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“Keep our hands active”

A Positive Response to the Challenge of Social Protection and Old Age in the 21st Century; Including Older People in the Global Fight Against Chronic Poverty

JUDY ROBERTS

Judy Roberts is the Regional Representative, Asia/Pacific, of HelpAge International. This paper is to be delivered at the **Asia and Pacific Forum on Poverty: Reforming Policies and Institutions for Poverty Reduction**, to be held at the Asian Development Bank, Manila, 5-9 February 2001. HelpAge International is a global network of not-for-profit organizations with a mission to work with and for disadvantaged older people to achieve a lasting improvement in the quality of their lives.

"We like to keep our hands active"

– Older men and women in Bangladesh

I. INTRODUCTION

Poverty in old age is not a new phenomenon; but its nature and extent are changing—nowhere more so than in Asia. When the First World Assembly on Ageing met in Vienna, Austria in 1982 the ageing phenomenon appeared to be confined to the developed world and largely an issue for Australia, Europe, Japan, and North America. At that time, the dividends of better public health and nutrition and advances in medical science had not made a major impact on life expectancy elsewhere. Twenty years on, it is a very different picture. Life expectancy is climbing even in the poorest countries and where this is combined with effective population growth policies, there will be a profound effect on the population structure, as well as a dramatic increase in absolute numbers of older people. And the developing world is growing old before it becomes rich.

These trends are becoming better known and understood particularly since the UN International Year of Older Persons in 1999 provided a unique range of opportunities worldwide to discuss the ageing issue and to celebrate older people. Unfortunately, while many thousands of communities around the world were celebrating longer life and the contributions of older people, many experts and observers concentrated on what they saw as the ageing "problem"—an imminent explosion of frail, dependent elderly who would impose a huge burden on the rest of society and could even trigger social breakdown.

In HelpAge International we have the great advantage of working with the older people of today, predominantly the poor, and we are learning together about the current and potential future role of older people in the development of their communities. What we have seen and heard is very different. Older people living in poverty face great barriers and challenges and have many fears, but their overwhelming concerns are that they should be able to contribute to their families, maintain their independence and dignity, and take part in society. If we can recognize and tackle the barriers and inequalities they face, they stand ready to play their full part.

II. POPULATION AGEING: THE BACKGROUND

Across the world, older people are the world's fastest growing population group. What does this mean in Asia?

Table 1. **Population Aged 60 or Over**

Subregion	Number (millions)		Percentage of total population	
	1999	2050	1999	2050
Eastern Asia	162.5	506.7	11	30
South Central Asia	102.1	486.7	7	20
South-eastern Asia	36.5	177.5	7	23

Source: UN estimates.

By 2050 more than one in every three persons in the People's Republic of China and Japan will be over 60; in Bangladesh, India, and Thailand, one in every five. Even those countries that currently have very small elderly populations will see a doubling of the percentage over the half century. Almost every country will see life expectancy continuing to rise; in most cases this will mean 2, 3, or even 4 or 5 extra years of life for the population of over 60s. The impact of population ageing will be felt throughout the continent.

Women already make up the majority of the region's elderly and dominate the very oldest age groups. They have a major stake in the future of policies, programmes and services for older people and a major part to play as their numbers and share of the population increase.

Table 2. **Women in the Older Population, 1999**

Subregion	Women as percentage of population aged over:	
	60 years	80 years
Eastern Asia	53	66
South Central Asia	52	55
South-eastern Asia	55	61

III. WHY OLDER PEOPLE ARE AN ASSET

*"Older people do so many things— looking after children,
keeping the house, looking after livestock,
growing food, earning money—
but we do all this on a voluntary basis
and no-one recognises its value. Instead
we are seen as a burden."*

– Older men and women, Bangladesh

Older people are characterized as having finished the useful part of their lives. Research supported by HelpAge International (see the next section) does not bear this out, at least as far as poor older people are concerned. Among the poorest, there is no retirement age, nor any pensions, social protection, or other benefits available to them. In fact most continue to work, but in ways often unrecognized and not monetized. They have important roles as carers of frail partners or sick family members and often play a large role in the care and upbringing of children. This frees up younger family members to seek work outside the home or even migrate in search of employment. They may protect property, care for livestock, cultivate land, run small businesses, or work in family concerns. They may continue to be employed outside the home as long as they can. In their wider communities they are guardians of traditional knowledge and religious practice, and may have a special role in terms of conflict resolution or advising younger members of the community. Chronic ill health, declining stamina, and disability often limit their contribution, but in situations of chronic poverty, they have little choice but to continue their efforts for as long as they can.

A broader understanding of what older people have given in the past to their families and communities and what they continue to input in their old age, is the basis for a better appreciation of their value to the whole community. This will in turn build more social responsibility to all citizens including the oldest and most vulnerable. Proper respect and regard for the old is a mark of a healthy society that is inclusive of all its members.

Unconsciously, it is easy to set different standards for the rights and expectations of the old—we assume that they do not want to be involved and that their need for health care, information, and access to opportunities, even food—is somehow less important than our own. But this is to deny

their basic human rights: the Universal Declaration of Human Rights has no age limits and our interaction with older people should be guided by its principles in just the same way as with other age groups.

With a better understanding and more information about older people's actual role and contribution and the relationships they have with family and community, it becomes clear that their well-being must be a matter of concern to everyone. Tackling poverty in old age must therefore be a major issue for the 21st century, both for the region's growing numbers of elderly but also for the generations who depend on them.

IV. WHAT OLDER PEOPLE EXPERIENCE

HelpAge International has supported research with older people living in Cambodia, Bangladesh, and Lao PDR to enable poor and vulnerable older people to express their concerns, assess their needs, and explain the condition of their lives. The result is a vivid picture of poverty in old age, experienced not just as a lack of basic resources, but also of being left out and denied opportunities that would help them to help themselves. Despite these barriers, the research also shows the imperative older people feel under to continue working and contributing, in stark contrast to the usual perception of passive, dependent older people.

A. Bangladesh Research: Main Conclusions

- (i) Religious and cultural traditions have resulted in a strong extended family system upon which older people have traditionally relied for support, However the traditional form of family support for older people is weakening.
- (ii) Gender inequality and discrimination against women is widespread. Women are particularly vulnerable in old age due to a lifetime of deprivation and are likely to suffer ill health, social isolation, and poverty. Older women without families and widows are among the most vulnerable in society.
- (iii) Poverty and exclusion are the greatest threats to the well-being of older people, and poverty sets the context for everything else they experience.
- (iv) Older people define old age according to physical characteristics and limitations, dependency on others, and loss of authority and respect in the household.
- (v) The majority of older people cannot meet their basic needs and food is the top

priority for older people in both rural and urban areas.

- (vi) The health status of older people is poor and they lack access to basic health care and sanitation facilities.
- (vii) Poor older people have low expectations due to a lifetime of deprivation.
- (viii) Poor older people report that the family is their main source of support but that this is undermined by the poverty of the whole family.
- (ix) Older people are excluded from services and support by NGOs and government. Their exclusion is due to age limits on participation in programs or to other barriers that result in low or no uptake of services by older people.
- (x) Most older women and men engage in some form of income-generating activity as long as they physically can do so.
- (xi) While older men face age barriers to employment, older women face both age and gender barriers.
- (xii) Older people continue to play an important (though unrecognized) role in the family and make significant contributions to ensure the livelihood of the family. Older people themselves do not recognise the importance of their contribution.
- (xiii) Although older women provide small financial contributions, their primary contribution is assistance to family household activities and taking care of grandchildren. This frees up younger family members to seek income-generating opportunities. Older men's primary contribution is in the form of income.
- (xiv) Older people feel that decision-making authority within the household is based on the level of economic contribution, rather than the traditional norm of respect for older people.

B. Cambodia Research: Main Conclusions

The research in Cambodia shows a similar picture and reinforces the point that declining respect for older people and their exclusion from "new" development processes is a loss not only to them, but to the whole community.

- (i) Most serious problems affecting older people are poverty and lack of competent and affordable health care.

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- (ii) For the vast majority, declining physical strength means declining income and therefore a declining quality of life. Many children and relatives want to help but are too poor themselves. Some older people are childless or lost their children in the wars of the 1970s and 1980s and have no one to support them.
 - (iii) Majority of older people in rural areas go without basic aids for sight and eating that would greatly improve their quality of life. This is because the services to provide these aids are not easily available.
 - (iv) Division of land often means a fall in living standards as older people divide their land among their children. Poverty and lack of opportunity forces young people to seek employment outside poor rural areas. While some return and some send remittances, others disappear leaving ageing parents to look after and support small grandchildren.
 - (v) There is a looming AIDS epidemic and experience in Thailand shows that the main burden of care for sick adults and orphaned grandchildren is likely to fall on the older generation who not only have to take on much more responsibility, but also lose the support of their own children.
 - (vi) Older people are still regarded as sources of advice but their position is being undermined as grandchildren in primary education become more "educated" than their illiterate grandparents.
 - (vii) Their traditional craft skills and medical knowledge are seen as outdated.
 - (viii) Older people, especially men, still hold preeminent positions in traditional community structures and organizations, but the new institutions (like NGOs and government projects) frequently ignore older people. This undermines the traditional position of older people and excludes them from the development process. It also deprives the country of the unique resources that older people possess, such as experience and traditions of social relationships that could be used to encourage community
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cooperation and action. One young man in a squatter settlement in Phnom Penh said that they were a good role model because "Older people know how to help each other when they have hardships".

C. Lao PDR Research: Main Conclusions

The research in Lao PDR identified the main priorities of older people (water supply in the dry season, income, health care) and many important social and economic roles played by older men and older women in the community. However, it was again found that older people viewed themselves as being unable to do anything, despite their important contribution and the fact that they are seen as hard-working and knowledgeable by their younger relatives and neighbors. Again there were no development projects focussing on older people and they were often excluded from wider community initiatives, because of assumptions about their inability or about the level of comfort within the family.

The Lao PDR research also matches the finding in Bangladesh that older people want to be productive and to assist their families, and that when they become unable to do this, they are perceived to be burden on the family instead of an asset.

D. Key Conclusions from the Research on the Situation of Older People

That older people contribute as much as they can for as long as they can, in the knowledge that as long as they are giving, they can count on some respect and support in the household. Once they stop contributing they become a burden and their position is very vulnerable.

A very vivid illustration of this vulnerability was highlighted in a recent press report (*Indian Express Newspaper* 26 January 2001). The article described the abandonment of thousands of frail, elderly women by families attending the Mahakumbh festival in India. In a shelter for lost persons, there were 10,000 women over 50. Workers estimated that some 3,000 were genuinely lost and would be reunited with their families. The remainder were likely to have been permanently abandoned. Many were suffering from diseases of old age and it appeared likely that they had simply outlived their usefulness.

So the twin pillars on which poor older people rely for their status and security are opportunities to contribute to their families and health status, which allow them to do so. They face many barriers on both counts.

They are excluded from opportunities to make a contribution through involvement in development projects, and are often barred from accessing schemes intended to help the poor. This is particularly critical where older people are in households with no younger adult members and the older person is supporting children or other dependants. It also deprives development schemes of the experience of older members of the community and further erodes the social standing of older persons.

Older people have little or no access to care and services to maintain their most precious asset—their health. Without the ability to function independently, their prospects are very poor indeed but they have no way of minimizing the risk of dependence. Even if they do access health care, they are likely to meet professionals who have little knowledge or understanding of older people's health issues. In addition, many older people find that they do not receive much attention and may simply be told to go home and put up with their problems on the grounds that they are "not sick, just old", and that disability is a natural concomitant of old age.

V. WHAT NEEDS TO HAPPEN

To address the twin issues of poverty and exclusion of older people, there needs to be concerted action at all levels.

A. Internationally

- (i) Commitment to apply human rights across all ages and to combat discrimination against older people, particularly the poorest and women.
- (ii) Draw on the UN Principles for Older Persons (Independence, Participation, Care, Self-fulfillment, Dignity) in developing frameworks for action and indicators for monitoring progress.
- (iii) Include targets relating to older people in broad-based poverty and rights programmes

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- (iv) Include older people specifically in International Development Targets; adapt existing targets and develop new ones. Make sure that targets are related to social equity as well as economic growth.
 - (v) Working with national governments, ensure that older people are included in poverty reduction strategy consultations and processes.

B. Nationally

- (i) Better understanding of older people's current situation, concerns, and their economic and social relationship with their families and communities. This can only be found by seeking information from older people themselves, as well as those around them.
- (ii) Involving older people in local and national development programmes; involving them at all stages of projects aimed at whole communities.
- (iii) Recognize the actual situation and most urgent needs of poor older people, which cannot be met through pensions, institutional care, or specialized geriatric medical facilities, none of which are likely to be accessible to the poor, particularly the rural poor.
- (iv) Concentrate on identifying local and community resources that can be mobilized with state support.
- (v) Local resources can help to provide basic health care and support families looking after very frail or sick elderly dependents.

In Manila, the Coalition of Services of the Elderly (COSE) has trained a number of poor older people to carry out simple health checks and to give advice, support, and paramedical services to their peers. These "Community Gerontologists" take great pride in their new role and have themselves benefited from greater confidence and higher self esteem while they help others. "I feel that I am making a positive contribution to the health of older people in my area" says Aling Viring, "there's real satisfaction in helping others and in winning respect for my work."

In the Republic of Korea, HelpAge Korea introduced a volunteer home help project for vulnerable older people. This very successful initiative played a key role in persuading the national

government that community-based services were the right way for Korea to support its rising numbers of older people. The government dropped its policy of institutional care and embarked on a new approach built around home help services, day care centers, and short stay or respite care.

The same principle of identifying and mobilizing local resources can be applied in very different settings. In Mongolia, Red Cross volunteers in a remote part of the Gobi Desert are being supported by the Red Cross, HelpAge International, and the Canada Fund to run a pilot to develop a model of basic home help and social support. They receive training and encouragement to visit and help isolated and frail elderly in some of the harshest living conditions in the world.

(vi) Ensure that economic and development opportunities are opened to older people.

In Bangladesh, the Resource Integration Centre has channelled micro credit to older people to assist with rehabilitation after serious flooding. The recipients have shown themselves very reliable in terms of making repayments on time. Some have started small businesses themselves, others have passed on the loan to a family member to do so, but all remain personally accountable to the NGO. In all cases, the older people have reported that their status in the family has risen because of their contribution and that the care their families gave them has also improved.

During the research process, a number of large NGOs in Bangladesh were consulted about their policies and it was found that most excluded older people explicitly from their programs. After realizing the effect of this, BRAC, one of the largest such organizations, has removed its upper age limit on micro-credit programs.

In Viet Nam, the Women's Union recently embarked on micro-credit schemes with older women after many years of working with younger age groups. They have found that it is a lot easier to encourage women aged 50+ to attend meetings and that they have a lot of experiences to share. The older women follow the group's regulations strictly, do not take risks, and have fewer problems in repaying. They are also keen to join savings groups. The women themselves take pride in having their own project and although they feel respected in the family, it boosts their self-esteem.

C. Community Level

- (i) Data collection, analysis, and management of how attention to older people benefits other generations and communities
- (ii) Undertake research that analyzes the exchanges between older people and their families and communities to assess older people's contribution and find out what kind of support is most helpful to continue that contribution. Similarly, family support to the older person should be analyzed in order to find out how it can be protected and sustained. Participatory methods will be helpful in accessing this kind of information.

Intergenerational awareness and approaches should lead to creative solutions that build on existing support mechanisms and produce ideas that support several generations at once. The current divide between programs and services for the elderly, and those for women, children, and other groups, become less relevant when the intergenerational dynamics within poor households are better understood. The benefits to the whole household of channelling micro-credit through older people have already been referred to. Responses to families and communities stricken by HIV/AIDS need to be similarly creative in their approach.

- (iii) Improve access to basic health care, advice and information. Train local staff on health issues of older people, train community members (including older people) to promote the health of the elderly and visit people who are frail or sick.
- (iv) Involvement of older people in projects for the development of their communities.
- (v) In dialogue with older people themselves, develop ideas for community action in which they can take part and from which they can benefit. Support community groups of older people to develop and to advocate for their own needs. Encourage networking and structures which can, in the longer term, give a "mass voice" to disadvantaged older people.

In Nepal, HAI is supporting a consortium of NGOs and other key stakeholders to develop and implement participatory research into the situation of older people in all regions of the country. The project structure has deliberately been designed in order to involve a wide range of stakeholders in strategic or consultative roles so that there is the basis for a national network to take issues forward when the research findings are available.

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- (vi) On education, explore the coping mechanisms that already enable older people with little or no formal education to engage with the authorities and outside bodies. Many groups of older people may have one or two literate members who can communicate to and from the group, but in other cases, the assistance of younger generations may be appropriate.

VI. TACKLING AGEISM AND NEGATIVE ATTITUDES

The exclusion of older people has not happened by accident. It is a product of the prevailing negative attitudes that we all share—even older people themselves. It is common for older people to say that as a group they are weak and useless, even though as individuals they may be active and involved in many aspects of community life. The misconceptions run very deep.

Thus, building the self confidence of older people themselves is an important part of taking down the barriers.

In Cambodia, older people were supported by HelpAge International to set themselves up as Older People's Associations (OPA) to identify problems and opportunities and undertake community activities. These OPAs helped raise the confidence of older people and provided a forum in which they could engage with local authorities or even senior government representatives. One of the most exciting developments was that older people in neighboring villages observed the success of these OPAs and decided to set up their own with no outside support at all. When HAI visited these "spontaneous" OPAs to offer help, it was not money they asked for, but advice, training, and ideas.

Another important area to address is the widespread assumption that the family will take care of its elderly members. This may be far from the real situation. First of all we have already seen that the older person is often taking care of other people. In other cases, the family may find it very difficult to cope with a frail, confused or disturbed older person but do not feel able to seek outside help. And of course in very poor households, lack of resources is a key issue.

"Sometimes we have to care for our in-laws as well as our parents. Taking care of our much older parents is very difficult—harder because we are very poor and do not have enough to eat." – Young woman in Lao PDR

And of course, any reliance on family support alone will not help lone elders or those who are the main support of their household. And factors such as globalization, mobility of labor, spread of

AIDS, and other powerful social trends leading to smaller households, will all tend to erode traditional family structures. And as older people become more independent of extended families, they also become more vulnerable.

Even within families, attitudes that patronize and lead to older people being left out of whatever is going on, do a grave disservice to all older people, as they reinforce the double standards that underlie their everyday experiences. This manifests itself in many ways. Here are some common scenarios:

- (i) Decisions about where an older person will live, with whom and on what terms, may be taken without their consultation or involvement.
- (ii) Their assets may be disposed of without their agreement.
- (iii) If they are "difficult", they may be punished by exclusion from the house or denied food. They may be physically abused.
- (iv) Their health problems may be ignored or seen as attention-seeking.

These are all serious human rights abuses, yet somehow they seem more "acceptable" because an older person is involved. Until older people are recognized as having the same rights as the rest of us, they will not be able to play their full part in society.

Ageism and discrimination on the grounds of age extend outside the home into the community and public life. Recently, the Chairman of a partner project of HAI was travelling abroad to attend a training workshop. He was challenged by the authorities at the airport of his home country who suspected him of having a false passport. The officials did not believe that he was really travelling to an international workshop. The reason? He is 80 years old. Such barriers are all too common in the everyday life of the older person.

Older men suffer particularly from the perceived link between ability to work and the worth of the individual. In general, older women find it easier to continue to contribute to the family through household and caring activities or other work. An older man may feel quite bereft once he has lost his earning capacity. Even though he is more likely to be cared for by a partner or family members, he may suffer loss of esteem, depression, and social isolation as he loses his former role and responsibilities. And this in turn increases the stress levels and the care burden on those who look after him. A more positive perception of the value of older people—whether or not they are

economically active—can only improve their situation and role and will also benefit those close to them. And the key to changing this perception is to involve older people much more in family and community life so that they can continue to share their experience and abilities.

During disasters, emergencies, and economic crises, the perceived role—or lack of role—of older people increases their vulnerability when they are already dislocated and in desperate need. Emergency measures may target heads of household but ignore carers who are themselves old; distribution mechanisms may favor the able-bodied, and supplies of example, food stuffs, may not be suitable for elderly persons. During the rehabilitation phases, older persons may be excluded from livelihood schemes and may lose their ability to use their skills. The categorization of older people as dependents in emergencies and assumptions about family support overlook the variety of situations and disadvantages they may face. Such responses may even result in active older people becoming dependent unnecessarily. HAI has therefore prepared Guidelines for Best Practice aimed at helping relief agencies meet the special needs of older people in emergencies.

VII. THE CHALLENGE FOR DEVELOPMENT

In the light of demographic trends and the current exclusion of older people from the development process, current strategies to ensure sustainable development will not succeed as chronic poverty in old age will continue to increase and worsen. International targets such as the reduction of poverty will not be achieved if they fail to address the needs of a large and growing segment of the poorest populations.

This failure will not just impact on the old. There will be a double burden on other generations: they will not be able to look to older people for support and help, and will instead be faced with an increasing burden of care that will be greater and of longer duration than it need otherwise be. The burden of care will increasingly spill over into the community.

Current responses to this tend to focus on welfare provision, social safety nets, pension schemes, institutional care, and specialized medical services. Poor older people living in rural areas who contributed to the research cited in this paper have not been reached by such measures. Pensions are unknown to those who have spent their lives in the informal or self-employed sector. Where there are social safety nets, the payments are usually very small and of short duration. They have no access to institutional care and their most pressing need is not for sophisticated medical

procedures but for basic affordable access to medical treatment and drugs, as well as services and aids to prevent or minimize disability.

Hence the call in this paper for an additional set of approaches. Creating a discrete set of measures to address welfare needs only will not be affordable or practical across the whole elderly population. Such measures will meet the needs of certain groups but within these, they may undermine existing support mechanisms. In order to address the needs of the elderly poor, this paper proposes interventions at all levels that increase understanding of older people's situation, promote their involvement and inclusion, and mobilize local and community resources to the maximum extent, with appropriate support from the state.

VIII. KEY ISSUES FOR POLICY REFORM

The framework we propose is in line with the draft International Plan of Action on Ageing being revised in anticipation of the second World Assembly on Ageing to be held in Spain in 2002:

- (i) Sustainable development in an ageing world: stressing human rights and an intergenerational approach
- (ii) Advancing health and well-being into old age: includes focus on access to health care and training and other measures to improve primary health care for older people
- (iii) Ensuring an enabling and supportive environment for all ages: recognising their contributions, ensuring their participation, and providing social protection

This process is an invaluable opportunity for governments and international and regional bodies to focus on older people in development and to begin to build the strategies needed to end their exclusion and to begin to secure their future.

IX. CONCLUSION

We now have an opportunity to work together to so that a new Plan of Action on Ageing can take place as part of the body of social commitments to which governments and international agencies concerned with development and social issues are signed up. HAI is recommending that the plan be revised with explicit reference to the social summit commitments of the 1990s and also the Beijing plus 5, Geneva 2000, and Millennium Summit. The key commitments of the Copenhagen Social Summit in 1995 (importance of enabling environment, need to eradicate poverty, promotion of social

integration, gender equity, equality of access to health and education) are all vital for older people across the globe.

If we can successfully bring ageing as an issue and older people as a group into overall development processes and frameworks we shall have laid the foundation for the kind of old age that we all want—one that is productive, secure, and healthy. And this will benefit the whole planet since a world without poverty will not be possible without concerted action to support a critical part of the world's population that until now has been consistently left out of the picture.

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