,303	3,342	2,755	3,376	22,312	19,072	16,156	9,473	6,131
	(7.7)	(6.9)	(8.0)	(7.8)	(7.9)	(6.5)	(8.0)	(52.7)	(45.0)	(38.2)	(22.4)	(14.5)

Source: Statistics Korea (2006).

Note
Figures in () indicate percentage of the age bracket among total population.

rest unhealthy (Statistics Korea, 2012). The proportion of older Koreans perceiving themselves unhealthy seems to be greater compared to those in other advanced countries (OECD, 2013). This greater proportion of unhealthy older Koreans may be due to the fact that the Koreans' dependent life expectancy, which means the period of life dependent on others in performing activities of daily living, is longer than that of other advanced countries. An estimation of life expectancy (Statistics Korea, 2013a) revealed dependent life expectancy of Koreans is 12.7 years for men and 17.9 years for women.

Functional health status measured by ADL (Activities of Daily Living) and IADL (Instrumental Activities of Daily Living) showed 7.7 percent of older Koreans had limitations in IADL and 7.2 percent of them had limitations in ADL (Table 4.3).

The prevalence of dementia is increasing as the population grows older. A national survey showed that the overall prevalence of dementia among older Koreans aged 65 and over was 9.2 percent; 3.6 percent for age 65–69; 5.2 percent for age 70–74; 11.3 percent for age 75–79; 17.8 percent for age 80–85; and 30.5 percent for those aged 85 and over (Cho *et al.* 2008). Based on these prevalence rates, the estimated number of older Koreans with dementia in 2010 is approximately 183,000. Based on the survey, the prevalence of dementia among older Koreans in 2050 is expected to be 12.8 percent or about 911,000 individuals.

2 Employment status

In Korea, there has been no law governing mandatory retirement age except for the public sector. As a result, the mandatory retirement age of the private sector has been regulated by articles of corporations or civic organizations. Despite the fact that there has been a significant increase in Koreans' life expectancy since the 1960s, the mandatory retirement age for the public sector is only 60 and that of the private sector has ranged from 55 to 60 with an average of 57.

Except for workers in the public sector, until the middle of 2013 there was no law to define explicitly the age of mandatory retirement in the private sector. The mandatory retirement age in the private sector has been customarily defined by by-laws of the particular industrial companies and civic organizations. The Law on Age Discrimination in Employment and Employment Promotion for Older Workers, that only encouraged the private sector to extend the age of mandatory retirement up to 60, was revised to define the mandatory retirement age as 60 in the private sector. The regulation of the mandatory retirement age will be effective from 2016.

As shown in Table 4.4, the proportion of individuals employed after the age of 55 is still relatively high despite the low mandatory retirement age that is prevalent in the private sector. This high employment rate is due to the fact that a large number of retirees who retired from companies and social organizations usually get re-employed in self-employed businesses. In addition, many older Koreans have been engaged in the agricultural and fishery industry, where

Table 4.3 Functional health status of older Koreans (unit: %)

Age functional status		*Total*	*65–69*	*70–74*	*75–79*	*80–84*	*85+*
Physically independent		85.1	92.7	89.7	83.6	73.6	52.8
Physically dependent	Total	14.9	7.3	10.3	16.4	26.4	47.2
	Limitation in only IADL	7.7	3.1	5.4	9.1	9.1	23.4
	Limitation in ADL	7.2	4.2	5.5	7.3	7.3	23.8

Source: Ministry of Health and Welfare, Korea Institute for Health and Social Affairs (2012).

Table 4.4 Employment status of older persons by age group (unit: number [thousand] and percentage)

		55–59	*60–64*	*65+*
Wage and salary workers	Regular	781 (29.5)	289 (11.9)	198 (3.2)
	Non-regular	427 (13.1)	309 (12.7)	428 (7.0)
	Daily	222 (6.2)	138 (5.7)	190 (3.1)
	Sub-total	1,430 (48.9)	736 (30.3)	815 (13.3)
Unpaid workers	Employer/self-employer	790 (22.7)	541 (22.3)	881 (14.3)
	Unpaid family workers	168 (4.7)	113 (4.6)	202 (3.3)
	Sub-total	958 (27.4)	654 (26.9)	1,083 (17.6)
Total		2,388 (76.3)	1,390 (57.2)	1,898 (30.9)

Source: Statistics Korea (2013b).

retirement age may not be applicable. The proportion of those working between the ages of 55 and 59 was 76.3 percent and of those working among the 60–64 age group was 57.2 percent. However, only 30.9 percent of individuals whose age was 65 and over reported to be working (Table 4.4).

3 Social participation

Older Koreans' social participation generally consists of participation in social organizations or groups. A national survey conducted in 2008 revealed that approximately three-quarters of older Koreans were engaged in social participation through social organizations or groups (Ministry of Health and Welfare and Industry-Academic Cooperation Foundation, Keimyung University, 2008). Organizations or groups in which they participate are shown in Table 4.5.

General understanding of active ageing in Korea

The concept of active ageing has been a relatively new concept that has gradually diffused over the past decade in Korea. Thus, discussions on active ageing in gerontological research, practice, and social policy have been less than a decade in Korea. The concept of active ageing has been reconstructed over the years by expanding and combining similar concepts such as successful ageing, productive ageing, and healthy ageing (Hutchison *et al.*, 2006; Walker, 2002; WHO, 2002). Traditionally, one of the popular Korean words for retirement is a euphemistic expression that connotes "to live quietly after leaving workplace."

Table 4.5 Organizations or groups in which older Koreans participate

Organizations/groups	*Proportion (%)*
Pure social gathering groups	54.9
Religious organizations	44.3
Cultural organizations	0.7
Sports/leisure organizations	2.9
Civic movement organizations	1.6
Interest/political organizations	0.4
Volunteer organizations	2.6
Learning organizations	6.0
Total	74.5

Sources: Ministry of Health and Welfare and Industry-Academic Cooperation Foundation, Keimyung University (2008).

This conception of retirement still prevails in the current Korean society despite the fact that the life expectancy of Koreans has been extended up to 80 years and over, and consequently Koreans could expect to live 20 years or more on average after retirement. However, at the turn of this century, as Korea perceives that the pace of ageing of the Korean population is to become much more rapid due to a steep increase in Koreans' life expectancy combined with the ever-dropping fertility rate, older Koreans as well as the general public are increasingly thinking that it would be desirable for older persons to lead a more active and meaningful life in old age. The increased awareness of rapid ageing of the Korean population has also led the general public to regard active ageing as one of the most desirable ways of living in old age.

At the turn of this century, the numerical term called "99–88–234" seems to have been coined spontaneously among older Koreans and service professionals for the older people. The 99–88–234 can be regarded as a representation adequately expressing the meaning of active ageing. Thus, an increasing number of older Koreans share the idea of active ageing.

Despite the fact that an increasing number of older Koreans endorse the notion of 99–88–234 or active ageing, there still seems to be a significant proportion which does not endorse this notion. Static and reflective life in old age has been accepted as a traditional and typical lifestyle of retired persons or older persons in the Korean society. One of the conceptual bases of active ageing is "successful ageing," which is particularly supported by the study of Rowe and Kahn (1998). The concept of successful ageing developed in the Western culture has been criticized in Korea since the term successful ageing may differentiate older persons who are successfully ageing from those who are not (Chung *et al.*, 2006). The concept of productive ageing, which is also an underlying concept of active ageing, could be also criticized in that the concept may divide older persons into productive and unproductive persons. By the same token, those who do not follow the life of active ageing may be regarded as failures who are living an undesirable way of life.

WHO's definition of active ageing is "the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age" (WHO, 2002: 12). What do we mean by "active" in active ageing? In WHO's definition, "active" refers to continuous participation in social, economic, cultural, spiritual, and civic affairs, and is not limited to one's ability to be physically active or to participate in the labor force (WHO, 2002). Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities, and nations. However, this conceptualization of active seems to be more oriented towards mobile and dynamic activities which seem to relatively disregard self-reflecting activities, meditation, or sedentary or quiet activities. When conceptualizing or defining active ageing, it is worthwhile thinking of the psychological developmental task in advanced old age, suggested by Tornstam (1994) and Erikson (1997). Activities related to the developmental task, for instance, "gerotranscendence" may require more introspective and self-reflective activities that may be related to the transcendent world from a time-transcendent and cosmic viewpoint. Particularly the gerotranscendence proposed as the ninth developmental task by Erikson (1997) may not necessarily be limited to very old age, and may be applicable to a broader age range of older persons.

Older Koreans sharing the Oriental socio-cultural tradition tend to prefer quiet and solitary activities that promote self-reflection or introspection. These activities may not necessarily be mobile externally. WHO's definition of active ageing seems to explicitly and implicitly involve almost all types of activities engaged by ageing individuals: income maintenance, health care, housing services, and social services in order to enhance quality of life (WHO, 2002). Provision of income security, medical treatment/care, and housing services enable older people to directly engage in social, health-enhancing, economic, cultural, spiritual and civic affairs. However, such provisions are only enabling factors of older people's participation. It may be appropriate to modify WHO's definition of the active ageing as "the process of optimizing opportunities of participation in social, economic, health-promotional, cultural, spiritual, and civic affairs in order to enhance the quality of life as people age," excluding activities related to the provision of income security, medical treatment, and housing services implicitly included in the definition of WHO's definition.

Policy programs for active ageing

As discussed above the policy programs for active ageing in this chapter will be limited to those related to optimizing opportunities of participation in social, economic, health-promotional, cultural, spiritual, and civic affairs in order to enhance the quality of life as people age. Activities related to the provision of income security, medical treatment, and housing services will be excluded.

National policy directions for ageing society

When the proportion of older Koreans aged 65 and over reached 7 percent, this figure provided a symbolic meaning that Korean society has started to become an ageing society. In Korea and Japan, it is generally recognized that societies with 7 percent or more of older persons can be classified into three categories: ageing societies with 7–15 percent of older persons; aged societies with 14–21 percent of older persons; and super-aged societies with 21 percent or more of older persons. This tri-category classification of an ageing society was found to be created in Japan, when studies cited a study from the UN which classified countries with different proportions of elderly population, and Korea following the same suite. The figure 7 percent seems to be adopted from the idea of the UN's study that a country with 7 percent or more of older persons relative to its entire population might be arbitrarily defined as an "aged nation" (UN, 1956).

When the Korean society symbolically entered the era of the "ageing society" in the year 2000, the recognition triggered many important policy issues related to the ageing population in the Korean society. The significance of entering the ageing society may have contributed to the emergence of a new perspective, which includes a broader and longer-term implication of population ageing and moves beyond simple social welfare policies for older persons (Choi, 2009).

One of the most important measures in response to population ageing in the Korean society was the creation of the Basic Law for Low Fertility and Aged Society. This law requires an establishment of a comprehensive national policy plan for the ageing society every five years. The first five-year policy plan (2006–2010) was successfully implemented and currently the second one (2011–2015) is under implementation. These five-year plans contain comprehensive policies based on a broad and long-term perspective on population ageing, with three main policy areas: (1) building an environment conducive to child-birth and child-rearing, (2) building bases to improve quality of life in an ageing society, and (3) securing engine of economic growth and improvement of its social systems. The policy area, building bases to improve quality of life in an ageing society, deserves our attention in the sense that the policy area set its vision as "Active Aging Society Prepared by All Ages." Under this policy area, there are four policy directions, which may directly or indirectly support active ageing.

The first policy direction, building a stable income security system in old age, includes policy components such as building a multi-pillar income security system, clearing out blind area of income security in old age, etc. The second one, extension of active life expectancy, includes policy components such as expansion of health improvement policies for older persons, building system of health maintenance through older persons' self-efforts, etc. The third one, promoting active ageing life, includes policy components such as ensuring job opportunities for older persons who want to work, strengthening work capacities through expansion of life-long education system, etc. The fourth one, promoting a safe and comfortable environment in old age, includes policy components such

as improving housing environments suitable for older persons, expansion of elder-friendly transportation systems, etc.

Policies to promote active ageing

Most of the current policy programs introduced here may have not been initially created for the purpose of promoting active ageing but can be regarded as policies that may at least consequently contribute to the promotion of active ageing. Current policy programs could be categorized into eight groups according to policy domains.

1 Employment promotion programs

There are two ministries under the Korean government that deal with older Koreans' employment. The Ministry of Labor and Employment is mainly in charge of older workers aged 50–64 while the Ministry of Health and Welfare is mainly in charge of older workers aged 65 and over. However, the Law on Age Discrimination in Employment and Employment Promotion for Older Workers, both implemented under the supervision of the Ministry of Labor and Employment defines quasi-older workers as those whose ages are between 50 and 54, and older workers as those whose ages are 55 and over. The Elderly Welfare Law that is enforced under the supervision of the Ministry of Health Welfare defines older persons (older workers) as those aged 65 and over. Since those aged 55 and over overlap with those aged 65 and over, the employment promotion programs under the Ministry of Labor and Employment and those under the Ministry of Health and Welfare sometimes also overlap with each other.

(1) Employment Promotion Programs for Older Workers Aged 50–64: Services such as selection of jobs to which older workers could be preferably employed, provision of wage assistance to those aged 55 and over, employment information through off-line and on-line services, and others are provided. These programs are targeted to general workers including older workers with low incomes.

(2) Employment Promotion Programs for Older Workers Aged 65 and Over: Services including temporary employment (up to one year) of older workers to public sectors (child security guards, school catering assistants, cultural treasure managers, etc.), creation of jobs in private sectors (building security guards, gasoline-injection workers, child care maids, home-maids, etc.), dispatching of older workers to private workplaces by contracts, and assistance in founding businesses are offered to older Koreans. These programs are mainly targeted to older workers with low incomes.

(3) Educational and Training Programs to Promote Workability: Services such as job training to the employed older workers with assistance from the funds of public employment insurance, free job training for the unemployed older workers with government assistance are rendered under the supervision of

the Ministry of Labor and Employment. Many specific job training programs are also offered under the other ministries of government.

(4) Combating Against Discrimination and Extension of Employment Periods: Government legislated the Law on Age Discrimination in Employment and Employment Promotion for Older Workers to prohibit age discrimination in 2008. The government has recently encouraged private sectors to extend the employment period through a wage peak system which means an incremental wage cut for older workers in return for extending employment after they have reaching the mandatory retirement age of 60. Korean society has been faced with a great number of work force exits from the labor market because of mass retirement of Korean baby boomers (born from 1955 to 1963). It was estimated that approximately 7.1 million would begin to retire from 2010. Since the revised law to define the mandatory retirement age as 60 will be effective from 2016 and the customary retirement age in the private sector has been generally between 55 and 60, from 2010 to 2015, 200,000–300,000 workers between the ages of 55 and 60 are expected to retire additionally every year.

2 Health promotion programs

(1) Special Health Screening Test at Critical Transitional Periods of the Life Cycle and After Age 40: To promote general health and prevent chronic diseases that might be prevalent after middle age, a system with more detailed health screening at age 40 and 65 which is considered to be a critical transitional period of the life cycle was instituted in 2008. In addition to this health screening at these critical ages, the National Health Insurance system conducts a general health screening test every two years on all individuals after they have reached 40 years of age. These health screening systems may help prevent many chronic diseases and physical and mental impairments of older persons.

(2) Oral Hygiene Promotion Programs: Installation of dentures to older people with low incomes has been recently instituted on the bases of public assistance. However, those covered by this program are still very few in number. All those aged 75 and over became eligible for the reimbursement of expenses for installing dentures under the National Health Insurance from 2012 and the eligible age for dentures is to be lowered to 65 by 2017. Also all those aged 75 and over became eligible for the reimbursement of expenses for installing implant of two teeth under the health insurance from 2014 and the eligible age is to be lowered to 65 by 2016.

(3) Comprehensive Management of Older Persons with Dementia: Public dementia management centers (national and local) provide comprehensive management services for older persons with dementia if they are registered at the centers by enforcing the Law on Dementia Management from 2012.

(4) Community/Home Care for Frail and Disabled Older Persons: Except for the home/community long-term care services covered by the elderly long-term care insurance, the elders who are very mildly impaired and are not covered by the elderly long-term care system can receive care services using a government

voucher system that pays 80–85 percent of the expenses for a limited period of time. This program was implemented to prevent the mild impairments of elders from becoming more severe. This program may contribute to older Koreans' active participation by providing opportunities and improving health status for the better access to active ageing programs.

3 Volunteer activities

For the promotion of participation in volunteer activities across the general public including older Koreans, public volunteer centers were established at the local government areas (228 county or small city areas). Besides, 440 general community centers (as of April 2014) across the country that are supported by the government have volunteer participation promotion programs in which older persons can participate. Two hundred and twenty-nine multi-purpose senior community centers (as of April of 2014) across the country, the association of senior community centers, and civic elderly welfare organizations provide opportunities for volunteer participation and senior volunteer management services. Despite such a large number of volunteer promotional programs, the older persons' participation rate is still at a standstill. Korea's social indicator showed that in 2011 volunteer participation rate of older Koreans aged 60 and over was 7.2 percent and that of those aged 65 and over was 5.6 percent; and in 2009 the rate of those aged 60 and over was 7.0 percent and the rate of those aged 65 and over was 5.3 percent (Statistics Korea, 2005, 2009, 2012). These rates of older Koreans' volunteer participation are much lower compared to those in advanced countries.

4 Learning activity programs

(1) Elder Schools or Elder Universities: Elder schools, which are usually called "elder universities," and are very different from the universities of the third age prevailing in Western societies, have been offered at multi-purpose senior centers, other social welfare organizations, religious organizations including Christian churches and Buddhist temples in the communities since the early 1970s. However, their curriculums have been very casual and, as a result, finding a good model for elder schools in Korea is a challenge. Though the total number of elder schools has not been precisely known, as of 2014 the number is estimated to be more than 1,500 across the country.

(2) Universities of the Third Age (U3A) Offered by Universities: It has been about ten years since the idea of the University of the Third Age has been known in Korea. However, the educational program was not introduced until the autumn of 2009. There have been two different ideas about when the starting point of the third age is. Laslett (1989) argued that the third age starts from the age of retirement that usually happens when people retire (probably in their 60s) while Sadler (2000) argued that the third age starts from age 40 or middle age. There has been no such U3A model that has prevailed in the Western advanced societies, whether initiated by retired-persons' groups or universities.

In the autumn of 2009 Seoul National University began the program of university of the third age that targeted middle-aged persons (mainly aged 40s and 50s) in the sense that the third age may start from the age of 40, as proposed by Sadler (2000). However, the program did not necessarily exclude older persons whose age was 60 and over. The curriculum consists of 26–30 subjects of which lectures take place one evening per week for two semesters. The idea of the U3A model, which first started at the Seoul National University, is based on the belief that middle-aged persons' evaluation of past life, redesign, and preparation of their lives from a certain point in middle age is important and beneficial to ageing individuals and the society in general. Unlike the traditional model of U3A usually targeted to those who have already retired, this model for the middle aged is a relatively new model of U3A that could be developed particularly in light of the ageing society. The new U3A model at the Seoul National University is still in its experimental stage and may be adopted by other universities upon evaluation in the near future in Korea.

Seoul National University once developed a two-year diploma program that could be taken for their life-long education or other particular education, which would expect to help those aged 40 and over to redesign or prepare for their third age. In this program participants were supposed to develop a new meaning of life after middle age and learn some basic knowledge and skills for their occupational or social activities in life after middle age. Unfortunately, the diploma program has not been implemented, however, this kind of program would be necessary to empower the middle aged and older persons in response to an ageing society, particularly a sustainable ageing society, not only in Korean society but also in all other societies ever ageing.

In addition to the new model of U3A for the middle aged, traditional models of U3A are likely to be also developed and offered by universities and older persons' groups in the communities.

(3) Life-Long Education Programs Offered by Universities: Life-long education programs have usually been offered to the general public including older persons by life-long educational institutes affiliated to universities. The curriculums of life-long educational programs do not particularly target older persons, and thus they do not tend to pay attention to the interests of middle aged and/or older persons. A national survey conducted in 2011 showed only 6.7 percent of older Koreans aged 65 and over participated in life-long education programs (Ministry of Health and Welfare, Korea Institute for Health and Social Affairs, 2012). The development of life-long education for older persons is likely to be promising in that a growing number of local governments have acknowledged its importance and supported it over the past several years in the past decade.

(4) Pre-Retirement Education Offered by Universities and Welfare Foundations: About two or three score of pre-retirement educational programs have been offered as short-term courses (usually one or two weeks) by universities and social welfare organizations. However, the contents or curriculums of the programs do not seem to be well organized because most of them focus on

the subjects of financial planning, which may be irrelevant to the needs and characteristics of the older population.

5 Multi-purpose senior center program

From the mid-1980s, multi-purpose senior centers began to be established in small cities or counties with financial assistance by the local and/or provincial governments. As of 2014, almost all of the local communities (228) have one or more senior centers, where 40–50 programs are usually offered to an average of 6,500 members whose ages are 60 and over. An average number of daily users of senior centers is estimated to be more than 700 persons. Most of the senior centers have an average of 14 staff members who offer a variety of programs encouraging active participation of older Koreans in the communities. Programs offered at the senior centers include educational, sports, recreational, volunteer, hobby, health-enhancing programs, most of which are well organized by social workers and other specialists. The senior center programs in Korea could be good models that can be adopted by other countries.

6 Senior club house program

Senior club houses that began to be established from the early 1950s are typical social gathering places in which older Koreans can easily gain access to several kinds of social gathering activities, and are sometimes offered volunteering and health promotional activities, etc. at the neighborhood level in terms of distance. In most senior club houses, participants are usually much older than those attending multi-purpose senior centers and their programs are not organized very well. The number of senior club houses was 62,395 as of December, 2013.

7 Program for access enhancement

There has been a system of senior complimentary discounts that ranges from 30 percent to 100 percent in utilizing public transportations and admission to public parks and museums, art galleries, and some limited number of performances since the early 1980s. This discount program may contribute to facilitating older Koreans' access to active ageing programs or opportunities.

8 Program for intergenerational understanding

Korean society has a special law that promotes a culture of elder-respect by diffusing the traditional spirit of filial piety, of which behaviors and thoughts may fit the modern way of life. The program to promote the culture of elder-respect through mutual understanding between generations in the family and society may contribute to the enhancement of intergenerational understanding. Though, in principle, the idea can be acceptable in the light of Koreans' life in a rapidly modernizing and ageing society, there seems to be some challenges to developing

appropriate profile of behaviors and thoughts that can easily be practiced in the modern society. Consequently, the government seems to be reluctant to actively implement the law on filial piety.

Assessment of current policies for active ageing

Policy programs could be assessed using a variety of different frameworks or aspects of policy analysis. Walker (2002) once proposed seven key principles that need to be strategically embodied in the policy domains to demonstrate effectiveness in response to the challenges of population ageing. The seven key principles are as follows:

1 inclusion of all activities contributing to the well-being of the individual, the family, the community, and the society at large;
2 prevention of unhealthy and inactive status across the life courses;
3 inclusion of all older people not just the active;
4 maintenance of intergenerational solidarity;
5 inclusion of both rights and obligations;
6 being participative and empowering; and
7 respecting and reflecting national and cultural diversity.

These principles will be referred to as 'principles for active ageing' hereafter. It could be said that the more principles the policy for active ageing embodies, the more effective the policy for active ageing becomes. An array of these seven principles may be an appropriate tool to assess the effectiveness of social policies to promote active ageing. Based on these principles, the degree of policy effectiveness could be assessed.

Employment promotion programs: These employment promotion programs may be the most effective active ageing programs because they embody most of the principles for active ageing. They can contribute to the well-being of older workers and their families, their communities, and the society in general by providing opportunities to earn incomes; may prevent unhealthy and inactive status of older workers by becoming healthy and active through work activities; may maintain intergenerational solidarity through association with younger workers at workplaces; may ensure rights to work and bear the obligations in fulfilling their job requirements; and may empower them through enhanced workability and facilitate participation by providing opportunities for work activities since almost all Korean workers still retire at a younger age (under 60) and most of them seek to work opportunities mainly for the reason of earning living expenses (Ministry of Health and Welfare, Korea Institute for Health and Social Affairs, 2012).

Health enhancement programs: These programs would be effective to some extent in the sense that they embody some of the principles for active ageing. They include activities contributing to older workers' well-being; prevent unhealthy status of older workers and their family by health screening tests, and providing treatment of unhealthy conditions of older workers; include even older

workers with light physical and mental impairments; and provide opportunities for participation and empower them by improving their health status. Health promotion programs are still lacking preventive measures such as general physical exercise programs that may be easily utilized in older persons' daily lives even though the five-year national policy plan for the ageing society includes them.

Volunteer activity programs: Volunteer activities, in which only a very small proportion of older Koreans participate compared to that in advanced countries, could be very effective in that they embody most of the principles for active ageing. They include activities contributing to the well-being of older workers individuals, their families, the communities, and the society in general by participating in activities related to public interests and social welfare; may prevent unhealthy and inactive status of older Koreans judging from research findings of health-improving effect of volunteer activities; contribute to maintaining intergenerational solidarity by participation in social welfare programs across all ages; can include both rights and obligations that the ethics of performing volunteer activities inherently incorporate; promote older Koreans' participation and empowering by providing opportunities for participation and training for effective performance of volunteer activities; and may respect and reflect cultural diversity by involving in volunteer programs to help foreign workers and families married to foreign nationals that are rapidly increasing in Korean society.

Learning activity programs: These programs may be relatively effective in that they embody some of the principles for active ageing. They include knowledge and skills that can contribute to the well-being of older Korean individuals, their families, communities, and the society in general; may prevent unhealthy and inactive status by providing knowledge of health maintenance and encouraging Koreans' social participation; may be participative and empowering by providing knowledge of social participation and empowerment; and may reflect national and cultural diversity by providing relevant knowledge.

Multi-purpose senior center programs: These programs could be said to be very effective in the sense that they embody most of the principles for active ageing. They include activities contributing to the well-being of older Koreans, their families, communities, and society in general by providing a variety of programs; prevent unhealthy and inactive status by providing health enhancement programs and social participation programs; may maintain intergenerational solidarity by providing intergenerational programs; may be participative and empowering by providing related programs; and may respect and reflect national and cultural diversity by participating in national contest programs.

Senior club house programs: These programs, greatest in number, may not be effective as active ageing programs in that membership is, as in most cases, limited to a small number of those who are close to each other and can afford to pay membership fees, and in that their programs are not well organized. Few of the programs may include activities contributing to the well-being of the older Korean individuals, their communities, and the society in general; prevent unhealthy and inactive status of older Koreans; and may be participative and empowering.

Programs for access enhancement: Senior complimentary discount programs may be effective to a very limited extent by facilitating access to opportunities for social participation by saving costs of admission and transportation.

Programs for intergenerational understanding: As mentioned above the program to promote the spirit of filial piety and elder-respect may be effective to a limited extent in the sense that this program can contribute to maintaining and enhancing intergenerational solidarity by enhancing the younger generation's understanding of the older generation with the spirit of filial piety and elder-respect of which behaviors could be conducted in Koreans' modern life. However, the government seems to be reluctant to create its practice program because of the difficulties in finding behavioral guidelines for the filial piety and elder-respect that may fit to modern life in the ageing Korean society.

Conclusion

Contrary to the fact that life expectancy of Koreans is rapidly expanding and older Koreans are much healthier compared to those at a comparable age several decades ago, for instance, Korean workers still retire at a younger age, on average under 60. This has been practiced for several decades with little change though Korean workers will retire after the age 60 in the near future because of the enforcement of the law defining mandatory retirement age as 60 in the private sector from 2016. Because of this customary retirement system in Korea the length of old age after retirement has extended to 20–30 years. In summary, the most effective social policy in response to the individual and population ageing could be the policy that promotes active ageing for all ages particularly old age. The idea of active ageing was created from the experience of individual and population ageing in advanced societies. This idea echoes the Korean society at the turn of this century. Though the concept of active ageing is relatively new to the Korean society, it has become prevalent over the past 10 years. Coincidentally, older Koreans recognized that the idea of active age had almost the same meaning of the catch phrase "99–88–2324" in Korean language that has prevailed for almost a decade.

It was timely that the Korean society paid attention to the individual and population ageing to be accelerated in the first several decades of the twenty-first century, and that the Korean society created a legal basis to set up comprehensive five-year national policy plans consecutively since 2006 in response to population ageing in Korea. The first five-year national plan for low-fertility and ageing society (2006–2010) did not reflect the importance of the active ageing enough, however, the second plan (2011–2015) did reflect it much more in one of its three main policy areas (building bases to improve quality of life in an ageing society).

It could be said that two main policy domains to promote active ageing are employment and social participation. The first national plan has been much more concerned with job creation for the low and lower middle class of older Koreans relatively disregarding the extension of working age or retirement age and

neither paying much attention to the improvement of social participation of older Koreans. The fact is that mass retirement of the Korean baby boom generation which began in 2010 has had a strong impact on the government and the society. Many negative impacts of their mass retirement, expected over the next nine years to come from 2010, seemed to have provided a strong impetus for some effective devices necessary to retain older workers beyond customary retirement age and to legally define the mandatory retirement age as 60. The need of older Koreans' social participation, particularly in volunteer activities, has been voiced among older Koreans and gerontological service professionals, and also their need to have more opportunities for life-long education and pre-retirement education has been voiced. Therefore, the second five-year national plan was more attentive to the extension of working life and strengthening of social participation of older Koreans.

Advancement of ageing society is inevitable in the future and negative effects of the ageing society could not be solved through the traditional social welfare system. Particularly socio-economic systems, parts of the whole social system that have been effective more or less so far may no longer be effective in the ageing society. Korean society including all other ageing societies may have to prepare a new whole social system that may be sustainable in the ageing society. The new social system that appropriately responds to the ageing society and to the further advancement of ageing society needs to incorporate the idea of active ageing and the principles for active ageing. The new social system that is totally different from the traditional system may need to be constructed from the perspective of the age-integrated social system that was proposed by Choi (2009).

The characteristics of *an age-integrated social system perspective* can be briefly summarized as follows:

1 It integrates all ages, particularly older persons, into a social system by providing social roles according to their age and health status.
2 It allows a redefinition of the life course. This implies the necessity of refinement of the middle adulthood and older adulthood in terms of age that is flexible enough to accommodate the extending life span and elaboration of the old age period.
3 It notes that the capabilities of older persons are their accumulation of experiences, knowledge, and skills obtained throughout their life course. This suggests life-long learning and preparation for old age.
4 It emphasizes a social survival and development by implementing functional requirements such as including older persons in the whole social system. This suggests that a society that does not integrate older persons into the society may not survive in the long run.

References

Cho, M.J., Kim, K.W., Kim, M.H., Kim, M.D., Kim, B.J., Kim, S.K., and Kim, J.L. (2008), A National Survey on Prevalence Rate of Dementia, *research report*, Ministry of Health and Welfare: Seoul.

Choi, S.J. (2009), Ageing Society Issues in Korea, *Asian Social Work and Policy Review*, Vol. 3, pp. 63–83.

Chung, K.H., Han, K.H., Kim, J.S., and Lim, J.K. (2006), *Current Status of Elder Culture and Policy Implications: Focused on Critical Review of Discourses of Successful Aging*, Seoul: Korea Institute of Health and Social Affairs.

Erikson, E.H. (1997), *The Life Cycle Completed*, New York: W.W. Norton.

Hutchison, T., Morrison, P.P., and Mikhailovich, D. (2006), A Review of the Literature on Active Ageing (prepared for the Australian Government Department of Health and Ageing by the Healthpact Research Centre for Health Promotion and Wellbeing).

Laslett, P. (1989), *A Fresh Map of Life: The Emergence of the Third Age*, Cambridge, MA: Harvard University Press.

Ministry of Health and Welfare and Industry-Academic Cooperation Foundation, Keimyung University (2008), National Survey on Current Status of Older persons' Daily Life and Their Social Welfare Needs, *research report*.

Ministry of Health and Welfare, Korea Institute for Health and Social Affairs (2012), *National Survey on Life Conditions of Older Persons 2011*, Seoul: Korea Institute for Health and Social Affairs.

Organization for Economic Cooperation and Development (2013), *Health Data 2013*, Paris: OECD.

Rowe, J.W. and Kahn, R.L. (1998), *Successful Aging*, New York: Dell.

Sadler, W. (2000), *The Third Age: 6 Principles for Growth and Renewal After Forty*, Cambridge, MA: Da Capo Press.

Statistics Korea (2005), *Social Indicators of Korea*, Daejon: Korea National Statistical Office.

Statistics Korea (2006), *Population Projections (2005–2050)*, Daejon: National Statistical Office.

Statistics Korea (2009), *Social Indicators of Korea*, Daejon: Korea National Statistical Office.

Statistics Korea (2012), *Statistics on Older Persons*, Daejon: Korea National Statistical Office.

Statistics Korea (2013a), *Estimation of Life Expectancy 2012*, Daejon: Korea National Statistical Office.

Statistics Korea (2013b), *Annual Report on the Economically Active Population Survey* (raw data), Daejon: Korea National Statistical Office.

Tornstam, L. (1994), Gerotranscendence: A Theoretical and Empirical Exploration, in: L.E. Thomas and S.A. Eisenhandler (eds), *Aging and the Religious Dimension*, Westport: Greenwood.

UN, United Nations (1956), Trends and Differentials in the Aging of Populations, *Population Studies*, Vol. 25, pp. 7–20.

Walker, A. (2002), A Strategy for Active Ageing, *International Social Security Review*, Vol. 55(1), pp. 121–139.

World Health Organization (WHO) (2002), *Active Ageing: A Policy Framework*, Geneva: World Health Organization.

5 Active ageing in Taiwan

Wan-I Lin

With the rapid growth of the ageing population and one of the lowest fertility rates in the world, Taiwan is now undergoing a remarkable change in its population structure. Four major factors have contributed to this change, namely, the great migration from Mainland China by 1949, retirement of the baby boomers, a longer life expectancy, and the low birth rate.

Since the end of the 1990s, the Taiwanese government had begun to be concerned about the political, economic, and social impacts of the ageing population. In the recent decade, the rapid drop of birth rates has accelerated the ageing issues, and intensified the government's concern regarding the ageing population. As a result, a series of policies have been promoted in response to the crisis.

This chapter examines how the concept of active ageing is carried out in Taiwan, as seen from six dimensions, namely, health care, social care, employment, community participation, education, and economic security.

The concept of active ageing

In April 2002, the Second UN World Assembly on Ageing endorsed Madrid's International Plan of Action on Ageing. On the same occasion, the World Health Organization (WHO) launched its policy framework on active ageing (Kalache *et al.*, 2005). The WHO (2002: 12) defines active ageing as "the processes of optimizing opportunities for health, participation, and security in order to enhance the quality of life as people age." Moreover, the processes depend on a variety of influences that surround individuals, families, and nations, from personal level behaviors to social levels, such as physical environment, cultural, and gender context (Kalache *et al.*, 2005: 42).

The concepts related to active ageing are productive ageing, successful ageing, and healthy ageing. The terminology of productive ageing has been used for more than 20 years in gerontology (Heikkinen *et al.*, 1995), and stems from the ideology of the activity theory, which states that, activities in physical, psychical, and social actions produce the best possible quality of ageing (Lawton and Nahemow, 1973). The Organisation for Economic Co-operation and Development (OECD) places greater emphasis on the productive dimension of active

ageing, stating that "active ageing refers to the capacity of people, as they grow older, to lead productive lives in society and the economy" (OECD, 2000: 126).

In the *Jakarta Statement on Healthy Ageing*, the WHO first promoted the concept of "healthy ageing" and advocated for investment in health promotion throughout the life course (WHO, 1996). For the WHO, health is "a state of complete physical, mental, and social wellbeing, not merely the absence of disease or infirmity" (WHO, 2012). However, as ageing is characterized by reduced immunological functions and increasing frailty, it is rather hard to expect that healthy ageing means without disease or infirmity (Jagger, 2006: 10).

Rather than "healthy ageing," Berkman *et al.* (1993) used the term "successful ageing," which is based on the findings of the MacArthur Studies of Successful Ageing, which narrowly defined successful ageing as "needing no assistance nor having difficulty with any of the thirteen activity/mobility measures, as well as little or no difficulty with five physical performance measures," focusing only on physical health aspect (Strawbridge *et al.*, 1996). Rowe and Kahn (1997: 433, 1998: 39) defined successful ageing with a three-component model, as a combination of "low probability of disease, high functioning, and active engagement with life." This delineation of successful ageing was the joining of three states, namely, avoiding disease and disability, good cognitive and physical functions, and life participation (Jagger, 2006: 10).

Baltes and Carstensen (1996) proposed a broadened view on successful ageing, the selective optimization with compensation (SOC) model, which further recognized the ability to minimize loss of function, and continue to achieve desired goals as essential to successful ageing.

The WHO Policy Framework states that all strategies used in promoting active ageing must be integrated to form a thorough and far reaching public policy (WHO, 2002). This chapter thus embraces a multi-sectored approach to active ageing and examines a variety of public policy topics, ranging from health care, social care, employment, community participation, and education, to an economic security policy, in Taiwan.

Taiwan became an ageing nation in 1993. By 2009, the percentage of people aged over 65 increased to 10.7 percent, and by 2014, baby boomers will arrive at old age. By 2017, Taiwan will become an aged society, and in 2025, the proportion of the old age population will account for one fifth of the entire population (Figure 5.1).

Four factors have led to rapid ageing in Taiwan. The first is the great migration from Mainland China to Taiwan after the Chinese Civil War. The Kuomintang (KMT, also known as the Nationalist Party) lost control of Mainland China to the Chinese Communist Party. More than 1 million immigrants, including public servants, soldiers, traders, and others, left China with their families for Taiwan, most of whom were over 65 years old in the 1990s.

The second factor is the baby boomers entering into an old age between 2014 and 2024. Beginning from the 1950s, the population growth ratio remained around 35 percent. During this period (1950–1962), the peak of the population growth ratio was in 1951, reaching a high of 3.84 percent; and the increased

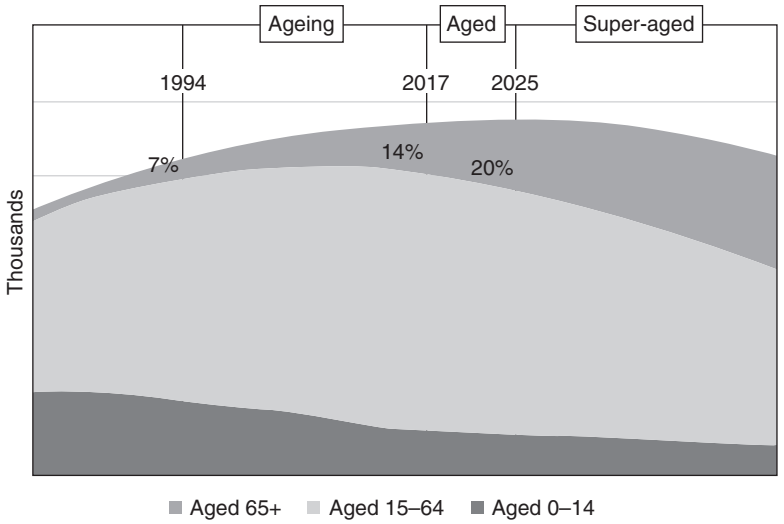

Figure 5.1 Ageing in Taiwan (source: CEPD (2008)).

population of this period will become the major portion of Taiwan's aged society.

The third factor is the swift decrease of the gross birth rate initiated in the early 1960s, when Taiwan's government promoted "Family Planning" in order to control the population growth. During the next three decades, the population growth rate fell year by year. Between 1963 and 1972, the population growth rate drastically diminished from 2.96 percent to 1.94 percent. In the 1980s, it slid to 1.2 percent, and continued this decrease to 0.8 percent by the 1990s (Lin and Yang, 2009). Analysis on the fertility rates of childbearing aged women (ages 15–49) indicated that an average fertility rate of 1.72 percent was maintained from the early 1980s to the early 1990s. However, the total fertility rate then rapidly declined to 1.4 percent by 2001, and dropped to 1.03 percent in 2009, which is much lower in comparison to most advanced industrial countries.

The final factor is the substantial growth in longevity of the twentieth century. In 1991, the life expectancy at birth for men in Taiwan was 71.8 years on average, and 77.2 years for women. In 2009, the life expectancy at birth for men rose to 75.88 years old, and 82.46 years for women. Moreover, the life expectancy at birth for Taiwanese people is projected to be 78.62 years for males and 85.57 for females by 2025. Predictably, the number of elderly, that is, those 80 years and older, will continue to increase, and account for a greater percentage of the population in the future.

Health care

Since the National Health Insurance (NHI) was launched on March 1, 1995, the commonwealth of Taiwan is included in this universal social insurance. Although medical benefits were already included in government employee insurance, labor insurance, military insurance, farmer's health insurance, and health insurance for low income families in Taiwan, these recipients accounted for only 59 percent of the population before 1995. In other words, 41 percent (about 8.5 million people) had no medical benefits. These people included homemakers, the unemployed, self-employed, and employers. Apart from employers and self-employed professionals with high incomes, most were in the minority groups without income or with low incomes. In order to be entitled to medical care, approximately 1.5 million people joined workers' associations or unions to be qualified for labor insurance. It is clear that the NHI is very important to the health care of the Taiwanese.

The NHI in Taiwan provides medical benefits according to services. Starting in July 1998, the Bureau of National Health Insurance (BNHI) began introducing the global budget payment system, which was first implemented on dental outpatient services, and then later to Chinese medicine outpatient services, Western medicine outpatient services, and, eventually, hospitalization. From 2004, the BNHI began implementing the case payment system, which provides higher relative value units (RVUs) for cases with greater medical resource consumption. Currently, the case payment system is applicable to 53 types of diseases.

By 2009, beneficiaries of the NHI were numbered at 23,026,000 people, accounting for 99.5 percent of the total population in Taiwan. In other words, almost all citizens were beneficiaries. The number of the beneficiaries, according to age, at the end of 2007 was: aged 65–69 was 739,003 (3.24 percent), aged 70–74 was 592,060 (2.60 percent), aged 75–79 was 492,451 (2.16 percent), aged 80–84 was 308,965 (1.35 percent), aged 85–89 was 136,308 (0.60 percent), aged 90–94 was 40,881 (0.18 percent), aged 95–99 was 8,348 (0.04 percent), 100 and over was 1,010. Men were 1,133,200 (48.87 percent), and women were 1,185,826 (51.13 percent).

In comparison to men, more women used the NHI. Regarding cases of outpatient medical expenses (Figure 5.2), in 2007, there were a total of 337,600,150 cases, including 150,879,514 males (44.69 percent) and 186,720,646 females (55.31 percent). Regarding age, there were 2,319,026 elderly over the age of 65, which was 10.17 percent of the total beneficiaries. However, they accounted for 67,983,350 cases (20.14 percent), almost twice the amount. Aged 65–69 was 19,611,726 cases (5.81 percent), aged 70–74 was 17,825,491 cases (5.28 percent), aged 75–79 was 15,948,782 cases (4.72 percent), aged 80–84 was 9,600,367 cases (2.84 percent), and aged 85 and over was 4,996,984 cases (1.48 percent).

Regarding cases of inpatient expenses (Figure 5.3), in 2007, the total number of cases was 2,969,751, including 1,517,931 males (51.11 percent) and

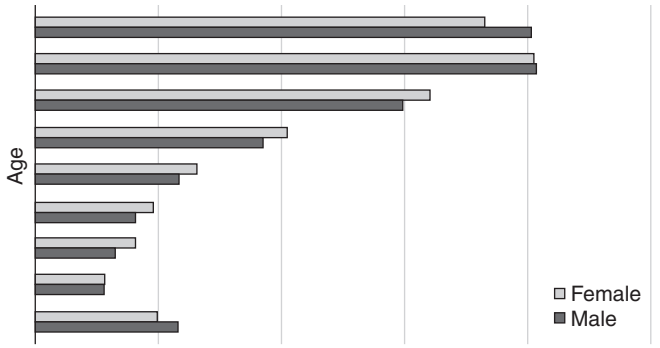

Figure 5.2 Average expenses of outpatient medical benefit claims per person from NHI, by age and sex (source: DOH (2009)).

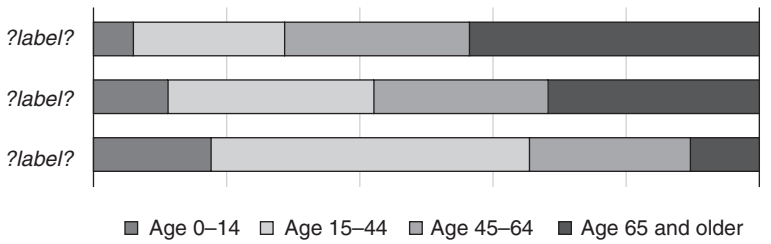

Figure 5.3 NHI, utility of inpatient medication by age group (source: DOH (2009)).

1,451,820 females (48.89 percent). As to age, regarding inpatient cases, aged 65 and over was 949,262 cases (31.96 percent), which was 3.14 times the elderly beneficiaries. Aged 65–69 was 195,599 cases (6.59 percent), aged 70–74 was 206,798 cases (6.96 percent), aged 75–79 was 230,260 cases (7.75 percent), aged 80–84 was 179,855 cases (6.06 percent), and aged 85 and over was 136,750 cases (4.60 percent).

When grouped by age, age 0–14 was 17.25 percent of beneficiaries, however, their medical expenses accounted for 5.6 percent of the total medical expenses; age 15–44 was 48.34 percent of beneficiaries, and their medical expenses accounted for 22.7 percent; age 45–64 was 24.23 percent of beneficiaries, and the medical expenses accounted for 27.6 percent; and age 65 and over was 10.17 percent of beneficiaries, and their medical expenses accounted for 44.2 percent. Thus, with the constant ageing of the population, medical expenses of NHI for age 65 and over will increase.

Due to the low medical insurance premium, ageing of the population, and advancements in medical technology, demands for medical services continue to increase yearly. As a result, the medical expenses of the NHI also increase. Although insurance premium income is adjusted according to national income

every year, it remains significantly behind the growth of insurance expenditure. Since 1998, the NHI has encountered financial deficits as insurance premium income fails to meet the yearly expenditure. For instance, from 1995 to 2008, insurance premium income increased by 5.8 percent; however, insurance expenditure increased by 7.9 percent, a difference of 2.1 percent (Figure 5.4).

In order to deal with predictable financial deficits, in 2002, when the Democratic Progressive Party (DPP) was in power (2000–2008), the NHI proposed "the Second Generation NHI." However, the Kuomintang (KMT), being the major opposition party, rejected the proposal, and the amendment was not passed. In 2008, the KMT came into power. When facing increased pressure from the financial deficits of the NHI, the government was forced to re-propose "the Second Generation NHI" in 2010, and attempted to convince the public to accept a reform of the NHI. The main difference between "the Second Generation NHI" and NHI is that the former calculates the insurance premium upon total household income, rather than personal income; thus, the rich would pay more premiums. By increasing the insurance premium income of the single household and rich families, the KMT government attempted to pacify the public opposition on raising the insurance premium.

Despite the slight increase of insurance premium, the growing medical expenditures due to rapid ageing of the population remain a serious problem. Therefore, health promotion is the best solution. Based on the concept of healthy cities proposed by the World Health Organization, the Department of Health of Taiwan developed local community health promotion programs, and introduced community senior health promotion programs in 2007. According to local situations and elderly characteristics, the programs aim to encourage seniors to improve their personal behaviors through empowerment, and further enhance their daily behaviors on health promotion, diet improvement, and exercise habits through interactions. If abnormal cases are found in health examinations, they

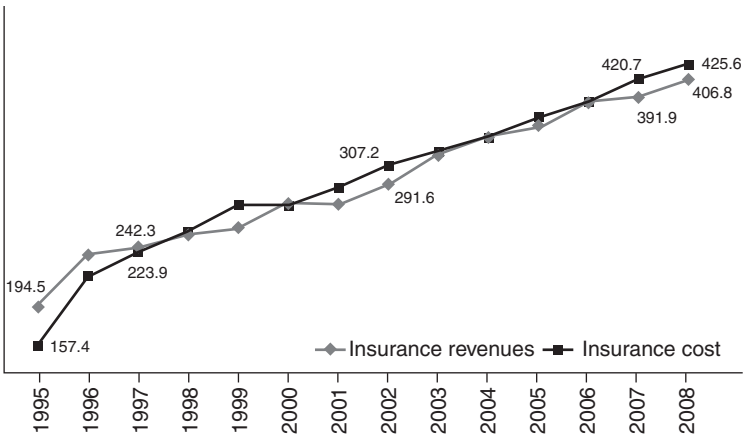

Figure 5.4 Financial status of BNHI (billion NTS) (source: BNHI (2009)).

will be followed-up regularly. Recently, the senior health promotion programs (2009–2012) have been introduced, which focus on eight main tasks: improving fitness, strengthening fall prevention, promoting healthy diets, strengthening oral cavity health, reinforcing tobacco abstinence, enhancing mental health, encouraging social participation, stressing senior prevention medicine, and providing screening services.

These programs are in the early stages, and require further cooperation of local governments in order to achieve the goal of active ageing. However, due to difficult financial situations of local governments, especially in rural areas with large aged population and insufficient professional personnel, it is difficult to promote senior health examinations, health education, and exercises.

Social care

Based on the 2005 Report of Senior Conditions Survey (RSCS) of Taiwan, for seniors aged 50–64, the issues of most concern regarding their future, in order of percentages, are: (1) their own health (32.25 percent), (2) financial source (21.81 percent), and (3) care for themselves in cases of sickness (disability/dementia) (11.26 percent).

For seniors aged 65 and over, the issues are: (1) their own health (24.5 percent), (2) financial source (15.52 percent), and (3) caring for themselves when sick (disability/dementia) (10.61 percent).

In an attempt to cope with an ageing population in Taiwan, the "Plan for Improving Care-giving to the Elderly" was adopted in 1998 by the Ministry of the Interior to upgrade daily care for the elderly. Furthermore, the government launched a three-year "Pilot Program for the Development of a Long-term Care System" in 1999.

In order to expand the scope of long-term care services, the central government proposed the "Plan for the Development of the Care-Services Industry" in 2001, and the plan was subsumed in connection with another national policy "Challenge 2008: National Development Plan." In this plan, it was explicitly elucidated that both non-profit organizations and private enterprises were welcomed to engage in the care-provision industry. In other words, this plan opened a new page for the coexistence and competition between commercialization and social welfare.

Population ageing was rated as one of the four major issues at the Conference on Sustaining Taiwan's Economic Development, hosted by the DDP government in July 2006. Thereafter, a set of comprehensive social policies, such as "the Mega Warmth Plan," resulted from the conference. Twelve programs comprise the Cross-Era plan, with three programs relating to the ageing population, namely, the "Program for the Development of a Long-term Care System," the "National Pension Scheme," and the "Establishment of the National Institute of Population, Health, and Social Protection Research." According to this national plan, NT$81.7 billion (about £1.24 billion) will be invested in the development of a long-term care system in the next ten years. This plan, an imitation of the

New Gold Plan of Japan, demonstrates that Taiwan confers great importance on the ageing population.

In 2008, when the KMT resumed power, due to pressures from large-scale institutions and business groups, the government planned to introduce the Long-term Care Insurance (LTCI) in 2010. However, since Taiwan lacks a mature community long-term care system, the public has questioned whether LTCI intended to transform the long-term care system in Taiwan into large-scale, institutional, business entities. As the LTCI violated the principles of long-term care services, namely ageing in home, community-based services, and non-profit-making, it failed to be accepted by most social workers and non-profit organizations (NPOs).

A national long-term care system aims to transform care responsibilities for disabled elderly from family or foreign caregivers to partnerships between families and society. The DPP government supported NPOs to provide home care, respite care, and family support. However, the elderly in Taiwan are mainly under the care of family foreign caregivers, while 170,000 foreign care workers, from Indonesia, Vietnam, and the Philippines, assist in the long-term care for disabled seniors. Since foreign care workers are not protected by the Labor Standards Act in Taiwan, they often work for long hours and under heavy workloads, and are at high risk of sexual harassment and abuse. As a result, it has been a controversial issue to hire foreign care workers. In 2007, the "Ten-Year Plan for Long-term Care in Taiwan" was launched, but the services remained insufficient. The main reason was that, apart from the low income families, the service recipients have to pay 10–30 percent of the total expenses. Many families are not used to paying partial expenses for elderly long-term care, and community-based service providers of long-term care are not popular. In addition, undecided policy, due to the rotated power of different parties, is the most important reason for the deferred development of this national long-term care system in the recent two years (Table 5.1).

Employment

Employment among older workers is one of the crucial issues to promote active ageing (Walker, 2001, 2006; Jepsen and Hutsebaut, 2002; Schmid, 2007; Hartlapp and Schmid, 2008). In a gradual ageing of a population, the increased numbers of middle-aged and elderly workers (50 or 55 years old and over) is the first warning sign. As the graying of the workforce becomes more significant, the number of elderly workers in Taiwan is increasing every year. Currently, it is at 31 percent; however, by 2020, the middle-aged and elderly workers (45–64 years old) will be 42 percent of the workforce aged 15–64.

Low employment rates and early retirement of elderly workers are issues of concern in many countries. Using Japan as an example, the unemployment rate of 60–64 year old workers has been increasing. It was expected that, from 2007 to 2009, when baby boomers reached over 60 years old, the overall unemployment rate would increase again (Genda *et al.*, 2007).

Table 5.1 Long-term care in Taiwan (2008)

Community-based service	*No. of provider*	*Annual service provision (person-time)*	
Day care	34	135,827	
Respite care	242	567,181	
Food service	101	1,611,995	
Rehabilitation service	N/A	5,322	
Community care center	1,582	7,529,057	
Home-based	*No. of provider*	*Annual service provision (person-time)*	
Home care service	123	2,488,373	
Rehabilitation service	N/A	11,796	
House accessibility need-assessment	14	144	
Assistive technology need-assessment	15	3,773	
Institution-based	*No. of institutions*	*No. of beds*	*Occupancy rate (%)*
Long-term care and domiciliary care institution	995	39,946	73
Nursing home	347	21,539	77
Veterans home	14	8,488	81

Source: CEPD (2009).

The factors that are attributed to the participation of elderly workers in the labor market include: (1) system level: mandatory retirement, early retirement, lay off, social security system, private pension plan, health insurance, and financial environment; (2) individual level: individual health conditions, financial resources, and individual internal benefits (Hedge *et al.*, 2006). One of the strategies since the 1980s, aimed at reducing the unemployment rate and increasing the employment of young labor, has been to encourage early retirement (Table 5.2).

The retirement age in Taiwan is rather early because the mandatory retirement age for men was 60 years old, and that for women is 55 years old. In 2008, the average retirement age of industrial and service employees was at about 56.5 years old. Only after the Amendment to Statute for Labor Insurance was passed was the retirement age deferred. In 2018, the retirement age will be increased by one year, and the increment will be added every two years thereafter, until reaching 65 years old. The retirement age of school staff is even earlier, as junior high school and elementary school teachers are usually retired after completing 30 years of service. Thus, most of them retire before reaching 55 years old.

Early retirement will result in an extra burden on pensions, and a waste of human capital; however, sufficient jobs must be provided to defer retirement age, without depriving the job opportunities of the young workers. In fact, the high unemployment rate of the elderly has been a problem for many countries. Using the EU as an example, except for Sweden, Denmark, Portugal, and Britain, the employment rate of elderly workers in other countries is lower than 50 percent. Moreover, there is significant sexual discrimination, as the employment rate of elderly women is even lower (Maltby and Deuchars, 2005: 31). The low employment rate of elderly women means that they are deprived of their pension rights, in other words, the situation of "grandmother poverty" is more likely to occur.

The labor force participation rate of elderly workers in Taiwan is less than 10 percent, and it has not increased with better national health conditions and extended lives. In fact, it was reduced in the mid-1990s, after Taiwan reached the post-industrial era, which demonstrates that most of the new jobs available in

Table 5.2 Labor market participation rates (1980–2010) (%)

Year	*Total*	*Aged 45–64*	*Aged 65 and older*
1980	58.26	60.62	8.48
1985	59.49	60.55	9.74
1990	59.24	59.66	9.77
1995	58.71	60.82	9.79
2000	57.68	59.81	7.71
2005	57.78	60.24	7.27
2010	58.00	60.32	8.33

Source: CLA (2010).

the twenty-first century, such as in the health service, retail service, e-commerce, transportation, and information industries, give these elderly workers fewer competitive advantages in the job market. This is a potential reason for the high unemployment rate of elderly workers. As shown in Table 5.3, in Taiwan, the unemployment rate of middle-aged and elderly workers gradually increased after the mid-1990s (Table 5.3 and Figure 5.5).

Therefore, beginning in 1999, the Council of Labor Affairs promoted the "Middle-Aged and Elderly Employment Program" in order to assist in the re-development of employability, career changes, and re-employment after retirement of middle-aged and elderly workers who have work abilities and intentions. The program helps them to overcome the obstacles in employment, and meet the demands of labor resources according to financial development. In 2006, the program was renamed as the "Middle-aged and Elderly Workers' Capacity Re-Development Program." In 2007, the legislation mandated Article 5 of the Employment Service Act to include "age discrimination" as a banned item of employment discrimination.

In 2007, in order to assist the unemployed disadvantaged with employment preparation and adaptation, the Council of Labor Affairs coordinated with business entities or organizations to provide opportunities for workplace learning

Table 5.3 Unemployment rates (1980–2010) (%)

Year	*Total*	*Aged 45–64*	*Aged 65 and older*
1980	1.23	0.44	0.00
1985	2.91	1.06	0.20
1990	1.67	0.52	0.03
1995	1.79	0.62	0.12
2000	2.99	1.70	0.24
2005	4.13	2.78	0.43
2010	5.72	3.92	0.27

Source: CLA (2010).

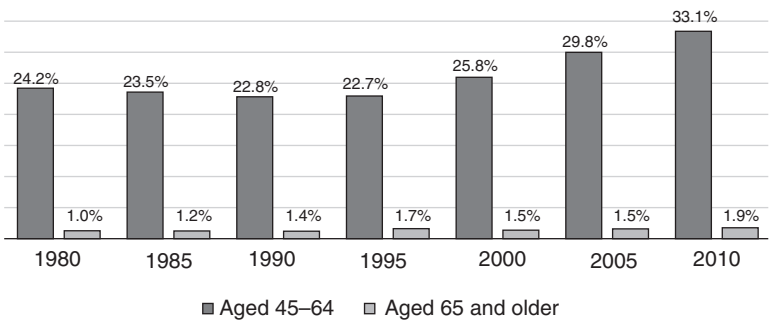

Figure 5.5 Aged workers as percentage of total labor force (source: CLA (2010)).

and re-adaptation, allowing the cases to return to the job market smoothly. However, the program treated middle-aged and elderly unemployed workers, aged between 40–65, as one of 11 target groups, thus, the aid was limited as each case has a different problem. The reasons for middle-aged and elderly unemployment are mostly physical deterioration, outdated techniques, and lack of new knowledge. In addition, due to the impact of the global financial recession, the unemployment rate in Taiwan increased from 3.91 percent in 2007 to 5.85 percent in 2009. In order to secure the livelihood of the middle-aged and elderly workers during their unemployment period, the amendment of the Employment Insurance Act in 2009 extended the maximum payment period of unemployment benefit, for middle-aged and elderly unemployed, from six months to nine months.

In comparison to youth unemployment rates (about 10 percent), the unemployment risk for the middle-aged and elderly in Taiwan is not the most serious. However, once they become unemployed, it tends to become long-term unemployment. The government's efforts in its capacity re-development program remain significantly insufficient. Although the payment period of unemployment benefit is extended, it is difficult to alleviate the long-term unemployment risk for the middle-aged and elderly. The middle-aged and elderly unemployed in Taiwan continue to question why the government is concerned for only the young, and neglect them. Their claim is that "young unemployed can be supported by their parents; however, the middle-aged and elderly unemployed must support the whole family," which demonstrates that generational conflicts over employment are significantly increased during the era of high unemployment rates.

Community participation

Volunteer services are a type of social participation and productive activity. Many studies have demonstrated that volunteering can enhance individuals' subjective well-being, physical and mental health (Musick *et al.*, 1999; Van Willigen, 2000; Luoh and Herzog, 2002; Morrow-Howell *et al.*, 2003; Greenfield and Marks, 2004; Baker *et al.*, 2005; Lum and Lightfoot, 2005; Cheung and Kwan, 2006; Choi and Bohman, 2007), improve social affirmation, and increase self-esteem (Thoits and Hewitt, 2001; Siegrist *et al.*, 2004). Properly paid labor and volunteer service has an independent and significant effect on promoting health and reducing death rate, and can enhance physical and mental health (Rosenberg and Letrero, 2006; Hao, 2008). For female seniors, in particular, participation in more jobs, volunteer services, and physical exercise are effective measures to prevent and alleviate pressures in elderly life (Choi and Bohman, 2007). Community participation and citizen activities can facilitate successful ageing, and participation in religious activities can strengthen the communication network connections of local volunteer organizations (Cornwell and Harrison, 2004).

In Taiwan, an investigation into social change and social participation in 1999, by the Directorate General of Budget, Accounting, and Statistics, provided a report related to volunteer services (DGBAS, 2000). The finding indicated that

the ratio of volunteer service participation in 1999 was 13.3 percent, which was higher than the 7.6 percent of 1994, and the 5.1 percent in 1988, but was lower than the 25.3 percent in Japan (1996), the 31.4 percent in Canada (1997), and the 55.5 percent in the US (1998). As to age distribution, the participation rate of those aged 45–54 was the highest (18.9 percent), followed by those aged 55–64 (16.2 percent), and those aged 65 and over (10.3 percent). The participation rate of the employed in volunteer services was 14.9 percent, which was higher than the unemployed (10.9 percent). Regarding education level, the participation rate of those with college degree or above was 17.1 percent, which was higher than that of other educational levels.

Recently, a large-scale study, led by Lin (2008), found that 14.9 percent of Taiwanese that aged 45 and over participate in regular volunteer service, while the percentages of two age groups, namely 45–54 and 55–64 years old, was increased by 18.3 percent and 19.4 percent, respectively (age 45–64 was 18.7 percent). However, the percentages of age 65 and over was low (11.5 percent).

The reasons that people aged 45 and over do not participate in volunteer services are as follows: no spare time (50.3 percent), not interested in being volunteers (12.5 percent), do not have information about volunteer service (5.1 percent), do not know the specific works of volunteer service (3.9 percent), do not know the volunteer service that they can do (3.6 percent), problems with transportation (1.9 percent), and others (25.8 percent) (Lin, 2008). As seen, promotion of elderly volunteer service in Taiwan still has room for improvement.

Education

Education and learning are the key factors to enhance social participation and high-quality life of the elderly (WHO, 2002). Due to physical and mental frailty, the elderly encounter more obstacles in learning; however, with sufficient time and learning motives, they will acquire the same learning outcome as young people (Boulton-Lewis *et al.*, 2006). Most seniors expect to continue learning as they grow older; therefore, it is important to provide the elderly with proper learning opportunities through formal and informal educational channels (Boulton-Lewis *et al.*, 2006).

Every year in Taiwan, the Ministry of Interior subsidizes NPOs to establish Evergreen Schools, which offer courses that cover the intellectual, educational, speculative, and sportive aspects for the aged. In 2009, the government subsidized 387 Evergreen Schools, which reached a participation rate of 125,821 person times. In addition, the government also encourages townships to establish Senior Culture and Recreation Centers as a venue for various senior activities and welfare services. In 2008, there were 317 senior activity centers (including senior welfare service centers), which provided senior recreation, entertainment, arts, skills learning, advanced studies, and social activities.

In 2006, the Ministry of Education announced the *White Paper on Senior Education in the Ageing Society*, and specified lifelong learning, health, happiness, independence, self-esteem, and social participation as its four major

visions. Under active promotion of senior education and establishment of senior learning centers, 203 classes were offered in 2009, which attracted a high participation of 592,932 person times. The government announced the year 2010 to be the "Lifelong Learning Year," and coordinated with elementary schools to provide venues for "community senior class" in order to fulfill the seniors' learning rights, enhance elderly autonomic learning, encourage social participation, and provide lifelong learning for the elderly.

Although the Ministry of the Interior and the Ministry of Education have actively promoted senior education, the participants groups targeted by the two ministries often overlap. The elderly who participate in senior education are mostly healthy, white-collar retirees with high social and economic status. Moreover, the government usually subsidizes these classes. As a result, doubts have been raised on whether senior education is a policy that specifically benefits the elderly with higher income. It is indeed a dilemma of senior education promotion. The government should make more efforts to encourage retired blue-collar workers with low social and economic status, as well as retired farmers, to participate in senior education. In fact, these elderly are in need of better health, finance, and recreational education (Table 5.4).

Economic security

Regarding the systems of major industrial and advanced nations, the seniors' economic security demands are mainly satisfied by four pillars: the first pillar is a state-guaranteed pension system, which is usually based on pay-as-you-go (PAYG) earning related benefits. However, some countries, such as Sweden, the UK, Denmark, and the Netherlands, provide flat-rate minimum guaranteed pensions to female domestic caregivers with low income, or who have never entered the labor market. The second pillar is occupational pensions, and the employers of some occupations sponsor their employees in a group pension insurance scheme. Some countries, such as the UK, allow occupational pensions to replace national guaranteed pensions. The third pillar is private pension insurance, and individuals select private pension insurance from the insurance market that meets their financial plan. The fourth pillar is means tested public assistance, which is usually regarded as a last resort (Bonoli and Shinkawa, 2005; Modigliani and Muralidhar, 2005; Immergut *et al.*, 2007).

Table 5.4 Public education for senior citizens in Taiwan (2009)

Education institution	*No. of institutions*	*No. of participants (person-time)*
Senior education center	203	592,932
Evergreen schools	387	125,821
Total	590	718,753
As % of senior population		29

Sources: MOE (2010) and MOI (2010).

In Taiwan, the elderly economic security system is an occupation-based social insurance system, including Government Employee Retirement Plans (1943), Labor Insurance (1950), Military Insurance (1953), Government Employee and School Staff Insurance (1958), Private School Staff Insurance (1980), Labor Personal Account Pension (2005), and the National Pension (2008). Those who are not covered by any form of occupation-based insurance can join the national pension insurance. In addition, there is also the living allowance for medium and low income seniors (1993), and subsidy for old-age farmers (1995). Except for the National Pension, payments of all social insurances are upon a lump-sum payment and pension scheme, which can be selected by the insured. Noticeably, the retired payment of labor insurance was changed to a pension system in 2009. Table 5.5 shows the number and percentage of citizens in Taiwan with various elderly economic security guarantees.

About 4.24 million people in Taiwan qualify for the National Pension Insurance, and currently, there are about 4.01 million insured, which accounts for 95 percent of the entitled. In other words, apart from senior insurance and the allowance for farmers, 225,000 people are not covered. As seen, the elderly economic security system in Taiwan is almost complete. The current problem is that the income replacement rates are significantly different. The formula of the National Pension is minimum wage times contribution period times 1.3 percent, thus, with a contribution period of 35 years, the amount of National Pension equals 45.5 percent of the minimum wage (NT$17,280). The formula of the Labor Insurance Pension is monthly insurance salary times contribution period times 1.55 percent, thus, with a contribution period of 35 years, the replacement rate of the Labor Insurance Pension would be 54.3 percent. The Labor Personal Account Pension is a kind of defined-contribution plan, thus, with a 6 percent monthly contribution rate, a 35-year contribution period, and a 3 percent rate of return, the replacement rate would be 27.1 percent.

Table 5.5 Number of working age citizens covered by public pension schemes (non-retired) in 2009 (in thousands and percentage)

Total	*15,621*	*100*
Non-covered citizens	225	1
Citizens covered by public pension schemes	15,396	99
Labor insurance*	9,029	56
National pension	4,015	25
Farmer's health insurance (2007)	1,541	10
Government employee and school staff insurance	598	4
Military insurance	214	1

Source: CLA (2010).

Note
Of all labor insurance insured, 52 percent have joined an additional personal account pension scheme.

For example, in 2009, the average wage of industrial and service industries is NT$42,509, which is 2.46 times that of the minimum wage. It is estimated that the income replacement rates of the National Pension are 18.5 percent. At the same time, the replacement rates of the Labor Insurance Pension, plus the Labor Personal Account Pension, will be 81.4 percent. In comparison with the extremely high income replacement rates of Government Employee and School Staff Insurance, most government employees could receive more than 75 percent of their income before they retire, some with even more than 35 years, their income replacement rate would be over 100 percent. The elderly economic security in Taiwan varies widely.

Higher replacement rates and lower premiums of Government Employee and School Staff Insurance and Labor Insurance Pension will force the pensions to go bankrupt before 2027, unless the insurance premium is increased or subsidy from taxation can be allocated. Once the insurance premium increases, the younger generation will have to pay much more for insurance premium, thus lowering their disposal household income, and affecting their quality of life. The generational conflict will become significant.

Conclusion

Since the issues related to active ageing and senior citizenship involve many benefits, policy-makers tend to be drawn to these benefits and formulate policies that oriented toward private profits, rather than serving the interest of public welfare (Ney, 2005). In Taiwan, as Ney (2005) pointed out, public policies regarding seniors, whether concerning the economic, social, or political aspects, tend to be more rhetorical than practical, and are often poorly executed. The Taiwanese government and business entities have overly emphasized the business opportunities of the senior industry. For instance, the Industrial Technology Research Institute estimated that in 2025, the senior business opportunities in Taiwan will reach NT$359.37 billion, which is 4.4 times higher than that in 2001. When the senior industry is overly emphasized, the resources would be led to medical care industries, such as beauty and anti-ageing technologies, senior health foods, distant medical treatment, and distant domestic care. However, other aspects of active ageing, such as the construction of elderly-friendly transportation network, elderly employment promotion, community-based social care systems, and promotions of middle-aged and elderly health care will be neglected.

Another notion is over-pessimism on the arrival of an aged society, namely, over concern on the dependency ratios, rapidly increasing social insurance premiums, and health care expenditures (Ney, 2005). Under such pessimism, there is a tendency to be short-sighted, thus, policies, such as greater cash allowance for seniors, introduction of more inexpensive foreign caregivers, to meet the immediate needs of the seniors would be implemented, while neglecting the real issues as suggested by Walker (2002), including the economic activity rate, and specifically, the unemployment rate among the elderly. In order to respond to the

rapid ageing of the population, the feasible solutions are to construct sustainable pension systems, develop local long-term care systems, provide more employment opportunities to the elderly, and lower their dependency on care. The current policies fail to provide an environment that promotes active ageing. Hence, changing the thoughts of the decision makers is the key issue in promoting active ageing in Taiwan.

In addition, neighborhood design is a key factor to promote active ageing. Michael *et al.* (2006) pointed out that there are four key themes influencing active ageing, namely, local shopping and services, traffic and adequate pedestrian infrastructure, neighborhood attractiveness, and public transportation. Neighborhood design in Taiwan has long been neglected. The seniors' positions in families and neighborhood now rely on the traditional concept of "respecting the elderly." Once this virtue diminishes under the increasing intense generational interest conflicts, the seniors in Taiwan will have to make efforts to maintain financial independence, health, and autonomy for their ageing.

References

Baker, L.A., Cahalin, L.P., Gerst, K., and Burr, J.A. (2005), Productive Activities and Subjective Well-Being Among Older Adults: The Influence of Number of Activities and Time Commitment, *Social Indicators Research*, Vol. 73, pp. 431–458.

Baltes, M.M. and Carstensen, L.L. (1996), The Process of Successful Aging, *Ageing and Society*, Vol. 16, pp. 397–422.

Berkman, L.F., Seeman, T.E., Albert, M., Blazer, D., Kahn, R., Mohs, R., Finch, C., Schneider, E., Cotman, C., and McClearn, G. (1993), High Usual and Impaired Functioning in Community-Dwelling Elderly: Findings from the MacArthur Foundation Research Network on Successful Aging, *Journal of Clinical Epidemiology*, Vol. 46, pp. 1129–1140.

Bonoli, G. and Shinkawa, T. (eds) (2005), *Ageing and Pension Reform Around the World: Evidence from Eleven Countries*, Cheltenham: Edward Elgar.

Boulton-Lewis, G.M., Buys, L., and Lovie-Kitchin, J. (2006), Learning and Active Aging, *Educational Gerontology*, Vol. 32, pp. 271–282.

BNHI, Bureau of National Health Insurance (2009), The National Health Insurance Statistics, www.nhi.gov.tw/english/webdata.asp?menu=11andmenu_id=296andwebdata_id=3109.

Cheung, C.K. and Kwan, A.Y. (2006), Inducting Older Adults Into Volunteer to Sustain Their Psychological Well-Being, *Ageing International*, Vol. 31, No. 1, pp. 44–58.

Choi, N.G. and Bohman, T.M. (2007), Predicting the Changes in Health Status, Marital and Caregiving Status, Work and Volunteering, and Health-Related Behaviors Contribute, *Journal of Ageing and Health*, Vol. 19, No. 1, pp. 152–177.

Cornwell, B. and Harrison J.A. (2004), Union Members and Voluntary Associations: Membership Overlap as a Case of Organizational Embeddedness, *American Sociological Review*, Vol. 69, pp. 862–881.

CEPD, Council for Economic Planning and Development (2008), Taiwan Population Prospects: From 2008 to 2056, www.cepd.gov.tw/dn.aspx?uid=5823.

CEPD, Council for Economic Planning and Development (2009), Survey of Long-Term Care Service Provision in Taiwan, www.cepd.gov.tw/dn.aspx?uid=7060.

CLA, Council of Labor Affairs (2010), Labor Statistics, http://statdb.cla.gov.tw/statis/webproxy.aspx?sys=100.

DGBAS, Directorate General of Budget, Accounting and Statistics (2000), *Investigation on Social Change and Social Participation in 1999: Volunteer Service Report*, Taipei: Directorate General of Budget, Accounting and Statistics.

DOH, Department of Health (2009), National Health Insurance: Statistics and Trends, www.doh.gov.tw/CHT2006/DM/DM2_2.aspx?now_fod_list_no=10874andclass_no=440andlevel_no=3.

Genda, Y., Teruyama, H., Ohta, S., Kambayashi, R., and Ishihara, M. (2007), Ageing and Employment in Japan, in: K. Hamada and H. Kato (eds), *Ageing and the Labor Market in Japan: Problems and Policies*, Cheltenham, UK: Edward Elgar.

Greenfield, E.A. and Marks, N.F. (2004), Formal Volunteering as a Protective Factor for Older Adults' Psychological Well-Being, *Journal of Gerontology: Social Sciences*, Vol. 59, pp. 258–264.

Hao, Y. (2008), Productive Activities and Psychological Well-Being Among Older Adults, *Journal of Gerontology: Social Sciences*, Vol. 63, pp. 64–72.

Hartlapp, M. and Schmid, G. (2008), Labour Market Policy for Active Ageing in Europe: Expanding the Options for Retirement Transitions, *Journal of Social Policy*, Vol. 37, No. 3, pp. 409–431.

Hedge, J.; Borman, W., and Lammlein, S. (2006), *The Ageing Workforce: Realities, Myths, and Implications for Organization*. Washington, DC: American Psychological Association.

Heikkinen, R., Berg, S., and Avland, K. (1995), Depressive Symptoms in Late Life. *Journal of Cross Cultural Gerontology*, Vol. 10, pp. 315–330.

Immergut, E.M., Anderson, K.M., and Schulze, I. (eds) (2007), *The Handbook of West European Pension Politics*, Oxford: Oxford University Press.

Jagger, C. (2006), Can We Live Longer, Healthier Lives, in: Z. Yi *et al.* (eds), *Longer Life and Healthy Aging*, Dordrecht, the Netherlands: Springer.

Jepsen, Maria and Hutsebaut, Martin (2003), *Active Ageing: A Lifelong Strategy*, Brussels: ETUI.

Kalache, A., Barreto, S.M., and Keller, I. (2005), Global Ageing: The Demographic Revolution in all Cultures and Societies, in: M.L. Johnson (ed.), *The Cambridge Handbook of Age and Ageing*, Cambridge: Cambridge University Press.

Lawton, M. and Nahemow, L. (1973), Ecology and the Ageing Process, in: C. Eidsdorfer and M. Lawton (eds), *Psychology of Adult Development and Aging*, Washington: American Psychological Association.

Lin, Wan-I (2008), Primary Analysis on Study Result on Elderly Life Demand, Service Providing and Value Preference in Different Generations and Report on Finding of the Elderly Society, 2006–2008. National Science Council Project.

Lin, Wan-I and Yang, Shin-Yi (2009), From Successful Family Planning to the Lowest-Low Fertility: Taiwan's Dilemma, *Asian Social Work and Policy Review*, Vol. 32, pp. 95–112.

Lum, T.Y. and Lightfoot, E. (2005), The Effects of Volunteering on the Physical and Mental Health of Older People, *Research on Aging*, Vol. 27, pp. 31–55.

Luoh, M.C. and Herzog, A.R. (2002), Individual Consequences of Volunteer and Paid Work in Old Age: Health and Mortality, *Journal of Health and Social Behavior*, Vol. 43, No. 4, pp. 490–509.

Maltby, T. and Deuchars, G. (2005), Ageing and Social Policy in the European Union: A Contextual Overview, in J. Doling, C.J. Finer, and T. Maltby (eds), *Ageing Matters: European Policy Lessons from the East*, Aldershot, England: Ashgate.

Michael, Y., Green, M.K., and Farquhar, S.A. (2006), Neighborhood Design and Active Ageing, *Health and Place*, Vol. 12, pp. 734–740.

MOE, Ministry of Education (2010), Statistics of Senior Education Activities, http://moe.senioredu.moe.gov.tw/ezcatfiles/b001/img/img/28/164674817.pdf.

MOI, Ministry of the Interior (2010), Statistics Yearbook of the Interior: Elderly Welfare. http://sowf.moi.gov.tw/stat/year/y04–16.xls.

Modigliani, S. and Muralidhar, A. (2005), *Rethinking Pension Reform*, Cambridge: Cambridge University Press.

Morrow-Howell, N., Hinterlong J., Rozario, P.A., and Tang, F. (2003), Effects of Volunteering on the Well-Being of Older Adults, *The Journals of Gerontology*, Vol. 58, pp. 137–145.

Musick, M.A., Herzog, A.R., and House, J.S. (1999), Volunteering and Mortality Among Older Adults: Findings from a National Sample, *Journal of Gerontology*, Vol. 54, pp. 173–180.

Ney, S. (2005), Active Ageing Policy in Europe: Between Path Dependency and Path Departure, *Ageing International*, Vol. 30, No. 4, pp. 325–342.

OECD (2000), *Reforms for an Ageing Society*, Paris: OECD.

Rosenberg, E. and Letrero, I.L. (2006), Using Age, Cohort and Period to Study Elderly Volunteerism, *Educational Gerontology*, Vol. 32, pp. 313–334.

Rowe, J. and Kahn, R. (1997), Successful Aging, *Gerontology*, Vol. 37, No. 4, pp. 433–440.

Rowe, J. and Kahn, R. (1998), *Successful Aging*, New York: Random House.

Schmid, G. (2007), Active Ageing in Europe: Managing the Transitions from Work to Retirement, Joining Forces for a Social Europe, *Conference of the German European Presidency*, Nürnberg, February 8–9.

Siegrist, J., Knesebeck, O., and Pollack, C.E. (2004), Social Productivity and Well-Being of Older People: A Sociological Exploration, *Social Theory and Health*, Vol. 2, No. 1, pp. 1–17.

Strawbridge, W.J., Cohen, R.D., Shema, S.J., and Kaplan, G.A. (1996), Successful Aging: Predictors and Associated Activities, *American Journal of Epidemiology*, Vol. 144, pp. 135–141.

Thoits, P.A. and Hewitt, L.N. (2001), Volunteer Work and Well-Being, *Journal of Health and Social Behavior*, Vol. 42, pp. 115–131.

UN, United Nations (1946), *Constitution of the World Health Organization*, Geneva: UN.

Van Willigen, M. (2000), Differential Benefits of Volunteering Across the Life Span, *Journal of Gerontology*, Vol. 55, pp. 308–318.

Walker, A. (2001), Towards Active Ageing in the European Union, paper presented at the *Millennium Project Workshop: Towards Active Ageing in the 21st Century*, Tokyo, November.

Walker, A. (2002), A Strategy for Active Ageing, *International Social Security Review*, Vol. 55, pp. 121–139.

Walker, A. (2006), Active Ageing in Employment: Its Meaning and Potential, *Asia-Pacific Review*, Vol. 13, No. 1, pp. 78–93.

WHO, World Health Organization (1996), *Jakarta Statement of Healthy Ageing*, WHO: Geneva.

WHO, World Health Organization (2002), *Active Ageing: A Policy Framework*， WHO Noncommunicable Disease Prevention and Health Promotion Ageing and Life Course, Geneva, http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf.

WHO, World Health Organization (2012), *About WHO: Definition of Health*. https://apps.who.int/aboutwho/en/definition.html.

6 Active ageing in Hong Kong

Joe C.B. Leung

Despite the global recession, the Hong Kong economy has bounced back quickly, having resumed positive growth by late 2009. According to the Human Development Index compiled by the United Nations Development Programme (UNDP), Hong Kong is considered a region of "very high human development", ranking 24th in the world in 2007. Life expectancy was 82.2 years (ranked 2nd worldwide); combined gross enrolment rate in education and primary-university education enrolment ratio, 74.5 per cent (ranked 88th); and per capita GDP at Purchasing Power Parity level, US$42,306 (ranked 10th) (UNDP, 2009: 171).

Under colonial rule, the Hong Kong government cherished "positive non-interventionism" as the guiding principle of public finance management. After becoming the Special Administrative Region of China in 1997, this was augmented by the principles of "big market and small government" and "market leads, government facilitates". The role of government is not to stifle or replace the market, but to continue to create the conditions for it to develop (Financial Secretary, 2010). According to the Basic Law, the Hong Kong government should balance its budget, and public expenditure should be in line with economic growth. Yet, as Paul Wilding (1997: 245) remarks, social policy development in Hong Kong has not been simply "the product of a crude application of a laissez-faire ideology but rather of the complex interaction of political, social and economic factors". The primary focus of the government has been its broader goals of maintaining continuous economic growth and political stability.

As a "small" government, recurrent public expenditure in 2009–10 was only 14.4 per cent of total GDP. Public expenditure on education, social welfare and health, as a proportion of GDP, were extremely low by international standards, representing 3.1 per cent, 2.4 per cent and 2.2 per cent respectively (Financial Secretary, 2010). According to the estimates by the OECD, the average public expenditures on social services among developed countries amounted to 28.1 per cent, including 15.2 per cent for social protection, 5.6 per cent for education, 6.5 per cent for health care and 0.8 per cent for housing (OECD, 2009). Yet in terms of the proportion of recurrent government expenditure, social services accounted for 58 per cent. Compared with other governments, the Hong Kong government does not have heavy debt, and its budget once again showed a surplus in 2009–10. Furthermore, its Exchange Fund and Foreign Currency Reserves

amounted to US$194 billion and US$177 billion respectively (LEGCO, April, 2010). In other words, the financial situation of the Hong Kong government is considered sound and healthy.

Ageing society and ageing profile

The population of Hong Kong was just over seven million in 2009. Because of low fertility rates, however, the population is ageing fast. Over the last two decades, the average annual growth rate of the elderly proportion of the population was around 3.8 per cent, which is much higher than the 1 per cent average for the general population (Table 6.1). Life expectancy for both males and females increased from 74.1 and 79.4 years, respectively, in 1986, to 79.8 and 86.1 years in 2009. In 2009, there were 890,000 people aged 65 or above, accounting for 12.8 per cent of the total population (7.7 per cent in 1986) (CSD, 2010). The 2008 census indicated that the number of persons aged 60 or above had reached 1,129,900, or 14.6 per cent of the total (CSD, 2009).

As the post-war generation, or the "baby-boomers", will start to retire from 2014 onwards, the ageing population (that is, aged over 65) will start to increase rapidly. According to projections, it will reach 2.1 million in 2030, accounting for 25 per cent of the total population. The oldest old constitute one of the fastest growing segments of the population; by 2050, 20 per cent of old age population, aged over 65, will be aged 80 or over. The "elderly dependency ratio", or the number of persons aged 65 and over per 1,000 persons aged 15–64, increased from 147 in 1998 to 169 in 2008. This is expected to rise further, to 198 in 2016, and 380 in 2031 (The Task Force on Population Policy, 2003).

Primarily because of women's longer life expectancy, over 80 per cent of males aged 65 and above were married, as compared to 46 per cent of older women, in 2006 (CSD, 2008). Compared with other countries, the proportion of married seniors in Hong Kong is relatively high (Chau and Woo, 2008: 21) which implies that many older persons in need can rely on their spouses to provide the social care they require. According to the 2006 By-census, 90 per cent of people in Hong Kong aged 65 or above lived in domestic households. The proportion of older persons living alone remained around 11–13 per cent between 1991 and 2006 (CSD, 2008). Invariably, more females and the oldest old live alone. In terms of living arrangements, 53.5 per cent of older persons in 2006 lived with children, compared with 60.3 per cent in 1996. In essence, more older people are now living alone or with their spouses. In addition, more of them (around 10 per cent) live in non-domestic households, such as homes for the aged, hospitals and penal institutions. Again, in comparison with Western countries, the evidence indicates that more older persons in Hong Kong benefit from the help of their families. However, the trend inevitably is towards the erosion of filial piety and informal family support (Bartlett, 2009).

According to a 2008 household survey on the health status and self-care capacity of persons aged 60 or over conducted by the Census and Statistics Department, 70.4 per cent had chronic diseases. The major types of conditions suffered

included hypertension (62.5 per cent), diabetes (21.7 per cent), arthritis (19.9 per cent), eye diseases (18 per cent), high cholesterol (16.3 per cent) and heart disease (14.5 per cent). Some 93.1 per cent of older persons had no impairment in Activities of Daily Living (ADL) and 75.2 per cent did not need assistance from others in daily life (CSD, 2009). In comparison with other developed countries, older people in Hong Kong tend to have a healthier lifestyle. Fewer are overweight or drink to excess; fewer women are smokers (although Hong Kong has a high prevalence of male smokers) and most take regular exercise. The proportion of older persons without any ADL limitations appears from this survey to be higher than other countries. However, the prevalence of dementia was similar to other developed countries (Chau and Woo, 2008: 45). Overall, older people in Hong Kong seem to be in good shape.

As the majority of older persons are migrants from mainland China, who had fled to Hong Kong during the 1950s and 1960s, their educational level is generally low, although it has been improving over the years. In 2006, about 75 per cent of the population aged 65 and above had had less than a primary school education, as compared to 85 per cent in 1991 (Table 6.1).

There is no mandatory retirement age in Hong Kong, but the official retirement age for the civil service and large companies is usually 60. This is rather early by international standards, despite the high life expectancy in Hong Kong. With increased economic prosperity, Hong Kong has seen a steadily declining trend in the economic participation of older people: 9.8 per cent in 1966 to 7.2 per cent in 2001, and further to only 7 per cent in 2006 (Table 6.1). Noteworthy also is the fact that the overall labour participation rate of Hong Kong is also relatively low by international standards, having declined slightly from 62.8 per cent in 1996 to 60.3 per cent in 2006. The economic participation of over-55s is already relatively low (Table 6.2). In 2009, older persons constituted only 1.2 per cent of the whole labour force in Hong Kong. There was a significant gender difference, with the economic participation rate in 2006 standing at 11.6 per cent for males versus 3.1 per cent for females (Tables 6.1–6.2). Declining economic participation is consistent with the early retirement trend of Hong Kong. There is a strong Confucian heritage that older people should enjoy life and their support from children in old age rather than continuous working. In addition, various factors contribute to discriminate against older workers, including negative perception about ability, higher employment insurance and the lack of legal protection (SCMP, 12 May, 2010: A15). Similar to other Chinese society, economic participation of older people aged 60–64 in urban China (25.4 per cent), Chinese Taipei (30.9 per cent) and Hong Kong (28.1 per cent) was much lower than the 45.9 per cent, the OECD average (Herg *et al.*, 2010).

In terms of types of economic participation, the proportion of older persons among the employee workforce is declining, from 71.4 per cent in 1996 to 64.4 per cent in 2006 (as compared with 89.2 per cent of employees in the overall working population). In contrast, the proportion of employers increased significantly from 13.3 per cent in 1996 to 21.1 per cent in 2006. Among the

employee population, the majority of older persons were engaged in "elementary occupations" (32.5 per cent) and "management and administrative" roles (19.5 per cent). As compared to the proportion of 18.8 per cent and 10.8 per cent, respectively, of the working population as a whole, it seems that the nature of elders' economic participation has become more diverse and polarized. The median monthly income from main employment of working older persons in 2006 was only 65 per cent of that for the working population overall, although their average income increased by 27.5 per cent between 1996 and 2006 (the corresponding increase for the whole working population was 5.3 per cent). It is worth noting that the proportion of those on a high income, defined as those earning more than HK$20,000 (US$1 = HK$7.7) per month, increased from 7.6 per cent in 1996 to 15.3 per cent in 2006 (CSD, 2008). While the majority of older persons are still engaged in low-skilled and -paid jobs, the number of them with a better education and higher income is on the increase.

A study by the Health and Welfare Bureau showed that 79 per cent of economically active persons aged 60 and over chose to continue working. For those aged 45–59, 71 per cent planned to continue after retirement age if given the chance. Eighty-three per cent of those who planned to continue wished to work for as long as their abilities allowed them to (Elderly Commission, 2001). These findings show that older persons may have a strong desire to continue working in their old age for a variety of reasons, including financial necessity. However, the barriers to remaining in work for older persons appear to be substantial, accounting for the low actual employment rates.

Compared with other developed societies, older persons in Hong Kong seem to retire early, even though Hong Kong still does not have a well-designed, comprehensive and effective pension system. The trend of early retirement can be linked to cultural traditions, discrimination in the labour market and the existence of informal jobs for older people which are not formally registered.

According to a 2008 survey by the Census and Statistics Department, some 95.2 per cent of older persons had monthly personal incomes, the median of which was HK$3,300. The breakdown of this figure by primary source of income was as follows (CSD, 2008): 61.2 per cent from children; 50.9 per cent from the Old-Age Allowance (OAA); 12.9 per cent from employment earnings; 10.4 per cent from the Comprehensive Social Security Scheme (CSSA); 4.8 per cent from pensions (monthly payments); 3.1 per cent from investments; 2.5 per cent from relatives; 2.2 per cent from disability allowance (DA); and 1.3 per cent from rental income.

With limited financial support available from pensions, employment and investment, older people tend to rely more on children and the OAA as their major source of income. Inevitably, income support for older persons in Hong Kong is diversified and dependent on multiple sources. According to a survey by the Census and Statistics Department in 2008, even though some 38 per cent of the young people claimed that they had provided financial support to their parents regularly, less than 23 per cent of them would consult their parents on important issues (Mingbao, 28 May, 2010: A8).

Table 6.1 Key statistics for older persons over the years

	1966	*2001*	*2006*
Population	*629,555*	*747,052*	*852,796*
Average annual growth rate over a 5-year period (in %)	5.5	3.5	2.5
Proportion of population with no or primary education	83.9	81.6	75
Labour participation rate			
Male	17	12.6	11.6
Female	3.8	2.6	3.1
Total	9.8	7.2	7
Living arrangements			
Living alone	11.5	11.3	11.6
Living with spouses	48.3	50.5	51.6
• with children	32.1	32.1	30.4
• not with children	16.2	18.4	21.4
Living with children only	28.2	24.7	23.1
Others	6.5	4.4	3.7
Living in non-domestic households	5.5	9.1	10

Source: Census and Statistics Department (2008).

Table 6.2 Economic participation of older people by age group in 2006

Age group	*Female*	*Male*	*Both sexes*
55–59	32.8	69.3	51.4
60–64	15	42.5	29.3
65–69	5.9	19.8	13.1
70–74	3	11.3	7.1
75–79	1.9	6.5	4
80–84	1.6	4.2	2.7
85+	1.3	3.2	1.9
All age groups	52.4	69.2	60.3

Source: Census and Statistics Department (2008).

According to a 2009 survey by the Census and Statistics Department, only 19 per cent of older persons had any form of retirement protection in place. Some 77.2 per cent of these had a lump sum provident fund. Most expected to rely on savings (41.3 per cent) and the support of their children (20.4 per cent) whereas around half (47.3 per cent) said they had no arrangements in place to meet their financial needs in the future (CSD, 2009).

Social protection for the aged

Like other developed countries undergoing rapid ageing, the issue of how to provide financial security for older people has become more and more critical for Hong Kong. Hong Kong does not have a compulsory, government-financed

social insurance scheme for retirement. Income support for the elderly comprises three major schemes, namely the Mandatory Provident Fund (MPF), the Social Security Allowance Scheme (SSA) and the CSSA. In addition, the Hong Kong government provides heavily subsidised long-term care (LTC) and health care services.

MPF

In 2000, the government introduced the MPF, which is financed by a contribution of 10 per cent of the employee's wage (split equally between employer and employee) to an individual saving account, managed by a selected private fund trustee. Contribution is restricted to the minimum and maximum levels of income, or $5,000 and $20,000 per month, respectively. When a person reaches the age of 65, he or she will receive a lump sum from the fund, as accumulated in his/her saving account. The amount received will depend on the individual's contribution record and investment returns over the years. In 2009, the scheme covered a total of 2.5 million employees, with an accumulated amount of $300 billion (MPFA, 2010).

There are two main issues with the MPF. First, it is vulnerable to investment fluctuations in the financial market. As an illustration, the MPF Schemes Authority reported that the average annual return rate on investment from 2000 to 2007 was 10 per cent. However, the return rate plunged by 25.9 per cent during the global financial crisis in 2008, before bouncing back in 2009 to show the strongest annual growth on record (25.8 per cent) (SCMP, 7 January, 2010: B1). In short, employees have to absorb the impact of investment risks, which can significantly affect the amount of benefits they will receive when they retire.

Second, because of the low contribution rates and relatively short history of contributions, the retirement benefits will be largely inadequate. It has been estimated that around 2 per cent of MPF participants earn less than HK$5,000 a month, and their average monthly contribution is only HK$148. Assuming an average return of 5 per cent, the MPF payment at age 65 for a person now aged 39 would be only HK$169,000 (SCMP, 11 March, 2010: C2).

In summary, because of low contribution rates, the risk of low and even loss-making investment returns and the relatively short contribution period, the benefits received do not offer secure and sufficient protection for retirees, particularly those on low incomes. More importantly, as the MPF functions more as an individually based savings account, the current cohort of older persons and those who are not economically active cannot benefit from the scheme.

SSA

Implemented in 1971, the SSA comprises the OAA and DA. This is non-contributory and provides a flat-rate grant to meet the special needs of the elderly and the severely disabled. For those aged over 70, the OAA is non-means tested,

while for those aged 65–69, it is subject to an income and asset declaration. Even though this benefit was increased to HK$1,000 per person per month in 2009, it cannot serve as any form of income protection, and it does not itself constitute a pension. The objectives of the OAA are to provide some financial assistance to families to help relieve the pressure of caring for their older family members; to reduce the demand for institutional care by encouraging families to care for elders; and to enable older persons to contribute to the family budget (LEGCO, 13 June, 2005).

Facing an ageing society, the number of OAA recipients has increased steadily from 439,848 in 1997 (total expenditure HK$3.2 billion) to 467,320 in 2007 (total expenditure HK$4 billion) (LEGCO, 12 November, 2007). In February 2010, a total of 497,041 older persons were receiving the OAA (SWD, 2010).

CSSA

The CSSA "provides a safety net for those who cannot support themselves financially because of age, disability, illness, low-earnings, unemployment or family circumstances" (SWD, 2010). The standard rate of assistance covers expenses for basic needs, such as food, clothing, transport and miscellaneous goods. Supplements are provided to long-term CSSA recipients, while special grants are also available to meet specific needs such as rent, water/sewage charges, schooling expenses, childcare fees and burial expenses. Based on a survey on the expenditure of older persons, the standard rate for elderly recipients was raised in 1998 to include psychosocial needs such as eating out, consulting Chinese herbalists and reading newspapers and magazines (LEGCO, 8 November, 2004).

Expenditure on CSSA has risen sharply with the number of claimants. In 1996, the total number of cases was only 159,837 (223,384 recipients), involving expenditure of HK$7.1 billion, or 5.3 per cent of the total government budget. In 2008, the total number of cases was 284,569 (475,625 recipients), with expenditure of HK$18.6 billion, or 8.6 per cent of total budget (CSD, August, 2009). For decades, the CSSA has been the major form of income protection for older persons. In the 1980s, around 70 per cent of recipients were elders, although the proportion declined to less than half in the mid-2000s. In February 2010, there were 153,293 elderly cases, representing 53.2 per cent of total claims. In terms of recipients, these totalled 187,005 persons aged 60 or over, or 39 per cent of the recipient population (up from 34 per cent in 2004–5) (SWD, 2010). In 2007, the proportion of the population aged 60 or above receiving CSSA was 16.3 per cent (LEGCO, 12 November, 2007). Despite population ageing, therefore, the number of elderly CSSA cases has stabilized in recent years.

LTC

The provision of LTC, particularly in terms of residential care home places, has become a political issue. The Welfare Panel of the Legislative Council has

reactivated a subcommittee to study policies and measures relating to the provision of residential care places and community care services for persons with disabilities and the elderly (LEGCO, 5 February, 2010).

"Ageing in place" has been a cherished policy principle. However, residential care has often received a much higher priority in funding allocation than home-based community care services. There are 74,500 residential places in Hong Kong, with 57,000 elders in residence. On the surface, this means there are still 20,000 surplus places, mainly in privately operated homes. In terms of the number of residential places provided, the institutionalization rate is around 8 per cent, which is high by international standards.

Around 45 per cent of current places are subsidized, and are mainly managed by non-governmental organizations. A small number of places are purchased from privately operated homes. Among the latter, 82 per cent of residents are on CSSA, so their fees are covered by the CSSA payments. Even though the number of subsidized residential places has increased, from 16,000 in 1997 to 26,000 in 2009, there is still high demand. Admissions are not means-tested on income and assets, but based on standardized needs assessments. The average waiting time for a subsidized place is about 21 months (32 months for places in homes operated by non-governmental organizations and ten months for the private sector). According to government estimates, however, around 50 per cent of those on the waiting lists are CSSA recipients already living in privately operated homes, many of whom are also receiving home-based community care or day care services (LEGCO, 11 January, 2010). As residential care services are so costly, it seems that there is no way either the government or the market can satisfy the rising demand.

Meanwhile, the government has increased the provision of home care services by non-governmental organizations. These include day care centres, covering a total of 3,000 elders with LTC needs; 4,699 places in home-based Enhanced Home and Community Care Services and Integrated Home Care Services for the frail. Home care services provide a package of personal and nursing care, rehabilitation, environmental risk assessment and home modifications and meal delivery (LEGCO, 6 February, 2010).

A report commissioned by the Elderly Commission and conducted by the University of Hong Kong recently reported that the institutionalization rate of older persons in Hong Kong is relatively high while the utilization of community care services is very low. The report recommended that publicly funded residential places should be means-tested to target those elders who cannot afford to live in private homes. Shared responsibility among individuals, their families and society as a whole in meeting the LTC needs of the elderly should be encouraged (The University of Hong Kong, December 2009).

The persistent programme bias towards the provision of residential places is in apparent contradiction to the principle of ageing in place espoused by the government. In the new Policy Initiatives of the Labour and Welfare Bureau for 2009–10 (LEGCO, 22 October, 2009: 3), the government has pledged to strengthen

home care services for the elderly through a more flexible and diverse mode of service delivery, and through which social enterprises and the private market are encouraged to develop related services, with a view to providing better support to elders who age at home.

Health care

Citizens in Hong Kong are entitled to heavily subsidized hospital care. Older persons are heavy users of medical services. Over half the total of hospital bed-days is used by older persons even though they only represent 14 per cent of the population. Health care expenditure now constitutes 5.3 per cent of GDP, and 2.9 per cent of public expenditure. Government expenditure accounts for 55.7 per cent of total health care expenditure (Financial Secretary, 2010). Facing mounting needs related to the ageing of the population, the occurrence of lifestyle-related diseases, medical costs involving advanced medical technology and the public's expectations of improved quality of care, total health care expenditure as a proportion of GDP is expected to increase to 9.2 per cent by 2033. The public contribution will represent 5.5 per cent of the GDP. Public expenditure will account for 59.2 per cent of total health care expenditure. In terms of total public expenditure, the proportion due to health care will increase from 14.7 per cent in 2004 to 27.3 per cent in 2033, assuming that total expenditure is to be kept below 20 per cent of GDP (FHB, March, 2008). Even though these figures would not be seen as critical by international standards, the government is worried about the sustainability of health care financing.

In July 2005 the Health and Medical Development Advisory Committee issued a discussion paper, entitled *Building a Healthy Tomorrow*, on the future service delivery model for our health care system. It recommended that the public health care services sector should target acute and emergency care for low-income and underprivileged groups (Health and Medical Development Advisory Committee, July, 2005). In March 2008, the government put forward a document, *Your Health, Your Life* for public consultation. It recommended the enhancement of primary care, promotion of public-private partnerships, development of electronic health record sharing, strengthening of the public health care safety net and the reform of health care financing arrangements (FHB, March, 2008).

In terms of health care financing reform, the government put forward six options, including social health insurance, out-of-pocket payments, medical savings accounts, voluntary private health insurance, mandatory private health insurance and a personal health care reserve (FHB, March, 2008). There is no public consensus on the future direction of health care reform, so the debate will continue. At present, the possibility of introducing a mandatory and publicly managed health insurance programme seems remote (FHB, December, 2008).

Without adequate income protection, it is not surprising to find that elder poverty is a critical issue in Hong Kong. A 2007 estimate suggested that there were 260,000 older persons living in poverty, or 30 per cent of the Hong Kong

elderly population (*Hong Kong Daily News*, 24 March, 2007: A4). According to government statistics in 2004–5, 92 per cent of persons aged 70 or above received social assistance in the form of CSSA, OAA or DA. The figure for those aged 65 or above was 81 per cent. Some 60 per cent of over-65s lived in public rental housing or home ownership scheme flats. Expenditure on social security for this group was HK$12.7 billion in 2004–5, compared with HK$6.6 billion in 1996–7. The government has estimated that expenditure will increase to HK$30 billion by 2033, based on present take-up rates (LEGCO, 13 June, 2005). Without an effective pension system, it is not surprising to find that a large proportion of older persons have to rely on social assistance to make ends meet.

Pressure groups in Hong Kong have consistently advocated for the setting-up of a contributory pay-as-you-go Old Age Pension Scheme (OPS) to ensure that older persons can be better protected in their retirement years. The government rejected the proposal for the following reasons (LEGCO, 13 June, 2005):

The Administration considered it highly doubtful whether the public would support the implementation of an OPS, given that both employers and employees now had to make contributions to the MPF Scheme. If the OPS was funded by public revenue, it was also questionable whether such a Scheme could be sustained in the long run, as seen from some overseas experience, because of the ageing population, lower fertility rates and increasing life expectancy.

The government perceived that OPSs in many developed countries are financed by high rates of personal income and social security taxes. Therefore, the current low and simple taxation system in Hong Kong could not support the introduction of such a pension system in the near future (LEGCO, 11 November, 2002).

Historically, the debate about whether the government should establish an OPS centres on who should make the major financial contributions. Individuals, employers and the government have all been reluctant to do so. Government inaction has therefore been justified by divided public opinion. Although proposals to set up a universal retirement protection system were raised in the Legislative Council in 2006 and 2008, it has failed to receive full endorsement from the legislators (The Professional Commons, 2010). In coming years, the government's policy priority appears to be the strengthening of the sustainable safety net for needy elders (LEGCO, 13 June, 2005).

Active ageing

When Hong Kong became the Special Administrative Region of China in 1997, the Chief Executive made "Care for the Elderly" a strategic government policy objective. The objective is "to improve the quality of life of our elderly population and to provide them with a sense of security, a sense of belonging and a feeling of health and worthiness" (Elderly Commission, 2010). In the same year, the Elderly Commission was established to advise the government on the formulation of a comprehensive policy and set of priorities in caring for elders.

Through the promotion and coordination of various programmes and services, the Commission intends to tackle cross-departmental and -disciplinary issues relating to the care, housing, financial, health/medical, psychological, employment and recreational needs of the elderly (Elderly Commission, 2010).

In the early years, the Commission focused on more urgent issues relating to the demand for housing, residential care and home care services. Specific problems relating to the elderly included a study on dementia and suicide (Elderly Commission, 2000). In 2001, the Commission began to promote the concept of Healthy Ageing. Campaigns under this heading included promotion through mass media publicity; exhibitions and mass activities and conferences, symposiums and conventions. With reference to the World Health Organization's definition of health, Healthy Ageing views getting older as a positive process full of opportunities and needs. In improving the physical and psychosocial well-being and quality of life of the elderly, common strategies endorsed by the Elderly Commission include (Elderly Commission, 2001):

- Promoting personal responsibility (healthy lifestyle);
- Strengthening community action (public education programmes and community participation activities);
- Creating a supportive environment (older person-friendly social and living environment); and
- Improving the image of ageing (combating stereotypes and active ageing).

Healthy Ageing also includes the promotion of lifelong learning, employment for older persons and the idea of an active life through means other than paid work. The first of these aims to enhance the capacity of older persons to cope with problems and to lead an active life. In terms of employment, the removal of the mandatory retirement age and flexible job design need to be supported by employers. The last of these suggests that older persons can contribute to society through unpaid work, including family care, social participation and volunteering (Elderly Commission, 2001).

The main thrust of the Healthy Ageing campaign was to change society's image of older persons as people in poor health and dependent, and who are making heavy demands on health care, elderly services and social security. Through promoting inter-sectoral collaboration and district partnerships, there is an urgent need to reposition older persons in a way which highlights their capability and contribution. At the end of the campaign, an evaluation showed that the effectiveness of the mass media strategy in raising awareness and changing behaviour was uncertain; the ability of the community projects to reach out to older persons was limited and the impact of projects was not sustained once funding was terminated (Elderly Commission, 2004).

The concept of lifelong learning has been accepted as a core programme for active ageing. It is important to inspire elders to pursue learning and thus to foster a sense of self-worth. Through learning new knowledge and skills, the primary objective of these programmes is to offer opportunities for elders to

pursue their studies and participate in activities that foster their personal, professional and career advancement. Continuous learning can inspire elders to form new objectives in life and enhance their sense of achievement (Open University of Hong Kong, August, 2002). In general, there are no age barriers to enrolment in continuing education programmes. In Hong Kong, the majority of educational and learning programmes for elders can be found in the centres operated by non-governmental organizations. Currently, there are more than 200 such elderly centres in Hong Kong, including 41 District Elderly Community Centres, 117 Neighbourhood Elderly Centres and 53 Social Centres for the Elderly. Catering to the social needs of over 180,000 members, these centres, as well as providing social care needs, also offer a wide variety of programmes supporting the social participation and learning needs of elderly people (SWD, 2010).

The Labour and Welfare Bureau and the Elderly Commission launched a school-based Elder Academy Scheme (with characteristics specific to Hong Kong) in early 2007. With the support of schools, tertiary institutions (seven universities), and non-governmental organizations, Elder Academies have been set up in various districts. Their objectives are (Elder Academy, 2010):

- To promote lifelong learning;
- To maintain healthy physical and mental well-being;
- To realize the objective of fostering a sense of worth in elders;
- To optimize existing resources;
- To promote harmony between elders and young people;
- To strengthen civic education;
- To promote cross-sectoral harmony.

In 2009–10, a total of 100 Elder Academies were operating in primary and secondary schools, as well as tertiary institutions, offering numerous opportunities for older people to pursue learning. The government has allocated HK$10 million to establish an Elder Academy Development Foundation, responsible for "devis[ing] strategies and measures relating to the academies' curriculum design and development, learning structure, extra-curricular activities and the establishment of new Elder Academies, etc. for the sustainable development of the Scheme" (LEGCO, 22 October, 2009).

The "Third Age Academy" (U3A), sponsored by the Hong Kong Council of Social Services and the Hong Kong Electric Company Limited, was established in 2006. It provides seed funding for learning opportunities for people over 50. Through mutual learning and support, and with no requirement for academic qualifications, the emphasis of these programmes is on learning for pleasure. Since 2006, a total of 19 self-learning centres have been established as part of this programme (Third Age Academy, 2010).

Overall, lifelong learning for older people represents a new initiative in active ageing. These programmes require more support and encouragement from the government and other social sectors. The notion of "inter-generational harmony" in which young people can learn from older persons' life experiences, and older

people can keep pace with new technology and knowledge, should be vigorously promoted.

In 2008, the Labour and Welfare Bureau and the Elderly Commission jointly launched the Neighbourhood Active Ageing Project (NAAP) which seeks to establish neighbourhood support networks and enable elders to become a new driving force in the community. NAAP encourages cross-sectoral collaboration and mobilizes key stakeholders in the community to promote neighbourhood support and inter-generational harmony, as well as respect and care for elders. Specifically, these neighbourhood-based projects serve to promote active ageing and prevent elder abuse and suicide. A total of 75 district projects have been implemented, serving a total of 200,000 elders and their families (LEGCO, 22 October, 2009).

Conclusion

Like many other Asian countries, Hong Kong's retirement income systems are ill-prepared for the rapid population ageing that will occur over the next two decades (OECD, January, 2009). The government is reluctant to make a long-term commitment to the establishment of a publicly funded pension scheme, given the divided opinion on the introduction of an OPS. The government considers that such a scheme would impose additional costs not only on public funds but also on employers and employees, and would receive little support from the community. However, the current MPF offers only meagre protection to retirees, who have to rely on other sources of income to maintain security in their old age. Financial security is recognized as one of the key factors in active ageing, enabling older persons to maintain healthy living and active participation in economic and social life.

The Hong Kong government appears to have recognized the importance of active ageing. However, it tends to avoid developing long-term plans and commitments to ensure the financial security of elders. It would seem that both the community and politicians are still preoccupied with the immediate needs of social assistance and long-term care, and the concept of active ageing does not seem to be considered as a similar political priority. There is also a lack of influential pressure groups or organizations representing elderly people which might put effective pressure on the government to promote active ageing.

In setting the future focus of public policy relating to older persons, the government's Task Force on Population Policy (2003) recommended the following goals:

- to revisit and redefine the notion of retirement and old age;
- to continue to develop programmes that promote active and healthy ageing; and
- to develop a sustainable financial support system for the needy elderly.

However, these recommendations have not been vigorously followed up. The Chief Executive, in his 2009–10 Policy Address, emphasized the development of

"ageing in place" and "active ageing". In supporting the former, the government is committed to expanding home care services and extending the District-Based Scheme on Carer Training. The government also refers to the establishment of the Elder Academy Development Foundation, intended to develop the curriculum and learning structure of Elder Academies, as a core initiative in promoting active ageing (Chief Executive, October, 2009). These initiatives all involve small financial commitments, and are both uncertain in their impact and limited in their accessibility. Of course, they also involve non-controversial social and financial issues which would have no difficulty in receiving public endorsement.

In a sense, it seems that the Hong Kong government tends to adopt a narrow interpretation of active ageing, one which refers mainly to the promotion of learning and health education programmes for older persons. The crux of the problem of financial security, which can affect social and economic participation, has not been effectively dealt with. Hong Kong should encourage the employment of older persons, and provide them with the option of continuing to work. Employment can maintain social inclusion and also allows society to continue to benefit from the talents of older people. In exploring flexible arrangements, including part-time and flexible work, individualized work design should be encouraged (OECD, 2006). Employers, including the government, should encourage older persons to stay in work by experimenting with more flexible arrangements. The promotion of active ageing should not simply focus on reducing the overall cost of ageing to society, but the importance of maintaining labour market activity (Oxley, 2009).

However, the issues of delaying retirement and encouraging older people to remain in employment may invite public debate. The suggestion may be welcomed by educated professionals, but the majority of older people are still engaged in the low-skilled and -paid segment of the labour market. Accordingly, their continued employment may further increase the labour supply and depress the wages of these low-end jobs. In fact, the average wage of low-income groups has declined over the last decade (Mingbao, 2 May, 2010: A4). Against this background, the suggestion of delaying retirement will be met with resistance.

In summary, the Hong Kong government, following international trends, advocates the concept of active ageing. In terms of policy initiatives, it has tried to avoid tackling the key issue of providing long-term financial security to older people. To avoid controversy, it has not even actively promoted continuous employment and delayed retirement. Instead, active ageing, in practice, has been limited mainly to continuous education and neighbourhood-based mutual help network programmes. In the years to come, it is difficult to envisage the government introducing any comprehensive and long-term programmes which can guarantee the financial security of older people. Financial security is a prerequisite for advancing the ideals of active ageing. As the World Health Organization proposes, one of the three basic pillars of active ageing is security, and so countries should: "ensure the protection, safety and dignity of older people by addressing the social, financial and physical security rights and needs of people as they age" (WHO, April, 2002: 52).

References

Bartlett, H. (2009), Growing Old in a Global City: The Challenge of Urbanization for Active Aging in Hong Kong, in: J. Powell and I. Cook (eds), *Aging in Asia*, New York: Nova Science.

CSD, Census and Statistics Department of Hong Kong Special Administrative Region Government (2008), *2006 Population Census: Thematic Report – Older Persons*, Hong Kong: Government Logistics Department.

CSD, Census and Statistics Department, Hong Kong Special Administrative Region Government (2009), Socio-Demographic Profile, Health Status and Self-Care Capability of Older Persons, *Thematic Household Survey Report No. 40*, Hong Kong: Government Logistics Department.

CSD, Census and Statistics Department, Hong Kong Special Administrative Region Government (2009), *Hong Kong Monthly Digest of Statistics*, Hong Kong: Government Logistics Department.

CSD, Census and Statistics Department, Hong Kong Special Administrative Region Government (2010), *Hong Kong in Figures, 2010 Edition*, Hong Kong: Government Logistics Department.

Chau, P.H. and Woo, J. (2008), *How Well Are Seniors in Hong Kong? An International Comparison*, Hong Kong: The Hong Kong Jockey Club Charities Trust.

Chief Executive, Hong Kong Special Administrative Region Government (2009), Policy Address, www.policyaddress.gov.hk/09–10/eng/p100.html.

Elder Academy, Hong Kong Special Administrative Region Government (2010), Introduction, www.elderacademy.org.hk/en/aboutea/index.html.

Elderly Commission, Hong Kong Special Administrative Region Government (2000), Report of the Elderly Commission, 1997–1999, www.elderlycommission.gov.hk/en/library/ECREPORT.HTM.

Elderly Commission, Hong Kong Special Administrative Region Government (2001), Report on Healthy Ageing, Hong Kong: Ad hoc Committee on Healthy Ageing, www.elderlycommission.gov.hk/en/library/ROHA.HTM.

Elderly Commission, Hong Kong Special Administrative Region Government (2004), Healthy Ageing Campaign, Report of Overall Evaluation, May 2001, www.elderlycommission.gov.hk/gb/en/download/Programmes_and_events/HACMay2004.pdf.

Elderly Commission, Hong Kong Special Administrative Region Government (2010), Introduction, www.elderlycommission.gov.hk.

Financial Secretary, Hong Kong Special Administrative Region Government (2010), *The Budget 2010–2011*, paragraph 37, www.budget.gov.hk.

FHB, Food and Health Bureau, Hong Kong Special Administrative Region Government (2008), Your Health, Your Life, Health Care Reform Consultation Document, www.fhb.gov.hk/beStrong/files/consultation/factsheetgraphic_eng.pdf.

FHB, Food and Health Bureau, Hong Kong Special Administrative Region Government (2008), Your Health Your Life, Report on First Stage Public Consultation on Healthcare Reform, www.fhb.gov.hk/beStrong/eng/consultation/consultation_report1.html.

Health and Medical Development Advisory Committee, Health, Welfare and Food Bureau, Hong Kong Special Administrative Region Government (2005), *Building a Healthy Tomorrow, Discussion Paper on the Future Service Delivery Model for our Health Care System,* www.fhb.gov.hk/hmdac/english/papers/files/hmdac_pamphlet.pdf.

Herd, R., Hu, T. and Koen, V. (2010). Providing Greater Old-Age Security in China, *Economics Department Working Papers*, No. 750, Paris: OECD.

Hong Kong Daily News (2007), 24 March, p. A4.
LEGCO, Legislative Council, Hong Kong Special Administrative Region Government (11 November, 2002), LC *Financial Assistance for Older Persons*, Paper No. CB(2)294/02–03(15), Hong Kong: Legislative Council Panel on Welfare Services.
LEGCO, Legislative Council, Hong Kong Special Administrative Region Government (8 November, 2004), *Comprehensive Social Security Assistance Scheme*, LC Paper No. CB(2)145/04–05(03), Hong Kong: Legislative Council Panel on Welfare Services.
LEGCO, Legislative Council, Hong Kong Special Administrative Region Government (13 June, 2005), *Social Security for Needy Elderly in Hong Kong*, LC Paper No. CB(2)1828/04–05(04), Hong Kong: Legislative Council Panel on Welfare Services.
LEGCO, Legislative Council, Hong Kong Special Administrative Region Government (12 November, 2007), *Review of the Rates of the Old Age Allowance*, LC Paper No. CB(2)254/07–08(09), Hong Kong: Legislative Council Panel on Welfare Services.
LEGCO, Legislative Council, Hong Kong Special Administrative Region Government (22 October, 2009), *Policy Initiatives of the Labour and Welfare Bureau for 2009–10*, LC Paper No. CB(2)6/09–10(01), Hong Kong: Legislative Council Panel on Welfare Services.
LEGCO, Legislative Council, Hong Kong Special Administrative Region Government (11 January, 2010), *Provision of Subsidized Residential Care Places for the Elderly*, LC Paper No. CB(2)668/09–10(04), Hong Kong: Legislative Council Panel on Welfare Services.
LEGCO, Legislative Council, Hong Kong Special Administrative Region Government (5 February, 2010), *Proposal for Activation of the Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly Under the Panel on Welfare Services*, LC Paper No. CB(2)836/09–10, Hong Kong: Legislative Council Panel on Welfare Services.
LEGCO, Legislative Council, Hong Kong Special Administrative Region Government (6 February, 2010), *Community Care and Support Services for the Elderly*, LC Paper No. CB(2)842/09–10(01), Hong Kong: Legislative Council Panel on Welfare Services.
LEGCO, Legislative Council, Hong Kong Special Administrative Region Government (April, 2010). Fact Sheet, Hong Kong in Figures, www.legco.gov.hk/yr09–10/english/sec/library/0910fs01_20100331-e.pdf.
MPFA, Mandatory Provident Fund Authority (2010), Background, www.mpfa.org.hk.
Mingbao (2010), 2 May, p. A4.
Mingbao (2010), 28 May, p. A8.
Open University of Hong Kong (2002), Research Report on Overseas Experiences in Providing Continuing Education for Older Persons. Hong Kong: Health and Welfare Bureau, www.elderlycommission.gov.hk/en/download/library/021017_elderly_2/e_u3a_fullreport.pdf.
OECD (2006), *Live Longer, Work Longer*. Paris: OECD.
OECD (2009), *Government at a Glance.* Paris: OECD.
Oxley, H. (2009), Policies for Healthy Ageing: An Overview, *OECD Health Working Papers*, No. 42, Paris: OECD.
SCMP, *South China Morning Post* (2010), 7 January, p. B1.
SCMP, *South China Morning Post* (2010), 11 March, p. C2.
SCMP, *South China Morning Post* (2010), 12 May, p. A15.
SWD, Social Welfare Department (2010), Social Security, www.swd.gov.hk/en/index/site_pubsvc/page_socsecu/sub_comprehens.

The Professional Commons (2010), Ensure the Financial Security of the Elderly, Research Report on Universal Old Age Pension Scheme, www.procommons.org.hk/ensure-the-financial-security-of-the-elderly-research-report-on-universal-old-age-pension-scheme.

The Task Force on Population Policy (2003), Report on Task Force on Population Policy, http://info.gov.hk/info/population/eng/pdf/report_eng.pdf.

The University of Hong Kong (2009), Elderly Commission's Study on Residential Care Services for the Elderly, Hong Kong: The Elderly Commission, www.elderlycommission.gov.hk/en/download/library/Residential percent20Care percent20Services percent20- percent20Final percent20Report(eng).pdf.

Third Age Academy (2010), Introduction, www.u3a.org.hk.

UNDP, United Nations Development Programme (2009), *Human Development Report 2009, Overcoming Barriers: Human Mobility and Development*, New York: UNDP.

Wilding, P. (1997), Social Policy and Social Development in Hong Kong, *Asian Journal of Public Administration*, Vol. 19, No. 2, pp. 244–75.

WHO, World Health Organization (April, 2002). *Active Ageing: A Policy Framework*. Geneva: WHO.

7 Active ageing in Mainland China

Vivian W.Q. Lou

This chapter examines active ageing in Mainland China, a country with one of the largest ageing populations worldwide. First, the chapter describes the demographic characteristics of the ageing population in China, followed by an examination of the economic and socio-cultural context of China, in which the population ageing process is embedded. Policies regarding the elderly in China, in particular those policies/programs that promote active ageing in China are then explored and analyzed. Finally, future concerns and policy directions are discussed.

According to the latest statistics from China, the county's total population at the end of 2008 was 1.33 billion, of which eleven million persons were older than sixty-five years old, or 8.3 percent of the total population. The age and gender distribution of the elderly population at the end of 2008 is listed in Table 7.1. It can be observed that the majority of the older adults were on the young end of the spectrum (e.g., between sixty-five and seventy-four years old), with males outnumbering females. Older female adults outnumbered male older adults when comparing the old-old and oldest old. The life expectancy of female older adults increased by four years from 69.3 in 1981 to 73.3 in 2000 at a national level, while for male older adults the life expectancy increased 3.6 years correspondingly (National Bureau of Statistics of China, 2009).

In regard to urban and rural distribution, more older adults lived in rural areas (55 percent) as compared to those living in urban areas (45 percent). The

Table 7.1 Age and gender distribution of elderly population (2008)

	Male (%)	*Female (%)*	*Sex ratio (female = 100)*
65–69	36.4	33.4	102.39
70–74	30.4	28.9	98.87
75–79	19.4	19.7	92.14
80–84	9.5	11.2	80.08
85–89	3.5	5.0	65.35
90–94	0.7	1.4	45.18
95 or above	0.1	0.3	41.05

Source: NBSC (2009: 94).

Table 7.2 Elderly population in rural and urban area (2007)

	Urban (%)	*Rural (%)*
65–69	35.8	35.8
70–74	30.3	29.6
75–79	18.7	19.0
80–84	10.0	10.3
85–89	3.9	4.0
90–94	1.1	0.9
95+	0.2	0.3
	Dependency ratio	
Children dependency ratio	20.19	28.36
Old dependency ratio	11.93	13.66

Source: Department of Population and Employment Statistics (2008: 41–49).

distribution among older adult in sub-age groups was similar comparing urban and rural areas. However, rural areas recorded a higher old age dependency ratio and child dependency ratio. Older adults in rural areas were also less educated –while only 11.8 percent of urban males were illiterate as of 2007, the illiteracy rate doubled among rural males (28.9 percent). For women, about 40 percent (40.5 percent) of urban females were illiterate, while that figure rose to more than 60 (66.4 percent) among rural older women (Department of Population and Employment Statistics, 2008).

Since China is a huge country, in which lives the greatest proportion of older adults worldwide, it is worthwhile glancing at the demographic characteristics of the elderly population in different cities and/or provinces. At a national level, the elderly and young dependency ratios were 11.3 and 26.0 respectively as of 2008. Figure 7.1 ranks the top three and lowest three cities and/or provinces for

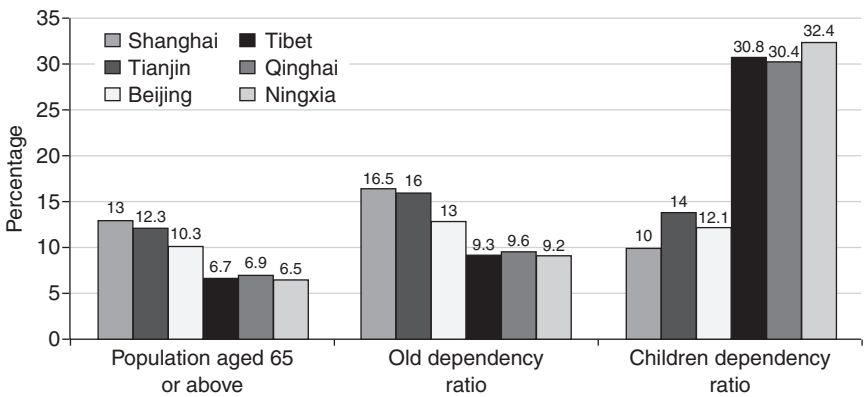

Figure 7.1 Percentage of the older population and dependency ratio by selected cities/provinces (2008) (source: NBSC (2009: 99)).

percentage of older adults, together with their dependency ratios. Three cities, Shanghai, Beijing, and Tianjin ranked highest on the old dependency ratio, which exceeds thirteen. However, three provinces in west China – Tibet, Qinghai, and Ningxia – have an elderly population of less than 7 percent, and the old dependency ratio was about nine.

Differences between cities and/or provinces were not only measured in the proportion of their elderly population, but also in life expectancy (Table 7.3). In 2000, while the top three cities (e.g., Beijing, Shanghai, and Tianjin) enjoyed a life expectancy reaching at least seventy-three years of age for males and at least seventy-six years for females, the life expectancy in Tibet was only sixty-three and sixty-six years old for men and women respectively.

Projections of future population trends, based on an average fertility rate assumption, estimated that the percentage of the ageing population aged sixty-five years old will reach 9.8 percent in 2015 and 20 percent in 2050. The numbers of the oldest population segment will increase faster than that of any other age group (Figure 7.2). It is also estimated that the oldest-old will increase

Table 7.3 Life expectancy by gender, national and selected cities/provinces (2000)

	Male (age)	*Female (age)*
National	69.63	73.33
Shanghai	76.22	80.04
Beijing	74.33	78.01
Tianjin	73.31	76.63
Tibet	62.52	66.15
Qinghai	64.55	67.70
Ningxia	68.71	71.84

Source: NBSC (2009: 93).

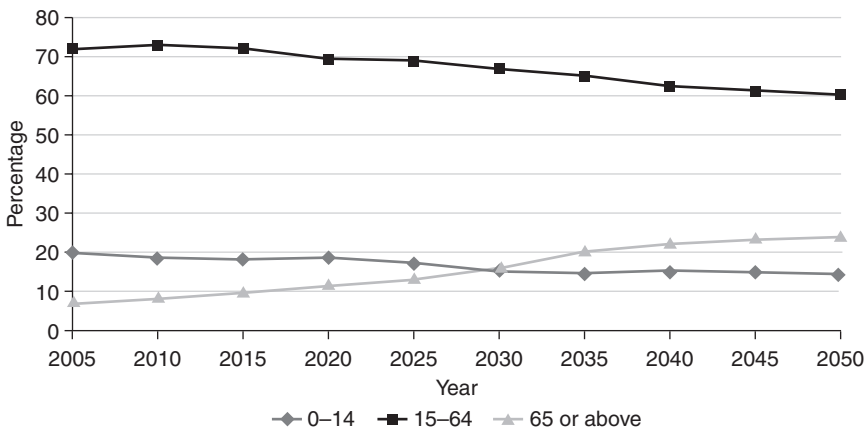

Figure 7.2 Projection of population from 2005 to 2050 by age groups (source: Chen and Liu (2009), pp. 20–21).

faster than other sub-age groups; and China is still going to have a greater working-elderly population than elderly population until 2030. In 2032, the total dependency ratio will exceed 50 percent and is estimated to reach 66 percent in 2050 (Chen and Liu, 2009). In the coming decades, parents of single child families are approaching old age, which creates a "four-two-one phenomena," in which one child might need to take care of two parents and four grandparents (Du and Phillips, 2004).

While looking at the demographic of the ageing population in China, four observations could be made. First, the total amount of the ageing population is big, consisting of around 22 percent of the world's ageing population, and about 40 percent of the ageing population in Asia (DESA, 2009). A slight majority of the older population currently lives in rural areas. Second, the ageing phenomenon is gendered – with more males belonging to the young-old sub-group; females were outnumbered in the old-old and oldest-old sub-group. Third, there are huge demographic differences between provinces and/or cities in regard to population ageing, life expectancy, and dependency ratio. Level of social development seemed associating with such differences. In the less developed western provinces and non-ocean areas, average life expectancy is at the national level from twenty years ago. Last but not the least, forty years ahead, the ageing population will reach its peak, particularly for the oldest-old sub-group.

Active ageing in the Chinese context

In order to understand active ageing phenomena in China, its economic, social, and cultural context needs to be examined and discussed. While the author of the chapter does not have the intention to provide a comprehensive review, key focuses are trained on observations and/or characteristics that have been identified as having significant impacts on active ageing, a phrase which refers to elderly people's maximal participation and well-being that operates at the individual, organizational, and societal level (WHO, 2002; also Chapter 2 of this book).

Economic context

Since the open door policy began in the late 1970s, China has experienced dramatic development from an economic point of view. Its GDP per capita changed from about US$300 in the 1980s to around US$3,400 in 2008, which increased eleven times. It was estimated that the GDP per capita would be doubled to reach around US$6,800 in 2015 (IMF, 2010). Fundamental changes occurred, manifested in the transformation from a centralized economy to a market economy, and from an agricultural, closed society to an urbanized open society. The thirty years of economic reforms have enhanced the quality of life of Chinese people, reflected by increased income for both urban and rural residents, as well as the enrichment of daily life in physical, psychological, and social aspects. For example, in 2008 on average an urban resident made an

income of US$2,309, which was twenty-one times of that of 1985. For rural residents, on average, each person made US$980, which was twelve times greater than that of 1985 (NBSC, 2009).

Society is regarded as a composition of different systems, and change in one system can definitely spark changes in other systems. The economic reform in China led to changes in other systems such as education, health care, law, and social welfare. In particular, the welfare system has experienced fundamental changes (Leung, 2005). The old agenda of social welfare, characterized by a dual social system – employment-based welfare for urban residents and family support for rural residents[1] – has developed into a system with characteristics of marketization and socialization. The government shifted its role from a service provider to a policy maker and regulator. Six types of social insurance were established under the Ministry of Human Resources and Social Security, including insurance for pension, medical care, work injuries, unemployment, labor delivery, and insurance for rural residents. As related to elderly care in particular, the changes to the social welfare system are summarized in Table 7.4. Socialization of the welfare system stresses shared responsibilities between the government, society, family, and individuals. Such developments were experienced earlier in urban than rural areas.

Any change brings about both positive enhancements to, and negative consequences for, the status quo. One of the negative consequences of China's reform is the enlargement of discrepancies between the rich and the poor. In a dual-system (urban vs. rural) country like China, urban–rural, intra-rural, and intra-urban disparity all contribute to the total income disparity; and the urban–rural income gap is still considered the most dominant factor in wealth distribution inequality (Chen *et al.*, 2008). The urban and rural income

Table 7.4 Older people protection: changes over years

	Old agenda	*New development**
Urban		
• Retirees from work units	Work unit (pension, medical, crisis) Family members	Social insurance (pension, medical) Minimum Living Standard Scheme Family members
• The Three No's	Ministry of Civil Affairs	Ministry of Civil Affairs
Rural		
• The Five No's	Ministry of Civil Affairs	Ministry of Civil Affairs
• Residents	Land Family members	Land Family members Social insurance (medical) Minimum Living Standard Scheme

Note
* Some cities/provinces provide old age allowance with eligibility criteria.

discrepancies grew from a ratio of around 2.6 (urban vs. rural) to 3.23 in 2003 (Li and Luo, 2007). Regardless of the fact that its effectiveness is being challenged, the establishment of the Minimum Living Standard Scheme for urban and rural poor in 1999 and 2007, respectively, is a positive development, in that it establishes a safety net for poor people (The Central People's Government of the People's Republic of China, 1997, 2007; Gao *et al.*, 2007).

Even with its rapid economic development in the past three decades, China is still considered a developing country. Its GDP per capita only amounted to about 8–9 percent that of Singapore and Japan (GPG, 2010). For any developing countries, population ageing implies a double burden for countries' financial and social concerns. From the financial point of view, with increasing urbanization, more and more aged people will move to cities, which will increase an already-high demand for financial, as well manpower, resources allocated to support the ageing population. From a social point view, the health care system, long-term care systems, and community programs will also face great demand in the coming future (DESA, 2009; Mu, 2009).

Social context

The social context of active ageing is going to be discussed by focusing on the following four aspects: family, lifestyle, health status, and psychological well-being.

Chinese family demographics have experienced changes that deserve serious attention from the active ageing perspective. The average household size decreased from 4.41 in 1982 to 3.44 in 2000 (NBSC, 2009). Living arrangements of older adults also shifted from traditional multi-generational families to old couple families and older adults living alone. According to the sample survey of the elderly population in urban/rural China 2006 (referred as "the 2006 sample study" hereafter), almost half of urban respondents were either living alone or living with spouses only. Figure in rural areas showed a bit more than 60 percent lived with others (Table 7.5) (Guo and Chen, 2009).

According to the 2006 sample study, urban respondents were more active in participating in various kinds of leisure activities as compared to their rural counterparts (Table 7.6). On the contrary, more rural respondents, regardless of gender, smoke and drink alcohol (Figure 7.3).

Older adults' health status was examined in three parts – mortality, chronic disease, and function abilities. A review of the mortality rate for older adults

Table 7.5 Living arrangement of older adults in urban and rural China (2006)

	Living alone	*Older couple*	*Living with others*
Urban	8.3	41.4	50.3
Rural	9.3	29.0	61.7

Source: Guo and Chen (2009), p. 4.

Table 7.6 Ten top leisure activities of urban and rural respondents (2006)

	Urban (%)	*Rural (%)*
Listen to radio/watch TV	85.00	77.48
Outing	77.50	52.35
Reading	47.32	9.99
Go to park	36.83	1.94
Plants/pets	31.93	6.50
Playing majiang/cards/chess	24.54	14.37
Watch movies/opera	15.86	20.32
Wellness exercises (*Bao Jian Cao*)	13.36	1.08
(Learn to) use mobile phone	11.61	1.93
Traveling	11.17	1.45

Source: Guo and Chen (2009: 221, 222, 229, 230).

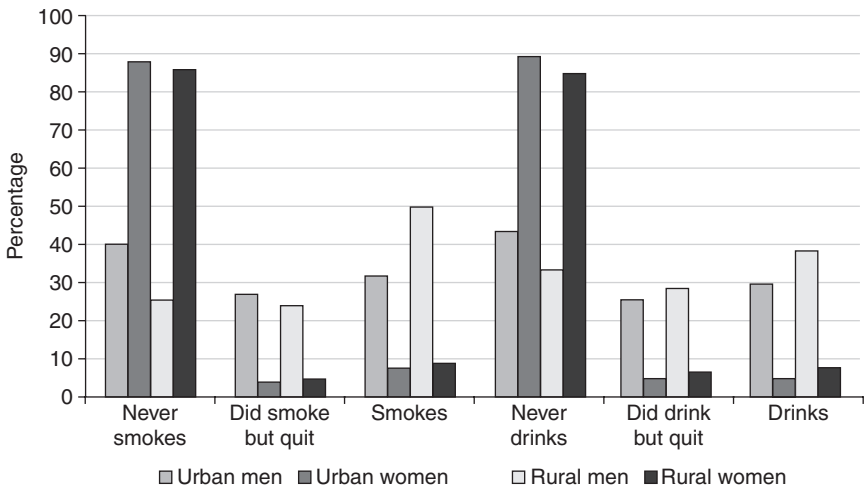

Figure 7.3 Percentage of respondents who smoke and drink (2006) (source: Guo and Chen (2009: 235–238)).

revealed that fatal causes of death in both urban and rural China are not infectious diseases, but circulatory and respiratory diseases. After ages seventy-five and older, the mortality rate for mental and behavioral diseases, diseases of the nervous system, circulatory system, respiratory system, and digestive system double for every five additional years of age (Ministry of Health of the People's Republic of China, 2009).

It is understood that the future pressures on health care and the long-term care system for older adults are not acute diseases but chronic diseases. A 2008 survey in China observed an increasing number of people suffering from chronic diseases as compared to that in 2003, with more from urban areas. It also can be

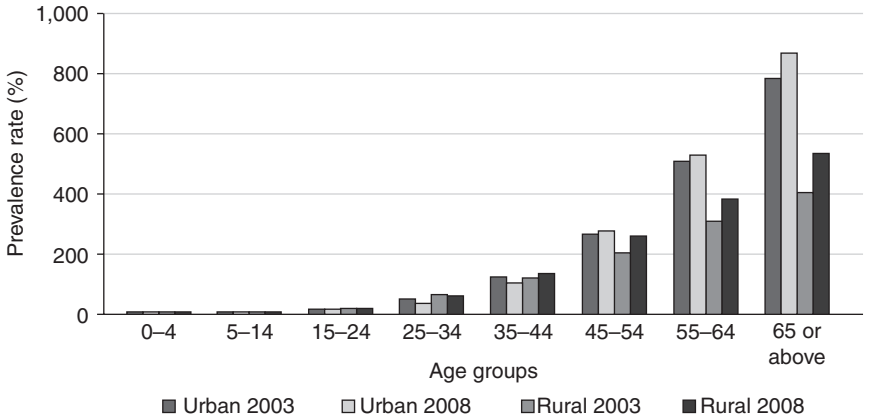

Figure 7.4 Prevalence rate of chronic diseases in urban and rural areas in 2003 and 2008 by age (source: NBSC (2009: 224–225)).

observed that the older a person is, the higher the risk of him/herself suffering from chronic diseases (Figure 7.4). While examining details of chronic diseases suffered, the four prominent chronic diseases for those older than sixty-five years old were heart diseases, arthritis, chronic bronchitis, and high blood pressure. It also observed that the rising trend of the majority types of chronic diseases starts among those 50–59 years old.

A comprehensive understanding of health should not only focus on disease, but also on function abilities. According to an empirical study, it was found that while only 9.2 percent of those aged 60–74 need daily support on their Activities of Daily Living (ADL), more than half of those aged ninety or above need help (Figure 7.5). Even though older adults living in rural areas were reported to have

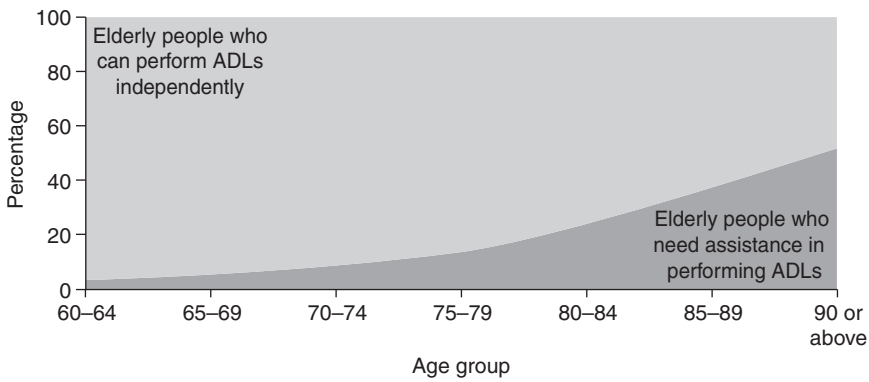

Figure 7.5 Proportion of elderly people who cannot perform ADLs independently by age groups (source: Du and Wu (2006)).

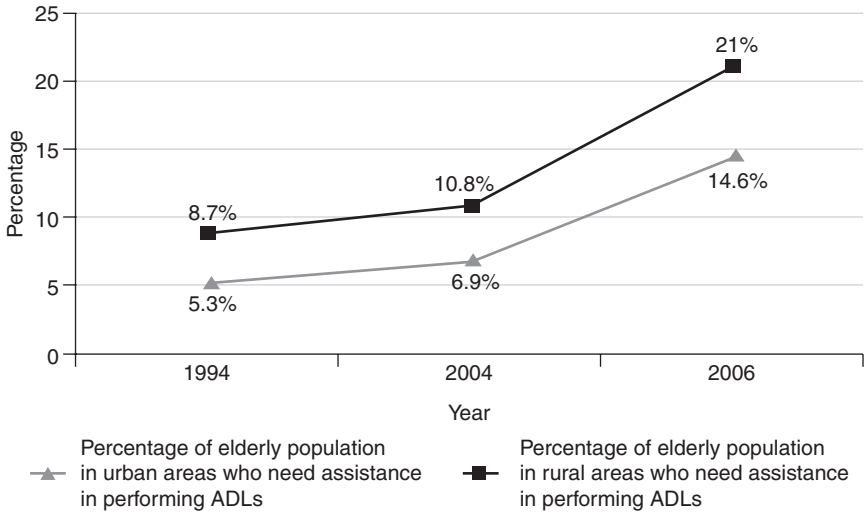

Figure 7.6 Percentage of elderly population who need assistance in performing ADLs in urban and rural areas, 1994, 2004, and 2006 (source: Du and Wu (2006)).

a lower incident rate of chronic disease, older adults in rural areas suffer from functioning disabilities (Figure 7.6).

The psychological well-being of older adults stresses both positive and negative dimensions. The positive dimension includes happiness and life satisfaction; while the negative dimension stresses mental health issues such as loneliness, depression, abuse, dementia, and suicide.

In regard to happiness and life satisfaction, according to the 2006 sample study, a majority of the urban respondents (54 percent) agreed with the statement "I feel happy as compared with peers," while only 35 percent of rural respondents agreed on the same item. Urban males (55 percent) ranked the highest in happiness, followed by urban women (53 percent), rural males (36 percent), and the rural women feeling the least happy (34 percent). From a cognitive perspective, about 9.8 percent of the respondents agreed that "I feel very satisfied with life"; while 41 percent agreed that "I feel satisfied with life." A greater number of urban respondents felt satisfied with life as compared with their rural counterparts (55 percent vs. 43 percent) (Guo and Chen, 2009).

The 2006 sample study also revealed that 21 percent and 35 percent of respondents from urban and rural areas agreed that "I often feel lonely"; while 21 percent and 28 percent from urban and rural areas worried that their children were not fulfilling their filial duties towards them. In regard to depression, studies based on the Nutrition and Health of Ageing Population in China project showed that the prevalence rate of depressive symptoms according to the Center for Epidemiologic Studies Depression Scale (CESD) in Shanghai and Beijing was 9.5 percent (6.7 percent for male and 11.7 percent for female) (Pan *et al.*,

2008). A study among 1,737 rural older adults found that more than 25 percent of respondents were found to suffer from depressive symptoms as measured by the Geriatric Depression Scale (GDS). For rural older adults, living alone, having history of heart attack and fracture, and cognitive impairment were found to be risk factors (Gao *et al.*, 2009). The consensus dementia prevalence rate in China is about 4 percent among those older than sixty years old, and it is estimated that six million people suffered from dementia in China in 2001, increasing to twenty-six million in 2040 (Ferri *et al.*, 2006). A risk of co-morbidity of depression and dementia was also reported (Chen *et al.*, 2008). A study in Nanjin found that depressive symptoms were one of the significant factors associated with an increased risk of elderly abuse and neglect (Dong *et al.*, 2008). Moreover, Chinese older adults were among those at the highest risk of committing suicide, with rural men facing the most risk, followed by rural women, and urban older adults (Phillips *et al.*, 2002).

Cultural context

China boasts a history of over five thousand years of development. During these many years, three cultural contextual factors have developed that have influences on active ageing: China's cultural norms for ageing, collective and social orientation, and emphasis on family solidarity and intergenerational harmony.

China has been influenced by cultural traditions such as Confucius, Taoism, and Buddhism. While Buddhism believes that everyone is equal, Taoism stresses following natural law. Only Confucius has many concrete expectations for human behavior, which emphasize hierarchical relationships, order, and moral pursuits. Older adults as a group are regarded as a symbol of wisdom; at the family level, older adults stand at the top hierarchy of family trees, which represent power, resources, and beings deserving of respect from younger generations. Critically speaking, there is no such concept as active ageing in Chinese cultural tradition, but this concept is deeply embedded into cultural values and expectations for individuals, families, and society. Society as a whole is expected to treasure older adults and respect them; a family is expected to take care of its older people with respect; and children are expected to achieve their filial responsibility (Chow, 2004). The cultural norms on ageing can be characterized by "experiencing old age in peace and joy (*An Xiang Wan Nian*)," which are manifested by taking care of health (*Yi Yang Tian Nian*), longevity (*Chang Shou*), and having children and grandchildren (*Zi Sun Man Tang*), with wealth (*Fu Gui*) and blessing (*Fu Qi*).

A second important cultural contextual factor is China's collective and social orientation. Instead of emphasizing individual rights, personality traits, and autonomy, Chinese culture tends to emphasize collective well-being, situational behavior, and interdependency. These characteristics have widespread impacts on the human behavior of Chinese people, including their organizational behavior, decision making, group dynamics, family rules, and self construction (Kim *et al.*, 1994).

Last but not the least, family and intergenerational solidarity have been extremely stressed in the life of older adults in China. Family relationships are guided by rules such as hierarchical structure, patriarchy, and family harmony, which are regarded as symbols of China's organizational management style and the government's relationship with the public (Xu *et al.*, 2007). Children, sons in particular, are regarded as key sources of support for older parents. For older people, having children and grandchildren, and a family in harmony, is regarded as a virtue of life. Ageing by staying with family members, sons in particular, is a normative expectation. Only those without families live in residential facilities.

These cultural norms on ageing imply that ageing well is a cultural norm, in which society, family, and individual shall all take responsibilities. The government takes care of families; families take care of older people; while individuals are expected to keep harmonious relationships with their surroundings, including social networks, family, and nature. The modernization process has brought some challenges to this old way of doing things. The prevalence of negative stereotypes about the elderly was found to be similar among Chinese as for Americans, and cases of age discrimination towards old workers were also recorded in China (Chiu *et al.*, 2001; Boduroglu *et al.*, 2006). According to the 2006 sample study, about 42 percent and 58 percent of respondents from urban and rural areas said they agreed that "Older people are a burden on society"; about 40 percent and 62 percent of respondents from urban and rural areas said they agreed that "older people are a burden on the family" (Guo and Chen, 2009). Living arrangements have also changed from multi-generational living to older people living separately from their children. Older people started to accept living in residential facilities and learned to disconnect institutionalization with the assumption of their children's failure to fulfill their filial responsibility (Chou, 2010). Even with such challenges, inclinations to tradition still played a protective role in warding off depressive symptoms and enhancing life satisfaction among Chinese older adults (Mjelde-Mossey *et al.*, 2006; Lou *et al.*, 2008; Lou, 2010a, 2010b).

Ageing policy in China and active ageing

A glance at the history of ageing policy in China reveals the establishment early in 1982 of the Chinese National Committee on Ageing Problems. In 1996, it was re-named as the China National Committee on Ageing, which reflected a more positive and proactive perspective by the government on population ageing. In 1999, the China National Working Commission on Ageing (CNWCA) was established, composed of twenty-six members from key commissions and departments in China, which showed that the Chinese government put high priority on ageing policy.[2]

In China, the CNWCA serves as the highest advocacy level of ageing policy. It led to the establishment of commissions on ageing at different government levels (e.g., city/province, district/county, street office), which became a nation-wide government infrastructure responsible for dealing with local policies/programs/services in response to needs of older people. In urban areas, all street

level offices have responsible staff; while in rural areas, more than 70 percent of the villages also have responsible persons. The following parts discuss corresponding ageing policies/programs/services for promoting active ageing in particular, at three levels: the legislative level, policy level, and organizational/individual level.

Legislation level

In 1996, the People's Republic of China Law on the Protection of the Rights and Interests of Older People was enacted.[3] This legal document protects the rights of older people, including dependency, social security, social participation, and legal obligation. It mandates children's responsibility to take care of older parents.

Policy level

In the mid-1990s China published its first ageing policy framework, entitled the "Seven years strategic plan on ageing (1994–2000)." In 2000, the State Council passed a key document "Strengthening ageing policy and services for old people," which set the ideology, principles, and objectives of ageing policy in China. Since 2001, five-year plans have been published; the latest one was the eleventh five-year plan, published in 2006 (China National Committee on Ageing, 2006). A review of the policy development reveals three guiding principles: (1) promoting mutual help between family members and neighbors, with support of social insurance and social security programs; (2) families should still be the key agent responsible for taking care of older adults, supported by community-based services, and supplemented by residential services; and (3) holistic care should be granted to older adults, including welfare, daily care, health care, health promotion, leisure activities, and legal protection.

The meta-goals of ageing policy in China are to promote "Six Haves" of older adults, including (1) to ensure that older people have been taken care of, (2) to have medical care, (3) to have updated knowledge about social development and ageing policy, (4) to have social participation, (5) to have learning opportunities, and (6) to have happiness in life.

Organizational/individual level

Social policy relating to the organizational/individual level is reviewed and discussed around the six key areas identified by the latest policy paper, which were (1) social security; (2) health care; (3) long-term care; (4) psychological well-being; (5) social participation; and (6) legal protection (China National Committee on Ageing, 2006). It is important for us to be mindful on differences on policies/programs among cities and provinces.[4]

Social Security/Welfare. The government has put efforts to enlarge the coverage of social insurance and social security programs, and increase level of

protection in both urban and rural areas. According to the 2006 sample study, 78 percent of urban respondents had a pension, with an 8 percent increase as compared to that in 2000. The average annual income of urban older adults was US$1,750, which was 1.6 times that in 2000. In rural areas, 4.8 percent of older adults reported that they had a pension, with an average income US$435, which was 1.8 times that in 2000 (Guo and Chen, 2009). The Minimum Living Standard Scheme takes care of those who are the most vulnerable. Due to the fact that there are people who are excluded from the welfare system due to complex historical reasons, provincial governments have explored new mechanisms to expand pension coverage. For example, in *NinXia*, younger elders can borrow money from the bank to pay their premium so that they can benefit from the pension. *NinXia* also established the first old age allowance system for those eighty years of age or above.

Health Care. The government has also put efforts to enlarge medical insurance coverage and has established a community health care system in urban areas so as to enhance its affordability and accessibility. In urban areas, more than 70 percent of the residents have medical insurance; and community hospitals have been developed to provide primary care, basic treatment, checkups, and health education. For example, the World Diabetes Foundation (2010) cooperated with the Ministry of Health and trained more than eight thousand doctors in community hospitals in fifty cities that benefited more than two hundred thousand patients. In 1995, the China Elder Health Care Association was established, which promotes Chinese cultural wisdoms such as nurturing health (*Yang Shen*), wellness exercises (*Bao Jian*), food therapy (*Shi Liao*), and Chinese traditional medicine.[5]

The new medical insurance system in rural China has been in place since 2004. Up to the end of 2006, about 49.5 million people had participated, within which figure 44.7 percent of the older adults in the 2006 sampling survey were covered (Guo and Chen, 2009). While health care is argued to be based on wealth, a new initiative was taken by *Shenmu* County in *Shanxi* province for a universal free health care, which generated fevered discussion in China.[6]

Long-Term Care. In response to the gap between the supply and demand, the government tried various efforts in developing long-term care systems, which include marketization of residential care services and establishing and promoting innovative community services (Leung, 2010). On top of that, the government is working on regulations to ensure service quality at both residential and community level. At the end of 2005, there were all together more than 39,000 aged homes/facilities, with 14,970,000 beds. Less than 2 percent of the older population lives in nursing homes. When comparing this figure with those with ADL difficulties as discussed previously, and considering the other demographic changes, the gap between supply and demand is large. The "Beloved Care Engineering" initiatives launched in 2001 boosted the building of nursing homes in China, but not without controversy about quality assurance (Chu and Chi, 2008).

However, due to the lack of admission eligibility criteria, most of the government-subsidized nursing homes in China tend to admit those healthy older

adults, which deformed the linkage between the nursing home and long-term care needs. Moreover, most of the nursing homes that are subsidized by the government are led by people with little professional training on ageing subjects. Nurses and care workers are the most oft-recruited professionals, but there is a lack of multidisciplinary care team members. Up to the end of 2000, only about 20,000 people obtained a "Certificate for Health Care Workers."[7]

Under the new initiatives of developing community care for older people, different provinces developed their own strategies. Shanghai is the only city in China that has established a standardized assessment for eligibility criteria.[8] In rural areas in *JiLin*, one of the north-east provinces, the government proposed establishing group living facilities with multiple functions, targeting those most vulnerable older adults such as the cognitively impaired, old couples, the oldest elderly, and poor older adults.

Psychological Well-Being. Basically, community is responsible for promoting psychological well-being of older adults by organizing cultural and leisure activities. The Star Light Program launched by the Ministry of Civil Affairs in 2001 boosted building elderly centers across the nation. Up to 2006, in cities and villages, more than 67,000 elderly centers had been established. Each elderly center is expected to be located in communities where they are easily accessible by older people.[9] Lifelong learning has also been emphasized, in which more than 2,300,000 people attended courses offered by Third Age Colleges. Some cities provide services free of charge for older adults, including public transportation (e.g., Shanghai during non-rush hours), public parks, and museums (e.g., *Hanzhou*). Newspapers, journals, books, and websites targeting older people have also been published and/or developed by social groups and/or professional bodies.

Some of the vulnerable groups were identified for special services. For example, older adults living alone have been given attention by many of the cities/provinces. Programs such as "Pairing up caring for older adults living alone" have been developed, as have allowances for frail older adults, emergency services for living alone and/or older couple families, and psychological intervention projects aiming to help older adults suffering from depressive symptoms. Volunteerism has been promoted in China to serve the most vulnerable older adults. Up to the end of 2005, more than 13,000,000 services had been provided to more than 2,800,000 older adults, with a total of 6.3 million hours of service.

Social Participation. Volunteerism has been promoted, in which about 38.7 percent of the urban older adults participate. While only 5.2 percent of urban older people continue to be economically active; more than 30 percent of the rural older adults continue to participate in work (36.4 percent). There are 317,000 older people's associations across the nation, in which older people are responsible for running activities and programs for other older adults in the community. For those older adults with expertise and talents, they are encouraged to achieve their potential in serving the community. The project "Silver Age Program" organized well-educated elderly to assist in the

development of western areas. It aimed to develop a win-win situation for older adults in more developed areas by contributing their knowledge and intellectual capabilities and the need of western areas for social development in education, health care, and welfare aspects. Age-friendly city development initiatives were also started in 2009. Eight model projects have been initiated in six cities/provinces including *Shanghai*, *Liaoning*, *Heilongjiang*, *Shandong*, *Jiangsu*, and *Zejiang*.[10]

Legal Protection. The government aims to strengthen legal protection of older adults. During the five years from 2004 to 2009, more than 40,000 provisions and benefits were granted to older adults; more than 30,000 older adults received financial assistance in 2005.

The above discussion showed that in the past few decades, policy initiatives and services have been developed in China in response to population ageing. Even though the phrase "Active Ageing" has not been adopted by the government, policy objectives set by the Chinese government are in line to a large extent with WHO's active ageing framework (WHO, 2002).

Looking forward: reflection and future challenges

Under the national ageing policy agenda, huge differences exist in terms of policy-making and program implementation in various cities/provinces of active ageing. It is not the intention of the author to propose policy recommendations based on any individual policy and/or program. Reflections and/or recommendations discussed below only attempt to pinpoint key concerns that might deserve more attention at a national level.

First, China has a tradition of the society respecting its seniors and family taking care of its elders. However, the modernization processes, added to changing living arrangements, have brought about fundamental changes in regard to the ideology, expectations, and behaviors of ageing. An alarming observation is that a great proportion of the older adults felt they were a burden on their family and society. How do we go forward by balancing modernization and tradition? Fortunately, studies on young generations revealed that they still agree with filial responsibility, but they wished to have more flexibility in regard to how to fulfill such family responsibilities (Chow, 2001, 2004). In this case, it is strongly recommended that ageing policy, and that regarding active ageing in particular, should incorporate ideologies, social norms, and expectations towards family into consideration. Advocate rights of older adults, policies on strengthening family solidarity are some of the potential directions.

Second, the urban-rural disparities have been observed in various aspects of the ageing process. Rural older adults were found to be more vulnerable in their ageing process, as they are less covered by social security and less able to afford and access health care, and there is less community support for long-term care, psychological well-being programs, and social participation. Due to the fact that rural older adults are more often less educated, they are also assumed to be less useful in contributing their knowledge and intellectual capacity to others. In this

regard, policies in promoting active ageing should be geared to the most vulnerable groups in China – rural older women with less family support. Social security, health, and social participation are some of the potential core areas.

Third, when reviewing the six policy objectives, it is evident that an emphasis on psychological well-being is lacking. One district in Shanghai advertised its "Happy Ageing Index" as the first in China and tried to incorporate quality of life and psychological well-being into the ageing framework.[11] However, on the whole, the government initiatives seem to put less emphasis on how to promote positive mental health and prevent mental health problems, identify those who suffering from mental health problems, treat those in need, and follow-up on those who need long-term care (e.g., chronic depression and dementia sufferers). It is understandable that ageing policy needs to start with mass protection by health and social security. For further enhancement, policy initiatives must target those most in need.

Forth, socialization of elder care not only relies on policy, but the implementation of policies and programs/services. Under the traditional four levels of government, the street level officers in urban cities and villages in rural places takes up the responsibility for implementing policy initiatives. However, it is not realistic to expect that government street level staff have been well trained in ageing subjects before they take up significant roles in implementing ageing policies/programs. According to international experiences, multidisciplinary team work, comprised of professional (geriatricians, nurses, social workers), paraprofessional (occupational therapists, physiotherapists, speech therapists, etc.), and non-professional workers (personal care workers) is required so that needs of older adults can be fulfilled. It is promising to hear that thirty university programs in gerontological nursing will be developed across the nation. It is strongly suggested that manpower training and planning is spread to all layers of care providers.

Fifth, evidence-based practice in promoting active ageing is strongly recommended. When the government started to allocate more resources to take care of needs of older adults, it is crucial to know whether public money is used in a cost-effective, efficient, and effective way. More studies on policy impacts and program evaluation are suggested so as to build up evidence for continuous improvement.

Several challenges exist to developing active ageing policies and programs in China, First, because China is experiencing ageing before becoming rich, economic fallback and/or crisis will definitely have an impact on ageing policies and program implementation nationwide. Second, due to population ageing, that of the oldest-old in particular, there is an increased risk of disability among older people, and the development of long-term care systems might not be able to keep up with the speed of ageing in the coming few decades. Creative and innovative programs should be pursued, with combined effort from private funding, public financing, and family/individual contributions. Otherwise, disabled older adults will be at risk of lacking quality care at home, or even being abused. Third, while many of the ageing policies and/or programs have been developed based

on geographical population characteristics, the inter-nation migration of older adults has not been fully recognized. When some of the older adults move to live with their children who have migrated to cities, ageing in places other than *Hukou* registration (*Yi Di Yang Lao*) will become a challenge in the near future. Last but not the least, urbanization might weaken the capacity of the street level administration in promoting, implementing, evaluating policy initiatives and/or programs. The modernization process increased privacy concerns and broke the traditional neighborhood system. Also, there are huge numbers of mobile citizens in the cities (Leung, 2006)

Conclusion

Active ageing is in line with the Six Haves policy goals and the corresponding policy initiatives developed in the past few decades in Mainland China. Promising achievements have been observed as a result of promoting physical, psychological, and social well-being in China.

Due to historical factors, those interested in promoting active ageing in China must also experience the pathway from urban to rural, from general public to specific target group, and from government/family options to shared responsibilities. Policies, services, and programs focusing on promoting active ageing are recommended to focus on those who are the most vulnerable: rural, females, with no family support, frail, and less happy.

Notes

1 For urban residents, work units (before the open-door policy, almost all work units belonged to the government) provide a comprehensive welfare package to their employees and dependent family members; the Ministry of Civil Affairs takes care of the most vulnerable population ("the Three No's," e.g., those with neither source of income, nor working capability, nor legal guardian, supporter, or fosterer) on a daily basis and during crises. Rural residents are expected to take care of themselves based on family support, lands, and collective productivity. The Ministry of Civil Affairs takes care of the most vulnerable older adults (The Five No's) in villages by providing them with five types of care, which includes providing meals, clothes, fuel materials, educating their children if applicable, and burial arrangements (The Central People's Government of the People's Republic of China, 1956).
2 Cf www.cnca.org.cn/en/iroot1007010000/4028e47d18a6b95c0118b05f581f0204.html.
3 Cf www.mca.gov.cn/article/zwgk/fvfg/shflhshsw/200709/20070900001735.shtml.
4 Details of examples of new policy/programs can be obtained from the CNCA website www.cnca.org.cn/index.html. Individual citation is not included.
5 Cf www.cehca.com.
6 Cf http://big5.ce.cn/gate/big5/views.ce.cn/view/economy/201005/29/t20100529_21459053.shtml.
7 Cf http://fss.mca.gov.cn/article//ywbz/200712/20071200005097.shtml.
8 Cf www.shrca.org.cn/big/23.
9 Cf http://fss.mca.gov.cn/article/etfl/ldjh/200711/20071100003624.shtml.
10 Cf www.cnca.org.cn/info/6530.html.
11 Cf http://shfl.mca.gov.cn/article/xgbd/200810/20081000021547.shtml.

References

Boduroglu, Aysecan, Yoon, Carolyn, Luo, Ting, and Park, Denise C. (2006), Age-Related Stereotypes: A Comparison of American and Chinese Cultures, *Gerontology*, Vol. 52, pp. 324–333.

Chen, Jiandong, Hou, Wenxuan, and Jin, Shenwu (2008), A Review of the Chinese Gini Coefficient from 1978 to 2005, Social Science Research Network, papers.ssrn.com/sol3/papers.cfm?abstract_id=1328998.

Chen, Ruoling, Hu, Zhi, Wei, Li, Qin, Xia, McCracken, Cherie, and Copeland, John R. (2008), Severity of Depression and Risk for Subsequent Dementia: Cohort Studies in China and the UK, *The British Journal of Psychiatry*, Vol. 193, No. 5, pp. 373–377.

Chen, Wei and Liu, Jin Ju (2009), *Future Population Trends in China: 2005–2050*, The Centre of Policy Studies, General Paper, No. G-191, Monash University, Clayton, September.

China National Committee on Ageing (2006), *The Eleventh Five-Year Plan for Ageing Policy*, Zhong Guo She Hui Chu Ban She: Beijing.

Chiu, Warren C.K., Chan, Andy W., Snape, Ed, and Redman, Tom (2001), Age Stereotypes and Discriminatory Attitudes towards Older Workers: An East–West Comparison, *Human Relations*, Vol. 54, No. 5, pp. 629–661.

Chou, Rita Jing-Ann (2010), Willingness to Live in Eldercare Institutions Among Older Adults in Urban and Rural China: A Nationwide Study, *Aging and Society*, Vol. 30, pp. 583–608.

Chow, Nelson W.S. (2001), The Practice of Filial Piety Among the Chinese in Hong Kong, in I. Chi, N. Chappell, and J. Lubben (eds), *Elderly Chinese in Pacific Rim Countries*, Hong Kong: The University of Hong Kong Press.

Chow, Nelson W.S. (2004), Asian Value and Aged Care, *Geriatrics and Gerontology International*, Vol. 4, No. 1, pp. 21–25.

Chu, Leung-wing and Chi, Iris (2008), Nursing Homes in China, *Journal of the American Medical Directors Association*, Vol. 9, No. 4, pp. 237–243.

Department of Population and Employment Statistics, National Bureau of Statistics of China (2008), *China Population and Employment Statistics Yearbook 2008*, Beijing: China Statistics Press.

DESA, Department of Economic and Social Affairs (2009), *Population Aging and Development*, New York: United Nations.

Dong, XinQi, Simon, Melissa A., Odwazny, Richard, and Gorbien, Martin (2008), Depression and Elder Abuse and Neglect among a Community-Dwelling Chinese Elderly Population, *Journal of Elder Abuse and Neglect*, Vol. 20, No. 1, pp. 25–41.

Du, Peng and Phillips, David R. (2004), Potential Consequences of Population Aging for Social Development in China, in P. Lloyd-Sherlock (ed.), *Living Longer: Aging, Development and Social Protection*, London: Zed Books.

Du, Peng and Wu, Chao (2006), Activities of Daily Living Among Chinese Older Adults, *Population Research*, Vol. 30, No. 1, pp. 50–56.

Ferri, Cleusa P., Prince, Martin, Brayne, Carol, Brodaty, Henry, Fratiglioni, Laura, Ganguli, Mary, Hall, Kathleen, Hasegawa, Kazuo, Hendrie, Hugh, Huang, Yueqin, Jorm, Anthony, Mathers, Colins, Menezes, Paulo, R., Rimmer, Elizabeth, and Scazufca, Marcia (2006), Global Prevalence of Dementia: A Delphi Consensus Study, *The Lancet*, Vol. 366, No. 9503, pp. 2112–2117.

Gao, Qin, Garfinkel, Irwin, and Zhai, Fuhua (2007), How Effective is the Minimum Living Standard Assistance Policy in Urban China?, paper presented at the *IARIW-NBS*

International Conference on Experiences and Challenges in Measuring National Income and Wealth in Transition Economies, Beijing Friendship Hospital, Beijing, September 18–21.

Gao, Sujuan, Jin, Yinlong, Unverzagt, Frederick W., Liang, Chaoke, Hall, Kathleen S., Ma, Feng, Murrell, Jill R., Cheng, Yibin, Matesan, Janetta, Li, Ping, Bian, Jianchao, and Hendrie, Hugh C. (2009), Correlates of Depressive Symptoms in Rural Elderly Chinese, *International Journal of Geriatric Psychiatry*, Vol. 24, No. 12, pp. 1358–1366.

GPG, Global Property Guide (2010), www.globalpropertyguide.com/Asia/China/gdp-per-capita.

Guo, Ping and Chen, Gang (eds) (2009), *Data Analysis of the Sampling Survey of the Elderly Population in Urban/Rural China, 2006*, Beijing: Zhong Guo She Hui Chu Ban She.

IMF (2010), www.imf.org/external/pubs/ft/weo/2010/01/weodata.

Kim, Uichol, Triandis, Harry C., Kagitcibasi, Cigdem, and Hakhoe, Hanguk Simni (eds) (1994), *Individualism and Collectivism: Theory, Method, and Applications*, Thousand Oaks, CA: Sage.

Leung, Joe C.B. (2005), Social Welfare Reform in China: From Employment-Based Welfare to Social Welfare, in: A. Walker and C.K. Wong (eds), *Eastern Asian Welfare Regimes in Transition: From Confucianism to Globalization*, Bristol: Policy Press.

Leung, Joe C.B. (2006), Services for Older Adults in China: Integration and Partnership, in H. Yoon and J. Hendricks (eds), *Handbook of Asian Aging*, New York: Baywood.

Leung, Joe C.B. (2010), Residential Care Services for Older People in China: From State to Market Provisions?, *Social Development Issues*, Vol. 32, No. 1, pp. 31–47.

Li, Shi and Luo, Chu-liang (2007), Re-Estimating the Income Gap between Urban and Rural Households in China, *Journal of Peking University (Philosophy and Social Sciences)*, Vol. 44, No. 2, pp. 113–122.

Lou, Vivian W.Q. (2010a), Life Satisfaction of Older Adults in Hong Kong: The Role of Social Support from Grandchildren, *Social Indicators Research*, Vol. 95, No. 3, pp. 377–391.

Lou, Vivian W.Q. (2010b), Depressive Symptoms of Older Adults in Hong Kong – The Role of Grandparent Reward, Paper presented at the *Intergenerational Family Support for Chinese Older Adults: New Perspectives on Chinese Culture and Society*, Los Angeles.

Lou, Vivian W.Q., Chi, Iris, and Mjelde-Mossey, Lee Ann (2008), Faithful to Tradition and Life Satisfaction among Chinese Elders, paper presented at *The Gerontological Society of America's 61st Annual Scientific Meeting*, National Harbor, Maryland, November 21–25.

Mjelde-Mossey, Lee Ann, Chi, Iris, and Lou, Vivian W.Q. (2006), Relationship Between Adherence to Tradition and Depression in Chinese Elders in China, *Aging and Mental Health*, Vol. 10, No. 1, pp. 19–26.

MOH, Ministry of Health of the People's Republic of China (2009), *China Health Statistical Yearbook 2009*, Beijing: Peking Union Medical College Press.

Mu, Guangzong (2009), The Chinese Response to the Challenges of Aging, *Social Sciences in China*, Vol. 30, No. 1, pp. 119–136.

NBSC, National Bureau of Statistics of China (2009), *China Statistical Yearbook 2009*, Beijing: China Statistics Press.

Pan, An; Franco, Oscar H.; Wang, Yan-Fang; Yu, Zhi-Jie; Ye, Xing-Wan, and Lin, Xu (2008), Prevalence and Geographic Disparity of Depressive Symptoms among

Middle-Aged and Elderly in China, *Journal of Affective Disorders*, Vol. 105, No. 1–3, pp. 167–175.

Phillips, Michael R.; Li, Xianyun, and Zhang, Yanping (2002), Suicide Rates in China, 1995–99, *The Lancet*, Vol. 359, No. 9309, pp. 835–840.

The Central People's Government of the People's Republic of China (1956), *1956 to 1967 Rural Development Strategies*, Beijing: The Central People's Government of the People's Republic of China.

The Central People's Government of the People's Republic of China (1997), *Establishing Minimum Living Standard Assistance Scheme in Urban China* [1997 no. 29], Beijing: The Central People's Government of the People's Republic of China.

The Central People's Government of the People's Republic of China (2007), *Establishing Minimum Living Standard Assistant Scheme in Rural China* [2007 no. 19], Beijing: The Central People's Government of the People's Republic of China.

WHO, World Health Organization (2002), *Active Aging: A Policy Framework*, Geneva: World Health Organization.

World Diabetes Foundation (2010). Diabetes Education at Community Hospital Level. www.worlddiabetesfoundation.org/projects/china-wdf08-360.

Xu, Anqi, Xie, Xiaolin, Liu, Wenli, Xia, Yan, and Liu, Dalin (2007), Chinese Family Strengths and Resiliency, *Marriage and Family Review*, Vol. 41, No. 1, pp. 143–164.

8 Active ageing in Malaysia

Sharifah Norazizan Syed Abdul Rashid

Population ageing, which was once thought of as the phenomenon of the developed world, is now being experienced very rapidly in the developing countries. All governments must develop mechanisms to cater for population ageing issues and at the same time grapple with the issues of development. Since the first World Assembly on Ageing in Vienna, several international plans of actions have been adopted by governments to prepare for the impending aged nations. The varied status of the implementation of programmes and policies analysed during the Second World Assembly resulted in the resolution of the Madrid International Plan of Action on Ageing (MIPAA) in 2002.

MIPAA sets a new agenda for handling the issue of ageing in the twenty-first century focusing on three Priority Directions: Older Persons and Development; Advancing Health and Well-being into Old Age and Ensuring Enabling and Supportive Environments (United Nations, 2002a). MIPAA strongly emphasized that every society has a duty to equally explore the possibilities of benefiting from the varied resources of older persons to the fullest extent possible as outlined in its Priority Direction 1. Article 16 of MIPAA clearly states that "older persons must be full participants in the development process and also share in its benefits"; and Article 19 states: "A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society."

This chapter addresses specifically Priority Direction 1 on Older Persons and Development of the Madrid Plan. Older persons are often at risk of being excluded directly or indirectly from communities and social life through social institutions developed as mechanisms for social withdrawal. Hence, the older persons must be mainstreamed in order to fully re-integrate them into society and be recognized as experienced human resource. The economic and social positions of older persons and the manner in which they negotiate their place in society has recently become the focus of much attention in the analysis of exclusion and social policy in developing countries. With the rapid pace of development, older persons are often marginalized and the loss of their traditional roles and functions has significantly eroded their importance in the community. There is a general agreement about the lack of "fit" between the older persons and the roles and functions they fulfil (Uhlenberg, 1992). The problems will exacerbate

since those reaching old age are now increasingly well educated, healthy and economically secure, and it is expected that this new cohort would make productive contributions to the society.

The impact of population ageing and changes taking place in the world creates the need for urgent action to ensure the continuing participation, integration and empowerment of the older persons. Older persons have the potential and can contribute to the national development. In response to this, older persons must be able to represent themselves as such to the community and society at large. They need to gain importance not only in terms of economic standing but also social standing by reaffirming their roles and functions in their community. To have a role and function in communities requires older persons to be active. There are various policy frameworks with their attendant policies available globally to guide the development of relevant programmes, facilities and services around them (WHO, 2002; Sharifah, 2007; Wong, 2007).

The concept of active ageing can contribute to the active participation and empowerment of the older persons. According to Walker (2002), there are several principles embodied in the concept of active ageing. One of the principles is that activity should contribute to the well-being of the individual concerned, the family and the community or society at large, and should not be concerned only with paid employment or production. Of importance, active ageing should be participative and empowering. It is this concept of active ageing that this chapter focuses on representing a new direction in older persons and development. Active ageing depends on a variety of factors that exist in the many domains of human activity. The focus of Priority Direction 1 is the two over-arching social and economic domains. Against this background, the chapter provides a situation analysis of the ageing situation in Malaysia and the government's effort to promote active ageing. The chapter highlights the changes and challenges in the social and economic domains that have significant effects on active ageing as suggested by WHO.

Population ageing in Malaysia

Demography and characteristics of the older Malaysians

Population ageing defined as "the process by which the older persons become a proportionally larger share of the total population" remains a global phenomenon in this new millennium. For the developing countries, population ageing has many serious connotations and challenges for they are "becoming old before they become rich". Malaysia, an upper middle income country with a population of 28 million, is no exception. Malaysia uses the "60 years and over" demarcation "as the cut-off point in deliberating ageing trends" since the United Nations World Assembly on Ageing in 1982 at Vienna (DOSM, 1988). This is in line with the ASEAN definition of the elderly. Malaysia's ageing population of 60 years and above has doubled in the past two decades to almost 1.4 million (6.3 per cent) in 2000 and is expected to grow to more than 3.4 million (9.8 per cent)

in 2020 (Pala, 2005). Although the population in Malaysia is still not considered elderly in Asia, the number of elderly population has recorded a steady increase since the early 1990s. According to medium projections by the United Nations, the proportion of older Malaysians will rise to 22 per cent or 8.7 million by 2050 (UNPF, 2006).

The Ageing Index defined as the number of older persons (60 years and over) per 100 younger persons (<15 years) for Malaysia indicates a shift in the composition between the two populations. There will be more older persons in Malaysia than younger persons from 2043 onwards. Following the United Nation's definition, Malaysia will be an aged nation in 2019 when 7 per cent of its total population is 65 years or more. Chen and Jones (1989), however, stated that a country is "aged" when the proportion of older persons reach the 15 per cent mark. Following this, Malaysia will achieve its full "aged" nation status in 2030 when the population of older persons hits the 15 per cent mark according to the medium projections by the United Nations.

Like other countries, population ageing in Malaysia is a result of declining fertility, falling mortality rates, improvements in the health system and the general quality of life. Effective prevention of infectious diseases and better nutrition has also resulted in more people surviving into old age (Krishnapillai *et al.*, 2011). Life expectancy among Malaysians has also risen to 71.7 years for men and 76.5 years for women in 2007 (WHO, 2011). In addition, Malaysia has a higher proportion of older females than older males similar to population trends in other parts of the world. The sex ratio defined as the ratio of older males to females in a population declines as age progresses in Malaysia. Feminization of ageing is likely to continue in the future with associated challenges to family care and cost (WHO, 2007). This brings with it more problems as studies have shown that older women are more vulnerable, more dependent and they live in poverty more than older men. The older women are also more likely to be widowed and with a higher probability of co-residence with their adult children or to live alone (UNPF, 2006; Ong *et al.*, 2009).

The rapidly shrinking younger population has also resulted in a falling Total Dependency Ratio defined as the ratio of economically dependent younger population and/or older population to a working population (15 to 64 years) in a society. This clearly shows the burden on society for the impending shift in the provision of age-related facilities and services (UNPF, 2006). This is further complicated by the shifting rural and urban distribution of older persons in the country. The ageing effect is more pronounced in the rural areas than the urban areas with the former ageing more rapidly due to the migration of younger population to the cities. Not only does the distribution of older persons differ between locations, it also differs between ethnic groups. The percentage rise from 12 per cent (2010) to 16.6 per cent (2020) among elderly Chinese clearly shows that demographic ageing is significantly more advanced among the Chinese as compared to the percentage rise of 7.4 per cent (2010) to 11.6 per cent (2020) for the Indians and 6.2 per cent (2010) to 8.0 per cent (2020) for the Malays (DOSM, 1998, 2001, 2005).

It must be noted that the characteristics of older Malaysians have changed in the same period. For example, the education level of the older population is increasing. In 1980, 75.2 per cent of the elderly had never attended school but the figure dropped to 51.3 per cent in 2000 and is estimated to decrease further to 17.4 per cent by 2020 (DOSM, 2005). It can be expected that a more educated older population will have greater demands for age-related services and facilities. Compounded with the many problems that population ageing brings, this poses serious challenges to the authorities that require a prompt response.

The context: societal trends, policy and programmes

As Malaysia progresses in its path to becoming a developed nation by 2020, population ageing is inevitable and is generating new challenges. The impact of population ageing on the socio-economic development and society, combined with the social and economic changes taking place calls for urgent actions to ensure the continuing integration and empowerment of older persons. Considerations should be given to the social, economic and the cultural context within which the community of older persons live for any policy framework adopted to work. Malaysia is now increasingly concerned to put in place policies that will be appropriate and effective in responding to this need.

Malaysia has a long tradition of filial piety which is typical of Asian culture. Hence, providing care and financial support for the elderly is the general responsibility of the family. It has always been interpreted that families should have the primary responsibility to care for their older members. This leaves the state with a residual responsibility for the "isolated elderly" (Arokiasamy, 1997). The rapid social and economic changes of the country have left the government with a conscious decision not to replicate the state provision of Western Europe as a response to increasing dependency ratios of older people for both economic and ideological reasons (MOH, 2007)

The emphasis of the Malaysian Government on Asian values and the unexamined role of the "family" as a source of economic and social support for the elderly may need to be re-examined. Family support system for the elderly is under pressure because of demographic, social and economic changes. Familial care for elderly parents in Malaysia has deteriorated due to the modernization process and the effects of urbanization and migration to work have created a situation where young adults live apart, thus affecting their ability to provide care for their parents. In addition, the decline in fertility and smaller family sizes has reduced the number of children to share both social and financial responsibilities of care for elderly parents. Also, the change in the extended family structure towards nuclear families, as well as the steady decline in the number of women as traditional carers due to increasing participation in the labour force, have caused a decline in the care for the elderly within the family system. "The challenge for public policy is to assess the viability of family support systems and to devise programs that will be supportive or complementary" (Westley and Mason, 2002: 87).

Malaysia practices an open door policy and is experiencing societal changes. The social norms are changing fast, undermining the roles and functions of the older persons in the community. There has been a growing concern about several ageing issues which include the economic commitment of supporting the dependent older people; the issue of generational equity which has become a persistent topic of debate; the care giving burden and the roles and functions available to the older persons in society. Questions on achieving social equality have to be addressed sensitively, particularly in Malaysia which practices a patriarchal social system and the social institution is stratified according to gender. The stratification of the social system based on gender has implications on the roles and functions of the older women who would have lesser access and control over resources and responsibilities in the community. In addition to that, Malaysia is made up of several ethnic groups with different religious and customary practices. The sets of rules and regulations would have implications on their roles which later describe the types of responsibilities and work carried out to maintain the community cohesiveness. It is also important to note that the different ethnic groups in Malaysia have different lifestyles and their being active also differs according to ethnicity.

Preparing for a future ageing society in Malaysia has been set as a priority issue in the national agenda. Policies and plans for older persons have been promulgated and implemented. As the population ages, there is an increasing demand for policies and plans to encourage individuals to reach old age in good health. An "active ageing" approach to policy and programmes has the potential to address the many challenges faced by individuals and an ageing society (UN, 2002a). One of the most important issues that the government plans to promote to address the needs of the older persons is "active ageing". This initiative is in line with the Policy Framework for Active Ageing launched by the World Health Organization (WHO) in 2001. WHO defines "active ageing" as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002). Active ageing enables people to realize their potentials for physical, social and mental well-being throughout their life course and to participate in society according to their needs, desires and capacities.

Active ageing in Malaysia

Malaysia as with most other countries adopts the WHO perspectives promoting the virtues of active ageing. The National Policy for the Elderly, NPE (Department of Social Welfare, 1999) in 1995 aims at creating a community of older persons that possess a high sense of self-worth and dignity by optimizing their potential and ensuring they profit from every opportunity available. The NPE outlines three main objectives:

1 To enhance the self-respect and self-worth of older persons in their family, society and nation;

2 To improve the potential of older persons so that they can continuously be active and productive in the national development while creating opportunities to assist them to live independently; and
3 To encourage the creation and provision of specific facilities to ensure the care and protection of the older persons towards sustaining their well-being.

Similar to MIPAA, objectives 2 and 3 of NPE emphasize the issue of active ageing and the need to create the right environment to facilitate it in order to improve quality of life among older Malaysians. In fact, "Active Ageing, Productive Living" has been the recurring theme for the National Day of Older Persons which is celebrated on 1 October annually. The NPE inter alia, incorporates self-respect and honour; self-reliance; participation in life; care and protection; and research and development for the well-being of the elderly as the main thrust of its strategy. This is in line with the five categories of the United Nation's Principles for the Older Persons; namely independence, participation, care, self-fulfilment and dignity.

In implementing the International Plan of Action on Ageing adopted at the World Assembly on Ageing in Vienna in 1982, the Malaysian Government also has set up the National Advisory and Consultative Council for the Elderly and the Plan of Action on the National Policy for the Elderly. The National Plan of Action is comprehensive and contains proposals for action as well as programmes and activities that need to be implemented by "government agencies, the private sector, NGOs, society, groups and individuals in areas such as: education, employment, social participation, well-being, transportation, housing, family, support system, geriatric health, social security, media portrayal and the R&Ds of Older Persons" (Ong *et al.*, 2009).

The policy and its objectives create opportunities for older persons to get and be involved in the development process and also in sharing benefits. Objective two of the NPE was in line with the ICPD, ICPD+5 and Millennium Development Goals (MDGs). Planning for active and productive older persons was also clearly spelt out in Chapter 15 of the Ninth Malaysia Plan (Government of Malaysia, 2006). It stated that

> Taking cognizance of the socio-economic implications of the increasing proportion of the elderly, programs for the aged shifted from a welfare approach to a development approach to ensure active and productive ageing. Programs introduced emphasized on community participation that included promotion of healthy lifestyles, social and recreational activities. These programs also encouraged volunteerism among older persons as well as intergenerational activities, lifelong learning programs and learning skills such as ICT to enable their continued contribution to family, society & country.

The Madrid International Plan of Action on Ageing adopted during the Second World Assembly of Ageing in 2002 highlighted the fact that active participation of older persons in society and development depends on the provisions

for opportunities on continued integration and empowerment of older persons (UN, 2002b). There are various determinants of active ageing and only "a collective approach" to ageing and older persons will decide what the ageing experience will be like for us all (WHO, 2002). This means that involvement of older persons in development is essential to enable an environment (physical or social) that is conducive for active ageing. In the next section, the status of active ageing in Malaysia based on the elements in the MIPAA and WHO definitions will be discussed.

Domains of active ageing for Priority Direction 1

There are several domains that have significant effects on active ageing (Walker, 2002). By examining the status of active ageing in the following domains in line with Priority Direction 1 of MIPAA, it is hoped that the obstacles to the promotion of active ageing in Malaysia can be identified and removed.

Social domain

A good ingredient for active and productive ageing is "living with a partner and around family members, practice healthy lifestyles, involve and participate in social activities" (Sharifah, 2007). To have a role and function in society, there is a need for older persons to be involved and participate in activities. The more older persons participate, the more empowered they will be. Empowerment of older persons is defined as "the ability to make informed choices, exercise influence, make continuing contributions to society, and take advantage of services" (Thursz, 1995). Empowerment is vital to the quality of life of older persons and the health of society on the whole. Both empowerment and participation can be economic, social or political. Both are applicable at different levels: from individual to family to community to national and up to global level. People are empowered through participation. In short, the social domain includes several sub-domains that promote opportunities for participation. Each sub-domain will be discussed in turn.

Social Life and Families in Late Life: Marital Status and Living Arrangement. Malaysia's social life is guided by its strong stratification principles. The stratifications are not only in terms of age but also by socio-economic status and gender which promote marginalization in the community and create barriers both internal and external for older persons to be active in the community. As Gokhale (1998) pointed out, empowerment is a concept that is political in content but is social, psychological and economic in implication. This has to be borne in mind in analysing the situation of older persons.

Healthy older persons living with a partner and around family members, practicing healthy lifestyles, and involved and participating in social activities are said to have the ingredients for active and productive ageing. With the rapid industrialization, urbanization and migration in countries like Malaysia, the structure of traditional Asian family systems is being altered (Mason, 1992).

There is a huge difference in the marital status of older men and older women. Only 11.3 per cent of older men were widowed in the 2000 Census compared to 45.5 per cent for older women. As women tend to marry men older than themselves, and since males have a shorter life expectancy, widowhood is far more common among older women. Out of 4.78 million private households in Malaysia, 16.7 per cent or 0.8 million have senior citizens in them (DOSM, 2005). The rate of nuclear families has shown an increase while extended family types have declined to barely one-fifth. Ong *et al.* (2002) did a survey on 1,356 households aged 55 years and over covering both urban and rural Peninsular Malaysia and found that 18 per cent lived with their spouse only; 37 per cent lived with children; 20 per cent lived with married children; 15 per cent were widowed and lived with children and 6.5 per cent lived alone.

Despite the "trend towards smaller family units and the increase of nuclear family households", the majority of older persons still live with their extended family. The decline in the percentage for extended family household type is explained by the increasing proportion of older persons in Malaysia who co-reside with their spouse only. The "empty nest" syndrome is becoming more and more common. With the rise of dual income families, older persons sometimes become babysitters to their grandchildren. Women are still very much the expected caregiver in the Malaysian family, but this role is in decline due to demands of the workplace. When traditional roles are renegotiated, older persons often have to find a new meaning to their lives. Older persons need to be more independent, stay healthy and able to fend for themselves with changing family structures.

Social change is said to have an effect on the ageing experience of people. The old generation of older people has a different lifestyle than the new generation of older people. This is true of Malaysia as evidenced in a study by Sharifah Norazizan (Sharifah *et al.*, 2006). Older Malaysians are also noted for practicing an unhealthy lifestyle when it comes to exercising. Findings from the National Health and Morbidity Survey 1996 (MOH, 1997), indicated that only 30.9 per cent had ever exercised and this becomes an area of concern due to the fact that nearly 70 per cent of Malaysians did not exercise at all. Studies have also shown that inactivity poses a risk to several major chronic diseases. Almost 70 per cent of Malaysians who did not exercise include older people. This shows that older people are at risk if this unhealthy lifestyle continues.

Involvement of Older Persons in Organizations. Active communities refer to the communities that mobilize their members for community action. In this context, the main thrust would be the marshalling of senior citizens and volunteer organizations that exert influence directly or indirectly on the wider society. The number of organizations for older persons in many developing countries is limited, but the advocacy role of these organizations in promoting issues of the aged and ageing is now more important than ever. As in the case of Malaysia, it is an ongoing government policy to assist bodies to provide care for older persons. The National Council of Senior Citizens Organizations Malaysia (NASCOM) established in 1990 comprises 28 senior citizens organizations with

a total membership of more than 12,000 members. NASCOM drew up a five-year Plan of Action based on the framework of the NPE. NASCOM encourages and supports senior citizens to remain active in the mainstream of society and continues to give recognition to their contribution (Ong *et al.*, 2009). However, based on the Malaysian Population Family Life Survey 1994, it was found that in general older Malaysians are becoming more marginalized and that they do not participate much in social activities that are organizational based. This is also evidenced in a study by Tengku Aizan *et al.* (1999). Only 18.8 per cent of the respondents reported being affiliated members of any formal groups or organizations which principally consisted of political parties, religious bodies, trade, clan or district associations and retirement clubs. Volunteer and social work is also rare with only 12.3 per cent of the 1,776 older persons admitting having participated in community (e.g. *gotong-royong* and *kenduri*) or religious activities. The lower education level of a majority of the respondents is probably a contributing factor to the shortage of peer and self-help organizations for the elderly. Lack of interest and the ability to mobilize could also be partly responsible.

Older Malaysians also form a reliable segment of the electorate and play community leadership roles in the Committee for Village Development and Safety (JKKK). They have been instrumental in relaying government policies and the implementation of local development plans. The situation is similar in many mosques and temples, family clan, dialect and district associations all over the country, where the local village elders are the gatekeepers of culture and spiritual affairs. The continued participation of the older persons in the society depends on the contiguity of their roles. As custodians of heritage, culture and history, older persons could play a significant part in development as the nation's collective link to the past.

In response to this scenario, It has thus became necessary for the Department of Social Welfare to organize campaigns in positioning the elderly as a key member of the family unit, stating that the well-being of older persons can only be secured through happy families. To this end, the government constructed day care centres for senior citizens in cooperation with the Central Welfare Council in Peninsula Malaysia. Its purpose was to encourage families to assume responsibility for the care of the elderly by providing relief in the form of daycare services during working hours. In a way, these centres, like most senior citizens clubs and associations, became meeting places for the elderly to socialize and organize recreational activities. Most of the older persons join exercise, dancing and singing groups, other than participating in religious activities which are very popular among the Malays.

Involvement of Older Persons in the Community. All cultures throughout the world show that older persons have a positive role in most societies. Their contribution to community work is of importance and studies have shown that volunteers are mostly represented by those in the older age group. The studies conducted by Tengku Aizan in 1999 specifically looked into the social activities performed by the older persons. Table 8.1 illustrates the types of organizations and activities by age group. From looking at the table, it can be seen that 23.9

Table 8.1 Types of groups/committee involvement by age category

Organization/activities	*Age group*					
	60–69		*70–79*		*80+*	
	N	*%*	*N*	*%*	*N*	*%*
Political	80	**23.9**	37	11	6	1.8
Yassin recital group	27	8.1	4	1.2	2	0.6
Khairat kematian (death service group)	12	3.6	2	0.6		
Mosque/surau group	9	2.7	5	1.5	2	0.6
Tai Chi group	*2*	*0.6*			*1*	*0.3*
Women Association	2	0.6			2	0.6
Village Development and Security	*2*	*0.6*	*1*	*0.3*		
Tarekat, Saufi religious group			*1*	*0.3*		
Hai Nam Association	2	0.6	1	0.3		
Buddhist Association	4	1.2	1	0.3		
Welfare	4	1.2				

Source: Tengku-Aizan *et al.* (1999).

Note
* Percentage of total.

Table 8.2 Membership/involvement in organization/activities by sex and ethnicity

Organization/activities	*Sex*				*Ethnicity*					
	Female		*Male*		*Malay*		*Chinese*		*Indian*	
	N	*%**	*N*	*%**	*N*	*%**	*N*	*%**	*N*	*%**
Political	59	17.6	64	19.1	89	**26.6**	23	**6.9**	11	3.3
Yassin recital group	20	6	13	3.9	32	9.6	1	3		
Death service group	7	2.1	9	2.7	16	4.8				
Mosque/surau group	2	0.6	12	3.6	14	4.2				
Women Association	4	1.2	0	0	4	1.2				
Senior citizen organization	7	2.1	5	1.5			12	3.6		
Retiree Association			3	0.9	3	9				
Tai Chi group	1	0.3	2	0.6			3	0.9		
Village Development and Security	2	0.6	1	0.3	2	0.6			1	0.3
Buddhist Association	3	0.9	2	0.6			5	1.5		

Source: Tengku-Aizan *et al.* (1999).

Note
* Percentage of total.

per cent of the 60–69 age category are involved in political organizations. Table 8.2 illustrates the involvement of older persons in organizations by age and ethnicity. Political organization ranks highest compared to other types of involvement. Malay and Chinese older persons were reportedly active in the political

arena, 26.6 per cent and 6.9 per cent respectively. Indians were not active in most organizations. This may be due to sample selection as there were not many Indians in the study. It may not reflect the true pattern of the Indian community.

From the study it was also found that the most active participation of older Malaysians in the political party is in the 60–69 age groups. This has an important bearing because Malaysia is tending towards an ageing society in the near future. As one gets older, involvement in spiritual and religious aspects is also high.

Education in Early and Later Life. Increased knowledge, improved skills and access to educational opportunities are imperative to optimize opportunities for participation and to enable older persons to become fully empowered members of their communities. Education is an important determinant of active ageing. Low levels of education and illiteracy are associated with higher rates of unemployment. WHO suggests that education in early and late life with opportunities in lifelong learning can help older persons develop new skills they need to keep abreast with and stay independent (WHO, 2002). However, there are many barriers for education and lack of motivation is the key factor that requires intervention.

One effective form of participation of older persons in the process of development is the establishment of the Universities of the Third Age (U3A). The U3A is a source of active ageing and a means of empowering older persons. It is only recently that lifelong learning activities took off for senior citizens along the U3A line. Programmes by the YMCA Kuala Lumpur with the support of Nanyang Foundation as well as a pilot initiative by the Institute of Gerontology, UPM, in collaboration with the UNFPA, Malaysia, New Era College, Kajang and the Eagle's Nest Computer and Community Centre (LLIFE 2007[1]) were but some examples of lifelong learning activities aimed at drawing out the elderly from their comfort zone which mostly orientated around leisurely pursuits.

A well-informed older person is an empowered individual. It is hoped that lifelong learning activities will progress to become a platform for greater social integration, mobility and interaction among older Malaysians with the rest of the community. U3A has so far proven to provide meaningful lives for older persons. It is hoped to be a living example of "by older persons for older persons". Older persons are able to capitalize on their new found knowledge and networks, and indeed become more empowered (Sharifah 2012). However, the government and the general public have very little incentive to provide education for older persons. In this instance, third age education in Malaysia is still limited in number and distribution. With greater collaboration, a nationwide initiative will be able to deliver such programmes to older Malaysians. This is certainly an issue and a new challenge that can be incorporated in the future population programme of actions.

ICT and Computer Use Among Older Persons. One important emerging healthy lifestyle among older persons is the growing recognition towards learning in later life and new technology. The newer generations of older Malaysians are better informed and aim for an active and productive ageing. According to

the UN Human Settlements Programme, the quality of life of older persons can be improved through ICT in four different ways:

1 Secure economic, social, cultural, civil and political rights of older persons;
2 Empower them to participate fully and effectively in their societies;
3 Facilitate lifelong learning for everyone;
4 Facilitate inter-generational integration.

According to the 2002 Internet Subscriber Study, 4.1 per cent of JARING subscribers under the Individual Dial-ups are made up of the elderly defined as those aged 51+. However, in a survey conducted by the 1998 GVU 10th WWW User Survey, older Malaysians remain a niche market as younger online users still dominate the access to cyberspace in Malaysia. But in another research, it is reported that senior citizens aged 65 and older worldwide were the fastest growing age group compared to the other internet audience on a year-on-year basis. If older Malaysians were to practice this healthy lifestyle using the new technology in a positive manner, this age group will dominate access to cyberspace in the near future.

A study conducted on computers and ICT among older Malaysians (Sharifah *et al.*, 2004 and 2008) shows that computers and ICT, particularly the Internet, have a role to play in influencing the lives of older persons. Results of the study show that computers and ICT act as tools for a multitude of services and information, participate in virtual communities and, most importantly, in creating an environment for e-learning activities and towards lifelong learning. From the study, there was a positive relationship between gender and levels of education on computer and internet use among the older Malaysians. In terms of gender, the older males are more likely to use computers and the Internet rather than the older females. This supports the report by Nielsen/Net Ratings (2003) where usage of computers, particularly the Internet, is still dominated by older males. In terms of levels of education, the higher the education attainment of the older person, the more likely he/she uses the computers and the Internet. This partly explains the digital divide between the rural and urban areas and the haves and have-nots.

Environment for Active Ageing. The dynamic interaction between the older persons and their environments is a critical determinant and has a great influence on active ageing. The environments must be planned to enable and support the older persons to participate actively. Providing a safe and enabling environment for older persons becomes tremendously important as they age. It is considered as a basic need when it comes to the older person. WHO, in its submission to the Second World Assembly on Ageing in 2002, observed that an age-friendly built environment can make the difference between independence and dependence for all individuals, but is of particular importance for those growing older. For example, older persons who live in an unsafe environment or areas with multiple physical barriers are less likely to get out and therefore more prone to isolation, depression, reduced fitness and decreased mobility. In a study on Activities,

Access and Ageing (Sharifah *et al.*, 2006), it was found that nearly 40 per cent of the elderly are house-bound. Perceived income adequacy and perceived barriers to getting to town are significant predictors for out-of-home activities among the older Malaysians. It is important to ensure that the interaction environment is safe, welcoming, accessible and legible, otherwise older persons can be effectively house-bound thus preventing them from participating socially.

Economic domain

According to Kaiser (1993), the aged in developing countries are both economically and socially productive. They not only contribute significantly to their own maintenance, but many are also involved in family and community activities. What is lacking, however, is the element of choice as many of the elderly in the developing countries have had to work to sustain themselves and their families. There are limited retirement lifestyle options without income security in old age.

Employment Situation of the Older Malaysians. The socio-economic situation of the older Malaysians describes the work status, income and poverty issues. The information is based on the census data as well as surveys carried out in Malaysia. Department of Statistics (DOS) in Malaysia defined the labour force as persons between the ages of 15 and 64. Table 8.3 below details the Labour Participation Rate by age group, year and sex.

The Malaysian employment market is still not ready for population ageing. The myth regarding older workers by Benjamin *et al*. (2007) in their study found that the perceptions of Malaysian Human Resource personnel towards older workers are mostly negative and they prefer to hire younger candidates. Table 8.3 shows the five-year trend of LPR for both men and women aged 45– 49 to 60–64. In 2008, the older workers comprised only 2.4 per cent of the Malaysian labour force. As for the women, due to their low LPR, their potential contribution has not been tapped and this has an impact on their old age financial well-being in later life (Benjamin *et al.*, 2007).

Mandatory retirement ages tend to be lower in developing countries than in countries that are more economically advanced. Low retirement ages reflected low life expectancies and poor health status, but many countries have been slow

Table 8.3 Labour participation rate by age group, year and sex

Year	*Males*				*Females*			
	45–49	*50–54*	*55–59*	*60–64*	*45–49*	*50–54*	*55–59*	*60–64*
2004	97.3	92.4	72.5	60.0	52.1	43.6	32.4	22.0
2005	96.7	92.6	69.5	54.3	49.3	39.9	28.5	19.3
2006	96.9	91.7	70.3	56.8	48.4	40.9	27.7	19.5
2007	96.8	91.7	70.8	54.5	49.8	43.9	28.0	20.0
2008	96.4	91.0	67.7	54.6	48.2	42.1	26.8	18.1

Source: Department of Statistics Malaysia, Labour Force Surveys (various years).

to raise retirement ages as health and life expectancy have improved. Malaysia has just recently raised the retirement age to 60 years. Generally, Malaysia's labour force is getting more educated with the bulk of it having experienced secondary education. The trend should change in the future as the new cohort of older persons will be better educated.

Income and Poverty Among the Older Malaysians. The financial security for older Malaysians can be categorized based on their sources of income. Those in category 1 are those under the defined benefit model of pensions for civil servants or Employment Provident Fund under the contributory model. Category 2 are those whose personal incomes come from investments, savings, contributions from children and category 3 are those who receive social assistance for the destitute. The actual number of older persons with pensions makes up a small percentage of the aged population. The government pension schemes are only extended to civil servants. According to a study in 2002 (MIER, 2005), this scheme only provides coverage for less than 1 per cent of the population and the income provisions for older Malaysians are inadequate (Caraher, 2000) The current practice of the EPF which enables lump sum withdrawals offer little income security in old age. Most retirees spend all their EPF savings in a short span of time and many older Malaysians re-enter the workforce to supplement their retirement income rather than relying solely on their savings.

Data from the Malaysian Family Life Survey (NPFDB, 2009) showed that monetary assistance from sons and daughters is the most common source of income for older persons in Malaysia. Because most of the elderly are unable to work or find gainful employment, they have to depend on inter-generational transfers and the centrality of children for social support. Beyond the financial realm, it seems clear that older persons in the developing countries and also in Malaysia make substantial contributions to family well-being in ways ranging from socialization to house-keeping and childcare (Lillard and Willis, 1997). This however will not last due to changing family structures and norms. Other Income which include financial aids provided by the government is the Elderly Assistance Scheme (Skim Bantuan Warga Tua) which is a limited social assistance scheme for the destitute.

The poverty rate of Malaysia has improved markedly from 32.1 per cent recorded in 1980 to 5.1 per cent in 2002. The improvement reflects the successful implementation of the poverty eradication programmes undertaken in the various Malaysian Development Plans to ensure the quality of life of its population. There is a new social form of poverty which includes the single female headed households, unskilled workers, migrants and also the older persons (Sharifah, 2010). The Eighth Malaysia Plan (Government of Malaysia, 2001) stated that households headed by the elderly recorded the highest incidence of poverty at 22.7 per cent. Older persons in rural areas have generally lower incomes than their urban counterparts. In a 2005 study, it was found that over 43 per cent of rural older persons as compared with 37 per cent in urban areas had monthly incomes of less than RM225 (US$68). These poor older persons living in rural areas are mostly women and Malays.

As Malaysia is becoming an aged nation, the issue of poverty among the elderly is of vital concern that requires the government's commitment to redress the impending problem. This is more critical amongst women as stated earlier. Earlier programmes on poverty eradication mainly focused on increasing the income of the poor; but to what extent the increased income is sustainable through their old age is a question that requires a prompt response. In addition, to what extent are poverty eradication beneficiaries who are also ageing economically secured? Are they vulnerable to poverty in later years or are they shielded against poverty? Positive and sustainable consumption behaviour and investment would likely contribute to economic security and human capital development of family members. Such factors are indispensable to achieve sustainable well-being in old age.

Conclusions: the challenges and policy implications

The earlier introductory sections outlined the realities facing older Malaysians. The sections that followed examined the status of active ageing in Malaysia in the various life domains pertaining to Priority Direction 1. In short, inequality, social exclusion, being house-bound, low income, lack of social networks, participation, also empowerment, are among the barriers and challenges that require attention.

In most counts, older women face more obstacles and lack opportunities for active ageing. In the context of active ageing policy, gender analysis is essential to ensure community participation and security of women in their later life. In addition, this group needs to be supported by family, community and the government. Older Malaysians who have had no education and no occupation should be provided with opportunities for lifelong learning or participation in paid work in order for them to become active citizens. Providing work helps increase their income and also decreases their dependency on family and society. Retraining will help re-employ active and capable older persons in the labour market which eventually will increase national production. Encouraging older persons to take care of themselves as much as they can economically in later life is an important task for the Malaysian changing society. Participation in organizations and in the community is a component of active ageing and was found to be rather low. Older Malaysians are also lagging behind in terms of new ICT skills and technology resulting in poor social networking. Participation promotes active ageing. Factors that prevent participation ranging from social, cultural and physical need to be addressed.

There is the need to explore means of overcoming barriers and seizing opportunities for active ageing in Malaysia. Table 8.4 outlines a set of recommendations on how best to overcome the barriers and seize the opportunities in policy making in Malaysia as identified in the various domains. There is the need for an improved understanding of the possibility for enhanced capability, empowerment and greater participation of older Malaysians in economic, social and cultural activities. It is clear that the social and economic characteristics and life

Table 8.4 Social and economic domains of active ageing and implications for policy and programmes in Malaysia

Domains	*Implications for policy and programmes*
Social	• Ageing needs rebranding • Strengthen family institutions • Mainstreaming older persons in all aspects of social life • Encourage healthy lifestyles through exercise • Integration of older persons in activities of social interests, for example volunteer programmes • Support organizations representing the older persons – capacity building and guidance • Encourage and facilitate participation by providing parallel public spheres, the right social, cultural and physical environments • Lifelong learning and Continuous Training; and U3A as a source of active ageing need to be expanded and established nationwide • Government policies and strategies need to be strengthened to ensure the success of ICT development continues and to address the issues relating to ICT and older Malaysians. This would support social networking among older persons • Relevant government agencies and NGOs in Malaysia to design appropriate programmes to help the younger cohorts of women and men prepare for their old age
Economic	• Remove existing myths that hamper the adoption of friendly job policies for the older persons • Generate income generating activities • Retraining/flexi work/flexible working practices • Discourage early labour market exit • Improve safety at workplaces: ergonomically elderly friendly work places • Comprehensive social protection in place • Schemes to help those in the informal sector • Financial management and education • Sustainable consumption practices among the older persons through education and awareness • Change of attitudes towards aged in institutions/organizations • No discrimination by age at work • Intergenerational relations at work places where older persons are the mentors • Poverty reduction among older persons especially among older women, those living alone and without assets/savings • Financial education programmes for women, family members as well as communities on the need to make life preparation for active ageing

situation of the current older generations were shown to be influenced by past development plans.

Therefore future development plans should incorporate a lifespan approach focusing on proactive strategies to strengthen family institutions, early and late education and learning, financial planning, knowledge and skill attainment so that the coming older generations can have a secure old age and remain active and productive in the community.

Note

1 The Lifelong Learning Initiative for the Elderly 2007 (LLIFE 2007) programme is jointly organized by the United Nations Population Fund (UNFPA), New Era College and the Eagle's Nest Computer and Community Centre (ENCC) Kajang, Selangor. It is a three-month programme in the third phase of the Promoting Active and Productive Ageing project funded by UNFPA and the Government of Malaysia. The Eagle's Nest Computer and Community Centre conducts free computer and other skills-enhancing classes for senior citizens. It is a public-funded project under the Demonstrator Application Grant Scheme.

References

Arokiasamy, J.T. (1997), Malaysia's Ageing Issues, *Medical Journal Malaysia*, Vol. 52, pp. 197–201.

Benjamin, C.Y.F., Jariah, M. and Tengku Aizan, H. (2007), Perception of Human Resource Personnel Towards Elderly Workers, paper presented at the 7th Biennial Conference 2007, Asian Consumer and Family Economics Association, Kuala Lumpur.

Caraher, K. (2000), Issues in Income Provision for Elderly Malaysians, The Year 2000 International Research Conference on Social Security, Helsinki.

Chen, A.J. and Jones, G. (1989), *Ageing in ASEAN: Its Socio Economic Consequences*, Singapore: Institute of South Asian Studies.

Department of Social Welfare (1999), *National Policy for the Elderly (NPE)*, Kuala Lumpur: Ministry of National Unity and Social Development.

Department of Statistics, Malaysia (1998), *Labour Force Survey Report 1997*, Kuala Lumpur: Department of Statistics.

Department of Statistics, Malaysia (2001), *Population Distribution and Basic Demographic Statistics, Population and Housing Census of Malaysia*: Kuala Lumpur: Department of Statistics.

Department of Statistics, Malaysia (2005), *Key Data, 2005*, Putrajaya, Malaysia: Department of Statistics.

Department of Statistics, Malaysia (2010), *Labour Force Survey Report 3rd Quarter 2009*, www.euromonitor.com/factfile.aspx?country=MY.

Gokhale, S.D (1998), Community Experiences in Active Ageing: An NGO Perspective, *Ageing International*, Vol. 24, No. 2–3, pp. 154–62.

Government of Malaysia (2001), *Eighth Malaysia Plan 2001–2005*, Kuala Lumpur: Government of Malaysia.

Government of Malaysia (2006), *Ninth Malaysia Plan 2006–2010*, Kuala Lumpur: Government of Malaysia.

Kaiser, Marvin A. (1993), The Productive Roles of Older People in Developing Countries, *Generations*, Vol. 17, No. 4, pp. 65–70.

Krishnapillai, S., Ramli, A.S., Suthahar, A. *et al.* (2011), Bridging the Gap in Ageing: Translating Policies into Practice in Malaysian Primary Care, www.ncbi.nlm.nih.gov/pmc/articles/PMC3068088.

Lillard, L.E. and Willis, R.J. (1997), Motives for Intergenerational Transfers: Evidence From Malaysia, *Demography*, Vol. 34, No. 1, pp. 115–34.

Mason, K.O. (1992), Family Change and Support of the Elderly in Asia. What Do We Know?, *Asia Pacific Population Journal*, Vol. 7, No. 3, pp. 13–32.

MIER (2005), *Caring Society: Emerging Issues and Future Directions*, Kuala Lumpur: Malaysian Institute of Strategic and Economic Research.

MOH (2007), *The Third National Health and Morbidity Survey 2006*, National Institute of Health, Kuala Lumpur: Ministry of Health.

Nielsen/NetRatings (2003, 20 November). Senior Citizens Lead Internet Growth, According to Nielsen//NetRatings. www.netratings.com/pr/pr_031120.pdf.

NPFDB (1999), *Family Profile, Malaysia*, Kuala Lumpur: National Population and Family Development Board.

NPFDB (2009), *The Fourth Malaysian Family Life Survey Report*, Kuala Lumpur: National Population and Family Development Board.

Ong, F.S., Phillips, D.R. and Tengku Aizan, H. (2009), Ageing in Malaysia: Progress and Prospects in Ageing in East Asia: Challenges and Policies in the 21st Century, in His-Fu Tsung and Hughes, Rhidian (eds), *Comparative Development and Policy in Asia*, London: Routledge.

Pala, J. (2005), Population Ageing Trends in Malaysia. Population and Housing Census of Malaysia 2000, Putrajaya, Malaysia: Department of Statistics Malaysia.

Research Agenda on Ageing for the 21st Century (2003), A Joint Project of the UNI Programme and the IAG 2002. International Association of Gerontology.

Sharifah Norazizan, S.A.R. (2007), Active Ageing of Older Persons: The Case for Malaysia, paper presented at the Seminar on Social, Health and Economic Consequences of Population Ageing in the Context of Changing Families, UNESCAP, UNPF and UNDESA, Bangkok.

Sharifah Norazizan, S.A.R. (2010), The Challenges of Urbanization and the New Forms of Poverty, in Laily, P. and Azizah, A. (eds), *Poverty in Malaysia*, Kuala Lumpur: UPM.

Sharifah Norazizan, S.A.R. (2012), *Issues and Challenges of Information Communication Technology on the Older Malaysians*. Serdang, Selangor: Universiti Putra Malaysia Press.

Sharifah Norazizan, S.A.R., Hussain, M.R., Chai, S.T. *et al.* (2004), Older Persons and the Use of Computer Particularly the Internet: Opportunities and Challenges in the Lifelong Learning, paper presented at *The 31st ICSW International Conference and Social Welfare*, Kuala Lumpur, 16–19 August.

Sharifah Norazizan, S.A.R., Hamid, T.A., Chan, Y.F. and Hussain, M.R. (2006), Promoting Healthy Ageing in Healthy Cities: Activities, Access and Ageing, *Turkish Journal of Geriatrics*, Vol. 9, No. 1, p. 28.

Sharifah Norazizan, S.A.R., Hussain, M.R. and Chai, S.T. (2008), Access and Utilization of Computers and the Internet Among Older Malaysians, *Gerontechnology*, Vol. 7, No. 2, p. 217.

Tengku Aizan, H. *et al*. (1999), Perception of Needs and Problems of the Elderly: Implications on Policies and Programmes (*unpublished raw data*).

Thursz, Daniel (1995), Introduction, in Thursz, D; Nursberg, C. and Prather, J. (eds), *Empowering Older People: An International Approach*, London: Cassell.

Uhlenberg, P. (1992), Population Ageing and Social Policy, *Annual Review of Sociology*, Vol. 18, pp. 449–74.

UNESCAP (2000), Women in Poverty in Malaysia: A Review of Extant Studies, Policies and Programmes and Survey Report, *Gender and Development Discussant Paper Series*, No. 9, Bangkok: UNESCAP.

UNESCAP (2004) ESCAP Population Data Sheet, www.aseansec.org/hpme/htm.

United Nations (2002a), *Report of the Second World Assembly on Ageing*, April 8–12, Madrid.

United Nations (2002b), *World Population Ageing: 1950–2050*, New York: Population Division, Department of Economic and Social Affairs, United Nations.

United Nations Population Fund (2006), *Population Ageing in Malaysia: Facts and Figures*, Kuala Lumpur: UNPF.

Walker, A. (2002), A Strategy for Active Ageing, *International Social Security Review*, Vol. 55, No. 1, pp. 121–40.

Westley, S.B. and Mason, A. (2002), Asia's Ageing Population, in East West Center Research Program, Population and Health Studies, *The Future of Population in Asia*, Honolulu: East West Center.

Wong C.N. (2007), Policy Response for the Aging in Malaysia. Malaysian Institute of Economic Research, www.mof.go.jp/jouhou/soken/kenkyu/h18/s2_02.pdf.

World Health Organization, WHO (2002), Active Ageing: A Policy Framework, Geneva: WHO. www.who.int/entity/ageing/publications/active/en/index.html.

World Health Organization, WHO (2007), Women, Ageing and Health: A Framework for Action: Focus on Gender, Geneva: WHO. www.whqlibdoc.who.int/publications/2007/9789241563529_eng.pdf.

World Health Organization, Western Pacific Region (2011), Malaysia: Country Context, www.wpro.who.int/countries/maa/.

9 Active ageing in Singapore

Kalyani K. Mehta

Since the 1980s, when the Singapore government identified a demographic change taking place in Singapore from a youthful to a greying population, there have been some shifts in the national outlook regarding this challenge. Initially, there was a flurry of bureaucratic activity by the Ministry of Health and the Ministry of Community Development (now known as the Ministry of Community Development, Youth and Sports). A National Population Unit was set up to forecast the attendant effects of the demographic shift, and to help promote relevant research (for more details see Mehta, 2002: 152–6). Several Inter-Ministerial Committees were established such as the Inter-Ministerial Committee on the Ageing population, 1999 and Inter-Ministerial Committee on Health Care of the Elderly, 1999.

> The successive policy reviews on issues related to older persons led to the crystallization of a national policy on ageing in Singapore.… The national policy on ageing reinforces the state's position that it does not take sole responsibility for the care of older persons. Family is the first line of care, in holistic terms, including the provision of instrumental, financial and emotional support and care.
>
> (Teo *et al.*, 2006: 30)

The philosophy of self-reliance is promoted for all residents, and the paradigm of care for older people is a partnership of the individual, family, community and the state. The term 'Many Helping Hands' is popularly used in the local context to summarise the multiple partnership.

Today, 'demographic tsunami' (*Straits Times*, 2010b) or the 'silver tsunami' (*Straits Times*, 2010c) are terms that are used by writers to symbolise the extent of the impact the greying population may have on society as a whole. However, the shift in the national outlook is clear. From a 'gloomy' outlook, the government attitude is now more robust with emphasis being placed on 'active' ageing and the importance of preventive health behaviour such as practising healthy diet, regular exercise and health screening. This is exemplified by the words of Mr Lim Boon Heng, who was the Minister in charge of Ageing Issues in the Prime Minister's office. He is also the chairman of the Ministerial Committee on Ageing.

Table 9.1 Number and proportion of elderly

	1999	*2000*	*2020*	*2030*
No. of elderly aged 65+ (in 1,000)	235	312	529	796
Proportion of elderly aged 65+*	7.3	8.4	13.1	18.9
Median age (yrs)	33.4	36.9	39.3	41.2
Dependency ratio	42.0	38.7	44.9	56.4
D.R. (young) 0–14 years	31.7	27.1	25.9	26.9
D.R. (old) 65+ years	10.4	11.6	19.0	29.5

Source: Singapore Department of Statistics cited in the Inter-Ministerial Report (Ministry of Community Development, Youth and Sports, 1999: 29).

Note
* As percentage of total population.

> We want seniors to be active and integral members of the community. For those who are needy and without family, help is available.… Together we can build a Singapore that enables older people to participate, contribute and be supported in the place where they live.
>
> (Ministry of Community Development, Youth and Sports, 2009: 2)

The above table summarises the demographic changes which are occurring rapidly in Singapore.

Table 9.1 illustrates the threefold increase in the population above 65 years from 2000 to 2030. Increasing numbers of older persons can translate to a sharper demand for health care and community services but it can also lead to a higher demand for products and consumer goods for seniors (often termed the 'senior market'). The former could drain the national budget but the latter could help the economy. Thus, the downside and upside of an ageing population has been recognised by the Singapore government. Its social policies are two pronged: there is an increase in assistance to disadvantaged older citizens as well as incentives for this group to be more engaged and involved in financial, health and social preparation for old age. This chapter will be divided into three sections. The first will acquaint the reader with the characteristics of Singaporean older people, the second will discuss the adaptation of the 'active' ageing concept to the local scene, and the third section will conclude with the author's crystal ball gazing into the future. In the next few sub-sections, the employment and health dimensions of Singaporean residents aged 65 years and above will be portrayed.

Sketch of Singaporean population above 65 years

According to the National Survey of Senior Citizens (NSSC) (Ministry of Community Development, Youth and Sports, 2005), the rate of volunteering among senior citizens was low. Only 5.9 per cent of senior citizens 55 years and above participated in volunteer work in the past 12 months (Ministry of Community Development, Youth and Sports, 2005: 54) (Table 9.2).

Table 9.2 Volunteering among seniors

Age	*%*
55–64 years	64.2
65–74 years	29.1
75 and above	6.7
Gender	
Male	52.6
Female	47.2
Education	
No qualification	21.7
Primary school	28.5
Secondary school	49.9

Source: Ministry of Community Development, Youth and Sports (2005: 54).

In terms of contributing to family by grandparenting, it was found that 34.4 per cent of seniors assisted in taking care of grandchildren on a regular basis. This had increased from 19 per cent in the 1995 NSSC. The grandparenting role is mainly performed by grandmothers, and this may explain why more males are involved in volunteering than women, a finding that stands in contrast to volunteering profiles in Western countries. Females usually outnumber males in the profiles of volunteers in countries such as Australia and the UK.

Apart from volunteering and grandparenting, a small proportion of Singaporean seniors are involved in paid work and social enterprise. According to the 2005 NSSC, 28.2 per cent of seniors above 55 years were employed. The majority of these (43.8 per cent) belonged to the 55–64 age group. More males than females were working after 55 years.

A total of 65.9 per cent were economically inactive (they were not working and neither were they looking for work). This figure was an increase of almost 10 per cent as compared to the 1995 NSSC. The proportion of senior citizens who were economically inactive rose with age as was to be expected (NSSC, 2005: 33).

What was the main reason for terminating work? Retirement age was the main reason. It was noted that about 10 per cent of the males in the age group 55–64 years stopped work because they were retrenched.

In terms of comparison, it can be observed that the labour force participation rate of people between 55–64 years in Singapore is lower than Hong Kong (52 per cent), Korea (64 per cent) and Japan (67 per cent) (Ministry of Community Development, Youth and Sports, 1999: 54).

Heath and disability profile of older Singaporeans

The percentages of women who were non-ambulant in Singapore rose from 5 per cent to 7 per cent between 1990 and 2000 (Mehta, 2005: 51). Koh (2000: 7) reports that life spent with chronic illnesses is longer for Singaporean women

(6.9 years) than Singaporean men (5.4 years). In 2006, the healthy life expectancy for males was 69 years while the life expectancy was 78 years. For females, the healthy life expectancy was 71 years while the life expectancy was 83 years (*Straits Times*, 2008). The difference between life expectancy and healthy life expectancy was greater for females than for males.

Unlike in the US, where the rate of disability amongst the general population is decreasing, in Singapore it is increasing, particularly among women. The Ministry of Community Development, Youth and Sports (1999: 101) has projected that older persons with poor ADL (activities of daily living) will rise from 18,000 in 2010 to 37,000 in 2030. A study of older people in four Asian countries has shown that

> In all countries, those age 70 years or over have a significantly higher number of health disadvantages than those 60–69 years of age, other things being equal. Gender is also a significant predictor, with women having more health disadvantages then men.
>
> (Hermalin *et al.*, 2002: 496)

The four countries represented in this study were Thailand, Taiwan, Philippines and Singapore. It was a major study on older persons sponsored by the National Institute on Ageing (US) and spearheaded by Professor Hermalin of the University of Michigan, Ann Arbor.

Yadav (2001) carried out a detailed study of disability and handicap among 1,209 older persons 60 years and above in three parliamentary constituencies in Singapore, i.e. Bukit Merah, Kampong Glam and Kreta Ayer. He concluded that "more than half of the aged had a disability and the rate of disability was significantly higher among the women as compared to the men.… Severity of handicap was directly correlated to age" (Yadav, 2001: 360). In his study, Yadav examined a range of disabilities, i.e. loss of hearing, loss of sight, speech difficulties in the local language, incomplete use of arms or fingers, incomplete use of feet or legs, mental illness, disfigurement or deformity, brain damage, difficulty in gripping or holding small objects and so on. He defined disability as the presence of one or more limitations, restrictions or impairments which had lasted or were likely to last for six months or more. Severity of handicap was studied from profound, severe, moderate to mild. He found that nearly one-third of all elderly in the study had a handicap in mobility. In conclusion, he forecasted an increase in demand by five times for facilities and services during the period 1990–2030.

The health and disability profile of older Singaporeans is important as functional ability and mobility is a strong predictor of active ageing in any population. In Singapore, it is particularly an influential factor as there are many geographical areas that lack disabled-friendly facilities. Although the situation has improved following the implementation of the revisions of Code of Barrier-free accessibility in 1995, and the launch of the Enabling Masterplan in 2009, there is room for improvement in terms of frequency of disabled-friendly bus

transport and affordability of electronic scooters. Very few physically disabled seniors are seen on the road as there are too many barriers to their independent movement such as steep pavements and steps that need to be crossed before reaching a lift landing (Lee and Mehta, 2004).

The meaning of active ageing

Definition of active ageing: societal and community levels

In discussing a concept such as active ageing, which lends itself to many interpretations, academic discourse often seeks to contextualise the circles in which the concept is used in order to raise the level of the debate. The World Health Organization's definition of active ageing as depicted in *Active Ageing: A Policy Framework* had a strong health emphasis, a feature which is not surprising as it characterises the source (WHO, 2002). However, governments have stretched the concept to the economic sphere and added the feature of longer working career. In the last decade, governments around the world have been promoting the idea that if seniors work beyond the retirement age, it would be beneficial to them both financially and socially, i.e. adding to their social life and self-esteem. By the same token, the Singapore government has been cajoling seniors to work longer, i.e. beyond the retirement age of 62 years.

There are plans to increase the retirement age to 65. In tandem with this philosophy, the government passed the Retirement and Re-employment Act in Parliament in 2012. This Act promotes re-employment of senior staff who are capable of continuing working beyond 65 years, either in the same job or in a different job within the same company (cf. www.re-employment.sg). The government is persuading seniors to work beyond the retirement age and putting pressure on employers to adjust and prepare for a more mature workforce. An additional government initiative is the introduction of the Workfare Training Scheme (*Straits Times*, 2010a). It not only subsidises the low waged mature worker to attend training courses to upgrade his/her skills, but also gives financial incentives to employers who have a mature workforce to encourage the staff to attend.

Why has the Singapore government found so much resistance in pushing for increased labour force participation by seniors beyond 60 years? The author believes that that the very philosophy that the government has promoted, i.e. a family-oriented culture and intergenerational support, explains the lack of any marked response to the government's efforts to increase the LFP rate. Older Singaporean residents generally feel a greater sense of fulfilment in supporting their family members, for example by looking after grandchildren, than to continue working. However, with social changes and the higher cost of living in Singapore (partially due to inflation) the attitudes of newer cohorts of seniors are being transformed. In recent research conducted by the author, more seniors are indicating their reluctance to become full-time grandparents due to the restrictions imposed by such a commitment on their social and leisure activities (Teo *et al.*, 2006: 125).

Active ageing at the macro level is defined in economic behaviour as well as healthy lifestyle (both physical and mental). The government, since 1999, has emphasised the importance of engaging the older population and encouraging their participation at family, community and societal levels. The goal is to promote a participative senior population rather than a marginalised or isolated one. An illustration of this policy direction is the launch of the Wellness Programme by Mr Lim Boon Heng, Minister in charge of Ageing Issues, in 2007.

Twelve constituencies piloted the Wellness Programme from 2008 to 2009, and by 2011, 30 constituencies were added (Straits Times, 2010f). The Programme has shown positive results, hence it was launched nationwide from 2011. The total number of seniors who have benefited from the Programme has reached 17,000 due to the committed efforts of grassroots leaders and to volunteers of the People's Association. The government will be spending 77 million Singapore dollars over the next five years to run the Wellness Centres. An Active Ageing Council has been established under the auspices of the People's Association, a statutory board that is linked to the Ministry of Culture, Community and Youth.

The Wellness Programme integrates health screening, exercise and social networking to cater to the physical, social and emotional needs of seniors above age 50. Taking into consideration that Singapore is a culturally diverse country, each constituency has the choice of setting up activities that meet the preferences of residents living there. Hence, in some constituencies walking groups have been set up, while in others dancing activities are popular. However, the subsidised health screening, costing a resident only S$3–5 dollars, has shown that 75 per cent of the 12,000 people screened were 'at risk' (*Straits Times*, 2010g). The Wellness Programme ensures that these people 'at risk' of kidney, stroke or cardiovascular disease will be followed up by the nurses so that they would go for the relevant medical treatment. It is hoped that this major social intervention by the Singapore government will help to lower the disability rates in future as the earlier studies have shown pessimistic projections.

Meaning at the community level

Lifelong Learning Endowment Fund. An endowment fund has been set up by the government to support schemes that provide learning opportunities across the lifespan, thereby facilitating people's mental faculties to remain active. There has been a good response by voluntary welfare organisations to run short courses for seniors above 55 years, with the aim of inculcating a mindset that there are opportunities that can expand their potentials and realise dreams that they could not fulfil earlier. The courses vary in their content such as the holistic syllabus in the lifelong learning course run at the Young At Heart (YAH) Community College (*Straits Times*, 2010i).

This programme is conducted by the Marine Parade Family Service Centre, and its curriculum was designed by a team of professional social workers. They recognised the multidimensional nature of the ageing experience, and the attendant

physical, social, psychological and spiritual needs of older persons. The culmination of this programme, which spans 100 hours of classes, is the graduation ceremony during which the graduates don formal graduation gowns and receive their certificates on stage. The mature students learn about good communication, how to face death, ageing issues and challenges, and how to improve relationships.

Another course run by the Golden Age College of Active Ageing Academy, under the auspices of Fei Yue Family Service Centre (*Straits Times*, 2010k) focuses on counselling skills and mental wellness. The language of instruction is English in this college, while the YAH College conducts its courses in Mandarin.

The Retired and Senior Volunteer programme (or RSVP) is a branch of the International RSVP organisation. The members consist of professionals and their courses focus on computer courses and recently they launched photography courses. The fees of these courses are not exorbitant as the target group are retirees. Funding is available from the Lifelong Learning Endowment Fund to partially defray the cost of running these programmes.

The recently established Council for Third Age (C3A) defines active ageing according to six dimensions. The Wellness Model that is developed by C3A adopts a holistic approach as demonstrated by the six domains of wellness, i.e. social, physical, intellectual, vocational, emotional and spiritual.

Social Wellness: This is achieved by a network of family and friends with whom an individual maintains positive relationships. This promotes harmony with the environment and the community. Such social networks also promote the individuals' contribution to society.

Physical Wellness: Individuals who aim for physical wellness would practise self-care, improve and maintain their physical independence by good eating habits, regular exercise, health screening and the appropriate use of medical services and facilities.

Intellectual Wellness: A mindset that seeks to expand knowledge and skills irrespective of the channels adopted exemplifies intellectual wellness. The seniors may attend classes, or pursue hobbies such as crossword puzzles or suduku or reading. By challenging their mental faculties, the individuals are kept stimulated and active.

Vocational Wellness: This path is practised by people who work or volunteer in the community. Personal satisfaction and life enrichment would be attained by such older persons. The belief that every individual has capabilities, talents and strengths underlies this dimension.

Emotional Wellness: The importance of awareness of one's feelings and acceptance of them is underscored in emotional wellness. Emotionally well individuals would manage and express their positive and negative feelings appropriately to maintain satisfying relationships. They would learn to cope with stress while understanding the importance of seeking resources from others.

Spiritual Wellness: Spiritually well individuals would appreciate the depth and expanse of life and natural forces of the universe. They would develop a personal value system and practise it with integrity. They would have a meaning and purpose in life and be culturally sensitive.

As one reviews the above six domains, it is clear that the C3A has attempted to posit its vision and mission a little differently from the national emphasis. It has adopted a mission of creating the awareness that a better quality of life and longer healthy life expectancy may be achieved through active ageing (cf. website of C3A for more information www.c3a.org.sg). To connect more effectively with the public it has enumerated the dimensions of active ageing in simple terms so that the public may find it more understandable. In 2009, the Knowledge Networking on Ageing Programme or KNAP was established at C3A. KNAP aims to facilitate knowledge sharing on active ageing and gerontology both in the local and international arenas (cf. C3A, 2009). The following quote succinctly summarises the goals of KNAP:

> The Council for Third Age (C3A) is committed to creating an active ageing culture in Singapore so as to allow everyone to age with dignity. The Council provides the thought leadership on active ageing and provides the thrust towards achieving this paradigm.
>
> (C3A, 2009)

At the international level, a three year partnership has been signed between C3A and Oxford Institute of Ageing (OIA) to conduct the C3A–OIA Active Ageing Programme. The first course on Applied Gerontology was conducted for the public in 2009 with lecturers from Singapore as well as OIA (Oxford University, UK).

Another function of the C3A is to disburse the 'Golden Opportunities Fund' or GO Fund, which was formerly disbursed by the Ministry of Community Development, Youth and Sports. Programmes that are conducted by seniors, for seniors are eligible for this source of sponsorship. The silver industry is also promoted through this channel (*Straits Times*, 2010j).

The most significant contribution of the Wellness Model of C3A is its inclusion of Spiritual Wellness. Very few countries have adopted this type of inclusive definition of active ageing. It is a critical component of ageing well, as is captured by qualitative studies on ageing (Mehta, 2009).

This attempt by the community agencies in Singapore to define active ageing in tune with its cultural context, is an example of Singapore's own approach to active ageing. The Minister Mr Lim Boon Heng has voiced the need to forge Singapore's own way of addressing the challenges of an ageing population (*Straits Times*, 2008). Given the spiritual inclination of the majority of seniors in Singapore, this domain certainly resonates well with the cultural and religious diversity of its aged population.

Definition of active ageing by individuals

While no research has been conducted to find out the definition of active ageing at the micro level in Singapore, some observations by the author of patterns of active ageing and the contributing factors will be discussed here. Across all the

major ethnic groups in Singapore, i.e. Chinese, Malays and Indians, an active older individual would be one who is still employed (whether salaried or running his/her own business), or one who is performing important functions within the family setting such as cooking, grandchild minding, or doing household chores.

Based on prior gerontological research conducted in the local context, the author thinks that educational level and family circumstances determine to a great extent the daily activities and commitments of seniors. For example, there are seniors above 60 years who have to give up their jobs in order to care for a sick spouse, or provide care to an adult child who is physically or mentally handicapped. In terms of educational level, those with lower levels of education in Singapore tend to be restricted to family activities, menial work and spending leisure time in their neighbourhood. Those with higher levels of education and mastery of English language, tend to spend more time in recreational activities such as travelling, volunteering and sometimes part-time work, e.g. consultancy to use their talents.

Seniors who give their time and effort voluntarily so that organisations may benefit from their talent and expertise are also perceived as active agers. Some of these individuals may be paid an honorarium.

However, it is uncommon for individuals who are occupied in religious rituals to be viewed as active agers. These are seen to be serving their own inner desires and preparing for their last lap in life. There are seniors who visit the Buddhist or Hindu temples very frequently and offer their prayers. However, from common discourse with people in the community, the author did not come across anyone who referred to such individuals as 'active'. Yet, when such people volunteered their services at the temples, they were seen as contributing to society and therefore worthy of being termed as 'active'. So what does this imply? From the author's understanding and perspective, societal perception of an active ager would be one who is physically active and contributes to the family, community and society. The nature of the activity could be culturally defined.

Cultural patterns of active ageing

In Singapore, the cultural patterns of active ageing are noticeable in the choices of seniors regarding utilisation of leisure time. In a qualitative research conducted by the author, it was found that Chinese seniors chose health promoting activities such as tai chi and qi gong (this is a slower and less strenuous type of physical exercise suitable for people above 65 years). A caveat is that Chinese who are frail or physically handicapped would not be able to participate in such activities.

For the Malays, who form 14 per cent of the total population, religious activities are part of the cultural script for old age. Hence, most Malay seniors would focus on religious activities such as observation of the five prayer times in the day, and attending religious classes to enhance their spiritual understanding of the Quran. Malay seniors have been observed to participate in Marhaban singing groups. These groups consist of seniors who are well versed in the Quran, and

they sing religious verses at ceremonies such as circumcision, weddings and funerals. It was found that factors such as gender, income or education levels did not have any substantial bearing on the cultural patterns of ageing.

As for the Indians. who form about 8 per cent of the total population, spiritual as well as family oriented activities were the preferred choice. Meditation, yoga and regular visits to temples (for Hindus) and church (for Christians) or mosques (for Muslims) were typical of this ethnic group (for more details, see Mehta, 2009).

Cutting across all of the major ethnic groups were factors such as family circumstances which encouraged or discouraged participation. For instance, if the family belonged to the lower income group, seniors would help their adult children by grandchild minding so that the working parental couple may save money on child care services. To some extent, this also meant that they were not able to participate in certain recreational activities of their choice due to the commitment to their grandchildren. Although options such as child care centres are available, due to the cost involved (even though government subsidies are available) parents are the first choice.

Cohort effects on the meaning of active ageing

Recent research by the Ministry of Community Development, Youth and Sports, on baby boomers in Singapore, defined as those born between 1947 and 1964, has revealed some interesting cohort effects on perceptions of seniors above 75 years and those 60–75 years. The baby boomer generation, which consists of one million Singaporeans, can be divided between the older group above 75 years and the younger group of 60–75 years. The former is less educated and less IT savvy, while the second group is better educated and therefore more conversant with the new technology. Fozard (2005) has elaborated on the importance of gerontechnology as a route for the older people to fit better into contemporary society. The younger baby boomers are consumers of new products such as the iPod, Skype, blog sites and podcasts. They are also keen to sign up for university degrees or diploma courses as they are able to afford the fees. This group would not have any difficulty in communicating with the next generation as they have imbibed similar interests. In the report *Adding Life to Years*, a 67 year old man (Dick Yip) who won the Active Agers-Infocomm Champion Award 2008, was featured. He is a judo expert, who maintains four blogs.

Marshall (2002) has presented the Healthy People Model 2010, which illustrates the close connection between the environment (social, physical and technological) and the older individual. Although gerontologists in the past have also discussed the importance of a harmonious fit between older people and their environment, Marshall went one step further by including the technological environment. Today, information technology has advanced so much that older persons need to be familiar with the changes in order to link with younger generations and stay abreast with the new trends.

The older baby boomers have less choice in terms of the activities they can be involved in within the community, as their mastery of English language is weak,

they are more family-oriented and tend to depend on their family members in old age. In contrast, the younger baby boomers are keen to work, travel, enjoy their retirement years and be more independent (physically and financially). The latter are less keen to carry out grandchild minding full-time as they feel it constrains their freedom.

The National University of Singapore Senior Circle is an example of the younger baby boomer group. The Senior Circle organised a conference to discuss ageing issues and compiled a publication *Golden Years – Glorious Years* that extols the value of positive ageing (Chan, 2007).

The baby boomer survey documented the change in perception towards retirement village living (cf. Evans, 2009 for more discussion on retirement villages). About 10 per cent stated that they were positive towards such a living arrangement as compared to earlier surveys that had documented the almost unanimous consensus of elders towards living with family in old age. Unlike developed countries such as the UK, Canada and the USA where the concept of retirement villages has become common, there are no residential communities for seniors in Singapore. The closest to the idea of retirement villages is the housing blocks known as Studio Apartments. The Housing and Development Board (HDB), which manages the public housing in Singapore, started building Studio Apartments a few years ago to cater to seniors who wish to downgrade to smaller flats, and couples or single older people who are living independently. There has been an increase in single middle-aged Singaporeans as well as older people living alone over the last ten years. Singles above 40 years of age totalled 112,700 in 2000 but they increased to 166,500 in 2009. There was an increase of 7,000 elderly people living alone from 15,000 in 2000 to 22,000 in 2005. Additionally, 25,000 elderly couples were living independently in 2005 (*Straits Times*, 2010b). For these two groups of ageing seniors, a retirement village/community would be ideal in that they would be able to live independently with the convenience of relevant facilities nearby. The increased desire for such living arrangements was also captured by the recent Urban Redevelopment Authority's latest lifestyle survey that ended in March 2010. About 10.6 per cent of those surveyed preferred to live in a retirement community in old age (*Straits Times*, 2010d).

The question then arises, what are the barriers to the building of these retirement villages in Singapore? First, as land scarcity is Singapore's major constraint the price of land is very high. Second, the land lease is for 30 years only. Property developers are interested as there seems to be a silver market for such housing developments, but the land lease has to be at least 60 years otherwise the risk would be too high. Hence, the unit price may be unaffordable to most Singaporeans. As a private venture, it could fail if the units (flats) are overpriced. This explains why the retirement community concept has not taken off in Singapore.

While it is clear that the retirement community would empower seniors to live independently as well as actively, there is lack of political will from the government. Analysis of the situation shows that there is a 'structural lag' between the changing perceptions of newer cohorts of seniors and the government's

policies. While the property developers have indicated that if the land was leased for a 60 year period, they would be keen to embark on the retirement community housing design, the Singapore government has not responded in a positive manner. Similarly, there are other structural lags giving rise to time delays in responding to the changing demographic and social forces. The government needs to respond more expeditiously to the changing perceptions of newer generations of seniors if it wishes to enable the active ageing culture to expand to all layers of society.

Taking the discourse into the future

The Singapore government's policies and incentives to organisations for adopting the active ageing framework are commendable. The introduction of annual events such as the Active Ageing Festival and the 50+ carnival-cum-exhibition has increased publicity of the concept of active ageing. The Wellness Programme has produced positive results and will become a flagship programme for the People's Association.

On the other hand, the author has detected some structural lags that have caused time delays in the effective response to shifts in perceptions of changing cohorts of older people. One of these is the response of the government to development of retirement communities that seem to be the desired living arrangement of a segment of the middle-aged population. Another area that demands attention is volunteerism amongst older populations. Many services and programmes for seniors are limited in terms of outreach due to manpower shortage.

Volunteerism as an expression of 'reciprocity' towards society by retirees should be promoted consistently and widely. In addition, the volunteering experience would be self-empowering. In a society such as Singapore, where older people are prone to isolation due to the fast pace of life and high cost of living, volunteering is beneficial to both the volunteer as well as the recipient. Compassion and intergenerational understanding are values that could be promoted by the senior volunteers. The author thinks that the health and economic (or work) emphasis in the definition of active ageing will probably continue into the next decade. However, C3A's holistic definition (six domains of wellness) is likely to counter any narrow definition of active ageing.

References

C3A (2009), *What is KN? Knowledge Networking on Ageing Programme or KNAP* (C3A), Singapore: Council for Third Age.

Chan, H. (2007), *Golden Years – Glorious Years*, Singapore: NUSS and University Women's Association.

Evans, S. (2009), *Community and Ageing: Maintaining Quality of Life in Housing With Care Settings*, Bristol, UK: Policy Press.

Fozard, J.L. (2005) Gerontechnology: Optimising Relationships Between Ageing People and Changing Technology, in: V. Minichiello and I. Coulson (eds), *Contemporary Issues in Gerontology: Promoting Positive Ageing*, London: Routledge.

Hermalin, A., Ofstedal. M. and Mehta, K. (2002), The Vulnerable Elderly, in: A. Hermalin (ed.), *The Well-Being of Elderly in Asia: A Four Country Comparative Study*, Ann Arbor, MI: University of Michigan Press.

Koh, E.C. (2000), *Measuring Old Age Health Expectancy in Singapore*, Statistics Singapore Newsletter (www.dos.gov.sg), October.

Lee, A. and Mehta, K. (2004), Older Persons: Social Policies and Services, in: K.K. Mehta and A. Wee (eds), *Social Work in Context: A Reader*, Singapore: Marshall Cavendish Academic.

Marshall V.W. (2002), Models of Health Promotion: Towards an Integrated Vision. Paper presented at the Meeting of the Southern Gerontological Society, Orlando, Florida, USA, cited in: V. Minichiello and I. Coulson (eds) (2005), *Contemporary Issues in Gerontology: Promoting Positive Ageing*, London: Routledge, pp. 265–8.

Mehta, K.K. (2002), National Policies on Ageing and Long-Term Care: A Case of Cautious Wisdom?, in: D.R. Phillips and A.C.M. Chan (eds), *Ageing and Long-Term Care: National Policies in the Asia Pacific*, Singapore: Institute of Southeast Asian Studies and International Development Research Centre.

Mehta, K.K. (2005), The Ageing Experience of Singaporean Women, in: K.K. Mehta (ed.), *Untapped Resources: Women in Ageing Societies Across Asia*, Singapore: Marshall Cavendish International.

Mehta, K.K. (2009), Spirituality: A Means for Achieving Integration in Personal and Community Spheres in Ageing Singapore, in: R. Edmondson and H.-J. Von Kondratowitz (eds), *Valuing Older People: A Humanistic Approach to Ageing*, Bristol, UK: Policy Press, pp. 37–50.

Ministry of Community Development, Youth and Sports (1999), *Report of the Inter-Ministerial Committee on the Ageing Population*, Singapore: Ministry of Community Development, Youth and Sports.

Ministry of Community Development, Youth and Sports (2006), *National Survey of Senior Citizens in Singapore, 2005*, Singapore: Ministry of Community Development, Youth and Sports.

Ministry of Community Development, Youth and Sports (2009), *Adding Life to Years: Happy, Healthy, Active Seniors*, Singapore: Ministry of Community Development, Youth and Sports.

Ministry of Health (1999), *Report of the Inter-Ministerial Committee on Health Care of the Elderly*, Singapore: Ministry of Health.

Ministry of Health, Ministry of Community Development, Department of Statistics, Ministry of Labour and National Council of Social Service (1996), *National Survey of Senior Citizens in Singapore, 1995*, Singapore: Ministry of Health, Ministry of Community Development, Department of Statistics, Ministry of Labour and National Council of Social Service.

Straits Times (2008), Forging Singapore's Own Approach on Ageing Issues, August 5.

Straits Times (2010a), New Scheme for Skills Upgrading, February 23.

Straits Times (2010b), Baby Boomers Want Retirement Homes, April 4.

Straits Times (2010c), Riding on the Silver Tsunami, April 6.

Straits Times (2010d), Singapore: A Great Place to Live, Work and Play, May 1.

Straits Times (2010e), Hey There, Silver Spender, May 3.

Straits Times (2010f), Active, Healthy Seniors Project Goes Nationwide, May 3.

Straits Times (2010g), 75 Percent of Seniors Screened 'At Risk', May 3.

Straits Times (2010h), It's Back to School for These Active Seniors, May 16.

Straits Times (2010i), YAH! Makes Her Dream Come True, May 16.

Straits Times (2010j), New Courses Train People to Tap Silver Dollar, May 16.
Straits Times (2010k), AAA Helps Improve His Family Ties, May 16.
Teo, P., Mehta, K., Thang, L.L. and Chan, A. (2006), *Ageing in Singapore: Service Needs and the State.* London: Routledge.
WHO, World Health Organization (2002), *Active Ageing: A Policy Framework*, Geneva, Switzerland: WHO.
Yadav, S.S. (2001) Disability and Handicap Among Elderly Singaporeans, *Singapore Medical Journal*, Vol. 42, No. 8, pp. 360–7.

10 Active ageing in Indonesia

Evi Nurvidya Arifin

Active ageing is a relatively new term and concept in the Indonesians' vocabulary of older persons' related issues. The government of Indonesia has adopted and recently promoted actively the concept of active ageing suggested by the World Health Organization (2002), which defined "active ageing" as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age". The active ageing approach to policy and programme developments for older persons has the potential to address many challenges faced by both individuals and an ageing society. This approach in turn would help to offset the rising costs in pensions and income security schemes as well as those related to medical and social care costs. As the population ages, the challenge is that there will be an increasing pressure for policies and plans that encourage more and more individuals to reach old age in good health. Yet, old age is considered as the period of obvious changes in both physical and mental capacities, which result in many inevitable health problems. Older persons usually fall victim to various illnesses and diseases, both communicable and non-communicable diseases.

Active ageing as further explained allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desire, and capacities. The word "active" does not only refer to those who are physically active or who participate in the workforce, but it does refer to those elderly persons who are independently and continuously interacting with others, both family members and others in the larger society (WHO, 2002).

This chapter attempts to describe the policies introduced that cover (active) ageing, and identify measures of active ageing elements. The following discussion provides the political-economic context of ageing population progressing in the giant archipelagic country accommodating about 17,000 islands. This section is important to understand the past and the future likelihood of how the issues of an (active) ageing population will be handled when its pace and speed accelerate in the near future.

The context of an ageing population

Political-economic context of demographic transition

Indonesia faces major demographic changes brought by the so-called demographic transition. This transition has meant that Indonesia as the fourth most populous country in the world has experienced an unprecedented drop in fertility rate together with reduction in mortality (Hull and Hull, 2005). All these factors have resulted in age-structural change with an emerging trend of population ageing (Ananta *et al.*, 1997; Rahardjo *et al.*, 2009).

This demographic transition did not occur in an isolated condition. It occurred in tandem with the transitions in political and economic regimes. When Indonesia proclaimed its independence in 1945, the first president of the republic, Soekarno, ruled the country in an authoritative style and a centrally controlled economy during the so-called "Old Order" era, 1945–1967. During this time, politics was the main priority, and the president strongly supported pro-natalist policies, though the population size of Indonesia was the fifth largest in the world. In 1967, the regime changed with the president Suharto ruling during the "New Order" era of 1967–1998. During his power, the government made revolutionary changes in the system although it was still an authoritarian government. The economic system was transformed toward a market oriented economic system. The New Order government acknowledged that the high population growth rate was a serious threat to economic development. The president signed the World Leaders' Declaration on Population in 1967 as one of the first acts of the New Order government.

Since then the serious commitment to slow down the population growth rate was manifested in the creation of the LKBN (*Lembaga Keluarga Berencana Nasional*/Family Planning Institute) in 1969, and eventually it became the national body, called BKKBN (*Badan Koordinasi Keluarga Berencana Nasional*/National Family Planning Coordinating Board) in 1970, which was directly responsible to the President (Hull and Hull, 2005). The family planning programmes had been fully controlled by the central government. As a result, the fertility rate, measured by total fertility rate (TFR) declined from 5.6 in 1967–1970 to 2.3 in 1996–1999 and remained constant at 2.3 until 2005–2007 (Badan Pusat Statistik, 2001; Hull and Wendy, 2009). At the same time, the infant mortality rate declined from as high as 145 per 1,000 live births in 1967 to 47 per 1,000 live births in 1996 (Badan Pusat Statistik, 2001).

Since 1998, Indonesia has turned into a democratic country. Pressures were mounting to decentralize political and economic powers away from the central government. Two important laws were then enacted: Law No. 22/1999 on Regional Governance and Law No. 25/1999 on the Fiscal Balance between the Central Government and the Regions (Suharyo, 2009). Under Law No. 22/1999, the central government of Indonesia decentralized power and resources to local governments – regencies and municipalities. Article 7 of the Law No. 22/1999 mandates the local governments to cover all fields of governance that are not mandated to the central government consisting of the fields of international policies,

defence and security, judicature, monetary and fiscal, religion and authorities in other fields covering national planning and macro national development control, financial balance fund, state administration and state economic institutional systems, human resources development, natural resources utilization as well as strategic high technology, conservation, and national standardization.

One of the aims of the decentralization is to make policy makers closer to their people and understand local needs. Further its consequence includes the creation of new local governments consisting of regent and city governments. The creation of new districts has been extensive, increasing from 341 districts in 1999 to 457 districts in 2007. As a result, the size of population across districts is imbalanced with a greater gap (Arifin, 2011). Arifin shows that the average population at the regency level in Java was more than four times that in outside Java, while the mean at the city level in Java was near three times that in outside Java. It ranged from 1.5 million for the regency of Deli Serdang, North Sumatra, to slightly more than 12,000 for the regency of Supiori, Papua. Meanwhile, among regencies in Java, the population ranged from four million in the regency of Bandung to 18,000 in the regency of Kepulauan Seribu, which is a newly created regency from North Jakarta.

In other words, in decentralized Indonesia, the concerns about older persons will rely on how sensitive the local stakeholders are on the importance of older persons in their own locality. In other words, centralistic policies are less likely to be implemented now as the central government does not have a strong power in the regions.

Demographic characteristics of older persons

Demographic transition in many countries has brought an age-structural change. Figures 10.1 and 10.2 illustrate a significant change in age-sex of Indonesia's

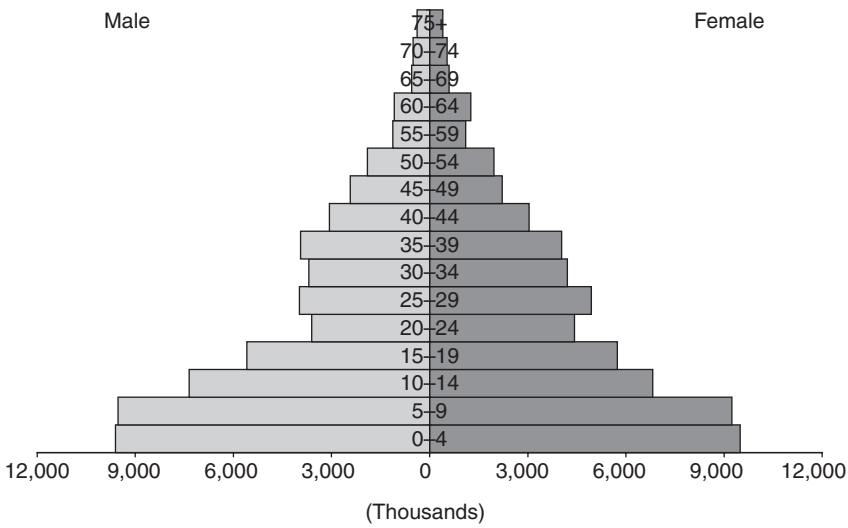

Figure 10.1 Population pyramid, Indonesia, 1971 (compiled and drawn from Biro Pusat Statistik (1975)).

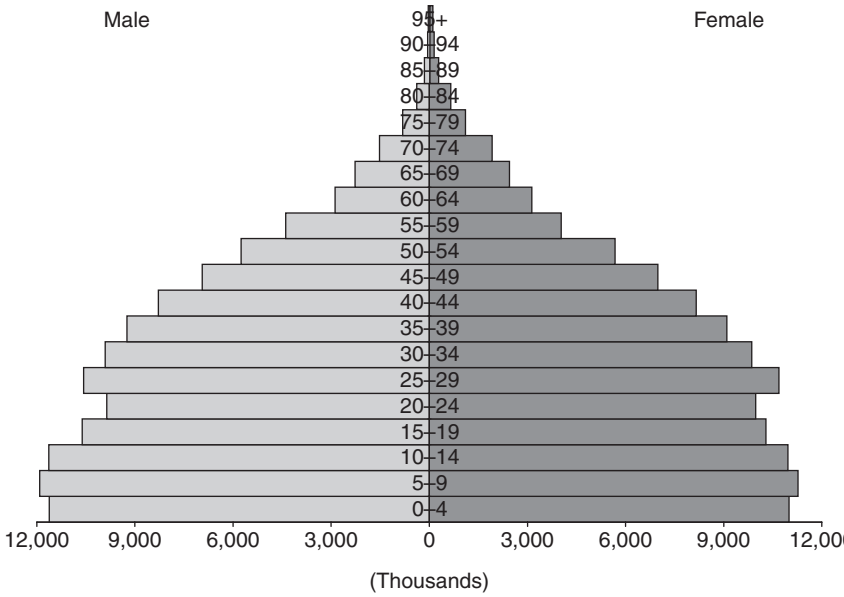

Figure 10.2 Population pyramid, Indonesia, 2010 (compiled and drawn from Badan Pusat Statistik (2010)).

population structure in four decades, from 1971 to 2010. As in many countries, declines in fertility and mortality rates inevitably result in rapid ageing (Bongaarts, 2004). Older persons, as defined under the Law No. 13/1998 on Older Persons' Welfare as someone who is 60 years and above,[1] grew rapidly by 3.2 per cent annually between 1971 and 2005, or an increase from 5.3 million in 1971 to 15.8 million in 2005 (Table 10.1). The accelerated rate will be observed

Table 10.1 Trend in number and percentage of older persons in Indonesia, 1971–2025

	Older population (in thousands)		*Population ageing (in per cent)*	
	60 and over	*75 and over*	*60 and over*	*75 and over*
1971	5,307	787	4.48	0.66
1980	7,999	1,525	5.45	1.04
1990	11,278	1,972	6.29	1.10
2000	14,440	2,717	7.18	1.35
2005	15,815	2,871	7.25	1.32
2010	19,037	3,906	8.15	1.67
2015	23,160	4,679	9.35	1.89
2020	28,986	5,456	11.11	2.09
2025	35,916	6,689	13.15	2.45

Source: Rahardjo *et al.* (2009).

in the next several years, for example, within the period of 2010–2015 the number of older persons will grow at 3.8 per cent annually.

As in many countries (Mujahid, 2006), female older persons in Indonesia outnumber the males. In 2005, female older persons accounted for 52.3 per cent of Indonesian older persons (Badan Pusat Statistik, 2006a). This imbalance may bring further concerns as the older women tend to have a higher proportion of economically inactive, not literate and single individuals. The labour force participation rate for male elderly was 64.7 per cent, in contrast with 29.8 per cent for female elderly in 2005 (Badan Pusat Statistik, 2006a). The lower participation rate of female than male elderly can be associated with their higher level of illiteracy. In 2005, illiteracy among female elderly was as high as 50.9 per cent, while among males it was about half the female rate (24.1 per cent).

Indonesia's geography is a distance stretching across eight million square kilometres of land and sea from West to East. Within this distance, since 2004 there have been 33 provinces[2] attributed by a wide range of characteristics including wide variation in terms of ageing population. In the province of Yogyakarta the share of older persons is already as high as 12.8 per cent, a figure of industrialized countries, to as low as 1.7 per cent in Papua in 2005 (Table 10.2).

Urban-rural difference existed with the population structures in urban areas being younger than the rural ones. Older persons in the urban areas comprised 7.27 per cent, and they formed 9.32 per cent in the rural areas. This can be partly explained by the success of the past government supported family planning programmes. The programmes focused on reducing fertility rate in rural areas, in which the TFR in rural areas stood at 5.745 in 1967–1970. Later, it declined to 2.56 in 1996–1999.

In addition, the flow of rural–urban migration could contribute to the higher ageing population in rural than in urban areas. TFR in urban areas was generally lower than that in rural areas. In 1996–1999, the rate was even lower than the replacement rate, standing at 2.05, declining from 5.16 in 1966–1970. Therefore, rural–urban migration has deferred ageing population in urban areas.

In addition, ageing population is occurring when Indonesia's economy is still growing toward a more advanced economy. A key concern has been the financing of future pension schemes and possible labour shortage, especially in social and health services within the public sector. Active ageing beyond work includes the activity of older persons in the labour market as well as in their social participation (Ananta and Arifin, 2009).

Families in later life

Marital status is an important indicator to understand older persons' living arrangement. In 2010, the data show that older persons are mostly married, 59.80 per cent. At least, they live with their spouse. If they have children, one of them is perhaps living with their elderly parent. Widowed comprised 36.79 per cent, while divorced comprised a much lower percentage, 2.39 per cent. Less than one

Table 10.2 The share of older persons, life expectancy at birth, fertility and migration rates by province in Indonesia, 2005

Rank	*Province*	*Elderly %, 2005*[a]	*Life expectancy at birth*[b]			*TFR*[b]	*Net migration rate*[c]	
			Total	*Male*	*Female*		*Male*	*Female*
1	Papua	1.69	70.0	68.0	71.9	2.76	1.94	0.40
2	Riau Archipelago	3.32	72.8	70.8	74.7	2.04	17.45	28.23
3	East Kalimantan	3.44	70.6	68.6	72.5	2.44	8.01	6.23
4	Riau	3.80	71.8	69.8	73.7	2.58	4.64	5.43
5	Central Kalimantan	3.91	72.1	70.2	74.0	2.28	–1.09	–0.53
6	North Maluku	3.95	67.0	64.9	68.9	2.90	–4.14	–2.49
7	Banten	4.44	68.3	66.2	70.2	2.32	3.60	3.40
8	Jakarta	4.57	73.3	71.3	75.1	1.77	–5.63	–1.59
9	Southeast Sulawesi	4.60	67.5	65.5	69.4	3.16	0.78	1.26
10	Central Sulawesi	4.67	66.6	64.6	68.5	2.96	2.25	2.08
11	Jambi	4.70	69.2	67.1	71.1	2.43	1.39	0.87
12	Bengkulu	4.75	68.1	66.0	70.0	2.38	0.15	0.55
13	Gorontalo	4.96	64.6	62.7	66.5	2.80	–0.84	–1.13
14	West Kalimantan	5.22	69.7	67.7	71.6	2.72	–1.09	–0.53
15	North Sumatra	5.40	70.6	68.6	72.5	2.73	–1.26	–1.78
16	South Kalimantan	5.53	66.8	64.8	68.7	2.46	1.84	0.69
17	South Sumatra	5.55	69.5	67.5	71.5	2.26	–1.08	–1.33
18	Maluku	5.69	68.6	66.6	70.6	3.08	1.36	1.37
19	Bangka Belitung	6.05	71.4	69.4	73.3	2.54	1.26	–0.50
20	Aceh	6.12	67.3	65.4	69.3	2.62	–0.03	0.12
21	West Nusa Tenggara	6.16	60.9	69.0	72.9	2.80	–0.09	–0.41
22	East Nusa Tenggara	6.56	65.7	59.0	62.7	3.67	0.34	–0.04
23	Lampung	6.27	70.1	68.0	72.0	2.35	–0.39	–0.69
24	West Java	7.05	67.8	65.8	69.8	2.33	1.39	1.57
25	South Sulawesi	7.27	68.1	66.0	70.0	2.59	–1.31	–0.98
26	West Sumatra	7.61	69.1	67.0	71.0	2.84	–0.42	–1.36
27	North Sulawesi	8.21	73.0	71.0	74.8	2.06	–0.17	–0.39
28	Bali	9.22	71.0	69.0	72.9	2.10	2.38	2.07
29	East Java	9.76	69.1	67.0	71.0	1.84	–0.46	–0.58
30	Central Java	9.82	71.3	69.3	73.2	2.01	–1.84	–2.34
31	Yogyakarta	12.75	72.8	70.9	74.7	1.66	7.25	4.98

Sources: a = Badan Pusat Statistik (2006a); b = Badan Pusat Statistik (2006b); c = Badan Pusat Statistik (2007).

per cent remains single in their golden years. In the household, 58.67 per cent play a role as the head of the household.[3]

Not living alone at home is a form of informal care. Yet, living with a child or cohabitation is considered as the most comprehensive form of informal care by a child providing socio-economic and psychological help. It offers immediate and continuous interactions with a long-term commitment. It also offers and promotes intergenerational relations to keep alive. In the modern, globalized and urbanized world, this form of living arrangement is in question. A declining trend is shown in terms of the proportion of elderly parents living with a child, dropping from approximately 65 per cent in the 1990s to slightly above 50 per cent in 2007 (Johar and Mayurama, 2010).

Their study also found that cohabitation with a child tends to occur with the unmarried child or low educated child. The departure of the spouse motivates the cohabitation, although many of them still stay as a couple living with their own children. In addition, cohabitation makes older parents tend to be healthy and wealthy. These findings provide the opportunity to have an active life.

Policies on (active) ageing population

In many countries, policies related to older persons are usually connected to the pension scheme (Walker, 2002). Policies for older persons in general are quite a new feature, even in welfare states. In 1996, life expectancy at birth on average reached almost 70 years. It was in 1996 when the government of Indonesia decided to declare 29 May as the Older Persons' Day.[4] This aims to increase awareness and concern on population ageing. Since then, issues related to older persons in Indonesia have gained attentions from various stakeholders (government agencies, academia, older person institutions, and activists) at the national and regional levels (Abikusno, 2009).

Furthermore, a number of laws and regulations have been made and enacted to address issues related to older persons. They are Law No. 13/1998 on older persons' welfare, and Law No. 40/2004 on the national social security system. The enactment of Law No. 13/1998 led to the opportunity for the establishment of the National Commission for Older Persons (Komisi Nasional Lanjut Usia, abbreviated as Komnas Lansia) which was declared under the Presidential Decree No. 52/2004. The following year, the Presidential Decree No. 93/M/2005 on the membership of Komnas Lansia for the period 2004–2008 was announced to the general public. The new members were already selected and worked during 2009–2013.

Older persons' welfare

The Law No. 4/1965 on provision of assistance for frail elderly was repealed in 1998, by the Law No. 13/1998 on older persons' welfare. The Ministry of Social Affairs was the executing agency. Yet, the Law No. 4/1965 provided relatively progressive public assistance to older persons in the forms of cash subsidies and

health/long-term care assistance. As argued by Arifianto (2008), this law was never fully implemented. Partly this occurred due to the change of power, from a "socialist" Old Order era to a market oriented New Order era in March 1966, less than one year after the law was enacted. The law just remained in the statute book.

As mentioned in Article 1 of the Law No. 13/1998 (Departemen Sosial Republik Indonesia, 2004), officially an older person is defined as someone aged 60 and above. Moreover, the law also stipulates that older persons have the same rights and obligations as other citizens in their social life, within the nation and state. As a respect and award to older persons, the law stipulates that they are given rights to various services to improve their social welfare. The services consist of religious/spiritual, health care, employment, education and training, easy access to public facilities, social protection, and social benefits. Concessions will be given to the potential older persons to gain employment, education, and training, as well as social benefits, while concessions will be given to the non-potential ones to gain social protection. All of these services provide opportunities to implement an active ageing framework.

Besides the rights, older persons have a number of noble obligations: to give and provide knowledge-and-experienced-based wise advice to their family to improve their welfare; to convey knowledge, expertise, skill, capability, and experience to the next generation; and to become a role model in every aspect of life of the next generation. Therefore, this law is concerned with intergenerational relation and transfer.

The law stipulates that the principle of efforts to improve older persons' social welfare should be organized based on belief and obedience towards God the Almighty, family, and balance in life. In addition, these efforts should be directed to empower them in order to be able to have a role in developmental activities considering their function, wisdom, knowledge, expertise, skill, experience, age, and physical condition, while maintaining their level of social welfare. Empowering older persons is meant to be able to perform their social function and to always actively participate in the community as well as nation. Meanwhile, these are also intended to prolong life expectancy and productivity, to gain their independence and welfare, and to preserve a cultural value system, solidarity, and enhancing spirituality.

The government, community, and family have the responsibility in the endeavour to increase older persons' welfare. The government is responsible to provide directions and guides and to create and maintain a conducive condition to increase older persons' welfare. In summary, the efforts to improve older persons' welfare within this law are comprehensive and inclusive. Therefore, a coordinating body is necessary in order for the efforts to be well-coordinated to achieve the goal.

To support this national strategy, the National Committee for Older Persons was created under the Presidential Decree (Keppres) No. 52/2004 to assist the president in coordinating efforts in increasing the welfare of older persons. The decree was signed in June 2004 by the President Megawati Soekarnoputri. Further discussion on this committee will follow later in this chapter.

Efforts have been made by the central government to further support the age-friendly programmes. For example, newly constructed buildings have followed age-friendly standards. The installation of railings in public restrooms/toilets in new public transportation stations has become compulsory. Yet, only several railing-equipped facilities have been established, for example, in Central Java, one of the provinces with a relatively high percentage of older persons.

Within the regional autonomy framework, to implement the age-friendly programmes such as providing obligatory free transport or allocated special seats for older persons, the Ministry of Transportation is not strong enough to instruct the public transportation organization and private companies, unless the local businesses understand the local issue and are willing to provide services to all ages of customers. Even if these facilities are available, yet, there is a need for the enforcement of these age-friendly regulations to ensure the rights of the older persons (Abikusno, 2009).

East Java, another province with a significant presence of older persons, has been in the forefront of ageing policy development. This province established a top-down structural hierarchy of coordination between government agencies and civil society (*Abiyoso karang wreda*) from the provincial down to the village level. Its Governor of East Java circulated a letter No. 460/7410/2005 on the establishment of *Karang Wreda* (older person groups/associations) at the village/sub-district level on the 8th of August 2005 directed to all regents/mayors to implement/establish these institutions under their jurisdiction. These older person groups have also been empowered through organizing their membership in economic productive activities (*Posdaya*), which aims to alleviate the poverty rate among older persons. *Posdaya* is established and organized by the NGO.

Community initiatives by women groups at the neighbourhood level, known as Family Assistance Centres (*Pusat Santunan Keluarga/*PUSAKA), are available in Jakarta, the capital city. The initiatives provide daily meals for disadvantaged older persons (meals on wheels). In addition, for the abandoned frail older persons, the government through the Ministry of Social Affairs created a pilot project providing social protection and assistance, called *Jaminan Sosial Lanjut Usia*, in the form of cash transfer. Starting in 2006, abandoned older persons receive the sum of IDR300,000 per person per month. So far, the recipients have reached 10,000 persons spreading into 28 of 33 provinces. Yet, the targeted recipients will be 100,000 persons. The programme continued to operate up until now with a different name, called ASLUT/Asuransi Lanjut Usia or Social Assistance for Older Persons.

Meanwhile, the central government through the National Family Planning Board established a programme involving older persons, called *Bina Keluarga Lansia*, which provides guidance to families with older persons, assuring that they are not abandoned. Meanwhile, advancing the services provided by the integrated health posts (*Posyandu*), the government provides special arrangement for older persons, under the programme of *Posyandu Lansia* where they can have free primary health services. At the same time it provides an opportunity for social activities.

Some obstacles at different levels are encountered to improve welfare of older persons. Policy makers in the government, especially in localities with a low proportion of older persons, view that older persons are not productive and therefore they are considered a burden to the existing budget. As a consequence, seen by the regional governments, older persons do not require special attention. However, these regional governments should be aware that the ageing issue will eventually confront them. Currently, they are in a position or have sufficient time for developing its system and infrastructure to anticipate the coming ageing problems. Relative to the provinces with older age-structure, these regional governments are still endowed with the demographic bonus expressed in the relatively large number of working-age population.

The uninformed public often states a very familiar rhetoric on older persons which are mainly based on ageism or negative stereotyping that work against the universal principles of a society for all ages. What is the use of taking care of older persons? They have only a short life to live! This attitude is brought about by the prevailing negative image of ageing that the general public has on older persons, considered as frail, sick, and forgetful. They do not realize that improving the quality of life of older persons will enable them to remain active as long as possible, postpone their disability, and lessen the burden of frail elderly on the family, community, and nation.

Among the older persons themselves, the majority are pessimistic and feel vulnerable. The only goal in their remaining life is to lead a secluded and quiet life. All these views do not support efforts to improve older person welfare. However, there are some older persons who adopt a positive view. They refuse to be considered weak/frail, they still want to show their potential, and do not want any charity. This is a good example of a positive attitude of older persons to promote active ageing in the community.

Nevertheless, in general, Law No. 13/1998 is still normative, not yet fully implemented. Accessibility to various mentioned services matters for many. Abikusno (2009) argued, for example, that the dichotomy between potential and non-potential older persons is not clear and easy to implement as the categories can be dynamic within the life span. In one point in time, an older person can be "potential", having the ability to produce, but suddenly this person may suffer from an acute disease or an accident, and becomes "non-potential". Yet, after going through a series of treatments, the person may regain the ability to produce and hence becomes "potential".

Furthermore, Abikusno (2009) argues that another issue in its implementation is the feasibility of the implementation of ageing policies greatly varied across regions within Indonesia. In addition, the implementation of the regional autonomy as part of the decentralization process since 2001 has become a major obstacle because the central government agencies where ageing policies and programmes have been initiated can no longer directly instruct officials at the district level. The condition for implementing these policies has become more complex. The policies suggested by the central government may not be executed in the region as the district has much larger power to decide their own regulations

and priorities. As previously presented, the ageing population varied across provinces, implying a great variation across districts within a province. Yet, this complication does not only occur to any policy related to an ageing population, it does also to other issues such as poverty alleviation programmes.

National Social Security System (NSSS)

Law No. 40/2004 on National Social Security System was a result of a Task Force created in 2002 to prepare a draft of legislation for a comprehensive national social security system. The law anticipates the achievement of the universal coverage including those who are working at formal and informal sectors, the unemployed, as well as the poor. The scheme is funded by tax, paid by both employers and employees, in the formal sectors. In addition, the government subsidizes the contributions concerning the social assistance for the poor and the economically disabled. Meanwhile, the existing social security schemes for formal workers will continue to operate as social security carriers but the legal status of these schemes will be changed from Persero (profit-oriented limited liability state enterprise) to a not-for-profit, social security fund.

The scope of the law covers five social security programmes, namely: health insurance, employment injury, old-age (provident fund), pensions, and death benefits. Therefore, in relation to the older persons' economic security, two programmes such as the old age pension programme and old age saving programme are provided.

The pension programme is a defined-benefit social insurance programme, which operates as a partially funded pay-as-you-go scheme. The programme applies to those retiring after 15 years' engagement and 55 is set as the retirement age. Yet, the life expectancy at birth of Indonesians currently reaches almost 70 years. The programme is divided into four components: old age pensions, disability pensions, widow/widower pensions, and child pensions. The fixed minimum pension was set at 70 per cent of the minimum wage. The same benefit applies to the disability pension. The widow/widower and children will receive a minimum pension between 40 per cent and 60 per cent of the local minimum wage. The pension benefits will be given to the widow/widower until they die, remarry, or start a full-time job. Meanwhile, child benefits will be given until they die, remarry, start a full-time job, or reach the age of 23. However, in the event that the workers suffer from permanent disability that prevents them from working, or die before the pensionable age, they are not eligible for a monthly pension but they are entitled to receive a lump sum payment of the accumulated amount of their pension contributions, plus the investment return.

The compulsory saving programme is a fully funded, defined contribution pension programme. The benefit, the accumulation of the contribution, plus the returns from the investment using the accumulated saving, will be given as a lump sum when the worker dies, becomes permanently disabled, or retires. The beneficiaries are their spouse and children under 23 years.

However, the Law is not clear on the issue of transparency and accountability of the management of the pension fund. People question the governance on the management of the fund, as corruption is still perceived as rampant in Indonesia. Indonesians may be still uncomfortable putting their money in the state run financial institutions. Furthermore, in an economy where inflation of 6 per cent is already considered as low, the benefit of the saving programme may be doubted.

The Law has not provided clear guidelines on the institutional arrangement, fiscal sustainability, and social impact of the scheme. The scheme may be too generous to be sustainable. Finally, the Law has not provided a solution to the overlapping regulations on older persons in the Ministry of Social Affairs and other ministries.

Although there is a general recognition that the SJSN Law is a first major step to develop a comprehensive national social security system in Indonesia, so far it has failed to have a meaningful impact except for health insurance cover for the poor. The significant delay in the action to implement the Law has revealed seeming lack of coordination and real commitment. It is hoped that the government will develop the road map as a priority matter so that the implementation of the national social security system can be envisaged at the earliest stage.

The formation of National/Regional Commission for Older Persons

It took six years for the Law No. 13/1998 to be enacted, marked by the establishment of the National Commission for Older Persons (*Komisi Nasional Lanjut Usia* abbreviated to *Komnas Lansia*) in 2004. It was declared under Presidential Decree (*Keppres*) No. 52/2004. The Commission has the following tasks: assisting the President in coordinating the improvement of older person social welfare initiatives; and providing recommendations to the President in developing policies on improvement of older person social welfare. The *Komnas Lansia* cooperates with the stakeholders such as government agencies, social organizations, experts, international organizations, and/other related parties. The report on the implementation of its tasks to the President is carried out routinely and whenever it is needed.

In 2005, the membership of *Komnas Lansia* was formed and announced to the general public. These members of the commission worked for the four-year period. It started for the period of 2004–2008. The committee consists of 25 members including 15 members of government agencies and ten members of older person NGOs, academia, mass media, and business/private sector.

At the provincial level, there have been 32 committees established, out of the 34 provinces, leaving the provinces of West Papua and North Kalimantan behind. Meanwhile, only a few have been established at the lower level – the district/city level. Abikusno (2009) argued that the obstacles experienced in the formation of the regional commissions greatly depended on the regional government commitment, political acceptance of nominees for the position in the regional commission, structure and representation in the regional commission, and funding allocation for the regional commission.

To support and promote the framework of active ageing, the committee translated several important WHO publications (WHO, 2002, 2007) into Bahasa Indonesia to be distributed to various stakeholders at different level of governances. In addition, translation was also carried out for several United Nations publications on Guidelines on the Implementation of the Macao Plan of Action on Ageing for Asia and the Pacific, Madrid International Plan of Action on Ageing, and Shanghai Implementation Strategy.

Several working groups have been formed by the *Komnas Lansia* to facilitate and monitor the implementation of National Plan of Action for Older Person Welfare Guidelines (*Pedoman Rencana Aksi Nasional untuk Kesejahteraan Lanjut Usia*). Some of these working groups' activities focused on an analysis on current Law and Regulations related to ageing population, covering all related government sectors. The study found that many government agencies in Java have not socialized the Laws related to ageing, except for Social Services; and the local Regional Government Social Welfare Bureau. Meanwhile, health services were only socialized on the management of older persons in primary health care (*puskesmas santun usila*).

The committee conducted a survey to map the socio-economic conditions of older persons in all 33 provinces of Indonesia. In addition, the committee has set up a website and social networking such as a Facebook account to support and communicate their activities as well as be part of the good governance practices, to be transparent to the related parties concerned with ageing population.

As ageing issues are highly related to women's issues, the committee has involved the Ministry of Women's Affairs and Children Protection to build collaborations. A number of issues should be tackled by the Ministry including the gender problem and discrimination against female older persons, improving coordination and collaboration in preparing programmes for older persons, and promoting female older persons to be active, healthy, and independent as stated in the active ageing concept.

In the Cabinet Meeting held on 18 February 2010, the President drew attention to the importance of providing serious attention to the marginal groups such as older persons, disabled, and children. As part of the government involvement, since 2002, the National Statistics Agency (Badan Pusat Statistik) has published annually Statistik Penduduk Lanjut Usia (Statistics on Older Persons), which was not available previously. The published data are derived from the annual National Socio-Economic Survey. Generally each publication contains general information on demographic profile, education, health, and economic activities as well as older persons' institutions.

Active ageing measures

Economic activity

Older persons' labour force participation rate in Indonesia is generally quite high by the developed countries' standard. In 2005, the rate was 52.3 per cent indicating

about 52 people aged 60 and above are actively involved in the labour market as workers or job seekers. The higher rate is partly because of the limitation or non-existence of an old age income security scheme, health insurance, occupational safety, and other social safety nets (Arifin and Ananta, 2009). Furthermore, Arifin and Ananta argued that from a microeconomic point of view, as long as working older persons are not forced by economic necessity, remaining active in the labour market provides an opportunity for the elderly to be actively ageing which can improve and maintain their psychological well-being, thereby, reducing the cost of health care and services. Meanwhile, from a macroeconomic point of view, older persons remaining active in the labour market is beneficial because it can minimize the use of retirement resources and they can continue to produce goods and services which in turn contribute to boost and keep a higher economic growth.

Social protection system sustainability is one of the reasons why policy makers in Europe become interested in the concept of active ageing (Walker, 2006). Walker describes four other reasons for this: the growth of early exit, the ageing work force, changing business needs, and the political pressure for equal treatment.

The figure further shows a slight decline in the labour force participation rate among Indonesian older persons, which declined to 51.2 per cent in 2010. This decline may indicate an increasing economic well-being, meaning more older persons can afford to not work. As discussed earlier, efforts have been made to improve older persons' well-being through the enactment of Law No. 13/1998. Rahardjo *et al.* (2009) shows an economic improvement among older persons in recent years in which older persons belonging to the top 20 per cent of economic strata increased from 18.4 per cent in 2003 to 23.2 per cent in 2006. Meanwhile, those belonging to the bottom 40 per cent decreased from 42.1 per cent to 36.3 per cent for the respective years.

Among the working elderly, the agricultural sector provides more opportunities for older persons to earn a living in a more flexible working arrangement. There were 67.2 per cent of older persons working in the agricultural sector, nearly one-quarter (24.3 per cent) working in service sectors, and less than 10 per cent (8.5 per cent) working in the industrial sector in 2005. A higher percentage of older workers working in agriculture indicates the degree of physical strength, which perhaps means they are less disabled. As discussed later in this chapter, the majority of Indonesian elderly do not need help for their daily living activities.

Flexible working arrangements can be further assessed from the occupation. The data in 2007 show mostly they worked as employer either self-employed (22.7 per cent) or self-employed with at least an assistant (48.5 per cent). Only 6 per cent worked in the formal sector as an employee who received a regular fixed salary. About 8.9 per cent worked as part-time workers, and 14 per cent as unpaid family workers. Although they are unpaid, in the active ageing framework they are regarded as valuable active assets. The unpaid workers are contributing to the economy. They gain mental and physical well-being and their

Table 10.3 Older persons' main source of income in Indonesia, 2005

Main source of income	*%*
Work/business	38.19
Pension/social security	9.84
Saving/deposit term	0.33
Shares/bond/securities	0.10
Spouse	8.40
Child/child-in-law	39.55
Family	2.96
Others	0.64
Total	100

Source: Compiled and calculated from Badan Pusat Statistik (2006a).

job is more meaningful than just money and health. It must be stressed that the integration of older persons into society gives meaningful autonomy, respect, and choice.

In terms of working hours, which can be differentiated between part-time and full-time workers, many older persons were full-time workers with 48.5 per cent working for more than 35 hours in a week. About 37 per cent worked for 15–34 hours per week, and the rest were short-hour workers.

These long working hours and quite high percentage of labour force participation rate can explain a higher main source of income among older persons coming from employment. It was reported that 38.2 per cent have their main income deriving from work or business. This percentage, as seen in Table 10.3, was slightly higher than those with main income from their child or child-in-law (40 per cent). What we observe in Indonesia also occurs in other countries in South East Asia like Thailand, where older persons' main source of income deriving from work was the second after the source of income from their child or child-in-law (Knodel and Chayovan, 2009).

Health status and independency

While the concept of active ageing incorporates many different dimensions including the economic activities as discussed earlier, perhaps one of more central concern which is frequently discussed is the physical health of older persons. Population ageing has thus critical implications for the demand for medical and related services within the formal health care system and for more general caregiving at the level of the family and community. As people age, the risk of mortality steadily increases; functional limitation and chronic illnesses also increase. Advancing medical technology to a certain degree may slow down the risks of mortality and morbidity. Changing behaviour is another factor which may influence the health status. In this section, the discussion is begun with assessing the health status measured by self-reported heath status, health symptoms, and independency of activities of daily living.

Health status

Health status is here measured by self-reported health status (SRHS). The most frequent way of measuring SRHS is by asking the people to scale their overall health from excellent to very poor (Fayers and Sprangers, 2002). They argued that this simple question has been able to provide an important indicator on how patients rate their health status. The wording may be different, but the essence is the same. The questions can take the form of the following examples, "In general, would you say your health is…", "Your own health state today", or "How would you rate your overall quality of life during the past week?" Nevertheless, the question "How would you rate your overall health" may produce a reaction "compared to when and who?" Some people may compare their condition with others of the same age, some may compare with their own condition before they become sick, and some others may have developed coping ability with their sickness. Similar perceptions may be held by respondents who are not patients. In short, there are still many unresolved questions on the SRH assessment. Yet, despite all these shortcomings, Fayers and Sprangers also concluded that SRH could predict mortality and morbidity and it can screen high-risk groups. It is related to functional ability, medical diagnoses, and physical and mental symptoms.

The data assessed here are gathered from the 2005 population intercensal survey, in which for the first time a question on SRHS was asked in the nationwide survey in Indonesia. The results may avoid the question of representativeness. The question is "*Menurut Bapak/Ibu, bagaimana keadaan kesehatan Bapak/Ibu*?" [In your opinion, how is your health?]. Three options were available: 1 for "Good", 2 for "Not bad", and 3 for "Bad". The published result was available for older persons, and showed about 39 per cent of older persons perceived that they were in a good health and a higher percentage (43 per cent) was not bad. In addition, older persons perceiving that they were in bad health accounted for 18 per cent. Female older persons were more likely to report their health as bad than male ones (the former was 18.6 per cent and the latter 17.5 per cent, or the female reporting a good health accounted for 36.4 per cent, vis-à-vis 41.7 per cent). Gender differences in self-reported health status are in the opposite direction of those with respect to life expectancy. It is a common finding in many populations where women have a better mortality but worse health status (Verbrugge, 1989; Knodel and Chayavon, 2009).

Meanwhile, the report of the smaller size survey called National Socio-economic survey in 2005 (Badan Pusat Statistik, 2006a) provides further statistics on the health condition of older persons. The results show older persons having health symptoms accounted for 48.9 per cent. Common symptoms reported in the past month prior to the survey were related to communicable diseases such as fever, cough, and flu. The majority of older persons (43.5 per cent) reported having a cough, 26.4 per cent having flu, and 19.2 per cent having fever.

Having health symptoms due to chronic/acute diseases, being injured, or even crimes or other causes does not necessarily disturb overall health and halt daily activities. It was reported the morbidity rate, the proportion of older persons having

health symptoms that cause their daily activities disrupted, was about 30.0 per cent. Falling ill can occur for a short or long period. The longer the days of sickness indicates the worse severity. In general, about 70 per cent of older persons in Indonesia fall sick within one week, which consisted of 35.0 per cent falling sick between one and three days, and 36.5 per cent between four and seven days. Those falling sick more for than three weeks accounted for 14 per cent, with the same percentage for those falling sick between two and three weeks.

Self-medication was quite high, 70.5 per cent. Generally, about half of them used modern medication, while 15 per cent used traditional medication. About one-third used both traditional and modern medications. A very small percentage used other medication. Not only they did self-medicate, they were also seeking medication or treatment by health professionals. In 2005, 38.8 per cent sought help from health professionals. They mainly went to community health centres (or *puskesmas* (*pusat kesehatan masyarakat* in bahasa Indonesia)), 38.0 per cent. Some of them (31.1 per cent) went to see private doctors. Some went to the hospital, either public hospital (9.6 per cent), or private hospital (4.4 per cent). A quite significant percentage (27.4 per cent) went for medication/treatment to private paramedics. Meanwhile, only a small percentage went to traditional "healers" (2.6 per cent) and 3.4 per cent to others.

Boedhi-Darmojo (2002) conducted a study based on community surveys of the elderly, examining their nutritional habits in big cities as well as some urban and rural areas throughout Indonesia. In general his findings suggest that elderly Indonesians on average have good eating habits, and they adjust their food intake to the reduced daily physical activities they perform.

Independency in activities of daily living

Independency here is defined not to measure the economic independency, but to measure the type of disability that occurs with ageing. Activities of daily living (ADL) items are the most commonly used to measure an individual's ability to live independently. The items originally consist of a list of six measures whether an individual could bathe, dress, feed her/himself, use the toilet, get in and out of the bed or chair (transfer by her/himself, and whether she/he was continent. Failure to be able to perform any one of these activities was considered sufficient enough to determine an individual to be "disabled".

The analysis on activities of daily living in this section was based on the data derived from the 2005 Intercensal population survey. There were many different inventories of ADL. It should be noted that the functional disability was based on self-reported information. A person was considered "disabled" only if they needed help or were unable to complete one of the assessed ADL tasks.

Meanwhile, the inventories used in the 2005 Intercensal population survey (SUPAS) include four tasks of activity daily living, namely, dressing, toileting, bathing, and eating, which were measured with a self-reported method. The survey also included one instrumental ADL, namely, food preparation. Older persons were asked whether they needed other people to help in order to do each

of the above tasks (with yes or no answer option). In other studies, disability for a specific activity is defined as difficulty in performing that function. Thus, the measurement in the 2005 SUPAS did not distinguish between mild and severe functional disability.

The data in Table 10.4 show a large proportion of older persons who report no help needed in performing any of the five basic daily activities. Gender difference is seen, in which a higher percentage of female than male older persons can perform at least one of the five basic daily activities without help. Despite the relatively good functional ability among Indonesian older persons, a reduction in the prevalence of functional disability is still needed as it can have dramatic effects on further advancing the well-being of older persons. Moreover, because the elderly who have difficulty in performing daily activities may spend more on health care and give a burden to care givers than the non-disabled, lowering the rates of this functional disability can reduce the financial cost in taking care of older persons.

Table 10.4 provides more detailed information on performing each of the ADLs, namely, dressing, bathing, toileting, and eating by gender. It shows that 3.0 per cent of the elderly women need help for toileting, 3.5 per cent for bathing, 3.2 per cent for dressing, and 3.5 per cent for eating. Meanwhile, the figure for men for the respective ADLs is slightly lower than that of women, except for eating. The corresponding figure from other countries like Cambodia shows a much higher percentage, which is 9.1 per cent for bathing, 6.4 per cent for dressing, and 9.7 per cent for eating (Knodel and Zimmer, 2009). Yet, Knodel and Zimmer's study takes place in an extreme environment, rural Cambodia, where older persons are not only poor by global standards, but have also endured years of civil strife and unfavourable living conditions, such as lack of adequate health care and weak infrastructure. In a further comparison, Alam (2006) finds older persons in India who need help and had difficulty in performing self-maintenance activities do not exceed 5.0 per cent. Alam finds that older persons needing help and having difficulty bathing account for 3.8 per cent, 4.2 per cent for dressing, and 5.3 per cent for eating.

Furthermore, Table 10.4 provides an important instrumental activity of daily living (IADL), measured whether older persons need help in preparing food. The

Table 10.4 Older persons' ADLs and IADLs in Indonesia, 2005

	Total	*Male*	*Female*
No need for help	84.64	81.25	87.85
Need help in			
Getting dressed	3.09	2.96	3.21
Defecating/urinating	2.85	2.67	3.03
Taking a bath	3.24	3.02	3.45
Eating/drinking	3.57	3.71	3.45
Preparing food	14.19	17.64	10.93

Source: Compiled and calculated from Badan Pusat Statistik (2006a).

purchasing, preparation, and serving of food all require a certain degree of physical strength and mental vitality on the part of the person responsible. The data show that more elderly men need help to prepare their food than their female counterparts. At the national level, 17.6 per cent of elderly men need help to prepare meals while 10.9 per cent of elderly women do. The pattern of this IADL by gender is consistent across provinces, where the percentage of elderly men needing help to prepare food is higher than that of elderly women. This finding likely reflects more division of labour in the household rather than the difference in the degree of disability. It was also found in the United States that a strong gender bias is a problem with the use of IADLs. Many older men cannot do laundry or prepare the meal not because they have physical impairment, but it is due to the traditional gender roles. Within this tradition, men do not cook and do laundry but women do.

Improving education may have a different picture in terms of disability. The study by Lutz *et al.* (2009) proved significantly lower disability rates among better educated older persons. Consequently, the lower disability rates will imply smaller health expenditure, smaller demand for caregivers, and better quality of life among older persons. Ultimately, older persons can be more active physically and socially. In other words, raising the education of the young generation will significantly lower the disability of the future older persons and, therefore, reduce the future expenditure as well as improve the active life status of the future older persons. This optimistic view is supported by the findings that the bulk of the working age population in Indonesia will be more educated, shifting from population mainly with primary education in 2000 to those with secondary education in 2030 (Goujon and Samir, 2006).

Social activities

In addition to economic activities and the ability to maintain autonomy and physical independence, social activities are relevant for successful active ageing. Participation in social activities promotes physical health, psychological health, intellectual functioning, and survival. Socially isolated individuals are at increased risk for poor health outcomes because of their limited access to resources such as instrumental aid, information, and emotional support. Social activities are associated with better physical independency to perform ADLs. Community involvement, occasionally referred to as formal social relations, may include memberships of neighbourhood associations, religious groups, or non-government organizations. Meanwhile, informal social relations refers to a term covering ties between older persons and their family members and friends.

The 2003 data shows that 51.8 per cent of older persons in Indonesia attended activities organized by social organizations (Badan Pusat Statistik, 2004). Furthermore, gender difference is quite substantial in which a higher percentage of male elderly are involved in social organizations than that of females (59.1 per cent for male vis-à-vis 44.9 per cent for female).

Looking at the types of social activities, mainly older persons are actively involved in community organizations such as religious activities and funeral-related

Table 10.5 Older persons' social activities by sex and place of residence in Indonesia, 2003

Type of activities	*Total*	*Male*	*Female*	*Urban*	*Rural*
Religious	34.6	39.5	29.9	36.9	33.2
Funeral	27.2	33.3	21.3	26.1	27.8
Arisan	15.0	14.2	15.7	18.1	13.0
Social	12.3	15.6	9.2	13.2	11.7
Others	11.9	7.5	11.7	13.4	11.0

Source: Badan Pusat Statistik (2004).

activities. As shown in Table 10.5, males were likely than females to join in these two activities. Meanwhile, *arisan*, a common word in Indonesia that refers to a unique social gathering, was the most popular informal social activity. *Arisan* is a form of social gathering bonding ties among neighbours or relatives on a regular basis such as monthly, and at the same time is an economic activity – non-banking activity.

With regard to other social activities especially activities enabling them to have access to information, older persons mostly gained information or leisure from watching television, listening to the radio, and/or reading printed materials. The data in 2003 show 65.3 per cent of older persons watched television with males more likely than females to do so (Badan Pusat Statistik, 2004). Meanwhile, listening to the radio was not as common as watching television, 36.4 per cent of older persons listened to it. A much smaller percentage spent their time reading printed materials such as books, newspapers, or magazines, than those watching television or listening to the radio. Only 10 per cent of older persons read printed materials in 2003, with a significant difference between male and female older persons, 15.4 per cent for males compared to 4.4 per cent for females. A low percentage of elderly spending their time in this activity may be a reflection of low education among the elderly.

Concluding remarks

There is increasing nationwide awareness of active ageing among policy makers in Indonesia. The motives for policy formulation related to an ageing population seem to be driven by the fact that Indonesia is growing old within its less developed economy. Some attempts have been made to deal with the ageing population, yet, hardly any policies were identified that would fully fit into broader definitions of active ageing. The implementation of active ageing in employment in Indonesia was driven by the lack of social protection system rather than by the growth of early exit as occurring in developed countries like European countries (Walker, 2006).

This chapter also shows that generally Indonesian older persons are physically healthy and they actively participate in their communities. They are also mainly active in the labour market.

The improvement in the educational attainment of future Indonesian older persons should be utilized to change the paradigm of development, to transform older persons from being a burden to an asset and from being passive to being active. Active ageing, by making older persons healthier, is one of the means to reduce the expenditure – the financial burden of the family, community, and the government. More importantly, active ageing itself can be one of the objectives of development, and it can be more important than reduction of the expenditure itself. In Indonesia, where the expected rapid ageing process will not be accompanied by equally rapid economic progress, delay in the change of development paradigm may result in a heavy financial burden which will result in raising poverty in Indonesia.

Notes

1 The Law No. 13/1998 was the replacement of the Law No. 4/1965 on provision of assistance for the frail elderly's livelihood, in which here the older person was defined as aged 55 and above. At that time the life expectancy of life at birth might be lower than 45 years. The figure from the 1971 population census showed that the life expectancy at birth was 45.7 for 1967–1970 (Badan Pusat Statistik, 2001).

2 Indonesia consisted of 27 provinces until 1999. East Timor, or Timor Leste, was separated in 1999 and became an independent country. Since 1999, the policy on regional autonomy has enabled the country to create more local governments at province and district levels. So far, seven provinces have been created, some more are to come. For published statistics, a time lag sometimes occurs.

3 About 18 per cent were the spouse of the household, 19.93 per cent were the parent or parent-in-law of the head, and 3.22 per cent others.

4 Since 1996, Older Persons' Day has always been celebrated by the central government, local governments at the provincial and district levels, as well as in other countries with Indonesian embassies. It is organized by various ministries, national bodies such as National Family Planning Board, and non-government organizations (NGOs) under a coordination of the Ministry of Social Affairs. It is celebrated within a one-month period, usually started from the mid of May, on various levels. In 2004, for example, it took a theme of "Do Work for Life, Benefit Lifetime" or *Berkarya Sepanjang Masa dan Bermanfaat Sepanjang Hayat*; in 2005 the theme was Happy and Prosperous Older Persons [*Lanjut Usia Bahagia dan Sejahtera]*. At the same time, it marked the inauguration of the National Committee for Older Persons by the President. Be Active, Healthy, and Creative for the Nation Building [*Lanjut Usia Sehat, Aktif Dan Berkarya Dalam Pembangunan Bangsa*] was the theme for 2007, the following year it took the theme of Protection for Older Persons toward Healthy, Active, and Productive Life [*Perlindungan Terhadap Lanjut Usia Untuk Hidup Sehat, Aktif dan Produktif*]. The theme for 2009 celebration was Healthy, Productive, and Prosperous: Requirements for Social Sustainable Development [*Sehat Produktif dan Sejahtera Syarat Pembangunan Sosial Berkelanjutan*]. In 2010, the theme became broader and more complex, Strengthening Older Persons Institution in Family Life and Community [*Memperkuat Kelembagaaan Lanjut Usia Dalam Kehidupan Keluarga dan Masyarakat*]. In 2011, the theme was Strengthening Coordination among Institutions and Communities to Empower Older Persons [*Memperkuat Koordinasi Antar Instansi dan Masyarakat dalam Pemberdayaan Lanjut Usia*], in 2012 it was Older Persons' Concerns with Building a Harmony among Three Generations [*Lanjut Usia Peduli Membangun Harmoni Tiga Generasi*]. The theme in 2013 put older persons on the national level that Older Persons are Pioneers for National Identity [*Lanjut Usia Pelopor Jati Diri Bangsa*].

References

Abikusno, Nugroho (2009), Evaluation and Implementation of Ageing-Related Policies in Indonesia, in: E.N. Arifin and A. Ananta (eds), *Older Persons in Southeast Asia: An Emerging Asset*, Singapore: Institute of Southeast Asian Studies.

Alam, Moneer (2006), *Ageing in India: Socio-Economic and Health Dimensions*, New Delhi, India: Academic Foundation.

Ananta, Aris and Arifin, Evi Nurvidya (2009), Older Persons in Southeast Asia: From Liability to Asset, in: E.N. Arifin and A. Ananta (eds), *Older Persons in Southeast Asia: An Emerging Asset*. Singapore: Institute of Southeast Asian Studies.

Ananta, Aris, Anwar, Evi Nurvidya, and Suzenti, Diah (1997), Some Economic Demographic Aspects of Ageing in Indonesia, in: G. Jones and T. Hull (eds), *Indonesia Assessment: Population and Human Resources*, Canberra, Singapore: Australian National University and Institute of Southeast Asian Studies.

Arifianto, Alex (2008), Public Policy Towards the Elderly in Indonesia, in: L.H. Guan (ed.), *Ageing in Southeast Asia and East Asia*, Singapore: Institute of Southeast Asian Studies.

Arifin, Evi Nurvidya (2011), Regional Heterogeneity of the Large Market and Production Base, in: A. Ananta, M. Sukarni, and S. Arifin (eds), *The Indonesian Economy: Entering a New Era*, Singapore: Institute of Southeast Asian Studies.

Arifin, Evi Nurvidya and Ananta, Aris (2009), Employment of Older Persons: Diversity Across Nations and Sub-Nations in Southeast Asia, in: E.N. Arifin and A. Ananta (eds), *Older Persons in Southeast Asia: An Emerging Asset*, Singapore: Institute of Southeast Asian Studies.

Badan Pusat Statistik (2001), *Estimasi Fertilitas, Mortalitas dan Migrasi: Hasil Sensus Penduduk Tahun 2000* [Estimations of Fertility, Mortality and Migration Rates: Results of the 2000 Population Census], Jakarta, Indonesia: Badan Pusat Statistik.

Badan Pusat Statistik (2004), *Statistik Penduduk Lanjut Usia: Survei Sosial Ekonomi Nasional* [Older Population Statistics, 2004 National Social Economic Survey], Jakarta: Badan Pusat Statistik.

Badan Pusat Statistik (2006a), *Penduduk Indonesia: Hasil Survei Penduduk Antar Sensus 2005* [Indonesia's Population: The Results of the 2005 Intercensal Population Survey], Jakarta: Badan Pusat Statistik.

Badan Pusat Statistik (2006b), *Estimasi Parameter Demografi: Fertilitas, Mortalitas, dan Migrasi. Hasil Survei Penduduk Antar Sensus 2005* [Estimates of Demographic Parameters: Fertility, Mortality and Migration. The Results of the 2005 Intercensal Population Survey], Jakarta: Badan Pusat Statistik.

Badan Pusat Statistik (2007), *Proyeksi Penduduk Indonesia per Provinsi menurut Kelompok Umur dan Jenis Kelamin: 2005–2015* [Indonesia's Age-Sex Population Projection by Province: 2005–2015], Jakarta: Badan Pusat Statistik.

Badan Pusat Statistik (2010), *The 2000 Population Census Data*. Jakarta: Badan Pusat Statistik. http://sp2010.bps.go.id/index.php/site/tabel?tid=336&wid=0.

Biro Pusat Statistik (1975), *Population of Indonesia: 1971 Population Census. Series D*. Jakarta: Biro Pusat Statistik.

Boedhi-Darmojo, R. (2002), Trends in Dietary Habits of the Elderly: The Indonesian Case, *Asia Pacific Journal of Clinical Nutrition*, Vol. 11, No. 1, pp. S351–4.

Bongaarts, John (2004), Population Ageing and the Rising Cost of Public Pension, *Population Development Review*, Vol. 30, No. 1, pp. 1–24.

Departemen Sosial Republik Indonesia (2004), *Undan-Undang Republik Indonesia*

No. 13 Tahun 1998 Tentang Kesejahteraan Lanjut Usia [Law Number 13, Year 1998 on Older Person Welfare], Jakarta: Direktorat Bina Pelayanan Sosial Lanjut Usia.

Fayers, Peter M. and Sprangers, Mirjam A.G. (2002), Understanding Self-Rated Health, *The Lancet*, Vol. 359, No. 9302, pp. 187–8.

Goujon, Anne and Samir, K.C. (2006), Past and Future of Human Capital in Southeast Asia: From 1970 to 2030, *Vienna Institute of Demography Working Paper, No. 7*.

Hull, Terence H. and Hartanto, Wendy (2009), Resolving Contradictions in Indonesian Fertility Estimates, *Bulletin of Indonesian Economic Studies*, Vol. 45, No. 1, pp. 61–71.

Hull, Terence H. and Hull, Valerie J. (2005), From Family Planning to Reproductive Health Care: A Brief History, in: Terence H. Hull (ed.), *People, Population, and Policy in Indonesia*, Jakarta: Equinox and Singapore: Institute of Southeast Asian Studies.

Johar, Meliyanni and Mayurama, Shiko (2010), Intergenerational Cohabitation in Modern Indonesia: Filial Support and Dependence, *The University of New South Wales Australian School of Business Research Paper No. 2010 ECON 07*.

Knodel, John E. and Chayovan, Napaporn (2009), *Population Ageing and the Well-Being of Older Persons in Thailand: Past Trends, Current Situation and Future Challenges*, Thailand: UNFPA.

Knodel, John E. and Zimmer, Zachary S. (2009), Gender and Well-Being of Older Persons in Cambodia, *PSC (Population Studies Center) Research Report, No. 9/665*.

Lutz, Wolfgang, Samir, K.C., Hafiz, Khan T.A., Scherbov, Sergei, and Leeson, George W. (2009), Future Ageing in Southeast Asia: Demographic Trends, Human Capital, and Health Status, in: E.N. Arifin and A. Ananta (eds), *Older Persons in Southeast Asia: An Emerging Asset*, Singapore: Institute of Southeast Asian Studies.

Mujahid, Ghazy (2006), *Population Ageing in East and Southeast Asia: Current Situation and Emerging Challenges*. Thailand: UNFPA Country Technical Services Team for East and Southeast Asia.

Rahardjo, Tri Budi W., Hartono, Tony, Dewi, Vita Priantina, Hogervorst, Eef, and Arifin, Evi Nurvidya (2009), Facing the Geriatric Wave in Indonesia: Financial Conditions and Social Supports, in: E.N. Arifin and A. Ananta (eds), *Older Persons in Southeast Asia: An Emerging Asset*, Singapore: Institute of Southeast Asian Studies.

Suharyo, Widjajanti I. (2009), Indonesia's Transition to Decentralised Governance: Evolution at the Local Level, in: C. Holtzappel and M. Ramstedt (eds), *Decentralization and Regional Autonomy in Indonesia: Implementation and Challenges*, Singapore: Institute of Southeast Asian Studies.

Verbrugge, Lois (1989), The Twain Meet: Empirical Explanations of Sex-Differences in Health and Mortality, *Journal of Health and Social Behavior*, Vol. 30, No. 3, pp. 282–304.

Walker, Alan (2002), A Strategy for Active Ageing, *International Social Security Review*, Vol. 55, pp. 121–39.

Walker, Alan (2006), Active Aging in Employment: Its Meaning and Potential, *Asia Pacific Review*, Vol. 13, No. 1, pp. 78–93.

Walker, Alan (2009), Commentary: The Emergence and Application of Active Ageing in Europe, *Journal of Ageing and Social Policy*, Vol. 21, pp. 75–93.

WHO (2002), *Active Ageing: A Policy Framework*, A Contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid.

WHO (2007), *Global Age-Friendly Cities: A Guide*, Geneva, Switzerland: WHO.

11 Conclusion

The way forward for active ageing

Alan Walker and Christian Aspalter

In this concluding chapter we summarise the main findings from this initial assessment of active ageing in East Asia and suggest a way forward which combines policy and research. To start with we attempt to classify the approaches to active ageing identified from the seven countries/city states in this volume. We emphasise that this is tentative and, of course, related only to the East Asian region. We propose it as a basis for further research and analysis.

Based on the in-depth analyses and findings of the country/case study chapters above, we have formulated a proposed new way of *classifying the social policies of different countries, regions and cities*, by looking at the overall situation concerning (a) the concept of active ageing or the policy stance governments put forward and/or implement, and (b) the outcomes these policies have achieved so far in relative, comparative terms. We can classify the case studies included in this book, as well as any country in the world, into *four 'worlds' of active ageing* (Table 11.1).

The *first world of active ageing* we found, in the cases of Singapore and Hong Kong, rather narrow interpretations of active ageing have manifested themselves, guiding policymaking into wrong directions and preventing policies and solutions to current and future problems of these societies. Other countries that do not pursue a strategy of active ageing also fall into this category or, as we propose the term, 'world' of active ageing (following rather closely *the meaning of the word* 'world' as used by Esping-Andersen, 1990).

In the *second world of active ageing*, governments – like that of Taiwan – support the idea of a rather broad concept of active ageing, but they do not succeed, not even to some extent, in setting up a concrete, workable action plan for a set of policies that are designed to tackle (and would tackle) the problems that are related to societal ageing, in terms of being unprepared or ill-prepared for the onset and/or speed of societal ageing.

Whereas in the *third world of active ageing*, we see significant progress in some areas in the implementation of active ageing policies, and yet there are large or very large gaps in the realisation of the full potential of an active ageing approach in social policymaking.

The *fourth world of active ageing* will be the one which we need to set our ambitions towards in policymaking and academia alike. There are examples of

Table 11.1 The four worlds of active ageing

First world of active ageing Governments do not actively support the concept of active ageing (or follow a similar strategy) or support only a narrow interpretation of active ageing. Here, governments typically follow the doctrine of relying on community-, family- and/or self-support instead of active/proactive social policy interventions.	*Second world of active ageing* Governments support a broad concept of active ageing (or follow a similar strategy), but fail to implement it. Here, governments typically lack political will for active social policy interventions with regard to active ageing, and only apply a rhetoric of active ageing, generally supporting political goals of politicians and political parties.
e.g. Singapore and Hong Kong	e.g. Taiwan
Third world of active ageing Governments support a broad concept of active ageing (or follow a similar strategy), and to some extent successfully implement it. Governments, here, typically show political will for proactive change and prevention in the field of active ageing, but have not gone all the way to improve the situation.	*Fourth world of active ageing* Governments support a broad concept of active ageing (or follow a similar strategy), and successfully implement it. Governments show strong political will and have implemented active and proactive social policies, applying a full-fledged strategy of active ageing of society, covering all people and applying a preventative lifetime perspective.
e.g. S. Korea, China, Malaysia, Indonesia	…

Note
This is an ideal-typical classification in the Weberian sense (for the difference between real-typical and ideal-typical classifications and comparisons, see Aspalter, 2011, 2012).

the fourth world out there, especially on a city level, here and there. It is the task of social policy researchers and experts to analyse them, advertise them and export them to other cities, regions and countries around the globe (see Chapter 3 in this volume, as well as Aspalter, 2014, with regard to lessons derived from, e.g. the city of Kemerovo in Siberia or Shunde City in Southern China).

It is clear from this first survey of active ageing in East Asian countries that both the interpretation and the application of the concept vary widely. This means that its potential utility as a response to the challenge of demographic ageing is being restrained unnecessarily to a greater or lesser extent in the first three worlds and, therefore, that East Asia will experience some of the negative consequences of ageing, such as rising health care costs, which drove the European countries into the arms of active ageing. That is, unless a more concerted approach to active ageing can be advanced. If this is to be achieved social policy is of critical importance.

In line with the case made in Chapter 3, the framework of developmental social policy (DSP) offers a clear way forward (see also Aspalter, 2012; Midgley and Aspalter, forthcoming). This framework recognises the need for innovative responses to societal challenges such as population ageing. Moreover developmental social policy fits very closely with the principled approach to active ageing set out in Chapter 2. For example both explicitly emphasise the importance of preventative social policies, a holistic approach, social inclusion/integration and the full realisation of human potential. In addition the developmental social policy framework stresses the key role of the state in orchestrating actions and the need to combine social and economic policies, which are both implicit in the active ageing strategy.

The way forward in East Asia then, as in other parts of the world, is for countries and city states to adopt a comprehensive approach to active ageing rather than the more limited ones which emphasise employment, and working longer or mobility in old age.

The case for doing so is set out at length in Chapter 2, as are the core principles on which a social policy strategy for active ageing should be based. Only the briefest reminder of the latter is required here:

- The 'active' in active ageing should include any (legal) activity that promotes physical and mental well-being.
- The strategy must encompass the whole of the life course, because the main aim is to *prevent* poor outcomes in later life.
- To avoid the danger of focusing only on the 'young old' all older people, including the frail, should be explicitly targeted.
- The principle of fairness between generations must be observed: active ageing is a strategy for all ages.
- The strategy must embody obligations as well as rights. This means the duty to take advantage of opportunities, such as training, as well as the right of access to it. Such duties will be most productively achieved in a context of education rather than punishment.

- Initiatives to promote active ageing should be open, participative and empowering. This means a mixture of top-down policy action to promote and enable activity but, also, with plenty of scope for individuals, community groups, or organisations to develop their own programmes.
- Any national strategy for active ageing must respect cultural diversity. For example, different ethnic groups and religions may favour certain forms of activity over others.

These guiding principles are intended to assist policymakers in the development of active ageing strategies. Before embarking on such a strategy, however, it is essential to reflect on the extant unequal nature of ageing. In all of the countries under consideration in this book there are major inequalities between different groups of older people, for example, in terms of socio-economic status, gender and age. In general women tend to be poorer in old age than men and those in the lower socio-economic groups tend to be less healthy and to die younger than those in the higher ones. This means that social policies for active ageing need to be flexibly tailored to take account of these variations. For example, some groups may require remedial interventions before embarking on active ageing programmes.

In purely practical terms what does an active ageing strategy consist of? Because of the challenging nature of a comprehensive approach to existing governmental bureaucracies there are very few examples in the world of such a strategy being implemented. Not surprisingly governments find it easier to continue to operate in existing silos rather than seeking a radical cross-department approach. One Canadian state, Quebec, is trying to achieve this challenging goal and this is being observed by researchers.

A less radical approach is to embark on an active ageing strategy with an overarching policy framework at national level but with its implementation overseen by existing departments or ministries. This would inevitably be piecemeal in nature but some progressive action is better than none. In this sort of approach policymakers might want to 'cherry pick' from this list of priorities:

- Measures, including legislation and a code of good practice, to combat age discrimination.
- Developing good practices in 'age management' at the organizational level.
- Measures to prevent or ameliorate inequalities and social exclusion, such as access to health care, raising wage and social security levels, environmental improvement and increasing social participation.
- Promoting health across the life course: from school or nursery education through to activities in care homes.
- Raising awareness about mental well-being and how to promote it.
- In health services, switching the priority from acute medicine to prevention.
- Enabling active civic and community participation.
- Enhancing social care and transforming it into active social care.
- Facilitating intergenerational activities: hiking, walking, cycling, swimming.

- Encouraging architects and designers to adopt a design-for-all-ages approach.

These examples could all be pursued in a comprehensive framework or they could be taken up in a gradual, developmental way.

The paradigm of active ageing proposed here consists of a comprehensive approach to the maximisation of participation and well-being as people age. It would operate, ideally, simultaneously at the micro, meso and macro levels. Comprehensiveness and consistency would be guaranteed by social policies that reflect the seven principles set out in Chapter 2 and summarised above, but, with an overarching guideline of flexibility to respect local circumstances. The developmental social policy (DSP) approach (Chapter 3) sought and found new ways to ensure the implementation of a preventative and comprehensive active ageing approach by all levels of government that are applicable in all corners of the world, no matter what development status the country or society finds itself in.

The countries of East Asia are not yet close to aspiring to such a strategy but, in this, they are not alone in global terms. Even the oldest region in the world, Europe, does not yet have anything approaching a comprehensive strategy on active ageing. True, there has been much debate but, as yet, very little action (cf. e.g. Walker, 2009; Walker and Maltby, 2012).

East Asia can take some comfort from this because it shows that such strategies on ageing do not follow naturally from development. Thus there is no need for the countries in this region to wait, they could introduce active ageing strategies now and prepare themselves for ageing while they achieve advanced economic development.

Since the actual implementation of active ageing policies on the ground has been found, in the case studies covered in this volume and around the world, to be difficult so far, we would like to propose two ways forward for research, guidance of policymaking and the policy implementation on the ground.

First, we would like to propose the implementation of '*mandatory active ageing impact studies*' for *all major* social policies and public policies. Just as with environmental impact studies, family impact studies or gender impact studies, these *active ageing impact studies*, once they are mandated by senior government administrators and/or legislators, would quickly change things on the ground. The complexity and interconnectedness of the issues related to active ageing and societal ageing in general are best served, if they are being addressed and worked upon from different angles, in different fields, in different policy areas, throughout all programmes simultaneously, by way of forcing the application of the active ageing approach and philosophy in all aspects of social policy and public policymaking, wherever possible, by means of mandatory active *ageing impact studies*. Possibly this is the one only really sure way of guaranteeing progress and success in implementing active ageing policies in a relatively short period of time.

Second, we would like to follow the lead of research in Europe (Zaidi *et al*., 2013) and encourage greater interest in the development of social indicators for

the sake of expanding the concept and policies of active ageing around the world, and fostering – most importantly – the implementation, its guidance, its monitoring, and the political motivation and political will that is needed to try to implement and follow through with active ageing policies in a comprehensive, preventative fashion.

Here, we should pay more attention to the comparison of *readily available social indicators* that can measure important aspects and dimensions of active ageing, such as, e.g. healthy life expectancy at birth, social participation rate of older people, volunteering rate, grand-parenting rate, poverty rate of older people, self-employment rate of older people, and so forth.

In addition, the development and comparison of new social indicators is highly desirable, since it is already common knowledge that *what gets measured gets implemented*. Here, we would like to follow the successful experience of the Millennium Development Goals, MDGs (UN, 2014). Hence, we need to find other ways to measure the implementation of active ageing policies and, most importantly, the overall and particular outcomes of those policies and programmes.

It is for this reason that we propose a new set of social indicators in East Asia to be used for measuring the success of active ageing policies of different governments (national, regional or city governments) and comparing the active ageing policies of different countries, regions and cities. Such an example exists in outline form in Europe (Zaidi *et al.*, 2013) and is currently being developed in a major European research project: Mobilising Active Ageing in Europe (MOPACT). The Active Ageing Index comprises four key components (with an example of an indicator to be used under each heading):

i Employment (e.g. employment rates),
ii Participation in Society (e.g. voluntary activities),
iii Independence, Healthy and Secure Living (e.g. physical exercise), and
iv Capacity and Enabling Environments for Active Ageing (e.g. social connections).

In our view this European index should not require much amendment to fit East Asian circumstances. One aspect that may require attention is that concerning appreciation and respect for older people, which affects the capacity to participate and relates to both participation and enabling environments. It is also important to capture individual perceptions as well as actual conditions.

Thus the Active Ageing Index is intended to follow in the footsteps of the very successful implementation of the commonly used *Corruption Perception Index* (TI, 2014), which measures in a brilliant way the otherwise too difficult to measure actual corruption of governments and their officials across the world, by using people's perception, since it is them who are directly affected and suffer directly from corruption. In the same way we can measure active ageing policies and their successful outcomes by measuring a combination of objective indices and those covering people's perceptions.

In a nutshell, there are many ways forward for devising, implementing and monitoring active ageing strategies and policies across the board that either directly address the issue of active ageing or that are directly or indirectly related to it.

This concluding chapter has suggested some new ways forward, attempting to inspire a great deal of future work that will spur the growth of studies on the subject of active ageing, while summarising the overall picture of the current state of active ageing policies in East Asia.

References

Aspalter, Christian (2011), The Development of Ideal-Typical Welfare Regime Theory, *International Social Work*, Vol. 54, No. 6, pp. 735–50.

Aspalter, Christian (2012), Real-Typical and Ideal-Typical Methods in Comparative Social Policy, in: B. Greve (ed.), *The Routledge Handbook of the Welfare State*, London: Routledge.

Aspalter, Christian (2014), Social Work Services and Developmental Social Policy, in: C. Aspalter (ed.), *Social Work in East Asia*, Aldershot, UK: Ashgate.

Esping-Andersen, Gøsta (1990), *The Three Worlds of Welfare Capitalism*, Cambridge, MA: Polity Press.

Midgley, James and Aspalter, Christian (forthcoming), Theory of Developmental Social Policy, in C. Aspalter and K. Teguh-Pripadi (eds), *Development and Social Policy*, forthcoming.

TI, Transparency International (2014), website, www.transparency.org.

UN, United Nations (2014), website, www.un.org/millenniumgoals.

Walker, A. (2009), The Emergence and Application of Active Ageing in Europe, *Journal of Ageing and Social Policy*, Vol. 21, pp. 75–93.

Walker, A. and Maltby, T. (2012), Active Ageing: A Strategic Policy Solution to Demographic Ageing in the European Union, *International Journal of Social Welfare*, Vol. 21(s1), pp. S117–S130.

Zaidi, A., Gasior, K., Hofmarcher, M., Lelkes, O., Marin, B., Rodrigues, R., Schmidt, A., Vanhuysse, P. and Zolyomi, E. (2013), Active Ageing Index 2012: Concept, Methodology and Final Results, Vienna, European Centre for Social Welfare Policy and Research, www1.unece.org/stat/platform/display/AAI/V.+Methodology.

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