Geo Factsheet

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THE GLOBALISATION OF AGEING

Introduction

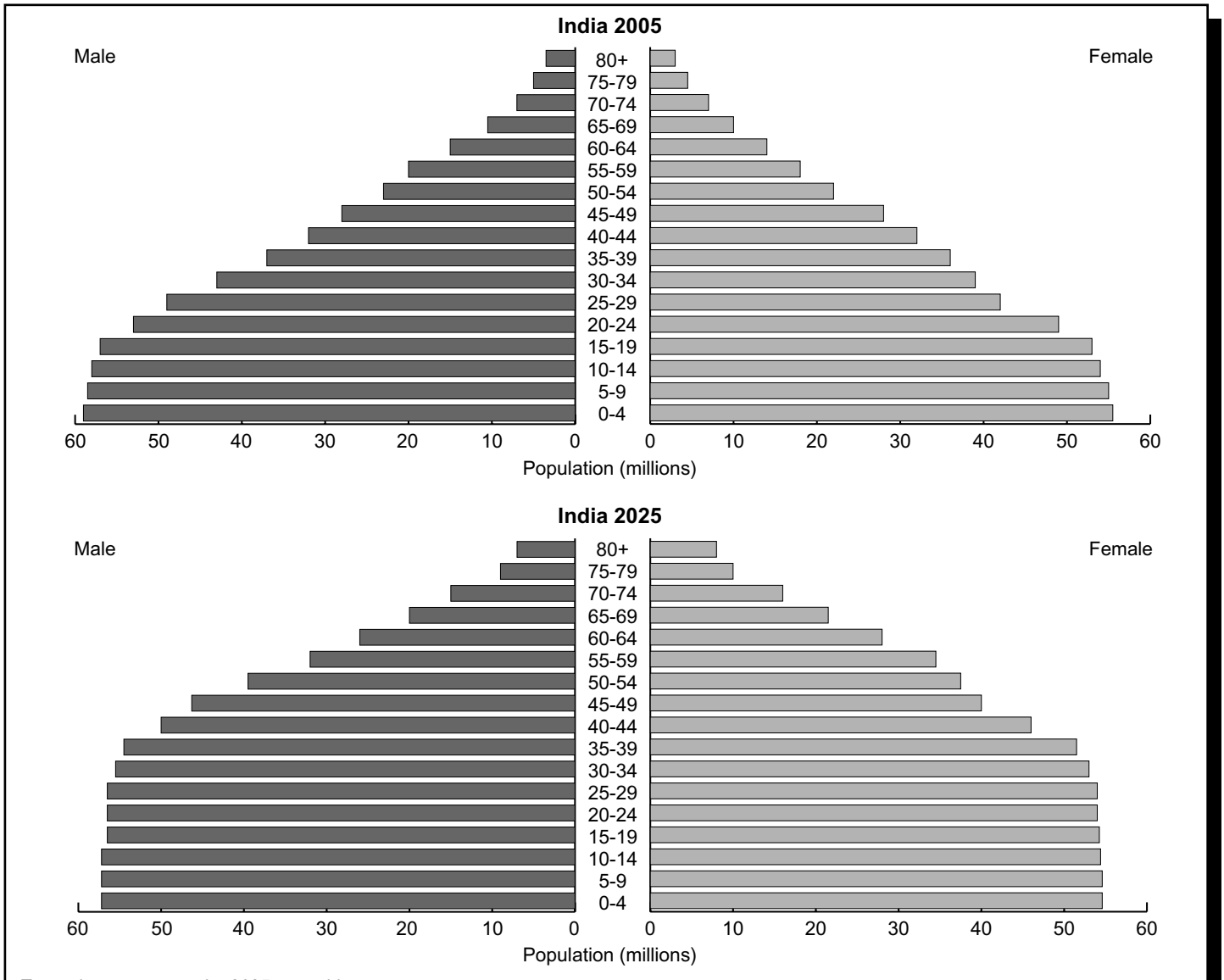
From the outset, we need to be clear what is meant by an 'ageing population'. It is simply one in which the balance between the 'young' (under 15- or 19-year olds) and the 'elderly' (over 60-year olds) components of a population shifts towards the latter. The latter does not necessarily have to be larger than the former. A shifting balance is the critical feature. It is well illustrated by the two population pyramids for India *(Fig. 1)*, one for 2005 and the other forecasted for 2025. The basic cause of the change in pyramidal shape is simply a narrowing of the 'gap' between birth and death rates.

In India's case while the death rate will remain at 8/1000, the birth rate is forecast to fall from 22 to 17/1000. This will reduce the rate of natural increase from 1.4% to 0.9% per annum. As a consequence, the percentage of the population aged under-15 years will decrease from 31.2 to 17.2, while that for those aged over 60 years will rise from 7.5% to 11.8%.

This article is built around two geographical questions:

- Is an ageing population just a characteristic of MEDCs today or is it a global phenomenon?
- Does the ageing of a population raise the same issues, particularly so far as the elderly are concerned, no matter where you are in the world?

Fig. 1 India: population pyramids (2005 & 2025)



Two points to note on the 2025 pyramid:

- *The steep sides in the under 35 cohorts caused by the falling birth rate and a reduction in mortality, especially infant mortality.*
- *The imbalance of the sexes in the under 35 cohorts. Why more males than females?*

Source: *US Census Bureau - International Data Base*

Ageing – a great leveller?

Ageing has been described as a 'great leveller'. That is certainly true at the individual level because, no matter where you are on the planet, you age. Ageing brings with it many of the same things at a personal level, whether you live in the UK, Uruguay or Uttar Pradesh. These symptoms include greying hair and wrinkling skin, reduced mobility, often deteriorating health, increasing frailty and diminishing mental agility.

But whilst these physical and mental symptoms may be recognised almost everywhere around the globe, there are some geographical differences:

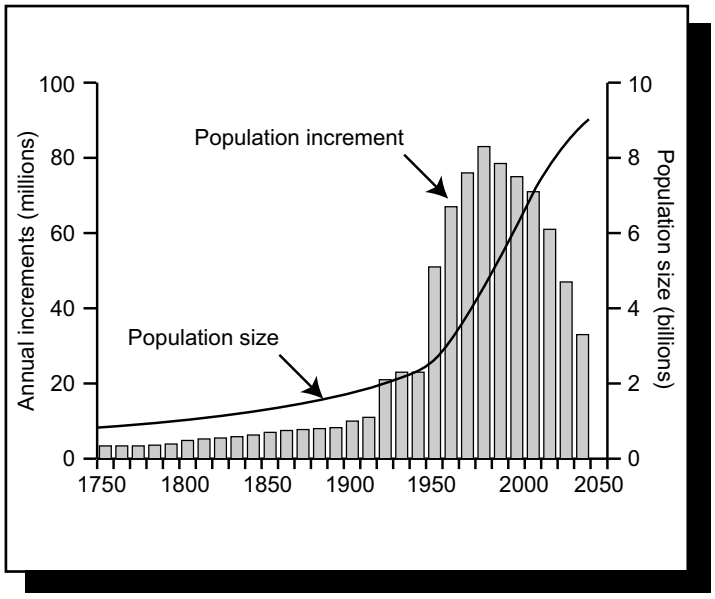
- The ageing process and its symptoms occur earlier in some parts of the world than in others. Just think of the LEDC–MEDC 'divide' and the differences in life expectancy. In Japan, life expectancy at birth today is 81 years compared with 49 years in Ethiopia.
- In MEDCs more than LEDCs, ageing brings with it two particular challenges. Coping with the changing values and behavioural codes of a modern dynamic society and keeping up with fast-moving new technology.
- In LEDCs more than MEDCs, the prevalence of the extended family offers security to the elderly. The elderly remain in the family home as part of the family. In contrast, the nuclear family typical of MEDCs gives rise to a range of anxieties among the elderly. These include worries about the adequacy of pensions, access to healthcare and finding appropriate housing or accommodation. In the MEDC, the elderly are increasingly institutionalised. They are dispatched to granny flats, sheltered accommodation or care homes.

So maybe, in these various contexts of the onset, challenges and anxieties of ageing, it is not a great leveller! Towards the end of the article, we will return to this question of the range of issues facing the elderly. For the moment, however, let us look at the global or aggregate picture. Is the ageing population a global or regional phenomenon? We know that ageing populations abound in the MEDCs; but is our image of LEDC populations as being 'youthful' really true?

The global picture

Taking a long-term view, it is clear that the rise in global population will continue to well past 2050 *(Fig. 2)*. Perhaps more significant, though, is that the rate of population growth appears to have peaked in the 1980s. It now seems set on a downward path.

Fig. 2 Long-term global population growth (1750 – 2050).



Any decline in that rate means a general ageing of the population. To get a feel for this global ageing process, here are some basic facts.

- In 2000 there were 600 million people aged 60 and over. There will be 1.2 billion by 2025 and 2 billion by 2050. Soon one person in every three will be over the age of 60. By 2050, there will be more than three times as many people aged 65 and over as there are today – 17%.
- Today about two-thirds of all older people are living in LEDCs (the developing world); by 2025 the figure will be three-quarters.
- In MEDCs, the very old (aged 80+) is the fastest growing population group. In that age group the sex ratio (women to men) is 2:1.

Fig. 3 portrays this global ageing in absolute and in percentage terms while *Fig. 4* shows that in all world regions, the growth of the elderly population is projected to be faster than any other segment of the population.

Fig. 3 Ageing of the global population (2000 – 2050).

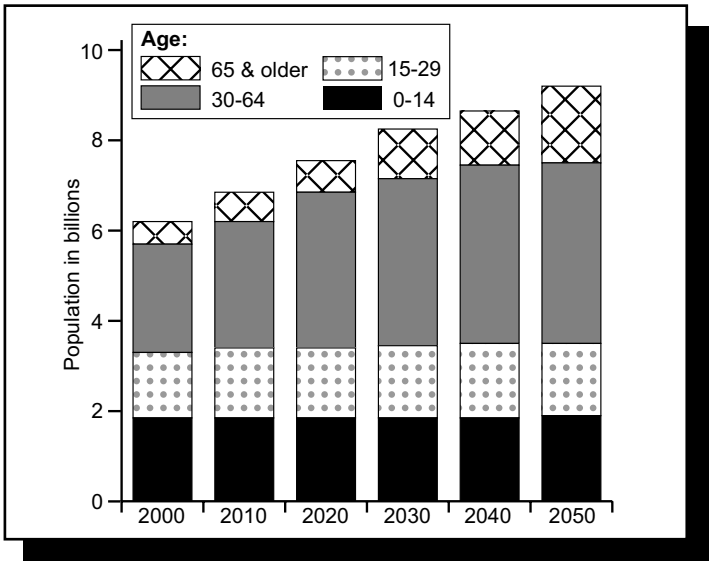
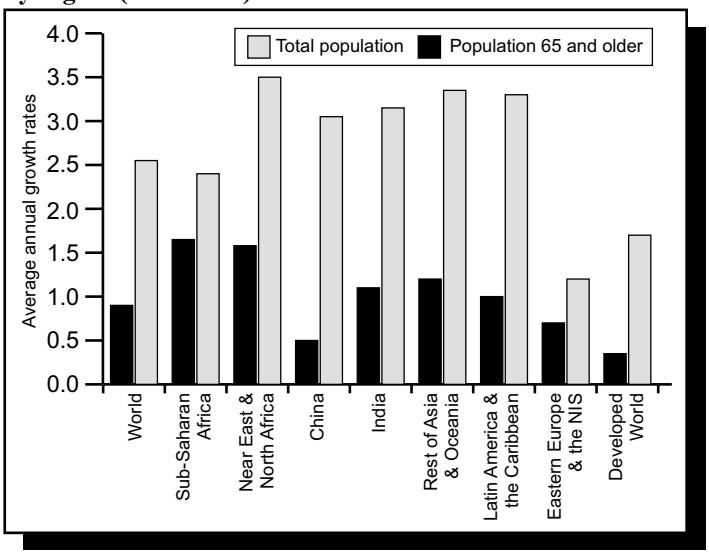


Fig. 4 Change in the elderly population and total population by region (2000-2025)



There is an almost endless supply of statistics, maps and diagrams that substantiate this basic point, namely that population ageing is now a worldwide phenomenon. It is most advanced in MEDCs, but it is gathering pace in LEDCs.

Fig. 5 The global spread of the ageing population

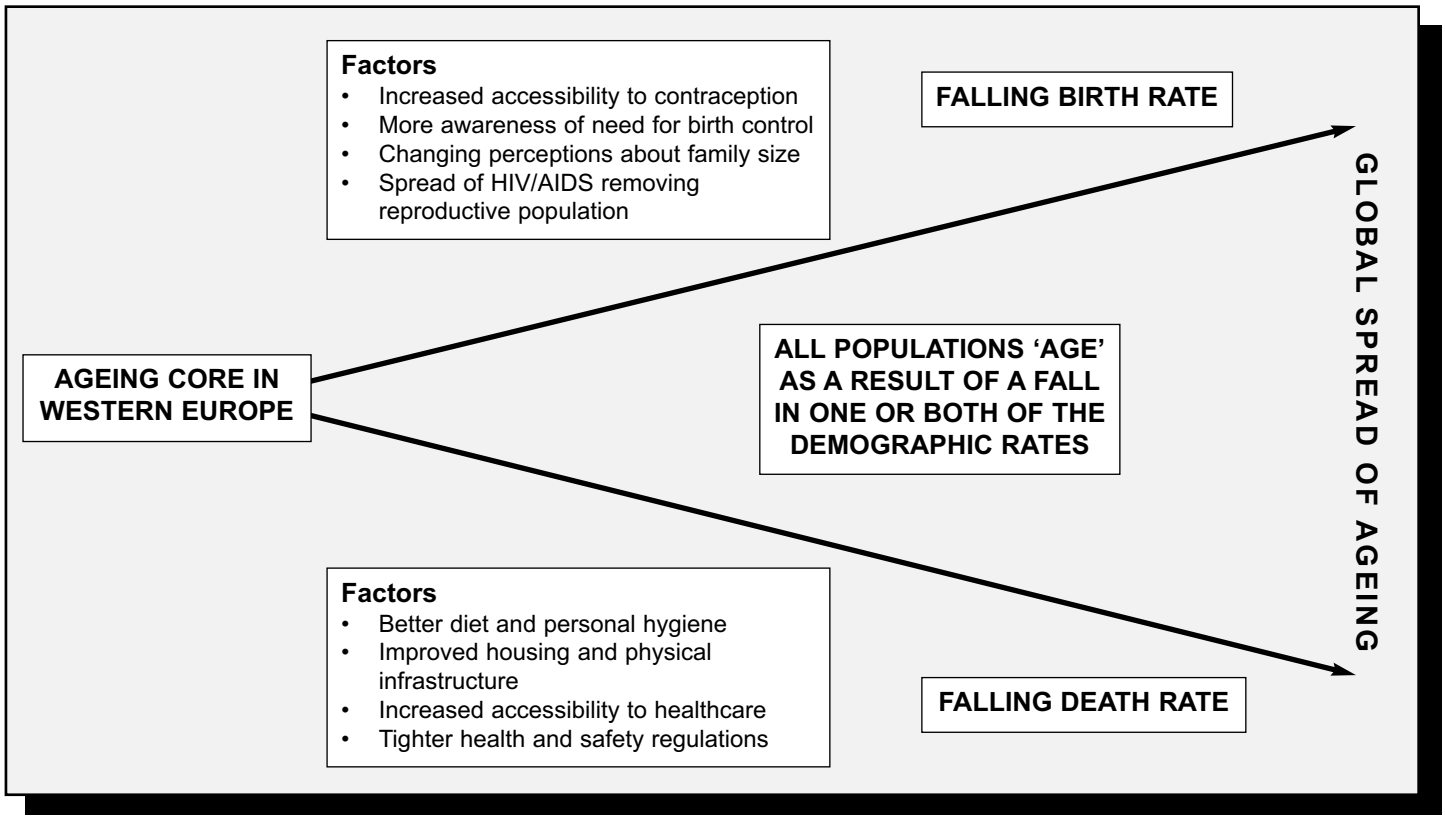
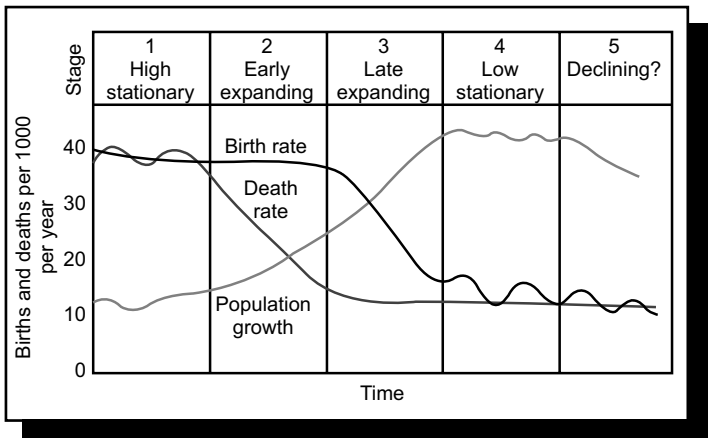


Fig. 5 summarises the key points thus far. First, it underlines the basic fact that the ageing of any population is caused by a fall in either the birth or the death rate. A fall in both rates may be expected to accelerate the ageing. Secondly, when you look at the main factors shown as prompting both rates to fall, you will see that they are perhaps more evident and active in today's LEDCs. That being the case, it is small wonder therefore that the ageing population is undergoing a spread from its pioneering core in Western Europe to many much less developed parts of the world.

The demographic transition model (DTM)

How does this population ageing square with the DTM *(Fig. 6)* - a model loved by generations of A-level candidates?

Fig. 6 Demographic transition model.



Stage 4 is usually recognised when fertility has fallen to around replacement level. Hence the population is essentially stationary, with minor oscillations. There seems every justification for now recognising that there is a growing group of countries where fertility is well below replacement level and populations are both shrinking and ageing fast.

There is nothing controversial here, but what happens next? What is the Stage 5 end-game? Is the contraction in national population relentless to the point that the population disappears? A recent newspaper article about Japan seriously argued the case that, if the present trends in both birth and death rates persisted, a Japanese person would at some time in the not too distant future become an endangered species! The plight of the Japanese population is made worse by two vital aspects of Japanese culture:

- their dislike of immigrants – foreigners are welcome, provided they do not stay
- their wish to keep the Japanese 'gene pool' pure. Mixed marriages are still frowned upon.

Clearly, sooner rather than later they will have to give way on the first issue. Perhaps they will put in place legislation that will only allow immigrant workers in for fixed and essentially short terms. Unless there is some give on the second issue, then it seems possible that the 'pure bred' Japanese will indeed become an endangered species. On the basis of present trends, Japan's population by 2100 will be halved and many vibrant cities will become ghost towns.

But is there possibly a different Stage 5 scenario? Are there any mechanisms that might kick in to save a national population from extinction? The most obvious salvation would be through immigration, presumably set in motion to meet the growing shortage of labour. The evidence is that this is happening in the UK. Our traditional sources of immigrants have been Commonwealth countries, particularly in Africa, the Caribbean and the Indian subcontinent. We are also drawing in labour from the new EU member states in Eastern Europe. In terms of reviving birth rates, it is immigrants from the Indian subcontinent who are perhaps contributing most. So, in the case of the UK, the population curve of Stage 5 may well turn out to be U-shaped, but with a significant shift in the ethnic composition of the population.

Elderly issues in ageing populations

Let us now move attention from speculation about Stage 5 of the DTM to some of the issues that are already apparent in those countries with the most 'aged' populations. These are mainly in Europe and perhaps surprisingly they include most of the Catholic countries of southern Europe. Recent research in those countries has revealed two related causal factors:

1) the wish of increasing numbers of women in those countries to have careers, *and*
2) a lack of nursery facilities, crèches, etc. to look after children while parents at work.

The tension between these two factors is such as to persuade many couples to opt out of having children altogether.

If you were to ask a sample of people in the streets what their perceptions were of an ageing population, it is likely that the following negative aspects might be mentioned:

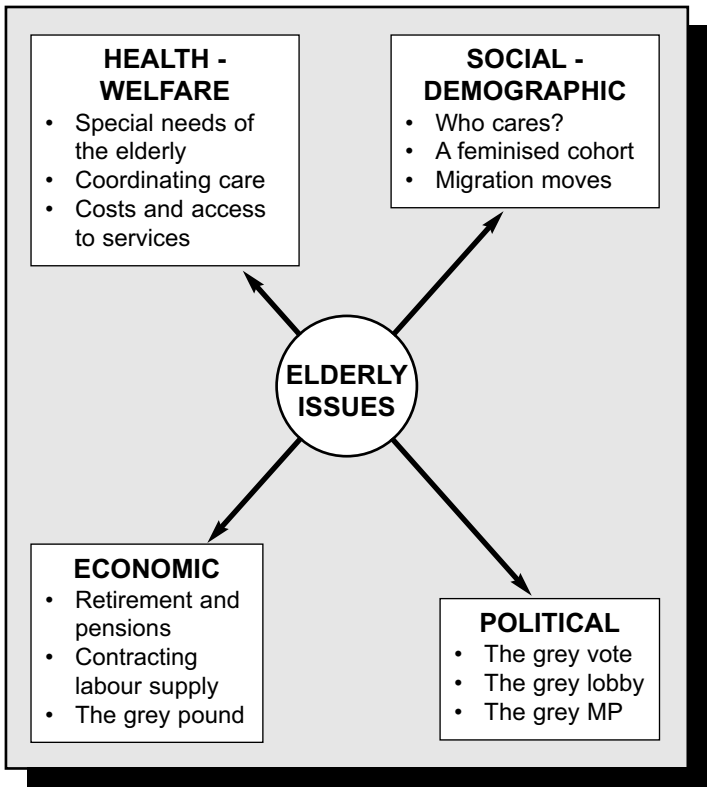
- more old people (more 'Saga louts')
- rising ill-health
- increased expenditure on services
- higher levels of dependency
- hindered economic growth.

It is also possible that some of those questioned might have more positive perceptions, as contained in such widely used acronyms as:

- WOOPies = Well Off Elderly Persons
- JOLLies = Jet-setting Oldies with Loads of Loot
- SKI holidays = Spending the Kids Inheritance on holidays

Let's now try to take a more even-handed view of the issues associated with ageing populations. The issues are essentially those that confront the growing elderly component of the MEDC ageing population. The issues may be seen as falling under four main headings: health-welfare; social-demographic; economic and political *(Fig. 7)*.

Fig. 7 The issues of elderly populations



Health and welfare

- ***Special needs of the elderly***

  These needs are not just medical (important though they are). They range from large-print books to meals on wheels, from stair-lifts to granny mobiles. The last two perhaps remind us the one of the most acute needs is to reduce the impairing effects of restricted mobility both within and outside the home. Foremost here then are services that help the elderly to retain their independence and quality of life.

  The growing stocks of granny flats, wardened and sheltered accommodation, care homes are a sign of things moving in the right direction, but not fast enough. Developers and local planning authorities have been slow to anticipate the demand simply because they have not bothered to look at forecasts of demographic change.

- ***Coordinating care***

  Meeting the diversity of needs suggested above means the involvement of public and private agencies of all kinds. All too often the right hand does not know what the left is doing. There is great scope for improving cooperation and coordination. Maybe it will not be too long before governments realise the benefits of bringing together the many agencies under a Ministry for the Elderly.

- ***Cost and access***

  When the costs of an ageing population are calculated, it is usually the cost of pension systems that dominate the debate. But there is another cost of almost the same proportion to face – that of the healthcare and long-term care for the elderly that we have just implied. Cost obviously leads to access. The aim should be equality of access for all to all those things that contribute to the quality of life of the elderly. Is this an unattainable ideal? Sadly, differences in income and in levels of development lead to the creation of insurmountable hurdles.

Social and demographic

- ***Who cares?***

  Clearly, this links with health. Much also hinges on the prevailing family type and housing situation. The extended family still prevalent in LEDCs is likely to have a good measure of in-built care. The nuclear family has shifted the onus to professional providers in the form of sheltered accommodation, care homes, etc. This in turn creates a serious financial issue for many families.

  There is a large amount of global evidence to show that the elderly are increasingly the victims of neglect, violence and abuse. We are only too well aware of the first two in the UK. In LEDCs, abuse relates more to widowhood rites harmful to women, and traditional practices involving older persons.

- ***A feminised cohort***

  Given the biological fact of greater female longevity, there is the prospect of an expanding elderly cohort increasingly dominated by women! Is this a heaven or hell prospect?

- ***Migration moves***

  Three types of migration are becoming increasingly conspicuous in MEDCs - 1) retirement, downsizing moves; 2) bereavement moves occasioned by the death of a partner, and 3) moves into specialist care accommodation. There is the prospect that the convergence of these migration moves could easily result in the creation of 'grey ghettos', particularly within towns and cities.

  There is also a wholly different type of migration becoming evident. As work in the care sector becomes less attractive to 'native' workers, both in terms of image and pay, so increasing numbers of migrant workers are being drawn in from overseas to fill key jobs - from cooks and cleaners to nurses and doctors.

Economic

- ***Retirement & pensions***
  The fact that people in MEDCs are, on average, now experiencing between 10 and 20 years of retirement is creating enormous pressures on pension schemes, both state and private. As the proportion of the population creating wealth and paying taxes goes down, soon a point is reached when income from taxes cannot keep pace with expenditure on welfare. At present, an average of 25% of GDP goes on welfare spending in EU countries. Just under half of this expenditure goes on pensions.

  In the UK, where state pensions are already reduced to a pitiful pittance, two moves are afoot. The first is to raise the age of retirement. For women, it is already going up to 65; it may soon be 67 for everyone. Raising pension ages reduces the pensioner population at a stroke. The second move is to encourage everyone to invest in their own private pension schemes. Recent scandals associated with the selling of private pensions have created a great deal of distrust.

- ***Contracting labour supply***
  A contracting labour supply, not just in the care sector, is something that none of today's employers has ever seen. Obviously, population ageing is the prime cause, but there are other factors also contributing to the skills and labour shortages. These include early retirement and employers' reluctance to recruit what they see as 'grey' labour (often anyone over 50, and often the fall-out of redundancy). Ignoring the skills and experience of the over 50s is clearly a case of employers shooting themselves in the foot.

- ***The grey pound***
  An ageing population means a broad shift in the pattern of consumer demand. Again, elderly people have need of a particular range of goods (possibly described as 'the A to Z - from armchair recliners to Zimmer frames). Retailers need to be increasingly alive to the grey market as the young free-spenders dwindle in number.

Political

- ***The grey vote***
  With a sizeable percentage of the electorate of pensionable age (it might be approaching 50% in the UK), the grey vote has, in theory, a powerful political punch. In this country, politicians and pensioners are only just beginning to wake up to this potential power.

  It was perhaps surprising that in the recent General Election campaign in the UK there was little focus on the elderly other than indirectly in the contexts of the NHS and spending on social services. As to the future, it seems clear that MPs and political parties need to beware of one reality – ignore the grey vote at your peril!

- ***The grey lobby***
  Also adding to this political clout is the lobbying potential of the elderly. They have the time, and most often the expertise, to press their particular interests. They can be much more single minded. If mobilised, the elderly could readily become an articulate and influential pressure group. Indeed, it could be that an active pursuit of elderly issues could lead eventually to the formation of a Grey Party!

- ***The grey MP***
  Given that there is no upper age limit on serving as a member of parliament, the elderly cohort might find itself better represented than in the past. Elderly MPS are more likely to be disposed to fight their corner on issues close to home and to the heart.

Conclusions

- Ageing populations are already a global phenomenon.
- The advent of an ageing world heralds a fifth stage in the DTM.
- Ageing raises some scary questions as to the future of national populations. Will populations contract and decline to the point that they virtually disappear? Or will some sort of recovery mechanism kick in?
- An ageing society has to confront all manner of issues in a range of contexts – health and welfare; social and demographic; economic and political. These are mainly to do with the increasing number of elderly in the population.
- At present, those issues are most evident in MEDCs where, because of greater life expectancy, the elderly are a much more conspicuous component of the population. It is too early to say whether or not the issues will be the same in LEDCs as their populations become more 'grey'. At present, short life expectancy and the prevalence of the extended family mean that retirement, pensions and care are not major issues. But should there be a significant change in either of these two factors, then the whole situation could change quite dramatically.
- There are many negatives associated with ageing. Up until now, these tend to be centre stage, whilst the positives, such as experience, wisdom, skills and political clout, tend to remain in the wings. But perhaps this will not be the case for very much longer.
- Finally, we need to remember the old saying – 'do as you would be done by.' In short, we all become old. Is the way we treat the elderly today, the way we ourselves would like to be treated tomorrow when we too become old?

Further Research

- Articles from the Economist, February 2006 *www.economist.com*
- *www.csis.org/index.php?option=com_csis_pubs&task=view&id=890*
- *www.un.org/esa/population/publications/worldageing19502050*
- *'Ageing Society in Japan'* Geography Review articles, November 2001

Acknowledgements
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