

## Aged care in the 21st century

Frederick Ehrlich<sup>1</sup>, Raja Salgado<sup>2</sup>, Christopher J Poulos<sup>3</sup> and Roslyn Poulos<sup>4</sup>

*Journal of the Ceylon College of Physicians, 1993, 26, 36-41*

The kind of change in public health engineering, immunisation and improving medical treatment which occurred in European countries during the 19th and early 20th centuries and led to the virtual doubling of life expectancy seems to have taken about a quarter of the time in the developing world in recent decades. As a result of this, many countries find themselves very suddenly presented with problems of caring for an aged population, something they have virtually never had to face before. This is particularly happening in much of Asia and was made eminently clear at the 1991 International Conference on the Care of the Elderly in Hong Kong.

Whilst the whole world is ageing, the United Nations has identified Eastern Asia as the most rapidly ageing region. Between 1980 and 2025 the proportion of the population aged 65 and over is projected to increase from 5.1 to 13.7%. (Table 1)<sup>1</sup> illustrates how the rate of ageing of the population in Eastern Asia is much greater than that in Western Asia or West Europe. With life expectancy changing so as to enable people in most parts of the continent to reach old age, the most substantial determinant of the proportion of the aged is fertility which diminishes rapidly with increasing industrialisation. Thus Hong Kong, Japan, Singapore and Australia are likely to achieve the oldest populations, with Thailand, China and Sri Lanka not far behind. The number of persons 65 and over in Asia is therefore likely to have gone up from 155 million in 1990 to 216 million at the end of the century and 470 million by the year 2025.

Whilst Western industrialised countries are finding it an increasing struggle to fund aged care services leading to very serious stresses in countries such as Denmark and becoming hot electoral issues in Britain and the United States, the fledgling third world economies will have virtually no hope of coping with the demographic time bomb. With rather variable moral imperatives and

frequently unstable governments unable to pursue long term social planning, the outlook for the next several generations of old people the world over must seem very grim. Dependency ratios, quantifying the proportions of dependent persons such as the old or the young (not in the work force) related to those who are working, then become of paramount importance. The last two columns of Table 2<sup>2</sup> illustrate the obvious finding that in those countries with the highest fertility rates the young dependents outnumber the old dependents which predominate in the countries with the lowest fertility rates. Whilst there is not much variation across nations in the proportions of older people not working, there are substantial differences between urban and rural dwellers, particularly for males, as illustrated in Table 3.<sup>3</sup>

Increasing age will, of course, bring increasing disability rates so that as life expectancy increases so will the proportion of disability free years decrease as a percentage of life years expected. In Australia, for example, as modern medicine enables more people with health problems to survive longer, the number of disability free years to be expected decreases as shown in Table 4<sup>4</sup> but institutional solutions to the management of disability are sought less and less with barely 5% of persons over 70 being in nursing homes in Australia. In less urbanised countries institutionalisation is very much rarer (Table 5).<sup>5</sup>

Formal state-funded services are likely to be far short of requirements and the best prospects of avoiding wholesale disaster for old people lies in informal care giving, particularly in those societies in which extended family living is not yet extinct. This would probably be supplemented with a, very likely, rather slim component of government carer support services and, at best, crisis intervention facilities such as acute hospital beds in, no doubt, insufficient numbers.

Whilst maintaining economic growth along with population ageing may ameliorate the situation, a shift to home care has been the most prominent change in national aged care policies in the industrialised Western World where economic factors play a significant part in addition to the demographic ones. Thus the ever greater participation of working-aged females in paid work force greatly diminishes the total pool of care-givers or, at least, of time available for it which, almost everywhere, has been largely female. It certainly increases their stress.

1 *Professor of Rehabilitation, Aged and Extended Care, St George Hospital - School of Community Medicine, UNSW.*

2 *Consultant Physician in Geriatrics, St George Hospital. Lecturer School of Community Medicine, UNSW.*

3 *Community Physician, St George Community Rehabilitation and Geriatric Service. Lecturer School of Community Medicine, UNSW.*

4 *Research Medical Officer.*

**Table 1. Distribution of the Elderly Population (65 and Over) in Asia  
Total and Four Major Sub-regions in Asia**

	Unit: Thousand							
	1980		1990		2000		2025	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Asia Total	113,334	4.4	155,558	5.0	216,336	5.8	470,382	9.6
Eastern Asia	60,065	5.1	84,331	6.3	115,961	7.7	237,186	13.7
South-eastern Asia	13,146	3.7	17,417	3.9	24,893	4.7	59,316	8.2
Southern Asia	36,212	3.8	49,093	4.1	68,459	4.6	156,664	7.2
Western Asia	3,912	4.0	4,717	3.6	7,023	4.1	17,216	6.0
West Europe	153,727	14.4	156,878	14.5	159,359	15.9	156,225	22.3

Source: Based on "The Sex and Age Distribution of Population — The 1990 Revision," *Population Studies No. 122*, United Nations, New York, 1991

**Table 2. Population Ageing in Asia: Indicators in Selected Countries**

Countries	Population Total (In millions)		Average Growth Rate (%)	life expectancy	IMR	% Urban	TFR	GNP per capita (US\$)	Percent Elderly		Dependency ratio Total and (65+)			
	1990	2025	1990-95	1990	1990	1990	1990	1988	1990	2025	1990	2025	1990	2025
China	1,139.1	1,512.6	1.4	71	27	33	2.2	330	8.9	19.1	5.8	12.8	47.7 (8.6)	45.6 (18.7)
Hong Kong	5.9	6.5	0.9	78	6	94	1.4	9,220	12.9	31.9	8.8	23.3	41.9 (12.5)	56.9 (36.5)
Korea (Republic)	42.8	51.6	0.9	71	21	72	1.6	3,600	7.5	21.6	4.8	14.5	43.8 (6.9)	45.4 (21.1)
Japan	123.5	127.5	0.4	79	5	77	1.7	21,020	17.2	29.9	11.7	23.9	43.2 (16.8)	63.5 (39.1)
Indonesia	184.3	285.9	1.8	63	65	31	3.1	440	6.3	13.6	3.9	9.1	65.6 (6.5)	46.4 (13.4)
Malaysia	17.9	30.1	2.3	71	20	43	3.5	1,940	5.8	13.1	3.7	8.6	72.0 (6.4)	47.6 (12.8)
Philippines	62.4	111.5	2.3	65	40	43	3.9	630	5.3	10.6	3.4	6.9	77.0 (6.0)	46.6 (10.1)
Singapore	2.7	3.3	1.1	74	8	100	1.8	9,070	8.7	26.9	5.6	19.1	40.7 (7.9)	56.2 (29.9)
Thailand	55.7	80.9	1.4	67	24	23	2.2	1,000	6.2	15.5	3.9	10.2	57.6 (6.2)	45.2 (14.7)
Sri Lanka	17.2	24.6	1.3	72	24	21	2.5	420	8.0	17.0	5.2	11.9	60.7 (8.3)	50.4 (17.9)
India	853.1	1,442.4	2.1	60	88	27	4.1	340	7.1	12.3	4.5	8.2	69.5 (7.6)	46.0 (12.0)
Vietnam	66.7	117.5	2.2	64	54	22	3.7		6.7	10.6	4.4	6.5	77.9 (7.9)	44.2 (9.3)
U.S.A.	249.2	299.9	0.7	76	8	75	1.9	19,840	16.9	26.5	12.6	19.8	51.6 (19.1)	60.4 (31.7)
Australia	16.9	23.0	1.2	77	7	85	1.8	12,340	15.2	23.7	10.9	17.5	49.3 (16.3)	55.0 (27.1)

Note: IMR: Infant Mortality Rate, TRF: Total Fertility Rate

Source: 1) Data for Percent Elderly 60+ and 65, and Dependency Ratio are medium variant data from: United Nations, *Population Prospects 1992*. Population Studies No. 120, New York, 1991.

2) Other data are from: UNFPA, *The state of World Population 1991*.

**Table 3. Proportions 60+ "Not Working" by Country, Sex Rural/Urban**

	<i>Indonesia</i>	<i>Malaysia</i>	<i>Philippines</i>	<i>Singapore</i>	(Unit: percent) <i>Thailand</i>
<b>Men:</b>					
Urban	47	72	64	72	68
Rural	32	53	27	0	46
<b>Women:</b>					
Urban	73	94	78	91	83
Rural	60	79	70	0	68

Source: Chen Ai Ju and Gavin Jones, *Ageing in ASEAN*. Singapore: ISEAS, 1989.

Note: Only Singapore and Thailand data come from representative samples. Malaysian data is from three west coast of states of Peninsula Malaysia. Indonesian data is from Java while Philippines data derives from geographic and socio-economic strata without representative sampling.

**Table 4. Total and Percentage Remaining Years at 65 Years in Selected Asia and the Pacific Countries**

	<i>Men</i>		<i>Women</i>	
	<i>DFLE</i>	<i>DFLE/LE %</i>	<i>DFLE</i>	<i>DFLE/LE %</i>
<b>Asian countries</b>				
Indonesia	9.1	78.8	10.5	82.4
Malaysia	11.7	86.9	12.4	82.6
Myanmar	9.1	75.7	8.6	63.9
Philippines	11.2	90.2	12.0	87.2
Rep. Korea	8.6	66.6	8.9	59.2
Sri Lanka	7.8	59.2	8.3	56.6
Thailand	11.1	87.8	11.6	81.4
<b>Australia:</b>				
1981	7.9	56.8	10.1	55.8
1988	6.7	45.3	8.6	46.0

LE: Life Expectation

DFLE: Disability-Free Life Expectation

Sources: Vicki Lamp and Gary Andrews, *Healthy Life Expectancy of the Elderly*

**Table 5. Number and Percentage of Older People Living in "Old People's Homes," 1980**

	<i>Indonesia</i>	<i>Malaysia</i>	<i>Philippines</i>	<i>Singapore</i>	<i>Thailand</i>
beds	5,000	5,000	1,100	3,876	1,350
persons	n.a.	n.a.	1,000	3,108	1,327
% of aged	0.1	0.4	0.1	1.6	0.1

Source: Chen Ai Ju and Gavin Jones, *Ageing in ASEAN*, Singapore: ISEAS, 1989.

Social change such as deferred marriage and diminished or delayed child bearing further reduce the opportunities of the elderly to be cared for by their offspring and change in traditional gender roles can further impinge on the availability of family members to care for the aged. Whilst this is a pattern becoming well established in the industrialised West, very little is known about the effect of ethnicity or culture here. Whilst there is an increasing body of knowledge gathered in a number of locations and a number of principles can be extracted from these, the information tends to have applicability limited to those societies or service delivery systems where the research was done. For a better understanding of the situation from a world perspective, however, it is necessary to assess the respective weight of culture/ethnicity as against the service delivery system on the one hand, and the personality characteristics of the care giver and care receivers on the other, as well as of the nature of their relationship.

A thumbnail sketch of the facts on ageing in Australia will be used as an illustration of the nature of the problem in Western countries over the next two decades.

Between 1986 and 1996 Australia's population will age more rapidly than before. Over those 10 years the number of people aged 65 and over will increase from 1.68 million to 2.22 million — an increase of 32%. The proportion of the population aged 65 and over will increase from 10.5% in 1986 to 12% in 1996.

People are living longer. In 1986 the number of people aged 80 and over was 314,000. In 1996 it will be 491,000 — an increase of 56%. In 1986 people aged 80 and over accounted for 18.7% of the population aged 65 and over. By 1996 they will account for 22.1%.

The number of people surviving to advanced age after 1996 will be uneven, influenced by such factors as the incidence of births at particular times and immigration levels. For instance, the low birth rates of the 1930s and 1940s will result in the population ageing at a slower rate between 1996 and 2006. After 2006, Australia's aged population will increase more rapidly as the "baby boom" generation reaches 65 and the effects of sustained post-war immigration are felt. (Table 6).<sup>6</sup>

In 1986, 66.2% of Australia's population were of work force age (16 to 64) and 10.6% were 65 and over. This situation will remain stable until after the turn of the century. However, after 2006, when the "baby boom" generation starts to retire, the percentage of people 65 and over will increase.

There is a rapid "turnover" in the aged population, with "additions" through people reaching 65 and immigration, and "losses" through death. There is a 70% "turnover" every five years.

In contrast to the larger Asian countries which are fairly homogeneous ethnically, Australia is very much a multicultural society. Immigration is also having a marked effect. The proportion of the aged population born in non-English speaking countries will increase from 13% in 1986 to close to 30% by 2006. In 1986, Australia had at least 10,000 people aged 60 years and over from each of 12 countries, with the largest group (88,000) from Italy. Greeks, people from the former Yugoslavia, Central European and, most particularly, British immigrants are the principal representatives of some 100 nationalities which have contributed to Australia's population. This happens to be about the same as that of Sri Lanka and, rather surprisingly, there are many demographic similarities as shown in Table 7. Indeed, the most obvious difference between the two countries is in the infant death rate although closer scrutiny of the expectation of life of older people reveals some striking differences. Whilst Australian older females have considerably greater expectation of life, this is not the case in Sri Lanka. One must wonder whether child-bearing in past years caused permanent health damage or whether there is some other factor impairing the usual biological expectation of increased female longevity which is illustrated in Table 8.<sup>8</sup>

Whilst national demographic figures show little difference between the two countries, it should be pointed out that some 85% of Australia's population is urbanised (principally along the Eastern seaboard) in contrast to Sri Lanka's 30%. Whilst perhaps some 60% of Sri Lankans are peasant farmers without health insurance or social security benefits such as aged pensions, they would naturally look to their children for care when no longer able to fend for themselves. Whilst this may succeed on grounds of tradition, to an onlooker from a foreign country this seems to contain significant risks if translated into national policy, particularly during periods of rapid industrialisation and break-up of extended family living. Taking family care for granted as a labour of love may be convenient for governments struggling to contain national debt, and this is often rationalised as being more kind, sensitive and attuned to individual needs than whatever can be provided by paid care givers.<sup>9</sup> However, whilst much of this may be true much of the time and in many cases, it need not be equated with quality of care. It may place tremendous physical, financial and emotional pressures on family members and conflict with their best interests.

Such policies merely assume the total availability of the family's free domestic labour and time — that someone is at home, willing to provide care, and simply waiting to be called upon. Very understandably, this is becoming a feminist issue in Australia if for no other reason than because it leads to further structural economic inequalities. The invisible work of care giving must eventually be

Table 6. Aged Population, 1981-2011 — Australia

	000s	% inc	% 65+
1981	1455		9.7
		)16	
1986	1682		10.5
		)17	
1991	1967		11.3
		)13	
1996	2220		12.0
		)8	
2001	2392		12.3
		)9	
2006	2607		12.8
		)13	
2011	2941		14.0

Table 7. Population Characteristics — Australia and Sri Lanka

	Population size (mid-1991) (millions)	Crude birth rate (per 1000)	Crude death rate (per 1000)	Natural Increase (%)	Pop. Projected in 2010 (millions)	IDR	TFR	LE	Pop. under 15/65 x (%)
Aust	17.5	15	7	0.8	21.7	7.7	1.8	76	22/11
Sri Lanka	17.4	21	6	1.5	21.4	19.4	2.5	70	35/4

From Borowski A, Jing Shu. Australia's Population — Trends and Prospects, Commonwealth of Australia 1991 P. 102-103

Table 8. Projections of Life Expectancy (5 year averages) for 1990

	at 60		at 65		at 70		at 75	
	Males	Females	males	Females	Males	Females	Males	Females
Australia	20.83	29.32	17.87	25.56	15.78	22.45	14.92	20.40
Sri Lanka	19.17	21.61	16.26	18.22	14.04	15.60	13.14	14.09

From Garrett M. Life Expectancy indicators for the Elderly — a global analysis and critique Vol. 1 No. 2, 1991, P.9.

played out in women's lower economic status throughout life, and especially in old age, when this finally catches up with one who may have spent many years as a carer, perhaps foregoing employment, social and marital opportunities.

Such labour is not compensated by increased pensions or other benefits and they do not take into account the lifelong impact of such service in many cases.

Those younger women who want to avoid the poverty and powerlessness of staying out of the work force, yet try and carry out their "duty" to elderly relatives, face

enormous stresses. Social policy therefore must break out of the mind-set that care giving is a private duty.<sup>10</sup>

It is for reasons such as these that research into the nature of the caring relationship and what makes it function best becomes essential. Carer stress/distress and carer breakdown are subjects not only of humanitarian but also of economic significance. The kinds of actions which will promote success have to be understood, as must be the ingredients of the more successful (as well as disastrous) of these relationships so as to enable predictions to be made about likely outcomes in individual cases.

Table 9. Age — Sex Population composition 1981 — 2000 ('000s) — Sri Lanka

Age Group	1981		1990		2000	
	Male	Female	Male	Female	Male	Female
60-64	183	157	234	225	288	287
65-69	133	119	178	169	229	233
70-74	97	83	123	119	166	176
75+	109	100	131	130	175	194
Total	522	459	666	643	858	890

Source: Census of Population 1981, and Estimates of Population Division, Ministry of Health and Women's Affairs

Finally, Table 9<sup>11</sup> gives a hint of the future for Aged Care in Sri Lanka. It will be noted that by the year 2000 it is estimated that there will be 287,000 females aged 60 to 64. These women are very likely to be fit and well but approaching retirement or may already be retired. At the same time, some 175,000 men and 194,000 women over the age of 75 will be around, and experiencing substantially rising disability rates. It thus may well be that next century aged care will be neither provided by governments nor by traditional family care givers such as children. It may well be that innovative approaches may emerge such as the care of the "old old" can be provided by the "young old", the apparently fit 70 years old looking after the very frail 90 years old persons. Such arrangements may help solve the plight of the very dependent very old individual, the difficulties of national treasury departments and the unfamiliar lengthy leisure periods of the recently retired. Something to think about!

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