Aging in East and West

Families, States, and the Elderly

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Editors

Springer Publishing Company

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We dedicate this volume
To the memory of two great scholars
Each pioneers in the development of gerontology,
both East and West
Each remarkable teachers and mentors
Each important contributors to the development
of this volume.
They will be missed greatly
By their students and colleagues
In years to come.

Professor George Myers
Duke University, USA
1936-2000

and

Professor Gene Yoon
Yonsei University, Republic of Korea
1943-1999

Vern L. Bengtson, Ph.D., is AARP/University Professor of Gerontology and Professor of Sociology at University of Southern California since 1989 and 1977, respectively. He earned his B.A. at North Park College and his Ph.D. at the University of Chicago in 1967. He has received a number of awards and honors including: the Ernest W. Burgess Award from the National Council on Family (1998), the Robert W. Kleemeier Award from the Gerontological Society of America (1995), and Distinguished Scholar Award from the American Sociological Association (1995). Professor Bengtson has published more than 200 papers in professional journals and numerous books.

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George C. Myers, Ph.D., is Professor Emeritus of Sociology and Emeritus Director of the Center for Demographic Studies at Duke University in the United States. He received a Ph.D. in Sociology from the University of Washington in 1963. Among numerous professional positions, he has served as the Editor in Chief in the Social Sciences Section of the *Journal of Gerontology,* Chairman of the Steering Committee of the Determinants of Healthy Aging Project (W.H.O. Program for Research on Aging), and Coordinator for the International Program of Research on Population Aging and the Committee for International Cooperation in National Research in Demography (CICRED). His most frequently cited publications include: "Geographic concentration, migration and population redistribution among the elderly," in the volume *Demography of aging* (1994), "The world ages, the family ages: A demographic perspective," in *Aging International* (1994), and with Emily M. Agree, *Ageing Research in Europe* (1998).

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Ineke Maas, Ph.D. in sociology, is a senior scientist at the Max Planck Institute for Human Development in Berlin, Germany, and

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Norella M. Putney, M.A., is a doctoral candidate in sociology at the University of Southern California. Her research interests include aging and the family, gender, and organizations. In her dissertation she compares the life paths and outcomes of four generations of women as they faced the dilemma of balancing work and family in changing sociohistorical contexts.

Kyu-taik Sung, Ph.D., was for many years Professor of Social Work at Yonsei University. He earned his M.S.W. and Ph.D. at the University of Michigan at Ann Arbor in 1974 and taught at the University of Wisconsin at Madison in 1975. He was President of the Korean Gerontological Society from 1992 to 1993 and The Korean Academy of Social Welfare from 1986 to 1987. Professor Sung was awarded the Prize for Academic Excellence in the Social Sciences at Yonsei University and has published more than 120 articles and books in Korean and in English. He is now Professor of Social Work at the University of Southern California.

Gene Yoon, Ph.D., was before his untimely death Professor of Psychology at Yonsei University in Korea. He received his Ph.D. at St. Louis University in 1978. Prior to his appointment at Yonsei University, he taught at the University of Wisconsin, and at Yeungnam University in Korea. As a Fulbright Senior Research Fellow and Visiting Professor, Dr. Yoon taught at Pennsylvania State University from 1990 to 1991. His special interests were experimental social psychology and cross cultural aspects of aging patterns and family relations. Beginning in 1970, Dr. Yoon published numerous articles and books and translated some books from Korean to English. His notable publications include *Psychology of adulthood and aging; Psychology: Understanding of man;* and *Psychology: Understanding of human behavior.*

Preface and Acknowledgments

This volume is an outgrowth of an international conference on "Aging East and West: Demographic Trends, Socio-cultural Contexts, and Policy Implications" held in Seoul, Korea, in September 1995. The conference was organized by the Institute for Social Development and Policy Research (formerly the Population and Development Studies Center) of Seoul National University to commemorate its 30th anniversary. The purpose of the conference was to provide an international forum to exchange ideas and data concerning the social demographic processes of rapid population aging, as well as the sociological contexts, outcomes, and social policy implications facing various Asian and Western countries.

One conclusion became clear throughout the paper presentations and discussions during the conference: While there are many differences between nations East and West in confronting issues of rapid population aging, there are also many similarities.

On the one hand, the conference highlighted significant differences among Eastern and Western nations at the start of the 21st Century. The first difference concerns cultural and historical traditions regarding aging and the aged: While many Eastern societies are based on the Confucian tradition of "filial piety," there is no similar tradition of respect toward elders in Western societies. A second difference is the rate of population aging, which has been more pronounced in Western nations during the 20th Century, but which will rise considerably in Eastern nations during the early 21st Century. A third contrast involves the role of family households in providing living arrangements for older members—this is much more common in Eastern societies. A final difference is the availability of state-mandated economic supports for members of the elderly population, which today are more available in Western nations.

On the other hand, the conference discussions indicated some major similarities in the issues and responses of aging societies East and West at the turn of the Century. The first concerns the primary and continuing role of the family in supporting elderly individuals. Conference participants from both Eastern and Western nations noted that family contributions had been, are now, and would be in the future the major source of social and instrumental support for elder family members. A second similarity is the growing importance of intergenerational issues across these societies, including the role of elders as benefactors and beneficiaries in family and society. A third concern across these nations is the rapid growth of public policy debates about the role of state governments in providing for elderly members of their societies—a growing minority of whom are childless or who have no younger family generation members to support them. Fourth are common concerns both East and West about continuing economic development, and how to balance the needs of a developing national economy against the needs of a growing population of economically dependent individuals.

Following the conference, the participants agreed that these issues—a discussion of differences and similarities facing nations East and West in response to population aging—deserved to be published in a volume that could stimulate other scholars toward future research about these issues. We are grateful to Dr. Ursula Springer of Springer Publishing Company for making this vision become a reality, following many delays in our submission plans for editorial processing.

We want also to acknowledge the *Korea Journal of Population and Development*, now *Development and Society*, the official journal of the Institute for Social Development and Policy Research of Seoul National University, which published some of the original papers of the conference in volume 24 of 1997.

Support for the conference and its publication have come from a variety of sources, and we want to acknowledge these. First we want to recognize the initial effort of Professor Lim Hyun-Chin of the Department of Sociology at Seoul National University, then Director of the Institute for Social Development and Policy Research, to mobilize financial and administrative support to organize the original conference in Seoul. Second we are grateful to Professor Chang Kyung-Sup who was responsible for not only coordinating the confer-

ence but also for publishing some of its initial papers in the *Korea Journal of Population and Development.* In addition we want to recognize the financial contributions of Samsung Life Insurance Company, Daesan (formerly Miwon) Cultural Foundation, Asia Foundation, Seoul National University, and Dong-A Ilbo Daily News to the conference.

Bringing this volume into publication would have not been possible except for support form the James Irvine Foundation through its Southern California Studies grant to Professor Michael Dear of the University of Southern California. The James Irvine Foundation has been visionary in funding a wide variety of research initiatives concerning the future of southern California and its crucial ties to Pacific Rim nations. The Foundation's SC-2 grant provided crucial assistance in enabling the editing and production of *Aging East and West.*

We want also to acknowledge several individuals whose expertise has been crucial to the development of this volume. First is Linda Hall of the University of Southern California who has supervised the volume into print despite many challenges and delays. Second is Deborah Weisberg, also at USC, who was responsible for word-processing the many editorial revisions to each chapter from authors East and West. Third is Norella Putney, a Ph.D. candidate in Sociology at USC, who thoroughly edited each chapter for substance, style, and wording in English. Much of the resulting continuity across chapters in this volume is due to her skillful editing. In addition, she developed the first draft of chapter 12, which summarizes contrasts and similarities across the nations represented in this volume.

Finally, we were sorry to learn as this book went to press that co-editor Professor George Myers of Duke University has died. Dr. Myers was a leading light in the demography of aging and in international gerontological research; we will miss him greatly. During his illness Professor Ki-Soo Eun of the Department of Sociology at the Academy of Korean Studies took over important editorial responsibilities, and the senior editors wish to express their profound thanks to him.

Vern L. Bengtson
Kyong-Dong Kim
George C. Myers
Ki-Soo Eun

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PART I

Comparative Lessons Between East and West

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CHAPTER 1

Aging in East and West at the Turn of the Century

Kyong-Dong Kim, Vern L. Bengtson, George C. Myers, and Ki-Soo Eun

Becoming old is a universal phenomenon. And yet, ideas about what constitutes old age, what it means to be old to the aged themselves, how people fare in old age and how they are to be treated, who looks after them when they need care—all these have varied among societies over time. In the past, when conditions of life were extremely demanding, most people only survived to their thirties and by then were considered to be old. Still, in many societies, particularly those of the East, the aged were revered and protected, perhaps because they have been relatively few in number. Even the most senior members were looked on as persons to be respected, emulated, listened to, and obeyed, and they were provided with whatever care they needed, primarily by the family or relatives.

In the last century, the circumstances of the aged, and individual aging itself, have dramatically changed. On the global level, the main force behind these changes relating to old age has been the process of modernization—encompassing industrialization; economic growth; urbanization; and their attendant changes in value orientations,

social norms, institutional arrangements, and behavioral patterns. In considering old age, the first manifestation of these changes is population aging. Increasingly in the developed and rapidly developing nations, this is becoming a serious societal issue, one that poses a multitude of thorny problems for nations, both East and West. While basically a demographic trend, population aging is in fact a revolutionary force that is affecting the social, cultural, political, and economic conditions of life in whole societies.

In itself, population aging is a very complex phenomenon. Those of us who have been observing the trend in both highly industrialized and rapidly industrializing societies have begun to notice some interesting currents of change in this process. Population aging and its implications are neither linear nor simple; understanding the dynamics of these processes is not straight forward. We decided that a systematic East-West comparative analysis of this worldwide phenomenon was needed. It was with this aim that an international conference of scholars was convened in Seoul, Korea. The fruits of this effort are presented in this volume.

Our main objective in this work is to examine comparatively recent developments among Eastern and Western nations concerning population aging; social, cultural, political, and economic consequences of these trends; and implications for policy formulations or reforms. The analyses primarily focus on demographic trends, sociocultural contexts, and policy implications in each of the six countries selected as case studies of population aging—in the East, the People's Republic of China, the Republic of Korea, and Japan; in the West, Germany, the United Kingdom, and the United States. These nations also are differentiated in terms of their economic development—the more industrially advanced societies (both in the East and the West), Germany, the United Kingdom, the United States, and Japan; and the currently industrializing countries of the East, China and Korea.

This selection of nations provides us with an opportunity to examine the intricate development of population aging-related issues and their varied solutions in diverse cultural, socioeconomic, and historic contexts. In addition, the inclusion of mainland China enlightens us about the experiences of a "socialist" state with an aging population. Such an analysis brings into sharper focus the conditions and

solutions that are unique or similar, and points out where they may converge in the future.

THE DIVERSE TRAJECTORIES AND EFFECTS OF POPULATION AGING

In presenting these selections, we call attention to the varied trajectories and effects (sometimes unexpected) of population aging in Eastern and Western societies. This has to do with how culturally diverse societies that are at different stages or on different paths of economic development bring singular experiences and responses to the issues and problems of population aging. The historic timing of such changes and the speed at which they occur are consequential. Some countries experienced industrial development much earlier than others, and that development occurred over a much longer period of time in a very different historic context. Beyond this, culture itself circumscribes how societies define and respond to population aging. The cultural stereotypes of aging and the elderly population found in these societies brings into view the often paradoxical ways in which aged persons are regarded and further complicates our understanding of worldwide population aging and its effects. We now elaborate on these issues.

Demographic Patterns

First, the trends and characteristics of population aging in each nation are examined from a demographic standpoint. From these analyses, we notice that population aging has been a common phenomenon for some time in the industrialized societies, both in the East and the West. However, in the rapidly industrializing countries of the East, population aging is now manifesting itself as a new event, attracting the attention of those concerned with its present and potential societal ramifications. Moreover, in the West the current trend of population aging is projected to continue only to roughly 2040, after which it will level off. In the East, however, the increasing rate of population aging will not peak until after the midcentury mark and then continue at a slower rate for some time thereafter.

Support of Aged Persons

A second main issue addressed pertains to the support and care of aged persons, who now represent an increasing proportion of the populations in all developed and rapidly developing countries. Societies are presented with two major dilemmas. One is the issue of *who* will provide the care to these elderly persons, a dilemma that often places the needs of the family in opposition to those of the state or community. The second dilemma raises the question of *what kind of care* is to be provided; in particular, economic provision of support versus social, psychological, and cultural care. Moreover, there are important questions raised about the quality of care and how it is perceived by the recipient. Of course, these two dilemmas in providing care for the aged are not necessarily mutually exclusive—the who and what frequently overlap—but they often clash in reality. To the extent that industrialization and urbanization mean greater complexity in matters of family, the state and aging, the issues of who provides care to the elderly population and what kind of care is expected or provided becomes much harder to disentangle and resolve. For example, when the family was the sole provider of old-age care, things were at least more simple. Families not only supported the aged person economically, but they also made the aged person socially comfortable, psychologically happy, and culturally enjoyed. Due to the rather drastic changes in the social functions of the family over the last several decades, it is less able to provide this kind of care for aged family members. Mostly in the advanced industrial societies in the West, the state has largely replaced the family in this regard. Nevertheless, the role of the state by nature is limited in that it can hardly play the part of social, psychological, and cultural caregiver. Moreover, the economic resources available to the state to even perform the function of financial provider are beginning to diminish in these countries. Today, solutions to this problem are often seen in the restoration of the traditional role of the family and even the community.

Recently, an interesting twist in the dilemma posed by population aging has developed in some Eastern societies; for example, in the Republic of Korea and China. As they are relative latecomers to the global process of modernization, they have not yet been able to develop fully adequate state support systems for the aged population.

Because of the strong heritage of family caring for its aged members, their reliance on family support continues. Moreover, the responsibilities of caring for kin have been codified into law in China. However, the rather rapid growth of the aged population may soon exceed family support capabilities, and will heighten the need to establish more extensive state social security systems.

If one now introduces the element of culture into this complex picture of population aging, a more paradoxical twist in this dilemma becomes evident. A prevailing cultural stereotype of Eastern societies is that historically old age was revered, and that for the most part elderly persons were well taken care of by the family and the community. The global trend of population aging—in itself an inescapable consequence of the modernization process—has touched societies in the East such that they now have to move away from exclusive reliance on the family and expand the role of the state as the source of support for the aged. This may occur with some reluctance because of deeply held cultural beliefs about the role of family and its duty to its elders, but it is inevitable for practical reasons. On the other hand, Western advanced societies—which long ago shed sole reliance on the family for care of its elderly members—are now trying to reassert the importance of the family and community for the care of its rapidly expanding aged populations. They are doing this not necessarily for cultural reasons, but out of practical need. Thus, in the face of population aging, the imperatives of their distinct cultural and socioeconomic histories are now causing Eastern societies to turn to the state, while Western societies are increasingly recognizing the important role of family care. In the future as the economic conditions across industrialized societies reach similar levels, we might expect that East and West nations will increasingly face common population aging dilemmas. Under these conditions, their solutions and policies may also converge. At that point, countries with divergent cultural backgrounds and historic experiences may well look to the experiences of other nations as a way out of their population aging entanglements. One of the potential advantages for newly economically developing nations is that they can look to the more developed nations for examples to emulate—or reject. This vantage point contributes to the usefulness of comparative studies, not only for rapidly developing nations coming more recently to issues of

population aging, but for all nations facing the macro forces of demographic and economic change.

Generational Relations

A very important yet often neglected issue in discussions of population aging pertains to the concepts of generation and conflict between age groups. While individual aging is generally accepted as a noncontentious fact of life, at a societal level aging is becoming a source of generational conflict, or at least strain. The question of who will bear the burden of caregiving of the aged person—whether it is the family or the state—may increasingly evoke generational tension. The same applies to what kind of care is to be provided and how. And because generational conflict entails more than economic considerations, it could develop into a heated political issue that may become international in scope.

AN OVERVIEW OF THE VOLUME

In part I, the authors focus on comparative analyses of aging in Eastern and Western societies and their diverse historic contexts. In chapter 2, Catherine Jones Finer offers a broad historic account of population aging in Europe. She links this to the processes of modernization that affected different regions of Europe in diverse and consequential ways. In her analysis, she helps clarify certain misconceptions and distorted understandings of age and aging that have made their way into present-day stereotypes of old age in both Western and Eastern societies. Reviewing the implications of the various patterns of modernization for elderly persons, largely in terms of industrialization and urbanization, she also discusses the role of belief system in relation to families, states and the elderly population on social policy programs. In considering the issue of welfare statism, she points to an emergent trend—the rediscovery of family and community care. Finally, the author challenges those concerned with the issue of population aging to listen to the voices of the elderly persons themselves.

In chapter 3 Kyu-taik Sung presents an empirical work comparing the reasons given by adult children in Korea and the United States for providing care to their elderly parents. Using survey research findings from each country, the author identifies cross-culturally shared, as well as country-specific reasons. In both countries, "affection," "repayment," and "filial responsibility" were cited as important. Korean respondents emphasized "filial respect," "family harmony," and "filial sacrifice," while American respondents did not mention these reasons. Sung then discusses the reciprocity of parent-child relationships, the influence of cultural tradition, and theoretic explanations with respect to the different responses given by adult children in these two countries for looking after their elderly parents.

The chapters in part II explore aging in three Asian nations Japan, Korea, and China. Chapter 4 provides an introduction to the organization of old-age support in China. Shengzu Gu and Jersey Liang review the societal context of China's recent economic development, including population aging. Along with China's ongoing transition from a centrally planned to a market-oriented economic system and its consequent rapid economic development, the process of population aging is also accelerating. A result of this change is that the traditional modes of providing support to elders has become disrupted; population aging and parent care are becoming important issues in China.

Using national statistics and data from a large survey they have conducted in the Wuhan area of south central China, the authors examine two types of support systems for the aged person—family-based informal support and publicly organized formal support. The family-based old-age support system is analyzed in terms of various dimensions of social networks and interpersonal exchanges, living arrangements, exchange of support, perceived emotional and instrumental support, and satisfaction with social support. Significant rural-urban differences are found. In terms of the public support system, the authors examine employment-related old-age support systems such as pensions, health insurance for the aged, and social assistance provided either at home or in the community and focus on the types of arrangements, operations, and funding mechanisms. Finally, Gu and Liang comment on the future challenges facing these two old-age support systems in China and suggest possible policy reforms to

address the growing problem of old age support, particularly in rural areas.

In chapter 5, Hiroshi Kojima examines trends of population aging in Japan and their future policy implications. He projects that the proportion of the population aged 65 and over will exceed 27% by 2025, making Japan's population one of the most aged in the world. Among the elderly population, the "older old"(aged 75 and over) will increase dramatically to around almost 16% in the same year. This rapid aging of Japan's population has been produced by sharp declines in both fertility and mortality. In particular, the tendency of younger cohorts of women to marry later or remain unmarried is seen as the primary demographic determinant of Japan's fertility decline. After examining the major demographic consequences of population aging, Kojima discusses the sociocultural contexts of aging with special reference to the family.

Using 1991 and 1996 National Survey Data on attitudes toward population aging and alternative policy measures to slow population aging, the author finds that the intergenerational extended household remains an important source of support and care of the elderly person, despite the fertility declines seen over the last few decades. His analysis shows that a pronatalist strategy is more acceptable than an immigration strategy as a policy measure to slow population aging. This suggests the need for a comprehensive family policy in Japan.

In chapter 6, the late Gene Yoon (who passed away during preparation of this volume), Ki-Soo Eun, and Keong-Suk Park provide an overview of the emerging problem of population aging in Korea. They discuss, on the one hand, attendant discrepancies between increasing need for care of the elderly population and the ill-prepared condition of the society to undertake state support of elderly persons and, on the other hand, the changing attitudes of individuals with elderly parents relative to the availability of old age support. As Korean culture traditionally has emphasized *Hyo* or filial piety and the state does not yet have an effective social security system for the support and care for the elderly population, responsibility for care of the aged primarily falls on each family.

In spite of this general expectation that families will provide for their parents in old age, elderly parents are beginning to feel uncomfortable. While adult children in Korea today clearly understand that their aged parents need assistance and support from them, they

want to resolve the issue of support for elderly parents in a way that diverges from the traditional mode. There is emerging an incongruity of expectations between aged parents and their adult offspring. Yoon, Eun, and Park examine how changing attitudes toward aged persons are reflected in family life with respect to living arrangements and personal contacts. Finally, they discuss the current status of various welfare policies related to old age in Korea.

In part III, authors focus their attention on issues of aging in three developed nations—Germany, the United Kingdom, and the United States.

The first Western country represented in this volume is Germany, which has had to face the unique problem of political reunification and its impact on the policies and practices of old-age care. In chapter 7, Ineke Maas focuses on the distribution of financial resources and health care as primary determinants of well-being for the aged. She begins with a brief review of the demographic changes that have contributed to population aging in Germany. In particular there has been a significant increase in the numbers of the oldest old, especially among men and in rural areas.

Using data from the Berlin Aging Study, an interdisciplinary study of West Berlin elderly persons aged 70 and older, Maas reports that elderly persons are not necessarily poorer compared with the rest of the population, but that differences in economic status do appear by gender and marital status. Elderly persons rely to a large extent on the state for the provision of financial resources in old age, the primary source being the compulsory Public Pension Scheme. This system is under increasing fiscal pressure because of rising costs, primarily due to population aging. Up to now, this pressure has been mainly resolved by increasing the contributions of younger generations. However, public pressures are building to have the elderly persons contribute more toward their own welfare.

The health situation of the elderly population and the viability of the Health Insurance System are already more critical issues. While high morbidity and intensive medical treatment are obvious characteristics of old age, at present the need for health care among older persons is still rather low. Interestingly, she reports that nearly a quarter of those in need of care manage to survive without actually receiving any care. But as Maas argues, this is not the desired model for health care in the future. In contrast to the declining financial

reserves of the country's Public Pension and the Health Insurance Systems, the reserve capital of the Care Insurance Program is still growing. Nonetheless, it remains to be seen whether the new Care Insurance will increase the older population's ability to stay independent when they need care.

The United Kingdom in 1995 had the highest proportion of elderly persons in its population of any nation discussed in this volume and has had very extensive social policy experience in dealing with the issues of an elderly population. In chapter 8, Helen P. Bartlett and David R. Phillips review the demographic trends of population aging in the United Kingdom, noting that the oldest old groups have grown markedly in recent decades. They point to several contributing demographic factors: a significant decline in fertility rates, increasing rates of life expectation at birth, increasing dependency ratios, and variations in mortality and social class in old age.

Bartlett and Phillips introduce the concept of "health expectancy" or disability-free life expectancy to present a more comprehensive picture of the health status of the elderly population. This is then related to such factors as occupation, education, housing, and nutrition, which in turn reflect the social class of the aged. They also examine changing family circumstances relative to issues of old age including trends toward living alone or only with a spouse instead of in extended households and the greater difficulty of maintaining contact between and support for elderly parents and their children. This reflects not only the decreasing prevalence of coresidence among the aged and their married offspring but other social changes such as residential and occupational mobility and declining societal and individual expectations regarding intergenerational reliance.

The authors examine the implications of these changes for aged care policy and planning. In their review of current policy reform, they show that the central focus has been a shift from institutional to home-based care. While the emphasis is on increasing consumer choice and control, the authors show how these reforms have significantly affected the balance between the National Health Service, local authority, and the independent residential and nursing home sector. Finally, they propose some new orientations and innovative models for dealing with the problem of old age care.

In chapter 9, Tonya M. Parrott, Teheran L. Mills, and Vern L. Bengtson indicate that contrary to common stereotype that indepen-

dent elderly American parents tend to support themselves, live in nursing homes, or almost totally rely on national social security programs, as much as 80% of the care that elderly persons receive comes from informal caregivers, most of whom are family members. Nevertheless, population aging and the changing family structures may create strains on the future ability of families to care for the increasing needs of its dependent members.

The authors review the demographic context of aging in the United States, highlighting the special problem of an expanding "oldest old" (85 and over) population. They examine several major topics—changes in the family, the increasing diversity of the older population, the role of women in family care, as well as the social structural influences that shape the aging experience and the nation's policies for an aging society.

In analyzing the social structural implications of aging, the authors employ the concept of "structural lag." This refers to a situation where people's lives change faster than the social structures within which those lives are embedded. Hence there is a mismatch between people's capacities, behaviors, and beliefs and the surrounding societal structures of role opportunities and constraints. Applying this concept to family changes, they show that while some sociologists, and even politicians, conclude that the American family is in decline, scholarly research yields evidence that intergenerational bonds remain strong and families serve as the primary and most effective source of support for the aged. Moreover, older persons continue to be actively involved in kinship roles and norms and values supporting of the new and diverse forms and patterns of American families, such as multiple generations, late childbearing age, childlessness, and same-sex parenting on caregiving policies and behaviors. Another instance of structural lag could be located in the stereotypes concerning the "disorganization of minority families," and the activities of women within the family. While research findings show that there are very strong affective and obligatory ties in minority families and that women play the central caregiving role in families, there are also great personal costs, especially for those involved in old-age care.

Finally, the authors point to current American policy debates over federal expenditures that may constrain the government's ability to respond to the needs of aging families. They suggest that the gap

or "structural lag" between the social conditions produced by family demographics factors and necessary remedial social policies should be closed and a new balance between family and government responsibilities for the aged achieved.

In part IV, three chapters address some conceptual and methodologic issues. In chapter 10, Kyong-Dong Kim offers a comparison of Eastern and Western cultural stereotypes of age and the aged persons. He specifically examines Korean and American verbal cultures through a content analysis of Korean and English words and expressions dealing with old age and old people found in common sayings, proverbs, and maxims that are published in dictionaries and anthologies.

Contrary to the expectation that the aged are revered and respected in the East while youth is extolled and envied in the West, the analyses of the words and sayings in the Korean lexicon reveal that they contain more negative than positive images of old age. Western proverbs, on the other hand contain both negative and positive expressions, but they appear almost equal in number. An interesting feature found in the Korean vocabulary is that not only are the negative images more numerous in quantity, but they are also more variegated in kind. These findings raise some intriguing questions about the seemingly contradictory images of old age found in the verbal culture of the East and West.

Chapter 10 is devoted to some methodologic issues related to the comparative study of old age. George C. Myers provides an overview of the complex picture of population aging in East and West and introduces a conceptual framework for conducting comparative aging research. Important factors that should be considered in these analyses are: (1) societal systems within which the political structure, cultural and social dimensions, and level of economic development operate and interact; and (2) demographic structures involving fertility, mortality, migration, urbanization, marriage and divorce, and labor force dynamics.

Myers examines several modes of empirical investigation, including census and longitudinal surveys, and discusses the major issues of research design, such as nature of sampling, case selection, mode of interviewing, survey contents, and record linkage. He suggests that to appraise the nature of the global trends in population aging, an adequate knowledge base is required. This effort can be furthered

by in-depth analysis of the changing conditions and needs of older persons through systematic, coordinated cross-national longitudinal studies.

In chapter 12, Bengtson and Putney consider the implications of population aging for families and states and the conclusions that can be drawn from the six nations, East and West, represented in this volume. The authors ask: "Who will care for the elderly in the twenty-first century?" The worldwide decline in fertility coupled with longer average life expectancy means there will be increasingly greater numbers and proportions of elders. Population aging is altering family structures and reducing the numbers of adult children available to care for aged parents and grandparents. As a consequence, population aging will strain the existing health care and support resources of all nations and families. The public's responsibility for the elderly population is a central policy question for all nations with aging populations. Another question concerns the family's capacity to meet the dependency needs of its oldest and youngest members.

The authors first discuss five issues they see as common across all of these societies both East and West: Pronounced population aging; changing family structures and smaller families; changes in living arrangements between generations; changes in family roles in care of the elderly; and the challenges of population aging facing government programs. They also identify some strong contrasts between Eastern and Western nations as they address issues of population aging: Differences in internal population diversity; differences in economic and political development; differences in values of filial responsibility and familism; and differences in social expectations about state provisions and intergenerational support for elders. Bengtson and Putney call attention to a paradox: While in Eastern societies the state seems to be taking on more responsibility for providing care to elders (as family support resources become more strained) in the Western societies there appears to be a retrenchment of state support due to strains on public budgets. Still, reliance on the family to provide support and care to elders remains central in nations both East and West.

Bengtson and Putney propose that future research give special attention to the issue of "generational equity," and whether state efforts to restructure social protection provisions for the elderly

will result in conflict between age groups. As societies confront the challenges of who will bear the burden of caring for the elderly population, at what cost, and at whose expense, population aging may become a source of generational tension and conflict, within both families and societies.

It is our hope that this volume will serve as a stepping stone to further studies that have a "systematic and coordinated cross-national longitudinal" nature. Although each society has divergent historic experience relative to questions of old age, it is increasingly becoming a common issue. Sharing theoretic ideas and methodologic approaches among experts of different countries is certainly of great help for progress in scholarly research and policy formulations.

CHAPTER 2

Aging in Industrial Societies, East and West: A Western Comparative Perspective

Catherine Jones Finer

The theme of "families, states and the elderly" covers key areas of difference between East and West with regard to care of the elderly person. Yet mutual misconceptions abound. One object of this chapter will be to expose some of these for what they are in the hope that a greater understanding and thence a more productive exchange of ideas may result.

The history of modern Western social policy has been very much about provision for the elderly population—that is, for the condition and attendant risks of being old and possibly alone in a wage labor economy. Of all vulnerable groups and conditions to be in, this is the one that has everywhere (in the West) been among the first to be singled out for collective public attention. It is one of the most obvious, the most deserving, the least controversial, and the least likely to be openly resented by other members of society—most of whom now expect to experience old age in their turn. Witness the number of countries that chart the beginning of modern times, so

far as their own social policy development is concerned, from the introduction of some form of old-age pension. Of course the first pensioners were not so numerous (relative to total population) as they are now, nor by the same token did they carry really as much (if any) political clout. Yet it is now, within the so-called liberal democracies of Western Europe, North America, and Australasia where the elderly population does indeed constitute a potentially powerful voting (not to say policy-making) constituency, that their claims are ostensibly being questioned and contested as never before.

In the eyes of the *non*-Western developed world, there need be no paradox in this. It is commonly assumed that individualistic Westerners do not respect and care for their elderly members in the way that (for instance) families do in Confucianist societies. Hence the readiness with which filial responsibilities were jettisoned (by Westerners) in favor of statutory action in the first place. Hence, by the same token, the problems of social welfare overload now, as Western citizens, hitherto so mindful of their social rights as against their duties, have been forced to face up to the consequences of their self indulgence. Naturally, if there are social spending cuts to be made now in the interests of "the survival of the fittest," the old—who were after all among the first to benefit from statutory welfare—will be among the first to suffer as a result.[1]

Meanwhile, what of the equivalent "West on East" preconceptions? Western conventional wisdom sees the Confucian (e.g., "typical Chinese," "typical Korean," "typical Japanese") family and society as being culturally incapable of accommodating (let alone encouraging) individual initiative, especially among the young (which in itself should be a recipe for economic stagnation!). Nevertheless, such cultures are presumed to show the elderly person greater respect and thereby to be offering them a better deal by Western standards—albeit at the expense of younger members of society.[2]

What of the realities behind the preconceptions? It is not only Western developed countries whose governments are expressing concern over issues to do with population aging. Eastern countries, both developed and nondeveloped, have similar concerns. Nevertheless it is still *Western* wisdom that tends to predominate in international debate; it is as if Westerners were still the experts in matters of statutory policy in this sphere, by virtue of seniority in the field-no matter how impressive or disappointing has been their example to

date. In itself, this is proof of the deference still ostensibly being shown by East to West on matters of public and social policy in general. It is a state of affairs with which individual Western policy makers, researchers, and academics have tended to concur, consciously or otherwise, since the status of "visiting expert" from West to East, has had much to recommend it. The notion that there might be a body of expertise worthy of travelling in an opposite East to West direction remains as yet to be recognized to the extent of being properly institutionalized on an international basis.

Such an imbalance of exchange is neither logical nor defensible. Faced with apparent common problems, notably in respect of aging and the welfare of the elderly populace, the industrialized countries of East and West, old and new, come to these issues with vastly different patterns of experience behind them and presumably different expectations before them. Nevertheless, it is because of such differences of trajectory that the current coincidence of interest could provide a focus for fruitful exchange. No country or culture is possessed of a monopoly of wisdom let alone of moral rectitude in respect to its treatment of elderly persons. All of our societies have evolved their own ways of caring and coping via a mixture of provisions private and public, individual and collective, formal and informal, and of greater or lesser responsiveness to the views and wishes of the elderly persons themselves.

So, if we set the crudities of East-West mutual stereotyping to one side, it may be assumed that each and every industrial and postindustrial society represented in this debate shares some common items of concern, together with relevant experiences to bring to bear on their consideration. In comparative analytic terms, therefore, the subject of aging and the welfare of the elderly population represents a point of commonality linking otherwise dissimilar systems. As such, it offers an opportunity for a comparative learning exercise far more wide-ranging than most hitherto experienced in "comparative social policy," whereby so-called "like" countries (typically Western welfare states) have been compared in respect to particular differences of social policy style and content, within a presumed common frame of reference.

This chapter will offer an outline review of Western—in particular European—experiences and perceptions of aging, its social policy implications, and the patterns of response these have evoked. The

amount of information capable of being presented within the space available will, of course, be limited. Even so, this should be sufficient to counter assumptions about Europe (let alone the West) being a single cultural entity in this respect. To begin with, however, it is worth emphasizing the *trans*regional quality of some of the issues under review.

POPULATION AGING: ISSUES AND PERSPECTIVES

It is no accident that the multidisciplinary field of *gerontology* (bringing together anthropology, biology, economics, geography, history, politics, psychology, and sociology as well as the professions of law, medicine, nursing, the remedial therapies, and social work to the study of aging and old age; Hugman, 1994) has come into its own in the latter twentieth century. The populations of all industrialized and most industrializing societies are currently aging though, thanks to differences of background, history, and circumstance, the process they are going through is never quite the same from one place to the next, any more than is the pace of a society's advancement through it. Aging is a multifaceted, multicaused, and multicausal phenomenon, itself of varying longevity as viewed from the present. The temptation has been to think of population aging as a single umbrella process or evolutionary experience and thence to be looking for single overarching frameworks of explanation, ideally with a degree of predictability about them for the sake of those who are following on behind; as if population aging was somehow just one facet of modernization and the march of progress, some of whose consequences relative latecomers to the field might be able to anticipate and mitigate by learning from others' experience. In reality, as with most issues to do with society and social problem solving, matters are a deal more complicated and relationships more tortuous to unravel.

Population aging can be viewed from a number of perspectives.

Demographically, population aging signals merely that there are more old or elderly people around than before, relative to the size of some or all other age groups in the population. There can be numerous explanations for this, ranging from the most obvious (increasing life expectancy in combination with declining birth rates

over time) to the most circumstantial (the effects of war on particular age cohorts, depending on which side they are on in respect of the onetime warring or warred-upon states).

Physically and psychologically, aging is associated with the declining personal autonomy and increasing dependency on others by a growing proportion of the population.

Socially and culturally, aging relates to the relative esteem (or lack of it) with which elderly persons in general are perceived. This varies depending on the importance a given society attaches to such considerations as seniority, continuity, tradition, authority, and perceived wisdom, in contrast to other factors such as enterprise, experimentation, openness, participation, and innovation. The relative balance between these varying positive and negative images of the elderly person could itself be influenced by demographic change affecting the proportion of elderly persons in the population, in that the higher the proportion of elderly persons, the less might be their rarity value as survivors and founts of wisdom, and the greater might be the perception of them as a burden.

Economically, the elderly population may be forced into being a burden, to the extent they are obliged to retire at a stipulated age from full-time employment; though the extent to which this may give rise to actual states of economic hardship and dependency will depend on the precise nature of any pension arrangements; this quite apart from the extent to which elderly persons or couples are perceived or expected or indeed *allowed* to stand apart from the younger generations of their respective extended families as distinct economic units for the purposes of establishing eligibility for means-tested and other forms of social help.

Politically, by contrast, the elderly population may be positively regarded (or resented) on three counts: the extent to which individual elderly persons are prominent in the upper echelons of legislative, judicial, and executive branches of national or state government; the extent to which numbers of them utilize their perhaps enforced wealth of leisure to engage in a variety of semipublic, public service, and local government activities of a broadly other-regarding kind; and the extent to which the mass of elderly persons may be seen as constituting a potent (or potentially potent) electoral force in their own right.

None of the above considerations operates in isolation from the rest, any more than they all relate, precisely and consistently, to one and the same category of people. Most of today's elderly persons count as elderly persons for social policy purposes only on certain counts at any one time. They might even pass in and out again of the status of being acknowledged as elderly persons in particular respects (such as when compulsory retirement in one sector is succeeded by a new job in another), though the number of counts on which an individual is likely to score as an elderly person is bound to increase with age.

For immediate social policy purposes, definitions depend on the reasons for which the elderly are being defined. Thus elderly retired persons or those eligible for pensions are typically classified as being 65+ (or perhaps 60+) for cross-national comparative purposes, simply because these are the cut-off points national governments have tended to adopt when producing their own national statistics. Whereas, in respect of likely physical dependency ratios, the category of "very elderly" (i.e., 75+ years of age) has come increasingly into vogue because this relates to the likely incidence of requirements for expensive health care and intensive social care in respect of an age group hitherto too diminutive to merit much policy attention and for whom, until recently, there was in any case not so much that *could* be done, both medically and technologically, as can be effected now.

For the longer term, it has to be assumed that the greater the proportion of successive age groups that survive into old age, the more heterogeneous will be the populations of elderly people that result. They will not (as might once have been the case) be predominantly rich, any more than they are today everywhere to be presumed poor by comparison with other groups. They are likely, as a group, to be in greater than average need of health and social care and forms of special accommodation; but such averages are likely to conceal wide discrepancies between the elderly persons of different income, social class, or ethnic or religious status—depending on the societies concerned—and of course between the situations of men and women. It is in the light of such elementary points of caution that we should regard the European experience.

GROWING OLD IN A MODERNIZING EUROPE

There has been much written about aging in relation to industrialization and urbanization in Europe. Improved standards of living, coupled with improvements in health and hygiene (especially at childbirth), are seen as having contributed to increased life expectancy, especially amongst infants and women (e.g., Minois, 1989). Just so, like the industrial revolution itself, modern population aging is regarded as having been an invention of northern and western Europe, rather than of the Roman Catholic south, let alone the Orthodox Christian east. Nevertheless these are at most patterns of association, rather than simple cause and effect relationships (see Tables 2.1 and 2.2).

It is well known that Britain was the first industrial nation and, by the same token, the first nation to have over 50% of its population living in towns (by the time of the 1851 population census). But it is or should be equally well known that the huge build-up of industrial settlements in Britain in the first half of the nineteenth century was anything but conducive to healthy living and longevity. On the

TABLE 2.1 Progress of the Relative Elderly (65+ years) Population Share, 1950–2010

	Elderly population (%)				Change in elderly population (%)		
	1950	1970	1990	2010	1950–70	1970–90	1990–2010
65+ years							
East	7.0	10.4	11.3	13.5	2.0	0.4	0.9
North	10.3	12.7	15.5	16.1	1.1	1.0	0.2
South	7.4	9.9	12.7	16.3	1.5	1.3	1.3
West	10.1	12.8	14.5	17.9	1.2	0.6	1.1
Europe	8.7	11.4	13.4	16.1	+1.4	+0.8	+0.9
15–64 years	65.9	63.6	67.0	66.2	–0.2	+0.3	–0.1
0–14 years	25.4	25.0	19.6	17.6	–0.1	–1.2	–0.5
All ages	100.0	100.0	100.0	100.0			

The percentage change represents the annual compound rate of change over 20 years of the share of the total population in the age group.

Source: Noin & Woods, 1993, p. 84.

TABLE 2.2 The Population Aged 65+ Years of European Nations, 1970–2010

	Thousands			Increase (%)		Share of total (%)		
	1970	1990	2010	1970–1990	1990–2010	1970	1990	2010
Bulgaria	815	1171	1468	43.7	25.4	9.6	13.0	16.2
Czechoslovakia	1605	1817	2073	13.2	14.1	11.2	11.6	12.4
GDR	2645	2181	2875	–17.5	31.8	15.5	3.1	17.3
Hungary	1191	1414	1621	18.7	14.6	11.5	13.4	15.5
Poland	2667	3557	4894	33.4	37.5	8.2	1.0	11.5
Romania	1750	2397	3302	37.0	37.7	8.6	10.3	13.2
East	10,673	12,537	16,233	17.5	2,395			
Denmark	606	794	906	31.0	14.1	12.3	15.5	17.7
Finland	424	657	816	55.0	24.2	9.2	13.2	15.9
Iceland	18	26	35	45.1	33.6	8.9	10.4	12.1
Eire	331	350	437	5.7	24.9	11.2	10.3	9.8
Norway	500	691	689	38.1	–0.3	12.9	16.4	15.6
Sweden	1101	1526	1605	38.6	5.2	13.7	18.3	19.4
UK	7177	8824	9267	22.9	5.0	12.9	15.5	16.1
North	10,157	12,868	13,755	26.7	6.9			
Austria	1050	1124	1306	7.0	16.2	14.1	15.0	17.8
Belgium	1294	1461	1667	12.9	14.1	13.4	14.7	16.6
France	6550	7752	9271	18.4	19.6	12.9	13.8	15.6
FRG	8,006	9,323	11,987	16.5	28.6	13.2	15.4	20.7
Luxemburg	42	49	63	16.1	28.9	12.5	13.4	17.5
Netherlands	1,329	1,903	2,482	43.2	30.4	10.2	12.9	16.2
Switzerland	714	998	1,306	39.7	30.9	11.4	15.3	20.3
West	18,985	22,610	28,082	19.1	24.2			
Greece	976	1376	1886	41.0	37.1	11.1	13.7	18.4
Italy	5867	8140	10,541	38.7	29.5	10.9	14.2	18.4
Malta	29	36	47	22.8	31.8	9.0	10.2	12.5
Portugal	832	1327	1600	59.5	20.6	9.2	12.9	14.8
Spain	3310	5113	6484	54.5	26.8	9.8	13.0	15.5
Yugoslavia	1589	2170	3744	36.6	72.5	7.8	9.1	14.5
South	12,603	18,162	24,302	44.1	33.8			

Source: Noin & Woods, 1993, p. 90.

contrary, urban living of this sort—in squalid, overcrowded, working-class neighborhoods and towns, whose housing and primitive sanitary facilities had utterly failed to keep up with the speed of growth in population migrating in from the countryside—was a sure fire recipe for dying young, if not actually at birth. (In Birmingham for instance, the death rate nearly doubled in the 10 years 1831 to 1841, from 14.6 to 27.2 per thousand!)

In truth it was not in industrial Britain but in predominantly rural France that population aging was first in evidence, by as early as 1850 (a consequence of low fertility rates from the latter eighteenth century onward (Warnes, 1993, p. 87). It was not until the end of the nineteenth century and beginning of the twentieth that population aging had commenced in the industrial heartlands of northwest Europe—notably in Germany and Britain—and then again it was a consequence of declining fertility rates, in addition to declining mortality rates at last (e.g., Eurostat, 1991).

There was thus a time lag between the first experiences of industrialization and its longer-term implications for population age structure. To put it at its simplest, the common material benefits of the initial economic take-off took time to filter through and make themselves felt in better, safer, more controllable conditions of life. The initial effects of the first raw industrial revolutions were to make life less healthy and less safe for the mass of ordinary people. By the time conditions were beginning to improve (not least as a result of belated policy attempts to compensate for the original environmental disasters), other factors were also coming to bear, notably the decision and the capability of increasing numbers of women to opt for having fewer children.

It might be deduced from the above that population aging has been a consequence of *post*industrialism rather than of industrialization per se (Hugman, 1994, p. 47). However industrialization per se has hardly been the same sort of experience from one European country or region to the next, even or especially by the time the front-runners were experiencing aging populations. Britain industrialized first, piecemeal, and in the dark, from roughly the mid-eighteenth to the mid-nineteenth century. Germany industrialized later (mainly from the mid-nineteenth century), more rapidly, and allegedly more efficiently in societal terms. Scandinavian countries industrialized later still but seemingly faster still, in the first half of the twentieth

century, in catch-up fashion. In doing so they reached relative affluence relatively quickly—and reaped the consequences of population aging likewise. By the 1950s they had in effect caught up with the likes of Britain, Germany, and France demographically (in this respect) as much as economically (Warnes, 1993, p. 83). Latterly, patterns and patches of industrialization in southern (Mediterranean) Europe have been associated with patches of population aging far more dramatic than anything now being experienced in north or west Europe; while the front-runners for aging in the early twenty-first century are expected to be the countries of former socialist eastern Europe (Warnes, 1993, p. 87).

Such differences in the pace and timing of aging are not necessarily best interpreted solely in national terms, certainly not within and between member countries of the European Union. To the extent that the debate is about the implications of a transfer from rural/agricultural to urban/industrial living (and for that matter from *extra-European ruralism* to *intra-European urbanism* in the case of migrants into Europe from poorer places elsewhere), with all the implications this may have not merely for average life expectancy but for the survival of the extended family and conceivably even of the nuclear family, the debate has to be not so much about nations per se as about different communities and cultures.

IMPLICATIONS OF EUROPEAN PATTERNS OF MODERNIZATION FOR ELDERLY PERSONS

The conventional assumption has been that modernization must involve a loss of status for the elderly populace. The transition from predominantly rural to predominantly urban life, from the extended family as some sort of economic productive unit to the nuclear family dependant on whoever was the wage-earner; from accommodation with space and capacity for expansion (however rudimentary) to accommodation in constricted space with no capacity for expansion; from a way of life organized mainly on the basis of accumulated collective wisdom and tradition (including religious tradition) to a way of life governed by the values of science, individualism, and secularism; it is not difficult to portray modernization as, by implication, a form of retreat from a hitherto golden age so far as elderly

persons are concerned. To make such assumptions, however, is to make assumptions about the quality of life of elderly persons and the factors most conducive to its maximization, which may well have more to do with folklore than fact.

As one of the most urbanized and densely populated countries in Europe, Britain is possessed of one of the strongest and most nostalgic traditions of community, backed by a corresponding conviction of the importance of forever striving to recreate and sustain something of this sense of community within the town. By community, in this popular and populist sense, is meant the archetype (or rather ideal type) country village: a complete self-contained and self-sustaining unit, hierarchically arranged according (e.g.) to social class, age, and sex, but shot through with reciprocal relationships of duty and desert, entitlement and obligation, involving every member of the community—as epitomized above all by their membership of and status within the congregation of their local (Church of England) village church. Such perfect emblems of civic harmony could scarcely ever have existed outside the pages of popular fiction, yet their influence has been none the less for all that.

It is from such a tradition, for instance, that we get our notions of the elderly person (principally the elderly male, though females could step in by default) as being respected in days of yore as unquestioned pillars of the community; of their being not merely in undisputed charge of their extended families, but of their being deferred to as village wiseacres as well. There is no place in this mythology for mention of the grinding poverty of most village communities in pre-industrial Britain; of the enforced neglect of nonproductive members of such communities; of the fact that so few of them—women especially—survived long enough to be considered old at all. In reality, in such a context, extended family could as readily spell unending duty and the obligation to pull one's weight for as long as humanly possible, as it could the luxury of a well-earned period of consideration, deference, and support.

But all such, one might argue, is in the past, well behind us. Predominantly rural communities in the Europe of today are quite different. Certainly, available evidence suggests that the strength of intergenerational family ties is far stronger (as manifested by co-residence, for instance) in the agricultural regions of southern and eastern Europe today than it is in either the industrialized towns

and cities of those countries or in both the towns and countrysides of northern and western Europe (Hugman, 1994, p. 50). Yet even without the accompaniment of grinding poverty, it is not absolutely clear that such continuing arrangements automatically favor the interests of the old. Indeed evidence from across Europe would seem to emphasize the variability and frequent ambiguity of the position and especially the economic status of older people in rural agrarian society. Nominal control over the younger generations—such as control over family landholdings—can all too easily become a focus for bitter rivalries and disputes within families, at the elderly person's expense (Quadagno, 1982).

The very worst off as a group, however, would seem to be the elderly persons caught up in the actual period and process of industrialization, when the young are leaving for the towns and the elderly persons are left behind. In such circumstances there can be not merely an enhanced sense of isolation for elderly people but a breakdown in their everyday support services, once the proportion of young adult to elderly persons in the local population slips below a critical level. Meanwhile, those elderly persons who contrive or are persuaded to follow their young to the town are, here again, likely to experience feelings of dislocation, effective isolation, and loneliness, as the norms of their own upbringings are set aside and they experience, at the very least, not the sort of old age they had been brought up to expect (Cowgill & Holmes, 1972).

In the case of societies sufficiently long industrialised and urbanised for the elderly persons themselves to have grown up as town dwellers, it is much more difficult to demonstrate that the attributes of town-dwelling per se (including the relative rarity of co-residence with younger generations) is actually detrimental—or seen as being detrimental—to the well being of the elderly persons themselves. "Considerable evidence has been offered over a long period of time that the majority of older people in urban industrial areas do have frequent contact with kin" confirms Hugman (1994, p. 51), reporting the fruits of researches relating not just to Britain but to north and west industrial Europe in general; and it would seem to be positive, predictable contact, rather than mere co-residence per se, that is the vital consideration.

In most cases, the mere fact of urban residence tends also to mean residential proximity sufficient to render frequent contact

practicable, unlike as may be the case with first generation movers to the town and especially with migrants to Europe's towns from outside Europe. It is in these latter cases that all the difficulties for the elderly person associated with the period of population shift from rural to urban living (above) are multiplied for those caught up in the throes of transnational—or even transcontinental—rural to urban migration. It is these elderly persons who tend, far and away, to be the most isolated if left behind; but then again to be the most isolated if they accompany or follow their children. The invisibility of such elderly people, concealed at home within ethnic minority groupings, which may themselves be of low profile or low priority for public policy purposes, and barred by language if not religion from identifying with mainstream society in any case, can result in their suffering special depths of loneliness and disorientation, while at the same time being at greatest practical remove from the prospect of help from such social services as might be around.

CHRISTIAN TEACHING IN RELATION TO FAMILIES, STATES, AND THE ELDERLY POPULATION

The outstanding cultural attribute that was supposed to distinguish the whole of Europe from Asia in particular, was its common Judeao-Christian religious heritage and tradition. Ostensibly this was very much a family-oriented tradition. "Honour thy father and thy mother" says the fifth of the Ten Commandments conveyed by Moses from God to his people, "that thy days may be long in the land which the Lord Thy God giveth thee" (translation according to the Church of England's *Book of Common Prayer,* 1645). Christian marriage is a sacrament ordained by God for the procreation and upbringing of children. The Holy Family must be the most painted and venerated threesome in the recorded history of the world.

Yet in practice Christianity has been anything but a common—in the sense of a unifying—religious tradition. It was in the wake of the Protestant Reformation in northern Europe that the rise of capitalism and the industrial revolution itself occurred, so runs one famous line of argument (Tawney, 1926; Weber, 1930), thanks to the spirit of entreprise coupled with belief in the sanctity of individual effort and hard work that fuelled both the spiritual and then the

material revolution. So has this same individualism latterly been credited with encouraging not merely the break-up of the extended family but the secularization and even statutoralization of social welfare provisions in general, away from both the family and from the monopoly of the Church (Hugman, 1994, p. 61). By contrast, the continuing Roman Catholicism of mid- and southern Europe is associated not merely with the relative survival of the extended family as a social institution, but with the Church as continuing prime provider in the field of social welfare in support of the family. The doctrine of *subsidiarity* stipulates that the state should only ever intervene in the provision of social welfare at any level after family and community (e.g., local Church) responsibilities and capabilities have been exhausted (e.g., Pope Pius XI's encyclical *Quadragesimo Anno*, 1931).

To the extent that these are indicative of varying traditions of Church-state relationship, they help distinguish between what amount to social policy zones within Europe. Northern and western "Protestant" Europe as was (certainly Scandinavia and to some extent Britain) is today's most secular, most individualistic, and yet—at least until recently—the most welfare-state minded (in the sense of believing in statutory provision for citizens as of right) Europe. Central and southern "Catholic" portions of Europe (e.g., much of Germany, Austria, Italy, and France, not to mention Poland and parts of the former Yugoslavia) have ostensibly been much more conservative of family values and responsibilities under the aegis of Church and community. Whereas eastern Orthodox Europe (Orthodox Christianity being historically more susceptible to state direction, by comparison with Roman Catholicism, see Finer, 1997, Vol. II, Book III, Chapter 1), has yet to lay claim to any distinctive style of social policy separate from that of the state systems it has been subordinated to; which, in the case of East European "communism," had been dedicated to negating not merely networks of religious-inspired activity but the very idea of self-functioning civic institutions capable of operating independently of the state.

Finally, the fact that most member states of today's European Union are for various reasons possessed of substantial minorities of people *not* reared in the so-called Judeao-Christian tradition, weakens even further Europe's claim to having a single cultural identity,

capable of sanctioning anything approaching a common code of conduct with regard to its treatment of the elderly population.

THE STATUTORY RECORD

Questions of population had emerged as politics by the early twentieth century in Britain, France, and Germany largely because of fears about manpower sufficiency to meet national economic and military requirements. British anxieties came to the fore in the wake of the Boer War in South Africa (1899–1902) and the discovery that some two thirds of would-be British recruits for that war had had to be rejected as unfit for service (HMSO, 1904). The answer settled on in the British case was free school meals for necessitous school children (1906), backed up by compulsory school medical inspections (1907), followed up by basic flat rate National Health Insurance (1911) for working men.

Separate from this, but of related significance, was the introduction (1908) of the first state pensions for respectable old people of modest means: the sorts of people who ought *not* to have to face the humiliation of having to apply for poor relief. The fact that such elderly people were by this time more and more possessed of a vote and that the infant British Labour Party (founded 1900) was sponsoring the cause of pensions as a sure-fire vote winner, made 1908 one of the clearest examples of statutory social policy to win votes in the evolution of the British welfare state.

French population anxieties surged to the fore during and after the slaughters of World War I, from whence date the first moves in France's famous tradition of pronatalist family policy. Government enterprises began paying out family allowances (by way of a *sursalaire*) to those of their employees who had children to support; other large employers (competing for scarce labor) began to do likewise. From 1932 every relevant industrial enterprise was obliged by law to be contributing to a family allowance fund on behalf of its own workforce. 1939 saw the promulgation of the (Vichy) *Code de la Famille* and 1945 (end of World War II) saw the reaffirmation of French family policy objectives in the famous words of General Charles de Gaulle: " . . . in 10 years, 12 million beautiful babies."

It is scarcely surprising that alongside such pressing priorities the needs of the old in France should have been relatively neglected over the same period, at least in terms of public policy and targetted social spending. The first 1910 pensions for *ouvriers et paysans* existed more on paper than in reality, so low were the national rates of contribution and entitlement. In 1930 compulsory contributory, wage-related pension arrangements for industrial workers (via approved *Caisses*, as in the case of family allowances above), were again set low and with no provision for inflation proofing. So it was not until the turbulent 1970s that the elderly population in France—by now a sizeable and vocal electoral force cutting across other constituencies—could be said to begin to enjoy something approaching the policy consideration hitherto reserved for families with children.

By contrast, the newly united Germany (1871) under Chancellor Bismarck's direction had legislated for compulsory contributor workers' pensions from as early as 1889; though this had more to do with disciplining the workforce (and their employers) and warding off socialism, than it had to do with promoting the welfare of future elderly *persons*. Indeed the German record on pensions ever since—even allowing for the hiatus of the interwar years and World War II—has been one of providing generously for pensioners, but only in the light of individual earnings and contribution records. Effort and achievement merited their just rewards (and differentials), to be projected into old age. It was a far cry from the Beveridgean notions of flat rate pensions (based on flat rate contributions) for all as of right, being promulgated in post World War II welfare state Britain, where the welfare of the elderly population per se was being proclaimed a policy priority.

Nevertheless it was in the area of pensions that an element of convergence was subsequently perceived to be taking place within western Europe, as more and more countries strove to combine the virtues of a flat rate floor of protection for elderly persons with the attractions of a second tier of pensions linked proportionately to previous earnings and contribution records. Postwar western Europe's optimism about the future seemingly knew no bounds, as ever more elaborate and dynamic pension entitlements for the future were laid down on a pay-as-you-go basis and as pensions already in payment were systematically revamped so as to protect not merely their purchasing power but their relationship to the average wage

(e.g., Wilson [1974] for a useful country by country review of developments over the 1950s and 1960s). One of the last to arrive at this seemingly best of all worlds was Britain, whose party political divide on this subject—between Labour's wish for a single system of statutory, part-redistributive "national superannuation" and the Conservative's wish to maximise the spread of private occupational pensions—lasted for nearly 20 years. It was not until 1975 that Britain's compromise legislation was passed, allowing a second tier opt out for approved occupational pension schemes, leaving all those *not* so well employed under a new State Earnings Related Pension Scheme (SERPS). Unfortunately, by this time "the writing was already on the wall" in economic terms, so Britain's SERPS was set to be in trouble politically (under Mrs. Thatcher's administration from 1979) almost before it had begun.

WELFARE STATISM IN QUESTION

It was from the 1970s that the big idea of the welfare state itself came up for review. To the extent that this was a crisis of confidence about levels of public expenditure in relation to national earning power and international competitiveness, it was the accumulated statutory commitments to pensions for elderly persons that was everywhere seen as the biggest single cause of the problem. Certainly the pensions payout—especially when combined with any means-tested back-up payments specifically in support of elderly persons—constituted far and away the largest single item of social expenditure in every country. Yet it remained—and remains—the case that the elderly population is the group "hardest to hit" everywhere, politically, in efforts to cut down on social spending.

Witness the failure of even successive Thatcherite and post-Thatcherite Conservative administrations to abolish the SERPS outright in Britain. All that has been done (so far) has been to tinker repeatedly with the formulae so as to render SERPS less and less attractive, while encouraging more and more of those who might otherwise have been reliant on this scheme (being without conventional opt out occupational cover) to go in for personal pension plans of their own, however unsatisfactory (see Waine [1995] for examples of what this could mean for some of the low-paid, high-risk individuals con-

cerned). Meanwhile the costs of pensions in payment could be trimmed here and there by adjusting the timing and manner of the inflation-proofing exercise and by scrapping the national linking of pensions in payment to the level of the average wage. It is worth remembering in this context that Britain's Conservative governments of the 1980s were the most ideologically radical and determined (*and* for reasons of the political system of that country, in the strongest position to act) of virtually any administration in Europe. So if that administration's capacity to act in respect of pensions was limited, it has to be presumed that the capacity of governments elsewhere was even more so.

Certainly, responses elsewhere have been muted. Adjustments to formulae with regard to pensions calculation and especially to the calculation and upgrading of pensions in payment; efforts to curb "unnecessary" associated expenditures such as payments of housing allowances or "preretirement" unemployment or disability benefits by tightening up on conditions of entitlement: useful though such moves could be in terms of expenditure savings, they were peripheral to the central problem. In short, having spent the best part of a century assuring successive generations of pensioners and would-be pensioners that they could safely look forward to a good level of "earned" benefits "as of right" via social insurance, few modern Western administrations have had the stomach openly to suggest scrapping the whole idea to start again.

FAMILY AND COMMUNITY CARE REDISCOVERED?

As already implied, different parts of Europe have been experiencing different patterns not merely of population aging but of the social and economic upheavals within which this has been taking place. We have also established that, whereas the incidence of pension entitlements and take-up was by its nature more or less predictable (even inescapable), the incidence of need for particular forms of health and social care *and* the rates of take-up of provided services have been much more difficult to measure, let alone to predict. All this because the incidence of physical and psychological needs will vary; because *perceptions* of need will vary both between individuals, families, and "experts"; because the *capacity* usefully to intervene will

vary according to the state of medical and technological know-how, and the ordering of community priorities as to what and how much should be invested, by way of money or manpower—publicly, voluntarily and/or commercially—in what sorts of services on the ground.

In practice, no contemporary community is starting from a blank slate. Those countries and regions in Europe that were the first to industrialize and to urbanize and thence to age tended by the latter twentieth century to be still those most extensively possessed of institutional facilities for the residential care of the elderly population and any other nonproductive members who were incapable of supporting themselves and who lacked—for whatever reason—sufficient private forms of support in the community. The multipurpose asylum/workhouse/infirmary was in a sense Protestantism's (not to mention secularism's) answer to the hitherto catch-all role of the Roman Catholic Church. For communities in the first throes of industrialization and urbanization and (certainly in the case of Britain) devoid of sufficient, reliable, alternative forms of services on the ground, such institutions represented a relatively tidy, economic, and not necessarily an uncaring solution to what might otherwise have been a truly messy problem.

It is these self-same societies that today tend to show relatively high rates of residential provision for elderly people; whereas later developers (apart from Ireland, which was fitted out with Poor Law institutions courtesy of Britain from 1838) manifest lower incidences of formal residential care. This is not because the latter are necessarily possessed of superior alternative services in the community but rather because they had never acquired a significant infrastructure of secular residential institutions in the first place (see Table 2.3).

Nowadays, institutional care is distinctly out of fashion, to the extent that community care is distinctly *in* fashion. It was in North America and in Britain, post-World War II, through the latter 1950s into the 1960s, that a series of damming revelations about the *negative* effects of enforced batch-living on groups of vulnerable people, such as the old or mentally disturbed, helped fuel the cause for forms of alternative, nonresidential, community care. Fortunately or not from the point of view of the earliest campaigners, their message happened to chime with growing governmental concerns about the mounting costs of ongoing residential care facilities and their alleged inflexibil-

TABLE 2.3 Approximate Percentage of People Aged Over 65 Years Using Institutional or Home-Care Services, Late 1980s

Country	Percentage institutions	Percentage home-care
Austria	3	2
Belgium	5	5
Czechetoslovakia	6	5
Denmark	6	25
Finland	5	16
France	5	8
Germany	4	3
Greece	1	1
Hungary	1	3
Irish Republic	7	3
Italy	2	2
Luxembourg	Not available	7
The Netherlands	10	12
Norway	6	19
Poland	1	1
Spain	2	1

Sources: Evers and Svetlik (eds.) (1991); Anderson (1992); Hugman (1994); Jani-Le Bris (1993); Kosberg (ed.) (1994).

All figures rounded to nearest whole percent.

ity and hence incapacity, so it was said, to cope with the infinite variability of real individual requirements.

In other words, the message, as with the motivation, has been ambivalent and ambiguous from the start. Residential en bloc facilities were condemned as being oppressive (of individuals and individualism), inflexible (especially in the case of elderly people forced into residence by default), and above all expensive. Community care, it was suggested, would be cheaper, as well as infinitely more flexible and less oppressive.

But what constitutes or qualifies as community care? The literature is rich in discussion of the differences between, for instance, care *in* the community and care *by* the community (with all the cost implications for local government and others that such distinctions entail); between care via forms of day center or small family-sized

residential establishments sited within the community (i.e., inconspicuously in residential side streets) as against care via (expensive) one-to-one domiciliary services; above all between care by the elderly person's "natural carers" ("I do not regard myself as a 'carer,' I regard myself as her daughter") and care by persons paid to do it (including some "unnatural" relatives who will take money for doing the job).

It seems indisputable that, while elderly men tend to care for their spouses when the balance of dependancy demands it, the burden of informal care falls otherwise overwhelmingly on women: elderly women, young-middle-aged women, young women; depending on the nature, source and timing of the dependancy relationship recognized and entered into. So this is not just a question of how far the state could or should enter into commitments to support and sustain such informal and ultimately cost-effective caring arrangements, in this case in respect of the elderly population. It is also about how far governments wish—or wish to be seen—to be reinforcing conventions so superficially at odds with their otherwise pronouncements on the importance of mobilizing female talent and energy in support of the economy. It is yet another version of the truism that one cannot properly consider the position of elderly persons in society—or the significance of aging for society—without considering the repercussions for every other group and institution.

THE VOICES OF THE ELDERLY PERSONS THEMSELVES?

Interestingly, the voices of elderly persons are often conspicuous by their absence from debates about the care of and welfare of older people. To be sure, the views of elderly persons can be difficult to elucidate and generalize about for numerous reasons, many as already implied. Nowhere outside of the United States (a political system that particularly lends itself to single-issue politics) has there been a mobilization of the elderly population by elderly persons with anything like the political clout of the *Grey Panthers* or the American Association of Retired Persons (AARP). The old of Europe are seemingly too diverse, too timid, or perhaps insufficiently single-minded to get themselves together. Or at any rate they *have* been. It is interesting that latest *Eurobarometre* evidence[3] suggests something

superficially different. Apparently, no less than 45% of older residents in Portugal would be prepared to join a political party formed to further their interests as elderly people, should such a party exist. There was somewhat less support for the idea among the elderly persons of Greece (33%) and Italy (34%). Only 22% of the French elderly population was in favor, only 20% of the British, and only a mere 14% in Germany (findings as reported in Walker & Maltby, 1997, p. 113). In other words, there would seem to be an inverse relationship between willingness (in theory!) to get organized and extent of existing statutory provision for the elderly population, which is hardly surprising. What is more surprising is the fact that nowhere did support for the idea of getting organized approach 50%; perhaps because those currently least well provided for in statutory terms have not as yet learned to expect much differently. The picture might be very different indeed where statutory provisions are withdrawn from those (and their families) who have grown accustomed to them.

All the same, at the level of community services of all sorts, there has ostensibly been pressure to let elderly persons have more say over what help they get and the terms on which they get it. Understandably, it tends to be the least developed—certainly the least professionalized—services that lend themselves most readily to such user participation and, even here, the elderly persons most likely to take full advantage of any choices on offer are likely—just as in other walks of welfare state life—to be the ones who are most mobile and most articulate; that is, not necessarily those in greatest need of help (cf. Hugman, 1994; 163ff re the take-up patterns with regard to the latest Greek model of - KAPIs).

Open Choice for Elderly People

The final proof of trust and respect might be to permit some of the elderly persons to decide for themselves whether or for how long or on what terms they wish to continue being elderly persons at all. But, then again, who would decide which ones—and how might this make the chosen feel? Old age is both an achievement and a responsibility, not just for the already old.

NOTES

1. The above may be a parody of East on West conventional wisdom. Nevertheless the roots of such presumptions lie deep. It is a fallacy, for instance, to assume that a mere traffic in graduate students from Asia Pacific to Western universities and back, is necessarily going to effect a prompt modification of such perceptions of Western behavior. Quite apart from the limited capacity of mere returning graduate students to influence prevailing tenets of wisdom in any case, the experiences of the students concerned—all too often stranded in Western universities in virtual social isolation from their student hosts—might still be such as to confirm rather than moderate their preconceptions.
2. It should be noted that, to date, there has been no comparable traffic in graduate students from West to East and back to offer even the possibility of such notions being modified over time. Western assumptions of superiority die hard.
3. Especially commissioned for the "European Year of Older People and Solidarity Between the Generations" (1993). The very need for such a year is revealing in itself.

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CHAPTER 3

An Asian Perspective on Aging East and West: Filial Piety and Changing Families

Kyu-taik Sung

In the last few decades, families have undergone significant changes in the course of rapid industrialization and urbanization in Asian society. As the result, issues such as family support for elderly members have gained increased attention from gerontologists and policy makers.

Several social trends have given rise to this concern. In South Korea, for example, families are getting smaller (5.7 persons in 1955; 3.3 persons in 1995: Korean National Statistics Office, 1995), and the number of women participating in the labor market has increased (among married women, 46% are in the labor force). A large number of young people have moved into cities, leaving their aging parents behind. Added to these changes is a prominent increase in the sheer size of the aged population. Life expectancy at birth for both sexes is expected to be 74 in 2000, and the proportion of the population aged 65 and over is expected to increase to 14% by 2025. Noticeably, the number of adult children caring for grandparents is increasing.

A conspicuous consequence of the changes has been the emergence of social problems concerning elderly persons and their families (Choi, 1996; Kim, 1981; Kong et al., 1990). The most vexing, if not disgraceful, problem in the case of Korea is the purported decline of family support for aging parents, which is seen to undermine the status and security of the parent.

As we begin the twenty-first century, concerned Koreans and other East Asians are questioning the willingness of families to care for their aging parents and stressing the need to counter the decline of family-provided eldercare by reaffirming filial piety and expanding public services. At the same time, we need to ask: Is it a myth that elderly persons are alienated from, or abandoned by, their children?

This chapter discusses family support for parents in East Asia based on a macrolevel analysis focusing on the family-centered value of filial piety. The issues include trends in which dispersed and coresiding families support parents; the needs of changing families in industrialized East Asia; the development of public services for the elderly population, the continuing influence of the traditional value of eldercare; the need for cross-cultural studies, and cultural issues associated with parent care. I will conclude with some observations about trends in family support in East Asia and suggestions for future research.

CHANGING FAMILIES AND PARENT SUPPORT

There are two aspects of providing family support for the elderly persons in East Asian societies: support given by dispersed families and support given by coresiding families. The former is largely a consequence of industrialization, and the latter is part of the traditional culture.

In Korea, for example, the family is the primary source of support for its members; over 90% of Korean elderly persons cite the family support network (comprised of an elderly person's spouse, married son(s) and their spouse(s), married daughter(s) and their spouse(s), and unmarried child(ren) in a single household or in multiple dispersed households) as the one to which they most often turn for help (Choi & Seo, 1992; Sung, 1991). Adult children play a vital role in supporting their elderly parents. Overall, the support networks of

coresiding families and even those of dispersed families tend to be fairly tightly knit and obligatory and considerably functional.

SUPPORT BY DISPERSED FAMILIES

Distant living is an increasing social trend in Korea. A large number of adult children live one or more hours distant from their aging parents due to their job situations and education opportunities. At the same time, some parents live distant from their children for reasons of privacy and convenience.

Koreans have experienced perhaps the highest rate of population mobility in the world during the last four decades. This was a one-way movement from rural areas to urban and industrial ones. In many villages today the majority of residents are the elderly and handicapped persons. Paradoxically, there are more elderly persons coresiding with adult children in urban areas (64%) than in rural areas (40%) (Lee et al., 1990).

Thus, geographic mobility has played a crucial role in the increase in numbers of nuclear families and households of adult children living distant from their aging parents. Consequently, the proportion of elderly persons living alone or living with spouse only has increased from 7% in 1975 to 53% in 1996 (Korean Institute of Gerontology, 1996). These changes reflect the dispersion of Korean families.

However, due in part to the small size of the country, the elderly population tends to live in relatively close proximity to their children. In terms of the degree of dispersion, 11% of Korean elderly persons needing long-term care live less than 10 minutes from their children, 42% less than 1 hour, and 30% between 1 and 2 hours (Choi, 1999). Overall, 53% of the elderly residents live within a 1-hour distance from their adult children.

Implicit in the alienation myth is that old persons who live apart from their children are neglected by the children. Dispersion is likely to cause less contact, less interaction, and less support between generations (Climo, 1992; Crimmins & Ingegneri, 1990). At the same time, an increasing number of elderly people, especially those who are living distant from their children, have economic, health, social, and psychological problems. Formal services designed to alleviate these problems are discussed in the latter part of this paper.

However, adult children in Korea have a strong tendency to maintain frequent contact and obligatory relationship with their parents although distance lowers the level of their instrumental support to some extent (Choi & Seo, 1992; Han, 1996; Kang & Han, 1997). The majority of parents (78%) receive most of their social support from their family, including financial support (Seo & Lee, 1991). Following the traditional Asian family ethos, which assigns responsibility for the support of elderly parents to eldest sons, it is the daughters-in-law who constitute 80% of primary caregivers in Korea who provide most of this support, including emotional support, even while living distant from their elderly in-laws (Youn, 1998).

Sung (1996) proposed a typology to classify the types of dispersed living arrangements between adult children and their parents that are found in Asian societies: (1) parent living in a house next to an adult son's; (2) parent living in the same neighborhood; (3) parent living distant from an adult child in the country; (4) parent living distant from an adult child staying in a foreign country; (5) parent residing in a home for elders with dementia.

In each of the categories, the extent to which adult children supported their aging parents was explored. Although physically separated, most of the adult children provided emotional and instrumental support by visiting, telephoning, letter writing, providing financial assistance, and gift giving. In an extended family support network comprised of dispersed members, the oldest son and his siblings of both sexes pooled their resources to support their distant-living parents (Choi & Seo, 1992; Sung, 1994a; see also Wenger & Hadley, 1997). With advanced means of communication and relative proximity, the children provided their parents with filially pious support.

SUPPORT BY CORESIDING FAMILIES

Despite recent changes, many adult children still coreside with their parents and grandparents. Multigenerational coresidence is a living arrangement in which grandparents, parents, and adult children live together and support each other. This has been the traditional cultural norm in Korea as in other Asian societies. Koreans tend to be embedded in a web of close emotional and interdependent

relationships with their family members. Whether they like this type of living situation, adult children and their wives generally accept it, and social pressure still helps to enforce it.

Kim (1998) reports that 65% of the elderly persons 60 years and over are living with their children in highly urbanized Seoul. A recent study of impaired elderly persons needing long-term care reports that 52% of these elderly persons live with their spouse, 44% live with married sons, and 13% live with unmarried sons (Choi, 1999). Altogether 57% of the elderly persons in need of family support are living with their children.

These data remind us of the case of Japan where 54% of the elderly persons over 65 years live with their adult children in highly Westernized metropolitan areas, like Tokyo and Osaka (Maeda, 1997). Such coresidence is motivated more by desire for companionship and reciprocal support rather than by housing shortage or financial necessity (Caudill, 1973; Maeda, 1997). The high incidence of coresidence in Korea and Japan partly reflects the persistence of moral prescriptions about filial piety (Choi, 1982; DeVos, 1988; Ogawa & Retherford, 1993).

FILIAL PIETY: CONTINUITY AND CHANGE

Both forms of family support—by dispersed families and by coresiding families—are provided in the cultural context of filial piety. Koreans along with the Chinese and the Japanese have shared the cultural tradition of filial piety for generations and centuries. Filial piety—exemplified by the expression of responsibility, respect, sacrifice and family harmony—remains in the Korean cultural context as the most important value that regulates young generations' attitudes and behaviors toward parents and elders, and influences policies for the treatment of the elderly (Ministry of Health and Social Welfare, 1997; Sung, 1998). Filial piety is reflected in the practice of family-centered care and support for parents. Family support is characterized by cohesive ties between family members, family responsibility, interdependence between the members, family harmony, the individual as a unit of the family, and the pooling of in individual members' resources to promote the well-being of parents and the family. This is in contrast to the Western values of individual-

ism, characterized by self-determination, independence, autonomy, respect for the dignity of an individual, the success and well-being of an individual, and the strong emphasis on the nuclear family.

Based in the traditional support network of the family, Koreans endeavor to care for and support their parents by practicing filial piety. Filial piety behaviors consist of showing respect for parents, reciprocating support received from parents, harmonizing the family centered around parents, fulfilling filial responsibility, making filial sacrifice, and expressing affection toward parent (Sung, 1998). While studies examining the correlations between the performances of these actions and the personal characteristics of filial children are mostly inconsistent, lower income is associated with the amount of sacrifice made by children. This suggests the need for supportive services for financially disadvantaged caregiving children. Among the categories of filial piety, respect is the most important. An elder who is respected is one who is cared for and supported (Downie & Telfer, 1969; Leininger, 1990).

Over a decade ago (1987) Streib identified major differences between China and the United States with regard to old age in the sociocultural context: that respect for elders was automatically expressed by Chinese people and that the Chinese treated their elderly population better than Westerners did. Palmore and Maeda (1985) found in Japan that respect for elders was rooted in the basic social structure—in the patterns of social interaction between the old and the young and in children's duty of filial piety to their parents and ancestors. These findings are directly applicable to the support of elders in Korea. In Korea as in Japan and China, children from an early age learn how to behave courteously and respectfully toward parents, teachers, and elders.

Recently, nationwide efforts to preserve the traditional values associated with eldercare have been made under joint public and private auspices in both Korea and Japan. A public relations to promote campaign respect for elders, the provision of various social and health service for elders, the observance of Respect for The Elderly Day and Respect for The Elderly Week, the enactment of Laws for the Welfare of Elders, and the establishment of filial piety prizes—all are examples of such efforts. In Korea, for example the Korean government, Samsung Welfare Foundation, and Hyundai Social Welfare Foundation each award a filial piety prize to adult children who exemplified filial behaviors. The exemplary performances of highly

filial persons are widely publicized in the form of news, documentaries, reading materials, plays, and literary works disseminated via mass media and educational channels. These activities reflect the resurgence of social concern over the traditional ideal of filial piety and the increased social effort to exhort this ideal.

Expressions of filial piety are shifting, however. Intergenerational relationships are becoming more affection based, and younger generations tend to exchange support based more on feelings of reciprocity. These changes indicate a new trend emerging, a move from authoritarian and patriarchal relationships to egalitarian and reciprocal patterns of mutual support between generations. Interestingly, the core tenet of filial piety is to fulfill the duty of reciprocity; parents love children and have mercy on them, and children in return respect and care for their parents (Che, 1985; Park, 1983).

Despite the change, filial piety remains a central value, and feelings of respect and obligation bind generations together in Korea as in the cases of China and Japan (Chow, 1995; Maeda, 1997; Sung, 1998). Over 90% of young Koreans feel strongly that parents in old age must be supported by adult children (Sung, 1995). In Japan as well, the young strongly uphold the notion that children have the responsibility to care for their parents (Campbell & Brody, 1985; Koyano, 1996). Elliott and Campbell (1993) summed up similarities in this respect between the three East Asian peoples: "Expectations regarding family care of the elderly and intergenerational reciprocity in Korean and Chinese cultures strongly resemble those found in Japan, as all three of these East Asian cultures have been much influenced by Confucian ethical conceptions of filial piety." Thus, the family culture of Koreans and other East Asian people are different from those of the Western countries.

To counter the trends of family dispersion, reduced fertility and longer lives, East Asians are modifying their means of supporting aging parents while searching for alternative ways of upholding the traditional value of filial piety—their cultural heritage, which is the ideologic foundation of family support.

NEEDS OF FAMILIES FOR PUBLIC SERVICES

In the last several years a guiding principle underlying Korean government policy has bee directed toward the *restoration* of the family's

support function. Due partly to this public policy, the pace of the development of public services for family has lagged behind policies promoting economic growth. There are, however, growing needs to develop ways of replacing some of the support roles of the families, particularly instrumental support needed by distant-living elderly persons. Korea needs to move forward with full-scale development of public services to the elderly population (Choi, 1996; Won, 1998) to alleviate problems of disadvantaged families in general and dispersed families in particular.

Recognizing the urgent needs of Korean elderly people, organized public efforts have been undertaken (Sung, 1994b). Policy issues are being clarified (supporting the ability of families to be self-sufficient; providing public services to the needy), laws are being enacted (Senior Citizens' Welfare Act and Filial Responsibility Law); social security measures are being implemented (pension, national health insurance, public assistance, income maintenance, old-age allowances, tax exemptions); public services are being delivered (housing programs offering special priority and loans to families supporting an elderly parent, nursing homes operated by private enterprises, job placement, home care, institutional care, continuing education); leisure programs and seniors' resorts are being developed; and more public funds are being provided to maintain these and other efforts. Old-age interest groups such as the Korean Senior Citizens Association, a nationwide network that protects the rights and privileges of the elderly population, are lobbying for the passage of policies and laws beneficial to senior citizens.

Despite this progress in the public sector, the formal system will be unlikely to keep pace with the growing needs of the smaller and more dispersed families of today. Strengthening the capabilities of the family as the key informal caregiving institution has to be a priority. Even those elderly persons who live with their children are in need of additional services, such as adult day care, home health care, social services, and counseling and training for caregivers. To enable families, particularly dispersed ones, to provide parent care and support for longer periods of time, these services need to be provided. Policy makers need to recognize the reinforcement potential of informal family support for the fledgling public support system.

FILIAL RESPONSIBILITY: A COMPARISON OF KOREANS AND AMERICANS

Crosscultural examination of parent support is new in Korea. There are, however, a few studies of parent care focusing on small subgroups of caregivers in Korea and the United States. Though these studies are small and limited, they can provide insights concerning general contrasts between the two countries.

Sung (1994a) compared Korean adult children's reasons for parent care with those of American adult children in their respective cultural contexts. Both groups of children were providing at-home care for frail and handicapped parents. He found that reasons common to adult caregivers in both countries are feelings of affection, responsibility, and reciprocity. But Koreans cited three other reasons that the Americans did not: respect for parents, family harmony, and sacrifice for parents. These reasons reflect the influence of the Korean cultural tradition associated with respect for elderly persons, family cohesiveness, and the sacrifice of self for the family's well-being. Thus, the findings show similarity in terms of basic social psychological motivations and differences in terms of cultural orientation.

Lee and Sung (1997) examined differences in eldercare motivations of Korean caregivers and American caregivers of parents with dementia. Both groups of caregivers lived with chronically ill parents. The Americans, mostly daughters of the demented parents, had affectionate relationship with their parents, but they tended to have a relatively low degree of filial responsibility. In contrast, Korean demented parents were cared for predominantly by daughters-in-law, and these were less likely to have affectionate relationships with the parents-in-law. But the Koreans scored higher than the Americans on filial responsibility. Also, the Koreans needed more public services from the outside of their family while the Americans needed more support from their family network. In short, there were considerable variation between the two cultures in terms of characteristics and needs of caregivers and the expressions of filial piety (responsibility, respect, sacrifice, family harmony).

It is important, however, to consider the strain of caregiving on Korean daughters-in-law who lack adequate external services, as well as the conflict between them and their mothers-in-law, which dimin-

ishes the gratification the former feel in assisting their in-laws. Social norms rooted in filial piety and the resultant pressures that prevail in Korean society have been seen as major cultural factors that propel daughters-in-law to care for their parents-in-law. However, recent demographic and economic changes such as reduced fertility, far-dispersed families, and women's increased labor force participation, suggest that women may not be as available to serve as primary caregivers to old parents in the future. This has emerged as a major social concern in Korea as it has in other Asian societies.

THE NEED FOR CROSS-CULTURAL COMPARISONS OF FAMILIES AND INTERGENERATIONAL SUPPORTS

It is important to have greater knowledge of differing trends and alternative perspectives of family support in dissimilar cultures. It is therefore necessary to conduct crosscultural studies to explore dimensions of support within and across cultural contexts (for example, support provided by children practicing filial piety compared to support by those not practicing it; ideal forms of parent support provided by dispersed families compared to coresiding families).

East Asian gerontologists should first look in neighboring nations with a similar cultural context (Japan, Hong Kong, Singapore, Taiwan, China, and Korea) and then reach out to the West to examine countries in Europe and Americas. It will be very useful to study how Asian families who emigrate to other countries support their parents in the context of adapting to different cultures.

A selection of different societies for comparative study poses analytical problems (Sung, 1994a). It is important to use comparable techniques, cover the same subject matter, and to apply comparable concepts in distinct cultures (Verba, 1971). More specifically, measurement equivalence needs to be established, that is, semantic (meaning) equivalence and metric equivalence (measurement specification) (Liang & Jay, 1990).

Gerontologists tend to emphasize instrumental and quantitative aspects of parent support and to undervalue affective and qualitative aspects of parental support, especially values, norms, and the belief systems associated with family centrality and obligation. It is the value aspects of family care, which greatly influence the definition of the

needs of the elderly population and the ways in which these needs should be met. Therefore, researchers need to explore the qualitative aspects of parent care in addition to the quantitative aspects.

CONCLUSION AND AGENDA FOR FUTURE RESEARCH

In the coming decades, Korea and other East Asian nations can be expected to continue their national efforts to uphold and support the ideal and practice of filial piety while improving their social security system and public services. Other social patterns more unique to Asian societies—a lower divorce rate, a smaller number of single parents, a lower degree of family dispersion, a higher degree of intergenerational solidarity, and a supportive family network—will contribute to the improvement of family support for elderly persons. Korea has the added advantage of its relatively small size. With these advantages, Korean families in particular will be able to maintain a high level of parent support in spite of industrial development.

Family support will remain essential for the elderly population in Korea as in other East Asian countries. Meanwhile, the role of public support for eldercare is likely to become more important than it has been in the past. Hence, Korea will have to embody a commitment to both dimensions: the traditional values associated with informal family support and the new values of public commitment to the welfare of the elderly population.

The trend of coresidence and that of family dispersion are likely to coexist due to the concurrence of population mobility and the continuity of the cultural tradition of family support. As Caudill (1973, p. 346) stated, " . . . in the course of modernization, cultural characteristics persist and keep each country unique." Or, as Silverstein et al. (1998) emphasize, the attribution of causal agency to the degree of modernization has to rely more on consideration of the historic and cultural conditions in each nation.

There are marked differences between the East Asian cultural setting and that of the countries in the West. East Asian societies need to implement their own unique policies and programs for elderly persons by incorporating the Confucian form of family support, which is rooted in the value of filial piety. By doing so, the East Asian societies may be able to better cope with a wide range of

problems likely to occur in the process of expanding the Western forms of public services. In the West, numerous problems have been observed—psychological and emotional as well as social and financial—in the process of institutionalizing support for elderly persons as a consequence of population aging.

Looking ahead, adult children and their families are likely to provide a wide range of care and support for elderly parents and grandparents for longer periods of time. Their eldercare responsibilities will increase. An important agenda for gerontologists in the coming decades is to research how well and in what ways East Asian families fulfill these heavy responsibilities. The value of filial piety will remain as an important cultural influence that will facilitate the fulfillment of caregiving responsibilities by both dispersed and coresiding Asian families. Many other countries do not have this valuable cultural influence.

As Korea maintains the present pace of development in its social security system and public services, and continuously raises the standard of living of its people and upholds filial piety as she does today, the elderly population will have greater social security and social status—not alienated or abandoned—in the industrialized society of Korea, contrary to the conventional myth.

I would like to advance a few propositions based on the above discussion. To explore these propositions, we will have to carry out research directed toward issues described above:

1. To account for the decline or improvement of parent support, researchers will need to take into consideration such factors as the rising standard of living, the increasing accessibility to social and health care services, the functioning of modified extended family, and the continuing influence of filial piety. Are these factors likely to deter the decline of parent support; or, contrary to conventional wisdom, will they strengthen parent support in industrialized East Asian societies?
2. Trends of family dispersion and coresidence are likely to coexist in Korea as well as other Asian nations because of the concurrence of population mobility and the continuity of traditional values. Will this dual trend continue without developing toward one trend or the other?

3. To what extent is intergenerational support—emotional as well as instrumental—provided by the traditional Eastern extended family different from that provided by the modified extended family of the West?
4. To what extent do the needs for parent support vary by the personal backgrounds of aging parents (gender, age, marital status, education, income) and by contextual factors (family dispersion, coresidence, rural and urban residential areas, generational relations, resources of caregiving children, access to public services)?
5. What are the social welfare policies, programs, and services that work best with distant-living elderly persons and their caregivers, particularly daughters-in-law?
6. We need to more fully explore features of intergenerational solidarity and conflict between parents (and grandparents) and adult children (and grandchildren), including communications, contacts, responsibility, sacrifice, solidarity, and affectionate and instrumental support (Bengtson, 1999) in both the Western and Eastern settings.
7. How rapidly and in what way is the expression of filial piety shifting in Asian cultures? What is the impact of that shift on parent support? What are the ideal expressions of filial piety that can mesh with the modern day living realities of dispersed and coresiding families? Longitudinal and crosscultural studies are needed to account for these critical issues.
8. Family and school education in the practice of filial piety is likely to instill in young generations the value of filial piety. How effective will such socializing and educational efforts be in sustaining the tradition of filial piety?

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PART II

Aging in Asian Societies

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CHAPTER 4

China: Population Aging and Old Age Support

Shengzu Gu and Jersey Liang

Population aging is increasingly recognized as a worldwide phenomenon. It is a critical concern for both the developed and developing countries. In 1980 there were 376 million people aged 60 and older in the world, of which 55% were in the less developed nations. By 2020, it is projected that there will be 975 million older people in the world, and 679 million of them will in the less developed nations (Siegel & Hoover, 1984). Much of the current knowledge about population aging is derived from studies in the developed countries; relatively little is known about aging in the developing nations.

As a developing nation, China had more than 1.2 billion people in 1990, accounting for more than 20% of the world's population (State Statistical Bureau, 1991). Persons aged 65 and over constituted only 5.6% of China's total population; however, this represents 63 million individuals, giving China the largest population of elderly persons of any nation.

The population of China has undergone some significant changes in recent decades. The total fertility rate declined from some 6 births

per woman before 1970 to 2.5 in 1982. Life expectancy at birth was about 35 years before 1949, and it increased to 67.9 years in 1981 (Coale, 1984). As a result of declining fertility, China will have a substantially older population in the middle of the twenty-first century. It is projected that by 2050, the percentage of population aged 65 and over may be as high as 13% to 18% (Grigsby & Olshansky, 1989; Liang, Tu, & Chen, 1986). That is, there will be some 285 million elderly people in China by 2050, more than the current total population in the United States. Furthermore, aging of the Chinese population is going to be much more accelerated, in comparison with the Western developed nations. Whereas in France, Sweden, the United States, and the United Kingdom it took from 45 to 130 years for the 65+ population to grow from 7% to 14%, in China this process is projected to take only 25 years (International Assistance Group on Family Planning, 1989).

Largely as a result of reduced fertility, the dependency ratio (i.e., proportions of 0–14 and 65+/proportion of 15–64) declined from 65 in 1980 to the 40s in the 1990s. Various projections indicate that the dependency ratio will increase from the current level to the 60s by 2050 (Grigsby & Olshansky, 1989; Liang et al., 1986). In addition, China's older population will itself become significantly older. In 1980, those 80 years of age and over accounted for 12% of the population of 65 or over. In the years 2000 and 2050, this proportion is projected to be 15% and 23%, respectively (Grigsby & Olshansky, 1989). A primary policy concern is how to provide adequate old-age support in the years to come.

This chapter provides a brief examination of the organization of old-age support in China. Old-age support in China will be examined at both the individual and societal levels and be viewed as a function of historic and contemporary sociopolitical, cultural, and demographic forces. First, the societal context within which China is situated will be reviewed. This will be followed by a description of family-based informal support as well as publicly organized formal support for the aged. Finally, implications and options for future reform will be discussed.

SOCIETAL CONTEXT

Old-age support in China cannot be adequately understood without taking into account China's rather unique societal configuration.

The most prominent among these features include sharp inequalities in the standard of living between urban and rural areas, a socialist economy with an emerging but fast growing private sector, and a strict national policy for birth control. To provide a meaningful context for understanding old-age support in China, a brief account of these features is in order.

In the decade after the Communist victory in 1949, state orthodoxy created a new institutional and moral environment in China in that the economy was socialized and most private property was eliminated. Systems of restricted migration and household registration were instituted during the 1950s as part of a plan to control rural to urban migration and to administer food rationing. Individuals belonged to either agricultural or nonagricultural households, and this status was inherited from one generation to the next. In particular, two very different organizational systems were implanted in urban and rural areas of China. Most urbanites became dependent on state-run work units and residents' committees. City dwellers worked for fixed wages and received a wide range of fringe benefits including subsidized housing, health care, and pensions. Life in the countryside was dominated by teams, brigades, and communes. Wages fluctuated with the profitability of each harvest and were paid largely in kind. Each production team bore full responsibility for all losses, and the state subsidized only to maintain a minimum diet. Work points instead of wages determined one's livelihood, and few fringe benefits were provided (Davis, 1983; Whyte, 1995).

Between 75% and 80% of the population in China reside in rural areas, and there are sharp disparities between rural and urban areas. In particular, available evidence indicates that the urban-rural per capita income ratio was in the order of 2:1 in the 1950s and widened to 2.5:1 or even 3:1 in the late 1970s. During the same period, differences in the standard of living between urbanites and rural residents in terms of their relative consumption of grains, vegetable oils, and cotton cloth also widened sharply. In comparative terms, such an urban-rural gap in China has been unusually large in contrast to that found in Taiwan, India, and Southeastern Asian nations. Despite the increasing income gap, education and health care are the realms in which the urban-rural differences declined somewhat between the 1950s and 1970s (Whyte, 1995). Given the many structural differences between rural and urban areas, the customs and ways of life of Chinese villagers and urbanites increasingly diverged.

For instance, in China's large cities, daughters as well as sons began to share responsibility for supporting aging parents, whereas in rural areas support only from sons remained the general rule.

China began to reform its economy in 1978, moving from a planned to a market-oriented economy in which private ownership and market forces largely supplanted governmental control. In the rural areas, the collective form of farming was replaced by a "household responsibility system" or the functional equivalent of family farming. In particular, the People's Communes as a core political and economic unit was dismantled, and more than 80% of all farmland was leased to individual families. Commune and village assets were similarly redistributed. By the mid-1980s, rural households became the unit of production, and the state had significantly less control over the labor and land (Davis & Harrell, 1993; Davis & Vogel, 1990).

In the urban areas, the economic reforms were more modest and incremental. There was no structural parallel to the elimination of communes. Private entrepreneurship was encouraged, but the great majority of urban residents remain wage earners, and most households are units of consumption. Between 1978 and 1989, urban wages trebled, and consumed goods became widely available. Moreover, there was increasing economic differentiation and competition (Davis & Harrell, 1993). Overall, the massive scale of economic reforms since 1978 has had, and will continue to have, major impact on the work and family institutions in China, which in turn may influence old-age support and well-being of the aged.

The economic reforms over the past two decades have succeeded in accelerating economic growth. Real per capita disposable income (income after taxes) increased 6.1% after inflation per year between 1980 and 1993, more than three times the rate in the United States, reaching $1308 in U.S. dollars in 1993, after adjusting for differences in the prices of goods and services between these two nations (Hsiao & Liu, 1996). However, the reform policies included no commitments to close the urban-rural gap (Whyte, 1995). As an initial consequence of reform, the income gap between the rural and urban China narrowed somewhat. Due to the decollectivitization of the agricultural sector, average rural income increased more rapidly than that in urban areas. The per capita income gap shrunk from 2.36:1 in 1978 to 1.9:1 by the mid-1980s. However, after the mid-1980s, the impact of rural changes receded and grain yields

stagnated, and urban reforms were pushed vigorously ahead. Consequently, the trend was reversed, with the urban-rural income gap widening to its 1978 level or even greater. With reference to other aspects of welfare such as education and health care, the urban-rural disparities have increased still further. In particular, rural secondary school enrollments declined sharply from 77.5% in 1978 to 59.7% in 1993. At the same time, the rural cooperative health insurance systems established during the collective era, which at one time covered 90% of the rural population, virtually collapsed. Currently, only 5% remain covered by health insurance.

Simultaneous with policies to decollectivize agriculture and encourage petty capitalism, the Chinese leaders designed and implemented an unprecedented birth control policy. As first outlined in 1979, the birth control regulations prohibited any woman from having more than one child except under the circumstances of death or handicap of her first child. By 1985 the birth control policy moderated somewhat. Rural families that could show that the one-child limit would cause economic hardship or members of ethnic minorities were permitted to have a second or even third child. Even in cities, a variety of exceptions permitted some families a second birth. Nevertheless, the one-child policy demanded that families drastically curb fertility, which in the decades ahead will have profound consequences on the structure of the Chinese families and old-age support (Davis & Harrell, 1993).

In the remainder of this chapter, the system of old-age support in China is examined. Old-age support in China derives from two major sources: family and employment, whereas community assistance plays a very limited role. Because of the substantial differences between the city and countryside in China, old age support is examined separately for these two sectors. Recent changes in the Chinese family institution and current conditions of the aged are described as well as family networks and exchanges involving the aged. We then discuss the dynamics of old age support in China in the context of economic reforms and population policies since the late 1970s.

FAMILY-BASED OLD AGE SUPPORT

For the Chinese elderly person, family is the predominant mode of support. The traditional family system in the old China, that is before

1949, was characterized by the arrangement of marriage by parents, patrilineage, age hierarchy in favor of the old, filial piety as the guiding moral principle for intergenerational relations, and ancestor worship (Fei, 1992). As a unique aspect of the traditional Chinese family, filial piety emphasizes children's obedience to the wishes of parents and total devotion to their welfare. This cultural value was rooted in Confucianism as the dominating state ideology for over 2000 years in China's history (Fairbank, 1983), and hence the practice of filial piety has been strongly supported by the state.

Since the founding of the People's Republic of China in 1950, the transformation of economic and political structures and the accompanying ideologic campaigns organized by the socialist state have deprived family elders of much of the economic and moral justifications on which their parental power and authority over their children was based. In particular, arranged marriage was replaced by marriage of free choice, and the attack by the socialist state on filial piety further deprived the family elders of moral support for indisputable authority in the family. Moreover, the socialist transformation of the economy has substantially diminished the role of the family as a unit of production, further weakening the status of the elders in the family (Chen, J., 1996). Nevertheless such economic and political changes have had only limited effect on the status of elders within their families. For the majority of people, emotional and economic linkages between older parents and their children are still well maintained. Coresidence with adult children is still a viable and widely used option, and elderly persons in need of support still rely mainly on their immediate family members.

Current Conditions of the Aged

Following is a brief description of the Chinese aged in terms of their sociodemographic characteristics and economic well-being. This profile is based largely on data from the 1991 Survey of Health and Living Status of the Elderly in Wuhan, a large scale study jointly conducted by researchers from the United States and China (Liang, Bennett, & Gu, 1993; Liang, Gu, & Krause, 1992). Wuhan is the capital of the Hubei province located in the south central area of China. As China is a large and heterogeneous nation and there

are considerable logistical and political obstacles to conducting a national survey, the Wuhan survey is a reasonable next-best alternative—a careful survey of a well-defined area that is thought to typify the social and cultural conditions of China. Given the paucity of high quality data derived from the rural areas, this database is unique in that comparable data are included for both the urban and rural elderly populations.

Table 4.1 presents the crosstabulations concerning the sociodemographic background as well as economic conditions of the elderly population in Wuhan in 1991. In comparison with elderly populations in developed nations, the sample exhibits a relatively young age structure. Over 60% of the respondents were between 60 and 69 years of age, 34% were in their 70s, and only 6% were in their 80s. Consistent with the observed sex difference in mortality, 55% of the respondents were women. As a function of Wuhan City, 59% of the respondents resided in the urban area. This level of urbanization is much higher than that of China as a whole (26%) (State Statistical Bureau, 1991).

In contrast with their counterparts in developed nations, the Chinese aged have very little education. Close to 60% of the respondents were illiterate, whereas only 22% of the population aged 15 and over were illiterate in 1990 (State Statistical Bureau, 1991). The rates of illiteracy were particularly high among those 70 years of age or older (68%), older women (81%), and rural residents (72%) (Liang et al., 1992). Given that education is probably one of the most important predictors of health and economic well-being, the very low level of education among the Chinese aged population presents a major challenge for providing adequate old-age support.

Several measures of economic well-being were obtained in the Wuhan survey including employment status, all sources as well as main sources of income, annual income of the respondent and spouse, and four indicators of financial satisfaction (see Table 4.1). With reference to employment status, 21% of the respondents were still working full time, 12% were working part time, and 68% are no longer employed. Young-old, male, and rural residents are more likely to be employed.

The elderly population in Wuhan received income from a number of sources including (30%), pension (47%), spouse (19%), and children (45%). Very few respondents received income from interest,

TABLE 4.1 Percentage Distribution of Socioeconomic Characteristics Among the Aged, Wuhan, China, 1991

	Age		Sex		Residence		
	60–69	70+	Male	Female	Urban	Rural	Total
Age							
60–64	—	—	34	26	30	30	30
65–69	—	—	31	31	32	30	31
70–74	—	—	20	22	22	21	22
75–79	—	—	11	14	12	13	12
80+	—	—	4	7	5	7	6
Sex							
Male	49	40	—	—	47	44	46
Female	51	60	—	—	53	57	55
Residence							
Urban	60	58	61	58	—	—	59
Rural	40	42	39	42	—	—	41
Education							
Illiterate	53	68	32	81	50	72	59
Primary school	26	20	38	12	26	20	24
Junior high school	11	7	17	3	12	6	9
Senior high school	6	3	8	3	7	1	5
Collage or above	5	2	6	2	6	0	4
Employment (including farming)							
Not working	58	83	54	80	75	58	68
Working part-time/ seasonal	14	8	15	9	9	15	12
Working full time	28	9	32	11	16	27	21
Sources of income							
Job income	40	15	43	19	20	42	30
Pension	54	37	63	34	77	11	47
Spouse	25	11	13	24	22	17	19
Children	36	59	29	59	26	70	45

TABLE 4.1 *(continued)*

	Age		Sex		Residence		
	60–69	70+	Male	Female	Urban	Rural	Total
Interest/ rent	3	3	4	3	5	1	3
Social assistance	1	4	2	3	1	3	2
Major source of income							
Job income	24	9	25	12	6	32	18
Pension	47	33	56	29	69	7	41
Spouse	10	6	1	14	8	8	8
Children	15	39	12	35	9	44	25
Savings	.3	1	.5	1	1	.4	1
Social assistance	.3	2	.6	1	.6	1	1
Annual income (R and spouse)							
Less than 1,000 yuan	26	48	24	44	23	65	35
1,000–1,999	22	22	23	22	23	21	22
2,000–2,999	14	11	15	11	19	5	13
3,000–3,999	17	7	17	10	22	2	13
4,000 +	17	4	17	7	21	.7	12
Financial satisfaction							
Not satisfied	13	16	13	15	9	20	14
Financial situation worse than others	30	32	28	33	26	37	31
Not enough pocket money	25	32	22	32	16	42	28
Income tight for daily expenses	25	31	25	30	15	43	28

$N = 2762$.

rent, or social assistance. Consistent with the data on employment status, young-old (ages 60–69), men, and rural residents were more likely to derive incomes from job, whereas young-old, male, and urban residents were more likely to have a pension. On the other hand, the older-old (70+) women, and rural residents are more likely to receive financial support from their children.

The respondents were also asked to identify the main source of their income. Job income is the main source for 18% of the respondents, whereas pension was the chief source of income for 41% of the respondents. Twenty-five percent of the aged persons in Wuhan reported children are their main source of financial support, while 8% reported spouses as their main source of financial support. Similarly, with reference to annual income, young-old, male, and urban residents tend to be financially better off.

Depending on the specific indicator, from 14% to 31% of the elderly persons in Wuhan are discontented with their incomes. In particular, 14% are not satisfied with their financial situation, and 31% considered their financial situation worse than others of the same age. In addition, 28% report not having enough pocket money, and the same proportion feel their family income is tight relative to covering their daily expenses.

Family Networks and Exchanges

Family support may be assessed in terms of social networks and social support. Social networks refer to the connections that an individual maintains with others, which are often measured by various social relationships and social contacts. Social support entails more direct measures of interpersonal exchanges including those enacted and perceived. *Enacted* support refers to specific helping behaviors actually exchanged, which include not only support received but also that given. Further, enacted support can be differentiated between instrumental and emotional support. On the other hand, *perceived* support is defined as perceptions or evaluations of transactions that have either transpired or might take place in the future. Perceived support maybe either instrumental or emotional as well. Finally, satisfaction with support is the judgment of the adequacy of interpersonal exchanges, reflecting the extent to which the individual's needs

for support are met. We examine family-based old-aged support in terms of these various dimensions of social networks and interpersonal exchanges.

Marital status, number of children, and household size are key factors when considering the strength of family ties in China. In terms of marital status, the elderly persons in Wuhan, China exhibit a profile similar to their counterparts in other countries (see Table 4.2). Specifically, 62% were married, 37% were widowed, and very few were separated, divorced, or never married. There are, however, major age, gender, and urban/rural differences in marital status. The older-old, women, and rural residents were substantially more likely to be widowed. The medium number of children born by the respondents was 3, and medium household size is 4. Little difference in the number of living children and household size is observed across different age, sex, and residence groups with the exception that one-person households are more prevalent among the older-old, women, and rural residents.

Living arrangements can serve as an indicator of social integration in family networks. Some 87% of the aged persons in Wuhan lived with their immediate family, whereas 12% live alone. The older-old, women, and rural residents are more likely to live alone or with children only, and they are less likely to live with spouse only or with spouse and children in the same household. In addition, the majority of the respondents reported extensive social interactions involving children not living with them and with friends. Only 18% of the respondents reported any organizational attendance.

It should be noted that residence in separate households does not necessarily mean functionally separate families. Cooking, child care, care for the elderly and disabled family members, and monetary transfers all take place among geographically divided branches of networked families (Davis, 1993; Unger, 1993). In short, while living apart, they tend to interact almost like stem or extended families. Living arrangements among the aged population is also a function of the family life cycle. As observed by Davis (1993) and Unger (1993), in urban areas where a large proportion of middle-aged couples maintain their own nuclear family, a high percentage of the aged persons lived with their married children. Among the oldest old, more than 80% are members of stem or joint households.

TABLE 4.2 Family Ties Among the Aged Wuhan, China, 1991

	Age		Sex		Residence		
	60–69	70+	Male	Female	Urban	Rural	Total
Martial status							
Married	74	42	77	48	65	56	62
Widowed	24	56	19	51	33	42	37
Divorced, separated or never married	2	2	4	1	2	2	2
Number of living children (including step children and adopted children)							
0	1	3	3	2	2	3	2
1	7	14	8	11	11	7	10
2	9	14	11	11	11	11	11
3–4	39	37	39	37	41	33	38
5–6	35	25	30	32	29	34	31
7+	9	7	8	8	6	12	8
Living arrangements							
Alone	9	16	11	13	10	14	12
With spouse only	21	20	23	19	19	23	21
With children only	18	38	13	36	23	30	26
With others only	0	1	1	1	1	0	1
With spouse and children	48	19	49	26	42	28	36
With spouse and others	1	0	1	0	1	0	1

TABLE 4.2 *(continued)*

	Age		Sex		Residence		
	60–69	70+	Male	Female	Urban	Rural	Total
With children and others	1	5	1	4	2	3	2
With spouse, children and others	3	1	2	2	3	12	
Household size							
1	9	16	11	13	10	14	12
2	24	23	25	23	22	26	24
3–4	30	20	27	25	29	21	25
5–6	28	32	28	31	32	27	30
7+	9	9	9	8	7	12	9
Visits with children not living together							
At least once a week	66	56	64	61	65	60	62
2–3 times a month	18	16	17	17	18	18	17
Once a month or less	9	16	11	12	9	16	12
Not applicable	7	12	8	9	10	8	9

$N = 2762$.

Table 4.3 includes the crosstabulations of various measures of interpersonal exchanges. Several important findings emerge from the table. First, Chinese elderly persons are not only *recipients* of support but also *provide* a substantial amount of help to their significant others. Specifically, 75% of the respondents received either a significant or moderate amount of sick care during a 12-month

TABLE 4.3 Percentage Distribution of Measures of Interpersonal Exchanges

	Age		Sex		Residence		
	60–69	70+	Male	Female	Urban	Rural	Total
Enacted support received							
During the past year, how much did those close to you take care of you when you were sick?							
No one to rely on	6	8	7	6	7	6	7
Very much cared/ cared	67	65	64	68	66	66	66
Average	9	9	8	9	7	12	9
Somewhat cared/not at all cared	5	6	6	4	4	7	5
Did not get sick	14	13	15	12	17	9	14
During the past year, how much did those close to you help with your finances?							
No one to rely on	22	18	29	14	26	12	20
Always helpful/ often helpful	29	38	22	42	27	40	32
Sometimes helpful	19	21	18	21	13	29	20
Rarely helpful/ not at all helpful	8	6	7	8	6	8	7
Did not need help	23	16	25	16	28	10	20
Enacted support given							
During the past year did you and/or your spouse help those close to you in the following area?							
Household chores							
Often	47	37	35	50	42	46	43
Sometimes	21	22	24	20	18	28	22
Not at all	24	31	31	23	31	21	27
No need	7	10	10	7	10	6	8

TABLE 4.3 *(continued)*

	Age		Sex		Residence		
	60–69	70+	Male	Female	Urban	Rural	Total
Finance							
Often	13	6	14	8	14	4	10
Sometimes	25	15	28	15	24	15	21
Not at all	50	62	46	62	45	68	55
No need	12	18	13	16	16	12	14
Everyday necessities (i.e., food, clothing)							
Often	11	5	11	7	11	5	9
Sometimes	27	15	26	19	26	17	22
Not at all	49	62	49	59	47	66	54
No need	13	18	14	15	16	13	15
Managing business or farming							
Often	9	5	8	6	3	13	7
Sometimes	11	9	13	9	5	18	10
Not at all	52	57	50	57	54	54	54
No need	28	29	29	58	38	15	29
Perceived support received							
Do you have anyone close to you who is willing to listen to you concerning your personal problems and feelings? If yes, how willing is this person?							
No one available	16	26	20	21	21	19	20
Very willing	21	16	20	18	23	13	19
Willing	50	47	48	49	46	53	49
Average/not very willing	13	11	13	13	11	15	13
Do you have anyone close to you who cares about your well-being? If yes, how much does this person care?							
No one available	4	7	6	5	5	5	5
Very much	41	35	42	35	44	31	38
Average	41	42	37	45	38	46	41
Not very much	15	15	15	15	13	18	15

(continued)

TABLE 4.3 ***(continued)***

	Age		Sex		Residence		
	60–69	70+	Male	Female	Urban	Rural	Total
Do you have anyone close who would take care of you when you are sick? If yes, how much can you depend on this person?							
No one available	6	8	8	6	7	6	7
Very dependable	40	37	40	38	45	30	39
Depend able	40	40	39	40	35	46	40
Average/some what dependable	15	16	14	16	14	17	15
Do you have anyone close to you who can help you financially? If yes, how dependable is this person?							
No one available	22	18	29	14	26	12	20
Very dependable	27	29	24	31	30	24	28
Depend able	34	34	31	36	27	43	34
Average/some what dependable	18	20	16	20	17	21	18
Do you have anyone close to you who can help you with everyday affairs? If yes, how helpful is this person?							
No one available	13	15	14	13	15	12	14
Very helpful	32	28	33	29	37	22	31
Helpful	37	40	35	41	35	43	38
Average/not very helpful	18	18	18	18	14	23	18
Perceived support given							
How willing are you to listen to those close to you regarding their personal problems and feelings?							
Very willing/ willing	84	78	83	81	81	82	82
Average	10	14	11	11	11	12	11
Not very willing/not at all willing	7	8	7	8	8	7	7

TABLE 4.3 *(continued)*

	Age		Sex		Residence		
	60–69	70+	Male	Female	Urban	Rural	Total
How often do you encourage and comfort those close to you when they are in distress?							
Always/most of the time	67	54	63	61	64	58	61
Sometimes	21	22	23	21	20	24	22
A little/not at all	12	23	14	18	16	18	16
How much do you help out those close to you?							
Very much/ somewhat	54	38	49	46	50	44	47
Average	15	16	16	15	16	15	16
A little/not at all	31	47	35	39	35	41	37
Sources of emotional support							
No one	2	3	3	2	2	2	2
Spouse	47	21	52	24	40	32	37
Son	68	64	63	69	63	71	66
Daughter	67	58	62	64	66	60	63
Son-in-law	5	7	6	6	7	6	6
Daughter-in-law	10	15	7	17	10	15	12
Grandchild	2	12	4	8	5	8	6
Other relatives	19	17	20	17	21	14	18
Neighbors	9	11	6	12	9	10	10
Others	9	6	11	5	11	3	8
Sources of instrumental support							
No one	3	3	3	3	4	2	3
Spouse	3	19	2	26	37	28	33
Son	75	73	71	76	69	81	7
Daughter	65	59	62	63	65	59	63
Son-in-law	8	9	8	8	10	5	8
Daughter-in-law	12	18	8	19	11	19	15
Grandchild	2	11	4	7	5	7	6
Other relatives	12	11	1	19	13	10	12
Neighbors	4	6	5	4	4	5	5
Others	4	3	6	2	4	3	4

(continued)

TABLE 4.3 *(continued)*

	Age		Sex		Residence		
	60–69	70+	Male	Female	Urban	Rural	Total
Satisfaction with support received							
How satisfied are you with the amount of care you have received from those close to you?							
Very satisfied	29	29	31	28	33	25	29
Satisfied	63	60	60	63	60	65	62
Not satisfied	4	5	4	4	3	6	4
Don't want to tell	4	6	5	4	5	4	4
How satisfied are you with the amount of assistance you have received from those close to you?							
Very satisfied	26	27	26	26	30	20	26
Satisfied	67	64	65	66	62	71	66
Not satisfied	7	9	8	8	7	9	8
Don't want to tell	0	1	0	1	1	0	0
Satisfaction with support given							
Do you consider that you are sufficiently caring to those close to you?							
Very much	37	36	35	38	41	31	37
Average	48	47	50	45	46	49	47
Not sufficient	15	17	15	16	13	20	16
Do you think that you have provided those close to you with sufficient assistance?							
More than enough	21	17	20	19	23	15	19
Average	48	44	48	45	46	46	46
Not enough	31	39	32	36	31	39	43

period. Only 7% of the Chinese elderly persons had no family to rely on for sick care. Financial assistance during a 12-month period was received by 52% of the elderly respondents, while 20% felt that they had no one to turn to for this kind of support. Whereas receiving sick care did not vary much across age, gender, and residence type, the older-old, women, and rural residents tended to receive more financial assistance.

On the other hand, 65% of the elderly respondents and their spouses provided help with household chores, and 31% provide financial assistance to others. Nearly one-third also furnish everyday necessities to others, and some 17% assist in managing a family business or farming. The young-old are more likely to help those they feel close to. Men or their spouses are more likely to provide support in finance, everyday necessities, and managing the family business or farming. Rural residents are more likely to help with household chores and in managing the family business or farming.

Social support is not always needed by elderly persons or those close to them. Thirteen percent of the elderly respondents did not need sick care support within a 12-month period and 20% did not need financial support. This is particularly the case for the young-old, men, and urban residents. Between 8% and 29% of the aged respondents reported that there was no need for them to help their significant others in terms of assistance with household chores, financial support, everyday necessities, and managing the family business or farming.

Perceived support was assessed in terms of emotional and instrumental support. Only a small proportion of the respondents considered the support available to them as lacking. With regards to emotional support, 20% of the respondents had no one to turn to for personal problems or to express their feelings, whereas only 5% and 7% of them reported that no one cared about their well-being or respected them. As for instrumental support, 20% of the respondents reported they did not have anyone who would help them with finances, 14% had no one to assist with everyday affairs, and nearly 7% had no one to depend on for sick care. Overall, the older-old, men, and urban residents were more likely to report there was no one they could turn to for social support.

With respect to each of the specific types of perceived emotional and instrumental support received, the respondents were asked to name two individuals who provided the support. Summing across three different types of emotional and instrumental support, the sources of support were identified. As indicated in Table 4.3, almost all social support for the Chinese aged was provided by members of the immediate and extended family. In particular, the respondents obtained emotional support primarily from their sons (66%), daughters (63%), spouses (37%), other relatives (18%), and daughters-in-law (12%). Similarly, they received instrumental support mainly

from their sons (74%), daughters (63%), spouses (33%), daughters-in-law (15%), and other relatives (12%). Sons-in-law, grandchildren, neighbors, and others were mentioned by less than 10% of the respondents as sources of support. Few of the respondents reported that they had no one who would provide emotional support (2%) or instrumental support (3%). There are substantial age, gender, and community differences in terms of sources of support. The young-old, men, and urban residents were more likely to rely more on their spouses but less likely to rely on their daughters-in-law for social support. These findings may reflect differences in life course and sex difference in mortality and marital status.

Satisfaction with social support is a function of not only the quantity and quality of available support but also the individual's need for assistance. Hence, measures of satisfaction may lead to additional insights concerning the social support among the aged. Over 90% of the respondents were satisfied with the emotional and instrumental support that they received. In contrast, some 66% to 85% of the respondents believed that they provided sufficient support to others. The older-old, women, and rural residents were slightly less contented with the amount of social support they received as well as the support they provided to others.

Urban and Rural Differences

On the basis of the above statistics, family-based support for the urban and rural elderly persons differed in several ways. First, rural elderly persons are clearly more dependent on their families for support. Whereas 69% of the urban aged population rely on pensions as the main source of income, only 7% of rural elderly respondents do so. On the other hand, 44% of the rural elderly residents reported children are the major source of income, only 9% of the urban elderly residents are in the same situation. In addition, the rural elderly persons are more dependent on income from employment (32%) than their urban counterparts (6%) (see Table 4.1). Second, rural aged persons tend to depend on their sons more than on their daughters for emotional and instrumental support. On the other hand, elderly persons in the urban areas rely more equally on sons and daughters for emotional and instrumental support. Moreover,

spousal support is more important in the urban areas than in the rural areas (see Table 4.3). Urban-rural differences in family support persist even when socioeconomic status and social networks are controlled. Specifically, urbanites report they receive less support than rural elderly residents, but they have a higher level of perceived support as well as being more satisfied with the social support available. At the same time, there are no significant differences in the amount of support given to their significant others (Liang et al., 1992).

EMPLOYMENT RELATED OLD AGE SUPPORT

In China, there are no universal and compulsory public pension programs as in many developed nations. Pension programs in China are largely sponsored by employers and are more developed and prevalent in urban areas, whereas the majority of the rural elderly people must depend on their adult children for old-age support. There are two major programs, which have been in existence since the 1950s. Public Insurance (PI) covers employees in the government and party organizations, educational, cultural, health, sports, sciences, and other related institutions. The other is Labor Insurance (LI) for workers in the state enterprises, urban collectives, and township and village enterprises. In addition, health insurance is often part of the package of benefits made available to the retirees.

Pensions

The organization of China's economic units includes various types of ownership, including: (a) state-run agencies or enterprises; (b) large collective enterprises, including those controlled by provincial, municipal, district or county governments; (c) small collectives including the village and township-run enterprises and neighborhood enterprises; and (d) private employers including those in farming or nonfarming (Henderson et al., 1995).

In the state sector, retirement age is 60 for men, 55 for female salaried employees, and 50 for female blue-collar workers. To qualify for retirement benefits, one needs to have at least 10 years of employ-

ment in the state sector. Pensions range from 60% to 100% of a worker's last wage depending on length of service, accomplishments, and prior participation in revolutionary work. In addition to the pension payment, medical insurance benefits and other supplements received before retirement are included. A lump-sum allowance for relocation after retirement is also provided.

Retirement benefits vary as a function of the sector and institution where one is employed. Generally, benefits in the state sector are the best, followed by those in the urban collective sector, and last by those in the rural enterprises. For instance, benefits for employees of the urban cooperatives are less generous than those received by employees in the state sector. Benefits are payable on retirement after 20 to 25 years of work with 8 to 10 years of continuous service within a given enterprise, and replace 40% to 60% of preretirement wage. The collectives' plans do not always include health insurance (Liang et al., 1986).

Under the state regulations, the PI program is financed by government revenues, while the LI program is funded by contributions from the employers without any contributions from their employees. The financing scheme is similar to the pay-as-you-go system in the Western countries, with little or no accumulation of a trust fund. When the number of pensioners is small, the system works reasonably well. As the ratio of pensioners to active workers increases, it becomes more vulnerable to adverse economic circumstances, including high unemployment and inflation.

The management of pension programs in China is rather decentralized. The PI program is implemented at various levels of the Chinese government including the central, provincial, city, county, and township governments. Under the LI system, the administration and financing of pension benefits are the responsibility of individual employing institutions. Benefits are not always transferable. For example, benefits can not be transferred when an employee moves from a state-enterprise to a collective-owned enterprise, but can be transferred between two state-owned enterprises. Although pension benefits in China are not automatically adjusted because of inflation, periodically supplemental payments are provided in the form of subsistence grants, depending on the level of inflation.

It should be noted that benefits for employees of the government and enterprises are quite comprehensive. In addition to a pension

and health insurance, these benefits include housing subsidy, inflation protection, transportation allowance, and job placement for the pensioner's children. For instance, a pensioner can still live in the same house where he or she lived before retiring without any increase in rent. The rent is about 1% to 2% of the total household income. A pensioner is also entitled to receive price subsidies for daily necessities.

In 1978 some 87 million workers of a total labor force of 401 million, or 22%, were covered by various pension plans. The coverage rate increased to 31% in 1995. The coverage is quite uneven in that covered employees are concentrated in the urban areas, while the vast majority of the rural labor force is not covered. For instance, in 1995 all government employees and workers in the state enterprises and 70% of the employees in the urban collectives were covered, whereas only 13% of the rural labor force had pension plans (State Statistical Bureau, 1996). Furthermore, employees in the private sector, a fast growing component of the Chinese economy, are currently not entitled to any retirement benefits.

Health Insurance for the Aged Population

Health care delivery in China is organized into three tiers. These include village stations, township health centers, and county hospitals in the rural areas and street health stations, community health centers, and district hospitals in the urban areas. Village stations are staffed by village doctors who train for 3 to 6 months after junior high school and receive an average of 2 or 3 weeks of continuing education each year. Township health centers usually have 10 to 20 beds overseen by a physician with 3 years of medical education after high school, aided by assistant physicians and village doctors. County hospitals usually have 250 to 300 beds and are staffed by physicians with 4 or 5 years of medical training after high school, as well as by nurses and technicians (Hsiao, 1995; Hsiao & Liu, 1996).

Health insurance in China takes three major forms: PI, LI, and rural cooperative insurance (Liang & Gu, 1989). The PI program is provided by the government to employees working in the state agencies. It provides outpatient and inpatient services to the eligible employees. Dependents receive no benefit entitlement, although

partial coverage through special programs run by the individual work units may be arranged. LI is provided to all permanent employees in state-owned enterprises and to some workers in collectively-owned enterprises and is funded by the individual employers. This insurance entitles eligible employees to health care for life, and their dependents receive 50% reimbursement of health care costs. However, health insurance benefits vary across regions and employers (Liang & Gu, 1989). For instance, among people with PI or LI, 75% of outpatient fees and 82% of inpatient fees are covered on average (Henderson et al., 1995).

Implementation of the rural cooperative insurance began in 1968. These schemes generally take the form of a prepaid medical insurance plan, organized at the village level. Beneficiaries are entitled to free or substantially reimbursable services and drugs at the village health station and also at the higher level referral units including hospitals. In the rural areas, medical insurance is organized through the collectively funded welfare programs at the village level, although capital investment is subsidized by various levels of governments (Liang & Gu, 1989).

Health insurance coverage is highly related to urbanization and industrialization in China. According to a recent survey of eight provinces in China, two thirds of the population in the large capital cities and three quarters of the population in small cities have health insurance coverage. In county seats, the proportion covered falls to 36%. Thirty percent of the residents in the suburban villages have some type of insurance coverage, whereas in rural villages less than 8% are insured (Henderson et al., 1995).

Before the economic reform in 1978, close to 90% of the rural population was covered by cooperative medical insurance. After the initiation of the economic reform, family farming has increased substantially, and the collectively funded welfare programs were abandoned in most rural areas. The government adopted a laissez-faire policy, relying on free-market forces to dictate the organization, financing, and delivery of health care. Consequently, community-based medical care disappeared and most of the village doctors became private practitioners. At the present time, the great majority of rural residents are without health insurance. With the rising costs of health care, those living in less developed areas and those who remain in poverty amid economic progress are increasingly vulnera-

ble. The three-tiered system for medical care delivery in the urban areas remains unchanged. However, government financing has been reduced, and all providers must now rely on payments from patients and insurance programs (Henderson et al., 1995; Hsiao & Liu, 1996).

Retirees covered by either PI or LI can obtain health insurance from the employers up to the preretirement level depending on the length of services and rank. According to the data derived from the Survey of Health and Living Status of the Elderly in Wuhan, 71% of the respondents in urban areas were insured through their work units, whereas only 13% of the rural aged were so covered. Twenty-nine percent of the urban elderly and over 80% of the rural aged had to rely on themselves or relatives to cover costs of health care. Consistent with the observations made by Henderson and her associates (1995), health insurance coverage among the aged is related to age, gender, and occupation, with the older-old, female, and those engaged in farming less likely to be covered.

SOCIAL ASSISTANCE

Only those without family support can be assisted by social welfare programs. According to the Marriage Law of 1981 and the Criminal Law of 1979, children have the duty and legal obligation to support and assist their aged parents, and violators are subject to criminal penalties. This is further reinforced by the stringent eligibility requirements for welfare assistance. In particular, only those old people who have no grown children to support them, are unable to work, and have no other means of support (referred to as "three-nos" elderly persons) can rely on social welfare administered by the local government. Since most of the aged on welfare are childless, they are generally referred to as the "childless aged." According to the Survey of Health and Living Status of the Aged in Wuhan, only 2% of the elderly persons received social assistance, and 1% of elderly respondents considered social assistance as the major source of income (see Table 4.1). Nationally, approximately 2 million elderly Chinese, or 2.6%, of the aged population in 1992 received social assistance (State Statistical Bureau, 1993).

Social assistance may take two forms. In 1992, approximately 386,000 individuals, or 20%, of the needy elderly persons were cared

for at homes for the aged, whereas the remaining 1.7 million needy aged persons, or 80%, were maintained in the community (State Statistical Bureau, 1993). In the urban areas, homes for the aged may be administered by the department of civil affairs or by urban collectives. While government-sponsored homes are financed by the Social Welfare Trust Funds, collective-sponsored homes are funded by the collectives with state subsidies. In addition to room, board, and a small allowance, all homes offer a range of services, including personal care. In general, government-sponsored homes involve more capital investment and have better facilities and more professional staff than collective-sponsored homes. In 1992, there were over 56,000 elderly urban residents in homes (State Statistical Bureau, 1993). On the other hand, community-based support involves contracting the care for a given childless and needy elderly person to a nursing group (Bao-Hu Zu) which consists of two or three residents in the same neighborhood. These individuals may either volunteer or be compensated by the local community for providing care (Chen, S., 1996; Liang & Gu, 1989).

In the rural area, social assistance is specifically referred to as the Wu Bao (Five Guarantees) Program, which provides food, clothing, medical care, housing, and burial expenses for the eligible person (Liang & Gu, 1989). As in the urban areas, the needy elderly residents either are cared for in homes for aged persons or are maintained in the community by relatives and neighbors. Rural homes for aged persons are similar to collective-sponsored homes in urban areas in terms of organization and services provided. However, they tend to be smaller than collective homes, with some 10 residents per home. In 1992 approximately 329,000 rural elderly persons resided in homes for the aged (State Statistical Bureau, 1993).

As social assistance is financed mainly by the local government and community through their Social Welfare and Relief Funds, there are large disparities between the rural and urban communities. For instance, in 1992 the annual average expenditure for caring for one resident at a government-sponsored home in an urban area was 2969 yuan, which was more than four times as high as the average expenditure per resident of 722 yuan at a collective or community-sponsored home. The average expenditure per resident at a rural home for aged persons was even lower, at 583 yuan per year (State Statistical Bureau, 1993).

FUTURE CHALLENGES AND REFORMS

The implications of China's aging population are manifold, and a sensible analysis of these consequences requires a keen awareness of China's unique socioeconomic, political, and demographic characteristics. More importantly, the design and implementation of policies related to aging have been and will continue to be centered around the relationships between the family and the political state in China. In the following section we will discuss the challenges confronting the current systems of family-based and employment-based old-age support in China, and review their policy implications as well as current reform efforts.

Family-based Support

Throughout human history, individuals have relied heavily on family ties for old-age support. However, family-based support is not without limitations. A major problem is the small number of people involved in sharing the risk. There is always a danger that a sheer accident will bring the proportion of earners to nonearners to a level at which family cannot function (Schulz, 1995). At the same time, one should not underestimate the social and psychological stress that family caregivers experience. Caregivers in the United States often express feelings of worry, burden, frustration, being tied down, and social isolation (Doty, 1986). In addition, conflicting family obligations can cause psychological strain. In Japan, where family support for aged relatives is very strong, younger couples are reporting that certain aspects of home care for the disabled elders are very difficult (Maeda, 1983).

At present, because the elderly population is only a small proportion of the total population, the needs of Chinese aged persons are being met by family initiatives and to some extent by employer-sponsored pensions and social assistance. With the projected sharp increase in the number and proportion of elderly persons and the decrease in average family size, the traditional mode of old-age support will be under severe strain. In particular, substantial declines in fertility and mortality may erode the foundation of the Chinese tradition of family-based old-age support. A reduction in fertility

reduces family size if other factors remain constant and directly contributes to population aging. In this regard, the impact of China's fertility policy should not be underestimated. As a result of the current one-child birth policy, the absence of siblings and the subsequent loss of other relatives (such as in-laws) may seriously weaken the family network. On the other hand, other things being equal, reduced mortality increases the size of family. Generally, however, the effect of fertility decline is much more substantial than mortality decline, thus resulting in a small average family size. Tu and his associates (1989) recently showed that in China the average family size has decreased, and the probabilities of achieving a three-generation family and joint person-years of grandparenthood have greatly increased since 1920. For instance, the joint life expectancy of grandfather and father increased from 7.3 in 1930 to 12.1 in 1981, while the joint life expectancy for grandmother and father increased from 9.3 years in 1930 to 17.3 years in 1981.

Consequences of the demographic transition in China will have profound implications for old-age support. As suggested by Davis and Harrell (1993), if the one-child policy really succeeded, then approximately half the women born after 1955 would not have a son to provide care for them in old age. Given that the majority of the rural elderly people must depend on their adult children for old age support, this lack of a male offspring means there would have to be a massive expansion in rural pension systems and long-term care facilities. However, with the collapse of communes as a result of the economic reform, rural pension became less extensive and village supports for childless aged persons also declined. It seems the rural elderly residents are facing a crisis. Consequently, nonfamily-based old-age support must be seriously considered and expanded to reinforce the family-based old-age support. It is possible that an optimal mix of private and public support for old age can be accomplished, and this mix will have major implications for containing public expenditures for old-age support.

PENSIONS: CHALLENGES AND REFORMS

Currently pensions are generally available only to workers in the state sector and large urban collectives, although some workers in

the township and village enterprises are beginning to be covered. Pension programs are financed by either government revenues or by contributions from the employers under a pay-as-you-go system, with little or no accumulation of a trust fund. Individual employers are responsible for the administration and financing of pension programs. This system of retirement pensions is inadequate to meet the needs for old-age support for the vast majority of the population while also dealing with escalating costs and ensuring the solvency of the program and the certainty of payment.

Some 31% of the total labor force of over 600 million workers in China was covered by pension plans in 1995. Although 87% of the 160 million urban workers had pension plans, only 11% of the 443 million rural workers were similarly covered. With the recent development of township and village enterprises, the number of wage-earning rural workers is increasing rapidly. Some rural communities have established pension programs for the retired population. These programs are likely to be located in more affluent rural communities and often are financed jointly by the government, local enterprises, and the employees. Furthermore, employees in the private sector, a fast growing component of the Chinese economy, are currently without retirement benefits. In view of the rapid aging of the Chinese population and the weakening of the family networks as a result of the demographic transition, extending the coverage of pension programs to those presently uncovered is a high priority. In this regard, an unified system of pension benefits that transcend employers and even rural-urban sectors should be seriously considered.

The number of pensioners and expenditures for pensions in the urban areas has also increased quite substantially during recent decades. This is largely a function of the availability of retirement benefits and the compulsory retirement system in that the majority of the urban labor force is retired by age 60. In 1978 there were 3 million pensioners in China. By 1993, the number of pensioners had increased to 27.8 million. The ratio of pensioners to active workers covered by pension benefits rose from 1:800 in 1952 to 1:5.4 in 1993. Expenditures for pension plans increased from 1.7 billion Chinese yuan in 1978 to 95 billion yuan in 1995 and was predicted to increase to 187.7 billion by the year 2000 (Dai, 1994). The costs of pensions as a percentage of the total costs of wages climbed

from 3% in 1978 to 18.6% in 1993 (State Statistical Bureau, 1994). However, this proportion decreased to 15.4% in 1995, and is predicted to further decrease to 14% by the year 2000 due to the rapid wage increase for active working laborers. According to data collected by the Chinese State Statistical Bureau, the national social security outlay for 1990 reached 110.3 billion yuan and, if housing subsidies, employee training, food price subsidies, and public welfare social services were included, this figure would have topped 200 billion yuan, accounting for over 11% of China's gross national product (Yang, 1994). From 1978 to 1993, total pension expenditures increased about 52 times, but the average individual benefit only increased 5.3 times during the same time period due to the growth in absolute number of retired population. Furthermore, economic reforms since the 1980s have led to a number of economic setbacks, especially for the urban aged (Davis & Harrell, 1993). In particular, changes in housing policy, wage reform, mandatory retirement, and increasingly restrictive health care coverage have lowered the relative economic status of many older adults.

The pay-as-you-go approach of financing has the advantage that a lower premium is required, and it works well when the ratio between the number of retirees and current workers is low. As the ratio of pensioners to active workers increases, it becomes more vulnerable to demographic shift and adverse economic circumstances, including high unemployment and inflation. In the United States, there has been considerable controversy over whether adequate financing of social insurance programs requires the accumulation of large financial reserves. Much of the discussion has centered on the extent to which public insurance programs need to follow financing practices conforming to the actuarial soundness associated with private insurance. In particular, actuarial soundness refers to the ability of the insurance programs to provide sufficient payments to eligible recipients at the time they come due. There is now an agreement among many pension experts that social insurance programs do not require the accumulation of a large reserve to be actuarially sound. It is recognized that the taxing power of the government guarantees the long-run financial integrity of such programs. Furthermore, it is appropriate to assume that the programs will operate indefinitely. As public insurance is usually compulsory and covers most of the

population, it avoids the financing problems arising from an unexpected fluctuation in the number of participants (Schulz, 1995).

The administration of the pension programs in China is very fragmented. Various segments of the pension programs are administered by four ministerial level agencies (Feng, 1994). For instance, the Ministry of Labor is in charge of pensions for workers in enterprises, whereas the Ministry of Personnel administers pension programs for government employees. Rural pension programs are the responsibility of the Ministry of Civil Affairs. In addition, 11 trade and industry departments are authorized to offer insurances, including railroad, postal services, telecommunications, electric power, irrigation, construction, nonferrous metals, banking, and so on. Although administrative oversight is provided by the central and provincial governments, risk pooling is being implemented at the city or county level, and the administration and financing of the pension programs are the responsibility of individual employing institutions.

Because there is no national legislation on retirement benefits in China, the implementation of pension policies is dominated by local policies. This not only results in significant variations in policy and programs but also brings about large misappropriation of the insurance funds due to the lack of effective control mechanisms. For instance, enterprises created under a joint-venture arrangement involving Chinese and foreign capitals, may be required to contribute from 18% to 30% of a worker's wage to pension funds in different cities (Dai, 1994). There are also substantial variations in the rate of contribution across different provinces, ranging from 15% to 39%, despite the fact that a contribution of 18% has been suggested by the central government since 1986. In addition, the current system of employer-sponsored pension programs hinders the mobility of laborers across different sectors because pension benefits often cannot be transferred. Finally, there are currently more than 2000 pension pools in China. Although 13 provinces and municipalities have created risk pools at the provincial or city levels, state/collective-owned enterprises usually have separate pension risk pools. Because these pools are both small in size and operate independently, no risk and revenue sharing can be established. Many Chinese scholars have suggested that national legislation be enacted to ensure more uniformed policies, regulations, and administration of pension pro-

grams (Chen, 1994). Furthermore, larger risk pools at the provincial or even national levels should be established.

Given the fragmented nature of the pension programs in China, there is a significant uncertainty with regard to the financial integrity of many pension programs. Accordingly, the administrative apparatus needs to be integrated and modernized. In addition to establishing sufficiently large risk pools, realistic actuarial projections are required to set the appropriate rate of contribution, hence ensuring the financial viability of the current pension plans. Depending on the needs of the aged and the level of economic development, a national pay-as-you-go or a partial funding approach may be adopted.

Numerous efforts are currently underway to address these problems. A notable example of such reforms is the social security system in the Hainan Province in southern China. Established in 1991, this system has several key features. First, a large risk pool was established, covering employees of all urban enterprises. Second, a unified system of administration was instituted at the provincial level. Third, this system integrates pension, health insurance, and unemployment and work injury insurance. This system was subsequently emulated by many other provinces (Chow, 1995; Krieg & Schädler, 1994).

Finally, the possibility of raising retirement age should be seriously considered. As suggested by Spengler (1978), the economic well-being of the aged population depends on the old-age dependency ratio and the proportion of working age population that is employed and contributing to old-age support through pension and social security systems. These two conditions in turn depend on how efficient the economy functions. Despite the aging of the population, a manageable old-age dependency ratio can be achieved if the retirement age is increased sufficiently. According to the projections developed by Liang et al. (1986), the current dependency ratio could be maintained by raising retirement age to 64 in 2002, to 69 in 2022, and to a maximum of 74 in 2042. Thereafter, the retirement age could be slowly lowered. However, rising retirement age may lead to an unfavorable impact on the upward mobility for the young. The aged population may be perceived as holding on to good jobs, and it may be very divisive and generate a lot intergenerational conflicts. Given that the aged must be provided for, and if the old-age dependency ratio is high, a choice must be made between

allowing the elderly employees to keep their jobs and supporting them with tax money.

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CHAPTER 5

Japan: Hyper-aging and Its Policy Implications

Hiroshi Kojima

The terms for aging (*koreika*) and hyper-aging (*cho-koreika*) have been popular in Japan for a couple of decades. After the 1990 "1.57 Shock" (the public sensation associated with the media coverage of the record-low total fertility rate of 1.57 for 1989), low fertility has suddenly become a public agenda. The term *shoshika* (trend toward less children) became popular after its first use in the 1992 White Paper on the National Life (published by the Economic Planning Agency) and came to be used side by side with *koreika* by scholars, policy-makers, politicians, and businessmen as well as mass media.

Measures to cope with these two interrelated demographic trends have become a policy agenda particularly because changes in family structures and functions have made it more difficult for families to continue to provide for the care and support of elderly persons and young children as they traditionally did without further support from the larger society. To address these issues, the Gold Plan for the elderly population and the Angel Plan for children were formulated several years ago. A new law to provide long-term care insurance

was enacted in December 1997 and has been implemented in April 2000. More effective support for child-rearing is now being debated within the government. One consequence is that the term population policy has stopped being a semitaboo word although the terms child-rearing support measure or family policy are still preferred. Naturally, they are often considered as policies to cope with *shoshika* but their link to *koreika* is often mentioned, implying that these measures also have population policy motives.

On the other hand, a less obvious population policy issue pertains to the large influx of foreign workers in the late 1980s due to the labor shortage during the period of the bubble economy and the appreciation of the yen. Some opinion leaders have suggested that the admittance of foreign workers is inevitable or desirable to cope with the low fertility that has prevailed since the mid-1970s. They were usually talking about "the guest worker (temporary migrant) scenario," rather than "the permanent migrant scenario," while their opponents suggested that some temporary migrants might end up staying permanently as in the West. Therefore, the foreign worker issue has been mainly discussed in terms of labor policy rather than population policy, although its link to population policy has sometimes been pointed out. After the collapse of the bubble economy at the beginning of the 1990s, many opinion leaders stopped talking about the admittance of foreign workers because the unemployment and underemployment of Japanese nationals have come to be more urgent concern. Nevertheless, concern about migrant workers remains a long-term policy issue.

This chapter first describes the trends in population aging in Japan and its demographic determinants and consequences. Next is a discussion of the sociocultural contexts of aging with special reference to the family. Analysis of public opinion survey data are then presented to explore the acceptance of alternative population policy measures designed to slow population aging.

TRENDS IN POPULATION AGING

Japan's population, which was 84.1 million in 1950, reached 125.6 million in 1995, making Japan the eighth most populous country in the world. The annual growth rate was about 3% during the immedi-

ate postwar period, but decreased to 1% in the mid-1950s and remained at this level through the mid-1970s. Then it fell below 1% and has continued to decline to the current level of around .3%. The slow down in population growth is mainly due to the decline in fertility and mortality. Both declined rapidly in the immediate postwar period. Then fertility briefly leveled off at the replacement level before resuming its downward trend beginning in the mid-1970s. The mortality rate continued to fall further, particularly in the old-age groups.

These trends led to a sharp decline in the percentage of the child population (aged 0–14) while that of the aged population (aged 65 and over) continued to rise, as Table 5.1 shows. The share of the working-age population (aged 15–64) rose from about 60% in 1950 to almost 70% in 1970 and has remained at that level since then. The child population proportion, which was about 35% in 1950, has dropped to less than 16% by 1995. On the other hand, the proportion of the aged population rose rapidly, from about 5% in 1950 to about 10% in 1985. The speed of aging has accelerated since then, with the aged population proportion reaching 14.5% by 1995. Since 1950, the median age of Japan's population has almost doubled, from 22.2 years to 39.7 years in 1995 (see Table 5.2).

TABLE 5.1 Trends in the Age Composition of Japan: Total Population and Percentage by Age Group, 1950–2100

	Population	Age group				
Year	Total (in 1000s)	0–14	15–64	65+	65–74	75+
1950	84,115	35.4	59.6	4.9	3.7	1.3
1960	94,302	30.2	64.1	5.7	4.0	1.7
1970	104,665	24.0	68.9	7.1	4.9	2.1
1980	117,060	23.5	67.3	9.1	6.0	3.1
1990	123,611	18.2	69.5	12.1	7.2	4.8
2000	126,892	14.7	68.1	17.2	10.2	7.0
2050	100,496	13.1	54.6	32.3	13.5	18.8
2100	67,366	14.6	56.5	28.8	12.0	16.8

Note: The figures are as of October 1 each year and includes Okinawa.
Source: National Institute of Population and Social Security Research, Ministry of Health and Welfare (1997a, 1997b); Association of the Employment Development for the Elderly (1997).

TABLE 5.2 Projections of Median Age, Dependency Ratios, and Aged-Child Ratios in Japan, 1995–2100

Year	Median age	Dependency ratios			Aged-child ratios
		Total	Child	Aged	
1995	39.7	43.9	23.0	20.9	91.2
2005	42.6	51.2	21.6	29.6	137.1
2015	45.5	65.0	23.4	41.6	177.7
2025	49.0	68.0	22.0	46.0	209.3
2050	49.9	83.0	23.9	59.1	247.0
2100	47.7	76.9	25.9	51.0	196.7

Note: The figures are as of October 1 each year and includes Okinawa.

Source: National Institute of Population and Social Security Research, Ministry of Health and Welfare (1997a, 1997b); Association of the Employment Development for the Elderly (1997, 1998).

As Table 5.1 shows, the aged population is projected to increase further. According to the medium-variant, the total population will increase continuously from 125.6 million in 1995 to 127.8 million in 2007 but then decline back to 1995 levels by 2017. Based on current fertility and mortality trends, Japan's population will decline to 100 million in 2050 and about 67 million in 2100. While both the child population and the working-age population will gradually decrease, the aged population will dramatically increase from 18.3 million in 1995 to 33.4 million in 2021 and will stay around the same level until 2050 before starting its gradual decline. The median age of Japan's population will increase from almost 40 years in 1995 to more than 50 years in the late 2030s, and remain essentially unchanged through the late 2050s due to the echo effects of baby booms and busts (see Table 5.2).

The population of Japan is expected to experience rapid aging not previously observed in the West. The proportion of elderly persons among the total population will rise from 14.5% in 1995 to 27.4% around 2025, which will make Japan one of the most aged countries in the world. The aged population is projected to rise still further to 32.3% by 2050 before starting to decline. Among the elderly population, the proportion who are older old (aged 75 and over)

will dramatically increase from 5.7% in 1995 to 15.6% in 2025. This age group is projected to reach its highest level at 19.5% in the late 2050s.

DEMOGRAPHIC DETERMINANTS AND CONSEQUENCES OF AGING

Demographic Determinants

The rapid aging of Japan's population has been led by the rapid declines of both fertility and mortality. After falling below the replacement level of 2.05 in 1974, the total fertility rate (TFR) went into a steady decline and reached the record low level of 1.42 in 1995. The TFR is estimated to fall to 1.39 in 1997 after having increased slightly to 1.43 in 1996. This TFR decline is explained by the respective trends of its two components: the fertility rate among married women and the proportion of women who are married. While the former has remained fairly constant, the latter has significantly declined, according to analyses based on demographic decompositions. However, a recent analysis based on different measures of marital fertility (Kojima & Rallu, 1997, 1998) suggests that the fertility rate of married women has also gone down. In other words, the trend toward older age at marriage and the higher proportion of those who have never married have greatly reduced the incidence of marriage among women in their twenties. This may be regarded as the primary demographic determinant of the recent TFR decline and population aging. In fact, in 1995 the proportions of never-married among women aged 25 to 29 and 30 to 34 (48% and 19.7%, respectively) have more than doubled compared with those in 1975 (20.9% and 7.7%). It should also be noted that the mean age at first marriage among women rose constantly from 24.7 years in 1975 to 26.6 years in 1997.

Life expectancy at birth in 1995 rose to 76.4 years for males and 82.9 years for females, higher than in any other country in the world. In the last decade alone life expectancy has increased by 2 years for both men and women. In recent years, however, total deaths are on the increase due to population aging, which has increased the proportion of older persons who have higher mortality risk. At the

same time, mortality has been declining at older ages. An examination of the increase in life expectancy in terms of age-specific death rates shows that mortality decline among infants and children and among youth during the early 1960s contributed significantly to its increase. Since the 1970s, however, mortality decline in the middle and old ages has been responsible for most of the life expectancy increase. In recent years, there have been particularly large mortality declines in older age groups, which is promoting population aging. Life expectancy at birth is expected to reach around 78 years for males and 84 years for females in the early twenty-first century.

Demographic Consequences

One of the most direct demographic consequences of population aging is the increase in the age-dependency ratios and the aged-child ratio (see Table 5.2), although some demographers regard these as indicators of aging itself. The total dependency ratio is the ratio of the combined child population (aged below 15) and aged population (aged 65 and over) to the working-age population aged 15 to 64 (per 100), while the child-dependency ratio and the aged-dependency ratios represent the ratio of each population to the working-age population (per 100). As Table 5.2 shows, the total dependency ratio, which was 67.7 in 1950, continued to decline until it attained to its lowest level of 43.3 in 1991 and 1992. It then rose to 43.9 in 1995. The total dependency ratio will continue to rise through the first half of the twenty-first century, peaking at 83.0 in 2050 before beginning an uneven decline to 78.6 in the 2080s and subsequently to 76.9 in 2100.

While the fluctuation of the total dependency ratio reflects fluctuations in both the child dependency and aged dependency ratios, it is largely affected by the movement of the aged dependency ratio. The child dependency ratio change is much simpler, although equally dramatic. The child dependency ratio has continued to decrease from 59.4 in 1950 to 23.0 in 1995, is projected to attain its lowest level of 21.4 in the early 2000s, and hover just below 25 until around 2080. On the other hand, the aged dependency ratio, which was 8.3 in 1950, rose to 20.9 in 1995, and will continue to increase

almost monotonously to 59.1 in 2050, before beginning an uneven decline to 53.5 in 2080 and 51.0 in 2100.

The aged-child ratio is the ratio of the number of aged persons to the number of children (per 100), which simultaneously takes into account the numbers and changes at both ends of the age distribution. Its change is very dramatic, especially after 1985, when the proportion of the aged surpassed the 10% mark. The age-child ratio was only 13.9 in 1950 and rose to 91.2 in 1995. It is projected to continue to rise to its highest level of 247.5 in 2052 before starting its decline to 196.7 in 2100.

In contrast to the total dependency ratio, which is a measure of demographic dependency or age composition, the economic dependency ratio is just that—a measure of a population's economic dependency. It is defined as the ratio of the economically inactive population to the active population over all ages (per 100). This ratio was 133.5 in 1950. It decreased to 99.0 in 1970, but rose again to 110.6 in 1975. It then resumed its decline to 95.8 in 1995 and will continue on to 91.2 in 2000 before rising again to 98.8 in 2010 (the last year of projection made by the Employment Policy Research Committee, Ministry of Labor). The age-child ratio is expected to rise faster between 2000 and 2010 because it is based on the previous population projections, which assumed a lower speed of population aging. It should continue to rise after 2010 because this measure, at least in part, moves in tandem with the total dependency ratio.

Other demographic consequences include changes in the sex ratio and marital status composition among older persons. Because of the lower female mortality, females outnumber males among the elderly population. The sex ratio (100 males/females) of the aged population was 69.8 in 1995 and it decreased with age. It was 72.5 in 1950, 76.6 in 1960, 78.3 in 1970, 73.2 in 1980, and 67.2 in 1990. While not systematic, these changes by age group generally reflect the trend toward a lower sex ratio, especially in recent years.

A higher proportion of elderly persons are now married. This is due to mortality decline, especially among the middle and older age groups, although the proportion is much higher for males due to their higher mortality (they predecease their wives) and older age at marriage. The proportion married was 64.6% among older males and 25.1% among older females in 1950, but it had increased to 84.0% and 43.1%, respectively, in 1995. Conversely, the proportion

widowed has declined rapidly among males and younger old females (aged 65–74) due to the mortality decline. But the decline is much slower among older old females (aged 75 and over) due to the sex differential in mortality and the larger age difference between spouses. On the other hand, the absolute number of older old widows increased rapidly from 0.6 million in 1950 to 3.4 million in 1995, while their male counterpart increased from 0.2 million to 0.6 million in the same period. There is a growing concern as to who will take care of those older old widows. Many of them have been taken care of in intergenerationally extended households, but now the availability of kin to take care of them is said to be declining.

SOCIOCULTURAL CONTEXTS OF AGING

Intergenerational Household Extension of the Elderly Population

While Japan has many individual demographic features in common with developed societies in the West, including low levels of fertility and mortality, it exhibits different developments in the area of family demography, which it seems to share more closely with newly industrializing and developing societies in the East. Given that Japan does not lag behind other developed societies in socioeconomic development, this suggests that family patterns do not necessarily change in tandem with socioeconomic developments. It is even possible that some aspects of socioeconomic and demographic development may facilitate the realization of the traditional family patterns that vary from society to society. The rapid change in sibling configuration among adults in Japan, as a result of fertility decline in the past, may be one of those aspects because of the normative pressure on the eldest children to live with older parents and support them (Kojima, 1993).

In many parts of prewar Japan the intergenerationally extended or stem family household was the normative living arrangement for the older parents and their eldest sons. When parents did not have any sons, they often lived with their eldest daughter and son-in-law. Coresidence was generally continuous, or began again when the eldest child married or the parents retired, and normally ended with

the death of parents. Living arrangements were closely related to the primogeniture custom, which gave priority to males (Kojima, 1989b).

Although there has been a steady decline in the proportion of intergenerationally extended households in the postwar period, the majority of older persons aged 65 and above still live with their adult children (in the extended household), as Table 5.3 shows. The proportion of older persons in one-person and couple-only households is on the rise, but lower than in the West. The percentage of older persons in institutions has been leveling off since 1985. Moreover, the large majority of older old persons (aged 75 and over) still live with a married child in the extended household.

Intergenerational Household Extension of Married Children

While the proportion of older persons in the extended households decreased in the 1980s, the proportion of married males aged 20–39

TABLE 5.3 Trends in Living Arrangements of the Elderly in Japan: Total Elderly Population and Percentages of Elderly Residing in Various Household Arrangements, Aged 65 and Older, 1970–1995

Year	Total population (in 1000s)	Institutional household	Ordinary household				
			With relatives			Alone	With nonrelatives
			Subtotal	Extended	Couple only		
1970	7,393	2.2	90.3	79.7	11.6	5.8	0.2
1975	8,865	3.0	89.1	74.1	14.9	6.6	0.1
1980	10,647	3.6	87.8	69.8	18.1	8.3	0.1
1985	12,468	4.2	86.1	65.5	20.6	9.5	0.1
1990	14,895	4.3	84.6	60.5	24.1	10.9	0.1
1995	18,261	4.2	83.6	55.9	27.8	12.1	0.1

Note: The figures are as of October 1 each year and includes Okinawa after 1975.
Source: National Institute of Population and Social Security Research (1997b).

in the extended household seems to have increased slightly (Hirosima, 1987). The two trends may seem contradictory, but the prevalence of intergenerationally extended households can differ according to whether the unit of observation is parents or married children. Similarly, the postwar fertility decline has affected parents and their adult children differently in terms of the kin available for coresidence because only one married child is expected to live with the parents. In view of the increasing number of older old widows and the declining pool of potential parent caregivers that has resulted from fertility declines, it would be instructive to analyze *which* married child lives with an older mother.

Table 5.4 shows the results of multinomial logit analysis using data from the 1989 National Household Survey (Institute of Population Problems, 1992), which examines the determinants of a married male household head currently coresiding, or planning to coreside in the future with his mother or mother-in-law. In terms of current coresidential arrangements, among head of household husbands, 18.6% live with their mother, 4.5% live with their mother-in-law, 76.9% live in a residence separate from either of them. For ease of interpretation results are presented in the form of relative odds.

The first column shows the effect of independent variables on the odds of the household head currently coresiding with his mother relative to separately residing. As the household head ages, he is more likely to live with his own mother, probably because she becomes older and less healthy. As expected, the head who is an eldest son is almost seven times as likely as noneldest sons to live with his mother relative to living separately. He is also less likely to live with his mother when his wife is the eldest daughter (and has no brothers).

The second column shows the effect of these independent variables on the odds of the household head coresiding with his wife's mother relative to living separately. Not surprisingly, he is much less likely to live with her than to live separately when his wife has older brothers. The negative effect is larger in the case of having younger brothers, possibly because they are more likely to be never-married and to stay home long after their sister's marriage.

The third column presents the effect of independent variables on the odds of the household head coresiding with his own mother relative to coresiding with his wife's mother. He is more likely to live with his own mother when he is aged 40–44, when he is an

TABLE 5.4 Logit Odds-Ratios of Effects of Selected Variables on Likelihood of Husband Coresiding with His Mother Versus Living Separately, with His Wife's Mother Versus Living Separately, and with His Mother Versus His Wife's Mother, by Current Residence and Future Plans for Coresidence: Japan, 1989

	Current coresidence			Future coresidence plans		
	Husband's mother vs. living separately	Wife's mother vs. living separately	Husband's mother vs. Wife's mother	Husband's mother vs. living separately	Wife's mother vs. living separately	Husband's mother vs. Wife's mother
Husband's age (15–39)						
40–44	3.58[a]	1.08	3.31[c]	1.64	1.91	0.86
45–49	4.40[b]	1.26	3.49	2.42[d]	1.57	1.54
50+	9.13[b]	2.17	4.21	3.34[a]	1.71	1.96
Husband is eldest son (Is not eldest son)	6.76[b]	0.52	13.06[b]	10.99[b]	0.44	24.76[b]
Husband's number of siblings						
1–2	1.12	0.47	2.37	1.22	1.10	1.12
5+ (3–4)	0.60	0.47	1.28	0.52[c]	0.55	0.94
Husband has older sister (No older sister)	1.37	1.35	1.19	1.82[d]	2.04	0.89
Husband has younger brother (No younger brother)	0.75	0.62	1.20	0.67	0.54	1.24
Husband has younger sister (No younger sister)	0.76	2.11	0.36[c]	0.59[c]	1.48	0.40[c]
Wife is eldest daughter (Is not eldest daughter)	0.29[d]	1.12	0.26	0.45	1.63	0.28

(continued)

TABLE 5.4 ***(continued)***

	Current coresidence			Future coresidence plans		
	Husband's mother vs. living separately	Wife's mother vs. living separately	Husband's mother vs. Wife's mother	Husband's mother vs. living separately	Wife's mother vs. living separately	Husband's mother vs. Wife's mother
Wife's number of siblings						
1–2	0.66	1.56	0.42	0.49[c]	1.35	0.37
5+ (3–4)	1.37	1.36	1.01	1.76[c]	1.51	0.17
Wife has older brother (No older brother)	0.74	0.20[c]	3.68	0.84	0.25[d]	3.38[c]
Wife has older sister (No older sister)	0.80	0.40	1.98	0.74	0.66	1.13
Wife has younger brother (No younger brother)	0.70	0.10[d]	7.21[c]	0.68	0.23[d]	2.96
Wife has younger sister (No younger sister)	0.82	1.06	0.78	0.86	0.78	1.10

Note: Reference categories are in parentheses.
[a]$p < .01$
[b]$p < .0001$.
[c]$p < .10$.
[d]$p < .05$.

Source: Institute of Population Problems, the Second Demographic Survey on Changes in Family Life Course and Household Structure (1989).

eldest son, or when his wife has younger brothers. However, he is less likely to coreside with his mother compared to his mother-in-law when he has younger sisters, which may indicate the new tendency among older Japanese parents to seek care and support from a daughter rather than a daughter-in-law and a corresponding tendency within their children's generation.

The fourth through sixth columns of Table 5.4 relate to coresidence plans in the future. Among head of household husbands, 31.1% plan to live with their mother, 7.3% plan to live with the wife's mother, and 61.6% plan to live separately from either of them. Compared with current coresidence odds-ratio, the findings for future coresidence plans have both similarities and differences. The effect of age is similar but less pronounced, possibly because of the uncertainty about the survival of parents and the household heads themselves.

The relative effects of eldest-son status seem to be more pronounced presumably because those eldest sons who are currently living separately from their mother have plans to live with her in the future. The significant effects of sibling size now appear: the household head from a larger family is less likely to plan to live with his mother, whereas when his wife is from a larger family he is more likely to plan to live with his mother. Having older sisters seems to have a positive effect on the odds of the household head planning to live with his mother relative to planning to live separately, while having younger sisters has a negative effect. The latter may also indicate the new tendency for daughters to be called on to care for parents. On the other hand, having younger brothers seems to have a negative effect on the odds of the household head planning to live with the wife's mother relative to planning to live separately. While somewhat difficult to interpret, this may also reflect changing expectations about who should be responsible for parent care.

The effects of the household head's eldest-son status, the wife's eldest-daughter status, and the possession of brothers on current and future coresidence all suggest that the primogeniture custom still remains in contemporary Japan: eldest children are more likely than their siblings to live with their parents, possibly to provide old-age support in exchange for a larger share of the inheritance. The sibling size of either spouse does not have any significant effects on current coresidence, but significantly affects coresidence plans for

the future. The negative effect of the household head having younger sisters on the odds of coresidence with his own mother relative to the wife's mother suggests on the one hand that crowding in terms of female household roles may discourage the coresidence of the wife with her sister-in-law. On the other hand, this effect may be an indication of the new tendency for older mothers to seek care and support from a daughter rather than a daughter-in-law, a more likely interpretation given that the negative effect is clearer for coresidence plans.

The positive effects of the household head's eldest-son status on the odds of current and future coresidence with his mother are much larger than the effects of most other sibling configuration variables in terms of the absolute size of coefficients. The effects of the wife's possession of younger brothers are also large. If these tendencies are relatively stable through time, fertility decline, which has caused population aging as well as sibling configuration transition, may not necessarily decrease the potential availability of old-age care and support by adult children to parents through coresidence because it will increase the proportion of eldest children in younger generations, as a function of the decreasing average sibling size.

POSSIBLE ACCEPTANCE OF POPULATION POLICIES

The Institute of Population Problems (1991, 1996) conducted its first and second Public Opinion Surveys on Population Issues in 1990 and 1995. The two surveys asked about opinions toward population aging and population policy measures to slow it down. All respondents were asked whether aging in the near future was "very good," "good," "hard to say," "bad," or "very bad." Those who had negative responses were then asked their opinions about possible measures to slow down population aging. Results are shown in Table 5.5. Responses were collapsed into positive and neutral categories after excluding "don't know" and "unknown responses."

The attitudes found in 1990 are contrasted with those found 5 years later in 1995. In 1990, 5% of the respondents had positive attitudes toward population aging while 42.9% had a neutral attitude (choosing "hard to say"). Females were a little more likely to have these attitudes than males. Those who had negative attitudes toward

TABLE 5.5 Percentages with Positive and Neutral Attitudes Toward Population Aging, and Among Those with Negative Attitudes, Percentages Choosing Various Measures to Slow Population Aging, by Year and Sex: Japan, 1990 and 1995

Sex	Total (*N*)	Positive attitude	Neutral attitude	Negative attitude toward aging			
				Immigration policy	Pronatalist policy	Both policies	Nonintervention
1990							
Both	19,142	5.0	42.9	4.5	33.0	9.3	5.3
Male	9,648	5.7	41.4	5.8	31.2	10.5	5.4
Female	9,494	4.3	44.5	3.1	34.9	8.1	5.3
1995							
Both	19,797	3.4	38.5	2.0	44.3	6.7	5.1
Male	9,704	3.7	37.5	2.4	43.3	7.7	5.4
Female	10,093	3.0	39.5	1.6	45.3	5.8	4.8

Source: Institute of Population Problems, Public Opinion Surveys on Population Issues (1990 and 1995).

population aging (52.1%) were then asked about possible measures to slow it down. Four and a half percent were in favor of an immigration policy, 33.0% favored a pronatalist policy, 9.3% mentioned both an immigration and a pronatalist policy, while 5.3% suggested no intervention. Females were less likely than males to favor an immigration policy and more likely to favor a pronatalist policy.

In 1995, 3.4% of respondents had positive attitudes toward population aging while 38.5% expressed a neutral attitude. These declines in favorable or neutral attitudes since 1990 may reflect the impact of the "1.57 shock"—the public sensation following the announcement in 1990 of the record-low fertility rate of 1.57. In contrast to 1990, results by 1995 females were a little less likely to have positive attitudes than males.

Those who had negative attitudes toward aging (58.1%) were then asked about possible measures to slow it down. In contrast to 5 years earlier 2% were in favor of an immigration policy, 44.3% favorable pronatalist policy, 6.7% both types of polices, and 5.1% preferred nonintervention. As in 1990, females were less likely to favor an

immigration policy than males and a little more likely to favor a pronatalist policy. While the proportion of noninterventionists has remained relatively stable, the percentages of those who favor immigration policy as well as those who favor both immigration and pronatalist policies (combined) declined by half, while the percentage of those who favor just a pronatalist policy increased by one third. These changes may be due to the 1.57 shock as well as the economic recession that decreased labor demand.

To simultaneously examine 1990 to 1995 changes in the opinions toward population aging *and* the preferences for various population policy measures, multinomial logit analyses are conducted. Table 5.6 shows, for 1990 and 1995, the effects of various independent variables on the likelihood of choosing a particular policy option for dealing with population aging relative to having either a positive or neutral opinion toward aging. In 1990, women, compared to men, were less likely to favor an immigration policy alone as well as both immigration and pronatalist policies (combined), while they were more likely to favor a pronatalist policy alone. This may be because they felt more need for child-rearing support measures and more threatened by immigrants.

In terms of age groups, in 1990, those in their middle years were more likely to have unfavorable attitudes toward immigration policy (and immigration/pronatalist policies combined), while those of older age were more likely to have favorable attitudes toward a pronatalist policy, and those at younger ages were more likely to favor nonintervention. Those at middle age may have felt more threat from immigrants in the labor market. Those at older ages may be expressing higher levels of traditionalism in their support for pronatalist policies, while those at younger ages may have chosen nonintervention due to the antigovernment sentiments more common among the youth. The never-married and the divorced were less likely to favor a pronatalist policy, and the former were also less likely to favor immigration/pronatalist policies (combined), probably because they felt less need for child-rearing support measures.

In 1990 low education was associated with negative effects on all of the policy choices, which means that it was associated with positive or neutral attitudes toward population aging. High education was associated with favorable attitudes toward an immigration policy and nonintervention, probably because those with high levels of

TABLE 5.6 Logit Odds-Ratios of Effects of Selected Variables on Likelihood of Choosing Various Measures to Slow Population Aging Versus Having Positive or Neutral Attitudes Toward Population Aging: Japan, 1990 and 1995

	1990				1995			
	Immigration policy	Pronatalist policy	Both immigration/pronatalist policies	Nonintervention	Immigration policy	Pronatalist policy	Both immigration/pronatalist policies	Nonintervention
Female	0.56[a]	1.15[b]	0.84[c]	1.07	0.75[c]	1.04	0.79[b]	1.02
Age								
20–24								
25–29	1.03	1.10	0.98	1.03	0.64[d]	0.96	0.79[d]	0.89
30–34	0.86	0.96	0.80	0.87	0.55[c]	0.77[b]	0.72[c]	0.63[b]
35–39	0.83	0.90	0.76[d]	0.61[b]	1.01	0.65[a]	0.65[b]	0.96[c]
40–44	0.70[d]	0.92	0.79	0.55[a]	1.03	0.67[a]	0.65[b]	0.63[b]
45–49	0.89	1.02	0.71[c]	0.46[a]	1.10	0.76[b]	0.64[b]	0.70[c]
50–54	0.87	1.09	0.85	0.72[d]	1.11	0.91	0.58[b]	0.87
55–59	0.73	1.11	0.90	0.51[b]	1.01	0.88	0.57[b]	0.72
60–64	0.74	1.31[c]	1.04	0.53[b]	0.93	0.97	0.68[c]	0.76
65–69	0.65	1.37[c]	1.01	0.47[b]	1.15	0.96	0.63[c]	0.45[b]
Marital status								
Never-married	1.02	0.65[a]	0.73[b]	1.13	1.18	0.56[a]	0.73[b]	1.01
Widowed	1.15	1.10	0.74	1.20	0.78	0.89	0.99	0.69
Divorced (Married)	0.73	0.80[d]	1.18	1.13	1.68[d]	0.83[d]	1.02	1.03

(continued)

TABLE 5.6 *(continued)*

	1990				1995			
	Immigration policy	Pronatalist policy	Both immigration/pronatalist policies	Nonintervention	Immigration policy	Pronatalist policy	Both immigration/pronatalist policies	Nonintervention
Education								
Junior high	0.79[c]	0.83[a]	0.65[a]	0.69[b]	0.75[d]	0.91[d]	0.80[c]	0.85
Junior college	1.06	1.08	1.29[c]	1.25[d]	1.17	1.16[c]	1.06	1.24[d]
University (Senior high)	1.34[b]	1.01	1.18[d]	1.59[a]	1.23	1.15[b]	1.20[c]	1.71[a]
Employment status								
Self-employed	1.27[c]	0.91	1.03	1.25[d]	1.36[d]	0.92	0.94	0.97
Part-time	0.95	0.87[c]	0.88	0.88	0.95	0.92	0.98	0.93
Non-employed (Full-time)	1.08	0.93	0.87	0.92	0.89	0.80[a]	0.91	0.82

TABLE 5.6 *(continued)*

	1990				1995			
	Immigration policy	Pronatalist policy	Both immigration/pronatalist policies	Nonintervention	Immigration policy	Pronatalist policy	Both immigration/pronatalist policies	Nonintervention
Occupation								
Professional/manager	1.14	1.08	1.17	1.02	0.93	0.95	1.12	1.07
Sales	0.83	1.13	1.15	0.78	0.68	0.96	1.11	0.81
Service	0.93	1.10	0.91	0.98	0.52[c]	0.85[c]	0.77[d]	0.83
Manual	0.72[c]	0.95	0.83	0.77[d]	0.98	0.82[b]	1.02	0.93
Agricultural	0.28[b]	1.32[c]	0.62[c]	0.74	0.41	1.11	1.65[c]	0.97
Others (Clerical)	0.68[d]	0.92	0.78[d]	0.54[b]	0.68	0.79[b]	0.84	0.90
Region								
Hokkaido	0.48[b]	0.81[d]	0.95	0.98	0.86	0.91	1.23	0.90
Tohoku	0.77	0.90	0.87	1.28	0.70	0.83[c]	0.74[d]	0.63[c]
Kanto	0.94	1.09[d]	1.28[b]	1.19	1.16	0.90[c]	1.07	0.98
Kinki	0.63[b]	0.89	0.83[d]	1.48[b]	0.71	0.81[a]	0.96	0.98
Chushikoku	0.75[d]	1.11	0.98	1.05	0.95	1.01	0.88	0.78
Kyushu (Chubu)	0.45[a]	0.96	0.67[b]	0.86	0.93	0.91	0.78[d]	1.03

Note: Reference categories are in parentheses.
[a] $p < .001$.
[b] $p < .01$.
[c] $p < .05$.
[d] $p < .10$.

Source: Institute of Population Problems, Public Opinion Surveys on Population Issues (1990 and 1995).

education felt less threat from immigrants in the labor market as well as more antigovernment sentiments. Self-employed persons also tended to be in favor of both an immigration policy and nonintervention, possibly because they felt more need for foreign unskilled workers. Those who worked part time tended to be against a pronatalist policy. Manual workers and farmers tended to have negative attitudes toward an immigration policy, while the latter had positive attitudes toward pronatalist policy. The negative attitude of manual laborers toward an immigration policy may be due to the threat they felt from immigrants in the labor market. Due to traditionalism, farmers may be more favorable toward a pronatalist policy.

In 1990 inhabitants of the Hokkaido area were less likely to favor immigration and pronatalist policies (combined) while those in the Kanto (Tokyo metropolitan) area were more likely to favor a pronatalist policy and immigration/pronatalist policies (combined). The Hokkaido area residents may have felt more threat from immigrants, while Kanto residents may have felt more need for child-rearing support measures. Inhabitants of the Kinki (Kyoto-Osaka-Kobe metropolitan) area were more likely to favor nonintervention, and less likely to favor immigration and pronatalist policies (combined) while those in the Chushikoku and Kyushu areas were less likely to favor an immigration policy. This is partly due to the antigovernment sentiments in Kinki and the felt threat of immigrants in Kyushu.

Examination of the 1995 odds ratios indicates that the effect of sex is similar to that seen for 1990 except that females were no more likely to favor a pronatalist policy relative to positive or neutral attitudes than males in 1995. This change may be due to the effect of the "1.57 shock" mass media publicity in terms of the need for pronatalist measures.

The effects of age are somewhat different than what they were in 1990. Younger adults aged 25 to 34 were less likely to favor an immigration policy in 1995, possibly because they had come to feel more threatened by immigrants in the labor market, a consequence of higher levels of unemployment and the possible competition posed by foreign workers in a labor market ravaged by economic recession. The youngest age group had relatively favorable attitudes toward both immigration and pronatalist policies (combined), possibly because many were students and more informed, hence less threatened. In 1995, those aged 30 to 49 were less likely to favor a

pronatalist policy, which was not found in 1990. This may be because those at child-bearing ages have come to distrust government policies through their experience.

The effects of marital status in 1995 were similar to 1990. The exception was that divorced persons compared to married persons were more likely to favor an immigration policy. One interesting explanation may be that they were thinking of the possibility of remarriage with a foreigner. There was much more intermarriage—and acceptance of intermarriage—in 1995 than the case 5 years before.

The effects of education were also similar to 1990 except that those with higher education were more likely to favor pronatalist policies, again possibly due to media influence regarding the 1.57 shock. Among employment status groups, self-employed persons were still more likely to favor an immigration policy, probably because of their economic needs for lower cost foreign unskilled workers. However, they were no more likely to be noninterventionist relative to having positive or neutral attitudes toward aging than were the full time employees. In 1995, nonemployed persons instead of part timers had negative attitudes toward pronatalist policies. One reason may be that the nonemployed felt little need for child-rearing support measures, which these days tends to help full-time female workers.

The effects of occupational groups on population policy choices in 1995 were somewhat different than in 1990. Service workers came to feel less favorable toward an immigration policy, while the effect of being a manual worker, a worker in agriculture, or those in "other" occupational categories lost significance. On the other hand, service and manual workers shifted to having unfavorable attitudes toward pronatalist policies. In contrast to 1990, being in agriculture was not a significant predictor of choosing pronatalist policies in 1995. In fact, the attitudes of those in agriculture toward immigration/pronatalist policies (in combination) reversed from negative to positive over the 5-year period. Several facts may account for this. They may have become more apprehensive about the increasing feminization of the work force, perhaps as a consequence of more traditionalist beliefs concerning men's and women's roles. Also, in recent years intermarriage to foreigners has increased among farm heirs due to

their difficulty in finding Japanese marriage partners. This, too, may be causing apprehension among agricultural workers.

By 1995, the regional differences in attitudes toward immigration policy were attenuated, possibly because of the dispersal of foreign workers during the recession. Over the 5-year period, the effects of living in the Kanto (Tokyo metropolitan) area on the choice of a pronatalist policy relative to choosing a positive or neutral stance toward aging reversed from positive to negative. Also, the negative effect of living in the Hokkaido area disappeared, and there appeared significant and negative effects of living in the Tohoku and Kinki areas on favoring a pronatalist policy. The negative effect of living in the Tohoku area on choosing a pronatalist policy, together with its newly significant negative effects both on immigration and pronatalist policies (combined), as well as its negative effect on taking a nonintervention stance probably reflects the area's more favorable attitude toward aging in general. By 1995, living in the Kanto (Tokyo metropolitan) area lost its significance and positive effect on choosing immigration and pronatalist policies (combined), while living in the Kinki area lost its negative effect. Living in the Kinki area no longer predicted the choice a nonintervention strategy relative to having positive or neutral attitudes toward aging. This change might have occurred because Kinki area inhabitants' antigovernment sentiments have weakened since the 1995 Hanshin-Awaji earthquake.

In sum, these findings suggest there may be a movement among Japanese toward acceptance of alternative population policies to slow down the aging of Japan's population. Examination of the effects of various demographic, socioeconomic, and regional characteristics on attitude change across the 1990 to 1995 period indicates that public acceptance of policies to deal with population's aging will ultimately be affected by changes at the macrosocietal level.

CONCLUSION AND POLICY IMPLICATIONS

As has been shown, a pronatalist strategy seems more acceptable to the Japanese than an immigration strategy as a potential policy measure to reduce population aging. Nevertheless, it is important to assess the relative effectiveness of these two strategies for slowing

population aging before their implementation is planned. Simulation studies, including those of Lesthaeghe, Page, and Surkyn (1988) for the EC, Blanchet (1988) for France, Steinmann (1991) for Germany, and Espenshade (1994) for the United States, show that an immigration strategy is not effective in maintaining the age composition of a population under the condition of low fertility unless the annual net inflow of immigrants is between 20% to 70% of the annual number of births. For Japan, which is projected to undergo more rapid population aging than these other developed countries, an even larger number of immigrants may be necessary to offset further aging. But this scenario is unrealistic, particularly in view of the fact that Japan does not seem well-prepared for transition to a multicultural society on such a large scale. Some of these studies suggest that an immigration strategy can only complement pronatalist strategies in slowing population aging. Perhaps the Japanese respondents in the opinion surveys sensed this and thus favored pronatalist strategies more so than an immigration strategy.

However, in a literature review of studies conducted in the West, Kojima (1989a, 1994) found that a pronatalist policy may not be very effective in raising fertility—although it is usually difficult to isolate measures specifically designed for pronatalist purposes. An analysis of the 1992 National Fertility Survey data shows that mothers who quit their jobs after a second birth have a lower probability of having a third birth (Kojima, 1995a). Implementation of an income support program could be effective if this choice not to have a third child is due to the financial strains in the household. Or, a new health program may be effective if this decision is due to the health problems of either the mother or the child. Finally, expanded child care services may be what is needed to promote fertility if the problem relates to the inability of working mothers in nuclear family households to obtain child care (as suggested by Kojima, 1995b). None of these programs is designed exclusively for pronatalist purposes, even though they could have some pronatalist effects.

Therefore, the effectiveness of pronatalist policies should be evaluated in conjunction with policies that exert more indirect effects on fertility, such as those related to social security, health, education, employment, housing, empowerment, etc. Actually, some demographers in the West believe that the impact of indirect policies on fertility is much stronger than that of the population policies de-

signed explicitly to affect fertility (Höhn, 1988). This may be the case, although it is difficult to disentangle the distinct and mutual effects of various types of policies (e.g., family allowances) on direct and indirect fertility goals. In addition, the effectiveness of population policies should be evaluated in relation to that of population-responsive policies. All these policies could be integrated into a comprehensive family policy for intergenerational support and societal reproduction. If Hohn is right and if low fertility is partly due to women's family strategies for coping with the lack of child-rearing support measures (Kojima, 1998), then such an approach may have favorable effects on fertility and ease the demographic and other constraints imposed on the family.

A comprehensive family policy should be based on a group of principles that may be universal or country specific. They include intergenerational solidarity and gender equity, which may be universal as underlying principles (Kojima, 1994–95), but their surface representation as policy measures may be modified by demographic and sociocultural contexts of each society. Those modifications that fit for Japan may have policy relevance for other countries in the East and possibly in the West. But we should keep in mind that most population, family, and social policies are implemented by nation-states, while social reproduction is a global process (Folbre, 1994).

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CHAPTER 6

Korea: Demographic Trends, Sociocultural Contexts, and Public Policy

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Korean society offers us an excellent opportunity to examine and understand the changing social status of the elderly population, the so-called twilight generation. Korea has undergone dramatic social restructuring in the last four decades. From a demographic perspective, a decline in fertility and mortality since the late 1960s has resulted in the overall aging of the population. The proportion of elderly persons aged 65 and over increased from 3.3% in 1966 to 5.9% in 1995 (The Bureau of Statistics, 1995). In this same period Korea also experienced remarkable economic growth and industrialization as well as major political transformations. From a cultural perspective, Western culture has become increasingly influential in the everyday life of the Korean people, a process initiated with the establishment of the U.S. military regime in 1945 following Korea's liberation from Japanese colonial rule (1910–1945).

Modernization theorists often assume that industrialization deprives the elderly person of many important family and social roles (Cowgill, 1972; Goode, 1963). The growth of literacy and professionalization make the skills and special knowledge of elderly persons less needed or relevant. The elderly persons are often regarded as a dependent population in a modern society, and they are more likely to be recipients of welfare programs (Harber & Gratton, 1994, p. 2).

Many historians, however, have challenged this social disengagement conceptualization of the elderly population in modern societies (Laslett, 1969; Plath, 1972). Laslett argues that the elderly population's social status was diverse in preindustrial Western societies, and extended living arrangements were never a predominant form. Plath (1972, p. 133) asserts that aging in preindustrial Japanese society was " . . . a matter of deep human ambivalence," as it was elsewhere. On the one hand, the Confucian ethic of the Samurai class successfully promulgated the norm of filial piety and patriarchal social stratification. On the other hand, most farm families did not have enough resources to maintain an extended family network and the expensive rituals for ancestor worship. In fact, there exist many records revealing that families in traditional Japan abandoned their disabled elderly parents under a custom called discarding granny (Plath, 1972).

Throughout the period of the Yi dynasty (1392–1910), esteem for the elderly persons in Korea remained solid under the influence of the Confucian ideal of a *yangban* class. Confucian ideology emphasizes social control by norms, such as those associated with traditional gender and age roles; females and the young, respectively, are subject to the authority of males and their elders. Confucian ideals also underlie the social order today, permeating the family, school, industry, and politics, and engendering authority-dependency ties, called familism.

In this chapter we examine the distinctive context of the aging process in Korea, where the cultural forces of individualism and familism have converged with rapid demographic and social changes to define the status of elderly persons. First, we review the demographic trends of aging in Korea. Then, we discuss the sociocultural background of aging problems in Korea. Third, the well-being of the elderly population is considered with particular focus on changes

in the living arrangements of elderly persons. Finally, various social policies for the elderly population are discussed.

DEMOGRAPHIC TRENDS OF AGING

While Korea is still considered a young nation, recent demographic changes have increased the concern of many scholars in the social sciences as well as policy administrators. The fast rate of population aging in Korea is of great concern. In just 22 years, the proportion of persons aged 65 and over is projected to double from 7 to 14% (Kim, 1995).

Aging is a mixed product of the demographic processes of fertility and mortality. Korean society completed its demographic transition in a relatively short period of time. In the early 1900s, Korea entered the first stage of the demographic transition in which mortality began to drop while fertility remained high. The introduction of medical and hygiene services during early industrialization under the Japanese colonial rule contributed to lower mortality (Kwon, 1977). Until the Korean War (1950–1953), mortality continued to decline, with the crude death rate dropping from 35 per 1,000 in 1910 to 23 per 1,000 in 1950 (see Table 6.1). Except for a short-term rise in mortality during the Korean War (to 33 per 1,000), the Korean population then entered into the second stage of the mortality transition, as the result of new medical technologies, industrialization, and socioeconomic development (Kwon, 1986). The launching of the National Family Planning Program in 1962, which was designed to curb high fertility rates, also contributed to lowering mortality by allowing easy access to health and medical services for mothers as well as infants (Kwon, 1986).

The decline in infant mortality contributed to increased life expectancy at birth. As shown in Table 6.2, the infant mortality rate, which is used as an index of health in a society, was greatly reduced. Only 13 infants per 1,000 died before their first birthday in 1990, whereas almost 100 infants per 1,000 died in the 1955 to 1960 period. As a result of this drop, life expectancy at birth increased from 47.2 years for males and 53.6 years for females in 1955 to 69.6 for males 77.4 years for females in 1995 (Eun, 1997; see also Table 6.2).

TABLE 6.1 Population Growth, Crude Birth Rate, and Crude Death Rate for Korea, 1910–1995

Year	Population (in 1000)	Annual growth (%)	Crude birth rate	Crude death rate
1910	1743	0.2	37	35
1920	1807	0.4	39	33
1930	2044	1.2	43	28
1940	2355	1.4	44	24
1945	1614	—	—	—
1949	2017	6.1	42	23
1960	2499	2.9	45	16
1970	3144	1.9	32	12
1980	3744	1.6	26	8
1990	4341	1.4	20	5
1995	4461	1.0	—	—

Note: The data from 1910–1940 is for the entire Korean peninsula, while the data from 1945–1995 is for South Korea only.

Source: Kwon Tai-Hwan and Jun Kwang-Hee (1999, Table 2.1).

While it took several decades for the mortality transition to reach its current stage, it took less than 30 years for the fertility transition to be completed in Korea. It was not until the implementation of the National Family Planning Program in 1962 that contraception—except for induced abortion—was widely available to control fertility, even though a reduction in the number of children had been desired. With the introduction of this program and the widespread practice of induced abortion as well as delayed marriages, the total fertility rate declined precipitously—from 6.0 in 1960 to 1.6 in 1990, which is below the replacement level.

With the increase in life expectancy and decline in fertility, the Korean population aged. The proportion of the population age 60 and over increased from 7.7% in 1990 to 9.3% in 1995. Those age 65 and over accounted for 5.9% of the population in 1995.

The aging of the population means that an ever greater number of elderly people must be supported by either family or society. As shown in Table 6.4, the dependency ratio rose from 10.1 in 1966 to 13.7 in 1995. The aging index rose steeply from 11.9 in 1966 to 40.4 in 1995. If the current fertility and mortality trends are maintained, the elderly population will rapidly increase over the next two decades. By 2020 1 in 8 Koreans will be age 65 or older.

TABLE 6.2 Life Expectancy at Birth and Infant Mortality for South Korea, 1955–1995

Year	Life expectancy (e_0)		Infant mortality ($_1q_0$)
	Male	Female	
1955–60	47.2	53.6	94
1965–70	59.5	62.5	69
1971–75	57.4	62.7	54
1980	61.2	68.8	36
1981–85	64.8	71.7	27
1990	67.7	75.7	13
1995	69.6	77.4	

Source: Kwon Tai-Hwan and Jun Kwang-Hee (1999) and Eun (1997: 84).

TABLE 6.3 Trends in the Total Fertility Rate and Age-Specific Fertility Rate for South Korea, 1955–1990

	1955–59	1960–64	1965–69	1970–74	1975–79	1980–84	1985–89
TFR	6.3	6.0	4.6	4.0	3.0	2.4	1.6
Age							
15–19	38	20	12	10	11	9	3
20–24	308	255	180	146	152	162	104
25–29	335	351	309	301	263	216	168
30–34	270	274	223	220	122	72	39
35–39	194	189	134	88	38	15	6
40–44	96	92	59	19	12	2	3
45–49	18	17	10	7	1	0	0

Source: Kwon Tai-Hwan and Jun Kwang-Hee (1999).

SOCIOCULTURAL CONTEXTS OF CARING FOR THE OLD

As the number of older people increases both absolutely and relatively, there emerges an important social issue—how will the old be supported and by whom (Chang 1992, 1997). In traditional Korean society, individual families took it for granted that they were to respect their elderly members and to provide care for them.

TABLE 6.4 Dependency Ratio and Aging Index for South Korea, 1966–2020

	1966	1970	1975	1980	1985	1990	1995	2000	2010	2020
Dependency ratio	10.1	10.3	10.0	10.1	10.8	11.5	13.7	15.6	20.5	30.2
Aging index	11.9	12.9	14.7	17.9	22.8	29.8	40.4	50.3	71.8	121.8

Note: Dependency Ratio = Population 60+ / Population 15–59 × 100
Aging Index = Population 60+ / Population 0–14 × 100

Source: Kim (1995, p. 79).

It has been suggested that industrialization and urbanization during the past 30 to 40 years have significantly transformed the family life of individuals, particularly affecting attitudes toward the aged population and intergenerational relationships.

Nevertheless, the family in Korea today remains the core social institution. In contrast to Western societies, where marriage has become increasingly unstable, Korean people marry universally and very few marriages end in divorce. Although several recent social surveys have found that there is a growing number of people who would prefer to remain single (Eun, 1996), this preference for remaining single does not necessarily lead to the actual status of being single. In Korea, it is often the case that marriages are created as a family affair rather than as an individual choice (Kim, 1993). Although parental influence in selecting marriage partners for their sons and daughters seems to have weakened in the contemporary period, the majority of marriages are still contracted with the agreement of parents. A marriage without parental consent is regarded as unfortunate.

The traditional Korean family was organized on the basis of patriarchy, patrilineage, and patrilocal residence (Kwon, 1984, 1992). The ideal family type was an extended or stem family where three or four generations lived together under the same roof. Under this type of family organization it is often assumed that the patriarch would have greater benefit from having a large number of children rather than a small number. However, historically the extended family was never the dominant family type, partly due to a shortage of land and partly because of high mortality. Even if a stem family

was established in which the eldest son lived with his parents, in a very short time period it was likely to be dissolved into a kind of nuclear family because of parental mortality. Thus, even with a strong ideology that specified patriarchal and patrilocal families, in the traditional Korean society the dominant family type was in fact the nuclear family.

The principle of patrilineage requires that only the eldest son can succeed as the head of the family. Other sons and daughters were not able to succeed to family headship even though having many children was praised (Caldwell, 1982). Here, the Confucian ideal played an important role in prescribing that the eldest son should succeed as the head of the family and that he should also carry the responsibility of caring for his elderly parents. Emphasizing authority-dependency ties between patriarch and other family members, the Confucian ideology successfully propagated the idea of *hyo* (filial piety) in the Yi dynasty.

Throughout the traditional period and even today, the notion of *hyo* has played a significant role in securing the stability of the family and as a social control. This ideal has also successfully empowered the values of ancestry and elderly persons. In traditional Korean society, elderly people are expected to depend on their children and in particular their eldest son. It was taken for granted that the aged person would be supported and protected by family members. Within a family-centered way of life, the well-being of an elder was viewed as the concern of the whole family, not as an individual matter.

The majority of eldest sons still feel obliged to care for their aged parents. Even though the other sons and daughters are less likely than the eldest son to have a sense of duty to care for their aged parents, they also feel shame when they cannot provide help to their parents. An anthropologic study on family relations finds that sons, especially the eldest son, feel guilty for not living with their parents even tough it is necessary for them to live separately (Park, 1996).

While *hyo* remains a strong concept in contemporary Korean society, the way in which people think of *hyo* today differs from that of traditional society. According to the traditional notion of *hyo,* ideally one should live with his parents and support them both emotionally and materially under any conditions. Yet this type of practice is possible only when migration is a very rare phenomenon. In an industrialized and urbanized society where people frequently move

for the purpose of education or career, it is almost impossible for the eldest son to live with his parents. Children with higher educational levels than their aged parents do not want to assume their parents' occupational status and settle in their place of origin, mostly in rural areas. It is unlikely that today's Korean children will practice *hyo* in the same manner as prescribed in traditional society.

Many parents today also do not expect their children to support them. A Korean fertility survey in 1974 revealed that many adults did not anticipate receiving support from their children when they became old (Kwon, 1978). Kwon (1984) asserts that the concept of *hyo* today is associated with lessening the burden that parents have in providing for their children's success and independent living, not as contributing to the patriarch's accumulation of wealth as Caldwell's (1982) wealth flow theory assumes. That is, children owe it to their parent *not* to be a burden. As Kwon (1984) indicated, Korean society has been a familistic society where a rich father with a poor child is rarely seen. Under the economic hardship that prevailed throughout the traditional agricultural society, parents regarded it as fortunate that their children did not require their help and managed their own lives. In this case, parents thought of their children as being *hyoja* (those who practice *hyo* toward their parents) despite the fact that the children did not contribute to the parents materially.

Difficult times throughout the century such as the last years of Japanese colonial rule, the Korean War, and the subsequent social and political unrest have exacted great changes in the traditional norms and values governing individual behavior and social life. Needless to say, these historic experiences, industrialization, and the influence of Western culture have significantly weakened the tradition of *hyo* in Korean society.

Present day Korea is an amalgam of Western and traditional Korean cultures. Norms and values governing family relationships in Korean society today consist of both the traditional and the modern. While it is not clear whether the turning point in the transition of the influence of *hyo* was industrialization or the difficult historic times, the notion of *hyo* has today lost much of its power in promoting exchange and support between parents and their children.

Individualism coexists with traditional familism in the regulation of individual behavior and social life (Han, 1996). The higher an

individual's educational level, so, too, is the corresponding exposure to Western culture, which encourages individualism. As the educational level of the Korean people rises, Western culture is more likely to penetrate the familial and social life of ordinary people.

The coexistence of traditional ideas and Western culture in Korean society today is a source of conflict between the aged population and the young persons. The aging of parents has been a difficult problem not only for the parents themselves, but also for their family members, particularly in the current situation where two heterogeneous cultures now collide without mutual acculturation.

THE WELL-BEING OF THE ELDERLY IN TERMS OF LIVING ARRANGEMENTS

The current generation of elderly persons has not prepared for their postretirement life, only having sacrificed themselves for their families. In their younger years they experienced the hardships of Japanese colonial rule, the Korean War, and social and political turmoil. They worked hard and for long hours during the period of rapid industrialization and committed themselves to the education of their children. However, when they reached retirement age, in the absence of the traditional practice of *hyo*, they found that they had hardly prepared for their own well being.

To make things worse, it became very difficult for them to expect emotional and material support at the societal level, as well as on the familial level. Among the peripheral consequences of industrialization and modernization are weaknesses in many sources of material and normative support for the elderly population and the negative social concept that elderly persons are a burden both at the familial and societal levels.

A growing number of elderly persons live separately from their offspring. Although the nuclear family has been the most common type of living arrangement in Korean history, until the 1960s the majority of the elderly population still lived with their eldest son even after he married. However, the proportion who live apart from their children has significantly increased (see Table 6.5). Whereas 25% of the elderly parents lived apart from their children in 1988, 41% did not live together with their children or other relatives in

TABLE 6.5 Proportion of the Elderly Living Apart from Their Children, Living Alone, and Living with Spouses, for South Korea, 1988 and 1994

	1988			1994		
	Both	Urban	Rural	Both	Urban	Rural
Elderly living apart from their children	24.7	16.8	32.9	41.0	31.2	54.0
Elderly living alone	7.6	6.0	9.4	11.9	9.6	15.0
Elderly living with spouses	17.1	10.8	23.5	29.1	21.6	39.0

Source: Rhee Ka-Oak (1996, p. 63).

1994. In Table 6.5, we also find the interesting fact that the proportion of elderly persons living alone or living only with their spouse is greater in rural areas than in urban areas. During the period of industrialization, many young men and women migrated to urban areas leaving their aged parents behind. Although the traditional family system assumes that the eldest son will supports his parents by living with them, the migration of the young makes it difficult for two generations to continue to live together in rural areas. This suggests that extended living arrangements are disappearing more swiftly in rural areas than in the cities, as Korean society experiences industrialization.

The values and practices characterizing parent-adult children relationships in contemporary Korea appear to be undergoing a remarkable transformation. As it becomes geographically difficult for elderly parents to live with their children, the expectations of the elderly parents that they can rely on their children emotionally and financially has also tended to decrease. In fact, several surveys demonstrate that the parents now prefer to live separately from their children and not to rely on them materially or emotionally (Rhee, 1996). This attitude suggests that the Korean elderly parents recognize that their children cannot fully afford to provide emotional and financial support for them. Further, this attitude may indicate that older people fear that their children may regard them as useless burdens (perhaps suggestive of the growing influence of the Western values of independence and economic self-sufficiency). This maybe why

many Korean elderly persons choose to live independently from their children although their living standards are likely to fall below the poverty level.

We also must note that the elderly population are not a homogeneous group, but instead are quite diverse in terms of their economic well-being and health. It is often the case in urban areas that while young couples want to live with their parents and ask them to care for their children, the elderly parents do not always accept their children's request. This is because the elderly parents do not want to sacrifice their postretirement years for their offspring. The elderly parents who are most likely to refuse to live together with their children are economically independent. It is also commonly observed that the elderly parents continue to support their children materially even after their children marry and move away (not unlike the situation in the United States where elderly parents continue to provide considerable support to their adult children until quite late in life).

The changing attitude in the relationship between elderly parents and their children is also reflected in the frequency of contacts between them. As elderly parents live apart from their children, the elderly parents are less likely to be in touch with their children. A recent survey reveals that more than 40% of the elderly parents see their children only once every 6 months or yearly (Rhee, 1996). Despite the fact that Korea is not a very large country, as is the United States, the frequency of contact between elderly parents and their offspring is quite low.

Older people not only keep emotional distance from their children, whether voluntarily or not, but also tend to support themselves. This is particularly the case for those in rural areas. The main income for the elderly population in rural areas comes from their own labor. Since agriculture is not subject to official retirement ages, older people in rural areas continue to work at ages when the elderly persons in urban area have retired from their occupations.

If Korean culture is now emphasizing individualism, as is found in Western culture, it can be regarded as normal that elderly couples or individuals live alone and independently from their offspring. Yet, Korean culture assumes it is natural for elderly parents to be supported by their children when they are too old to work. Hence today's Korean elders face the paradox. Since the elderly population

cannot expect sufficient support from social welfare institutions—nor from their children—one consequence of this belief is that there exists little institutional support for the well-being of the elderly population. They have to endeavor to survive on their own, regardless of norms and traditions calling for the respect and support of elderly persons.

SOCIAL WELFARE POLICY FOR THE ELDERLY

The history of social welfare policy in Korea is quite short when compared to that of Western countries. Also the benefits of social welfare programs are far from satisfactory. In particular, social policies designed for the elderly population have hardly been developed. The Korean government has diverted attention from the social need to expand the welfare programs for elderly persons by emphasizing the responsibility of individual families to care for elderly members under the Confucian tradition. Hence, despite the growing demand for home care facilities for elderly persons, there is as yet no program for home care. In 1994, there were 89 homes for elderly persons and 51 nursing homes, with only 0.2% of the elderly population residing in these facilities (Choi, 1996).

In this section, we examine the social welfare policy for elderly persons in two areas: income maintenance programs and health care programs.

Income Maintenance Programs

The income maintenance program consists of five categories: public pensions, public assistance, retirement benefits, the elder honors program, and income-generating programs (Choi, 1996). There are four public pension systems: the Government Employees Pension, the Military Service Pension, the Private School Teachers Pension, and the National Pension. The first three pensions were designed in the 1960s and 1970s for employees hired in specific occupations such as military and governmental officers and teachers. The fourth public pension program, the National Pension, was introduced in the late 1980s. This pension program aims to cover all workers who

are aged 18 to 60, but in fact most people working in the informal sectors and in agricultural occupations are not included. To receive pension benefits under the National Pension program, one must pay in contributions for at least for 20 years. Currently, 37.9% of all employees receive benefits from this pension program.

The principal income source for most retirees comes from the Retirement Benefits Program. The Labor Standards Act made it compulsory for every workplace with five or more full-time workers to accumulate some portions of each month's salary as a retirement benefit fund. Currently, 5.5 million, or 27.8% of workers, benefit from this program. Unfortunately, because of aspects of the recently legislated National Pension Program, many—in fact the majority—of Korean elderly persons are not presently eligible for benefits.

Public assistance programs consist of Livelihood Protection and the Old Age Allowance. The Livelihood Protection program was intended to support the aged who are below poverty level and have no offspring responsible for supporting them. In 1995, 174,000 elderly persons received benefits from this program. The Old Age Allowance was designed to complement the National Pension program because those who already had passed the age of 60 when the program was enacted did not receive benefits from the National Pension program.

The Elderly Honor Program provides elderly persons with a very small income. Those over the age of 60 can use public facilities such as transportation, parks, and museums at a discounted price. It seems that this program is based on the idea that the aged person must be respected in everyday life. However, it is quite debatable as to how much this program achieves its explicit and implicit goals.

Health Care Programs

There are three kinds of health care programs for the elderly population in Korea: a medical insurance program, a medical assistance program, and health examinations. We discuss the medical insurance program here. This program has two basic components: the Medical Insurance program (MI) and the Civil Servant and Private School Employee Medical Insurance program (CSPSEMI). If the aged persons are not dependent members of civil servants or private school employees, they are covered by the MI program. In 1994, 84% of the

Korean population was covered by the MI program. The CSPSEMI program covers 11% of the Korean population. The MI program in turn is composed of employee insurance and resident's insurance and is managed by hundreds of occupational and regional unions. The MI program covers diagnostic services, inpatient and outpatient treatment, surgery, nursing, medication, and transport for treatment. The scope of medical services that are available varies among the various unions and across regions. Generally, about 50% of total medical costs are paid out-of-pocket by the insured, and the balance is paid by the employer or the government.

CONCLUSION AND POLICY SUGGESTIONS

In the past, successful aging and life satisfaction of the Korean elderly population depended on family care and support. As we have discussed, however, the family support system today does not appear to be working as well as in the past. More efforts should be made at the societal level to establish an appropriate social welfare system to ensure quality of life for the elderly population.

Over the last few decades most of the national budget and public policies have been directed at economic development, and thus very little attention has been given to social welfare programs. To improve the objective and subjective well-being of the elderly population, we suggest the following.

1. Given the rapid growth rate of the elderly population, the government should establish more systematic social welfare and elder care policies. The government needs to increase the budget allocation for the elderly population to bolster the programs for life-long education, leisure activities, and health care.
2. To improve the self-reliance of elderly persons, the present compulsory early retirement age should be changed to a voluntary retirement program. The current retirement age of 55 or 58 is too young, given high life expectancy and the present inadequacy of the social insurance programs.
3. Family policies should be strengthened. To improve the living standards of senior citizens, the government should direct more

attention to low-income and underprivileged families. Individual families can provide better care for their elderly members when the burden of caring for them is shared by society.

4. The health care system should also be expanded. Chronic diseases and disabilities, including dementia, hypertension, osteoporosis, and diabetics, should be covered more extensively, and the appropriate medical and social care facilities should be established.

Over the past 40 years South Korea has achieved remarkable economic growth. With this achievement, the government has been preparing a new Social Welfare and Development Plan. Although Korea was significantly affected by the Asian financial crises of 1998, its fiscal situation is rebounding, and its economy remains strong. In the wake of this new era of prosperity, material standards for elderly persons are expected to be enhanced significantly. In the past, the elderly population suffered serious disadvantages in terms of social support policies and programs. However, the elderly persons of the future must be guaranteed a chance to actualize themselves and enjoy their lives. They are entitled to choices and optimizing their living conditions and environmental situations. We need to acknowledge that they should have the opportunity to maximize their remaining potential and pursue new satisfactions in the last years of their lives.

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PART III

Aging in Western Societies

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CHAPTER 7

Germany: Demography and Aging After Reunification

Ineke Maas

DEMOGRAPHY AND AGING: THE CASE OF GERMANY

The future of the German pension system and the costs of health care are highly debated issues. At the end of the century many ideas are being proposed to bring pensions and health care for the elderly population through the difficult decades ahead. Public opinion polls suggest that few young adults are confident that the present pension system will survive until they reach retirement age. The reasons for this are often stated in terms of demographic projectors. A growing number of elderly persons are dependent on decreasing numbers of younger adults, both with regard to their main income source—public pensions—and to the costs and performance of the health care system. It cannot be denied, however, that other factors unrelated to the aging of the population intensify the problem. If there were not the costs of German unification, the high unemployment rate, and the pressure of the Contract of Maastricht to lower the

public debts, it would be easier to handle the consequences of population aging.

After first briefly describing the demographic changes in the German population we will analyze the financial and health status of older Germans. We pose the following questions. How well are German elderly persons doing with respect to economic resources and health? What are their main sources of income and health care? And how does the provision of income and health care relate to population aging? To answer these questions, we rely heavily on the Berlin Aging Study, a recent interdisciplinary study of the West-Berlin elderly aged 70 and older (see Baltes & Mayer, 1999).

POPULATION AGING IN PAST AND FUTURE

The older population in Germany is growing both in absolute and in relative size (see Table 7.1). Between 1950 and 1990 the number of persons 60 years and older in West Germany increased from 7.1 to 13.3 million. By 2030, an additional 6.7 million elderly persons is projected. The aging historic process has been continuous, with the exception of a small interruption in 1980 when those cohorts with the highest numbers of casualties in World War II reached age 60. The relative size of the 60+ population increased from 14% in 1950 to almost 21% in 1990. After 2000 the relative size of the older population will increase rapidly—reaching 35% in 2030. This is because the total population of the (former) West German area becomes smaller, though the number of older persons is still growing. The East German older population also increased between 1950 and 1990, but only slightly to somewhat more than 3 million. The slower aging process in East Germany is mainly due to outmigration (Höhn & Roloff, 1994). Whereas a migration surplus slowed down the decline of the West-German population, in East Germany a migration deficit hastened this process. Outmigration also affected the aging process because for pensioners it was easier to leave the country than for younger persons who were still in the work force. Many East German pensioners used the opportunity to spend their retirement years with relatives in the West. The older population in the (former) East German area is expected to grow from 3.1 million,

TABLE 7.1 Population Development

Year	Population (× 1000)	60 Years and older (× 1000)	60 Years and older %	80 Years and older (× 1000)	80 Years and older %
Federal Republic of Germany					
1950	50,958	7134	14.0	509	1.0
1955	53,518	8081	15.1	642	1.2
1960	55,958	9233	16.5	839	1.5
1965	59,297	10,733	18.1	1008	1.7
1970	61,001	11,834	19.4	1159	1.9
1975	61,645	12,390	20.1	1295	2.1
1980	61,658	11,961	19.4	1664	2.7
1985	61,020	12,509	20.5	2013	3.3
1990	63,726	13,255	20.8	2421	3.8
1995	65,446	13,994	21.4	2688	4.1
2000	65,765	15,625	23.8	2494	3.8
2005	65,064	16,288	25.0	2876	4.4
2010	63,853	16,713	26.2	3155	4.9
2015	62,387	17,190	27.6	3300	5.3
2020	60,731	17,986	29.6	3823	6.3
2025	58,819	19,246	32.7	3684	6.3
2030	56,588	19,949	35.3	3594	6.4
German Democratic Republic					
1950	18,388	2979	16.2	184	1.0
1955	17,832	3263	18.3	267	1.5
1960	17,188	3489	20.3	327	1.9
1965	17,040	3681	21.6	358	2.1
1970	17,068	3772	22.1	393	2.3
1975	16,820	3633	21.6	404	2.4
1980	16,740	3214	19.2	452	2.7
1985	16,640	3045	18.3	516	3.1
1990	16,028	3013	18.8	545	3.4
1995	15,499	3139	20.3	550	3.6
2000	15,355	3516	22.9	417	2.7
2005	15,194	3646	24.0	485	3.2
2010	15,018	3637	24.2	569	3.8
2015	14,697	3854	26.2	648	4.4
2020	14,249	4053	28.4	800	5.6
2025	13,768	4319	31.4	855	6.2
2030	13,303	4412	33.2	752	5.7

Based on pp. 34, 50, and 215 in Höhn & Roloff, 1994.

or 20.3% of total population, in 1990 to 4.4 million, or 33.2% of the total population, in 2030.

The increase of the very old population is even larger than the increase of the old population. In 1990 the number of persons 80 years and older in West Germany was 2.4 million, almost five times the number of 1950. In East Germany the number of very old persons tripled from 184,000 to 545,000. Between 1995 and 2030 the very old population is expected to grow an additional 1 million in the West and an additional 200,000 in the East. After 2030 most population prediction models foresee no further aging of the population, irrespective of assumptions about the future development of fertility, mortality, and migration (Höhn, 1996).

Though migration can change the rate of population aging, as visible in the different developments in East and West Germany, the main determinants are changes in fertility and life expectancy. With a fertility rate below the reproduction level (around 1.5) and a life expectancy at birth of over 70, Germany is now in the so-called fourth phase of the demographic transition (Horiuchi, 1991). Both the low fertility rate and high life expectancy will cause further aging of the population. The aging process started in the last century, however, when birth rates began to fall. In 1931–1935 the birth rate was only half of that in 1861–1870 (Knodel, 1974). Each new generation that was smaller than the previous one caused the population to grow older. After 1931–1935 there was a temporary reversal of the trend toward lower fertility, probably due to National Socialists' prochild policies. Also, the post-World War II years produced an increase in the number of births, until 1965 when the trend toward lower fertility resumed (see Table 7.2). In the 1980s fertility stabilized at a low level. The East German development differed to some extent from that in the West. In East Germany there was a second baby boom in the late 1970s and early 1980s. But the main difference has been the extreme drop in fertility in East Germany since 1989. The number of births decreased by 55% between 1990 and 1994. The downward trend in fertility lasted until 1995 (Grünheid & Schulz, 1996). In the long term this drop in fertility is not expected to have a visible impact on the aging of the total German population (Höhn, 1996). After 2000 the aging process in the former GDR is expected not to differ from aging in the rest of Germany.

TABLE 7.2 Changes in Birth Rate in Germany

Year	Births per 1000 inhabitants
1950	16.3
1955	15.8
1960	17.3
1965	17.4
1970	13.5
1975	9.9
1980	11.0
1985	10.5
1990	11.4
1994	9.5

Source: Statistisches Bundesamt 1996. West and East Germany combined.

The aging of the population was accelerated by a reduction of infant mortality. During the last decades of the nineteenth century, infant mortality declined slowly, and thereafter quite rapidly (Knodel, 1974). As a consequence, the number of persons reaching age 60 increased. According to the survival table of 1871–1880, the percentages of women and men reaching age 60 were 36% and 31%, respectively. In the survival table of 100 years later these percentages had reached 92% for women and 84% for men (Dinkel, 1992). Life expectancy increases among the aged population eventually led to further aging of the population (Dinkel, 1992). For example in 1871–1880 a 60-year-old German woman could expect to live another 12.7 years (see Table 7.3). More than 100 years later West German women of this age had gained additional 10 years of life and East German women gained an additional 8.4 years. For men changes were smaller. Sixty-year-old West German men gained 6.2 years, whereas East German men aged 60 in 1987–1988 could expect to live 4.7 years longer than equally old men in Germany in 1871–1880.

Besides fertility and mortality the age structure of the population reflects German history during the last century, thereby affecting the societal aging process (Höhn & Hullen, 1993). Because of the irregular shape of its age structure, the German population aged relatively slowly during the 1990s as those cohorts that lost many of its members in World War II entered old age. However, these cohorts

TABLE 7.3 Life Expectancy at Age 60 in German Period-Survival Tables for Men and Women

	Life expectancy at age 60	
	Men	Women
German Empire		
1871/80	12.1	12.7
1881/90	12.4	13.1
1891/00	12.8	13.6
1901/10	13.1	14.2
1911	13.2	14.2
1924/26	14.6	15.5
1932/34	15.1	16.1
Federal Republic of Germany		
1946/47	15.2	17.0
1949/51	16.2	17.5
1960/62	15.5	18.5
1964/66	15.5	18.9
1970/72	15.3	19.1
1980/82	16.5	20.8
1985/87	17.3	21.7
1986/88	17.6	22.0
1991/93	18.1	22.5
1992/94	18.3	22.7
German Democratic Republic		
1946	11.6	13.2
1949	14.9	16.2
1960	15.6	18.2
1968	16.4	19.5
1972	15.4	18.6
1980	15.6	19.0
1985	15.7	19.2
1987/88	16.1	19.6
1991/93	16.5	20.7
1992/94	16.8	21.1

Source: Dinkel, 1992; Grünheid & Schulz, 1996.

will be followed by normal size cohorts and eventually by the large cohorts born in the 1950s and 1960s. Only when the small birth cohorts of the 1970s and 1980s approach old age will the aging process slow down.

The social aging process can be differentiated according to a number of policy relevant criteria. Growth will be strongest among the oldest old, that is, men and women over age 80 (see Table 7.1). Among the oldest-old, the number of men will increase more than the number of women. This is not due to changes in gender-specific longevity, but to the fading away of the effect of World War II on the size of the male cohorts. Table 7.4 demonstrates the aging of the female-dominated cohorts (Grünheid & Schulz, 1996). In 1950 there was a high gender ratio (women/men = 1.29) among the 20- to 45-year olds. In 1960 and 1970 this cohort moved into the 45- to 65-year-old age group, and 10 years later it entered the 65 years and older group. At present this cohort is around 80 years old. Younger cohorts, including more men, are entering the oldest age group and lowering the gender ratio. Due to the longer life expectancy of women at all ages, however, the gender ratio among the old will stay clearly above 1.0. Only at younger ages is the ratio below one because of the larger number of boys born and because of male-dominated immigration.

TABLE 7.4 Gender Ratio by Age Group in Germany

	Gender ratio: number of women/number of men			
	Age 15–20	Age 20–45	Age 45–65	65 and Older
1950	.97	1.29	1.26	1.27
1960	.96	1.11	1.30	1.51
1970	.95	.95	1.42	1.60
1980	.94	.95	1.20	1.81
1990	.95	.95	1.01	1.96
2000	.94	.93	1.00	1.63
2010	.94	.92	.98	1.39
2020	.93	.92	.97	1.35
2030	.93	.91	.96	1.28
2040	.93	.90	.94	1.27

Source: Grünheid & Schulz (1996). West and East Germany combined.

Finally, the growth of the older population will be stronger in rural areas and suburbs than in the large cities. The process of suburbanization involving young families leaving the cities has come to an end. The overrepresentation of older persons in the cities that exists in West Germany will disappear in the near future (Bucher, 1993) and has already disappeared in Berlin (Infratest Sozialforschung, 1995).

Against the background of a century of population aging, we will describe the present position of the elderly population in German society first, before reflecting on the effects of future population development. We will concentrate on the distribution of financial resources and health as main determinants of well-being throughout life and on families and the state as important providers of resources in these domains.

FINANCIAL RESOURCES

Financial Position of the Elderly Population

In contrast to status of elderly persons in the past (e.g., Alber, 1991) recent studies show that German elderly population today are not more likely to be poor than other segments of the population (Glatzer, 1992; Infratest Sozialforschung, 1995; Mathwig & Mollenkopf, 1996; Wagner, Motel, Spieβ, & Wagner, 1996). Wagner et al. show that among the 70 years and older population of West Berlin only 3% are poor (defined as receiving less than 50% of the average West German equivalence income). The average equivalence income among the West Berlin elderly population is 1900 DM, which is higher than the West German average of 1700 DM.

Not all older persons in West Berlin, however, are equally (un)-likely to be poor. Clear differences exist between men and women and by family status. Table 7.5 shows the associations between gender, family status, and income for the West Berlin older population (Maas, 1995). Women who experienced a divorce—often after World War II—and who did not find a new partner are the financial losers among the old. On average, in old age they have 1700 DM per month at their disposal. Though this is still comparable to the West German average equivalence income, it translates into a higher per-

TABLE 7.5 Marital Status and Financial Resources in Old Age

	N	Income[a]	Wealth (%)[b]
Married men	130	2130	68.8
Widowed men	95	2820	63.4
Unmarried women	28	2180	59.3
Divorced women	26	1700	40.0
WWII widows[c]	38	1880	42.1
"Recent" widows[d]	122	2030	51.2
		$p < .01$	$p < .01$

Data from the Berlin Aging Study (Maas, 1995).

[a]Monthly household income, adjusted for the number of persons in the household.
[b]Respondent's report of owning any kind of wealth.
[c]Women who lost their partner during or within 5 years after WWII.
[d]Women who lost their partner after 1950.

centage of poor persons in this group compared to the total older population (Burkhauser, Duncan, & Hauser, 1994; Garms-Homolovâ & Hütter, 1988; Motel & Wagner, 1993). Unmarried women receive on the average 450 DM more than divorced women. The two groups of widowed women are in between in terms of average equivalence income. However, the World War II widows are much closer to the income of divorced women, and the more recent widows closer to the income of unmarried women. The financial resources of still-married women are estimated by looking at the equivalence income of the married men. (The number of still-married women in the Berlin Aging Study is too small to draw conclusions on their financial resources.) On average this group has 2130 DM at their disposal and are therefore comparable to unmarried women. Widowed men clearly have the highest incomes.

Though there is little poverty among the West Berlin old, the number of well-to-do persons (defined as receiving more than 200% of the average West German equivalence income) is not large either (3.6%). Higher educated persons are much more likely to be well-to-do, although they are not more likely than others to escape poverty in old age (Wagner et al., 1996). The percentages of men and women reporting the possession of some kind of wealth mirror the income differences (see Table 7.5). Again, the divorced women and World War II widows are worse off. The higher incomes of widowed men

are not reflected in a higher percentage of wealthy widowed men. This can be explained by the fact that their high income is of recent date. After the death of their partner the absolute amount of money they receive hardly changed, but they no longer have to share it.

Multivariate analyses (analyses of variance for income and logistic regression for the possession of wealth) show that the results cannot be explained by age differences (Maas, 1995). Moreover, for women, it does not matter whether they invested in their own occupational career or whether they married. However, when their marriage ended relatively early in life, especially by divorce, they are in risk of poverty in old age.

The Provision of Income

In today's Germany employment after retirement and family assistance play minor roles for the provision of income in old age. There are a number of estimates of the percentage of the elderly population who are still employed. They vary depending on the precise definition of employment. However, all estimates are below 10%, indicating that employment is not a main income source in old age (Wachtler, Wagner, & Hungerland, 1995; Wagner et al., 1996).

Financial assistance by the family mainly takes two forms. Some elderly live with their children in one household. Höhn and Roloff (1994) estimate that 16% of all community-dwelling Germans of 60 years and older did so in 1991. Because sharing a household with younger generations is more common among working class elderly persons (Mayer & Wagner, 1996) financial reasons may play a role here. Secondly, when people apply for social assistance the income position of their close relatives is checked. Parents with higher incomes are expected to financially assist their children, and children are expected to assist their parents who would otherwise receive social assistance. In large parts of Germany even grandchildren fall under this rule. We do not know how many children and grandchildren are in this way forced to financially assist their (grand)parents. But it is sometimes speculated that this might be a reason for older persons not to apply for social assistance.

The main effects of the family on financial resources in old age are, therefore, the ones described in the previous section. For both

men and women, it matters whether they reach old age with or without their partner. For men of the present older generation, a partner is a financial burden. The pension she brings in is too small to compensate for the fact that the total income has to be shared by two persons. For women the situation is more complicated. Women who never had a partner and women who reach old age with a partner don't differ with respect to income. However, women who lost a partner, especially by divorce, have comparatively low incomes in old age.

Most important for income in old age is the compulsory Public Pension Scheme for blue-collar and white-collar workers. In 1992 in West Germany 89% of all men over age 65 and 70% of all women this age received a pension from the Public Pension Scheme as a result of their own employment history (Infratest Sozialforschung, 1994). Further, 84% of all widows received a pension based on the employment history of their former partner. In East Germany these percentages are even higher. Ninety-seven percent of both men and women received a pension based on their own employment history, and 93% of all widows because of their former partner's employment.

The Public Pension Scheme includes old age pensions, widow pensions, disability pensions, and part of the health insurance of pensioners (see e.g., Allmendinger, Brückner, & Brückner, 1993; Hauser & Wagner, 1992 for a description of the pension system). The benefit amount of the pension is calculated using the number of years insured and the life-long relative income position. Time in education and taking care of children or older persons is rewarded to some extent. If their own income does not surpass a certain level, widow(er)s receive 60% of the pension of their former partner. Every year pensions are adjusted to changes in net wages of the employed population. The Public Pension Scheme is financed half by employees and half by employers. Deficits are filled by a state subvention.

After unification, the pensions of inhabitants of the former GDR were integrated into the West Germany system (see Müller, 1993). The main difference between the two public pension systems was that in the GDR pensions were not coupled to present wages. As a result the pensions of persons who had entered the pensions system earlier were lower than those of persons with the same work experience who had recently entered the pension system. This must have been an important reason for the relatively low income position of

older persons in the GDR compared to younger groups (Glatzer, 1992).

Integration of the GDR pensions into the Western Public Pension Scheme did not mean that a person with the same work experience received the same pension in the East and in the West. It is not the real pension amount but the relationship between a standard pension and the average salaries of all insured persons that should be the same in the East and the West. Real pensions remained different for three reasons. First, the new pensions in the East were not allowed to be lower than the old ones. Therefore, for some years some East pensioners get more than they deserve according to the new system. Second, wages in the East are still lower than in the West. As a consequence, the standard pension in the East is now about 80% of the standard pension in the West. Third, because of the higher labor force participation of women in the East, their real pensions are higher on average than women's pensions in the West.

Civil servants, farmers, and most of the self-employed have their own, sometimes voluntary, pension systems. In addition, many pensioners who used to work in the private sector receive a company pension. Social assistance is paid to all persons whose pensions are very low or who have extremely high costs (usually due to institutionalization) and who can't be helped by relatives. De facto poverty rates are higher than absolutely necessary because only half of all people who are eligible for social assistance actually use it.

Demographic Change and Income

One of the major consequences of population aging is that a shrinking number of employed persons has to pay the pensions of a growing number of elderly persons. However, it is not the case that past increases in the costs of the pension system were mainly caused by the past increase of the number of elderly recipients. In 1960 Germany spend almost 10% of its gross national product on the elderly population (mainly pensions) and by 1985 that had grown to 21%. The primary causes of this rise were the extension of eligibility criteria and the increase in the pensions themselves, not the number of persons above age 65 (Guillemard, 1992).

Not only changes in the Public Pension System, but also economic growth; increased female labor force participation; flexibilization of weekly, monthly, and yearly working hours; and immigration can offset the effects of population aging on the rising costs of the Public Pension System (e.g., Klose, 1993). Within the Public Pension System one could lower the pensions; decrease the number of eligible persons; redistribute the contributions of employees, employers, and the state; or raise the contribution. In practice, however, many of these possibilities are restricted by law. In recent years, the main political mechanism for dealing with this issue has been to change the contribution of insured workers and their employers (Müller, 1993). In 1993 the contribution was 17.5% of the employees' gross income, half of which is paid by their employer. In 1997 the contribution rose above the magic border of 20%.

Though at the moment the financial position of the elderly population does not compare unfavorably with that of younger generations, cutting the public pensions will cause problems at the lower end of the pension distribution (Glatzer, 1992; Wagner et al., 1996). Many of elderly persons are not far above the poverty level. Cutting their pension would make them drop below this level, which is especially problematic because the low income elderly persons are also the ones who don't own any wealth or life-insurance. In the present political discussion it has been proposed that the tax-free pension level be lowered. At the moment this level is so high that most pensioners do not pay taxes for their Public Pension. This policy would basically hurt the richer pensioners who have additional income sources. It is not certain, however, that cutting large pensions will better the financial position of the younger generation. The Berlin Aging Study showed that at the upper end of the income distribution older people already transfer money to the next generation in the form of rather large gifts (Motel & Spieβ, 1995; Wagner et al., 1996). The main consequence of cutting large pensions may be that it no longer will be the elderly persons themselves who divide the money, but the state.

Wagner and his colleagues (1996) suggest that increasing the number of insured persons is a better way to save the pension system. There are several ways to do so: Increasing female labor force participation, immigration, and a change of the retirement age (Buttler, 1993; Rürup & Sesselmeier, 1993; Skarpelis-Sperk, 1993). At present,

all of these options are difficult to implement because of the high rate of unemployment (11% in 1996). Besides, increasing female employment would require better child care provisions and more family-friendly working hours. The trend, though, is in the other direction. In the former GDR female labor force participation was very high. Partly due to a worsening of child care provisions since unification, women's participation in the labor market in this part of Germany is declining and will probably continue to do so in the future (Müller, 1993).

In the case of economic growth (and higher wages), immigration, and a higher retirement age, the contributions of insured persons would also rise. It is unclear whether reasonable economic growth would raise wages enough to cause a sizable growth of retirement contributions (see Pfaff, 1993; and Buttler, 1993), but at least economic growth might lower unemployment. This would have the threefold advantage of increasing the number of insured persons, lowering state expenses, and increasing the feasibility of other policies concerning immigration, female labor force participation, and raising the retirement age.

HEALTH

Characteristics of the Health Status of the Older Population

The health status of the older population, in contrast to their financial position, compares unfavorably with that of younger generations. Morbidity in old age is very high. Among the West Berlin population aged 70 years and older, 98% are diagnosed with at least one disease, and 88% with at least five diseases (Steinhagen-Thiessen & Borchelt, 1999). Morbidity strongly increases with age. Between 1% and 4% of those aged 65 to 69 show clear symptoms of dementia, increasing to between 8% and 15% of those aged 80 to 84 and to almost 40% of those over 90 years old (Häfner, 1992; compare Helmchen et al., 1999).

In contrast to morbidity rates, the percentage of older persons in need of care is rather low. Using a definition of need of care that comes very close to the definition the government uses in the Care Insurance Law, Linden and colleagues (1999) estimate that 8% of

the West Berlin population over age 70 need care at least twice a week. In addition, 14% need some help on a less regular basis. According to this definition, fully 78% are able to live without any outside help or care. Comparable numbers are found for the rest of Germany. Like morbidity, need of care strongly increases with age. Those who are in need of care are usually over age 85 (Gilberg, 1997).

To some extent morbidity also correlates with sociopsychological resources and risks (Borchelt, Gilberg, Horgas, & Geiselmann, 1999; Maas, 1995; Mayer, Maas, & Wagner, 1999). For example, Table 7.6 shows the average scores of West Berlin older men and women with different marital status on various health indicators. Several indicators show significant differences between the groups. However, because of the high correlations between age on the one side and health and marital status on the other side, the interesting question is whether these differences hold after controlling for age. In the case of subjective health, they do (Maas, 1995). With widowed women as the reference category, there exist significant positive effects for widowed and married men, indicating that men report they are more healthy than do women. However, there are also significant

TABLE 7.6 Marital Status and Health in Old Age

	N	Subjective health[a]	Functional capacity[b]	Mobility[c]	Visual acuity[d]	Hearing problems (%)[e]
Married men	130	3.1	4.7	4.9	.36	33.1
Widowed men	95	3.1	4.5	4.5	.29	29.5
Unmarried women	28	2.8	4.1	4.3	.29	28.6
Divorced women	26	2.5	4.6	4.7	.36	42.3
WWII widows[f]	38	2.5	4.3	3.7	.26	21.1
"Recent" widows[g]	122	2.8	4.6	4.3	.29	27.9
		$p < .05$	$p > .05$	$p < .01$	$p < .01$	$p > .05$

Data from the Berlin Aging Study (Maas, 1995).

[a]Respondent's rating of own health on a 5-point scale.
[b]Respondent's report of the ability to perform a number of basic tasks of daily living.
[c]Respondent's answer to the question what distance he/she would be able to walk.
[d]Measured using a reading table at 2 meter distance.
[e]Respondents report of having serious hearing problems.
[f]Women who lost their partner during or within 5 years after WWII.
[g]Women who lost their partner after 1950.

negative effects for divorced women and World War II widows. They evaluate their own health more negatively than the other women. Functional capacity does not significantly differ between the marital status groups, neither before nor after controlling for age. Men report being able to walk longer distances than women. But among the women, World War II widows score significantly lower than others, even after controlling for age differences. The initial differences in visual acuity appear to be caused by differences in average age and disappear when we perform multivariate analyses. The opposite happens in terms of hearing problems. Although not initially significant, after controlling for age, World War II widows more often report serious hearing problems than the other groups. It can be concluded that divorced women and World War II widows are both deprived with respect to income and with respect to health, at least if health is measured by subjective indicators.

The Provision of Health Care

Within the broader concept of health care, medical treatment and long-term care must be distinguished. Medical treatment includes hospital stays, treatment by physicians, and the use of medicine. It aims at healing patients, and it is offered almost exclusively by professionals. Public and private health insurance secure medical treatment for all. Almost all elderly persons use some medical treatment. Among the West Berlin population aged 70 and over 93% reported visiting a physician during the last year. On average there are six contacts per 3-month period. Ninety-seven percent use some kind of medicine, usually prescribed (Linden et al., 1999; Steinhagen-Thiessen & Borchelt, 1999). The use of medical treatment is very high, although Steinhagen-Thiessen and Borchelt show with data of the Berlin Aging Study that physicians tend to diagnose fewer diseases in very old persons than in the younger old and tend to prescribe fewer medicines per diagnosis for very old persons. Linden et al. (1999) do not find any correlations between medical treatment and socioeconomic status and attribute this to the functioning of the system of health insurance.

Long-term care is different. The aim is no longer healing, but minimizing the consequences of chronic disease and securing an

independent living for as long as possible. Long-term care is provided by a number of professional institutions as well as by family members and other laypersons from the social network (see Gilberg, 1997; Vollering, 1991). For community-dwelling persons mobile social services offer meals-on-wheels or transportation services. Ambulant care is provided as a community service and increasingly by profit-making organizations. Two kinds of temporary residential services are offered to lessen the care load of informal caregivers. In short-run nursing homes older persons can stay for up to 4 weeks to enable their caregivers to take a vacation. In day care nursing homes the elderly persons are cared for during the day. However, care during the night and transportation have to be organized separately. Day care nursing homes are distinguished by their emphasis on medical care, as are residential services. Old-age homes exist for older persons who can no longer organize their own household, but who need little medical care. Nursing homes offer medical care. Often an old-age home and a nursing home share the same building to avoid having to move older persons who need increasingly more medical care.

Before 1988, long-term care, even when it included medical care, was not covered by health insurance. The elderly persons had to pay for it themselves. If they could not afford it, they could apply for social assistance. In 1995, after a transition period in which the health insurance covered some of the costs of long-term-care, the so called care-insurance program was introduced. This is a compulsory insurance program for the total population that one can use after being diagnosed in need of care. However, the criteria for this diagnosis are stringent. Even to reach the lowest level (there are three levels) one has to be in need of care at least once a day for at least two activities of daily living. Persons in need of care receive either money to pay informal caretakers, or they receive a certain amount of formal care. When informal and formal care takers cannot cope any longer or are not available, part of the costs of a day nursing home or nursing home are paid.

It is still too early to determine whether the introduction of long-term care insurance will change the pattern of care in old age in such a way that it fulfills its aim of increasing independence. However, two remarks can already be made. First, long-term care insurance does not pay the total costs of different forms of care—as health

insurance usually does—but a fixed amount of money that has to be spent on care. This means, especially for persons who are dependent on residential care, that they have to pay part of the costs themselves and apply for social assistance if they can not afford that. Of course this affects the type of care they will choose. Second, even if an elderly person qualifies for care and prefers for example, ambulant care services, it is not certain that this care will be available. Many forms of care, especially day care nursing homes, are scarce (Gilberg, 1997).

Linden et al. (1999) and Gilberg (1997) describe the use of care. It is difficult to measure the flows of care within the household. The most conservative estimation of the importance of the partner is given by the number of persons in need of care who have a partner and who do not receive any care from outside the household. Using data from the Berlin Aging Study, Gilberg estimates this number at 48%. This is a conservative estimate because even if persons from outside the household help, the partner may do a considerable part of the work. Another indication is the number of persons in need of care who live in an old-age home or nursing home. Among the elderly persons with a partner this is only 1%, among those without a partner it amounts to 22%.

In total, 69% of all elderly persons over age 70 do not receive any care from outside the household; 7% receive only informal care, 16% receive some type of professional care (including meals-on-wheels) sometimes in combination with informal care, 6% live in an old-age home, and 3% are in a nursing home. The use of care, and especially living in a nursing or old-age home, increases significantly with age and with the need for care. Nevertheless, 68% of those who need daily care are still living independently. It should be kept in mind that these are crosssectional data. The percentage of older persons dying in a nursing home is much larger than the percentage of older persons living in a nursing home at any point in time. Gilberg (1997) estimates that 55% of all men and 80% of all women finally enter an old-age or nursing home. Many elderly persons spend the last months or days of their life not at home.

There is a clear hierarchy in the provision of services for elderly persons in need (Mayer & Wagner, 1996). The first to provide help is still the partner. If there is no partner, there are basically four alternatives. First, an elderly person can try to manage without any

help. Twenty-six percent of the West Berlin elderly population needing help or care fall into this group. Second, is the receiving of care from the informal network: children, other relatives, and neighbors. Third, is the use of professional care; and finally, when social and economic resources are exhausted, the elderly person moves into a nursing home.

Demographic Change and Health

The ambush-character of the developments in medicine is described by Krämer (1992). The main cause of rising medical costs (70 billion DM in 1970; 300 billion DM in 1990) is the technological progress made in this field and not the growing number of older persons (see also Dudey, 1993). However, as a consequence of new and more effective treatment, the average older person lives longer but may not be healthier. It is debated as to what extent the gained years are either healthy years or ill and handicapped years. But even if they are mainly healthy, this technological progress in and of itself increases the demand for health care. In this way every new financial investment in medicine will eventually lead to a growing need for even more medical expenditures. The progress thus seen in life-saving but very expensive treatment also leads to the extremely difficult question of who should receive this treatment and who should not (Schmidt, 1996).

If the consequences of population aging for medical treatment are primarily financial, in the provision of care, these financial problems are accompanied by the social problem of a decrease of the numbers of caregivers and an increase of the demand for care. Partners are the first source of care in old age. The absolute and relative numbers of older persons without a partner are expected to increase in the next decades (Table 7.7). The rise of the percentage of very old persons among the old is one of the reasons. The chance that both partners survive until very old age is small, thus leading to larger numbers of widows and widowers. The declining tendency to marry and the higher risk of divorce among today's younger generations will work in the same direction in terms of their situation when they become old. For women the change is slower than for men because within the present older cohorts there

TABLE 7.7 Demographic Changes and the Potential Availability of Health Care

Year	% 60+ Still married[a]		80+ Quotient[b]	Medical quotient[c]
	Men	Women		
1990	80	39	6.5	—
2000	79	38	6.5	1.4
2010	75	34	8.5	1.7
2020	70	33	11.6	2.2
2030	66	32	13.0	2.4

[a]*Source:* Höhn & Roloff, 1994, pp. 74 and 77.

[b]80+ quotient = number of persons aged 80 and over per 100 persons aged 20–59. Author's computations using Höhn & Roloff, 1994, pp. 215 and 217.

[c]Medical quotient = number of persons aged 80 and over per 1 person employed in the medical sector. Source: Author's computations based on the assumption of a constant percentage of the employed population working in the medical sector (5.8% in 1995, Statistisches Bundesamt, 1996) using population predictions of Höhn & Roloff, 1994, and predictions of the employed population of Grütz et al., 1993.

are many World War II widows. Nevertheless, among the older persons without a partner, women are and will continue to be over represented.

The number of older persons reaching old age without ever having had children will not change much. Even in 2030 it will hardly reach 10% (Höhn & Roloff, 1994). The average number of children surviving into old age will become somewhat smaller. However, it is not known whether the total care parents receive from their children is related to the number of children available.

The rising number of older persons without a partner and the growth of the very old population will increase the demand for informal and formal care from outside the household. Though it will certainly happen that some of the young old take care of the older old, the main care load will probably weigh on the shoulders of younger adults. Even without taking changes in marital status into consideration and on the assumption of a constant relationship between age and health, the average care load will double in the next four decades (Table 7.7). In 1990 100 younger persons were available to care for 6.5 persons aged 80 and older. This ratio will

stay at the same level until 2000 but rise rapidly thereafter. In 2030 100 younger persons will have to take care for 13 persons aged 80 and older.

Not only informal but also formal helpers are recruited from the declining pool of the middle aged. The employed population, however, is expected to decline more slowly than the total number of persons aged 20 to 59 because of the growth of female employment and a decrease in the number of unemployed. Grütz, Lankes, Tautz, and Roppel (1993) predict the employed population to be more or less constant until 2020 but drop 15% between 2020 and 2030. Under the assumption that the percentage of the employed population that works in the medical occupations stays constant over time, there will be 1.4 elderly persons over age 80 per one medical professional in 2000, the ratio in creasing to 1.7:1 in 2010, 2.2:1 in 2020, and 2.4:1 in 2030. Already there is a shortage of qualified nurses, termed *Pflegenotstand.* If the nursing occupation is not made more attractive in terms of pay and working conditions, the nursing shortage will turn into a real state of emergency.

Prevention and rehabilitation offer the most promising means for resolving the cost spiral/care conundrum (Mayer et al., 1996; Steinhagen-Thiessen, Gerok, & Borchelt, 1992). The Berlin Aging Study demonstrates some of the potentials. Many risk factors that play a role for the most important diseases in old age can be changed. Also, unused reserve capacities, in the cognitive domain, might be activated to help overcome the consequences of morbidity and to repair the ability of older people to take care of themselves. Still these measures can only reduce the problem, not solve it.

CONCLUSION

Germany can be characterized as a country with a vast array of state policies and programs with respect to income and health in old age. Some of these programs are under severe pressure today (and will be even more so in the future) because of the absolute and relative increase in the size of the older population. The Public Pension Scheme is probably the most affected. Until now the pressure has been addressed primarily by increasing the contributions of younger generations. But the voices demanding contributions from the el-

derly population are becoming louder. The same is true for the medical care system. Health insurance contributions are rising, and the options for obtaining free care in case of medical problems have been cut. On the other hand, new policies have recently been introduced in the form of a Care Insurance. And in contrast to the financial reserves crisis of the Public Pension System and the Health Insurance program, the reserve capital of the Care Insurance program is growing.

The future of these income and health systems depends not only on the relative size of the older population. Of great importance is whether—and when—unemployment in Germany will start to decline. The influence of unemployment is twofold. First, only the employed financially contribute to the pension and health system. Decreasing unemployment could therefore offset the negative effects of the decrease in size of the younger generations. Second, high unemployment discourages implementation of other policies that would strengthen the pension and health systems. Both systems would profit from an increase in female employment and from the immigration of younger foreigners, but measures to stimulate female employment and immigration are not acceptable under the present condition of high unemployment. A reversal of the unemployment trend has been expected for some years, but has not yet taken place. However, 1997 did show a clear slowdown of the increase in unemployment.

Another factor that is important for the future development of the income and health systems is the ability of the family to secure the financial resources and the health of its members. Financial resources in old age depend strongly on whether individuals reach old age as a couple or alone. The number of married older persons is expected to decrease in the years ahead, with the more significant decrease seen among older men. Men are on average financially better off without a partner than with a partner. This trend will therefore strengthen their financial situation. The increase of unmarried older women will be smaller. This is due to the fact that among the present older female cohorts there are still many World War II widows. For women the relationship between marital status and financial resources is in the other direction. Widows and divorced women are worse off than married or never married women. Still, the consequences of the decrease in the number of married women

in old age will probably turn out better than expected. Future female cohorts will contain a larger percentage of widows, but fewer of them will have lost their partner at a relatively young age. Women who are widowed early are particularly a risk of becoming poor. In addition, increasing female employment will strengthen the financial independence of women in old age. Finally, there have been changes in the divorce law so that divorce will be less consequential for the financial position of women later on.

Money transfers between generations usually do not flow upward from the younger generation to the older generation, but rather the other way around. The only exception may be when parents and adult children share the same household. However, this is not very common in Germany, nor is it desired. This kind of financial assistance is certainly not an alternative for the public pension scheme. It is more likely that cuts in public pensions would harm the financial position of the younger generations because their parents would become less generous.

The increase in the number of older men and women without a partner is much more consequential for the provision of health care than it was for the provision of income. Although there is a large range of professional alternatives, partners are by far the most important caregivers in old age. Therefore, the demand for care from outside the household will increase beyond that expected based simply on the growth of the older population. At the same time, the number of potential informal caregivers will decrease, in turn promoting a larger demand for formal care, such as, professional nurses or residential (day) care. The financial reserves of the Care Insurance may be sufficient to pay for this larger amount of professional care. But the ability to actually make this kind of care available will become significantly more difficult. If the share of the employed population working in the medical occupations stays constant, their work load will increase considerably in the next decades. Some investments are necessary to make this occupation more attractive. Some investments are also necessary to increase the supply of temporary residential services. Though this type of care is not less costly than the residential alternative (Gilberg, 1997), considering the general preference in Germany for informal care, this might be the preferred alternative for many older persons.

Though the increase of the older population is causing pressure on the German pension and health system, at present, the likelihood that these systems will survive with little damage is considerable. The growing number of elderly persons also means greater voting power for the old. One only has to look over the German border to the neighboring country of the Netherlands for a clear example of the political weight wielded by the elderly voter. A proposal to reduce old-age pensions made by the Dutch Christian Democrats shortly before the elections was a primary reason for their election loss and the ascendance of parties for the old into the parliament.

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CHAPTER 8

The United Kingdom: Demographic Trends, Recent Policy Developments, and Care Provision

Helen P. Bartlett and David R. Phillips

The United Kingdom (UK) has one of the highest proportions of elderly people of any country in the world. Its percentage of people aged 65 and over is exceeded by only a few countries in Europe, including Italy, Sweden, Belgium, Greece, and Spain, and only by Japan among Eastern societies. The proportion of elderly people is the UK has become relatively static since 1990, but important changes within the older age groups have emerged and future changes are on the horizon. Of the UK's 1997 estimated population of 59 million people, about 12 million (20.5%) were aged 60 or more, and over 9 million (15.7%) were aged 65+. The overall proportion of people aged 60+ has grown by about 13% since 1971.

What has changed is the distribution of people within the 60+ age groups. The younger old group, aged 60 to 70, has actually

decreased slightly in size but the oldest old groups (80–84; and 85+ years and over) have grown markedly during recent decades. This has key significance for the policy and care approaches discussed later in this chapter. Another important issue is that while economic gains have benefitted older people, health gains have not been as marked as increases in life expectancy, and health and social care policies have not necessarily reflected the need for cost containment or addressed other political issues. In addition, older people, especially females, have been affected by changing national family circumstances, and with their increasing longevity (as we discuss later) many more are living alone after widowhood or separation instead of coresiding with kin.

Many policy makers and researchers tend to regard the aging population as a burden, although this pessimism may turn out to have been unwarranted (Thane, 1989). However, whether a burden actually exists will depend very much on individual and community health status, the outcomes of policy initiatives such as care in the community; the various methods of financing future care; and wider developments in local environments that make housing, services, and transport systems suitable for aging populations. The potential burden will also very much be mediated by the willingness and ability of family and informal caregivers to assist in future care and support. However, whether they and the formal care providers can or should underwrite a sufficiently comprehensive system for elderly people in the UK in the future is still a matter of debate.

FACTORS UNDERLYING DEMOGRAPHIC AGING IN THE UNITED KINGDOM

Two major factors in the UK today affect population size and structure as in other demographically similar countries: decreasing mortality (increasing survival rates) and reducing fertility (Central Statistical Office, 1995; Grundy, 1996; Office for National Statistics, 1999; Victor, 1991). The most spectacular changes in mortality over the past century or so have involved reductions in infant mortality. This has fallen from about 150 per 1000 live births in the mid nineteenth century to a 1997 rate of 6.5. Crude death rates (CDRs) have also been falling and have converged for males and females. Indeed,

female CDRs now exceed those of males due to the female population structure with its greater numbers in the older age groups. Female death rates at all ages in 1997 were 11 per 1000 and those of males, 10.4; crude birth rates were around 13 per 1000.

Today it is only the slight excess of births over deaths that keeps the UK's population growing at all. Migration, previously a significant demographic feature, has only a negligible effect at present. Demographic projections suggest that by 2024 deaths will equal or slightly exceed births, although future predictions of mortality and longevity are now recognized as somewhat speculative in view of recent general increases in life expectancy. In the future, improvements in mortality are more likely to affect older than the younger groups in which considerable advances have already been achieved.

It is the marked reduction in fertility levels more than any other feature of the populations of the UK, many countries in western Europe, and now the Asia-Pacific region, that have given rise to the worldwide demographic aging of the population. Fertility rates (completed family size) in the UK have been below the replacement level of 2.1 since the late 1940s with the exception of Northern Ireland, where this level was reached in the early 1970s. In the 1985-based national projections, the long-term average completed family size for the UK was assumed to be 2.0 children per woman. This has subsequently been revised downward to 1.9 children (Office of Population Censuses and Surveys, 1993), and the total period fertility rate in 1995 was 1.71 children per woman. There was a minor upturn in 1990 caused by the generation born in the 1960s reaching their years of peak fertility; the medium-term peak fertility ratio is projected to increase slightly to about 1.8 by the end of the first decade of 2000.

To date, the general downward trend in total fertility rates has been accompanied by deferred childbearing. Since 1992, for the first time, women in their early thirties have been more likely to have a child than those aged 20 to 24. This is an important social trend that has its explanations in changing family structures, changing social class differentials with increasing proportions of women in professional and white collar employment, and women's enhanced education opportunities and individual career aspirations and options. Deferred child bearing has very important implications for future family patterns and the potential of children to be involved

with the care of elderly family members. Fewer total children are being born to women and at later ages, and women are living longer. Because of lower fertility there are likely to be fewer economically active persons in the workforce as a whole and fewer in any given family able to be involved with elder care. Therefore, dry demographic statistics assume major importance in terms of future economic, social, and healthcare policy and potential.

FEATURES OF THE UNITED KINGDOM'S AGING

Important changes are occurring in the older groups of the UK's aging population. In 1911, only about 5% of the population was aged 65 and over. By 1971, this proportion had reached about 13% and, by 1991, 15.7%. The population aged 60+ in 1995 was estimated at 9.2 million (15.8% of the total) and that of 65+ at 12 million (20.5%). Until about 2005, these proportions will barely change, and absolute numbering of the elderly population will increase by about 2% per annum. Thus, the principal demographic features of the elderly population over the next two decades are that the percentage of persons aged 65 to 79 will stay relatively static at just under 12% of the total population, while those age 80 and over will increase slightly from just under 4% to over 5% by 2021.

There will be relatively little growth in the elderly proportions until about 2011, which gives the UK a slight respite in which to acquire knowledge and formulate policies in dealing with an increasingly aging population (Thane, 1989). Thereafter, there will be a gradual increase in all elderly groups until 2041, when those aged 65 to 79 will comprise about 17% of the population and those aged 80+ will comprise about 8% and increase to over 9% in the following decade.

In the longer term, the number of persons who are over 75 is projected to more than double by 2051. However, the number of people aged 90 years and over will increase more than fivefold. It is worth remembering that these people have already been born so the main speculation about numbers in the older age groups relate to future longevity and reductions in mortality rates in the UK. As the Office of Population Censuses and Surveys (1993) notes, even in countries with the highest expectations of life, there is as yet

little firm evidence of a slowing down in the rate of life expectancy improvement, which would suggest that an upper limit is being approached. Therefore, users of elderly population projections more than a decade out in the future need to bear in mind that the range of possibilities is wide.

Future projections of populations and expectation of life involve various scenarios of mortality. A medium projection is usually what is quoted. This often assumes that the century-long increase in longevity will cease after about 40 years (or around 2030).

There has been a steady increase in expectation of life at birth (ELB) up to 1991, and the gap between female and male ELB has decreased from about 6.1 to 5.4 years. This difference is likely to lessen only slightly in the future so that the lifespan of women will continue to considerably outstrip that of males. This has important implications for social policy and housing and pension support for elderly females who might have substantial periods alone in later life. Over the next 50 years or so, ELB for women and men is likely to increase by some 3.5 years to reach 77.4 and 82.7 years, respectively. ELB in the UK today is in line with, or slightly below, those in Western European countries such as France, although the Southern European countries such as Spain, Greece, and Italy do slightly better (Office for National Statistics, 1999). However, ELB in Europe as a whole is now beginning to be equaled by some countries in the Asia-Pacific region, notably Japan, and overtaken by others such as Japan and Hong Kong (Bartlett & Phillips, 1995; Phillips & Bartlett, 1995; Phillips, 2000).

The proportion of elderly people together with those aged under 16 constitute the dependent population, a rough estimate of the population supported economically by the working-age group. In the UK, with the exception of a slight increase in the 1990s, the number of children under 16 has fallen; this group represents just over 20% of the 1995 population, almost exactly the same as the percentage aged 60 and over. Increased attention in the UK has focused on the increased share of pension, social, and health care costs for those 60+ that will fall on national and personal budgets. As the baby boom generation reaches retirement age, it is estimated that the numbers over the current pensionable age will peak at around 17 million in 2036. Combined with the projected numbers of children, this gives a dependency ratio of 82 persons per 100

working-age people by 2036. In 1992, this ratio was only 63 per 100. While this increase in dependency ratios is not as high as in countries such as Japan, it is nevertheless in line with many other European countries; it has great significance for the future funding and staffing of care for elderly people. In the UK, the total of dependent elderly people (currently, men age 65+ and women age 60+), will outnumber those age under 16 at around the year 2011; the total of elderly dependent population will increase for the subsequent 20 or more years.

THE HEALTH STATUS OF THE ELDERLY POPULATION

A key influence on policy for an aging population is health status. Health expectancy is a generic indicator usually relating to the length of disability-free life that may be expected at a given age (disability-free life expectancy); the measurement of health expectancy has many important uses. It can provide comparisons over time of the state of public health in general or that of specific groups. This can help in the effective allocation of health resources between areas, regions, social classes, and the like. It can assist in the planning of social care programs, especially those related to longer-term service needs and service planning. Health expectancy can give an indication of the success or likely success of various health care strategies. It can also be used to help individuals make better informed decisions about their own health behavior and futures (Bone et al., 1995). It can be particularly valuable in assessing the effects of increases in life expectancy on individuals and societies of the already-mentioned and the causes of disability in later life.

Data on health indicators and long-term illness have been gathered for some years in the United Kingdom's General Household Survey (GHS). The GHS uses self-reported morbidity, which may reflect individuals' expectations about their own health and the services available, rather than absolute levels of morbidity (Medical Research Council, 1994). In general, the major causes of disability in old age are known to be related to the effects of cardiovascular and cerebrovascular disease, problems with vision and hearing, osteoarthritis, osteoporosis, incontinence, dementia, and depression. It seems that disability-free life expectancy in Britain is broadly in line

with that of other similar countries such as Australia, Canada, and France (Bebbington, 1992; Bone et al., 1995). Indeed, reviews of the GHS and other data suggest that there was a marked drop between 1976 and 1994 in the proportions of elderly people (aged 65+) unable to undertake four activities of daily living without assistance. This suggests a reduction in the extent of serious disability and that the extent of disability in the future may not increase proportionately with age as previously expected (Grundy, 1997).

However, it is difficult to assess the extent to which disability and dependence levels have changed as a result of increased longevity, since little detailed information on the real health status of the older population is available. It is also known that the UK population varies in longevity and morbidity according to social factors relating to occupation, education, housing, and nutrition, among others. Pessimistic analyses suggest that only about half of the gain in female life expectancy and 40% of that in the male population at age 65 between 1976 and 1992 involved the gain of healthy years (Grundy, 1996). Of course, to a certain extent, this is subjective. More optimistic analyses of GHS data do note some decline in severe disability, although the GHS data on those groups of elderly people unable to go outside and down the road on their own show no consistent trend. As Grundy (1997) notes, this may be in accord with findings in other European countries and the United States that show reductions in the extent of serious disability but an increase in the prevalence of milder health impairments. In 1996, the GHS showed that 13% of those aged 65+ were unable to manage going out, which rose to 20% of those aged 85+; and 10% of these 65 and over were unable to get up and down the stairs unaided, rising to 15% at age 85+. While ability to undertake basic self-care showed a steady decline with age, on the whole the population of older persons did not appear too infirm. Only 9% of all older people said they could not bathe, shower, or wash without help, 4% were unable to dress or undress themselves, and very few (1%) were unable to wash their face and hands or feed themselves. The problems of older old persons, especially older women and those living alone, did tend to be greater (Office of National Statistics, 1998).

Perhaps more troublesome for policy and practice are the problems associated with dementias and their future projections. Age standardized rates from dementias and neuro-degenerative disorders

for people aged 65 and over in England and Wales appear to have more than doubled between 1979 and 1996. The most dramatic increase was in deaths from Alzheimer's disease. In 1996, about 665,000 people aged 65+ in England and Wales were suffering from significant dementia. The prevalence rate was 2.2% of males and 1.1% of females among the 65 to 69 age group, which increased substantially to 27.4% of males and 30.3% of females among those aged 85+ (Kirby, Lehman, & Majeed, 1998). Given the general aging of the older population in the UK discussed earlier, this trend will clearly have major implications for family carergivers and the health and social services.

In the UK, the recognized social class gradients in mortality persist into old age. Historically and to date, the higher social classes (professional and managerial groups in Social Classes I and II) have had lower standardized mortality ratios (SMRs) than those groups in manual, semiskilled, and unskilled occupations (Social Classes IIIM, IV and V). These differentials decrease somewhat among older groups but generally do persist. In a longitudinal study of men aged 65+ begun in 1971, the 1976 to 1989 follow-up of mortality data indicated that for the 65–74 and 75+ age groups, SMRs ranged from about 70 for Social Class I to over 110 for Social Class V (Harding, 1995). In spite of the narrowing of the social class differentials with age, the mortality of men in Social Class I was significantly lower (by 25%) and the mortality of men in Social Class V significantly higher (by 11%). These findings suggest that policies to reduce inequalities and bolster the health of less advantaged social groups need to be continued into old age, even if the damage to people's health might have occurred at an earlier age. The less advantaged might suffer greater disability and be less financially and personally equipped to deal with it.

Overall, it is apparent that the health of elderly people is likely to improve if past trends continue. However, some factors have been identified that could potentially delay or interrupt these trends. One relates to the extent to which older people reduce cigarette use. Indeed, Evans et al. (1993) identified control of cigarette smoking as the single most important way in which the health and well-being of elderly people could be improved. A further factor that may modify the general optimistic picture of longer disability-free lives is the increasing number of people in the UK from ethnic minorities

entering old age, some of whom have higher rates of cardiovascular and hypertensive disease. There may also be increasing deleterious effects of poverty, poor housing, and loneliness among elderly people in the coming decades. Policies have to address such issues vigorously as well as counter the potential for age discrimination in health and welfare provision, as well as the negative stereotypes that can still stigmatize elderly people. A positive factor with regard to health status is that the longer the onset of disabling disease is delayed, the shorter the average length of survival in a disabled or dependent state. In view of these complicating factors, the economic consequences of increasing longevity and health resource consumption are not easy to estimate. One implication is that total health and social costs per year of life are unlikely to correlate directly with increases in average life expectancy.

FAMILY CIRCUMSTANCES

A number of key family changes have occurred in the UK this century. There has been a decline in average household size and a growth in the number of those living alone, especially at older ages. The number of elderly people has increased, as discussed above, and their residential circumstances have become more varied. The trend toward people living alone has been marked, and, among people of pensionable age, the numbers of one-person households have doubled in relative terms since 1961. Between 1971 and 1991, living alone or only with a spouse has become more common, while other types of household arrangements have declined. In 1994, 15% of households consisted of one person over pensionable age, as compared to only 7% in 1961. The growth of living alone has been most marked in the 75+ age group. Haskey (1996) notes that 33% of elderly men over 75 were living alone in 1994, compared to 24% in 1973. Almost 6 of 10 (59%) women aged 75+ were living alone in 1994, whereas only 48% were living alone two decades earlier. Even among those age 65 to 74, 18% of men and 39% of women were living alone in 1994. This increase in living alone stems from a wide range of factors, including increased longevity, widowhood, and the incidence of nonmarriage among very elderly women of this generation, and of course an increasing desire among single elderly

people (whether widowed or unmarried) for privacy and independence. The tendency for women to marry men older than them and subsequently to outlive them has meant that in the UK in 1996 around two-thirds of women aged 75 and over were living alone (Office for National Statistics, 1998).

The trends toward single person households, especially among older women and the growth of institutional residence (nonprivate households) among the oldest old (85+) are both clear. The greatest decline has been among complex households, which include friends, family other than spouse, or more than one family (Grundy, 1996).

The average size of households in Britain has greatly decreased in this century, from 4.6 to 2.4 persons per household by 1998 (Haskey, 1996; Office for National Statistics, 1999). Mean household size for the 60+ age groups gradually declines until, for females rather than males, it starts to increase again after the age of about 80, reflecting the movement of the oldest old into the households of relatives. It is worth noting that this trend is occurring at later ages as time goes on. Coupled with increasing longevity and the trend toward living alone, especially among the elderly persons, smaller household size has important implications for health and welfare policies (noted below), as it cannot be assumed that the family will always, or even often, be available to provide care and assistance to parents. Rates of childlessness are also rising among those now becoming elderly. This is likely to become increasingly important in the coming decades as people now in their forties and fifties enter pensionable age groups. The trend this decade toward delayed childbearing or even childlessness among married couples of reproductive age means that they in turn will have fewer and relatively younger children to look after them in their older years. The post-World War II cohorts are less likely than their predecessors to have a child or an offspring living nearby who will be able to act as a caregiver. Smaller families and increasing residential and occupational mobility among parents and children mean that there are physical difficulties in providing intergenerational support. However, as Tinker (1992) notes, the alleged diminution in the pool of family caregivers is a more complex matter than may appear at first sight. It is affected by the demographic factors noted above as well as occupational and housing factors and perhaps most importantly,

the expectations of elderly people and their children or families as to who should provide care.

Reviews of the research in this area suggest that the ease of contact between elderly parents and their children has declined over recent decades, particularly perhaps for some groups of people. Grundy (1996) for example, in a 1962 national survey, found that two-thirds of elderly parents in the UK had at least one child living within 10 to 15 minutes' travel, but by 1986 this had fallen to about 40% of elderly parents. Other research has shown that the proportions of elderly people seeing friends and relatives daily declined from one-third in 1985 to one-quarter in 1996 (Grundy, 1996). This is accounted for in part by the decreasing prevalence of coresidence between elderly people and their married children. However, it may reflect other general social changes, including residential and occupational mobility and decreasing societal and individual expectations regarding intergenerational reliance. Reduced frequency of direct contact may in part be substituted for by telephone or other indirect contacts between elderly people and their children or other relatives.

Although the role of family as caregivers has been reemphasized in recent decades, it is now recognized that wider sources of support will often be needed. This is evidenced, for example, by the UK's implementation of a formal care in the community policy in the mid-1990s. With smaller family sizes in the future, the importance of children as social supports and contacts will almost certainly need to be supplemented by community care support and other more formalized sources of care. It is already clear that elderly people themselves provide large amounts of the total of informal care and coresident care for other elderly persons. Elderly people may increasingly have both the desire and the financial means to live on their own (or as couples), utilizing formal or informal care support. However, with increasing age there is often a need for institutional care. Currently, about 1% of the 65- to 74-year-old population is residing in an institutional care setting. But among those 85 and over, 26% are in an institutional care setting (Laing & Buisson, 1997). The care in the community policy, in effect since 1993, may affect these proportions although its full impact is yet to be felt among the currently institutionalized people in the UK.

Demographic, health, and family circumstances are crucially important for the development of policy for the UK's elderly population. The elderly population of the UK is currently growing more slowly than in the past, although this trend will reverse when the post-1945 cohorts reach their sixties. This has important policy implications for the next few decades. The impact of other demographic and socioeconomic trends is not fully clear. For example, it has been suggested that the effects of the increasing economic activity of women outside the home, increasing divorce, greater labor mobility, and smaller family sizes will adversely affect the ability of families to care for their elderly members. Some of the more alarmist predictions of the potential adverse effects of these and other changes on family care for elderly people and the associated demands for domiciliary and institutional support have been discounted (Laing & Buisson, 1995). However, policies have to be developed and modified in the context of these changes, and it is to a consideration of policy issues that the chapter now turns.

THE CHANGING POLICY CONTEXT

The organization and delivery of health and social care for older people has been fundamentally changed by recent policy reforms. The central focus of such reforms has been the shift from institutional to home-based care, with an emphasis on increasing consumer choice, control, independence, participation and empowerment. Underpinning the reforms is the white paper *Caring for People* (Department of Health, 1989). This is primarily aimed at those over retirement age and focuses on six key objectives: value for money through a new funding structure; introduction of assessment of need and case management; promotion of an independent provider sector; promotion of domiciliary, day, and respite care; more support for informal caregivers; and increased accountability of agencies. Matching services with users' needs is a key concept promoted by recent policy developments.

The National Health Service and Community Care Act 1990 followed the white paper, established in 1993 a whole new framework of services in which purchasing of services was separated from their provision. The responsibility for community care has been trans-

ferred to local authorities, changing their role to the management and regulation of care rather than its provision. This involves the assessment of individual need, the design of care arrangements, and monitoring of their delivery. These policy changes are intended to encourage new initiatives in community-based care and reduce the dependency on institutional care as a solution to the needs of the frail elderly population. Domiciliary care packages, typically comprising meals-on-wheels several times a week and home help services, are provided to enable people to remain in their own homes and reduce the need for admission to hospitals or nursing homes.

Various government guidance has been issued to promote the effective implementation of the NHS and community care reforms. Department of Health (1995) guidance emphasizes the importance of collaboration between the NHS and local authorities for arranging and funding services to meet people's needs for continuing care. Health authorities have developed local policies and eligibility criteria for continuing health care, and their implementation commenced in 1996. Discharge from NHS inpatient care may be appropriate if a place in a residential or nursing home is secured and funded by social services or the patient and his or her family or a package of health and social care is offered to support a patient at home or in other accommodations.

The cost of providing health and social services to a growing elderly population has been a primary consideration in the recent reforms, in particular, the reduction of public expenditure in the form of social security payments to people in private and residential home care. The previously open-ended budget for those on income support had resulted in uncontrolled expenditure during the 1980s (Bartlett, 1987), and by 1993 the income support payments to people in private residential and nursing home care had reached £2.5 billion. The funding of residential care has been transferred to local authorities who assess applicants' financial resources to determine eligibility and establish the most appropriate form of care. In the first year of the community care reforms (1993/1994), the number of local authority-supported residents in residential home care increased in England by 25% to 121,000 and support was also provided for 25,000 residents in nursing home care (Department of Health, 1994). Clearly, one of the white paper's objectives to further promote the independent sector is already proving to be successful.

MODELS OF CARE

The remarkable demographic growth in the numbers of very elderly people has contributed to a rapid increase in the growth of the independent residential and nursing home sector since 1980. Between 1986 and 1996, private and voluntary nursing home places in the UK increased from 47,900 to 217,800—almost 40% of all long stay places (Laing & Buisson, 1997). A similar growth has occurred over the same period in the private residential home sector, which now provides 31% of total long-stay places. There has been a gradual shedding of public sector responsibility for long-term care. A reduction of NHS long-stay beds commenced in the mid-1980s and since then over one quarter of NHS long-stay beds have been lost (21,300). By 1996, NHS long-stay places amounted to only 5% of the total provision across all sectors. Between 1984 and 1994, there was a 37% reduction in local authority residential care, resulting in a final total of 86,400 places. However, while the total bed numbers across all sectors have more than doubled since 1970, the figure is no longer increasing. According to Laing and Buisson (1998), the number of elderly and disabled people in all forms of residential care (including private and voluntary nursing and residential homes, local authority residential homes and NHS long stay facilities) has fallen from a peak of 512,000 in 1995 to 487,000 in 1998.

The decline in the number of NHS continuing care beds has various consequences, but of particular concern is the inequity of access to long-term care resulting from geographic variations in this provision. The establishment of locally based eligibility criteria by health authorities is believed to increase this inequity (Royal College of Nursing, 1994). Research has already identified that there are also wide geographic variations in private and public residential and nursing home provision (Corden, 1992; Larder, Day, & Klein, 1986; Phillips & Vincent, 1988; Warnes, 1994). Although Department of Health (1995) guidance has stressed the responsibility of the NHS to meet the needs of people who require continuing physical or medical health care, there is a lack of clarity on the precise boundary between NHS nursing care and local authority nursing care. A recent Court of Appeal ruling has not resulted in the return of funding for all long-term nursing care back to the NHS, and confusion still remains around which nursing services can still be regarded as part

of a social services package (Registered Homes & Services, 1999). Nevertheless, recent evaluations conclude that services for older people have significantly improved over the past 10 years since the community care reforms were introduced (Warburton & McCracken, 1999). Most older people are now assessed to determine the type of long-term care they should receive; care packages for older people living at home are more effectively meeting needs; the needs of caregivers are taken into account; the number of people aged 65 and over in residential care has stabilized; and spending on nursing and residential care has been brought under control. There are, however, still a number of intractable problems to be solved over the next 10 years.

First, while policy, management, and practice guidance have been issued by the Department of Health on the introduction of assessment and care management, there has been considerable interpretation around its implementation. More stringent assessments of need and a raising of the level of need at which services are deemed appropriate has occurred, but difficulties have been experienced in designing assessment procedures and distinguishing the levels of assessment (Lewis, Bernstein, & Bovell, 1995). As local authorities develop their own procedures and criteria, inequity is an inevitable outcome. While older people have been noted to feel more involved in their assessment, general practitioners and primary care staff have not been as fully involved in the process as hoped (Warbuton & McCraken, 1999).

Second, the cost and availability of alternative forms of community support remains an issue. High cost has sometimes been a disincentive for local authorities to offer domiciliary care packages (Harding, 1999). This is exacerbated by the inadequate supply of domiciliary providers in the independent sector. The sometimes low level of services offered is a further factor. Contrary to the intentions of local authorities to divert funds away from nursing homes to home-based services—as the cheapest form of care is residential or nursing care—domiciliary care is not always considered in isolation from cost.

Third, problems over coordination between services continue to challenge the effective delivery of services to older people. Appropriate and efficient placement of older people in need of care is increasingly dependent on the operation of a successful health/social care interface—for example, joint purchasing strategies be-

tween health and social services and good information sharing across all services (Murphy, 1993). Although examples of effective joint planning can be found at a local level (e.g., Brodhurst, Bradshaw, & McIntyre, 1995), the implementation of policy directives and guidance on collaboration in long-term care is not generally regarded as successful (Henwood & Wistow, 1999).

Other specific problems will also confront social services departments in the coming years, including: the organization of screening services, case review procedures, services for older people with dementia and mental health problems, services for elderly minorities, and the needs of caregivers (Warburton & McCracken, 1999).

NEW POLICY DIRECTIONS

While the development of a coherent policy for older people in the UK still appears elusive, some real progress has been made in moving this issue onto the political agenda. Standards and regulation of the independent nursing and residential care home sector are receiving increasing policy attention. The funding of long-term care has been the subject of a Royal Commission, which issued its report in March 1999 (Royal Commission on Long Term Care, 1999), although the recommendations are still under consideration by the government. The most controversial recommendation is to make personal care free in domestic or residential settings for those who qualify for it. This has considerable implications for taxation and has not yet been met with enthusiasm by the government. The Royal Commission also recommends the creation of a National Care Commission to monitor demographic and spending trends, keep under review the market for care, and represent consumers' interests

As the role of the private sector in the provision of long-term care has developed, so, too, has concern about the quality of care and life in these settings. The sector has been regulated in England and Wales for some years by the Registered Homes Act 1984, along with a voluntary code of practice for residential and nursing homes (Centre for Policy on Aging, 1986) and national guidelines for nursing homes (National Association of Health Authorities, 1985). However, legislation and guidance has focused largely on the structural and process aspects of care, with less attention paid to outcomes

such as residents' quality of life. A major problem has been the inconsistent way in which guidance has been interpreted by inspectors across the country (Royal College of Nursing, 1994), leading to claims of unfairness by the independent care homes sector. The development of National Required Standards was therefore commissioned by the Department of Health and undertaken by the Centre for Policy on Aging. The standards were released by the department in November 1999 for consultation and are not expected to be implemented until 2001/2002. Building largely on Home Life (CPA, 1996), the standards cover a home's physical environment, management, policies, staffing, and information. In addition, the standards address residents' rights, daily life, food and mealtimes, health and personal care, and death and dying. To address the variations in inspection processes and outcomes across the country, local and health authorities' responsibilities will be transferred to a new National Care Standards Commission.

Another important challenge for policy development concerns users' views and opinions. A Long-Term Care Charter was released for consultation in 1999 and is expected to be implemented in 2000 (Department of Health, 1999). This sets out what users are to expect from health, social services, and housing. The six key areas cover: finding out about services; understandings users' needs; the right place to live; maintaining health; maintaining independence; help for caregivers; and complaints.

Wider questions concerning the health and social care divide are now being addressed in the future planning of aged care services in the UK involving improvements in health and social care coordination at an organizational and practice level. The Long-Term Care Charter, along with plans for the development of *National Service Frameworks and Better Services for Vulnerable People* in England (Department of Health, 1997), are intended to address the problems of service coordination. The Department of Health (1998) has published plans for pooled budgets and commissioning between health and social services and integrated provision to improve joint working.

CONCLUSIONS

The changing policy context for the care of older people in the UK represents a challenge to the organization and delivery of support

for this group of people. While it is still relatively early to judge, it is not clear whether the reforms will produce a sufficiently comprehensive system of support. The intended shift from institutional to community-based services for older people has not yet occurred. Ambiguities exist regarding policy implementation at a local level, particularly in relation to the utilization of NHS long-term beds. It has been suggested that more effective alternatives should have been put in place before long-term beds and income support were reduced (Marks, 1994). Emergency hospital admissions and pressures on acute beds have been the consequences of such policy changes. In addition, day care and domiciliary packages are not abundant in the private sector; the current funding arrangements within local authorities create perverse incentives, encouraging the use of residential and nursing home care (Henwood & Wistow, 1999).

There are concerns about the capacity of the independent sector to meet the needs of the UK's increasing numbers of highly dependent older people. Recruitment and retention problems, poor pay and conditions, lack of career prospects, and the low status of working with older people are persistent issues challenging the effective provision of long-term care (Bartlett & Burnip, 1998). Nor is there any clear evidence that families will be in a position to meet the needs of their elders. In the future, a greater proportion of households are likely to consist of single old people or couples without resident children, and if illness/disability strikes, community-based services may simply not be a feasible alternative to residential care. With the ending of universal access to NHS care for older people and the limited availability of home-based care, choice for consumers and their families remains limited, despite the intentions of the community care reforms.

Meeting the challenge of an aging population in the UK requires the development of new and innovative models of care. Increasing the opportunities for public/private partnerships could be an important means of capitalizing on existing provision and improving care, though this possibility is as yet underdeveloped. A widening of the role of nursing and residential homes to include the provision of day and domiciliary care could be another way to increase support necessary for older people living in their own home, though there would have to be incentives to encourage this kind of development.

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CHAPTER 9

The United States: Population Demographics, Changes in the Family, and Social Policy Challenges

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Despite the formal support options available to older persons, including hospital care, nursing homes, and community-based social services, the majority of an older person's care needs in the United States are provided by family members or other informal helpers such as friends and neighbors (U.S. Congress, House Select Committee on Aging, 1987). Indeed, national studies of caregiving have estimated that as much as 80% of the care elderly persons receive comes from informal caregivers, most of whom are family members (Stone, Cafferata, & Sangl, 1987; U.S. Congress, House Select Committee on Aging, 1987). However, changes in population and family demographics in the U.S. threaten the ability of families to care for the increasing needs of an older and aging population in the future. United States population aging and

changes in family life provide the context in which social policy to support the elderly population is made. Moreover, changes within the political environment in the United States shape the available options to help elderly persons and their families.

In this chapter we first review the demographic context of aging in the United States, highlighting the special problem of a growing oldest-old population. Next we discuss changes in the family, the increasing diversity of the older population, and the role of women in family care as social structural influences on the aging experience and policies for an aging society. Last, we describe public policy responses to the growing elder care needs in the United States, and we identify aspects of the current policy environment that constrain the available public policy options for dealing with the problems of family care. We conclude with some observations about the future of aging policy and family support obligations in the United States.

THE DEMOGRAPHIC CONTEXT OF AGING IN THE UNITED STATES

"The elderly" and "senior citizens" are terms often used to describe Americans aged 65 and over, as if they were a homogeneous group within the population. However, diversity—not homogeneity—is a more accurate way to characterize the older population in the United States (Bengtson, Rosenthal, & Burton, 1990; Treas, 1992). Because our social and economic diversities are so broad and so complex, it is often difficult to make valid generalizations about the U.S. elderly populations (see U.S. Bureau of the Census, 1993a). For example, while many American retired couples in their sixties are enjoying their leisure time with ample financial and family support, at the same time we have many widows in their nineties living in poverty or who are too frail to get into and out of bed without assistance each day (Treas, 1992). America's older population is growing, and America's elders are living longer into retirement; the United States has begun to experience the cultural changes that accompany an aging society.

Profiles and Projections of America's Older Population

As with most societies, population aging in the United States is an historically recent phenomenon. The demographic factors that

influence population aging are well-known: low fertility, low mortality, and to some extent, migration. In the 1930s, during the Great Depression period, demographers first began to express concern about population aging as fertility declines predicted future changes in the age structure of the U.S. population (Myers, 1990). An historic review of America's population aging since 1900 helps to illustrate the changes occurring in industrialized nations. It is commonly believed that at the beginning of the twentieth century America was a young population. The median age in 1900 was 23 years, with an average life expectancy of 47 years. Yet there were 3.1 million older persons in the United States in 1900 and one of every 25 Americans was aged 65 and over, representing 4.1% of the total population (Treas, 1995). Thus, even in 1900, the United States represented a mature population rather than a young one (see Myers, 1990).

The baby boom, which began at the end of World War II, resulted in 75 million births during the period between 1946 to 1964. The effects of the baby boom on the U.S. age structure has been described as a bulge in the age-population distribution, the visual equivalent of a pig-in-a-python moving through historic time. The baby boomers, who in 1996 were between 32 to 50 years old, will contribute to a large expansion of the U.S. elderly population after the year 2011, when the first of them will reach retirement age. By the year 2030 the last of the baby boom cohorts will have become age 65 and older, and they will constitute 18% of the population. After 2030 the rate of increase in the older population will fall sharply as the smaller baby bust birth cohorts begin to turn age 65.

Over 31.1 million people age 65+ were counted in the 1990 U.S. Census, which was 10 times more than the number of elderly persons that were alive in 1900. As of 1990, the median age in the United States was 34 years, while the average life expectancy of Americans was about 79 years for women and 72 years for men (Treas, 1995). For those who have already reached 65, women can expect to live on average another 20 years; men, another 15 years (Atchley, 1994).

Almost one in eight Americans were aged 65+ as of 1990, representing almost 13% of the total population—certainly classifying America as an aged society in demographic terms. Between 1990 to 2020, the U.S. older population is projected to increase to some 54 million people. By 2020 one in six Americans will be elderly, representing 17% of the total population (Treas, 1995). These projections assume that present mortality rates will persist. However, if people continue

to live longer and healthier lives, the projected number of elderly persons will increase even more (Crimmins, 1989; Fries, 1993).

In 1990 the oldest-old, those 85 and over, constituted about 3 million persons and 1.2% of the total U.S. population. These oldest-old represent the fastest growing age segment of the American population. By 2020 it is projected that the oldest-old will increase to about 6.5 million and by 2050, they will have more than doubled to 17.7 million (U.S. Bureau of the Census, 1993a).

Expansion of the Oldest Old Population

The U.S. elderly population is among the oldest of any major country. To put this fact into context, Myers and his colleagues report that "only the elderly populations of France and the Federal Republic of Germany currently contain a higher proportion who are 80 years and over" (Myers, Torrey, & Kinsella, 1992). For America, there is a contradiction between our relatively young industrial age and the high proportion of older individuals. Myers refers to this mismatch as the "paradox of the oldest old."

Although much has been made about the rapid growth of the oldest-old population in America, these individuals make up a relatively small but increasing proportion of the total U.S. elderly population. The primary reason for the recent increases in the annual growth rates of the oldest old is due to the relatively small absolute number of those in America who are 85 and over. Consequently, even a small increase in the oldest-old population results in high growth rates (Myers et al., 1992).

The oldest old individuals in America constitute a heterogeneous group, and one quite distinct from their younger-old counterparts. As with other age groups, among the oldest-old there are differences in health and economic factors. For example, nearly half of the U.S. elderly population aged 85 and over are healthy enough to live independently, while the other half have serious health problems. Individuals who are aged 85 and over are more likely to have extensive comorbidity (more than one chronic health problem) than those in the younger old categories. As a result, the oldest-old consume more health services and benefits than their relative proportion of the population would suggest (Suzman, Manton, & Willis, 1992).

In addition, the members of the oldest-old population in America have carried into old age the cumulative inequalities and differences developed across their life course. These differences are due largely to diverse education and labor market opportunities and experiences (Taeuber & Rosewaike, 1992).

As successive cohorts age, older males are subject to greater attrition rates than are females. A unique feature among the 85 and older population in America is the relative number of males (approximately 841,000) to females (2.2 million). In 1990, only 0.7% of the total male population in America was 85 and over. In contrast, about 1.7 percent of the total female population of the United States was among the oldest-old. Although the elderly women in this category presently outnumber the elderly men by nearly 3 to 1, the population of men who are 85 and over is expected to increase relative to elderly women, such that by the year 2050 the sex ratio will be 1:2. By the year 2050, about 3.5 percent of the total U.S. male population will be 85 and over, while the total female population will consist of approximately 6.6 percent elderly females aged 85 and over (Tauber & Rosenwaike, 1992). One possible outcome of this growth in the population of older men and women is that despite longer life, they are further subjected to worsening health (see Crimmins, 1989; Fries, 1993).

Diversity Within America's Older Population

One of the major characteristics of American society is its racial and ethnic diversity. Our older population will become more racially and ethnically diverse with each future decade (U.S. Bureau of the Census, 1993b). In 1990, 87% of the 31.1 million older Americans were Whites of non-Hispanic origins. This group is projected to decrease to 78% in 2020, and further decline to 67% of those aged 65 and over by 2050. Black elderly persons were the second largest elderly group in 1990, with 2.5 million persons 65+ comprising about 8% of the elderly population. The proportion of Black elderly persons will increase slightly over the years to about 10% of the elderly population by 2050. Hispanic elderly—the third largest category in 1990—comprised 1.1 million of the U.S. population or 3.7% of those 65+. But by 2020, the proportion of elderly Hispanics will increase

to about 9%, and by 2050 they will make up about 15.5% of elderly Americans, more than 12.5 million people. The fourth racial/ethnic group, elderly Americans of Asian and Pacific Island origins, represented 500,000 persons in 1990, about 1.4% of the U.S. elderly population. This group will grow dramatically: by 2050 they will comprise 7.4% of the American aged population, numbering 6.2 million. Finally, about 100,000 American Indian, Eskimo, and Aleut persons 65+ were counted in the 1990 U.S. Census, 0.3% of the population; by 2050 their numbers will double (U.S. Bureau of the Census, 1993b).

A second aspect of diversity is reflected in marital status (Treas, 1995). As of 1994 approximately half (48%) of elderly women in the United States were widowed, compared to only 15% of elderly men. This can partially be explained by the fact that in the United States women have on average married men who were several years older than themselves. In addition, women have higher life expectancies than men, and a smaller percentage of women than men remarry following widowhood or divorce. In the future, gender differences in marital status are expected to continue.

We also see considerable diversity in terms of living arrangements. The majority of U.S. elderly persons lived with their spouse in 1992, but this generalization is not true for Black elderly persons. Only 37% of Black elderly persons lived with a spouse compared to 56% of elderly Whites, 54% of Asians, and 49% of elderly Hispanics (U.S. Census Bureau, 1993b). Differences in living arrangements among racial and ethnic groups can be partially explained by differences in marital status. Elderly Blacks are less likely to be married than are other groups. Asian and Hispanic elderly persons are not as likely to live alone as are both Whites and Blacks. Only 16% of elderly Asians and 19% of elderly Hispanics lived alone in 1992, compared to 31% of Whites and 36% of elderly Blacks.

A common misconception about American elderly persons is that a large proportion are living in nursing homes, having been put away by their families into institutionalized living arrangements. In fact, the percentage of elderly persons who live in nursing homes is very small: in 1990 it was 5.1%, only one in 20 older Americans. However, the likelihood of living in a nursing home increases sharply with age. Although little more than 1% of those age 65 to 74 lived in nursing homes in 1990, almost half of those aged 95 and over

were in hospitals or nursing homes (U.S. Bureau of the Census, 1993c). Over the past decade, the percentage of nursing home residents 85 and over has grown rapidly (42% in 1990 compared to 34% in 1980; U.S. Bureau of the Census, 1993c). The expansion of the oldest-old population—the percent of those 85+ almost doubled between 1980 and 1990—is the factor most contributing to the change in institutional living arrangements.

SOCIAL STRUCTURAL CONTEXTS OF AGING IN THE U.S.

Changes in population characteristics over time have implications for social structures and social relationships. William Ogburn (1922/1950) first suggested the term "cultural lag" to reflect a pattern he observed in social history: that cultures—institutionalized patterns of behavior—change less quickly than do the population characteristics of human groups. Recently this idea has been applied as an explanation for some of the problems societies have encountered as a result of population aging during the last century. The concept of "structural lag" has evolved from the basic model of "age stratification" set forth 25 years ago by Matilda White Riley and her colleagues (Riley, Foner, Moore, Hess, & Roth, 1968; Riley, Foner, & Waring, 1988; Riley, Johnson, & Foner, 1972) in their volume titled *Aging and Society*. This model postulates a continuing interplay between two dynamisms as societies and their members move through historical time: changing social structures and changing human lives.

Structural lag occurs when population members' lives change faster than social structures—when there is a mismatch between people's capacities, behaviors, and beliefs (as reflected in population aging, whereby individuals are living longer, in better health, than in previous decades) and the surrounding societal structures of role opportunities and constraints. The concept has proved useful in thinking about social change and aging in widely varied domains—ranging from the nation-state to dying, and from work to leisure (as addressed in Riley, Kahn, & Foner's (1994) recent book, *Age and Structural Lag*). We will comment on three of these structural settings: aging within the multigenerational family, aging within ethnic and

racial minority groups, and the experience of women in aging families.

American Families and Their Elders

Many in the mass media and politics have claimed that the family is no longer the important institution it once was in American society (see Bengtson, Rosenthal & Burton, 1995). That many elderly Americans today are isolated from, or abandoned by, the families they have created is a frequent corollary to this view.

The most prominent sociological proponent of the American family decline argument today is David Popenoe (1988, 1993). He argues that "the family has been stripped down to its bare essentials—just two adults and two main functions: childbearing and the provision of affection and companionship to its members" (1993, p. 540). The result, he claims, is that Americans today are less willing than ever before to invest time, money, and energy in family life, and are turning more to other groups and activities in an age of the "me-generation."

Among family sociologists, Popenoe's views have touched off spirited debate by those who question a decline in the importance of families in America (Skolnick, 1991; Stacey, 1990). Critics have argued, for example, that: (1) Popenoe's definition of family rests on an outmoded and conservative structural-functionalist interpretation of what families are, or should be; this minimizes and, in fact, scapegoats nonnuclear families, such as those with single parents, those without children, or those unconventional in other ways; (2) Popenoe's attribution of change in family structure and function to "a decline in family values" is misplaced; the growth of functions taken over by other societal institutions such as the state and formal education—rather than a lessening in family values—is the principal cause for nuclear family change; and (3) the most important is the fact that Popenoe confuses families with households. His definition of family is a "relatively small domestic group of kin (or people in a kinlike relationship) consisting of at least one adult and one dependent child" (Popenoe, 1993, p. 545), and this ignores many of the cross-generational kinship support structures evident in today's multigenerational families.

Are American elders victims of declining family structures and functions? A growing body of recent research evidence suggests not (Bengtson & Harootyan, 1994; Eggebeen & Hogan, 1990; Roberts & Bengtson, 1993; Rossi & Rossi, 1990; Elder, Rudkin, & Conger, 1994; Silverstein & Bengtson, 1991, 1994; Soldo & Hill, 1994). These studies indicate that intergenerational bonds are perceived as remarkably strong by most family members in contemporary American society; that this is true for both emotional and instrumental connections involving family elders; and that there are positive consequences for both older and younger generations of such linkages (see reviews of current research by Bengtson, Rosenthal, & Burton, 1990; Bengtson & Silverstein, 1993; Blieszner & Bedford, 1995; Goldscheider, 1990; Marshall, Matthews, & Rosenthal, 1993; Ryf & Seltzer, 1995).

Research concerning the long-term caregiving needs of frail elders in American society suggests one principal conclusion: that families are their primary and most effective source of support. Family members provide almost 80% of long-term care for dependent elderly members, and formal or institutional mechanisms become activated only after family caregiving resources are expended (Abel, 1990; Brody, 1985; Dwyer, 1995; Gatz, Bengtson, & Blum, 1990; Maddox & Lawton, 1993; Matthews, 1988).

Moreover, it is becoming clear that large numbers of American elders are involved in kinship roles beyond that of the traditional grandparent. Many are surrogate parents, primary caregivers to their grandchildren (or greatgrandchildren) following the divorce or incapacity (through disease, drugs, or incarceration) of the middle generation. Chalfie (1994) has shown that an increasing number of American grandparents are assuming full-time responsibility for their grandchildren. In fact, the number of young children living in households headed by grandparents has increased by over 50% since 1970, to over 4 million in 1998—representing 5.6% of all children under 18. In 33% of these families, neither parent of the grandchild resides in the household (U.S. Bureau of the Census, 1998). Troll (1985) suggests that grandparents are often the "family watchdog," keeping a low profile until a crisis threatens the younger generations, when they spring into action to protect and to serve; Johnson (1987) found increased involvement with grandchildren following divorce; Burton (1992) describes the activities of both grandparents and greatgrandparents raising children of drug-addicted parents. And finally, there

is greatgrandparenthood. Doka and Mertz (1988) and Wentowski (1985) note that, as a social role, greatgrandparenthood was virtually unknown only a few decades ago, but it is becoming increasingly common today. These kinship functions of elders have been ignored in the American family decline arguments to date.

Norms and values supporting intergenerational connections appear to have high salience for most Americans today—contrary to conventional wisdom about the detachment of *Generation X* (the baby busters, born after 1965) from such linkages (Bengtson & Parrott, 1994). Recent data from national and crossnational surveys (see Bengtson & Harootyan, 1994; Hogan & Farkas, 1995) provide evidence for strong normative support of crossgenerational linkages, reflecting equally strong values about the desirability of such intergenerational connections.

One of the most important new themes to emerge in research on the family has been awareness of the diversity in the structure and form of contemporary American families. As a result of these new family forms there is considerable variance in family social support systems, problems, and potentials for elderly family members. This diversity of family form has manifested itself in several important ways (Bengtson & Silverstein, 1993): (1) age-condensed intergenerational patterns that are attributed to the rise in teenage pregnancy in America, a pattern that is often repeated across multiple generations in families; (2) age-gapped intergenerational patterns that are an outcome of delayed parenting by women who have postponed childbearing to pursue their careers with resulting age distances of 35 to 40 years between generations; (3) childlessness, which results in limited options for receiving family care in old age; (4) stepparenting and stepgrandparenting relationships and the negotiation of these new intergenerational arrangements; and (5) same-sex couples leading to new definitions of family form and obligation.

The concept of *structural lag* is useful in explaining what appears to be a paradox concerning intergenerational family relationships in America at the dawn of the twenty-first century. On the one hand, demographic changes reflected in population aging have led to an increase in the average length of time that older Americans may spend in parent-adult child and grandparent and greatgrandparent roles, as well as the greater responsibility for some in caretaking for

their grandchildren and greatgrandchildren. On the other hand, many contemporary assessments of the "American Family"—from sociologist Popenoe (1993) to politician Newt Gingrich (former Speaker of the U.S. House of Representatives)—appear to focus on a restricted and outdated conceptualization of the family as a household of two parents and their children. This ignores two things: (1) the increase in years of shared lives between parents and adult children, and between adult grandchildren and grandparents or great-grandparents; (2) the emerging pattern of intergenerational support mechanisms found in the family today.

Aging in Ethnic and Racial Minority Groups and Families

A second example of structural lag concerns the characterization and policy treatment of minority families within American society. Generalizations about ethnic or racial minority American elders frequently contradict each other: for example, there is the belief that minority families—such as African-Americans—are disorganized and chaotic, but there is also the belief that minority elders are embedded in stronger and more durable kin networks than are Whites, and that they have greater numbers of people who can provide support for them because of higher fertility rates, extended family living arrangements, and the incorporation of fictive kin (non-blood relatives) in definitions of family (Angel & Tienda, 1982; Chatters, Taylor, & Jayakody, in press; MacRae, 1992; Rogler & Clooney, 1989; Sanchez-Ayendez, 1988).

The disorganization of minority families generalization comes from views prominent in the 1950s and 1960s that minority families were pathological—that they displayed more problems, more deviance, and less adequate socialization than White majority families (Dilworth-Anderson, Burton, & Boulin Johnson, 1993). During this period, social deficits in every major aspect of minority family life were widely publicized: problems in family structure, family decision making, fertility, and child rearing. This perspective is primarily associated with Senator Daniel Patrick Moynihan's (1969) report that suggested that Black American families were involved in a "tangle of pathology" at the heart of the deterioration of Black communities.

In response to this perspective, however, a significant body of research emerged that stressed the strength of minority families (Billingsley, 1968; Hill, 1971; Staples, 1981). For example, in studies of the Black family, some researchers (Gutmann, 1976; Martin & Martin, 1978; Stack, 1974; Taylor, 1986) found Blacks are involved in extensive kin and pseudo-kin networks. Among Native-Americans, the family is defined as everyone in the tribal group or community, and relationships are close regardless of whether one is related by blood (Red Horse, 1980), and the needs of the family collectively supersede the needs of each individual member. In the traditional Mexican family, mutual financial assistance, exchange of work and other skills, and advice and support in solving personal problems are ideally available from the extended kin group. Grebler, Moore, and Guzman (1970) note that the major theme dominating the classic portrayal of the traditional Mexican family is the deep importance of the family to all its members.

While this emphasis on the strengths of extended kin dynamics in minority families provided a useful correction to the stereotypically negative portrayals in earlier accounts, it may have led unwittingly to a new myth, suggesting to policy makers and program developers that because minority families are so strong they do not need as much assistance from governmental agencies or programs providing support to families. While minority family members have been found to be embedded in close kin networks, this in itself does not mean they have sufficient resources or receive higher levels of support.

Recent studies that have systematically compared kin assistance among representative samples of Blacks, Hispanics, and Whites have *not* found superior support networks among minority families (Eggebeen & Hogan, 1990; Hofferth, 1984; Hogan, Hao, & Parish, 1990). Further, there is extensive variability both within and across minority groups in the prevalence of strong familial ties. Sensitivity to ethnic group diversity clearly has implications for the appropriate planning and implementation of programs for minority elders. Moreover, while minority elders may have a large extended kin network, this also means that the elders potentially have more people for whom *they* must provide support.

Declining economic conditions facing minority families, especially those who live in poor inner-city neighborhoods, strain the capacity of kin networks to provide support (Eggebeen & Hogan, 1990; Far-

ley & Allen, 1987; Hogan, Hao, & Parish, 1990). The cost of being in extensive kin networks has been noted in recent studies of grandparenthood (Burton, 1992; Burton & Dilworth-Anderson, 1992; Burton, Dilworth-Anderson, & Merriwether-deVries, 1994; Minkler & Roe, 1993; Tinsley & Parke, 1984). The numbers of minority grandparents who are surrogate or coparents for the children of adolescent mothers are rapidly growing (Chalfie, 1994; Field, Widmayer, Stringer, & Ignatoff, 1980; Furstenberg & Crawford, 1978). For example, Colleta and Lee (1983) found that 66% of the Black teen mothers they interviewed indicated that their mothers (the grandmothers) were the primary caretakers of their children. Chase-Lansdale, Brooks-Gunn, and Reiss (1989) note that three quarters of the children of teen mothers live in households with their grandmothers or greatgrandmothers during their first 3 years of life.

The research reviewed above suggests another example of structural lag. In America's minority communities, crossgenerational support patterns are increasingly strong but are often perceived as either (1) deficient and weak or (2) more supportive and involved in family support than is actually the case or even possible. The greatest mismatch is between social policies that make either of these presumptions and thus underserve the social support needs of aging minority families.

The Experience of Women in Aging Families

Just as there is diversity in family form and type, there are differences in the way that aging and family care is experienced by men and women. This represents another structural lag between population characteristics, social structure, and public policy. The activities of women within the family are in part based on differences in life expectancy, health conditions, and social constructions of the role of women in the family.

Women, on average, outlive men by 7 years. This difference in life expectancy, combined with the tendency of women to marry men who are approximately 4 years older, has the consequence that women often spend the last 11 or more years of their lives living alone and being cared for by other women (Treas, 1995). Moreover, for many women, becoming widowed is their first experience with

downward economic mobility—older women are more likely to drop below the federally established poverty level following the loss of a spouse and his corresponding pension income. More than 20% of older women living alone are in poverty, and the percentage is much higher for older women who are Hispanic or Black (Burkhauser & Smeeding, 1994).

These realities of old age often follow a lifetime of lower earnings or unpaid work within the family sphere, leaving women in a financially vulnerable position. For women who took care of their families and worked within the private sphere of the family all their lives, there is little social recognition of their work and investment in the family, and they do not receive pension benefits based on their family care productivity (Wolf & Soldo, 1988). For older women who have worked in the paid labor force, they may have had the opportunity to accumulate a small pension that can assist them in later life. But given the fact that American women earn approximately 75% of what men earn, these pensions are always smaller than those established by men (Steckenrider, 1998). Furthermore, women are more likely to be employed in occupations that do not offer pension coverage to employees. Thus, economically, many older women experience aging as a time of limited resources and declining socioeconomic status.

In addition, old age is a time when many women become chronically sick or disabled and when men are more likely to develop acute conditions that require family care, most often from their spouse. Older women find themselves the primary caregivers for their ailing husbands, and with the death of their spouse, often must turn to an adult daughter or daughter-in-law for their own care needs (U.S. Congress, House Select Committee on Aging, 1987).

The role of women as caregivers in later life is a continuation of the role that most American women play in their families throughout their lives. This is a role that is more socially constructed than biologically determined (Hendricks, 1992). Traditionally women have been socialized to be nurturers, caregivers, and family custodians. The separation between the roles of men and women in the home extends to later life (England, Keigher, Miller, & Linsk, 1990). Even when men do help with caregiving duties in the family, they are more likely to provide help with repairs around the home, financial management, and assistance that can be scheduled. In contrast, women

tend to provide hands-on care such as help with bathing, cooking, cleaning, and errands. Much of this care is on-going and labor intensive. Moreover, women who are caregivers to an older family member and who are also active in the paid work force provide more hours of overall care than do employed men (Starrels, Ingersoll-Dayton, Neal, & Yamada, 1995).

Feminist theorists and researchers have argued that the concept of caregiving is misleading and perpetuates the myth that it is a woman's job (Hooyman & Gonyea, 1995). They suggest that caregiving is actually two distinct acts: (1) providing care and compassion—a role typically assigned to women—and (2) the actual work that is involved in assisting an older family member. Women are assumed to be the natural carers, and by association, they are socially assigned the work that goes along with caregiving. Many researchers have argued that the work of family care could be done by men or women, but that it is *assumed* to be a woman's duty (England et al., 1990; Hooyman & Gonyea, 1995).

It is indeed a duty taken on by women—more than 70% of the care provided to older family members is provided by women—despite the tremendous social and economic costs that are sometimes associated with the job (U.S. Congress, House Select Committee on Aging, 1987). For example, several studies have found that older women who retire from their jobs early to care for an older family member take a substantial permanent reduction in their Social Security pension income because of the lost wages (Kingson & O'Grady-LeShane, 1993). Other studies have found that of the women who try to remain in the paid labor force while delivering family care, between 20 to 30% of them have to take time off from work without pay to attend to their caregiving duties (Scharlach & Boyd, 1989; England et al., 1990). In short, family care for older women is not costless (England et al., 1990; White-Means & Chollet, 1996). It exacts costs on their health and economic resources.

The function given to the family, especially to women, as informal caregivers for elderly persons is embedded in our social policy. In the United States, most policies designed to help family members who are caregivers (discussed in the next section) presume that spouses and adult children have a responsibility to handle the long-term care needs of their elderly family members. However, the policies that have been developed do not take into account who the

actual caregivers are and what their needs are. Instead, they reflect the notion that caregivers should be working while providing care—a double-bind that befalls women throughout their working lives—and they ignore the fact that many caregivers are not in occupations that are covered by federal policies developed to help caregivers. As the next section will illustrate, there is a structural lag between family caregiving needs and social policy solutions; current caregiving policies in the United States do not match the caregiving circumstances of many aging families.

PUBLIC POLICIES FOR FAMILY CARE OF THE AGED IN THE U.S.

Care for the aged person in American society has always been assumed to be the primary responsibility of the family (Doty, 1986; Hooyman & Gonyea, 1995; Moody, 1994). Indeed, if family caregivers were to withdraw the informal care that is currently provided to aged persons, the U.S. long-term care system would collapse because long-term health care policies have been designed with the built-in assumption that family care will continue to be a significant portion of the care provided to elderly persons.

In the United States there is a long tradition of holding individuals and families responsible for their own conditions and problems; personal problems are considered private problems. Only gradually, when faced with increased economic difficulties for elders during the Great Depression of the 1930s and changes in the labor force that pushed many elders out of their jobs and left them financially vulnerable, did American society respond to the problems of old age as a collective social problem requiring public policy attention (Achenbaum, 1988).

Several major public policies in the United States have been developed that inextricably link older and younger family members. For example, Social Security, the public insurance program established for the elderly population, keeps more than 40% of American elderly persons above the poverty threshold (Moody, 1994). If this form of government insurance against economic impoverishment in old age did not exist, families would inevitably be called on to help financially. In countries such as South Korea, for example, adult children

may provide up to 40% of the financial assistance received by parents (Global Aging Report, 1996). That is not the case in the United States, and part of the reason is that public income assistance to elderly persons is available instead. Moreover, Medicare, the program of public health insurance for elderly persons, has helped to cover a substantial portion of the medical care expenses of older family members. Again, without this assistance, family members would have to provide more assistance to older family members; Medicare relieves the burden of care that might fall on many adult children. Thus, in comparison to Singapore where elders can sue their children for assistance in old age (Global Aging Report, 1996), this is not an acceptable solution in the United States, partly because public assistance with health care costs exist and many elderly persons and their families rely on it.

The relationship between public policy and family responsibility has continually evolved in the United States. The establishment of Social Security in 1935 to help improve the economic well-being of elderly persons forged a formal relationship between them and the federal government, but also between the elderly population and younger generations. This social contract expanded from the 1950s through the early 1970s, with the establishment of several key federal programs to help with the economic, health, and housing problems of the elderly people in the United States. In the 1980s this expansion slowed, however, and in a changing political climate the contract across generations has become increasingly strained and is now under political and economic scrutiny. Many researchers argue that a renegotiation of the contract across generations is under way (e.g., Bengtson, 1993; Johnson, 1995; Walker, 1996). Politicians and researchers alike are proposing changes to the core old-age programs of Social Security and Medicare, which would alter the balance between public (government) and private (family) responsibility for the problems of old age, particularly caregiving.

In the 1990s welfare programs began losing support—including provisions for the well-being of elderly persons and American families—and entitlement programs such as Social Security and Medicare are no longer considered politically untouchable. For many years politicians believed that if they tampered with these two programs they would not be reelected to political office. However, it has become increasingly clear that the Medicare program may run out of

funds by 2011 if no changes are made to control the growth in spending on health care and to further limit the health benefit payout to elderly retirees, and Social Security's long-term solvency has been challenged by several key economists and legislators. Moreover, both the U.S. Congress and the President are talking about changes to these two programs. This is unprecedented in the history of aging policy in the United States (Steckenrider & Parrott, 1998). The untouchable status of old-age policies seems to have evaporated. In addition, there is more talk about individual and family responsibility for elderly persons in conjunction with governmental fiscal responsibility. It is clear that more expectations will fall on families to step in and help their older relatives.

The trend in U.S. public policy at the start of the twenty-first century is likely to be toward more state and local—rather than federal—responsibility for aging programs, and less federal money to support state governments' efforts. In addition, more calls are being made for the private sector to take over some of the federal and state governments' responsibilities for vulnerable populations such as frail elderly persons (Hudson, 1994). Last, families will be asked to do more than they are already doing for the care of their older family members. In light of the demographic trends summarized earlier, many gerontologists and other researchers do not feel this is a feasible alternative. The caregiving policies that exist would have to be modified to support such an alteration in the balance between family and government responsibility for elder care. The rest of this section focuses specifically on policies for caregiving in the United States and how these relate to the current demographic situation and care abilities of aging families, and then considers the future of caregiving policy in light of the current political environment in America.

U.S. Policy Solutions to the Problems of Family Caregiving

As more older people are surviving into advanced old age where they have a higher likelihood of experiencing functional declines, there is an associated increase in the need for assistance with the activities of daily living, such as cooking, cleaning, bathing, and toileting. The result is a growing need among elderly persons for

sustained (as opposed to temporary) assistance. For instance, there is a greater likelihood that many elderly parents will live for years with a dependency caused by stroke, Alzheimer's disease, or some other chronic illness. Hence, as the population ages, the need for parent and grandparent caregiving grows.

In the United States in the short-term there will be more available family caregivers because of the high birth rate reflected in the baby boom generation. After they retire, however, a downturn in the availability of informal family social supports is expected. There are several factors complicating this scenario, however: (1) availability of a caregiver does not automatically translate into caregiving—some adult children may be unwilling or unable to care for an older parent; (2) divorce and remarriage rates are higher for baby boomers, and some suggest that this weakens the ability of adult children to care for older parents and that it loosens the bond between generations and the sense of duty that family members may feel toward their frail elders (Bouvier & DeVita, 1991); (3) labor force participation rates are higher for baby boom women, which could potentially mean that women are less available to perform their traditional caregiver roles (Seccombe, 1992); (4) because there is greater uncertainty in the workplace for baby boomers where layoffs, downsizing, and stagnant wages have become more common, baby boomers may be more financially vulnerable as they themselves face old age and thus may have fewer resources available with which to assist older parents; (5) more people are choosing to cohabitate and/or never marry, resulting in the formation of fewer legal bonds and their corresponding normative caregiving expectations (Chalfie, 1994); and (6) more people are choosing to remain childless, with obvious consequences for the availability of social support in old age (Treas, 1995).

There is growing concern that increasing caregiving demands coupled with less governmental assistance to the elderly population will cause adult children, primarily older women, to choose between their jobs (and economic stability) or providing family care. Evidence is unclear, however, as to what cost caregiving duties have on the work and family lives of caregivers. In various small-scale U.S. surveys anywhere from one fifth to one third of employees report being involved in caregiving for an elderly parent (Scharlach & Boyd, 1989; Seccombe, 1992; Starrels et al., 1995). Of those who report being

employed caregivers, anywhere from 10 to 20% of them report a job exit, early retirement, or time-off without pay due to caregiving responsibilities. For these caregivers, the missed work or job exit can result in reduced Social Security payments to them in later life (Kingson & O'Grady-LeShane, 1993; White-Means & Chollet, 1996).

Of those caregivers who remain working, studies have found that between 20 to 30% of women report reducing their hours or taking time off to provide care (Scharlach & Boyd, 1989; Seccombe, 1992). Women appear to accommodate their work schedules to this extra duty rather than giving the duty up. Employed male caregivers are less likely to make these work adjustments to provide family care (Starrels et al., 1995). Employees who also provide family care face job interferences, poor concentration at work, missed income because of unpaid leave, and foregone opportunities for job promotions (Gottlieb, Kelloway, & Fraboni, 1994). Employers also may incur costs because of their employees caregiving duties. Possible costs to employers include caregiver absenteeism, lost productivity due to family-work distractions and conflicts, and hiring and training costs for replacement workers if employed caregivers take time off or leave the job (Gottlieb, Kelloway, & Fraboni, 1994).

In general, White, younger, and highly educated individuals who are in the workforce are those who are most likely to choose to combine work and caregiving obligations. This may in part be due to the flexibility of their jobs and workplace policies as well as their financial ability to do so (MacDermid, Williams, Marks, & Heilbrun, 1994). Conversely, minority individuals in lower-paying jobs are more likely to exit their jobs to perform caregiving duties.

The U.S. government has been reluctant to get involved in policy-making efforts for caregiving families. Some researchers argue that, instead, the American government has taken a laissez-fair approach to caregiving (England et al., 1991): government intrusion is unwanted in the family care decision-making process; leave this area to families. Moreover, spousal and filial responsibility for family care is presumed to be the most important form of support for old-age care needs (Moody, 1994). Policies that have been developed to help caregivers are just that—supplemental help to caregivers—but are not primary assistance. In fact, there seems to be an assumption by current policy makers that families could be doing more for the care needs of their elderly family members and that families need

to be encouraged (through either incentives or sanctions) to do more. Various bills in the past few sessions of the U.S. Congress have proposed that family members, especially adult children, should be held responsible for the financial obligations of their frail elderly parents. To date, however, these policies have not been enacted into law at the federal level of government.

Some policy makers also worry that if government did provide more assistance to family caregivers that families would do less and take advantage of this opportunity to substitute formal care for informal, free family care. There is little evidence to suggest that such a "woodwork effect" occurs when caregiver assistance programs have been tried at the state or local level (Linsk, Keigher, Simon-Rusinowitz, & England, 1992). In short, the data do not support the fears.

Despite the reluctance of policy makers to get involved, several caregiving policies have been developed (see Table 9.1). Most of them, however, encourage caregivers to be employed or are only available to a select group of caregivers. For example, a dependent care tax credit is only available to households with a dependent elderly member if all other family members who pay taxes are working. In addition, this credit is only good for expenditures on care (as opposed to the unpaid care that is often involved in family caregiving) and it is not a refundable credit, so no benefit is available to families who do not owe taxes or who do not itemize their deductions (Hooyman & Gonyea, 1995).

The Federal Family and Medical Leave Act (FMLA) is a policy established in 1993 under the Clinton Administration. Under this policy, employers with 50 or more employees are required to give up to 12 weeks of unpaid leave per year to full-time workers (employed for one year or more): (1) to care for an immediate family member with a "serious health condition," (2) following the birth/adoption of a child (including cases where a grandparent is awarded custody or a foster care placement is made with a grandparent), or (3) when the employee cannot work due to a "serious health condition." The employer has to reinstate the employee in the same or equivalent job upon return. This is arguably one of the only explicit federal-level policies for caregivers; under FMLA, employed caregivers can take time off to care for an ailing spouse or older parent and the time can be taken off intermittently, which is often needed when caring for a person who has Alzheimer's disease.

TABLE 9.1 Policy Solutions to the Problems of Caregiving

Policy	Description
Child and Dependent Care Credit	Benefit offered to households where all family members who pay taxes are working. Only good for expenditures on care. Not a refundable credit, so no benefit to families who do not owe taxes or do not itemize deductions.
State Policies: Direct Payments to Family Caregiver	Allows direct payment to family for portion of care provided. Varies by state in terms of who can receive the payment and the payment amount. Goal is usually to keep elder out of a nursing home so often covers the gap between formal care and informal care needs. Some states have restrictions re: financial status of caregiver, work status of the caregiver, or licensing rules for the caregiver.
Federal Family and Medical Leave Act (FMLA)	Employers with 50+ employees are required to give up to 12 weeks of unpaid leave per year to full-time workers (employed 1 year or more) to 1) care for an immediate family member with a "serious health condition," 2) following the birth/adoption of a child (grandparent awarded custody or foster care placement), or 3) when the employee cannot work due to a "serious health condition." Employer has to reinstate the employee in the same or equivalent job.
Employer-Provided Benefits:	
a. Family and Medical Leave	a. Many companies offer more liberal versions of the Federal FMLA, covering more weeks of unpaid leave, part-time workers, or smaller companies.
b. Family Illness and Personal Days	b. In some companies "sick leave" has been redefined as "personal days" and can be used for family caregiving duties.
c. Flexible Work Arrangements	c. More companies offer job flexibility such as compressed work weeks, part-time employment, job-sharing, working at home, and phased retirement. Benefits are extended to all employees and are the most preferred "family responsive initiatives" for corporations.
d. Elder Care Services and Programs	d. Employee assistance programs offering education, referral services, and counseling for caregivers are most often provided by large businesses.

Source: Barr et al. (1992); England et al. (1991); Hooyman & Gonyea (1995); Seccombe (1992).

While the FMLA represents progress in meeting the needs of caregivers, FMLA does not cover many individuals who may be involved in elder care (Parrott, 1996). For example, workers in smaller companies are not covered, and women are overrepresented in the small business workforce. Part-time workers are not covered by FMLA, yet more women are likely to be part-time workers, especially minority women. Contingent and temporary workers are also not covered by this policy, but women, especially minority women, are more likely to have these kinds of jobs. In addition, since the leave covered by FMLA is unpaid, many low-income workers are not able to afford to take the time off for caregiving. Again, women and minorities are more likely to be concentrated in lower income occupations. Last, as has already been mentioned, lower income women are more likely to leave the workforce to provide care to older family members, thus they are no longer employed so the policy does not extend to them. The people most likely to be involved in family caregiving—women—are the least likely to benefit from the FMLA.

Several state and employer-provided benefits also exist for caregivers, some of which are simply more generous versions of the federal FMLA. State policies that provide direct payments to family caregivers are promising but have several limitations, depending on specific state requirements (Hooyman & Gonyea, 1995; Seccombe, 1992): many states have restrictions on the financial status of the caregiver who is to be compensated (must be low income), the work status of the caregiver (must be employed), or licensing rules for the caregiver (must have training). Moreover, many state policies that pay family caregivers do not allow payments to be made to spouses or adult children, the two most likely sources of care for an older person.

Flexible work arrangements, elder care referral services, and personal days that can be used for any reason (including parent care) are three kinds of employer-provided benefits that can be helpful to employed caregivers (Barr, Johnson, & Warshaw, 1992; Hooyman & Gonyea, 1995; Seccombe, 1992). Again, the assumption is that the caregiver is in a formal work setting. Most companies offering such arrangements or services are larger companies, and women are less likely to be in these work settings.

Thus, while efforts have been made to help families carrying out their caregiving duties, there is a gap between who the policies actually help and who the primary caregivers usually are. This gap,

or lag, between current social structural arrangements and policy solutions is not likely to be remedied any time soon for a number of reasons as reflected in the current political debates in Washington, D.C.

The Future of Aging Policies in the United States

Some of the major dilemmas facing policies for an aging population in the United States include the federal budget deficit, possible changes to old-age eligibility for benefits, claims for "intergenerational equity," and current trends toward scaling back government programs for needy groups. Each of these problem areas has competing solutions that reflect arguments between fiscal conservatives and social liberals.

The federal budget deficit in the United States has been an ongoing concern for more than two decades. Of particular import for aging policy is that while the Social Security program is currently running a surplus, the future outlays from the program's trust funds will be greater than the money coming into the funds (U.S. Select Committee on Aging, 1993). Projections by the Social Security Administration predict the trust funds will be insolvent by the year 2032. Another aggravating factor is that the U.S. Treasury uses surplus funds to purchase treasury bonds that help finance day-to-day government operations. These bonds are essentially I.O.U.s that are placed in the trust funds. Many policy analysts and aging interest group leaders are worried that government leaders will be tempted to either cut benefit pay-outs to decrease the deficit or use up the trust funds to finance deficit spending but be unable to pay back the I.O.U.s when they come due as the baby boomers start retiring.

One set of solutions involves privatizing the Social Security system such that individuals are given more responsibility for their own investment decisions and the resulting retirement pensions (Passell, 1997). Privatization, it is argued by proponents of such a change, would allow investors to receive higher earnings on their investments and would remove the government from control of individuals' hard-earned dollars. The competing view of privatization is that it will expose individuals to greater risk, making their retirement pensions less predictable and secure, and it would adversely affect low-income

earners who benefit from the structure of benefit payouts under the present Social Security system.

A competing solution to the privatization debate is that only moderate changes should be made to the current structure of the Social Security system, and, if anything, taxes should be raised to insure benefits for future retirees (see Penny & Schier, 1996). Proponents of moderate or incremental changes to the Social Security system argue that the primary function of the program is to provide for the social adequacy of all individuals in retirement; there is a collective social obligation to take care of those who are less fortunate in old age.

Coupled with the discussion of changing the Social Security system is the possibility that changes will be made to the eligibility requirements for receiving retirement benefits. Currently, the Social Security benefits are an entitlement—any retired worker who paid into the system for a given number of years and who meets the age requirements is eligible for receiving benefits, regardless of his or her retirement income. One solution put forth is to base benefits on need. One proposal suggests that Social Security should become a means-tested program where older individuals who are the most in need of financial assistance are the ones who receive the retirement benefits; higher income retirees would receive nothing for their lifelong contributions to the system (for further discussion see Binstock, 1994; Kingson, 1994; Silverstone, 1994). Opponents of this approach argue that the well-off elderly persons should not be held responsible for the poorer circumstances of their same-age peers. It is up to individuals and families to be responsible for their old-age needs.

Claims for intergenerational equity also threaten many old-age programs, including Social Security and Medicare. Many children's advocacy groups have claimed that elderly persons are receiving more than their fair share of public monies and that it is time that other groups were given priority (for a demographer's viewpoint see Preston, 1984). The perception in the United States is that old-age interest groups are powerful and have considerable influence on policy making. During the late 1980s and early 1990s this led to somewhat of a backlash against old-age interest groups. However, U.S. old-age interest groups are diverse. While organizations such as the American Association of Retired Persons oppose major changes to the Social Security and Medicare systems and cuts in

spending on old-age programs in general (e.g., Stern, 1997), other new old-age groups such as Seniors Coalition, United Seniors Association, and 60/Plus favor solutions that are more monetarily conservative and market-oriented (Day, 1998). As other needy groups, including advocates for children, have become more politically savvy and visible in Washington, D.C., old-age interest groups and the elderly population in general have become the targets of criticism, with many groups accusing them of being "greedy geezers" (Day, 1995). Notably, the new conservative old-age interest groups have earned the respect of Washington, D.C. Republicans and they are frequently called on to testify (Day, 1998). Intergenerational equity proponents argue that the tax burden on younger generations is greater than that of past generations and that elderly persons have a better standard of living than future generations will have (e.g., Kotlikoff, 1992; Penny & Schier, 1996). Perhaps in response to these claims and the weakened legitimacy of well-established old-age interest groups, as well as the growing pressures to reign in the federal budget and to reduce the federal deficit, legislators have become more willing to suggest cutting back old-age Social Security and Medicare benefits.

The current political environment in the United States, then, suggests that federal government reductions will prevail (thus no new programs are likely), cost-saving pressures will remain strong, and resource allocation and decision-making power will continue to shift to the state and local levels of government. This being the situation, the following caregiving policy solutions are most likely to be the ones that will receive the greatest amount of attention from policy makers: (1) employer-provided benefits because they are private market efforts that do not draw on governmental resources; (2) state policies such as home care options that provide caregiving assistance, including short-term respite care, because they may either save money or partially be supported by state funds rather than solely federal funds; and (3) expansion of the federal FMLA because the cost of the mandate is passed on to employers.

SUMMARY AND CONCLUSIONS

America is an aging nation, and the combination of population and family demographics creates strains on the future ability of families

to provide care for older relatives. We have argued that as the oldest old population increases and the diversity of the older population plays out in families, there will be a need for readjusting social policies to match the actual needs and abilities of families to care for elderly members—the gap between social conditions caused by population and family demographics and social policy in the United States will have to be closed. We suggest, however, that the current policy debates over government cutbacks and the focus on deficit reduction and a smaller federal budget constrain the ability of the federal government to respond to the needs of aging families. In the future, families will continue to be asked to do more for elderly members, as will the private sector and state and local governments.

Thus, at the beginning of the twenty-first century, aging in the United States will be both different from and similar to what it was at the beginning of the twentieth century. While our population characteristics have changed—particularly as regards age and race—and our social structures have changed—not perhaps as fast as have peoples' lives—our public policies have both expanded and, most recently, contracted. One hundred years ago in America there were no major public provisions for the elderly population; 60 years ago there began a burst of governmental programs benefiting them; and 20 years ago to the present those programs are being reduced or eliminated. It remains to be seen what the long-term reductions will be in programs for the aged population and what the resulting balance will be between family and government responsibility for them. The new balance will reflect both demographic shifts and social structural influences on policy choices.

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PART IV

Conceptual and Methodological Issues

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CHAPTER 10

Cultural Stereotypes of Old Age

Kyong-Dong Kim

The subject of this chapter is neither factual description nor empirical analysis of the phenomenon of aging and elderly persons as such. The demographics, social conditions, cultural life, and other issues confronting the aged population, as well as policies designed to address those issues, have been aptly described and analyzed by the other contributors to this volume. Instead, I thought it might be interesting and useful to look at some of the cultural features of being old through a different lens—that reflected in the vocabulary and common sayings of the East and West. The hope is that this will provide an illuminating backdrop against which other more empirically based analyses can be interpreted, thus allowing for a deeper understanding of the phenomenon of aging and the aged in a comparative social-cultural context.

Longevity and a healthy life must be among the most commonly shared values of all human societies. If this is so, then one could assume that old age also must be viewed as something to be cherished. Especially in the past when the human life span was short, surviving to an advanced age must have been something very rare, and thus

old age would have been a blessing to be celebrated. In East Asia, according to Sinic cosmology, the 60th birthday was taken as an occasion for special festivity. It is also generally believed that in the East old age has been revered and the elderly person accorded respect. This may be related to the strong patriarchal tradition of the East, on the one hand, and to the popular image of sages and wise men as being elderly gentlemen, on the other.

The West, in contrast, evokes a common perception that youth is to be extolled and youthfulness cherished. People ordinarily manifest their aspirations to stay young and healthy quite openly. One wonders if the same universal hope for longevity and good health may have found its expression in this alternate direction within the Western cultural context, its prevalent military tradition transforming this value into one of youthful prowess and physical health.

These observations may be merely the expression of stereotype images of old age in the East and the West. Every society has cultural stereotypes of one form or another regarding certain social categories of people, and to the extent these stereotypes are manifested in prejudicial attitudes and discriminatory behavior, there are consequences that result in handicaps and ordeals. This affects not only those who are discriminated against or mistreated, but also those who are unfairly judged by such misplaced perceptions. In most societies, race, ethnicity, gender, age, religion, creed, occupation, social class, or even some physical features are popular targets for stereotyping.

Many societies, having achieved a certain level of economic development, are now undergoing the aging of their populations. One consequence is that they are increasingly charged with the responsibilities of providing a secure healthy life for their growing number of elderly people—economically, socially, and culturally. Under such circumstances, it is reasonable to assume that cultural conceptions of age and the aged will exert some influence on how nations approach this issue and handle the problem. No doubt, certain institutional arrangements relative to the esteem and treatment accorded elderly persons will be made more obvious through existing structures and practices. For instance, in East Asia where there has been a strong familistic tradition, elderly persons used to be, and still are, expected to be looked after by the family. In the more individualistic West both senior citizens and their offspring desire independent

lives separate from their families of origin, and hence the state has to assume more responsibilities than is the case in the Eastern countries.

In this regard, one is readily tempted to assume that the cultural stereotypes of old age also must have some bearing on the ideas and policies that each society developed to deal with this problem. Thus in the East, revered elderly persons are not merely not to be left alone in their old age but surrounded and supported by their families, while in the West they are either expected to continue to lead an active life on their own, or at least not to interfere with the youthful lives of their family.

The diverse perceptions of the aged reflected in these kinds of cultural stereotypes and their implications for families as well as government policies is what this chapter attempts to explore. We ask—how valid are these stereotypes? What do they tell us about the situation and treatment of the aged in contemporary Eastern and Western societies? And can they inform us in our policy decisions concerning population aging? To tap into these cultural stereotypes of old age, two basic types of source materials have been used: dictionaries and dictionaries of proverbs. To facilitate cross-cultural comparisons, Korean and American-English terms and statements are selected for this analysis. In the case of the Korean language, because of the historic background of its linguistic culture and the language system itself, there are so many individual words that refer to old age and oldness that one can easily make use of ordinary dictionaries for this type of analysis. In the case of English it is not possible to locate a similar number of individual words that make direct reference to old age or the state of being old. Therefore, regular dictionaries are of little use for the American-English vocabulary analysis. The only source materials available that allow for direct crosscultural comparison are dictionaries or anthologies of proverbs and common sayings, written in both Korean and English. It should also be noted that in the case of the Korean language the significance of the Chinese elements must be duly taken into account.

Thus the source materials used for this analysis include: (1) two Sino-Korean dictionaries; (2) two dictionaries of pure Korean words; (3) two collections of Korean sayings and proverbs (one South Korean and one North Korean); and (4) four dictionaries of both early and contemporary American and English proverbs and proverbial phrases (see source materials).

The identification, counting, and categorization of individual words served as the primary basis of analyses in the case of Korean texts, while individual statements or phrases were examined in the case of the proverbs of Korea and the English-speaking West. Related to the Korean vocabulary, three types of words were selected from the dictionaries for analysis. First, there are Sino-Korean lexical items expressed in Chinese characters, which may have originated in China and were adopted in Korea from important Chinese classic works and other usages. It should be noted here that many of these Sino-Korean terms are not currently used in everyday life in Korea. However, they are significant in that they are still considered as the root of Korean cultural heritage. Second, there are terms written in Sino-Korean characters, but not necessarily Chinese in their cultural origin. In other words, these words were created by Koreans but were written in Chinese characters in the absence of proper terms in the vernacular Korean language. For both of these types of Sino-Korean expressions, I have singled out only those terms that contain Chinese characters denoting oldness. And finally, purely Korean expressions written in the Korean script are included. These words can reflect both traditional and modern images or meanings of the condition of being old.

Proverbs and common sayings may also represent both traditional and contemporary perceptions of old age, or elderly persons, in the East and West. In general, however, they tend more toward traditional than modern conceptions, for to be considered as proverbs or common sayings, they must have been around for a considerable period of time and frequently quoted among the general populace. As indicated earlier, in the case of proverbs and sayings, source material from North Korea was also included.

These words and statements, then, were classified using a rather simple analytic scheme. The basic idea was to see if they represented neutral expressions or contained either positive or negative sentiments. The more substantive content of each expression was then examined.

FINDINGS

Korean Images of Old Age

Beginning with the Korean language, in the four dictionaries discussed above, 154 words and terms relevant to our subject were

identified. The results are presented in Table 10.1. Of these 154 words and terms, eight were terms used to denote different age brackets of elderly persons; for example forties and fifties as denoting early old age; sixties and seventies, or seventies and eighties, and so on each denoting a different stage of old age. In the Korean language different age categories have separate names, perhaps indicating the level of consciousness of old age.

Second, 42 relatively neutral words were found that simply refer to classes of people, things, statuses and roles, and so on—such as old woman, parents, brothers, friends, farmer, monk, cliques, servants, things, trees, or other words related to oldness. Some of these seemingly neutral terms, however, may reflect or imply certain negative images or degrading connotations.

Third, among the words mainly used to refer to a person's status or title, there were many more positive expressions or titles (23) than negative and humbling expressions (6). Typical examples of the former are: old lord, master, teacher, gentlemen, minister, hero, elder, and the like while old hostess, maiden, wife, and commoner, are examples of the latter.

Fourth, when it comes to words expressing more directly either positive or negative images and sentiments concerning age and its consequences in life, words with negative images (48) were almost double those with positive images (27). Examples of positive terms include: being experienced and seasoned, accomplished and successful, well-versed and expert, wholesome and mature, wise, respectable and virtuous, spirited, and long lived. The main examples of negative expression found in Korean dictionaries are: all kinds of uncomfortable physical conditions; slow and timid activity; and various illnesses, such the psychological states of senility, insanity, old passion, and cunning; metaphoric states of being old such as useless, obsolete, and wasted; certain states of mind like loneliness, dependency, and excessive kindness; and other features like poverty, foolishness, drunkenness, and so on.

From Table 10.1 we see that the words appear to be almost evenly distributed across three categories: neutral (32.4%); positive (32.4%); and negative (35.1%). If we count some of the neutral terms as probably implying unpleasant connotations, then the negative category predominates over the positive, even if the difference is not too prominent.

TABLE 10.1 Categories of Words Referring to Being Old or Old Age (Korean)

	Classification & Examples	Number of Words (%)
1	Words referring to age brackets 40–50s, 60–70s, 70–80s, etc.	8 (5.2)
2	Words referring to neutral names for categories of people, status & roles, things, etc. that are old: old man, woman, parents, brothers, friends, guest, farmer, monk, cliques, servants, things, trees, mere state of being old, etc.	42 (27.3)
3	Words referring to positive titles, status, etc.: old lord, master, teacher, gentleman, (cabinet) minister, man of distinction, man of achievement, elder, hero, etc.	23 (14.9)
4	Words referring to negative positions, status, etc.: old hostess (geisha), wife, maid (spinster), bachelor boy, commoner, house	6 (3.9)
5	Words expressing positive images and sentiments — Experienced: veteran bureaucrat, veteran army general; seasoned scholar (Confucianist); disciplined monk; old farm hand — Accomplished; successful — Well-versed; expert; skillful stroke (calligraphy) — Wholesome; mature; aged wine; ripe — Astute; wise (cunning) — Respectable; virtuous — Spirited; healthy — Longevity, etc.	27 (17.5)
6	Words expressing negative images and sentiments — Physical conditions: old body, legs, eyes, teeth, bones; figure, appearance, face; deformed body; filthy — Activity: slow; timid; feeble; weak; debilitated; lazy — Sickness: ill; ailing; disease; pain; prolonged old age — Psychological conditions: muddle-headed; senile; dote; insane; old passion & desires; cunning — Metaphoric state of being old: useless (mundane scholar); obsolete; subdued summer or Indian summer; wasted thing; tired army; weakened stroke (calligraphy); waning nation; retired — State of mind: lonely; submissive; dependent; excessive kindness (grandmother's solicitude) — Other: impoverished; foolish; drunk; old country bum, etc.	48 (31.2)
Total		154 (100.0)

Moreover, if we closely examine the words falling into either a positive or negative category, we find that the good images are largely concentrated in a few limited classes of status and title or they refer to the experience of aged persons, which, not unexpectedly, seems to naturally come with the process of aging. Of course, these words also reflect the respect that has been accorded to elderly persons and their achievements during their lives. One should be reminded, however, that this kind of respect and reverence is primarily of a bygone period and the authority of elderly persons has been constantly eroded over the years, even in a very Confucian country like Korea.

Certainly, the more significant finding in these analyses is that words denoting negative images are much more varied than those that are positive—and unpleasant conditions of old age are more numerous than those that are positive and pleasant. This seems to suggest that even in times past when old age was supposedly revered, there were physical, psychological, and social stigmas associated with aging that must have already been embedded in Korean culture. And as the authority that elderly persons enjoyed in many previous generations has steadily eroded, the difficulties facing them have been accentuated.

Even though in terms of quantity there is a nice balance between positive and negative words related to aging, in terms of substance, one cannot help but feel that somehow the darker side of aging has attracted greater attention in Korean culture. Moreover, this negative tone appears much more decisive in the case of common sayings and proverbs. Since there are not too many instances within these literary source materials that specifically refer to old age, Table 10.2 lists the relevant sayings and proverbs by their major categories of meaning.

Of thousands of entries in the two Korean volumes that were examined, only 33 sayings were identified as directly relevant to the analysis. Of these, only nine sayings were meant to convey some positive image of being old. Further, all used metaphors, like an old horse, bird, dragon, mouse, or donkey. As conveyed by these sayings, the primary positive attributes that come from being old are wisdom, experience and skill, and accomplishment. These attributes were depicted in the dictionary terminology as well, but in a much more limited scope than in the case of the sayings.

TABLE 10.2 Common Sayings and Proverbs Listed and Classified (Korean)

Category	Sayings
1. Positive descriptions	
1) Wise, even cunning:	The wise old bird cannot be tempted with prey.
	The old mouse can drill a hole even on a jar.
	The old mouse can drill a hole even on a bull's horn.
	The old bird cannot be caught with grains.
	All the old donkey keeps intact is tricks.
2) Experienced, skilled:	The old horse knows the way.
	The old horse never loses the way.
	The old horse guesses the way rather well.
3) Accomplishment:	The old dragon finally reached the cloud.
2. Negative descriptions	
1) Lonely, alienated:	Even blind birds do not come near an old and sick person.
	Even the friendly birds stop visiting an old tree.
	When you are old, you easily shed tears.
	Even the state is not supposed to treat the aged coldly.
	Do not take an old person by the scruff of the neck.
2) Value depreciated:	Once aged, even the fleet steed is worth less than a hired horse.
	Once aged, even a giraffe cannot run as fast as a regular horse.
	There is no point in bargaining for an old cow.
3) Lazy, easy going:	The old cat covets the warmer part of the floor.
	He is too easy on his job like an old monk rubbing down the ink stick (for calligraphy).
	All the old fleet steed does is to doze off.
4) Greedy:	The old horse covets more beans.
	The old cow rushes to the bean field.
	The old cow never refuses more beans.
5) Stubborn:	Stubborn like an old man with stiff knees.
	The old tree does not bend.
6) Senile, childish:	When you are old, you act like a child.
	When you are old, you wear a child's mask.

TABLE 10.2 *(continued)*

Category	Sayings
7) Miscellaneous:	
Tricky, cunning:	Like under the old pine tree
Complaining:	As you grow old, you become full of little complaints.
Hard life:	It is distressing for an old dog to keep the gate.
Bad luck:	Even in old age, one faces death in a disaster.
Old age shunned:	Even an old person would not like to be called old.
Responsibility:	If an old person behaves badly, that is really bad.

By contrast, negative descriptions were not only more numerous, but also much more varied than positive descriptions. This was the case for sayings as well as proverbs. The aged persons are lonely, alienated, and ill-treated; their value in life depreciated; they become lazy and try to take it easy in work and in life; they become greedy, stubborn, senile and childish, and more. The general impression, then, is that old age and elderly people are not positively described or referred to in Korean sayings and proverbs.

American-English Conceptions of Old Age

Next we examine American and English proverbs and sayings. As listed in Table 10.3, a total of 78 items were located that made any relevant reference to old age, age, or related matters; this out of thousands of entries in the four dictionaries consulted. Interestingly, these 78 phrases are almost evenly divided between those that are positive (38) and those that are negative (40). This appears to contrast with the general tendencies observed for Korean proverbs, which are more clearly inclined towards negative views of old age.

Nevertheless, there are many similarities in the way old age and elderly persons are characterized in both Korean and English expressions. For instance, aged persons are typically depicted as wise, experienced; and mature animals like the horse and dog and objects like trees are frequently alluded to in characterizing old age; and for both

TABLE 10.3 Proverbs and Proverbial Phrases (English-American)

Category	Sayings
3. Positive Descriptions	
Wise	With age comes wisdom.
(15 items)	Old and wise.
	Older and wiser.
	Old age makes us wiser and more foolish.
	Sense comes with age.
	Though old and wise, be still advised.
	If you wish good advice, consult an old man.
	There's no head like an old head.
	An old wise man's shadow is better than a young buzzard's sword.
	Young folks think old folks to be fools, but old folks know young folks to be fools.
	Old head and young hands.
	The aged knows; the young supposes.
	Look for the old so as to learn the new.
	Old fox is not easily snared.
	Old foxes are not easily caught.
Experienced	Age listens to the voice of experience.
(12 items)	They that live longest, see most.
	Old soldiers never die.
	An old poacher makes the best gamekeeper.
	A creaking door hangs longest.
	Old shoes wear best.
	Better to wear out than to rust out.
	An old horse for a hard road.
	Old dog barks not in vain.
	Old dog bites sore.
	An old ox makes a straight furrow.
	An old ox will find a shelter for himself.
Mature	Age and wedlock tames man best.
(8 items)	Old friends and old wine and old gold are best.
	New loves and old wines are best.
	Old books to read, and old wine to drink.
	Old wood is best to burn, old horse to ride.
	The older the fiddle, the better the tune.
	There's many a good tune played on an old fiddle.
	Don't throw away the old till you know the new is better.
Other	Old age is honorable.
Generals	Who honors not age is not worthy of it.
(3 items)	An old man in the house is a good sign.

TABLE 10.3 *(continued)*

Category	Sayings
4. Negative Descriptions	
Physical Conditions (17 items)	Old age is sickness of itself.
	Age breeds aches.
	Old age has no cure.
	Young men may die, but old men must die.
	The gods send nuts to those who have no teeth.
	Old man is a bed full of bones.
	Youth is full of vitamins, age is full of germs.
	Old and tough, young and tender.
	The old forget; the young don't know.
	Old ape has an old eye.
	Old cattle breed not.
	An old hen grows never young.
	An old horse slips quicker than a young one.
	Never sew a new patch on an old garment.
	Old vessels must leak.
	On an old kettle there isn't much to mend.
	You cannot shift an old tree without it dying.
General Degrading Expressions (15 items)	Nature abhors the old.
	Old age is the night of life, as night is the old age of day.
	The older, the worse.
	Youth is a blunder, manhood a struggle, old age a regret.
	Young saint, old devil.
	When a youth is saved, a life is saved; when an old person is saved, only a soul is save.
	In youth we run into difficulties; in old age difficulties run into us.
	Age is a heavy burden.
	Age makes a man white but not better.
	Age mellows some people; other's it makes rotten.
	From middle age on everything is either illegal, immoral, or fattening.
	All wish to live long but not to be called old.
	There's no fool like an old fool.
	There's no liar like an old liar.
	There's nothing worse than an old lover.
Behavioral-Psychological Traits (8 items)	You can't teach an old dog new tricks.
	We get too soon old and too late smart.
	The old one crows; the young one learns.
	The young are slaves to novelty, the old to customs.
	There are more old drunks than old doctors.
	When a man gets too old to set a bad example, he begins to give advice.
	The surest sign of age is loneliness.
	Old men are twice children.

cultures references to certain physical or behavioral-psychological conditions of elderly persons are quite similar. From this, one could surmise that there must be certain common conceptions of age in most civilized societies around the world.

What emerges here is the curious observation that old age is more negatively perceived in Korea than the West, at least in terms of the content of proverbial sayings. In view of the contrasting general stereotypes of old age commonly associated with Eastern and Western societies, one would expect Asians to hold a more positive view of aged persons than Americans. Further, we are dealing with verbal expressions that have lingered in these cultures across a considerable expanse of time. Perhaps in this sense alone, one might want to seriously consider the unexpected aspect of the cultural stereotypes of old age when approaching how the phenomenon of population aging is tackled in the East and West and the kinds of policy decisions that may be derived.

REFLECTIONS

The main objective of this chapter has been to peer into one small portion of the vast verbal culture to examine the cultural stereotypes of old age found in Korea and the United States, and thus shed some light on the way these societies approach the issue of old age. While limited in scope, these analyses yielded findings that should be useful as we reflect on the growing concern over worldwide population aging and its possible remedies.

What we found in the case of Korea is that despite the traditionally strong emphasis placed old age, and aged persons—primarily due to its staunch and enduring Confucian legacy—it may be that this reverence for old age in reality was confined to a small fraction of the entire population, mainly the upper class. Hence its importance was misconstrued and exaggerated. For those not so privileged and faced with the exigencies of day-to-day living old, age was more likely to be regarded as a burden to society rather than as an asset to be cherished.

As a philosopher in Korea has recently observed, aging or old age is a life problem for humans and has been so thought of from long ago, but it has taken on more serious overtones these days (Kim,

1995). He suggests that aged persons face three basic types of problems: health, income or sustenance, and work. While these certainly are practical problems, this analysis suggests that old age encompasses many more complex physical, psychological, social, and cultural problems, and these have been so perceived and conceived in aspects of the verbal culture over a long span of time.

And yet, contemporary Korean society seems poorly prepared for the phenomenon of population aging. The only institutional arrangement Koreans have inherited from the past to address this problem has been family care. Family care, however, has not been as favorable to the well-being of the elderly population as may have been presumed. To begin with, families in general have been too poor to provide sufficient material comfort for their aged members. Moreover, the sociocultural environment has not been as benign as may have been perceived. Many families have been afflicted by interpersonal conflicts involving in-laws and conjugal partners.

Historically, the state has provided little support in terms of general social security and welfare programs, let alone programs specifically for the aged population. Then over a period of just a few decades, Korean society was transformed by two fundamental socioeconomic changes: industrialization and urbanization. In combination these macrosocial changes have broken up traditional extended families while fostering the smaller nuclear type of family—leaving aged persons unprotected. Further, general improvement in the material conditions of life due to rapid economic growth has contributed to population aging, increasing significantly the number of old people in need of assistance and protection.

Given present day circumstances, one could infer that Koreans are faced with a painful psychological conflict between the cultural expectations of reverence toward elderly persons and the realistic constraints posed by the general lack of societal provisions for the growing number of the elderly population. But as shown by the prevalence of negative images found in Korean verbal culture, it is uncertain whether this Eastern stereotype of old age is in fact authentic, except among the upper classes who had the material and social means to provide for the needs of their elderly family members. Korean verbal culture calls our attention to this relationship between deeply held perceptions about how elderly persons are regarded in the Asian cultures and the necessary material conditions that allow

for the expression of such reverence for the aged. From this point of view, what may be needed now are concentrated efforts in educational processes, not only in schools but in the mass media and other forms of social education that emphasize the value of old age and the need to provide societal support to the aged population.

Compared to the situation in Korea, American society seems to have gone down a different path. From early in its history, individuals along with the aid from the community and increasingly the state have taken on much of the responsibility of providing for people in their old age. Aside from issues concerning the effectiveness of currently available social security and welfare programs in American society, one advantage of this system appears to be its relative predictability such that one can have some general expectations about what kind of life he or she will lead in old age. An important factor here is that American industrialization and urbanization occurred much more slowly than it has in East Asian countries, such that family forms and expectations were able to evolve in ways more adaptive to prevailing socioeconomic conditions. If such an assessment is correct, then there is the implication that the more balanced view of old age found in American verbal cultural forms may have been a factor conducive to American society's ability to prepare for the contingency of population aging.

With such restricted data, I will not venture any further interpretations here. However, these findings are illuminating and hopefully will prompt us to reflect on the problems plaguing the aged—not merely as practical issues of health, income, work, and welfare, but also in terms of their social worth, cultural images, and psychological well-being or despair. Along with what appears to be a general tendency of today's young generations to look on the aged (parents and others alike) as an economic burden and social nuisance, it is likely the economy-centered, materialistic, capitalist "culture of development" that has dominated the consciousness of the entire world in the past three decades or so has radically altered how social and family issues are perceived, such that most everything is seen as an economic problem, and in instrumental or practical terms (Kim, 1994).

One needs to examine the issue of old age as a distinctly human problem, fraught with all kinds of sufferings and hardship. We need to be especially sensitive to the needs of the aged themselves, and

the quality and meaning of their lives as they face their remaining years. How old age is thought of is important. When we change our conceptions of old age, perhaps some new proverbs and maxims may also appear in our verbal culture, and dramatically improve the cultural stereotype of old age. This in turn may guide us to more effective policies as we address the issues of old age.

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CHAPTER 11

Comparative Ageing Research: Demographic and Social Survey Strategies

George C. Myers

Population aging has emerged as one of the major demographic and societal issues of our time. Thirty years ago, the major attention in many of the developing nations in Asia was directed to demographic issues of high fertility, rapid population growth, and escalating urbanization. Today, attention is increasingly focused on the effects of low fertility, slowing population growth, declining mortality at advanced ages, and, above all, changing age structures that we term "population aging." These developments have taken place within a single "mean length of generation," to borrow a demographer's technical term. Moreover, it is clear that the recent demographic trends are still to be played out fully in countries of both the East and the West and that we can look forward to the preeminence of population aging as a major issue for at least the next half century.

COMPARATIVE ASPECTS OF POPULATION AGING

Demographers have become fully aware of the global dimensions of population aging, as well as the diverse sociocultural aspects of the phenomena (Martin & Kinsella, 1994). It is necessary to understand not only the demographic regularities that determine population aging but also the varied societal responses that have resulted from these structural transformations (Help Age International, 1999). There is consensus that the demographic transitions from high to low levels of fertility and mortality, and thereby population aging, are universal and seemingly irreversible trends among the world's countries (Myers & Eggers, 1996). What is profoundly different, of course, is the rapidity at which these developments are occurring in many developing countries, in contrast to those experienced by developed countries.

Figure 11.1 reveals the varying time paths taken by selected countries leading to future high levels of population aging. What is striking about these trends is the long secular rise in population aging for some northern European nations (for example, Sweden) compared to the rapid shifts that have occurred in Japan and the even more rapid increases that are expected to take place in Korea in the second quarter of this century. Another example is Italy, where recent increases will culminate in the second quarter of the twenty-first century with over one third of its population expected to consist of older persons. The varying trajectories, of course, reflect the pace of changes in the underlying patterns of fertility and mortality through the demographic transitions. Migration can also play an important role affecting these trends, as noted by Kim (1994) in the case of South and North Korea.

These demographic transformations are accompanied by characteristic shifts in the age structure, as reflected in changing dependency ratios and the growth of the oldest-old segments of the population. Moreover, it is generally the case that widening gender mortality differentials bring about greater numbers of women than men in the older population. However, this may be counterbalanced in the long term by deliberate gender selectivity at birth, such as has been experienced in several Asian countries, notably China and Korea.

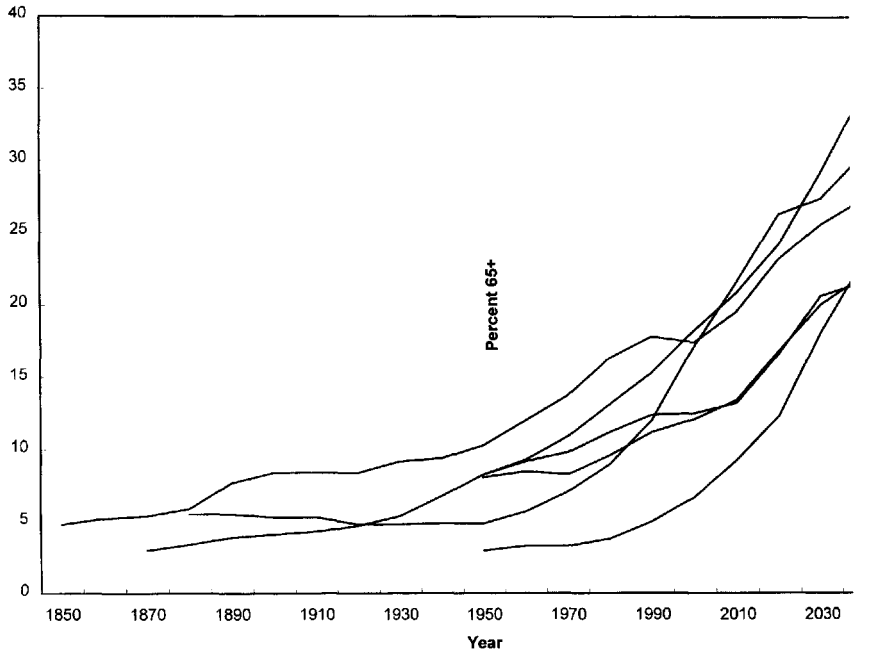

FIGURE 11.1 Tide of population aging.

More problematic, however, is the extent to which these population dynamics are associated with and affect changes in household and family structures, patterns of family formation and dissolution, labor force dynamics, and the status and well-being of elderly persons (Myers & Agree, 1994). Social theorists have tended to reject general theories of evolutionary or unilinear societal transformations. Nonetheless, appropriate consideration should be given to the social scientists' quest for generalized explanations of temporally and culturally conditioned patterns of societal transitions. Moreover, it also is necessary to recognize the complex interactions between demographic structures, societal systems, and state policies and programs as they affect the lives of older persons. A conceptual framework adapted from Hermalin (1995) is useful to show how these dimensions are interwoven (Figure 11.2). What is particularly relevant in this framework is the inclusion of reciprocal paths between the status of older

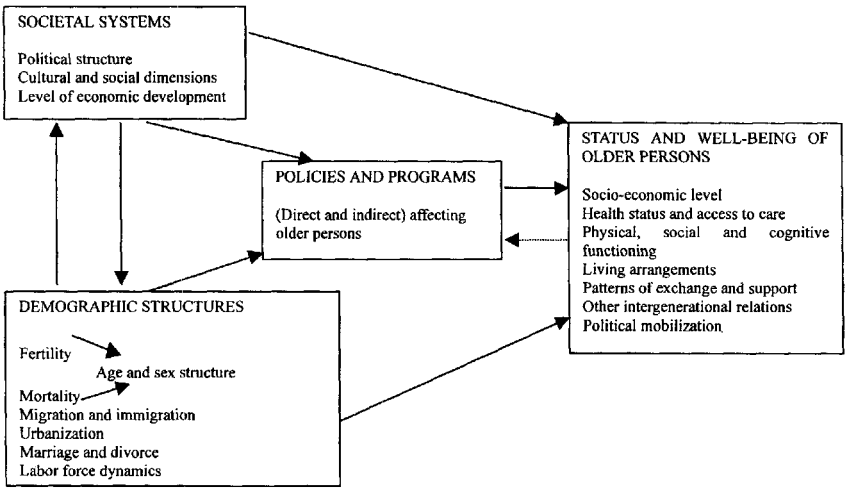

FIGURE 11.2 Factors affecting the status and well-being of the elderly. Adapted from Hermalin, 1995.

persons and policies and programs. This emphasizes the importance of assessing the life conditions of older persons when formulating appropriate polices and programs, as well as the potential political influence that a mobilized body of older persons can exert in initiating policies that affect their well being.

A fundamental basis for extending our general understanding population aging and its effects requires systematic comparative social research. By comparative we mean crossnational comparisons that may involve either large numbers of countries or a smaller number, perhaps selected to capture variations along selected dimensions. Obviously, increasing the number of cases increases the range of behavioral aspects of aging and the contexts in which it unfolds. Comparisons provide a means of assessing the strength of relationships between variables across societies that often offer widely different socio-cultural contexts (Fry, 1995).

Aging is emerging as one of the most exciting areas of social research because it calls on researchers to recast their theoretic perspectives and the ways in which they approach research (Agree &

Myers, 1998; Myers, 1995). Indeed, a paradigmatic shift may be underway that bears on conceptual constructs, research designs, and analytic approaches in the field. A main focus is on change in population and societal aging, as well as the aggregate changes in individuals (e.g., cohorts) brought about by important transitions in their lives as they age. Therefore, it is important to not only undertake past reviews of aging developments in countries of the East or West, but to address newly emerging issues (Longino, 1999). This chapter is intended to examine how recent developments in social research methodology may enable us to better understand the changing dynamic and complex aspects of aging in a global comparative context.

NATURE OF AGING RESEARCH

Several distinguishing characteristics of aging research may be noted. First, many of the issues that are examined in the field relate to pressing policy issues facing state policies today. For industrially advanced countries, they include questions about the viability of state welfare programs, which provide health, economic, and social security for older persons in the face of limited fiscal and human capital resources. However, it is often argued that these scarcities are hardly fixed and depend largely on the capacity of societies to foster and maintain economic growth. In developing countries, concerns center around the strains placed on economic and social development by the emerging need to allocate already-scarce resources for public support of the elderly population and the resilience of institutions, such as the family, to sustain care for older persons (United Nations, 1994; Yoon & Cha, 1999). Thus, many of the major research orientations in aging research tend to be problem driven rather than theory driven.

Second, the field is truly multidisciplinary and involves the social and behavioral sciences (e.g., sociology, economics, psychology); the biological sciences; health-related fields, such as medicine, health services, and epidemiology; and cognate fields such as demography and the policy sciences. The multidisciplinary nature of the field contributes to theoretic and methodologic crossfertilization in research.

Third, there are both macrolevel and microlevel analytic approaches to research, as well as an interest in probing the interactions between both levels of analysis, sometimes referred to as the mesolevel.

Fourth, aging, by its very nature implies "process," which calls attention to the dynamic properties of change in the life course of individuals, in populations, and in the larger institutional structures of societies. Especially important in this regard is the effect that cohorts succeeding into the older ages have on the overall composition and structure of the aged population. The term *cohort flow* has been used to describe the dynamic processes of societal changes brought about by intra- and intercohort differences in size and composition over the life course (Stone, 1999).

MODES OF EMPIRICAL INVESTIGATION

The broad range of interests in the aging phenomena suggests a multiplicity of ways in which research is conducted in the aging field. They range from animal colonies in the biological fields for examining general aging processes in various species to historic studies of aging and attitudes toward aging in the long-distant past. However, this chapter focuses on social science and health research, especially survey approaches. A recurrent issue in evaluating the progress of a field of knowledge is the role that data resources play in stimulating research. As noted earlier, the field of aging in the social sciences seems to be particularly responsive to certain problem areas, but these concerns have been driven, as well, by major efforts to expand and enrich the data bases available for researchers. A review of these data developments is instructive.

Censuses

Census data have always been important for examining the size, geographic distribution, age structure, and composition of populations (Hermalin & Christenson, 1992). Traced over time, national census data allow us to examine characteristic features of population aging and, with vital statistics information, enable us to assess the

factors that are responsible for these changes. Demographic analyses have benefitted greatly from the availability of time series data drawn from census samples of households. For example, in the United States, public use samples for censuses (the so-called Integrated Public Use Microdata Series—IPUMS) are now available for decennial enumerations from 1850 to 1990 (Sobek & Ruggles, 1999). These microanalytic data in machine-readable form enable analyses to be conducted on changes in households structures and the characteristics of all individuals living in the households (for example, patterns of intergenerational coresidence, living alone, etc.). This information permits studies to be made of households in which older persons live. Moreover, these data make it possible to investigate the changing characteristics of cohorts, particularly those succeeding into the older population. For the 1990 U.S. Census, a special public use microdata set was prepared, in addition to the regular 5% PUMS, of households containing persons 65 and over. This has greatly improved the coverage for the older population, especially of persons at the most advanced ages. Thus, these developments in the use of census data have enabled us to examine more fully the diversity among older populations.

Similar data also are becoming available for countries in other regions of the world. A project currently underway at the United Nations Economic Commission for Europe (UN/ECE) for countries in that region, including the United States and Canada, allow comparative studies to be made using standardized data from censuses in 14 countries that were taken in the 1990 period. This is the first time that systematic comparative research is feasible for many of the European countries that have led the way in population aging. Plans are currently underway to gather similar samples for the censuses taken around 2000, thus enabling studies covering two time periods. Comparable coordinated efforts can be very important for studying the characteristics of older persons in developing countries in Asia and Latin America, as demonstrated in work by Hermalin (1995) and Mason (1994).

Longitudinal Surveys

To complement collection efforts derived from national statistical systems, countries have turned increasingly to population-based sur-

veys, often repeated at regular time intervals. Although many of these surveys are cross-sectional in the sense that different samples are drawn for each effort, important analytic procedures have been developed to capture time-related processes from repeated surveys (Firebaugh, 1997). Of greater significance has been the development in recent years of longitudinal or panel surveys in many countries. These include studies in the Asian and the Pacific region (e.g., in Australia, China, Indonesia, Japan, Malaysia, the Philippines, Singapore, Thailand and Taiwan), Europe (e.g., Germany, Great Britain, Israel, Italy, the Netherlands, and Sweden), and Canada and the United States. Longitudinal studies are particularly important in examining changes in the status and well-being of older persons and the causal factors related to these changes; features that were noted earlier in Figure 11.2. Burkhauser, Cutts, and Lillard (1999) have recently provided compelling evidence of the different conclusions that can be reached from examining panel as opposed to cross-sectional data. They use time-series data for this analysis on the relative economic conditions of older persons in the United States and Germany in the 1980s.

Nonetheless, longitudinal studies raise many design issues that need to be examined in light of recent surveys in the United States, selected other countries, and even a few standardized, crossnational survey programs. Longitudinal studies are costly and have often been mainly useful for establishing descriptive-normative changes with age. Many of the earlier aging and child development studies were of this type. In addition, other studies can be classified as analytic-explanatory, in that they are focused on causal relationships between aging-related variables. Studies of either type were generally not felt to be very useful for policy purposes, but rather were mainly of scholarly interest. Today, a main thrust is to conduct longitudinal survey studies of nationally representative samples of older persons that are designed to address major policy questions, but that also provide valuable scientific information for researchers. Governments have come to recognize the importance of longitudinal investigations and are not only willing to support such undertakings, but are initiating them (Juster & Suzman, 1995). Several design developments suggest why this may be so.

RESEARCH DESIGNS

Nature of Sampling

Longitudinal studies are being undertaken with waves set apart by anywhere between 1 to 3 years. Thus, periodic measurements provide an opportunity to examine changes in levels of important dimensions within time frames that policy makers are most familiar with. Moreover, initial samples are being supplemented by new aging-in samples, as in the U.S. National Long Term Care Surveys (NLTCS). Studies also may be complemented by replacement samples. These sampling developments make it possible to measure the prevalence (existing cases) as well as incidence (new cases) of certain conditions at each time point and over time (Manton, Stallard, & Corder, 1995). Moreover, it makes it possible to trace developments for a greater number of age cohorts.

There is increased targeting of samples so that relevant groups in the populations are appropriately covered. The main reasons may be to focus on groups that are: (1) likely to experience an event of importance (e.g., retirement); (2) especially vulnerable (e.g., oldest old, centenarians, disabled or persons receiving long-term care, persons living in rural areas); or (3) simply to cover important minority groups (e.g., racial and ethnic groups, indigenous peoples, and poverty groups). For examples, most national surveys conducted currently in the United States oversample Blacks, Hispanics, and, in some cases, rural populations. Moreover, federally sponsored studies are required by law to include representative samples of women as well as men.

There is general recognition that institutionalized persons, as well as persons residing in the community, should be included in surveys relating to the health status and functioning of older persons. In some cases, institutionalized samples are included in the initial baseline study; in others, persons who have entered an institution after the baseline are followed in subsequent waves. To interview such persons, as well as persons in the home who are unable to fully participate in the study, proxies must frequently be used. A general issue that is raised by restricting coverage has to do with the heteroge-

neity that arises in studying older persons over some defined age. Left-hand censoring is the inevitable result of sampling only community dwelling persons or, as is sometimes the case, only studying persons who initially fit some criteria of wellness or illness.

Case Selection

There has been a shift in many studies from interviewing a single, predesignated person in a household to carrying out interviews with other persons in the household who may be eligible for inclusion. This may include a spouse, other persons in the household who satisfy a specified age criterion, or other family members who provide care or social support for older persons. These Multiple Respondent Household (MRH) procedures are being widely adopted, as in the Australian Longitudinal Study of Ageing (ALSA) and the Health and Retirement (HRS) and the Asset and Health Dynamics of the Oldest Old (AHEAD) studies in the United States (Myers, Juster, & Suzman, 1997). Although this is an effective way of building a larger sample, by reducing per case costs involved in contacting an eligible household (either preselected or screened), there also are important theoretic reasons why this may be a desirable strategy.

First is the interest in studying explicitly the intrahousehold decision-making process. For example, the focus may be on the full range of decisions (often jointly arrived at) relating to maintenance of the housing unit, managing budgets, and seeking health care services. Second, there may be an interest in examining how certain conditions of one individual affect others in the household. A prime example would be the actual and perceived nature of caregiving in situations in which a family member is in need of care and assistance. Third, multiple respondent household surveys make it possible to examine the contextual and environmental influences on different individuals in the household. In the epidemiologic field, this might be the effects of passive smoking on nonsmokers. Finally, in some studies the person best able to do so can provide the types of information that are elicited about the family. This also can substantially reduce interviewing time. For intact husband-wife households in the HRS and AHEAD surveys, for example, information about the structure of the family and family relationships is generally provided

by the wife, while financial information is more likely to be obtained from the husband.

Mode of Interviewing

Interviewing in surveys has rapidly shifted from paper-and-pencil modes to computerized forms of data collection, such as Computer Assisted Personal Interviewing (CAPI) and Computer Assisted Telephone Interviewing (CATI). Sometimes mixed-modes of obtaining data are used in a single round (e.g., household interviews, self-completed and mail-back questionnaires, and telephone interviews). Moreover, different modes may be employed in various waves of a longitudinal study. For example, in the ALSA, the yearly waves of the study have alternated between household and telephone interviewing. The full implications of using different modes are not well understood, although some methodologic investigations are being pursued to address this question (Soldo, Hurd, Rodgers, & Wallace, 1997). The efficacy of using CAPI in studies conducted in developing countries has recently been successfully addressed in the World Health Organization pilot studies on the Determinants of Healthy Aging (Centre for Ageing Studies, 1995).

Survey Contents

The planning stages for many studies have become much more extensive in terms of eliciting expert opinions on design issues, content, operationalization, and the actual manner in which questions are asked. The studies have not only benefitted from experiences gained in other surveys, but also from other types of research, such as ethnographic studies, qualitative case studies, and laboratory efforts. Cognitive laboratories have been established in the United States to examine how questions are perceived by individuals in various age and cultural groups, and the validity and reliability of different instruments. In addition, a number of research undertakings have used focus groups (small numbers of individuals brought together to discuss specific topics of interest) to both inform the

content and design of instruments and as research tools in themselves.

Another innovation that is being implemented in the HRS and AHEAD studies in the United States is the addition of so-called "experimental modules" that are applied to a smaller subsample; in the case of the HRS, to about a 1000 persons (Juster & Suzman, 1995). The modules contain questions that can be asked in a few minutes of interviewing time. These modules contain new types of questions on relevant topics, assessment of different modes of asking questions, experimental performance tests, and so forth. The intention is to incorporate some of these modules in future waves of the studies if they prove valid, reliable, and meaningful. In each wave of the HRS, different modules are introduced. This is a very effective means of assessing a wider range of issues than would be feasible in the main instrument, given costs and time restraints.

Many of the earlier longitudinal studies, as noted earlier, were focused on either physiological and biological changes or psychosocial changes with advancing age. The predominant site of data collection for the former studies was the clinic; for the latter, the household. With the merging of interests and the development of more omnibus surveys that would cover both domains, important design decisions have had to be faced. The National Health and Nutritional Examination Surveys (NHANES) in the United States have shifted from using mobile units for examinations to complete assessments being conducted in the household. This is particularly advantageous when studying older individuals who are homebound. Thus, there has been both a growing recognition that clinical assessments provide an important complement to interviewing in establishing the health and functional status of older persons. Moreover, the improved technology of portable assessment devices has made it possible to conduct studies in the household setting. The results of these developments seem to be appropriate in most cases.

The range of assessments has become broadened, as well. Blood samples drawn in the home have become more widespread, with the use of rapid freezing of the specimens (Wallace, 1997). Another major addition has been the use of physical performance tests for assessing upper and lower body functioning. Although there is considerable debate about what tests should be routinely used and the precise implications of using various tests (e.g., how results from

performance tests relate to activities of daily living scales), there is consensus that both subjective self-reported assessment and more objective assessment by performance tests provide an enhanced examination of overall functioning.

Record Linkage

Another feature of studies being conducted in recent years has been the linkage of individual information from administrative records with data obtained in field investigations. Data from records may come from nationally administered sources, such as Medicare and Medicaid in the United States, which provide information about use of formal health services, including personal physician contacts, the nature of the encounters, diagnoses, medications prescribed, and costs of services. These procedures have been used in the National Long-Term Care Surveys (NLTCS). In some cases, such information can be obtained directly from health service providers, such as hospitals, community care providers, and personal physicians. In other studies, such as the HRS, linking payment records and annual earnings of individuals from continuous Social Security files with other data from the survey respondents has been possible through special arrangements with government agencies. A major advantage of using record linkages is that obtaining this information from individuals in the interviewing process can be dispensed with. Moreover, the information should be more reliable. Many longitudinal studies make use of national mortality files to identify study participants who have died and, thereby, to obtain personal information and causes of death from death certificates. This type of linkage can be established even after studies are concluded; thus assuring that associations can be examined between the conditions of respondents at earlier points in time with later mortality endpoints.

It must be recognized that researchers in countries other than the United States may not have the same opportunities for linking records, yet the value of such approaches suggests that more concerted efforts ought to be made in many countries toward developing such procedures. The Matlab Health and Socioeconomic Survey (MHSS) in Bangladesh demonstrates the value of merging individual

data from ongoing surveillance systems with data obtained from surveys.

DISSEMINATION AND ANALYSIS

An increasingly important development stimulating comparative research has been the rapid and open dissemination of data from surveys to the scholarly community. It is mandated in the United States that results of surveys conducted or supported by the federal government be made available as public use computerized data files. Generally, this is interpreted as release of data in machine-readable form within 6 months to a year after the preparation of a data file. The advantages of such procedures for the scientific community are enormous in terms of stimulating analyses on a wide range of substantive issues and assuring that corroboration of scientific findings can be assessed. Moreover, the creation of data archives and the ready transmission of data have promoted the availability of data in computer-readable form over the Internet. The National Archive of Computerized Data on Aging (NACDA) located at the University of Michigan has become a major repository of data from aging studies (more than 100 datasets are currently available). An important part of their mandate is to provide easy access to these resources through the Internet for researchers throughout the world (For further information, the Web address is www.icpsr.umich.edu/nacda).

The effectiveness of these perspectives for studying dynamic processes of aging rests on analytic developments that make it possible to analyze such data (Campbell & Alwin, 1995). Event history analyses, survival analyses, multistate life tables, and other multivariate procedures, such as the Grade-of-Membership (GoM) approach and LISREL, provide analytic strategies that are particularly effective in examining both the dynamic of changes in discrete and continuous-state and time-continuous models and in covariate structural models. These more fine-grain survival models of transitions also enable us to simulate the effects of interventions on aggregate indicators of life expectancy and various measures of healthy life expectancy. Focusing on life transitions and the crucial components of these transitions and their covariates permit researchers to disentangle

the underlying changes and allow more valid forecasts to be made of future levels of aging and their consequences.

CONCLUSIONS

The aim of this chapter has been to stimulate comparative research into some issues raised by global trends in population aging and related societal transformations. Researchers, especially in the East, can be encouraged by the fact that a window of opportunity exists to carefully appraise the nature of these trends in their countries through a cross-national prism and to consider appropriate policy responses. This requires an adequate knowledge base that can be enhanced by examining in depth the changing conditions of life and needs of older persons. This is best accomplished by systematic, coordinated cross-national longitudinal studies that focus on dynamic transitions across the life course, especially among persons at advanced ages. These efforts should include in-depth studies of the different dimensions noted in the conceptual framework presented earlier. There is an old expression that "no river can flow backwards." Many demographic and societal developments are like that river in that they can't be reversed, but we can certainly make the river flow more smoothly. This requires careful research attention to the complex issues raised by population aging so that sound institutional responses can be made to the challenges of longer life and aging population structures in both countries of the East and West.

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PART V

Conclusion

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CHAPTER 12

Who Will Care for Tomorrow's Elderly? Consequences of Population Aging East and West

Vern L. Bengtson* and Norella M. Putney

One of the few certainties that can be projected for the twenty-first century is that population aging will be a major challenge facing all societies, East and West. The worldwide decline in fertility, a total fertility rate that is below replacement levels in most industrialized nations (Kiyak & Hooyman, 1999), suggests the size of the human population may stabilize by 2050 when birth rates and death rates become even. At the same time, the declines in fertility coupled with dramatic increases in average life expectancy will mean greater numbers and proportions of elders in all nations, especially those aged 85 and over. Global population aging will strain existing health care and support resources of states and families.

*The order of authors is alphabetical. Norella M. Putney developed and drafted the initial version of this chapter. Dr. J. Beth Mabry of the University of Southern California was instrumental in improving subsequent drafts.

One of the greatest uncertainties for the twenty-first century is who will support and care for the increasing elderly population around the world. While world-wide processes of industrialization and urbanization have set in motion the phenomenon of population aging, each society's demographic, socioeconomic, political, and cultural characteristics affect the shape, extensiveness, and mix of family and state support for elderly persons. Cultural values that define state and family responsibilities may be the most consequential factor in determining a society's response to population aging.

In this chapter we reflect on the patterns and consequences of population aging for families and governmental policies in the nations—East and West—discussed in this volume. Five of these are capitalist democracies (Japan, South Korea, Germany, the United Kingdom, and the United States) and one is a socialist state with an expanding market economy (the People's Republic of China). We first suggest five common issues confronting these societies, both East and West: Changes in population aging, family structures, living arrangements between generations, family roles in elder care, and governmental programs for the elderly populations. Second we examine four basic contrasts between societies in the East and West as they confront population aging at the start of the twenty-first century: internal population diversity, economic and political development, values of filial responsibility and familism, and social expectations about state provisions and intergenerational support for elders. We look third at public policy directions in the East and the West, noting a paradox: While there may be an increase in state provisions for elders in Eastern societies, there appears to be a retrenchment of such policies in Western societies. Finally, we compare developments in aging populations, families, and state responsibilities as these suggest an agenda for future research on aging in the twenty-first century.

COMMON ISSUES EAST AND WEST

Rapid Population Aging

Comparing the demographic characteristics of the six East Asian and Western nations provides a useful perspective on the population

aging challenges ahead in the twenty-first century. Table 12.1 shows the proportion of elderly (aged 65+) in each nation today and in 25 years, according to 1999 estimates (Population Reference Bureau, 1999).

In 1999, Japan, Germany, and the United Kingdom had comparable percentages of older populations—about 16%—with the proportion of elderly persons in the United States slightly smaller at 13%. Korea and China had proportionally smaller elderly populations, each estimated at just 7%. By 2025 the proportion of those aged 65+ in every nation will have increased considerably. But there will be significant differences in the rates of population aging among these nations. For example, Japan's elderly population will expand from 16% to over 27% by 2025. Contributing to Japan's population aging are both low fertility rates and having the longest life expectancy in the world: Early in the next century life expectancy at birth for Japanese women will reach 84 years (for men 78 years), while at the same time fertility will remain under replacement levels (Kojima, chapter 5 of this volume). Germany's population of people aged 65 and over will grow from 16% to over 24% by 2025. In the United States the proportion of elderly will increase from 13% in 1999 to

TABLE 12.1 Selected Demographic Characteristics of Eastern and Western Nations

		Population aged 65 and over			
Nation	Total population 1999 (millions)[a]	1999[a] (%)	(Estimated) 2025[b] (%)	Years required to increase from 7% to 14%[b]	Total fertility rate (1999)[a]
Japan	126.7	16	27	24	1.4
South Korea	46.9	7	15	22	1.6
China	1254.1	7	14	25	1.8
Germany	82.0	16	24	45	1.3
United Kingdom	59.4	16	19	45	1.7
United States	272.5	13	18	65	2.0

Source: [a]Population Reference Bureau, 1999.
[b]See chapters, this volume.

an estimated 18% in 2025, while in the UK it will increase from 16% to 19%. The proportion of elderly in the more recently industrialized nations of China and Korea will double, from 7% in 1999 to 15% in Korea and 14% in China by 2025.

While the proportion of elderly persons will increase in all nations from 2000 to 2025, the rate of population aging will be far more rapid in Eastern than in Western nations. The third column of Table 12.1 compares the number of years required for the elderly persons to double from 7% to 14% of the population. In Japan, Korea, and China, the elderly population will double to 14% in about 22 years—twice the rate of Germany and the United Kingdom (where it will take 45 years to double), and nearly three times as fast as the rate of population aging in the United States (where it will take 65 years) (Ujimoto, 1999). Remarkable increases in longevity among newly developed nations contribute to their rapid population aging. In Korea, for example, life expectancy at birth increased by 22 years for men and 24 years for women in just 40 years (Yoon, et al., chapter 6 of this volume). China experienced similar increases in life expectancy during this century. In the West, projections suggest the rate of population aging and the proportions of each age group will stabilize after about 2040 in Germany, the United Kingdom, and the United States; in the East population aging will not peak until well after 2050.

Population aging is based on demographic processes of mortality, fertility, and migration, but fertility rates have the strongest effect on the age structures of societies. The last column of Table 12.1 shows each nation's 1999 total fertility rate (average number of children born to a woman during her lifetime; data are from Population Reference Bureau, 1999). The total fertility rate has been below replacement levels for some time in each of the nations except the United States, where the total fertility rate just recently dropped below replacement level (Cone, 1999; Population Reference Bureau, 1999). Japan and Germany (along with most other European nations) are losing net population. While fewer babies are born, more people will live longer, thereby creating older populations.

What are the implications of these demographic trends for policymakers of these nations? In Japan, where projections put the proportion of elderly persons at nearly one third of the total population by 2050, concerns over low fertility and "hyper-aging" have risen to

the top of the political agenda (Kojima, chapter 5 of this volume). The United Kingdom's relatively slow growth in elderly population through the next decade gives that nation somewhat greater flexibility in formulating and implementing population aging policies and provisions. The Unites States' elderly population will increase to about one fifth of the total population by 2030 by the time the last of the baby boom cohorts reaches 65; after that, the rate of population aging will fall as the succeeding cohorts of the smaller baby bust begin to reach age 65. But in all advanced industrial societies, those age 85 and over represent the fastest growing segment of the population.

In Western nations, delayed or deferred childbearing has accompanied the downward fertility trend. For example, beginning in 1992 women in the United Kingdom were more likely to have a child in their early thirties than in their early twenties. Possible explanations for this trend include changing family structures, social class differences, and younger cohorts' increasing levels of education as well as their entering professional occupations and pursuing career opportunities prior to family formation (Bartlett & Phillips, chapter 8 of this volume). In Japan, low fertility stems not only from deferred childbearing, but also delayed marriage, the reluctance of married women to have children, and the overall decline in marriage rates (Ujimoto, 1999). These demographic trends will affect future economic and social policies because later marriage and childbearing alter family structures and reduce available adult children to care for parents and grandparents.

Changes in Family Structures

Declining family size in both Eastern and Western societies means that there may be fewer adult children and grandchildren to care for elderly family members. The near universal entry of women into the workforce further reduces the numbers of potential caregivers. For example, today 46% of married Korean women work for pay (Sung, Chapter 3 of this volume), as do 70% of married women in the United States. Declining family size and increasing work-force participation of women are long-term trends in the West, but such changes are more recent among East Asian societies, particularly

Korea, as a result of rapid industrialization and urbanization. In China, fertility control, initiated in 1979, is profoundly affecting the structure of age support by reducing the number of children available to care for elderly parents and grandparents: up to one half of the women born after 1955 may not have a son to support them (Gu and Liang, chapter 4 of this volume).

Family structures and functions are changing in response to population aging. In the past, multigenerational families could be conceptualized in the shape of a pyramid with few elderly members at the top and many young members at the bottom. Now, with existing family members living longer and fewer new members being born into families, the shape of multigenerational families has narrowed or verticalized, resembling the shape of a beanpole rather than a pyramid (Bengtson, Rosenthal, & Burton, 1990). "Longer years of shared lives" between generations means that adult children may spend more years caring for elderly parents than they do in raising their children (Bengtson, in press). Moreover, adult children increasingly care for grandparents.

Changing Households and Families

Changes in living arrangements accompany population aging and changed family structures. The elderly population in Eastern societies are far more likely to live with their children, while elders in the West more commonly live alone or with a spouse only. In China, multigenerational coresidence is prevalent and elders mainly rely on their immediate family for support. As noted by Gu and Liang (chapter 4 of this volume), more than 80% of the oldest-old in China's urban areas are members of stem or joint households. In Korea, the family remains the core social institution: Marriage is near universal, and there is little divorce. However, with industrialization comes urban migration. A large number of Korean young people have moved into cities, leaving their aging parents behind. Coresidence declined markedly in Korea as families grew more dispersed during the last decade (Sung, chapter 3 of this volume). Japan similarly experienced depopulation of its rural areas as younger people moved to the cities, contributing to an increase in the number of elderly persons living with spouse only or alone (Ujimoto, 1999).

Interestingly the number of eldest sons living with their aging parents increased slightly in Japan during the 1980s, perhaps to compensate for having fewer siblings while still fulfilling filial obligations to care for elderly parents (Kojima, chapter 5 of this volume). The traditional residence patterns of the elderly populations in Eastern and Western nations are different, but they seem to be becoming more similar.

In Western nations, household sizes have declined over the last several decades, due in part to more elderly persons living alone and fewer multigenerational households. More elders live alone as a result of widowhood and divorce, and (in the case of the United Kingdom) never having married. But above all, increasing numbers of elderly persons live alone as a preference—more elderly people desire to remain independent as long as possible, and do so with the aid of public and private pensions (Bartlett & Phillips, chapter 8 of this volume; McGarry & Shoeni, 1999). In addition to more elders living alone or only with their spouses, adult children live further from their families. In the United Kingdom, for example, increased occupational and geographic mobility by adult children means that they are less likely to live close to their elderly parents than before.

In the West, population aging has coupled with delayed marriage and parenthood, divorce and remarriage, out-of-wedlock childbearing, and same-sex relationships to produce an array of family forms and living arrangements (Bengtson, in press). In the United States, some social critics (Popenoe, 1993) take these changes as indications of the declining importance of the family and its failure to perform its traditional functions. Many also believe that elderly Americans are isolated or abandoned by their families (Bengtson, Rosenthal & Burton, 1995). But as Parrott, Mills, and Bengtson (chapter 9 of this volume) show, contemporary American families have not declined in importance or appropriate values; rather, other social institutions, such as the state and formal education, have supplanted many traditional family functions, particularly economic support of elderly members. Moreover, considerable research demonstrates that multigenerational family members are not isolated from one another, but maintain strong supportive bonds and provide emotional and instrumental support when needed. Thus in American society, a modified extended family has evolved in response to advanced indus-

trialization. In this modified intergenerational family, support does not depend on coresidence or even residential proximity (Silverstein & Bengtson, 1997). The many ways that families adapt and support their members are important to bear in mind when considering the challenges of population aging and care of elderly persons.

Changing Family Roles in Caregiving

A fourth issue that we found common to societies both East and West at the start of the twenty-first century may be somewhat surprising: In each nation the family still has primary responsibility for providing care and support to elderly members. Among East Asian countries, elders rely almost exclusively on their families to meet their dependency needs—instrumental, emotional, as well as financial. In the West, families still provide most of the support needed by their elders, except financial, where greater resources are provided by the state. In the United States, for example, families provide almost 80% of informal caregiving, and a "matrix of kin support" (Riley & Riley, 1993) may be called on when needed.

There also are variations between East and West as to which family member is the primary caregiver. Cultural values play an important part in the hierarchy of caregiver selection. In East Asian societies, as prescribed by the norm of filial piety and embodied in statute, adult children, especially eldest sons, have primary physical and financial responsibility for elderly parents. However, it is typically the wife of the eldest son who provides the daily care to her parents-in-law, whether coresiding or not (Youn, Knight, Jeong & Benton, 1999). In contemporary East Asian nations, traditional norms of filial obligation are reinforced by the general unavailability of publicly supported programs for elderly persons.

A different pattern of family care is found in Western nations. For example, in Germany a clear hierarchy exists in the provision of informal care to elderly persons (Maas, chapter 7 of this volume). Spouses are the first source of care; second, elders try to manage without help; third, an informal network of children, other relatives, and neighbors provide care; and finally, elders resort to professional care. A similar pattern exists in the United States, where the spouse

is the first choice as caregiver, followed by a daughter, then a daughter-in-law (Gatz, Bengtson, & Blum, 1991).

The Challenges of Population Aging for State Governments

A final issue shared by Eastern and Western nations is the severe strain that population aging will put on public resources in the next century. A growing number of retired elderly persons will depend on a decreasing number of younger working adults. In the last decade, population aging combined with economic stagnation and high unemployment has pressured most Western nations to reduce their social welfare programs. Whether the public pension and health care systems can survive this challenge and maintain current benefit levels for today's and tomorrow's elders is under serious debate.

In both Eastern and Western nations, longer lives, smaller families, and fewer available or willing family caregivers will create a need for wider sources of support for the elderly population. Paradoxically, at the same time that geographic mobility and workforce demands make it more difficult for families in Western nations to care for their elderly members (Parrott, Mills, & Bengtson, chapter 9 of this volume), government budgetary pressures and policy changes are attempting to shift more caregiving responsibilities back to families.

CONTRASTS BETWEEN EAST AND WEST

Differences in Population Homogeneity or Diversity

One of the most visible differences between Eastern and Western societies is the composition of their aged populations. Each mirrors the racial and socioeconomic diversity of the society. For example, Kojima (chapter 5 of this volume) notes the homogeneity of Japan's aging population, as well as Japan's resistance to wide-scale immigration as a means to stem population loss and ease certain labor market shortages. The elderly population of the United States, by contrast, reflects increasing diversity in ethnicity, socioeconomic class, marital status, family structure, and health status. Compared with other industrialized nations, the elderly population in the United States

has the greatest inequality in disposable income, as well as the highest poverty rate (Korpi & Palme, 1998). Disparities are also found in the United Kingdom, where social class differences and increasing ethnic diversity of the elderly population is leading to greater heterogeneity in mortality and morbidity rates (Bartlett & Phillips, chapter 8 of this volume).

Differences in Political Economy

The public and family policy solutions for care of elderly persons are affected by the different economic and political histories Eastern and Western nations bring to the challenges of population aging. China, for example, has a rapidly developing economy and a rapidly aging population. There are many economic contrasts within China: Sharp inequalities in the standard of living between urban and rural areas; a socialist economy but a fast growing private sector; and a strict national birth control policy (Gu & Liang, chapter 4 of this volume). As part of the sociopolitical reorganization installed by the People's Republic government in 1949, individuals belonged to either agricultural or nonagricultural households, a status inherited from one generation to the next. As a result, two very different economic and organizational systems evolved in urban and rural areas. Urban residents received fixed wages and a wide range of state benefits, while rural residents' incomes fluctuated, and they received few state subsidies. Economic reforms of 1978 effectively dismantled the collective farms and moved China toward a more market-driven economy. While benefiting urban elderly persons, the elderly population in rural areas lost most of their nonfamily-provided support. The reforms spurred economic growth and improved living standards, but the urban-rural gap has widened, with substantial disparities in health insurance and retirement income. China has no universal pension program: Less than one third of the population participates in pension plans, and those who do are mostly in urban areas. At present, over 75% of China's population live in rural areas where almost half of the elderly persons rely on their children as their main source of financial support—while only 9% of urban elderly persons do so.

South Korea is another example of an aging society with changing economic and political circumstances. While its aged population is relatively low compared to Western nations and Japan, Korea is aging fast. Its rapid transformation to a market economy has given rise to competing cultural ideas about family and economic life—individualism and familism (Yoon et al., chapter 6 of this volume). Korea also has extensive internal migration, particularly among young people who have moved from farm areas to cities to pursue education and occupational opportunities. As a result, family residential and support patterns as well as traditional ways of relating are being altered. At the same time, however, no national social security pension system exists to compensate for the changing expectations and needs of elderly parents and their families. The challenge for Korea in the next century will be to sustain economic growth while maintaining traditional family forms and functions and caring for increasing number of elders.

Differences in State Welfare Provisions

As the aged increase both in numbers and proportions, important social and political questions arise about how the elderly population will be cared for and who should care for them. In traditional East Asian societies, individual families assumed the responsibility to respect and care for their elderly parents; in the West, the state gradually assumed some responsibilities and devised various public pension and health insurance programs to collectively provide for elderly persons and others in need. Germany, the United Kingdom, the United States, and Japan are examples of social welfare states with social insurance programs. Korea and China do not have national social protection programs for elderly persons and primarily rely on families to provide the support needed by elderly family members. Under the pressures of population aging, these differing strategies—East and West—are being challenged.

In social welfare states today, the economic situation of elderly persons is determined by their previous labor force participation as well as by public transfers, reflecting a cumulative effect of forces operating in markets and in politics (Korpi & Palme, 1998). Social welfare states vary in the design and scope of their social insurance

programs, the size of their social transfer budgets, and the amount of support they provide to their vulnerable populations. The models differ by nation, reflecting distinct economic and political histories and underlying ideologies about the responsibilities of families and states for meeting the needs of elders.

The United Kingdom and the United States are "basic security" social insurance nations (Korpi & Palme, 1998) where all insured are covered under the same program. Benefit eligibility in basic security nations is based on contributions made during the working years. Benefit levels are lower than in corporatist nations and are paid at a flat rate. Basic security nations provide a safety net and encourage the use of private insurance among those who can afford it. While the United Kingdom and the United States both reflect the basic security model, they differ significantly in their social insurance provisions and transfer budgets. The United Kingdom transfers almost 18% of its gross national product to social insurance programs versus 12% for the United States.

In contrast with the basic security model nations, Germany and Japan are *corporatist* social welfare nations with separate social insurance programs for different enterprises and parts of the labor force. Benefits are earnings-related. Reflective of their higher public benefits, corporatist nations have larger social insurance transfer budgets. Germany transfers about 22% of its gross national product to social insurance programs (Korpi & Palme, 1998). The overall economic status of the German elderly population is similar to the nonelderly, with only 3% defined as poor. Medical treatment provided by the state is available to all without regard to socioeconomic status or age group. Germany's long-term care program, made compulsory in 1995, offers a comprehensive range of services to meet the needs of the aging population and their families (Maas, chapter 7 of this volume). Among the nations discussed in this volume, Germany is the most generous nation in income-replacement and social-provision policies, but like other nations it faces increasing financial constraints due to economic slowdowns, rising public budgets, and aging populations. Germany's situation is complicated further by the costs associated with East-West unification, persistently high unemployment, and legally mandated benefits.

Among social welfare states, the United States is a special case—reflecting "American exceptionalism" (Quadagno, 1999). The

United States' distinctive political culture, characterized by a distrust of government and the exaltation of individual rights, differentiates it from other capitalist democracies. As noted by Parrott, Mills, and Bengtson (chapter 9 of this volume), the family assumes primary responsibility for the care of the aged in American society. A cultural value extolling individualism and self-reliance mean that individuals and families are seen as responsible for their problems, without the interference of government. Only in the face of extreme economic hardship during the Great Depression of the 1930s did the United States respond to the needs of elders as a collective social problem and enact a social insurance program—Social Security. After more than three decades of legislative effort, Medicare, a public health insurance program for elderly persons, was enacted in 1965 to cover hospitalization and medical care. Both Social Security and Medicare significantly reduced the poverty rate of elders (from 25% in 1960 to 13% in 1990). Still, the United States has no long-term care insurance program. Elders requiring nursing home care either pay with their own funds or private insurance; only after exhausting their own resources are they covered by Medicaid—a program for the very poor. As noted by Hendricks, Hatch, and Cutler (1999), only in the United States is long-term care so closely associated with destitution.

Differences in Filial Piety and Family Support

Central to East Asian culture for over 2000 years is the Confucian ethic of filial piety prescribing respect of the old (Chow, 1999; Gu & Liang, chapter 4 of this volume; Sung, chapter 3 of this volume). Yoon et al. (chapter 6, of this volume) describe filial piety as characterized by close, interdependent ties; responsibility and sacrifice; harmony; and viewing individuals in relation to the family. Norms of filial piety figure prominently in the way Asian families and nations care for their elderly population. Filial familism contrasts with Western individualism and its emphasis on independence, self-reliance, and self-fulfillment (Sung, chapter 3 of this volume). In Japan, despite its advanced industrialization and aging population, family patterns more closely resemble those of Korea and China than Western industrialized societies (Kojima, chapter 5 of this volume). Eldest

sons in Japan still feel obligated to care for aged parents, and coresidence remains the norm, as it does in Korea and China.

However, traditional expressions of filial piety are changing with the industrialization and urbanization of East Asian nations, as well as population aging. Yoon et al. (chapter 6 of this volume) see modernizing forces weakening filial piety's power to compel exchange and support between parents and children. In Korea, extensive urban migration makes filial piety through coresidence more difficult, and parents expect to rely on their children less. Recent surveys show Korean elderly persons now prefer to live separately from adult children and not burden them with their needs (Yoon et al., chapter 6 of this volume).

Changes in filial piety imply a move from authority-dependency relationships to more egalitarian and reciprocal patterns of support between generations, suggestive of Western norms of reciprocity and individualism. For example, among Chinese in Hong Kong, understandings of filial piety changed in recent decades as elders' high social status and traditional power and authority as heads of families diminished (Chow, 1999). What remains is respect of parents by their children, and children's obligation to care for their parents—values reinforced by law in most Asian societies. Chow (1999) predicts that ingrained values of filial piety will continue regulating behavior in Chinese families as long as the family remains the fundamental unit in society.

Sung (chapter 3 of this volume) points to social concern over changes in filial piety, as evident in recent public relations promotions of respect for elderly persons and preservation of traditional elder care in Korea and Japan. In Korea, policy aims at restoring the family's support function. These efforts suggest that filial piety will remain a core value in Asian societies, binding generations together, although its expression may change.

At the same time, it should be noted that high levels of intergenerational solidarity characterize the majority of parent-child relationships in the West as well (Bengtson et al., 1995). Considerable research has shown that the stereotype of the isolated or abandoned elder family member is a myth, even in the United States (Bengtson et al., 1990; Shanas, 1979).

PUBLIC POLICY DIRECTIONS EAST AND WEST

From a comparative perspective, it is clear that cultural beliefs about regard and responsibility for elderly persons play an important role in the kinds of state policies that are enacted to address population aging. The largely underestimated influence of culture and history must be considered in tandem with the effects of demography, economics, and political arrangements in questions of who will take on the responsibility of care for increasing numbers of aged persons.

A Greater Role for the State in Eastern Societies?

In recently industrialized East Asian nations, such as Korea and China, population aging has raised concerns about the family's continued ability to meet the needs of elderly members without increased public assistance (Yoon & Cha, 1999). The scholars writing in this volume concur that expanded state resources will be needed in the early twenty-first century. At the same time, Eastern nations, however, are reluctant to move away from exclusive reliance on the family for care of the elderly population. In Korea, for example, social welfare programs for elderly persons have received little attention. State budgets have focused on national economic development rather than income support and other social benefits, especially for elderly persons. Less than 5% of the Korean elderly population receive state pensions. Recently, however, the Korean government has initiated policies aimed at expanding pension coverage and providing home care and nursing home services.

In China, public policies regarding aging will continue to center on relationships between the family and the political state. China still has a relatively low proportion of elderly persons, and families are still the primary vehicle for meeting the needs of the aged. But increasing numbers of aged and smaller families will challenge the traditional pattern of family support (Gu & Liang, chapter 4 of this volume). In the rural areas of China, the elderly population and their families are facing an especially difficult situation. The collapse of the commune-based pension and healthcare systems that resulted from China's shift to a more market-driven economy has caused

elders in rural areas to lose most of their nonfamily old-age support. This situation poses potential difficulty for the state, so extending the current, fragmentary pension system into a nationwide program will be a major challenge for the twenty-first century.

Extending the state's role in care of elderly persons will not come easily to traditional Eastern societies (Kim et al., chapter 1 of this volume). There is worry that—despite empirical evidence to the contrary—family support will decline if the state assumes too much responsibility for the aged, which is similar to sentiments found in the United States. State-sponsored care conflicts with filial obligation and families' reluctance to accept services from nonfamily members. Asian scholars and policymakers emphasize that families will and must remain the primary source of care for elderly members. They recommend that policies be directed at supporting the family in its traditional role as care provider to the elderly (Yoon & Cha, 1999).

Retreat of the State in Western Nations?

Many Western nations have pulled back on publicly funded social protection programs since the 1980s as the demographic imperative of population aging threatens government solvency. In the United States and the United Kingdom, responsibility is shifting from the federal government back to communities and families. For example, the United Kingdom's Community Care policy of 1993 changed the organization and delivery of health and social services for elderly persons, devolving long-term care from the public sector to locales and families (Bartlett & Phillips, chapter 8 of this volume).

Despite Japan's advanced economy, public policy response to population aging is unclear. Like most Western nations in the last decade, Japan's social welfare budgets have faced increasing fiscal pressures from a rapidly aging population, a stalled economy, and growing unemployment. Although Japan's favorable financial reserves enabled state efforts to stimulate its economy and alleviate family hardship, success has been elusive, and there are signs of state retreat. The expected major economic restructuring in the wake of a decade-long recession may erode traditional practices of lifetime employment and wages based on seniority. Such revisions significantly influence the provision of social support and care of the elderly

population (Ujimoto, 1999). Japan has recently initiated reform of its debt-ridden health insurance system, shifting more costs to individuals. Current public relations efforts in Japan promote the values of filial piety and family care of elderly members (Sung, chapter 3 of this volume). At the same time, growing alarm over low fertility may lead to new family support policies such as income assistance, childcare programs, and additional health services for mothers (Kojima, chapter 5 of this volume).

In the United States, during the late 1980s, economic recession caused massive economic restructuring and a shift in the political climate. A politicized debate emerged over the generational inequity of public support. Interest groups portrayed government programs as benefiting the elderly population at the expense of children and young families (Parrott, Reynolds, & Bengtson, 1997). Questioning of once inviolable entitlement programs such as Social Security and Medicare intensified, with increasing pressure to reduce public sector support and to return more responsibility to individuals. The aging of the baby boom cohorts and potential public pension fund insolvency bolsters the neoconservative view that reforming old-age programs is a "demographic imperative" (Hendricks et al., 1999). By contrast Germany's quite different response to population aging has included increased public pension contributions and universal long-term care insurance to improve the functioning and well-being of elders and forestall costly institutionalization.

Increased Sharing of Responsibility Between Families and the State?

The extent of the public's responsibility for the elderly population is a central policy question for all nations with aging populations. Another question is the family's changing capacity to meet the dependency needs of its oldest and youngest members. Political responses to these issues point to the collective value a society places on elders as deserving of support (Quadagno, 1999). The social insurance structures installed by nations indicate different ideologies about individual rights and responsibilities, and different roles for markets and states in the distribution of resources. The response of the American public and policymakers reflects their ambivalence. In the

United States, policymakers are focusing on retrenchment of social insurance programs and returning social welfare functions to states and families. As Binstock (1999) observes, at the end of the century the master trend in American politics is reliance on markets and personal responsibility for one's own welfare. In addition, abrupt change in American aging policy is unlikely given the United States' history of incremental reform, much like the United Kingdom's, where little change in state support for the elderly population and their pensions occurred throughout the 1980s despite extraordinary efforts by Thatcher conservatives (Finer, chapter 2 of this volume).

CONCLUSIONS AND FUTURE RESEARCH

We have suggested that there are five common issues confronting societies both East and West at the start of the twenty-first century: (1) rapid population aging; (2) changes in family structure; (3) changes in household and intergenerational arrangements; (4) changing family roles in caregiving; and (5) changes in state-supported programs for the aged. We have also suggested four contrasts between Eastern and Western societies: (1) differences in population homogeneity or diversity of the elderly population; (2) differing political and economic histories and rates of economic development; (3) differences in cultural values about filial piety and the care of the aged; and (4) varying social welfare regimes.

We then highlighted these questions, which we see as central to future research and policy formulation in the coming decades: (1) Will there be a greater role for the state in Eastern societies? (2) Will there be a retreat of the state in Western nations' support for the aged? (3) Will there be increased sharing of responsibilities between families and state in support for the aged? We argued that the roles of families and states and their balance in the context of culture, finite resources, and increasing demand are central issues in aging policy in both Eastern and Western nations. Population aging will be an ongoing problem for much of the twenty-first century.

Population aging is more than a demographic phenomenon; it affects the social, political, economic, and cultural conditions of life for the entire society (Kim, Bengtson, Myers, & Eun, chapter 1 of this volume). The multidisciplinary field of gerontology contributes

substantially to our understanding of age, aging, and the development of policies to alleviate the problems associated with aging and an elderly population. To make informed policy decisions, all nations, East and West, need a better understanding of the course and effects of population aging. With this in mind, we propose that future research give special attention to four issues: (1) comparative analyses; (2) the role of culture; (3) advanced research design and methods; and (4) issues of generational equity.

The Importance of Comparative Research

Extending general knowledge of population aging and its effects requires systematic comparative social research (Myers, chapter 11 of this volume). Comparative analyses highlight the complex interplay between demographic structures, societal systems, and state policies and programs that affect the lives of older persons. We can address current trends and future policy issues more effectively by understanding the distinct economic, historic, and cultural influences on families and nations as they adapt to population aging.

The Pervasive Influence of Culture

Research within single societies often fails to reveal the influence of culture as a social force. Comparing caregiving in Western and Eastern families calls our attention to the underlying importance of culture. Norms and values distinguish family and state responsibilities in meeting the needs of the aged. Future research must recognize the relationship between cultural belief systems and individual understandings of roles and obligations. In the same way, pervasive cultural assumptions affect the role of the state and the kinds of policies put into place.

Advances in Research Design and Methods

Longitudinal Designs

Myers (chapter 11 of this volume) points to a shift in the study of age and aging recently, one that focuses on change at both societal

and individual levels. Researchers increasingly use longitudinal or panel surveys, most often initiated and supported by governments. Longitudinal designs enable researchers to examine change over time, assessing the antecedents and consequences of events and macrohistoric process. A principal goal is conducting longitudinal studies of nationally representative samples of older persons. This research can inform major policy issues as well as to apply newer, more dynamic perspectives in studying aging processes.

Data Sources

Expanding data sets available for researchers will contribute to more national and crossnational research. National census data, vital statistics information, and time series data drawn from census samples of households in various nations and regions of the world are becoming available, enabling comparative crossnational analyses.

Use of Multiple Methods

Most demographic research is quantitative, relying on survey methodologies and simulation models. As crossnational research expands, greater emphasis is being given to content and operationalization—the actual way that questions are asked, as Myers notes in chapter 11. Comparability of measures across cultures is crucial. Crossnational research on population aging also benefits from other methods such as ethnographic studies, qualitative case studies, and laboratory studies. Kim's analysis (in chapter 1 of this volume) of age stereotypes in Korean and American verbal culture demonstrates how qualitative studies enhance our understanding of the meanings and reasons behind social perceptions and responses to old age. Qualitative studies can provide depth to crosscultural investigations by elucidating the nuances of elder support within diverse family and cultural settings.

Generational Equity

Will conflict between generations—or more accurately, age groups—result from population aging and state efforts to restructure social

protection provisions for the elderly population? This is a neglected issue in comparative analyses of population aging, and it deserves increasing attention. As nations grapple with the challenges of who will bear the burden of caring for the elderly population, at what cost, and at whose expense, population aging may become a source of generational tension and conflict, within both families and societies (Bengtson, 1993). For elderly persons, changes in old-age policies and cultural traditions may signal a break in the contract between generations, whether based on filial obligation or public transfers and programs. For the young, public benefits for the elderly population represent inequitable social investments that shortchange children and families. According to one poll, more young Americans age 18 to 25 believe that they will have contact with an extraterrestrial alien (46%) than believe they will receive full Social Security benefits (36%) (USA Today, 1999). Such views also resonate in the United Kingdom and Germany as their social welfare programs come under increasing financial strain.

Can tomorrow's elderly persons count on the same level of intergenerational support as today's? Has the contract between generations been broken, or merely altered (Parrott, Reynolds, & Bengtson, 1997)? Comparative analyses of national and cross-national differences in age groups, individual and family support for the elderly persons, old-age public policies, and the politics of generational equity tell us much about the prospects of future conflict between age groups.

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