

A life course approach to intergenerational solidarity

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Background

The Asia Pacific region is one of the most diverse regions. It includes countries with some of the largest and fastest ageing populations, countries that are most impacted by climate change and natural disasters, countries that are experiencing the highest levels of inequality. In addition, Asia Pacific is home to countries that are rising to the ranks of being economic and political powerhouses on the global stage.

Accounting for 60% of the world's total population, and with 24% of the population under 15, the region has experienced dynamic growth which has pulled 80% of the extreme poor out of poverty since 1990. The region has seen significant improvements in key human development indicators, including access to health and education services, at least at the aggregate level³. Moderate economic growth is forecasted to continue, at the rate of 5-6% GDP, for the immediate term⁴. As a result of rapid economic growth, a majority of countries in the region have reached middle income status. Rapid poverty reduction has also seen the expansion of the middle class: predictions suggest that by 2030 Asia will represent 66% of the global middle-class population and 59% of middle-class consumption, an increase from 28% and 23%, respectively, in 2009⁵.

The benefits of rapid economic growth, however, have not been evenly distributed. Inequality is rising within and between countries. The gap between the rich and the poor is widening with the regions' income inequality rising dramatically (Gini coefficient of 38.4 in the mid-2010's). Income inequality translates into unequal distribution of opportunities and services. As inequality rises, access to social services including health and education becomes a hallmark of privilege, deepening inequality of outcomes. Analysis of access to opportunities by UNESCAP shows that inequalities are the highest in educational attainment and full-time employment.⁶ The region is currently off track in meeting the SDGs, lagging behind with respect to economic growth, decent work, and responsible production and consumption. Furthermore, progress is stalled on many of the SDG goals and targets.⁷ Inequality and social exclusion only magnify the challenge of "achieving the SDGs for all and leaving no one behind".⁸ In current times, these trends will only be exacerbated by the COVID-19 pandemic. As highlighted by UNESCAP, unless specific measures are put in place to provide social and economic safety nets and build resilience, the pandemic will widen existing inequalities and drive vulnerable households and communities back into poverty.⁹

Structural inequalities of income and opportunity are also linked to gender inequality. Lack of decent jobs and a high concentration of employment in the informal sector drives inequality in the labour market¹⁰. Women's labour force participation has stalled in the region; in South East Asia and the Pacific, it has remained stagnant at around 60%. Female labour force participation also declined in East Asia, from 70.8% in 1994 to 63.3% in 2014, and from 36.4% to 30.6% in South Asia over the

¹ Population Reference Bureau. International Data. 2020.

² UNESCAP 2019 Closing the Gap I

³ United Nations Development Programme. Human Development Report. 2019

⁴ ADB Asian Development Outlook 2019

⁵ Pezzini M. An emerging middle class. OECD Observer. 2012

⁶ UNESCAP 2019 Closing the Gap

⁷ UNESCAP 2019 Asia and the Pacific SDG Progress Report 2019

⁸ UNESCAP 2019 Closing the Gap

⁹ UNESCAP 2020 The Impact and Policy Responses for COVID-19 in Asia and the Pacific

¹⁰ International Labour Organisation. Informal economy in Asia and the Pacific (https://www.ilo.org/asia/areas/informal-economy/WCMS_634540/lang--en/index.htm)

same period¹¹. Women are particularly over-represented in informal and vulnerable employment. Lack of access to SRHR, including family planning, women's responsibility for unpaid care work, and gender-based violence including sexual harassment in and around the workplace further undermine women's labour force participation. Social norms and perceptions of women's safety and presence in public spaces also limit women's mobility and access to education and employment opportunities.¹² These gender dynamics and trends are only compounded by the COVID-19 pandemic. Women are harder hit because they are concentrated in the informal economy and affected sectors such as domestic work. Women also tend to lack social protection and bearing primary caregiving responsibilities for the elderly and disabled who are at higher risk, children who are out of school, and the sick. Of note, a subset of these women are healthcare workers, exposing them to transmission of the virus.¹³

The Asia and the Pacific region is also experiencing significant demographic changes, including accelerated population ageing, and the emergence of low fertility both a health and development challenge. Population ageing in the region is particularly remarkable, as Asia is home to a very high proportion of older people globally. The speed of ageing in Asia is also of concern compared to other regions that have aged more slowly; by 2050 one in four people will be over 60 years old. The magnitude of this demographic shift requires governments to plan for and implement major macro-level policy reforms in order to prepare for a future where 1.3 billion people are over 60 by 2050. Rapid fertility decline is also evident in the region; fertility rate is expected to fall from 2.20 to 1.9 by 2050¹⁴. These changes are of concern to governments in the region, with many countries increasingly focusing on policy responses to population ageing and low fertility trends. These changes also see many countries struggling to invest in order to benefit from the demographic dividend, while also developing policy responses to population ageing.

As this brief discussion shows, inequality, demographic change, and persistent harmful social and gender norms are interlinked and are driving changes in SRHR and reproductive rights and choices in the region. Low fertility is exacerbated by persistent gender inequalities including lack of access to child and aged care services that would support women's unpaid care responsibilities. At the same time, however, inequality and insecurity, including economic insecurity and anxiety regarding the future are also factors in individual and couples' choices regarding childbearing. Low fertility accelerates the ageing of the population, and is also a driver of gender-biased sex selection (GBSS) in countries with strong son preference and increased access to technology. The practice of GBSS also contributes to more rapid population ageing as fewer women are born and reach child bearing age. Access to new reproductive technologies is a potential solution to infertility, but new technologies also enable sex selection. Access to family planning and contraception is already heavily determined by socio-economic factors and status, with poorer, rural and marginalised women most left behind.

The impact of the current COVID-19 pandemic is unprecedented, and has already begun to reverse hard won gains, deepening inequalities and vulnerabilities and exposing the fragility of economic, political and social systems globally and in the region. The pandemic and consequent economic downturn is impacting developed and developing countries alike, but globally, the most marginalised, vulnerable and excluded are the most affected. This includes groups experiencing intersecting forms of inequality, such as vulnerable groups of women, and older people, in particular older women, due both to their increased physical vulnerability to the pandemic, as well as their greater social immobility and isolation.

Population Ageing

In the Asia-Pacific region rapid population ageing has been recognized as a common challenge that

¹¹ Sukti Dasgupta and Sher Singh Verick, [eds] Transformation of women at work in Asia: An unfinished development agenda, ILO, 2016

¹² ADB Female Labor Force Participation in Asia: Key Trends, Constraints and Opportunities, ADB October 2016

¹³ United Nations 2020, Policy Brief: The Impact of COVID-19 on Women, 9 April 2020, UN NY; UN Women 2020 The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens

¹⁴ United Nations Department of Economic and Social Affairs/Population Division. World Population Prospects: The 2017 Revision

transcends national boundaries. Many countries have been caught unprepared for the form in which this demographic wave would impact societies, and more specifically, how the changing urban environment would be an important factor in the approach to this issue.

The region has been at an inflexion point in terms of population and economic growth, and urban development. The intractability of a growing population, ageing citizen core, coupled with increasing life expectancy and lower population growth, poses long-term implications. This would require greater agility in providing not just social and economic stability, but also in addressing the urban implications of housing, healthcare, and infrastructure for this segment of the population.

In 2019 the region had 548 million people aged 60 years and older (referred to as ‘older persons’ henceforth), and this number is expected to more than double to nearly 1.3 billion by 2050 — at which point one in four people will be over 60 years, with the majority being women. At present, among older persons, the ratio of women to men is approximately 5:4, while that of 80 years old and above is 2:1. Notably, this demographic transition will have a significant mid- to long-term impact on the economic, social and political aspects of the region.¹⁵

The Madrid International Plan of Action on Ageing and the Political Declaration is a major milestone to address the key challenge of population ageing to that of “building a society for all ages”.¹⁶ The Madrid Plan of Action focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

Ageing (Box.1) is typically presented as ‘all or nothing’, that is, it is either an existential threat, a ‘silver tsunami’ that will destroy existing systems of healthcare and welfare, or a ‘silver economy’ that opens up markets for new innovations. (In other words, as a false binary)

Box 1. Definition of older person

Most developed world countries have accepted the chronological age of 65 years as a definition of ‘elderly’ or older person, but like many westernized concepts, this does not adapt well across different countries. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant, such as the roles assigned to older people; in some cases, it is the loss of roles accompanying physical decline which is significant in defining old age.

At the moment, there is no United Nations standard numerical criterion, but the UN agreed cut-off is 60+ years to refer to the older population. Lacking an accepted and acceptable definition, in many instances the age at which a person becomes eligible for statutory and occupational retirement pensions has become the default definition. The ages of 60 and 65 years are often used, despite their arbitrary nature, for which the origins and surrounding debates can be followed from the end of the 1800s through the mid-1900s.¹⁷

To avoid a two-dimensional, demographic view of ageing, a wider array of information to draw upon is necessary. The work of the recently formed Titchfield City Group on Ageing which seeks to ‘develop standardized tools and methods for producing both data disaggregated by age and ageing-related data’ will furnish researchers and policymakers with the tools to better understand ageing, but also for monitoring and evaluation of policies. To conduct holistic analyses of population ageing policies and issues, the definition of ‘older ages’ as we know it may have to be modified. Apart from their chronological age, a 65-year-old in contemporary Japan has little in common with a 65-year-old in Sierra Leone today or an individual of the same age who lived in 1950 or who would live in 2050. Hence, a shorthand could be derived from the ‘prospective age’ paradigm, where the ‘boundary to old

¹⁵ United Nations Department of Economic and Social Affairs/Population Division. World Population Prospects 2019

¹⁶ The Madrid International Plan of Action on Ageing and the Political Declaration. Second World Assembly on Ageing in April 2002

¹⁷ Thane P. The muddled history of retiring at 60 and 65. *New Society*. 1978;45(826):234-236.

¹⁸ Roebuck J. When does old age begin?: the evolution of the English definition. *Journal of Social History*. 1979;12(3):416-28.

¹⁹ Thane P. History and the sociology of ageing. *Social History of Medicine*. 1989;2(1):93-96.

age' is fixed at a given remaining life expectancy. While rather arbitrarily defined, it gives a more pragmatic, comparative 'place to start' defining the older population in need and, hence, where to begin targeting policies of adaptation in older age.

Through the process of developing Social Policy Catalogue on Population Ageing²⁰, following are some policy examples identified:

Policies for the social protection of the overall society

In Asia and the Pacific region, Malaysia rolled out the Eleventh Malaysia Plan 2016-2020, with a theme of 'anchoring growth in people, in 2015²¹. The Eleventh Plan focuses on inclusion and sustainability for all Malaysians, with economic growth as priority. The plan lists six national shifts: (i) enhance productivity; (ii) strengthen support of B40 (bottom 40%) households and increase the proportion of middle-class society; (iii) develop a system of industry-led technical and vocational education and training; (iv) boost the growth of a green, low-carbon and resource-efficient environment; (v) encourage strong partnership between industries, academic researchers, and community stakeholders in research, development, commercialization, and innovation; and (vi) invest in four major cities (Kuala Lumpur, Johor Baharu, Kuching, Kota Kinabalu) under a City Competitiveness Master Plan for improved liveability and economic growth. The Eleventh Plan further describes five focus areas for transforming public services for better productivity: enhance service delivery with citizens at the centre by streamlining processes, expanding outreach, and increasing accountability; rationalizing institutions for greater performance by eliminating overlapping/duplicating functions among public sector agencies, right sizing the service delivery structure, and introducing a policy for performance monitoring; strengthening the working environment by introducing flexible work arrangements, empowerment strategies and improving training; enhancing project management steps in terms of resource allocation, project implementation and personnel management; utilizing resources from local authorities for quality services at the local level through empowerment and greater engagement, and expanding service outreach with greater quality.

Policies targeting older people and ageing

Among Asian countries, in a published evaluation of institutional long-term care policies for the elderly in China, Yang et al²². reported that in Qingdao, Shandong province, China, a long-term care nursing insurance scheme was rolled out in 2012 to address the special needs of urban-based older persons, covering a range of services including home- and community-based long-term care services as well as residential or nursing care at designated facilities. This scheme requires no individual or employer contributions and is subsidized by the municipal government. A number of criteria must be met before enrolment and only individuals with critical long-term professional care needs are eligible. For older persons in Shanghai, costs for long-term care incurred at government-run nursing homes are reimbursed through social health insurance, with which there are three modes: the urban employee basic medical insurance, covering urban-area residents with employment before their retirement; the urban resident basic medical insurance that covers uninsured urban residents, such as people with disabilities; and the new cooperative medical scheme, which is a nationwide voluntary scheme subsidized by the government for rural residents. In Nanjing, Jiangsu Province, a means-tested model is used to provide access to long-term care using monthly care vouchers for pre-defined user groups: "Three No's" (not working, no income, no family support), 'Five Guarantees' (food, clothing, fuel, health services, funeral arrangements/education), below poverty line, critical long-term care needs, aged 70 or above with no children. For older persons with severe disabilities, costs for institutional care services will be subsidized in addition to the care voucher scheme.

Policies that address gender equality in the context of population ageing

Policy examples from Asia and the Pacific region include Bangladesh's National Women

²⁰ UNFPA Asia-Pacific. Social Policies Catalogue on Population Ageing: A Rapid Scoping Review. 2020

²¹ Economic Planning Unit. 2015. Eleventh Malaysia Plan 2016-2020: anchoring growth on people. Putrajaya: Economic Planning Unit, Prime Minister's Department, Malaysia

²² Yang W, Jingwei He A, Fang L, Mossialos E. Financing institutional long-term care for the elderly in China: a policy evaluation of new models. Health Policy Plan. 2016;31:1391-401.

Development Policy 2011 and Vietnam's National Strategy on Gender Equality for the 2011-2020 period²³. Developed by the Ministry of Women and Children Affairs in 2011, the Bangladesh National Women Development Policy covers a wide array of perspectives, such as: the rights to adequate development of female children; elimination of discrimination and abuse of women; protection of women in armed conflicts and assuring their involvement in peace missions; education and training; sport and cultural participation; equal rights of women during economic policy-making; political involvement; poverty elimination, financial empowerment and employment opportunities; health, nutrition and food security; housing arrangements; protection of women and children during disasters. Specific focuses regarding disable women, ethnic groups and backward classes are also emphasized.

For Vietnam, the National Strategy on Gender Equality 2011-2020 addresses gender equal opportunities across cultural, economic, political and social sectors, for an overall aim of sustainable development on a national level by 2024. The strategy's objectives and selected policy targets are: (i) to increase women's participation in upper management in the political field, with over 35% women elected to the National Assembly and Councils over the 2016-2020 period; (ii) to narrow gender gap in the labour market, striving for over 35% female entrepreneurs by 2020; (iii) to assure gender equality in education and training, targeting an increase in women holding master or doctoral degrees by 50% and 25%, respectively, by 2020; (iv) to assure gender equality in accessing health services, with a target of reducing maternal mortality rate to below 52/100,000 live births by 2020; (v) to assure gender equality in the cultural sector, reducing gender-discriminating cultural programmes and products by 80% by 2020; (vi) to eliminate gender-based violence, with the rate of legal support and counselling offered to domestic violence victims reaching 50% by 2020; (vii) to improve gender equality in state management, aiming for 100% of legal documents with contents addressing gender discrimination.

Policies promoting healthy ageing

A systematic review of risk factors for healthy ageing concludes ageing pathways may be driven by different life course exposures including lifestyle, biological factors, psychological and social factors.²⁵ An in-depth understanding of similarities and discrepancies in ageing trajectories among older populations will enable the identification of the most important determinants of health across the life-span. Understanding the life-course factors contributing to late life health and wellbeing is thus essential not only to improve older adults' quality of life, but also to mitigate the future expansion of economic costs associated with ill-health.

Late life biological, environmental and social changes, combine with life-course events and behavioural risk factors to influence individual health and wellbeing. Understanding whether people are living longer and healthier lives, or increasingly longer but disabled lives, and the inequalities within our older populations which drive these trajectories is vital for the development of health and social care policies. It is also essential to ensure that all adults, wherever they may live, will have the possibility of long, active contributory lives and appropriate care as and when they become frail and dependent.

The determinants of healthy ageing were classified under five main domains: demographic (demographic characteristics); biological (physical characteristics, physical conditions, biological markers, other biological factors); behavioural (modifiable risk factors); psychological (psychological characteristics); and social (personal background, social engagement).

Life-cycle approach as the solution

A wider life-cycle approach to population ageing, which emphasizes the sequential events and

²³ Ministry of Women and Children Affairs. 2013. National Women Development Policy 2011. Dhaka: Ministry of Women and Children Affairs, Bangladesh.

²⁴ Ministry of Labour, Invalids and Social Affairs. 2010. National Strategy on Gender Equality 2011-2020. Hanoi: Ministry of Labour - Invalids and Social Affairs, Viet Nam.

²⁵ C Kralj, Ms C Daskalopoulou, Professor F Rodríguez-Artalejo, Dr E García-Esquinas, Dr TD Cosco, Professor M Prince, Dr AM Prina on behalf of the ATHLOS consortium. Healthy ageing: A systematic review of risk factors. Department of Health Service & Population Research, King's College London. 2018

developmental steps throughout a person's life seems an effective policy option, based on scientific evidence. Many events that happen in later life could be underpinned by fertility and lifestyle decisions, as well as social expectations and preferences during the early phases of the life cycle. For example, social inclusion of older persons could be achieved by partnering with youth communities. Enabling an environment for women to work and have children at the same time (to address gender inequality) is also necessary to ameliorate fertility issues. Furthermore, there should be an increase in investment in sexual, reproductive, maternal, neonatal and child health to improve lifestyles and to promote healthy ageing.

Implementation of life-cycle approach

As mentioned, the approach recognizes that the foundations for lifelong wellbeing are already laid down before birth, and that much can be done to protect and promote wellbeing and resilience through the early years, into adulthood and then onto a healthy old age. It is built around five priorities across the life course that are vital for good physical and mental health: starting well, developing well, living well, working well and ageing well. Despite the risk of it being perceived as mostly an advocacy tool providing limited concrete advice to countries on ageing issues, the consensus was that there is strong potential for such an approach to link ageing to other areas of UNFPA work which ultimately supports the achievement of the Sustainable Development Goals. Based on this initial positive response, the internal regional network on population ageing should aim not only at sharing experiences, but also UNFPA designing an action plan for engagement and knowledge sharing on population ageing via all available channels through which we engage with external partners.

Throughout the life-cycle

Promotion of life-cycle approach to population ageing should be based on demographic intelligence. Objective information including population data and scientific evidence from high quality policy evaluation should inform policy and programme development. Considering the fact that the chronological age is no longer a good measurement of being old, all the population data should always be aggregated by age, which will allow analysts beyond the traditional boundaries of age-categories throughout the life-cycle. Should the whole life-cycle approach be implemented, all of the social policies will be affected, which means that the implementation should come at the macro-level in the beginning stages. Such macro-level policy dialogue involving multiple stakeholders is the key starter, considering social protection, health promotion, human-rights based approach in all the generations as a flow in a dynamic manner. National Transfer Accounts analyses will be useful to apply policy estimation and development in the context of macro-level policy dialogue.

Pregnancy and childbirth

Not only appropriate maternity care will reduce both maternal and infant mortality, high-quality maternity services are likely to improve the long-term health of both the women and their babies. For example, early identification and appropriate management of diabetes, hypertension, mental health issues, weight gain during pregnancy will have impacts on similar conditions in women's and newborns' later lives. These conditions are closely related to risk factors for healthy ageing. All maternity services should be reviewed from the perspective that if and how each of the services can promote the very long-term consequences of pregnancy on both mothers and children.

Childhood and youth

During childhood and youth, positive lifestyle promotion in schools and communities including exercise and healthy eating to prevent obesity and heart disease are likely to reduce risks of non-communicable diseases and promotion of healthy behaviours. This will include programmes for prevention of smoking and excessive alcohol use and social and development of emotional skills included in primary and secondary education, as well as prevention of unplanned pregnancy. There is economic evidence that early educational and healthy investments are more likely to be cost-effective to achieve well-being of the society. The long-term way of seeing things in the far future will also encourage children and young people to be prepared for their later lives. Programmes to facilitate intergenerational solidarity such as dementia supporter training is a good example.

Life-long choice on pregnancy, childbirth, education, and work

The concept of family planning should be expanded to address issues related to social environments

that affect women's and men's choice on pregnancy, childbirth and childbearing. Women and men should have more flexible life-long choices of pregnancy, childbirth, childbearing, education and work to facilitate the best balance of work and personal lives. Considerations should be given to new technologies including infertility treatments in policy options based on their ethical, social, legal and economic perspectives. Women's labour participation for social protection and empowerment for their independence should also be considered.

Older age

Older persons are not uniform. Active and healthy older persons are encouraged to be involved and included in the society including the economy. There should be flexible choices of if and how they received their care, and an integrated long-term (social) care services will be required to accommodate their individualised needs and choices. At the population level, the financial sustainability of pension, long-term care and health care services needs to be considered. The enabling environments to accommodate the flexible empowered choice of the older persons lives by themselves should be created including elimination of ageism and promotion of age-friendly environments to support their human rights.

Conclusion

Changing population dynamics, and access to new technologies, coupled with rising inequalities and persistent social norms are impacting on human development outcomes. What is most striking in this discussion is that in the face of significant and rapid demographic, environmental and technological change, traditional norms and values, including harmful social and gender norms have proved so resilient and resistant to change. Even if the prevalence of gender biased sex selection has decreased at an aggregate level, and the SRB is normalising, the underlying values of son preference and low value of girls persist and challenge the achievement of gender equality. Even though new technologies have become more available, including to address infertility, and new trends in population dynamics including ageing and low fertility are being actively discussed and considered by policy makers, promoting women and couple's choice and ensuring the reproductive rights of women are at the centre of proposed responses is by no means a given.

The ultimate goal is for policies and programmes that respond to population ageing and low fertility to ensure people's life-long flexible choices with regard to learning, working, childbearing/rearing, and care.