

# **Policy implications and challenges of population ageing in South Africa**

by

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# DECLARATION

I declare that the dissertation hereby submitted by me for the degree Magister Artium (Sociology) at the University of the Free State is my own independent work and has not previously been submitted by me at another university. All sources referred to in this study have been duly acknowledged. I furthermore cede copyright of the dissertation in favour of the University of the Free State.

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Wade Goodrick

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# LIST OF ABBREVIATIONS AND ACRONYMS

ABET	-	Adult Basic Education and Training
AU	-	African Union
CAI	-	Committee on Ageing Issues
DOTS	-	Directly Observed Treatment Short Course
DRTS	-	Demand Response Transportation System
EPWP	-	Extended Public Works Programme
GNP	-	Gross National Product
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICPD	-	International Conference on Population and Development
IEA	-	International Energy Agency
ILC	-	International Longevity Centre
ILO	-	International Labour Organisation
IUD	-	Intra uterine device
MDG	-	Millennium Development Goals
MIPAA	-	Madrid International Plan of Action on Ageing
NDA	-	National Development Agency
NGO	-	Non-governmental organisation
PAYG	-	Pay-as-you-go
PDP	-	Population Development Programme
PRB	-	Population Reference Bureau
SASSA	-	South African Social Security Agency
SFA	-	Strategic Focus Area
TFR	-	Total fertility rate
UN	-	United Nations
UNAIDS	-	United Nations Programme on HIV/AIDS

UNDESA	-	United Nations Department of Economics and Social Affairs
UNECE	-	United Nations Economic Commission for Europe
UNFPA	-	United Nations Population Fund
UNPD	-	United Nations Population Division
WHO	-	World Health Organisation

# ABSTRACT

As a consequence of the iterative combination of fertility and mortality declines, the South African population's age structure has begun to experience significant ageing, whereby a shift from having a population characterised by many young people (0-14 years old) to a population characterised by increasingly more older persons is occurring. The demographic trend known as population ageing places numerous pressures on all social, economic and developmental fronts, requiring societies to reconfigure their developmental agendas, aims, programmes and policy in order to provide for an ageing population's needs. Thus, it is imperative to analyse the implications of ageing and South Africa's policy responses to such implications so as to provide vital information that will undoubtedly prove useful in planning and decision-making processes for the future when ageing has become significantly progressive.

The purpose of the study was to analyse the extent to which South African socio-economic and developmental policy frameworks take the implications and effects of population ageing into concern, while evaluating the ability and appropriateness of current South African policy initiatives in dealing with the demands and needs of an ageing population. Moreover, the study explored the demographic nature and dynamics of the age transition globally, as well as in South Africa; while providing recommendations that will benefit policy responses and their implementation, when targeting implications associated with ageing. Combining both quantitative and qualitative techniques, the study made use of an exploratory mixed methods approach, whereby several sources of information were utilised throughout the data collection process, namely in-depth primary and secondary literature sources; secondary demographic data that exemplify the occurrence of population ageing and its implications in South Africa; policy and legislative documents; and data collected from key and strategic interviews using purposive and snowball sampling techniques.

Several important findings were drawn from the study, namely that the South African population is ageing at a rapid rate and will most likely face a plethora of implications – challenges and opportunities – associated with ageing, such as: increased need of care for the growing older population and their families; increased demand for elderly healthcare services; increased social expenditure; greater provision of elderly household and consumptive needs; and enhanced role of older persons and focus on their needs in the political arena and so on. In response to such implications, the South African government has installed policies focused on the material and social wellbeing of the older South African population; however, these policy responses are generally only partially successful and are often hampered by several obstacles that contribute to their insufficiency; a primary hindrance being the overall lack of awareness concerning the implications, challenges and opportunities associated with the country's ageing population.

Lastly, a number of recommendations were made based on the study, namely that programmes which facilitate the awareness of ageing implications need to be implemented and strengthened throughout South Africa, while all ageing concerns must be mainstreamed and prioritised in policy. Furthermore, research on the potential socio-economic, fiscal and monetary implications of an ageing South Africa must be initiated so as to improve the drafting and implementation of ageing policy and strategy. Finally, the scope and focus of South African policy responses targeting implications of ageing need to be broadened to include all implications and concerns, along with the strengthening of institutional arrangements.

**Key terms:** ageing; age dependency; ageing transition; active ageing; mainstreaming; population ageing

# OPSOMMING

As gevolg van die herhalende kombinasie van fertiliteit- en mortaliteitaftnames het die Suid-Afrikaanse bevolking se ouderdomstruktuur 'n aansienlike veroudering begin ervaar. Hierdie verandering word gekenmerk deur 'n verskuiwing vanaf 'n bevolking met baie jongmense (0-14 jaar) tot een met 'n toenemende getal ouer mense. Hierdie demografiese tendens, bekend as bevolkingsveroudering, plaas aansienlike druk op alle maatskaplike-, ekonomiese- en ontwikkelingsterreine wat gemeenskappe noop om hul ontwikkelingsagendas, -doelwitte, -programme en -beleide te hervorm om sodoende voorsiening te maak vir die behoeftes van 'n verouderende bevolking. Dit is dus noodsaaklik om die implikasies van sodanige veroudering, asook die Suid-Afrikaanse Regeringsbeleid in reaksie op sulke implikasies, te analiseer ten einde noodsaaklike inligting daar te stel wat sonder twyfel baie nuttig gebruik sal kan word in toekomstige beplanning- en besluitnemingsprosesse wanneer veroudering opmerklik progressief word.

Die doel van hierdie studie was om die mate waartoe Suid-Afrika se maatskaplike-, ekonomiese- en ontwikkelingsbeleidsraamwerke die implikasies en gevolge van bevolkingsveroudering in ag neem, te ontleed, tesame met 'n evaluasie van die vermoë en toepaslikheid van huidige Suid-Afrikaanse beleidsinisiatiewe in die hantering van die vereistes en behoeftes van 'n verouderende bevolking. Verder het hierdie studie ook die demografiese karakter en dinamika van die verouderingsoorgang sowel globaal as in Suid-Afrika, ondersoek. Die aanbevelings wat terselfdertyd gedoen is sal tot voordeel strek van beleidsresponse en -implementering wanneer die gepaardgaande implikasies van veroudering, aangespreek moet word. Deur gebruik te maak van beide kwantitatiewe en kwalitatiewe tegnieke, het die studie gebruik gemaak van 'n verkennende benadering met 'n kombinasie van vermengingsmetodes, terwyl verskeie inligtingsbronne deurgaans tydens die data-insamelingsproses gebruik is. Laasgenoemde het ingesluit indiepte primêre en sekondêre literatuurbronne, sekondêre demografiese data wat die voorkoms van bevolkingsveroudering en die implikasies daarvan in Suid-Afrika toelig; beleids- en wetgewende dokumente; asook primêre data wat ingesamel is by wyse van onderhoude met sleutel- en strategiese informante deur die gebruik van doelbewuste en sneeubalsteekproefnemingstegnieke.

Verskeie belangrike bevindings is uit die studie gemaak; naamlik dat veroudering van die Suid-Afrikaanse bevolking teen 'n vinnige tempo toeneem en in alle waarskynlikheid deur 'n veeltal implikasies - beide uitdagings en geleenthede - in die gesig gestaar sal word: Hieronder tel 'n toenemende behoefte aan sorg vir die ouerwordende bevolking en hul families, 'n toenemende aanvraag vir gesondheidsdienste vir bejaardes, eskalerende maatskaplike uitgawes, meer omvattende voorsorg vir die huishoudelike en verbruikersbehoefte van bejaardes, asook die sterker rol van bejaarde mense en 'n verskerpte fokus op hul behoeftes in die politieke arena, ens. In antwoord op hierdie implikasies, het die Suid-Afrikaanse Regering beleid daargestel wat fokus op die materiële en

maatskaplike welsyn van bejaardes in die Suid-Afrikaanse bevolking, alhoewel hierdie beleidsreaksies oor die algemeen slegs gedeeltelik suksesvol is en dikwels gekelder word deur verskeie struikelblokke wat bydra tot die ontoereikendheid daarvan. 'n Primêre hindernis in beleid is die algemene gebrek aan bewustheid rakende die implikasies, uitdagings en geleenthede geassosieer met die land se verouderende bevolking.

Laastens is 'n hoeveelheid aanbevelings gemaak wat gebaseer is op die studie. Dit sluit in dat bewusmakingsprogramme vir die fasilitering van die implikasies van veroudering oral in Suid-Afrika geïmplementeer en versterk moet word, terwyl alle knelpunte rakende veroudering in die hoofstroom geplaas moet word en voorrang moet geniet binne beleid. Verder moet navorsing oor die moontlike maatskaplik-ekonomiese, fiskale en monetêre implikasies van 'n verouderende Suid-Afrika van stapel gestuur word, om sodoende die ontwerp en implimentering van verouderingsbeleid en -strategie te verbeter. Laastens moet die bestek en fokus van Suid-Afrikaanse beleidsreaksie gerig op die implikasies van verouderingsbehoefte verbreed word om alle implikasies en knelpunte in te sluit, tesame met die versterking van institusionele ooreenkomste.

**Slutelwoorde:** veroudering, ouderdomsafhanklikheid, ouderdomstransisie, aktiewe veroudering, hoofstroming, bevolkingsveroudering

# CHAPTER 1 INTRODUCTION AND RESEARCH PROBLEM

## *About Chapter 1*

This chapter outlines the topic of the study ‘Policy implications and challenges of population ageing in South Africa’ by discussing, in short, the background, research problem and rationale behind this study, while outlining the aim and objectives which the researcher sought to answer and achieve.

## **1.1 BACKGROUND**

Humankind has shown extensive progress throughout the past few centuries. From the invention of the steam engine to the discovery of penicillin; human societies have changed technologically, socially, as well as physically. In general, the human social reality has largely been reshaped by rapid population growth where increasing numbers of human beings require social change so as to accommodate greater human needs. Population growth and the many changes that it triggers are directly associated with several non-uniform demographic transitions, that refer to the various stages of transformation which human populations experience (Weeks, 2012). In response to growing numbers of people, almost all societies have had to alter their social activities in order to alleviate increasing demographic pressures. Rapid population growth, in many cases, has forced individuals and social groups to counter its pressures through the reorganisation of groups and changes in social practices. Ultimately, the human response to such rapid growth is that of fertility control and reductions in younger age cohorts. Moreover, newfound awareness and practices have seen increasingly fewer people being born, yet a largely unforeseen consequence of fertility declines are the alterations in populations’ age structures; where populations have experienced gradual shifts from many people being situated in younger age cohorts, to those of the older age cohorts (UNPD, 2001).

Overall, population changes have impacted on societies by placing pressures on all social, economic and developmental fronts, providing a cause for concern for all societies to sufficiently meet the changing needs of their populations. In recent times however, a new demographic trend has emerged to dominate 21<sup>st</sup> century populations, i.e. the ageing of populations. While many (mostly developing) nations are still trying to grapple with their growing populations, others (mostly developed nations) are experiencing an ageing transition.

This transition encompasses the experience of populations growing at more stable rates, or even declining in size, due to the iterative combination of the consequences of both the mortality and fertility transitions. Inevitably, fewer entrants into the population at younger ages and the increasing presence of older people has led to those in the older cohort increasingly outnumbering the younger cohort. Thus, populations are proportionately comprised of more and more elderly (aged 65 and older). This trend is set to result in the world's population containing between 800 million and 1.2 billion older persons by 2025, and more than double that by 2050 (Pelsler, 2004; UNDESA, 2010; WHO, 2002a). Yet, just like previous demographic transitions, societies will come to experience numerous pressures brought about by the onset of population ageing. Such pressures will force all nations to reconfigure their developmental aims, programmes and policy focus, so as to successfully deal with the new burdens created by a population experiencing a demographic trend centred upon an ageing effect.

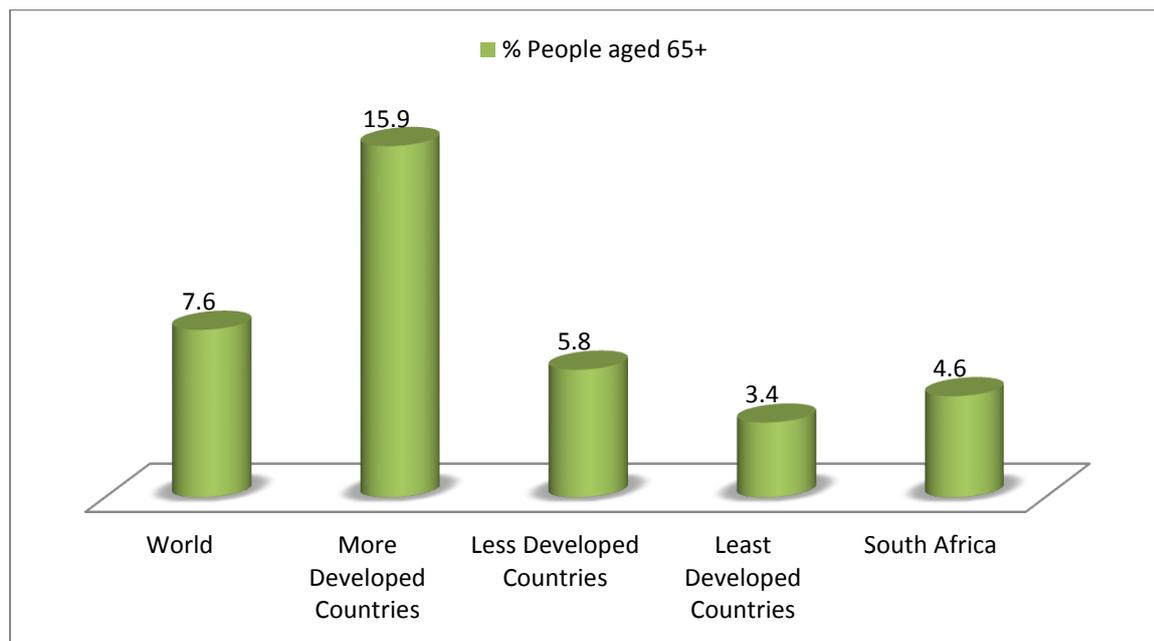
### ***1.1.1 Population ageing across the world***

The ageing effect refers to a shift in the age structure of populations that has a profound impact on a broad range of economic, political and social processes. Previous studies have shown that the rapid ageing of populations generally, have many social and economic implications attached to the phenomenon (Barker, 2004; Daggett, 2011; Fishman, 2010; Nizamuddin, 2002; Weeks, 2012). This includes heightened dependency burdens; alterations in sustainability of family structures; medical needs that focus on non-communicable degenerative disease; increased consumption trends due to more individual homes housing elderly; and the potential depression of economic growth and development due to the economic withdrawal of those entering pensionhood, which inevitably results in structural changes within the labour force, among other problems. Ageing has already caused many nations to experience such implications; however, some regions have experienced it more than others, while yet others stand to experience the ageing transition differently from those previously.

The ageing of populations is mostly associated with the more developed regions of the world, yet the less developed nations are set to face even more rapid population ageing in the 21<sup>st</sup> century than in the past. Worldwide, the percentage of the population aged 65 years or older increased from 8 to 10 per cent in the second half of the 20<sup>th</sup> century. During the first half of the current century, that worldwide percentage is projected to increase by 110 per cent, culminating in approximately 20% of the world's population older than 65 (ILC, 2009). As illustrated in Figure 1.1, the more developed regions have experienced the most significant extent of ageing, while the less and least developed countries have only just begun to experience the ageing transition. This trend is evident on a national level and South Africa is projected to experience considerable growth in the numbers of people older than 65, from 1.4 million to 3.8 million between 1995 and 2025 (Pelsler, 2009; UNDESA, 2010).

Such a significant change is largely due to South Africa and other less developed countries progressing through the various demographic transitions at rapid rates; thus experiencing ageing over much shorter periods of time, compared to the more developed regions, who have experienced the ageing transition at slower rates, but for far longer periods of time. This issue of ageing in the less developed nations is concerning, as many countries are still characterised by low levels of socio-economic development (Bulete, 2010; Cohen & Menken, 2006; UNDESA, 2009a).

**Figure 1.1 Proportion of people aged 65 years and older in 2010**



Source: Constructed with data from UNDESA, 2010

As with other demographic transitions, the ageing transition process is not uniform, resulting in different countries and regions entering it at different times; being in different stages of the process, and going through the process at different rates (Weeks, 2012; WHO, 1999). The ageing transition differs amongst dissimilar economies, thus resulting in dissimilar implications and effects. Unlike the more developed nations, the less developed regions are set to experience the ageing of their populations before any significant socio-economic development has taken place, resulting in reversed, depressed or even retarded development and growth. This makes it likely that these developing nations will experience incomplete transitions from developing markets to developed market economies, thus amplifying global stratification (De Wet, 2010; Nizamuddin, 2002). Therefore, all nations are set to experience ageing at one point or another, including South Africa.

### ***1.1.2 Ageing in South Africa***

One developing country set to face the inescapable effects of population ageing is South Africa, which, since the early 1990s, has experienced rapid declines in both fertility and mortality rates, while also experiencing increased longevity among certain population cohorts (Aboderin, 2005; Department of Social Development, 2010; Korf, 2006). Even though the impact of HIV/AIDS has perpetuated an increase in mortality over the past few decades, increased longevity has generated an escalation in the number of older persons in the South African population (Ziehl, 2007). As Joubert and Bradshaw (2006a:3) declare, "although the proportion of the older population will increase moderately over the projection period, the absolute size is projected to increase by 112 per cent, from 2.47 million in 1985 to 5.23 million in 2025, i.e. a doubling over the course of 40 years. Census 2001 counted 3.28 million older persons<sup>1</sup>. These figures reveal that population growth in the older age cohorts will be considerably more rapid than in the age cohorts younger than 60 years old." Pelser (2009) and UNDESA (2010) reveal that it is more realistic that by 2025, there will be approximately 3.9 million older aged South Africans. Furthermore, South Africa also faces issues not dealt with before by many other nations which are experiencing the ageing transition. Weeks (2012) explains that due to transitions not necessarily occurring in a smooth, uniform manner, especially when alterations in the age structure that are part of the age transition arise, there are opportunities for inequities to creep into the social structure. This calls for concern, as South Africa's more variable age transition can potentially cause further changes in economic organisation, political dominance, and social stability. This can be noted from examining the country's population structure which has experienced major emigration in the young white cohorts, as well as rising mortality rates among young and middle-aged blacks due to high HIV/AIDS prevalence rates (MacFarlane, 2005).

In addition, the country will also experience a double demographic burden, which refers to a trend within the ageing transition, in which several parts of the nation will encompass both high child dependency and high old-age dependency. This places conflicting pressures on the economically active cohorts who will become the smaller of the age cohorts. Pressures are relative to the fact that much of the resources required for social expenditure and security for both young and old persons are provided both indirectly and directly by activities of the economically active age cohorts. Thereby, the country will be faced with dealing with the burdens of two dependent groups, not only one, as in the case of developed nations who have progressed furthest in the ageing transition (UNDESA, 2009a). This illustrates that South Africa will witness the progression of the ageing effect, as well as inequities that serve to construct more complex ageing implications. Nevertheless, these implications of experiencing the ageing transition are not all bound to be disadvantageous to the country; with careful planning, South Africa may be able to harness the various opportunities of having an older population,

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<sup>1</sup> Regarding the South African Census 2011, no data procured by this census was included in the study due to the publication of data occurring outside of the studies timeframe.

who provides an immense consumptive and knowledgeable force (Department of Social Development, 2008).

However, learning from past nations' mistakes concerning the provision of social protection and economic goals, suggests that for South Africa to effectively deal with the issue of population ageing, the State should plan ahead in order for the country to afford to grow old. One way of doing this regards the implementation and activation of socio-economic policies that emphasise ageing and accommodate the social, economic and environmental impacts of ageing.

### ***1.1.3 Ageing policy frameworks***

Owing to the proportion of elderly people increasing in all sub-regions of the world, there has been a demand for public policy interventions that address the implications and concerns of population ageing through multidisciplinary perspectives which reflect the varied impacts and repercussions of ageing (UNFPA, 2008). According to Aboderin (2008:3), "in response to the broad demographic ageing and health trends, two key recent supranational policy frameworks – the United Nations Madrid International Plan of Ageing on Ageing (MIPAA) of 2002 and the African Union Regional Policy Framework and Plan of Action on Ageing (AU-Plan) of 2003 – call on governments to forge policy action to promote older persons' health and advance well-being into old age." Of these two, the most recognised plan of action is the MIPAA which implies that governments have a primary responsibility for implementing the broad recommendations of any ageing plans of action. These policy plans recommend the mainstreaming of ageing issues and concerns throughout all policy, and provide the essential guidelines and recommendations to generate policies that should be able to meet an ageing population's needs, as well as improving the lives of all other persons. However, the application of such measures is often not readily enforced (UNDESA, 2002). Overall, the ageing of populations will force almost all nations into governmental action and response; which include policy adoption and reconfiguration. South Africa is one country that requires this policy intervention in order to implement the correct policy responses for the ageing of the country's population.

### ***1.1.4 South African ageing policy***

Since as early as 1974, the South African government has worked with active population policy programmes. The 1974 Family Planning Programme sought to regulate and control the population size of various ethnic and racial groups, while the 1984 Population Development Programme (PDP) attended to the matter of lowering a rapidly growing national population. In 1998 the more dense and comprehensive national policy framework, known as the national Population Policy for South Africa was formed. This not only revised and adjusted both of the previously used demographic policies, but also aligned them with international frameworks, such as the Programme of Action of the 1994 International Conference on Population and Development (ICPD) in Cairo. Of importance is that, it

emphasises the relationship between population, development and the environment as being reciprocal in nature (Department of Social Development, 1998). This policy provides development priorities, goals and guidelines for planners concerned with the South African population as a whole; however, it was only in the 2008 review of the 1998 Population Policy that prominent acknowledgement of population ageing as a concern of the South African population was noted. Most issues relevant to the growing older population are more thoroughly incorporated into the South African Policy for Older Persons (2006), which strives to meet the needs of the country's older population. While this policy is relatively effective in meeting such needs, it does however lack concern for having a rapidly growing older population, as well as the implementation of the policy's aims and objectives.

## **1.2 RESEARCH PROBLEM**

Until now, population ageing has mostly been associated with the more developed regions of the world, where the largest proportion of older people live. Through decisive measures and expanded systems of social security and healthcare, many of these developed nations have been able to effectively deal with progressive ageing, while at the same time, improving their standards of living. However, as noted in the World Population Ageing Report (UNDESA, 2009a), strains have begun to affect developed nations' support systems due to the rapidly ageing populations' demands. Even the richest countries cannot fully provide for the financial resources required for further social and economic development while this ageing phenomenon occurs at its current rate. While ageing has had a drastic affect on more developed countries, the ageing transition does not leave developing countries entirely unscathed. It is projected that by 2025, the South Africa's population will be composed of an elderly population growing at 3.5 times the speed of the total population (Joubert & Bradshaw, 2006a & 2006b). Thus, South Africa will experience the ageing transition at its fullest.

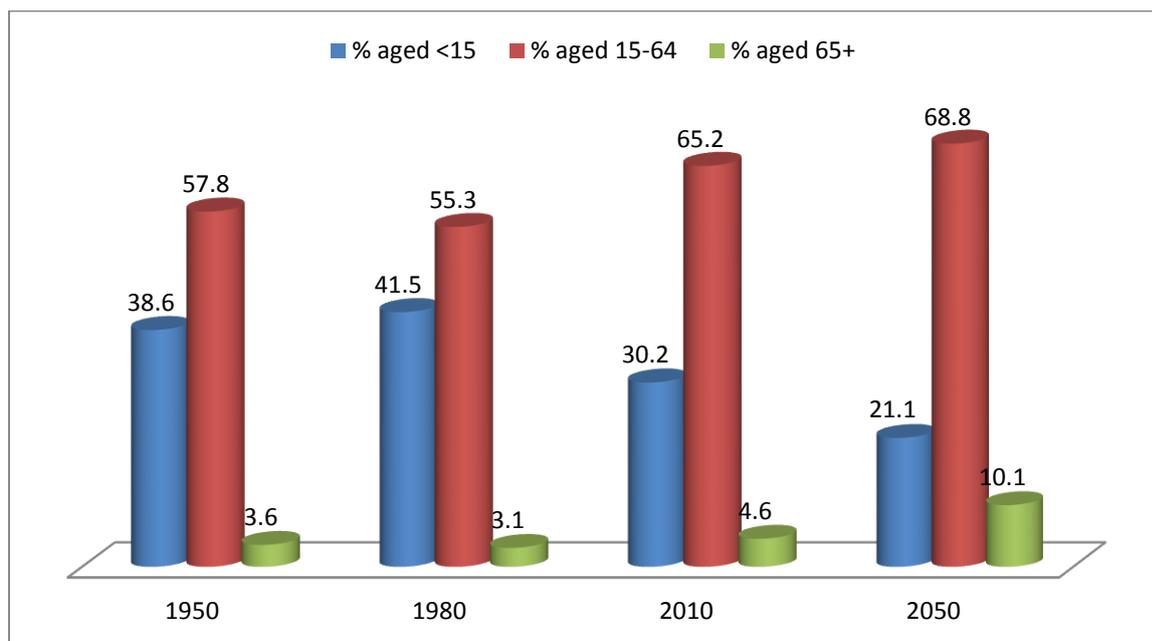
### **1.2.1 Scale of the problem**

The importance of the ageing argument is explained most critically by Obaid, the Executive Director of the United Nations Population Fund (UNFPA): "The issue of ageing must be at the centre of the global development agenda. Today, the elderly are the world's fastest-growing population group, and among the poorest. One person in ten is 60 years or older, but by 2050, the rate will be one person in five. We must meet the needs of the older persons who are alive today and plan ahead to meet the needs of the elderly tomorrow (Mujahid, 2006:ii)." Adding to the scope of ageing as a worldwide issue, the proportion of older persons is growing faster than any other group in the world. Between 1970 and 2025, a growth in older persons of some 694 million or 223 per cent is expected. Furthermore, by 2025 there should be about 1.2 billion elderly people, the number of which will double in size by 2050, to eventually reach a total of 2 billion (UNDESA, 2010). Even more pressing

is the projection that 80 per cent of the elderly population will be situated in the less developed regions (Weil, 2006).

As illustrated in Figure 1.2, the ageing transition in South Africa has produced marked increases in the proportions of adult and older persons in conjunction with declining numbers of younger persons from roughly the early 1980s and onwards.

**Figure 1.2** Age composition of South Africa, 1950-2050



Source: Constructed with data from UNDESA, 2010

### 1.2.2 Ageing as an issue in South Africa

According to Ferreira (as cited in ILC, 2009), the South African government is predominantly focused on the country's youthful population and the current impact of HIV/AIDS on the demographic structure of the nation. It is notable that age is a topic found in various national policies; however, the implementation of policy directly targeting the issue of population ageing has fairly little availability throughout South African policy. South Africa, together with many other African Heads of State and Government, adopted the African Policy Framework and Plan of Action on Ageing in January 2002, declaring the need to launch policies that raise awareness of the special situation, needs and welfare of older persons. However, even though progress has been made concerning the development of policies and strategies that address the needs of older persons, reviews of these motions have found that ageing is still not adequately grafted into most policy, and when it is, it is but a secondary, attached objective that is supposedly met through achieving non-ageing objectives (Joubert & Bradshaw, 2006a &

2006b). A major issue concerning the use of ageing policy in South Africa can be accounted for by numerous errors in policy design and implementation.

According to Joubert and Bradshaw (2006a:12), "no other ministries [except the National Departments of Health and Social Development] have policies to benefit older persons *specifically*". Furthermore, South Africa does have a comprehensive policy on ageing in the form of the Policy for Older Persons (2006), but this is still relatively underdeveloped and lacks insight into what specific strategies have been formulated, approved or executed across countries on a global scale (Aboderin, 2008).

### ***1.2.3 Planning for the future***

According to Aboderin (2008) and Pelsler (2009), the substantial increases in the proportions of elderly from 6.2 per cent of the national population in 1995 to a projected 7.5 per cent in 2025 will have drastic implications for the planning of social and health services in South Africa. This can only be successful if those in charge of national and provincial planning have a deep understanding of the evidence concerning various ageing determinants. With such an understanding, concerns can be answered pertaining to the effects of ageing on a society's social security systems and patterns of resource distribution. These can include intergenerational support systems; workplace pension funds; retirement policies; social welfare assistance; health/insurance/medical aid funds; and healthcare provision (Joubert & Bradshaw, 2006b). Furthermore, aspects of planning concerning labour force shortages and sustainability, as well as dependency burdens will need to be reviewed and adjusted to meet the demands of a rapidly ageing South African population.

### ***1.2.4 Previous research into population ageing***

Until now, the majority of research relating to the topics of population ageing and ageing policy has focused on the issues prevalent in the more developed regions of the world (Truman, 2010; Vaupel, 2005). It is important to learn from these nations how to deal with ageing and its implications; however, it is of greater importance to focus on the issues of ageing within a specific national context, position and status. Past research in the less developing regions, as well as in South Africa, has seen mainly descriptive studies which have focused on the proportions of ageing amongst racial groups, as well as the incidence and prevalence of ageing (ILC, 2009; Joubert & Bradshaw, 2006a; MacFarlane, 2005). The transformation in the focus on healthcare is also a dominant concern, where past studies (Aboderin, 2008; ILC, 2009) have sought to identify and target the needs and inequities of the older population. It is notable that such studies are largely based on the individual level – assessing an individual older person's needs, not a groups. While a great deal of literature can be found concerning the implications of ageing in the developed regions of the world, far less is evident for less developed countries. A further troubling aspect is the tendency for studies to explore the implications of

population ageing and ignore research or consideration of the application of successful solutions to ageing (Vos *et al.*, 2008).

Moreover, it is concerning that scant research has been accorded to the possible opportunities for an aged population, such as for economic expansion due to the growing elderly cohorts possibly being a production power as an employee force, and a purchasing power as a consumer force (Joubert & Bradshaw, 2006b; Turra & Queiroz, 2005). Therefore, new research is required to identify the gaps in South African policy concerning the ageing of the country's population and the inevitable implications and challenges of this growing demographic trend. Bearing all of this in mind, greater policy responses to population ageing could be drafted and possibly succeed in alleviating the negative issues of ageing, while building on the opportunities of having an older population.

### ***1.2.5 Study focus***

This study sought to analyse the past and current situations of South African policy concerning ageing, within the context of the current ageing transition. The investigation was based on the primary research question which asked: 'To what extent does socio-economic and developmental policy frameworks in South Africa take the implications and effects of population ageing into consideration?' Such a topic should prove invaluable for the future, as South African policy will ultimately have to reassess and reorganise its public policy so as to meet the nation's socio-economic, environmental and developmental needs, while promoting the creation of a society that provides a high and equitable quality of life to all its denizens, in which population trends are commensurate with sustainable socio-economic and environmental development (UNFPA, 2008). Overall, the study sought to determine if existing policies and policy frameworks were able to sufficiently address the challenges provided by an ageing population.

## **1.3 AIM AND OBJECTIVES**

Based upon the primary research question, the study sought to achieve a primary aim that counted as the overall goal to be attained. Furthermore, several secondary objectives needed to be achieved so that the primary aim could be realised.

### ***1.3.1 Primary aim of the study***

The study aimed to evaluate the ability and appropriateness of current South African policy initiatives in dealing with the demands and needs of an ageing population.

### **1.3.2 Secondary objectives of the study**

Stemming from the primary aim of the study, the secondary objectives were to:

- Explore the demographic nature, extent and dynamics of the age transition, both internationally and in South Africa;
- explore and determine the most likely impacts of an ageing population on South Africa's future social, economic and developmental needs;
- explore international and South African policy frameworks dealing with the issue of an ageing population;
- determine the socio-economic implications of ageing in South Africa;
- identify the gaps in South African policy with regard to ageing; and
- identify and provide recommendations that will benefit ageing policy design, implementation and activation in South Africa.

## **1.4 RATIONALE FOR STUDY**

Over the past few decades much research has been undertaken to identify and explain ageing and its various effects on the numerous sectors of society. Such research is vital, as it assists planners' and stakeholders' awareness concerning the causes, effects and implications of an ageing population. As Sigg (2005) explains, such research will undoubtedly prove to be a crucial aspect in the planning and decision-making processes of the future. Currently, almost all developed nations are experiencing the demographic trend of population ageing. Many of these countries are finding it problematic to deal with the ageing effect, often facing issues that have adverse effects and few pathways towards effective solutions, or at least mitigation efforts for ageing issues (Gavrilov, 2004). However, the socio-economic implications of ageing are set to occur more rapidly, as well as at greater levels of impact in less developed nations, which include South Africa (Joubert & Bradshaw, 2006a). With the help of developed countries' experiences, this study attempts to provide further insight into the unfolding dynamic of population ageing internationally, as well as on a national level; thereby uncovering the potential and projected future challenges and implications that the South African government and society will most likely face in the near future.

The study aims to contribute to the current needs of public and private planning by providing an in-depth analysis of ageing, its implications, and the prioritisation of ageing in policy. By facilitating this review and appraisal of the South African responses to ageing, the study will contribute to academia by adding to the canon of literature and knowledge on population ageing and policy responses to ageing in South Africa. Additionally, it aims to provide impetus for other researchers to build on the study's efforts, foundations and findings. Furthermore, the strategic and key stakeholders who took part in the study benefited from the study by having issues and concerns regarding ageing brought to the fore, thereby raising awareness of ageing issues in South Africa.

Lastly and most importantly, the study attempts to provide vital recommendations which can be used to strengthen and inform ageing policy, and further improve all sectors of social life by recommending alternatives with which to deal with future implications of population ageing in South Africa.

## **1.5 KEY CONCEPTS USED IN THE STUDY**

In order to engage in an in-depth analysis and exploration of the subject matter, the study was conceptualised in terms of and based on the following concepts: i) ageing populations; ii) the ageing transition; iii) age dependency; iv) mainstreaming of ageing; and v) active ageing. As discussed in Chapter 3, an in-depth literature review of both relevant and contemporary sources on these concepts served as background knowledge that was later compared and integrated with the primary data collected from semi-structured interviews with key and strategic stakeholders. The five concepts are outlined below.

### ***1.5.1 Ageing populations***

Ageing refers to the process of physically and mentally getting older as a person passes through the life cycle, which is commonly accompanied by transformations in functional capacity and increasing risk of mortality (Bond *et al.*, 1994). Age is a constantly changing biological characteristic that causes social, economic and political changes by influencing the inner workings of society. Therefore, a population is said to be ageing as more and more people age, and greater numbers of older persons make up the general population. Statistically and demographically, a population with less than 4% of its population falling into the older cohorts (65+ years old) is regarded as being 'young'. 'Mature' populations have between 4% and 7% older persons within their general population, while an 'old' population has 7% and more of its population aged 65 years and older (Pelser, 2004). Moreover, when a population comprises 14% or more of older persons, it is referred to as an 'aged society' (Eberstadt & Groth, 2010).

### ***1.5.2 The ageing transition***

As a population naturally reaches its zenith within the boundaries of the demographic transition, it experiences the broad and non-uniform *ageing transition*. This transition represents the natural consequence of the iterative relationships between the other transitions (mortality, fertility and migration etc.), culminating in an increasingly larger part of the population falling within the older age cohorts (65 years and older), while an increasingly smaller part constitutes the younger age cohorts (Hoehn, 2000; Weeks, 2012). This ageing effect serves to generate social, economic, provisional, political and environmental implications for both the broader and smaller society, as societies inevitably react to the changing age distributions and their attached statuses.

### ***1.5.3 Age dependency***

As populations age the ever increasing older-age cohorts, who are largely economically inactive and therefore dependent on others, place greater pressures on the rest of society. Levels of dependency on the rest of society are measured using age dependency ratios. A ratio of persons in the ages defined as dependent (under 15 years and 65+ years old) to persons in the age bracket defined as economically active or productive (15-64 years old) in a population (PRB, 2004). Increased dependency means that those working aged, the overall economy, the state, and dependents' families will face greater burdens and pressures in supporting greater numbers of dependents (Korf, 2006). Such pressures relate to social security needs, care giving, healthcare and participation etc. and have serious implications for developmental policy makers and planners, as well as key and strategic stakeholders.

### ***1.5.4 Mainstreaming of ageing***

The mainstreaming of ageing refers to the implementation of ageing issues and concerns in all local, provincial, national and international development, so as to create an overall policy framework that takes cognisance of all ageing implications, while bringing societies and economies into harmony with demographic change (UNECE, 2009). This necessitates the consideration of the consequences of such a epidemiological transition, while emphasising a new paradigm of developmental focus concerned with the equal representation of all age cohorts and the integration of their needs in all relevant policy fields (HelpAge International, 2012b; Weil, 2006). According to the Madrid International Plan of Action on Ageing (UNDESA, 2002) and WHO (2002b), a holistic approach to the mainstreaming of ageing is based on four pillars concerning an older population's needs: i) health; ii) participation; iii) security; and iv) intersectoral action.

### ***1.5.5 Active ageing***

Developed by the European Commission, the concept of active ageing refers to the process of optimising opportunities for health, integration, participation and security in order to enhance the

quality of life as people age. This mindset adds to contemporary ageing policy by viewing older people as precious, often ignored resources, who make important contributions to the fabric of society (WHO, 2002b). Active ageing is a worthy policy tool because it seeks to create an enabling environment by shifting strategic planning away from a needs-based approach (which assumes that older persons are passive targets), to a rights-based approach that recognises the rights of people to equality of opportunity and treatment in all aspects of life as they grow older. Active ageing is a direct means by which to reduce pressures placed on society by having larger numbers of dependents.

## **1.6 THEMATIC OVERVIEW OF THE STUDY**

Emanating from Chapter 1, the rest of the study had been structured as follows:

### ***Chapter 2: The demography and implications of population ageing***

Chapter 2 encapsulates the broad experience of population ageing as a demographic phenomenon and the associated implications of ageing. The first part of the chapter focuses on the dimensions of ageing and the nature and extent of population ageing, with the substance of this section targeting the demographic explanations for population ageing. The second part of the chapter extends the discussion to the consequences and implications of population ageing, by targeting four general affected areas. More specifically, this part analyses the social, economic, environmental and political implications of population ageing, and explores the relative challenges and opportunities produced by population ageing within each category.

### ***Chapter 3: Research design and methodology***

The third chapter encapsulates the research methodology, its application and the overall procedure required to fulfil the aims and objectives of the study. This chapter presents the various aims and objectives before describing the means by which the data collection and final analysis procedure took place. It concludes with an explanation of the relevant ethical considerations that were taken into account.

### ***Chapter 4: International policy responses to population ageing***

This chapter discusses the extent to which public policy has been used in responding to the implications, challenges and opportunities of population ageing. The key areas of response are identified and explored according to various policy responses across the globe. Importantly, it must be noted that the majority of these policy responses have been initiated in the more developed regions, where population ageing has a greater emphasis within public policy. The chapter concludes with a discussion on how the success of policy responses has been hampered by a range of inhibiting factors.

*Chapter 1: Introduction and research problem*

***Chapter 5: Population ageing and the state of ageing policy in South Africa***

This fifth chapter discusses the state of population ageing in South Africa, by illustrating the occurrence of the ageing transition in the country, and identifies the most pressing implications and challenges that the country's population will face, as well as detailing the various policy responses made by the South African government which target the previously stipulated implications and challenges of population ageing.

The final section of the Chapter 5 analyses the state of policy pertaining to population ageing in South Africa, according to the opinions of various key and strategic stakeholders concerned with the implications and challenges associated with the ageing of the South African population.

***Chapter 6: Conclusions and recommendations***

This final chapter encapsulates the most important findings of the study and discusses the general conclusions regarding policy responses to the implications associated with population ageing in South Africa. In addition, the South African experience of population ageing is explicated. The chapter concludes with several recommendations that could prove to assist South Africa in developing best practice policy responses for its ageing population.

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# CHAPTER 2 THE DEMOGRAPHY AND IMPLICATIONS OF POPULATION AGEING

## *About Chapter 2*

This chapter addresses the broad experience of population ageing as a demographic phenomenon and the associated implications of ageing. The first part of the chapter focuses on the dimensions of ageing and the nature and extent of population ageing, with the main thrust of this section targeting the demographic explanations for population ageing. The second part of the chapter extends the discussion to the consequences and implications of population ageing, by targeting four general areas to be effected. More specifically, this part analyses the social, economic, environmental and political implications of population ageing, and explores the relative challenges and opportunities produced by ageing within each category.

## **2.1 INTRODUCTION**

The growth of the human population has been truly staggering, reaching 1 billion people by the year 1815, and then taking only another 100 years to jump to 2 billion. Moreover, it then took 35 years to reach 3 billion, 14 years to reach 4 billion and 12 years to reach 5 billion (UNDESA, 2010). Such unprecedented growth has resulted in efforts to reduce and halt population growth; however, global population has continued to grow, now already having burgeoned to 7 billion people. Yet, amidst attempts to control fertility and population growth levels, a new demographic trend has come to dominate much of population thinking: a trend of ageing population compositions known as ‘population ageing’ (Anderson & Hussy, 2000; Weeks, 2008).

Population ageing has been occurring amongst the most developed nations for the greater part of the 20<sup>th</sup> century, with little ageing at all in the lesser developed nations. However, the general consensus is that in the near future, even more ageing at unprecedented rates will occur as the world’s age structure and distribution, including all populations progressing through the demographic transition, transform to that of an older, more mature composition. In the past century, the worldwide percentage of the population aged 65 years and older increased to almost 10%, with projections that in the first half of the current century, this proportion will further increase to almost 20% (UNDESA, 2010).

At the same time it is estimated that the age group of <15<sup>2</sup> years will continue to decline in proportion, eventually almost equalling the size of the 65+<sup>3</sup> cohort by 2050 (see Table 2.1).

**Table 2.1 Proportions of world population aged 65+ years old and <15 years old**

Year	65+ years old (%)	<15 years old (%)
1950	5.2	34.3
1975	5.7	36.7
2000	6.9	30.2
2010	7.6	26.8
2025	10.5	23.9
2050	16.2	20.5

Source: Constructed with data from UNDESA, 2010

Across the world, the magnitude and rate of ageing varies, yet all data point to significant transformations in population composition from country to country. As detailed in the World Population Ageing Report (UNDESA, 2009a), in 1950 only 205 million persons aged 65 and older existed throughout the world, with three countries (China, India and the United States of America) having more than 10 million people aged 65 and older. By 2009 the world had 737 million persons aged 65 and older, while twelve countries had over 10 million persons aged 65 and older. Consequently, it is projected that the global population of persons aged 65 and older will increase threefold to reach 2 billion by 2050. Overall, this momentum of population ageing can be interpreted as a success story and triumph for humankind, as more people are living longer and generally healthier lives due to enhanced human control and effective decision-making. The true implications of such demographic change, nevertheless serve to complicate developmental, planning and service concerns, as more elderly people will place increasing pressure and strain on social institutions and support systems such as their families, their communities, and the state, as well as impacting on other social, economic, political and environmental processes; thus forcing public attention and focus on that of growing older aggregates (Lutz *et al.*, 2008; Martin & Preston, 1994; Rowland, 2000). To understand and deal with these concerns, a starting point should be with the influences, determinants and the demographic nature of population ageing. The first part of the chapter discusses the demography of population ageing, commencing with a description of the dynamics of ageing and clarifying the concept of ageing in populations. Lastly, the second section of Chapter 2 outlines the consequences and implications of having an ageing population, detailing potential challenges and opportunities associated with ageing.

<sup>2</sup> <15 refers to the sector of the population aged 15 years and younger.

<sup>3</sup> 65+ refers to the sector of the population aged 65 years and older.

## **2.2 DIMENSIONS OF AGEING**

Age is the cumulative and chronological time in which a person has survived in his/her life cycle (Longman, 2009). This concept is often thought of as the change in how a person looks as they progress to an older age; however, age is not only related to how a person develops physically, but also mentally. Furthermore, society relies on age as a social construct that defines a person's role and status throughout his/her life cycle, becoming most important to planners and developers when more and more members of one single age group increase to sufficient numbers to allow them to dominate their population structure (Weeks, 2012). Thus, population ageing, the growing numbers of elderly persons who in some countries are already outnumbering the younger age cohorts, has risen to become a prominent issue of contemporary social, economic and environmental politics. The following section discusses the various dimensions of ageing; including the definitions of ageing, the profiling of the elderly age group, and the definition of population ageing.

### **2.2.1 *The concept of ageing***

The concept of ageing refers to a multi-dimensional process of physical, psychological and social change, which is largely agreed on as being inevitable (Bond *et al.*, 1994; Healey, 2004) and with both positive and deleterious effects for human beings. Defining ageing is a challenging task, as its diversity and multiple-dimensions require definitions appropriate to contextual differences. Ageing can be viewed in terms of race, ethnicity, physiology, demography and culture; however, all views share the standpoint that as someone ages, he/she experiences age-related declines in functional capacity (Vos *et al.*, 2008:3). The two foremost viewpoints of ageing are the: i) biological and ii) social views of ageing.

- ***Biological views of ageing*** – The physiological process of ageing is known as senescence, where an increasing number of age isolated cells in the body demonstrate a limited ability to divide and renew themselves (Bengtson *et al.*, 2009). Therefore, the ageing body experiences a declining ability to respond to stress, increasing homeostatic imbalances and increased risk of disease. Overall, senescence limits a person's life expectancy and life span by increasing the risk of mortality by chronic disease in ageing bodies suffering from reduced functional capacity (Bond *et al.*, 1994). Weeks (2008:65), however, states: "In general, there is no inherent chronological threshold to old age". Therefore, such biological definitions of ageing view the process as an increased liability to die as one chronologically moves through the passage of the life cycle.

- ***Social views of ageing*** – Ageing, along with its biological associations, has social significance in society due to age being a social construct. Age is continuously defined and redefined according to social categories within which humans fall. Age, however, also influences the inner workings of society in important ways because society assigns social roles, defines how humans should act, how people should participate, and organises people into groups on the basis of their age and gender (Weeks, 2012). In addition, age is also defined differently across societies and cultures. For example, in many parts of Africa, advancing in age is seen in a positive light, where older people possess information and wisdom that younger generations lack (Powell, 2011; Vaupel, 2005). On the other hand, in many Western cultures, ageing is associated with negative connotations due to the elderly being viewed as dependency burdens requiring the support of the active contingent of society, in order to survive (Creedy & Guest, 2009).

Thus, ageing can be viewed both in terms of it being a physiological/biological process and a social construct, as well as viewed in terms of the demographic age groups found in populations.

### ***2.2.2 The elderly***

The age cohort<sup>4</sup> most commonly associated with old age is the elderly, who comprise the oldest part of a society's population. This social group varies across social contexts; nevertheless, it is usual to define the elderly as the group of persons who are eligible for social benefits such as retirement, pension schemes, health care plans and other social security benefits (Bond *et al.*, 1994:6; Vos *et al.*, 2008). Consequently, the convenient word 'pensioners' is used to refer to this age cohort in public policy and development programmes. Many demographers identify the elderly as the proportion of a population who are 65 years old and older (Martin & Preston, 1994; Tapinos, 2000; Wise, 2000). The elderly are the product of the ageing life cycle, where age cohorts have started young and aged progressively chronologically; in turn, transforming in size, characteristics, status and role. Ultimately, via continuous socioeconomic change, there is the creation of the final age cohort: the elderly (Weeks, 2012). Furthermore, the elderly age cohort is divided into three divisions: the i) young old, ii) the old, and the iii) old old.

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<sup>4</sup> Age cohort: A group of people born during the same time period. Each cohort starts out with a given size which, save for additions from immigration, is the maximum size it can ever attain. Over the life course of the cohort, some portions of its members survive, while others move away or die, until the entire cohort is destroyed (Weeks, 2008).

- ***The young old*** – refers to elderly persons who are recently retired and for the most part in good health (65-74 years old). These elderly are able to embark on their desires and interests such as hobbies and travel etc., while not being restricted by physical concerns.
- ***The old*** – refers to the elderly who fall into this age group who are still healthy enough to engage in all of the normal activities of daily life, and are still able to participate in regular economic activity. This age group is relatively free of disability; however, they are increasingly susceptible to senescence as they age. Demographers commonly designate the age group of 75-85 years old as being *the old* (Frolik, 2006; Murray, 2008).
- ***The old old*** – refers to the elderly who are unable to actively participate in daily life and everyday activities due to a greater susceptibility to disease and disability are the third age of the old age group. These elderly persons have limited functional capacity and most often require permanent care in institutional facilities that provide health and institutionalised care. Demographers and statisticians commonly designate the age groups of 85+ years old as the *old old* (Grady, 2008; Murray, 2008). This group also contains an increasing number of centenarians – persons living to 100 years and older.

Throughout the past and in the present century, the elderly have often been described as being a ‘social problem’. They are perceived as ageing retirees suffering the effects of economic changes, widowhood, alterations in the family constellation, failings of the body and mind’s functioning, physical illness, an increasing sense of personal finitude, and a dependency on other more active persons (Bond *et al.*, 1994:97). However, recent studies (Truman, 2010; Wess, 2010) have found that transformations and improvements in both lifestyles and technology have allowed for more energetic living in all age groups so that in future, today’s physically and intellectually active generations will grow into tomorrow’s better educated, healthier, culturally literate and more discerning consumer elderly. Yet, even with these social and environmental changes, the elderly are still often thought of as a minority within contemporary society. The once relatively small numbers of elderly persons are now rapidly growing into a more dominant age cohort which underpins the many challenges associated with the process of population ageing.

### **2.2.3 Population ageing**

As societies progress through societal transitions they inevitably experience many changes that serve to alter day-to-day living and human activity. Contemporary post-industrial society is flawed with these changes, including the ageing of populations. Until now, population ageing has proved to be an often exaggerated effect of continued fertility declines; however, it is an inexorable impact that will serve only to complicate future society as existing trends of low fertility continue (Creedy & Guest, 2009).

Population ageing is the gradual shift towards an older population, where on average, people are getting older. Thus, there is an increase in the number and the proportion of people in the population segment of 65 years and older (Grundy, 2008; Weeks, 2008; Weil, 2006). Statistically and demographically, a population with less than 4% of its population falling into the older cohorts (65 years and older) is regarded as being ‘young’. ‘Mature’ populations have between 4% and 7% elderly people within the general population, while an ‘old’ population has 7% and more of its population aged 65 years and older (Pelser, 2004). Furthermore, Eberstadt and Groth (2010) postulate that when a population comprises 14% or more of older persons, then it is called an ‘aged society’. Table 2.2 lists both the youngest and oldest populations, of whom the oldest, with the exception of Japan, all fall in Europe, a developed region the countries of which have progressed furthest through demographic transitions. Most of the youngest populations, on the other hand, with the exception of Afghanistan, are found in Africa, the least developed region in the world where few countries have made extensive progression through demographic transitions.

**Table 2.2 Countries with the youngest and oldest populations, 2010**

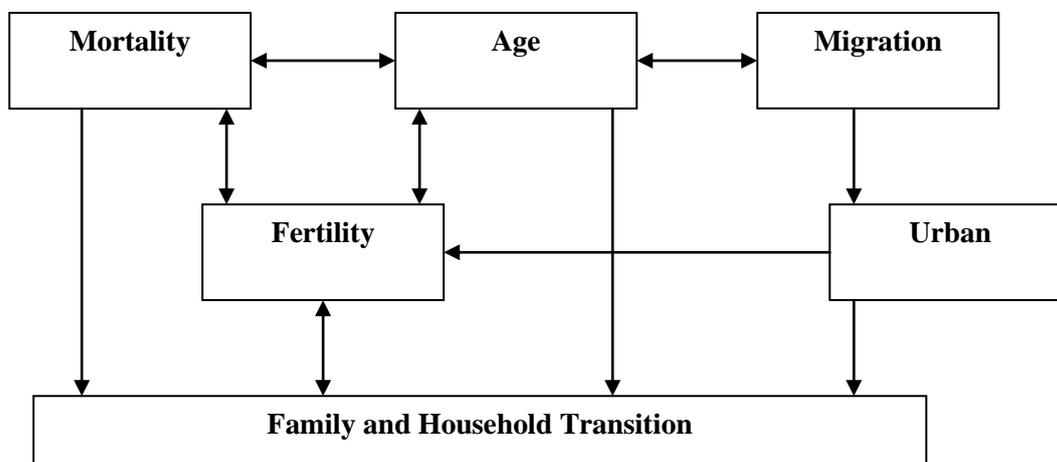
<b>Youngest</b>	<b>% aged &lt;15</b>	<b>Oldest</b>	<b>% aged 65+</b>
<b>Niger</b>	50.1	<b>Japan</b>	22.6
<b>Uganda</b>	48.7	<b>Germany</b>	20.5
<b>Burkina Faso</b>	46.4	<b>Italy</b>	20.4
<b>Congo, Dem. Rep</b>	46.4	<b>Sweden</b>	18.3
<b>Zambia</b>	46.2	<b>Greece</b>	18.3
<b>Malawi</b>	45.9	<b>Portugal</b>	17.9
<b>Afghanistan</b>	45.9	<b>Bulgaria</b>	17.6
<b>Somalia</b>	44.9	<b>Latvia</b>	17.4
<b>Tanzania</b>	44.7	<b>Belgium</b>	17.4

Source: Constructed with data from PRB, 2010

This ageing of populations is caused by the overall effects of a population progressing through the various interrelated demographic transitions (see Figure 2.1). Normally, the first transition experienced, is that of **health and mortality**, representing a shift from deaths at younger ages due to communicable disease to deaths at older ages due to degenerative diseases, while people live longer due to life expectancy gains. Second, is the **fertility transition** which entails a shift from natural high fertility to controlled and low fertility, where far fewer children are being born (Weeks, 2008). In accordance with these two transitions, populations also experience the **migration transition**, where people move from overpopulated rural areas toward urban areas. The **family and household transition** occurs when the structure of the family household transforms due to the implications of other transitions (Weeks, 2012). Importantly, due to the iterative combination of the consequences of

both the mortality and fertility transitions, together with increased life expectancy, a population enters the **ageing transition**, wherein ageing serves to alter a population's age structure and composition.

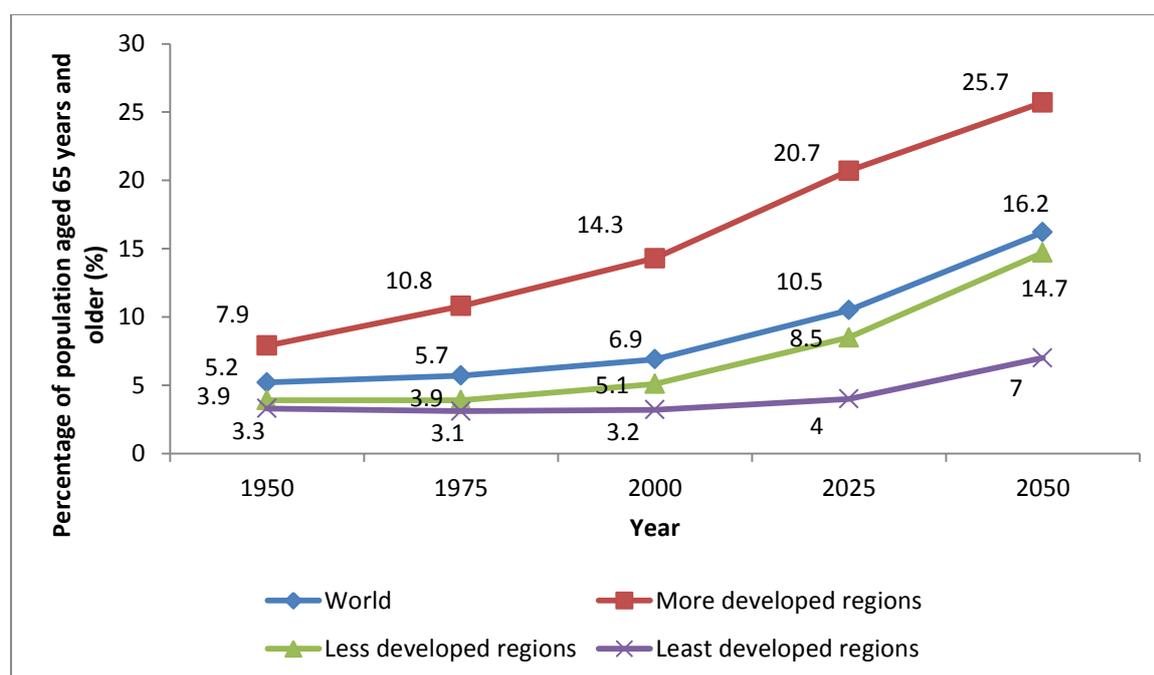
**Figure 2.1** The transitions that comprise the impact of demographic transitions on society



Source: Adapted from Weeks, 2008

Inevitably, a combination of fewer entrants into the population at younger ages and a growing number of older people leads to those in the older cohorts increasingly outnumbering those in the younger cohorts. It is projected that by 2050, the number of older people globally, will exceed the number of the young (Powell, 2011). Thus, populations are comprised of more and more elderly people aged 65 and older, resulting in the world's population containing 1.2 billion elderly people by 2025, more than double this by 2050, while peaking at over 15% of the world's population being 65 and older [see Figure 2.2] (Pelser, 2004; WHO, 2002a).

**Figure 2.2 Proportion of people 65 years and older per region from 1950-2050**



Source: Constructed with data from UNDESA, 2010

Owing to population ageing forming the core issue of this study, the following section will discuss the ageing phenomenon in greater detail by examining the nature and extent of population ageing.

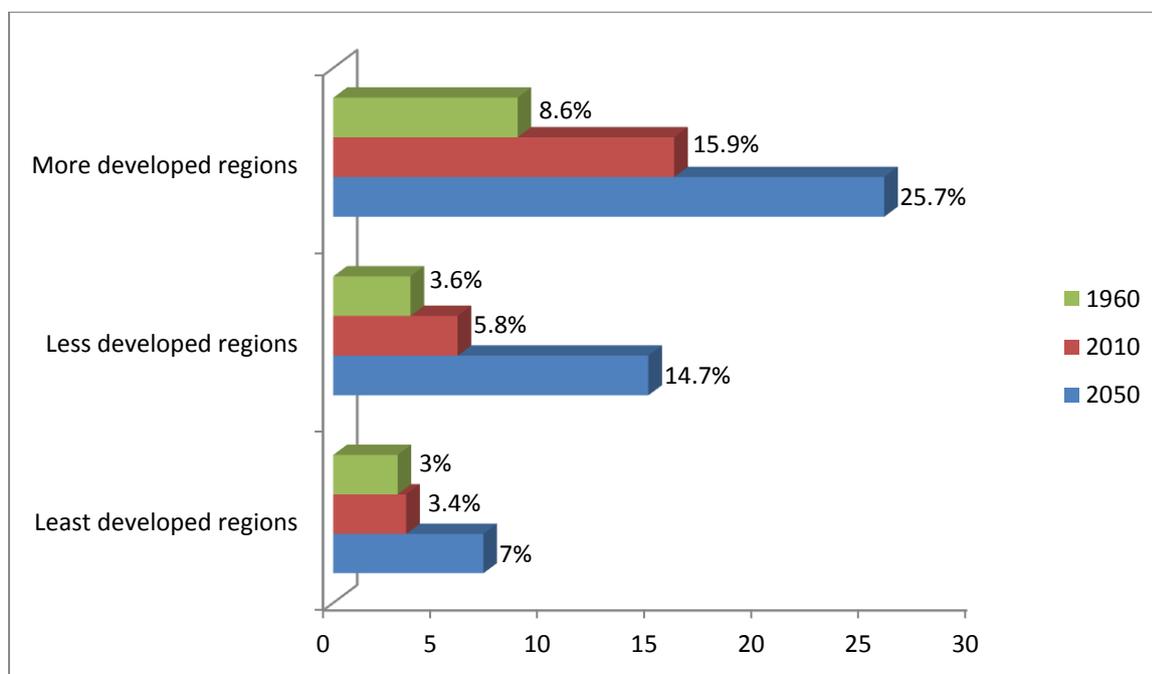
### 2.3 THE NATURE AND EXTENT OF POPULATION AGEING

As the world is ageing at an unprecedented rate, ageing across regions has shown markedly different rates and effects. The majority of ‘old’ populations are found in the most advanced and developed nations such as Germany, Japan and the United States of America, where due to these countries having undertaken the various demographic transitions for longer periods of time, they have thus entered the furthest and most advanced stages of population ageing.

The lesser developed and advanced nations, who are mostly characterised by young and some mature populations, have been experiencing the various transitions for only a few centuries at most and are set to experience population ageing at far swifter rates in the near future. For example, where a very advanced nation, such as France took more than a century for its population aged 65 and older to increase from 7% to 14%, less developed countries are experiencing much more rapid increases in the number and percentage of older people – often within a single generation (Powell, 2011; Velkoff & Kowal, 2002). Thus, according to Muenz (2007), mass ageing will likely result in the number of elderly in the world growing from 79 million in 2005 to 107 million in 2025, an increase of more than 35%. Furthermore, he (conservatively) projects that between 2025 and 2050 a 68% increase in numbers of the elderly will occur, culminating in approximately 179 million elderly people by 2050.

This ageing trend has proved to be a global phenomenon affecting every society, but the rate and volume of the ageing transition has varied according to region. As illustrated in Figure 2.3, the percentage of the population that is 65 and older is greatest in more developed regions, due to the decline in both mortality and fertility occurring over extensive periods of time.

**Figure 2.3 Proportion of population aged 65+ years per developmental region (%)**



Source: Constructed with data from UNDESA, 2010

Despite the concentration of the highest proportions of older people in the more developed regions, the majority of the world's oldest people live in the less and least developed regions (see Table 2.3). This is because the younger populations have far greater numbers of people in their populations who are, and will eventually reach, the older ages (65+ years old). As shown in Table 2.3, in sheer numbers, the less developed regions are ageing at far greater rates reaching unprecedented levels, when compared to those of the more developed regions (UNDESA, 2005 & 2010; Velkoff & Kowal, 2007).

**Table 2.3 Numbers of persons 65 years and older per developmental region**

	<b>1960</b>	<b>2010</b>	<b>2050</b>
<b>More developed regions</b>	78 357 000	197 644 000	337 213 000
<b>Less developed regions</b>	75 779 000	327 321 000	1 173 355 000
<b>Least developed regions</b>	7 224 000	28 368 000	121 577 000

Source: Constructed with data from UNDESA, 2010

In general, population ageing inevitably poses an increasing challenge that will cause a ripple effect among the various socio-economic, political and environmental sectors of human life. To deal with these numerous concerns and challenges, contemporary decision-makers and planners have to generate policy responses (see Chapter 4), to population ageing so as to deal with the problem before it becomes a force of turmoil, rather than one of opportunity (Aboderin, 2005; Weeks, 2012).

## **2.4 DEMOGRAPHIC EXPLANATIONS FOR POPULATION AGEING**

Along with climate change, population change is a global phenomenon that currently and will in future impose both costs and benefits on societies (Creedy & Guest, 2009; Furedi, 1997). As Weeks (2008:5) explains: “Population change is one of the prime forces behind social and technological change all over the world. As population size and composition changes in an area, whether it be growth or decline, people have to adjust, and from those adjustments radiate innumerable alterations to the way society operates”. Such demographic change has occurred due to populations experiencing a variety of demographic transitions. In most cases, populations experience the transition from high birth and death rates to low birth and death rates, with a spurt of population growth, culminating in a larger population at the end of the transition than there was at the transition’s commencement. However, this transition is not one ‘monolithic change’, but rather it encompasses several interrelated transitions: including fertility; health and mortality; migration; urbanisation; family and household; and ageing transitions.

For most of human history, the majority of populations have been very young. These populations’ age structures were made up of a large proportion of young people (0-14 years old); a modest fraction of people in the young adult and middle adult ages (15-64 years old), and very few older people (65+ years old). However, due to the iterative consequences of various transitions, populations inevitably experience changes in their age structures, resulting in the experience of the ageing transition (Ahmad

& Ismail, 2011; Weeks, 2008). Populations experience the following three<sup>5</sup> stages of alterations to their age structures:

- **Stage One:** Firstly, populations experience a rejuvenation of their age distribution due to declines in mortality. This allows for the proportion of children to increase because of increased survival at younger ages, while also having the strongest impact on ageing indices.
- **Stage Two:** Secondly, populations experience a maturation of their age distribution due to fertility reductions, which result in populations experiencing declines in their proportion of young people, which is accompanied by a rise in the proportion of adults of working age. The historical reduction in birth rates have seen many populations experiencing transitions from total fertility rates of 6 to 8 children per women in the 19<sup>th</sup> and 20<sup>th</sup> centuries, to 2.6 children per women in 2000, and 2.4 children per women in 2010 (Tapinos, 2000; UNDESA, 2010).
- **Stage Three:** Thirdly, populations finally become older in their age distribution once they have experienced lengthy periods of fertility and mortality decline, resulting in the proportions of both children and adults of working age declining, while the elderly proportion rises (Vos *et al.*, 2008).

Overall, the progression of populations through each stage results in two salient effects: i) in the short term, sustained reductions in fertility and mortality produce increases in the proportion of children and youth; whereas ii) in the long term, sustained reductions in these demographic processes lead to older population age distributions. Furthermore, age distributions are also bound to be affected by migration processes that may either accelerate or slow down population ageing. In the end, populations experience a transition from the classical picture of a high fertility, high mortality society with a broad base built of numerous births, to a contemporary illustration of a low mortality, low fertility post-industrial society (Kendall, 2011; Kurek, 2011; UNDESA, 2007; Weeks, 2012).

The following section contains a detailed discussion of the three demographic processes (mortality, fertility and migration) which all impact on the ageing of populations. This section discusses the multiple effect on ageing in the following order: i) stage one – the health and mortality transition’s effect on ageing; ii) stage two – the fertility transition’s effect on ageing; iii) stage three – the combined mortality and fertility transitions’ effect on ageing; and iv) the migration transition’s effect on ageing throughout the demographic transitional process.

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<sup>5</sup> The three stages of population ageing are based on Vos *et al.* (2008) and Tapino’s (2000) interpretations of Johnson and Fulkingham’s (1992) four stages of ageing in populations. Johnson and Fulkingham’s (1992) additional stage is that of an initial ageing stage where pre-industrial societies do not age, but ‘set the stage’ for the rejuvenation of populations to take place (Ahmad & Ismail, 2011). The other three stages are incorporated into the explanation of stage one, two and three of Section 2.4.1, 2.4.2 and 2.4.3.

### **2.4.1 *The health and mortality transition effect – Stage one of population ageing***

The first demographic transition which has an impact on the age structure of a population is most often the mortality transition which encompasses the transition from high death rates to much lower death rates. However, there is no central or unilateral road to low mortality – the pattern of death – but rather, a combination of many different elements ranging from improved nutrition to improved education (Weeks, 2012). This section outlines: a) the causes of mortality declines, as well as b) the mortality decline's various implications for both society and population ageing.

#### **□ *Causes of mortality declines***

Early populations were almost all characterised by high mortality rates, where, due to human settlements being densely populated and sedentary, infectious diseases were able to spread swiftly through the local populace, thus resulting in infectious diseases becoming the most prevalent cause of death; this, in turn, caused much variability in the ages at which people died (Malmberg *et al.*, 2006; Weeks, 2012). Most often people died at younger, rather than older ages. However, with improvements in nutrition, increasing standards of living, medical healthcare and technological advances, populations began to experience the transition to lower mortality rates.

Mortality declines can largely be attributed to improvements in human nutrition. Improved diet results in human beings receiving the fats, sugars and proteins which provide persons with enhanced energy levels, as well as strengthening the human body's immune system and its ability to fight off disease and illness (Smith & Mensah, 2003). Another factor which has had an immense impact on mortality decline has been the health transition, which encompasses the improved ability to monitor, control, prevent and eradicate life-threatening disease and illness. Lastly, declining mortality rates can be explained using the theory of the technophysio evolution, which views the control of the environment allowing for human populations to greatly increase average body size and to substantially improve the capacity and robustness of vital organ systems, thus leading to an approximate doubling of the lifespan, as well as reducing mortality rates (Waite, 2004).

Therefore, the transformations in previously high mortality populations can be attributed to modern humanity's progress through the nutrition and health transitions, as well as how humanity has been able to control its environments.

#### **□ *The impacts of mortality decline on population ageing***

As populations experience the health and mortality transition and thus shift from having high death rates to having low death rates, ultimately these populations will have to contend with a variety of problems, such as: i) transformations in healthcare focus; ii) a survival boom; iii) improved life expectancy; iv) transformations in times of death; and v) changing age and sex structures.

Firstly, as populations experience mortality declines and the implications of health and mortality transitions, health profiles begin to reflect the growing importance of the current most-ailed age groups. Initially, mortality declines largely occur as a result of improving standards of living and healthcare focused on infectious communicable disease, while with time and ageing, healthcare tends to alter its focus towards the older age groups (15+ years old). Nonetheless, this shift and **transformation in healthcare focus** occurs as a result of a population's experience of an epidemiological transition.

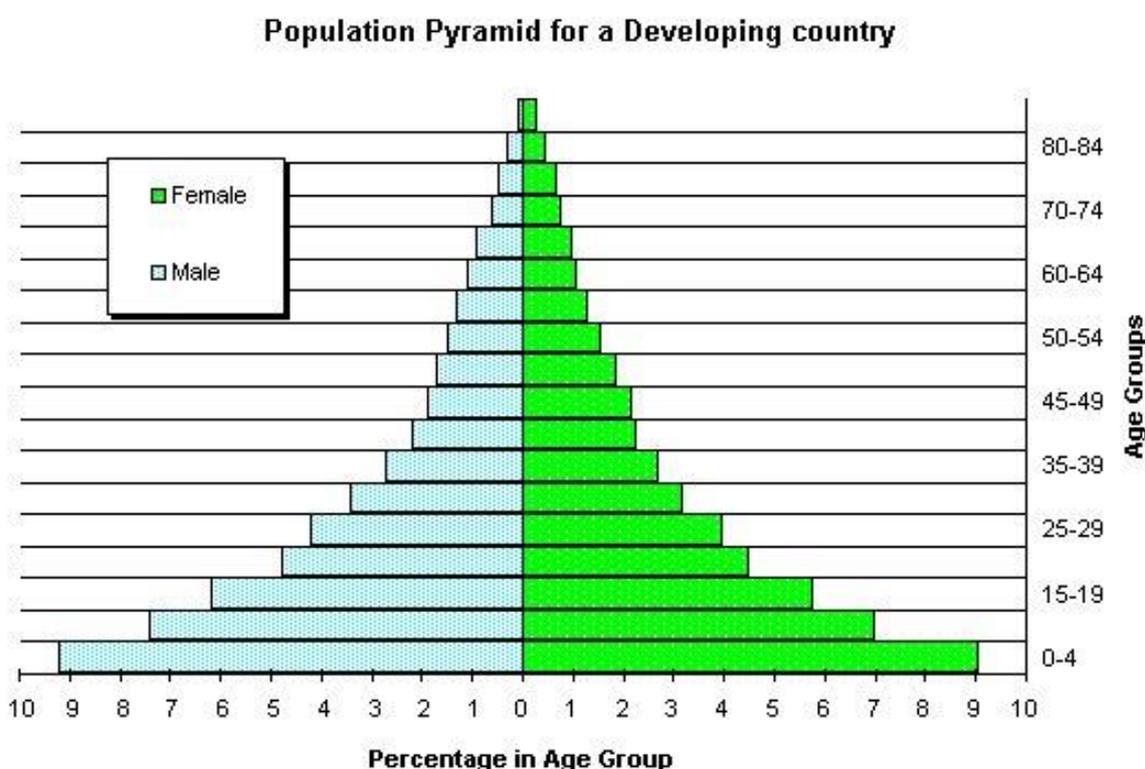
The epidemiological transition refers to the shift in prominence and incidence of disease, from high rates of infectious and parasitic disease (e.g. tuberculosis, pneumonia, influenza, measles and malaria etc.) to high rates of chronic, non-communicable and degenerative diseases (e.g. diabetes, Alzheimer's disease, lung disease and numerous disabilities etc.) (Kahn *et al.*, 2002; Thomson, 2005). Once populations have experienced regular mortality declines, they will ultimately experience transformations in the types and causes of mortality, even though mortality continues to decrease. From mostly curable infectious diseases to non-communicable non-curable diseases that occur over prolonged periods of time, populations will eventually come to acquire ageing-driven diseases as the most prominent causes of death.

Age-driven diseases, such as diabetes, Alzheimer's disease, disabilities and specific cancers require new healthcare options due to many of them affecting a person's functional capacity. For example, disabilities serve to make everyday tasks, such as eating, dressing, toileting, bathing and ambulation difficult, if not impossible tasks; thus, institutionalised and family care is required for normal everyday living of those affected across a longitudinal time-cycle (Martin & Preston, 1994). Overall, declining mortality is one sign that healthcare behaviour is improving, albeit continued mortality declines and population ageing will cause a shift towards the healthcare focus on chronic non-communicable diseases (Grundy, 2008).

Secondly, mortality declines serve to create **survival booms**. The initial effect of mortality declines results in populations experiencing rapid growth rates amongst the younger age cohorts, resulting in younger populations (Vos *et al.*, 2008). This effect is not universally caused by increased births as it may seem initially, but the reality of the situation is rather one of more children surviving to older ages (Weeks, 2008). In the long term, mortality declines result in more people in every age group experiencing increased survival rates; yet, initial mortality declines only serve to produce young populations where smaller proportions of people are older and nearer to death (Waite, 2004). As shown in Figure 2.4, the largest age groups are all situated in the earliest parts of the life cycle (0-14 years of age), while there are very few elderly (65+ years of age). Furthermore, the significant drops in mortality often prompt increases in fertility rates that can be attributed to a higher percentage of

women who are alive and able to give birth. This is due to mortality rates declining in all sections of a population e.g. men, women and children.

**Figure 2.4 Population pyramid for a developing country**



Source: Gavrilov, 2004

Thirdly, mortality declines almost always imply one of the most celebrated implications of transformations in mortality: the **improvement in life expectancy**. Since the mid-19<sup>th</sup> and 20<sup>th</sup> centuries, many nations across the globe have experienced enormous gains in life expectancy. Life spans – the oldest age to which human beings can survive – almost, and in many cases, have doubled due to improvements in healthcare, the standard of living and enhanced human control over mortality and morbidity<sup>6</sup>, resulting in new age cohorts and therefore, new challenges. Overall, biologically bound life expectancies have come to be seen as malleable, depending on a mixture of biological, genetic and socioeconomic drivers (Bond *et al.*, 1994). Improvements in life expectancy allow for the ageing of populations, as improved longevity results in the growth of the absolute number of older persons. For example, in sub-Saharan Africa the average life expectancy at birth is projected to increase from ±45 years in 2006, to 63 years in 2050, thus resulting in an increase in the median age from 18 to 26 years (Ferreira & Kowal, 2006). Therefore, as life expectancy increases, so does the average age or median age of a population in a specific region.

<sup>6</sup> Morbidity is the prevalence of disease in a population (Weeks, 2008).

As reflected in Table 2.4, the world, and specifically the more developed regions, have consistently experienced increases in their median ages as they have continued to progress through the ageing transition. The highly developed region of Europe has experienced some of the largest increases in median ages due to population ageing. This has resulted in 25 European countries having had median ages of 32 years in 1960, further increasing to 38.5 years in 2005 and are projected to rise to 48 years in 2050 (Muenz, 2007). The implications of these statistics mean that almost half of Europe's population will be above the age of 50 years by 2050.

**Table 2.4 Median age for the world and developmental regions**

	<b>Median age, 1960 (years)</b>	<b>Median age, 2010 (years)</b>	<b>Median age, 2050 (years)</b>
<b>World</b>	23	29.2	37.9
<b>More developed regions</b>	29.9	39.7	44.3
<b>Less developed regions</b>	20.1	26.9	36.8
<b>Least developed regions</b>	18.6	19.7	27.8

Source: Constructed with the data from UNDESA, 2010

Across the globe life expectancies are continuing to improve. The most developed regions such as Europe and North America have progressed to the extent that there is little chance that life expectancy will continue to rise at the same rate as in the past (currently  $\pm 80$  years life expectancy at birth). Even in the least developed and poorest nations; however, life expectancy is increasing and the number of the elderly is growing. This increase in life expectancy has mostly been reflected in the more developed regions of the world, due to them having progressed through various development transitions for longer periods of time than less developed regions. As shown in Table 2.5, life expectancy has increased from 69 in 1960 to 78 in 2010, and it is further projected to increase marginally to 83.3 years by 2050.

**Table 2.5 Total life expectancy at birth (in years) for the world and developmental regions**

	<b>1960-1965</b>	<b>2010-2015</b>	<b>2050-2055</b>
<b>World</b>	51.2	69.3	76.3
<b>More developed regions</b>	69.7	78	83.3
<b>Less developed regions</b>	46.1	67.5	75.1
<b>Least developed regions</b>	41.4	58.8	70.2

Source: Constructed with data from UNDESA, 2010

The less developed regions have shown the largest and steadiest increases in life expectancy with an increase of 46.1 years in 1960 to 67.5 years in 2010. On average, life expectancy in the least developed regions is increasing by 10 years every decade, as well as elderly numbers growing from 374 million in over 60 developing nations in 2000, to an expected 597 million in developing countries by 2015 (Powell, 2011). Moreover, with the expected socio-economic development of these less developed regions, it is projected that they will eventually catch up with the more developed regions, post 2050 (National Institute on Ageing & National Institutes of Health, 2007). Nevertheless, current theories of ageing predict that life expectancy has reached its zenith, and further improvements will be hampered by the cellular processes of senescence and the increased risk of mortality from chronic diseases (Bond *et al.*, 1994).

The least developed regions have also experienced significant increases in life expectancy from 41.4 years in 1960, to an all-time high of 58.8 years in 2010. Even though this progression in the least developed countries will continue in the years to come, their experience in life expectancy trends will differ from the more and less developed regions in two ways. Firstly, life expectancy improvements will produce a larger pool of elderly persons compared to the other developmental regions due to the large population numbers of the least developed regions. As Powell (2011:1) states: “Even in the poorest countries, life expectancy is increasing and thus the number of older people is growing. In 2000, there were 374 million people over 60 years old in developing countries – 62% of the world’s older people. In 2015, there will be 597 million older people in developing countries – 67% of the world’s older people.”

Secondly, many of the least developed regions, especially in sub-Saharan Africa, are not following the historical trend of increasing life expectancy that produces population ageing, but are rather experiencing decreases in life expectancy at birth, primarily due to increased mortality rates. There are a number of factors that are producing this decline in life expectancy, the most prominent being poor access to healthcare, low living standards, civil unrest, violent conflict, and HIV/AIDS (Velkoff & Kowal, 2007). Regarding the HIV/AIDS pandemic, it has shown itself to be an effective means for slowing the progress of further mortality declines. With regard to life expectancy as one of the causes of population ageing, HIV/AIDS (along with other determinants), adds to mortality rates and thus decreases life expectancy at birth, thereby significantly influencing how populations age (Velkoff & Kowal, 2007). Moreover, HIV/AIDS frequently results in the deaths of adults in their prime reproductive and economically active years, thus destroying the support base of the dependent age groups (0-15 & 65+ year old groups). Taken as a whole, improvements in life expectancy mean that more people will survive to older ages, thus reducing the variability in the ages at which people die (Weeks, 2008). In the long term, however, this improvement in life expectancy is more beneficial to the older age cohorts, because there is little latitude left in many populations for further improvements in the survival of the young (Rowland, 2000).

Another implication of the mortality decline on population ageing is a population's experience of the health and mortality transition which serve to not only lower mortality, increase life expectancy, adjust causes of death and alter healthcare focus, but the transitions also affect the **time of deaths occurring in a population**. As Weeks (2008:148) explains: "As a result of the health and mortality transition, the variability by age is reduced or compressed, leading to an increased 'rectangularisation' of mortality. This means that most people survive to advanced ages and then die pretty quickly". By and large, the result of this compression of death into more narrow ranges at the older ages sees the curve of the proportion of people surviving to any given age begin to square off, rather than dropping off squarely.

Lastly, with regard to sex, mortality declines serve to increase the sex ratio<sup>7</sup>, by affecting male children slightly more than female children, thus **increasing the sex ratio at younger ages**. This change is important as more males survive, than in times of high mortality. However, older populations experiencing mortality declines coupled with fertility declines, will ultimately experience the opposite: the feminisation of their population structures, where males are more susceptible to death and thus more females survive to older ages than their male counterparts. This trend of the feminisation of ageing, leads to women disproportionately populating the older ages, due to their living longer than men in almost every human society (Weeks, 2012). As shown in Table 2.6, in each developmental region life expectancies are higher for women in comparison to men.

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<sup>7</sup> Sex ratio: The number of males for every 100 females, for example: 89:100.

**Table 2.6** Life expectancy per gender (in years) across developmental regions in 2010

	<b>Male, 2010</b>	<b>Female, 2010</b>
<b>World</b>	65.7	70.1
<b>More developed regions</b>	74.6	81.3
<b>Less developed regions</b>	64.2	67.8
<b>Least developed regions</b>	55.9	57.9

Source: Constructed with data from UNDESA, 2010

Considering the age structures of populations, the fact that mortality declines serve to add people to the younger age groups due to enhanced survival, means that a population will experience a period of rejuvenation. This rejuvenation refers to additional people surviving, rather than dying. Thus, populations begin to experience rapid population growth especially in the youngest age cohorts. However, depending on whether the decline in mortality operates mainly at younger or at older ages, will affect the ageing results in populations experiencing more variable impacts.

The later effect of mortality decline, one associated with fertility declines, may contribute to population ageing by maintaining a continuous progression of surviving people throughout the age structure, resulting in a concentration of people in the elderly age cohorts (Mirkin & Weinberger, 2000). Although this can occur only hand-in-hand with regular fertility declines, with population ageing as illustrated in Table 2.7, there is a progression of widening differences in sex ratios in the various developmental regions. It should be noted that as people progress through the life cycle, sex ratios begin to widen in the more developed regions, as well as on a global scale; thus implying a decrease in sex ratios and greater increases in the numbers of older women – thus producing the feminisation of ageing (Mirkin & Weinberger, 2000).

**Table 2.7** Sex ratio (males per 100 females) of the global population in selected age groups

Age group	1950	2005	2050
<b>World</b>			
<b>0-14</b>	104	105	105
<b>15-64</b>	100	103	104
<b>65+</b>	80	82	85
<b>80+</b>	61	55	61
<b>More developed regions</b>			
<b>0-14</b>	103	105	105
<b>15-64</b>	90	100	103
<b>65+</b>	74	72	78
<b>80+</b>	58	46	57
<b>Less developed regions</b>			
<b>0-14</b>	105	105	105
<b>15-64</b>	106	103	104
<b>65+</b>	86	88	86
<b>80+</b>	68	66	63

Source: Constructed with data from PRB, 2008

The differences in sex ratios are primarily a result of life expectancy gains for women and to a lesser extent for men; this is caused by male fetuses miscarrying at higher rates (Kendall, 2011). The resulting differences in male and female sex ratios are often called the ‘gender gap’ and indicate the female advantage of survival into old age. However, in recent decades the gap in life expectancies and thus sex ratios has stabilised and even narrowed somewhat in the more developed regions as a result of health improvements for men. It is projected that future life expectancy gains will be greater for males than for females, thus helping to push up the ratio of men to women (Mirkin & Weinberger, 2000; Vos *et al.*, 2008; Weeks, 2008).

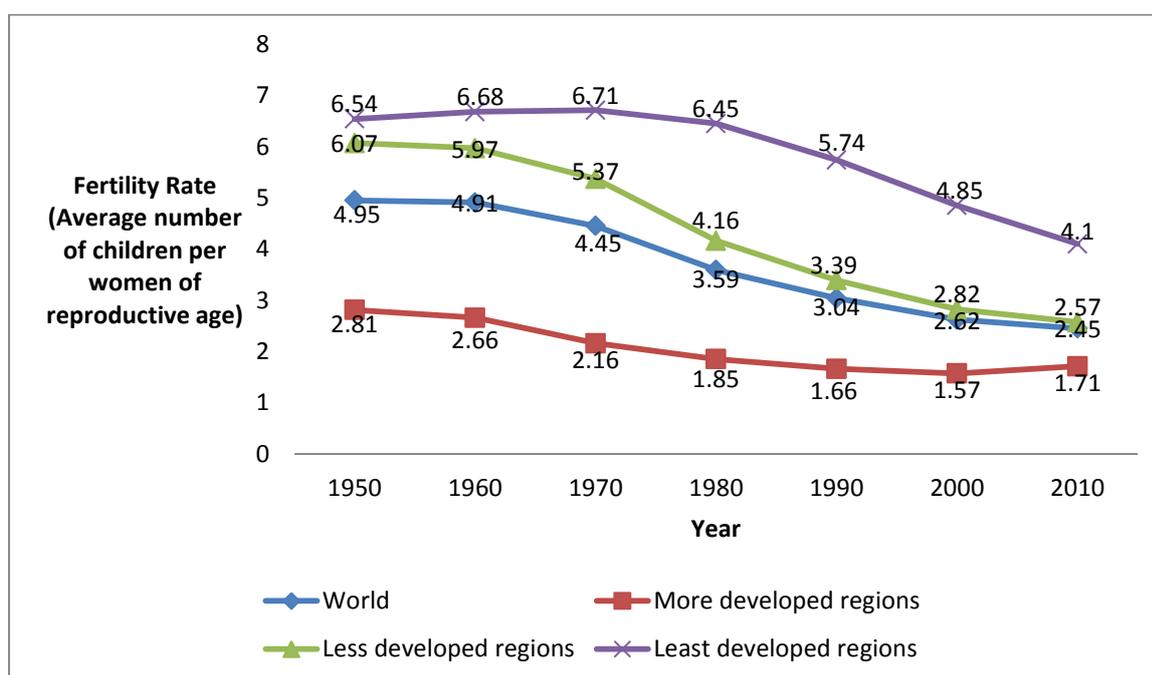
Overall, the health and mortality transition creates a growing, yet still very young, population that is coming to terms with its health and disease profiles. Furthermore, this transition lays the foundations for further developments within age structures, especially population ageing. The ageing of a population nevertheless, tends to occur only once a population experiences the second stage of population ageing – the fertility transition.

#### **2.4.2 The fertility transition effect – Stage two of population ageing**

Although mortality declines may initiate the progression and ageing of populations, the defining factor in the demographic transition is the progression towards the maturation of any population which regards human capability and its control over fertility levels; the actual reproductive performance of an individual, a couple, a group, or a population (PRB, 2004). Human beings historically have not allowed for natural fertility – the level of reproduction that exists in the absence of deliberate fertility control – to define populations, as Weeks (2008:202) explains: “The genius of the species has not been to rely on a birth rate so high that it can overcome almost any death rate, no

matter how high. The genius of the species is rather to have a few offspring and invest heavily in their care and training.” This mindset has come to define modern and contemporary population thinking and has often led to populations experiencing fertility transitions which embody the shift from high fertility, characterised by only minimal individual deliberate control of fertility, to low and sometimes extremely low fertility, which is entirely under a women’s or couple’s control. As indicated in Figure 2.5, fertility transitions occur across all regions, resulting in a worldwide fertility decline that shows overwhelming evidence of movements toward controlling reproduction, albeit at varying degrees from region to region.

**Figure 2.5 Fertility rates of developmental regions from 1950-2010**



Source: Constructed with data from UNDESA, 2010

The fertility transition stems from the fact that the initial high fertility rate is unrealistic to maintain as ever-increasing numbers of people place growing pressures on resources and socio-economic institutions, which must adapt in order to maintain functional capacity. Even though technological breakthroughs and innovation may help improve this functional capacity, in many cases it is still not adequate to sustain population levels. Therefore, human beings adapt to their environmental conditions and change their reproductive behaviour to make life more sustainable. Fertility declines occur through a series of adaptations which will be discussed in the following section.

□ ***Causes of fertility declines***

In the past, many of the youngest populations developed social institutions to encourage childbearing and rewarded parenthood in various ways, thus stimulating population growth (Weeks, 2012). However, over time, members of society were forced to take action and curb population growth so as to improve the chances of sustaining their growing populations (Ziehl, 2007). In most cases, for a substantial shift from high fertility to low fertility three preconditions needed to be in place, these being: i) the acceptance of a calculated choice as a valid element in marital fertility; ii) the perception of the advantages gained from reduced fertility; and iii) knowledge and mastery of effective techniques of fertility control (Kendall, 2011). Based on these preconditions, four determinants proved imperative in fertility declines.

Firstly, for lasting fertility declines to occur there must be the **emancipation of women**, where women are empowered with a greater active participation in decision-making situations, thus allowing them to have increased control over reproductive behaviour (Furedi, 1997; Vos *et al.*, 2008). This is generated through transformations in female status and roles. Secondly, one of the greatest causes in fertility reduction is the modification of reproductive goals through **family planning**. Owing to family structure transformations serving to raise the cost and difficulty of child care (Easterlin, 1980), family building has shifted from ‘family building by fate’ to ‘family building by design’ in order to maintain cost effectiveness and thus focus on the quality rather than the quantity of children (Weeks, 2008).

Thirdly, fertility declines are largely produced through considerable **contraceptive use**, which is the prevention of conception or impregnation by various techniques and devices, such as contraceptive pills, intra uterine devices (IUDs), contraceptive injections and sterilisation. However, these contraceptives are not structural agents of change, but rather, facilitating agents in which significant effects depend on the availability of adequate contraceptive use information and the prevalence of contraception in population and developmental goals (Gaisie, 1996). Lastly, fertility declines cannot often occur in the absence of **socio-economic development**, as socio-economic development may be a definitive requirement of fertility declines as it provides a foundation on which to reduce fertility. Nevertheless, it does not definitively mean that fertility will decline when socio-economic development occurs.

Thus, fertility declines will most likely occur if there is a conglomeration of causality, based on various drivers occurring hand-in-hand; for example, socio-economic development occurs with family planning and contraceptive use initiatives, which on the whole, improve and broaden the status and role of women.

□ ***The ageing implications of fertility declines***

As the fertility transition occurred over extended periods of time, one of the most profound implications of fertility decline also began to characterise more and more populations; this being the transformation in age structure known as population ageing.

In general, the experience of the fertility transition produces fertility declines in populations, which leads to the second stage of population ageing, wherein successive birth cohorts age, while fewer persons are born into the population. This trend ends the rejuvenation effect produced by mortality declines, and initiates the maturation of populations (Eberstadt & Groth, 2010; Murray, 2008). Strikingly, a population's age structure will transform as fertility declines take effect, especially long-term fertility declines that result in population ageing (Rowland, 2000). Fertility adds people only at age zero to begin with, but that effect stays with the population age after age. Thus, if the birth rate were to drop over time, then as those people get older, there will always be more people moving into older ages and fewer will be added at the zero point of age, thereby producing an ageing effect. However, fertility declines do not cause immediate population ageing, as even a sharp upturn in fertility would not yield significant impacts on the age structure before at least 25 to 30 years, owing to the momentum generated by past demographic trends (Vos *et al.*, 2008). For example, many nations after the Second World War experienced considerable increases in fertility, subsequently producing a group of people known as the 'baby boomers'. However, over time, as fertility rates declined with the onset of fertility transitions, the baby boomers automatically came of age, ultimately causing a significant increase in persons aged 65+ from 2000 and onwards, if compared to the slower rate of population ageing caused by age cohorts born in the pre-Second World War era.

From a global perspective, the world experienced a considerable jump in the numbers of elderly from 230.5 million elderly persons in 1975 to approximately 490.5 million elderly persons in 2008, which is primarily due to the baby boomer influence, as well as accelerated population ageing in developing nations. In contrast, the number of elderly persons in the world experienced only relatively small increases from 110.4 million in 1900 to 197.6 million in 1970; possibly showing a lack of large age cohorts coming of age (UNDESA, 2010).

The trend of population ageing has largely occurred due to continued fertility declines and stagnating fertility levels in the most developed regions (Muenz, 2007) where some nations such as Spain, Germany and Italy have even experienced the 'lowest of low' fertility, where it dropped to a mere 1.3 children per family during the early 1990s. When the lowest of low fertility occurs, it produces a hyper-ageing effect that serves to bolster the speed at which ageing occurs (Rowland, 2000). Additionally, the younger populations are having a greater impact on the growth in elderly numbers as their already large populations caused by higher rates of natural increase, are beginning to show considerable ageing.

As shown in Table 2.8, the less developed regions with a population growth rate of 1.26% added 327 million elderly persons to the global elderly population in 2010, while the more developed populations, who are experiencing little population growth or are even declining in size, provided ‘only’ 197 million elderly persons to the global total in the same year. Furthermore, the rapidly growing regions of the least developed nations continue to add additional elderly persons as they grow and age at even faster rates than other developmental regions. Overall, larger growth rates experienced by the younger and less developed regions will serve to produce large numbers of the elderly and further complicate the ageing transition, which will be characterised by further increases in elderly numbers over time.

**Table 2.8 Population ageing, growth and size across developmental regions, 2010**

	<b>Population Size</b>	<b>Population growth rate (%)</b>	<b>Number of persons 65+ years old</b>
<b>More developed regions</b>	1 235 900 000	0.33	197 044 000
<b>Less developed regions</b>	5 659 990 000	1.26	327 321 000
<b>Least developed regions</b>	832 330 000	2.23	28 368 000

Source: Constructed using data from UNDESA, 2010

The global trend towards the ageing of populations has two very important implications. Firstly, the reduced numbers of younger persons – caused by fertility declines – in populations are offset by the growing number of elderly persons. Thus, there is a shift in dependency burdens from being young-oriented to dependency burdens largely dictated by the growing older age cohorts, requiring alterations in public policy and developmental planning. Secondly, the ageing of populations produces opportunities for the younger populations. According to Messkoub (2008), countries with younger age structures will be afforded the chance to enhance their productivity when their population begins to age and they experience the initial shifts in the growing working age population, while the younger-age dependency group becomes smaller and the elderly age groups still experience low rates of growth. This period provides a golden opportunity for improving the quality of education and the labour force, thus increasing the resource base needed to manage the rise in dependency ratios and to care for an elderly population.

The reality of the situation is that, fertility declines are having a major impact on initiating the progression of population ageing; however, these declines in fertility also serve to create additional challenges for less developed nations who are still getting to grips with issues typical of younger populations, and now due to ageing, must also deal with the growing numbers of elderly people. This has largely occurred due to socio-economic development and planning initiatives placing much emphasis on reducing fertility rates, where in some cases they have been able to slow fertility to a point of stagnation. Generally, further fertility declines and population ageing are being delayed by a lack of substantial internal structural transformations that will require action from strong public institutions essentially tasked with the implementation of the required determinants of fertility declines (Gaisie, 1996). However, continued fertility declines mean far swifter and all-encompassing increases in elderly numbers.

### ***2.4.3 The combined fertility and mortality transition effect – Stage three of population ageing***

The health and mortality transition (stage 1 of population ageing), as well as the fertility transition (stage 2 of population ageing), may engineer the initial ageing of populations, but populations only experience significant transitions towards becoming older populations, if there are lengthy declines in both mortality and fertility over the same period. This combined effect (stage 3 of population ageing) results in the proportions of both children and adults of working age declining, while the elderly population invariably ages (Vos *et al.*, 2008).

The occurrence of mortality declines when fertility is still high or increasing, only serves to produce a survival boom which results in more people living to older ages, thus improving life expectancy. Moreover, the occurrence of fertility declines when mortality is high will reduce the number of younger persons; yet, the ageing of populations will be reduced due to persistently high and affective mortality rates that remove the potential people who will age and eventually reach the elderly cohorts. These elderly people would have added to the growing numbers of older persons.

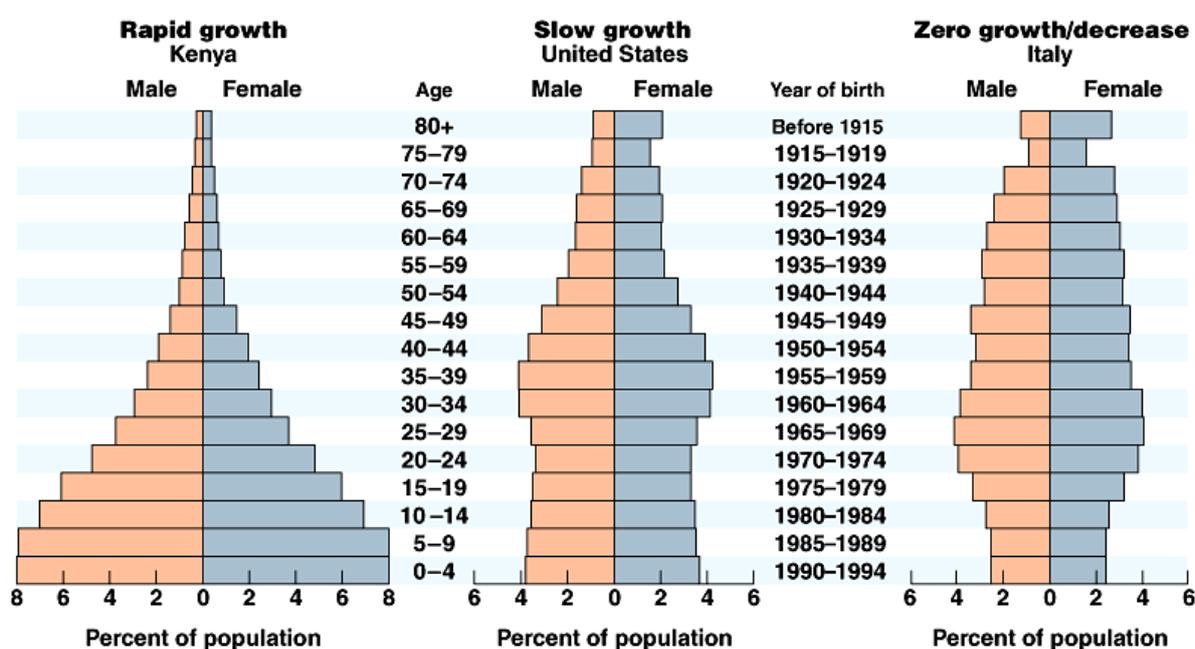
In the third stage of population ageing however, both fertility and mortality are declining together, thereby producing the prime conditions for population ageing. For example, countries experiencing the ageing transition are characterised by mortality declines resulting in more people surviving to older ages and living longer, while fewer people born results in reductions within the younger age cohorts. Consequently, this allows for greater numbers of people to enter older age cohorts, while fewer enter the younger ones, when fertility declines accordingly take place. Overall, stage three produces populations where there are imbalances in young-old ratios.

□ **Imbalances in young-old ratios**

As populations age the proportions of the various age cohorts begin to adjust to fertility and mortality declines, resulting in imbalances of younger persons to adult ages, as well as imbalances of both the young and adult cohorts to the elderly cohort. In eventual effect, with population ageing, increasing proportions of older persons will be accompanied progressively more by steady declines in the proportion of young persons (Bengtson *et al.*, 2009).

Figure 2.6 shows that as a population, in the case of Kenya, the United States of America and Italy, experiences demographic transitions and invariably ages, the proportions of age cohorts change as well, moving from a more pyramid-like shape (young population – Kenya for example) to a more rectangular oblong structure (mature – United States of America; and old populations – Italy). Therefore, population ageing occurs in accord with alterations in age-distribution, resulting further in imbalances in young-old ratios.

**Figure 2.6 Transformation in population structure as population ageing occurs**

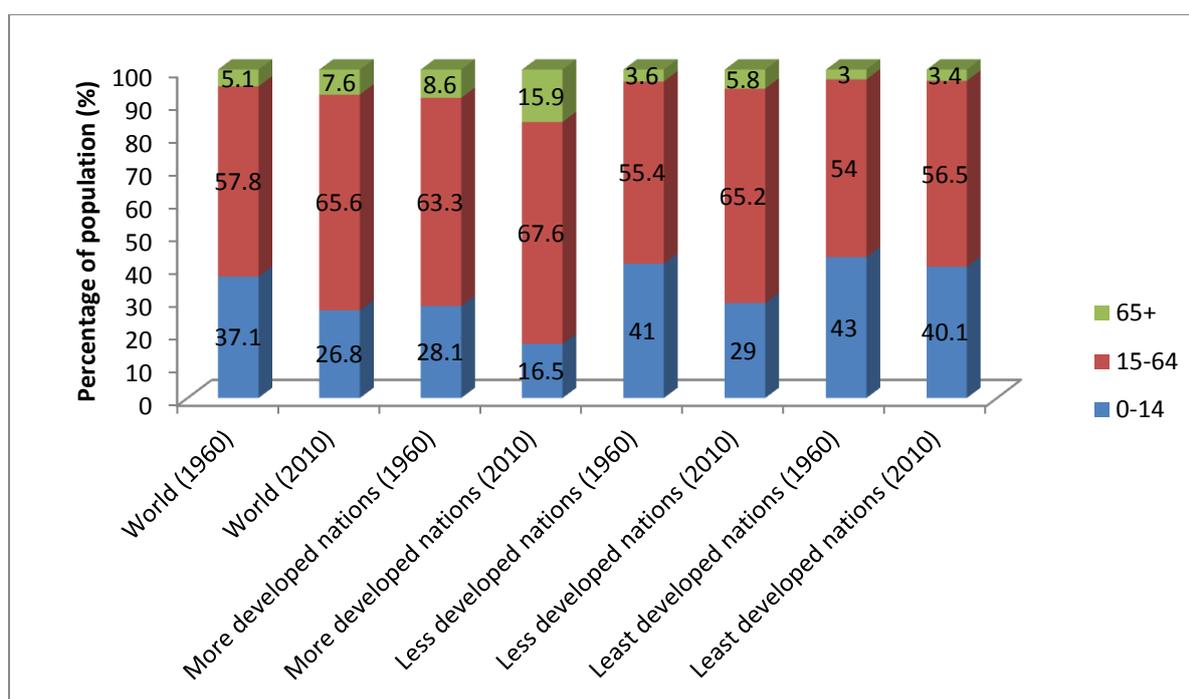


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Source: Weinstein & Pillai, 2001

Figure 2.7 illustrates how the ageing of populations across regions has ultimately resulted in the decline of the proportions of younger persons (0-14), while both the adult and elderly cohorts have grown. From 1960 to 2010, the more developed regions have almost doubled their proportions of elderly persons from 8.6% in 1960 to 15.9% in 2010.

**Figure 2.7 Percentage of young, adult and elderly per region in 1960 and 2010**



Source: Constructed with data from UNDESA, 2010

This trend has spilled over to the less and least developed regions, although the change in proportions of the young and the elderly has not transformed to levels as progressively as the more developed regions. The latter can be explained by the fact that these less and least developed regions are still growing very rapidly and have very young populations, unlike the more developed regions which have more mature and older populations experiencing considerably slower growth (Boston & Davey, 2007). These less and least developed regions are, nevertheless, still experiencing population ageing, as can be seen in the increases in the proportions of the adult ages (15-64) where the less developed regions saw growth from 55.4% (1960) to 65.2% (2010).

Although the more developed regions will soon experience the proportions of the elderly exceeding those of the younger persons, the age distribution of the younger less and least developed regions will experience the same transition only in the next 50 years; albeit at an accelerated pace. This is due to their large, young cohorts ultimately ageing, while fertility rates rapidly drop, unlike the older more developed nations who have experienced fertility declines over longer periods of time [see Table 2.9] (Gavrilov, 2004; Leahy, 2010).

**Table 2.9 Proportion of oldest and youngest in selected countries, 2010**

<b>Oldest populations</b>	<b>Age cohorts</b>	<b>1960 (%)</b>	<b>2010 (%)</b>	<b>2050 (%)</b>
<b>Japan</b>	<b>0 – 14 years</b>	30.2	13.4	13.4
	<b>65+ years</b>	5.7	22.7	35.6
<b>Italy</b>	<b>0 – 14 years</b>	25	14.1	14.3
	<b>65+ years</b>	9.5	20.4	32.7
<b>Greece</b>	<b>0 – 14 years</b>	26.5	14.6	15.1
	<b>65+ years</b>	8.3	18.6	30
<b>Sweden</b>	<b>0 – 14 years</b>	22	16.5	17.3
	<b>65+ years</b>	12	18.2	24.6
<b>Youngest populations</b>	<b>Age cohorts</b>	<b>1960 (%)</b>	<b>2010 (%)</b>	<b>2050 (%)</b>
<b>Uganda</b>	<b>0 – 14 years</b>	45.9	48.4	35.6
	<b>65+ years</b>	2.6	2.5	3.7
<b>Niger</b>	<b>0 – 14 years</b>	47.1	49	40.1
	<b>65+ years</b>	1.1	2.2	3.1
<b>Mali</b>	<b>0 – 14 years</b>	40.5	47.2	35.8
	<b>65+ years</b>	2.3	2.2	3.8
<b>Democratic Republic of Congo</b>	<b>0 – 14 years</b>	43.8	46.3	30.9
	<b>65+ years</b>	2.9	2.7	4.5

Source: Constructed using data from UNDESA, 2010

The trend of transformation in young-old ratios begins with a decline in the absolute number of dependent children in a population. As Powell (2011) concludes, if this trend continues to escalate, by 2050 the number of elderly people at a global level will exceed the number of young, a trend already found in some of the more developed nations.

The number of elderly persons exceeding the number of younger persons allows for reductions in costs associated with the young age groups, such as education and children’s dependency needs. The removal of such costs means that more resources are available for use by other population groups, possibly contributing to growth and development. Weeks (2012) explains that this decline in the proportion of younger persons fosters economic development as it creates the opportunity for a demographic windfall (to be discussed later in the chapter). However, with more and more elderly persons, populations will have a growing elderly dependent cohort that has its own needs and issues to which the rest of society must react (Murray, 2008). In summary, comprehensive and significant population ageing takes place only once populations have experienced the collaborative effect of various demographic transitions that occur in tandem, as well as overlapping across protracted periods of time, ultimately leading to populations characterised by imbalances in young-old ratios.

#### 2.4.4 The migration transition: Implications for population ageing

Virtually everywhere in the world, populations inevitably experience the migration and urbanisation transitions in conjunction with both mortality and fertility transitions. Owing to the mortality transition’s effect on increasing population growth, rural areas are often unable to accommodate their growing populations; thus, human beings will often try to combat the increasing pressures on local resources, effected by population growth etc., by migrating to other areas and environments (cities, towns or countries) that are more adept at meeting their needs. As shown in Table 2.10, throughout every developmental region, urbanisation is generating increasingly larger urban proportions of regional populations and is projected to continue, albeit at slower growth rates (UNDESA, 2010).

**Table 2.10 Percentage of population residing in urban areas per developmental region**

	<b>1960</b> (%)	<b>1980</b> (%)	<b>2010</b> (%)	<b>2020</b> (%)	<b>2040</b> (%)
<b>More developed regions</b>	58.8	68.3	75.2	77.9	83.7
<b>Less developed regions</b>	21.8	29.4	45.1	49.8	60.5
<b>Least developed regions</b>	9.5	17.3	29.2	34.5	47.7

Source: Constructed using data from UNDESA, 2010

Urbanisation generates numerous dynamic consequences for the migrants themselves, the areas from which they come, and the places to which they go; all adding to the demographic evolution of a population. The impact of migration nevertheless expands the social capital, thus increasing the size of a population's potential social network. At the same time; however, migration also produces change in a country's age structure and distribution by shifting people around from place to place, thus increasing or reducing the numbers of people in varying age groups.

□ ***The consequences of migration for population ageing***

According to Weeks (2008), migration has the potential to profoundly alter a community or an entire country within a short time, by altering the social and economic structure of a population. Migration's effects all stem from people departing from one place to move to another, thus affecting local areas as well as host areas. Two prominent effects of migration on population age structures are: i) increases in the size of age cohorts; and ii) the influencing of fertility processes.

Initially, immigration adds people to the young adult cohorts, due to migration being largely selective. Thus, the economically active population in the host area grows in size, whereas the sending area may lose vital, active persons who would have potentially contributed to benefiting the population economically, as well as socially (Murray, 2008). Furthermore, the loss of these persons results in the ageing of the sending area (especially if migrants are young), as the removal of younger aged persons shifts the age structure and median age towards the older ages. However, just as likely is the movement of elderly persons which can, in turn, have a contrasting effect, thus resulting in younger age structures of the sending areas and the ageing of the host areas.

The selective migration of people from rural areas to urban areas means that far more young people move to urban areas, leaving the elderly behind in rural areas. Thus, the loss of the younger active persons in rural areas results in isolated and vulnerable elderly who are dependents without persons on which to be dependent. In general, losses of younger persons and the return migration of elderly persons advance the ageing in rural areas; however, this trend is diminishing as more of the elderly are taking up residence in urban regions (Martin & Preston, 1994). As Mirkin and Weinberger (2000:x) state: "Consistent with the global trend of urbanisation, the older population is becoming more concentrated in urban areas, which can be shown by the majority of the world's older persons (51 per cent) already living in urban areas in 2000; and by 2025, this is expected to climb to 62 per cent of older persons". Nevertheless, migration of younger persons may serve to increase the vulnerability of older populations in rural areas, as the migration of younger persons potentially removes part of the older rural population's support base (LifeAge International, 2012).

In many circumstances of seeking support, elderly persons are more likely to obtain such services in urban areas where their families may be present; yet also elderly women, especially widows, tend to move to their families for support, as well as to taking up grandparenting duties. For example, in Mexico City there is a tendency to rebuild families as soon as the nuclear family has set up long-term living situations; thus, family members in the rural areas are often invited to join them. Furthermore, these elderly persons may provide resources to attain better standards of living, without which multigenerational co-residence would be made very difficult for the nuclear family alone. All in all, the migration of elderly persons from rural to urban areas results in a migration evolution where a population is largely urban based (Bond *et al.*, 1994; Weeks, 2012).

In reality, the international impact of migration on population size and age structure is typically small. This can be attributed to the fact that migration has only a small impact on population ageing when the total fertility rate of a population is at or above replacement level. This is especially evident in developing nations, whose higher fertility rates tend to mask any contribution of migration. However, migration has a much greater influence on population ageing and growth when fertility rates are below replacement level. In many more developed nations, high migration rates have served to enhance population growth while also adding to the younger age cohorts, thus rejuvenating populations, albeit for only limited periods of time, as they inevitably dissipate and augment the older population cohorts as age structures level out (Rowland, 2000).

In conclusion, migration is a demographic process that alters populations in many ways. From redistributing persons to altering family structure, migration has both propelled, as well as halted the inevitable ageing of populations, albeit at varying degrees. On one hand, migration is useful as a solution to population ageing where it can add more active immigrants who will enhance the labour force and rejuvenate fertility rates. On the other hand, it may increase the numbers of people who will inevitably age in the future, consequently adding to the problem of too many elderly (Tapinos, 2000).

## **2.5 CONCLUDING REMARKS ON THE DEMOGRAPHY OF POPULATION AGEING**

In all societies human beings are organised according to the social construct of age where as human beings become older and biologically age, they are designated status and roles which are seen as age appropriate. Over time, human beings reach the oldest age cohort of persons aged 65 and older, where due to socio-economic policy and some cultural belief systems, they are characterised as being retirees, economically inactive, dependent and sometimes even functionally incapacitated. In most nations, the elderly are often relegated to the back of developmental thinkers' minds, due to their lack of possible contributions and functional capacity limitations and so on. As a consequence of fertility and mortality declines, this elderly cohort has begun to grow at unprecedented levels, resulting in the

inevitable ageing of populations. This demographic trend of population ageing is accompanied by a variety of associated implications, challenges and opportunities.

## **2.6 THE IMPLICATIONS AND CHALLENGES OF POPULATION AGEING**

As discussed in the first part of the chapter, the age transition represents a shift from a very young population in which there are slightly more males than females, to an older population in which there are more females than males (Weeks, 2008); thus, the composition of the population gradually transforms according to age. Such transformations in age structure, which cannot be totally halted (Rowland, 2000), will invariably have numerous implications for general society and human activities, potentially producing shifts in a country's vulnerability profiles (LifeAge International, 2012). As Joubert and Bradshaw (2006b) emphasise, the most common concerns raised by population ageing are those most commonly related to financial spending and resource distribution.

The ageing of a population's composition, however, means that all of society will be challenged due to age being a social construct that dictates status, role and behaviour (Lunenfeld, 2008; Weeks, 2012). Therefore, the ageing of populations will require global, national and local innovative planning and substantive policy reforms that take the numerous implications, challenges and opportunities of population ageing into consideration. The following section outlines and discusses the implications and challenges of population ageing in terms of four broad categories:

- **Social implications and challenges** which impact on the family and household, social support for the elderly, and the elderly's' social participation in ageing populations.
- **Economic implications and challenges** such as labour supply and participation, productivity, social expenditures, savings and consumption trends in ageing populations.
- **Environmental implications and challenges** concerning the spatial aspects, consumption patterns and waste generation in ageing populations, and an ageing population's environmental responses.
- **Political implications and challenges** such as the propensity for voting behaviour and political participation of elderly persons; the call for policy changes required by an ageing population, and the possibility of a more law abiding society.

Importantly, these implications and challenges are largely based on data collected in the more developed regions that have experienced considerable population ageing, while the less and least developed regions have yet to experience the substantial implications and challenges emanating from population ageing.

### 2.6.1 Social implications and challenges of population ageing

As populations age, and there is an increasing number of elderly persons who live longer, several social implications and challenges will no doubt occur, whether it be in the composition or in the distribution of people in a population, societies will have to adapt to effectively function in their new circumstances. Population ageing primarily generates change through population composition which has implications for the family and household structure, social support for the elderly, healthcare systems, and social participation of the growing elderly cohort.

#### □ *Implications at family and household level*

One of the most notable consequences of changing age structures in populations is the reaction and alterations in household structure and family behaviour. Just as in the past families and households had to react to historical transformations in fertility and mortality rates that arose via improvements in health, childlessness, delays in marriage, greater geographic mobility, the emancipation of women and mounting preference for smaller families (Bond *et al.*, 1994; Martin & Preston, 1994); modern and contemporary families and households will transform in size, shape and roles due to current iterative fertility and mortality declines, that all serve to produce population ageing (Noumbissi & Zuberi, 2001; Vos *et al.*, 2008).

Population ageing will generate additional amendments, thus producing families and households where increasing numbers of elderly persons are members. This change in family and household structure is further compounded by a growing trend of 'childlessness', where increasing numbers of families, especially in the more developed regions, are choosing to not have any children. This trend potentially produces a social norm of childlessness that has shown to be a key cause of falling birth rates. For example, by 2008 the share of childless people in Germany had risen from a mere 11% among those born in 1940 to 32% for those born in 1965. Furthermore, the proportion of Spanish women with only one child rose from 7.5% for women born in 1940 to 28% in 1965 (Murray, 2008). Therefore, as populations age, a situation of risk is generated, where the trend of increasing numbers of elderly to care for is accompanied by decreasing numbers of younger persons to care for them. This situation warrants the question: 'May ageing populations find themselves in the lurch, when declining numbers of supporters and carers lead to a collapse in informal care and support?'

Overall, population ageing may potentially result in specific kinds of family households, these being: i) small and declining family households; ii) multigenerational family households; iii) family households with elderly co-residents; and iv) households headed by the elderly.

- ***Small and declining family households***

Significant and long-term fertility declines have resulted in far fewer children per family, resulting in smaller nuclear families, where there are far fewer dependents than when fertility levels were higher and extended families were prominent. Although this trend is changing due to population ageing, families are undoubtedly ageing as well, resulting in increasingly more elderly persons per family. Families are expected to decline in size across the globe no matter what developmental region, as more countries adopt anti-natalist, pro-fertility control programmes (Xiaomei *et al.*, 2010).

- ***Multigenerational family households***

A major trend that is being perpetuated throughout families across the globe is the occurrence of multigenerational families, where a single family is characterised by two or more generations. This is especially evident in the less and least developed regions where informal support for children and the elderly are crucial to family and household survival. A lack of efficient state support and other economic means are the reasons (Lam *et al.*, 2005). As populations and households age, more elderly persons not only add further generations to the existing family household, but they also place pressures on the economically active persons in the family, as the elderly are seen as dependents.

- ***Family households with elderly co-residents***

As more and more people age, family households will either contain elderly persons or not; yet a rising trend of family households with elderly persons illustrates that elderly persons' dependency status is either a concern for other family members, or that these elderly have specific roles to deploy in the family household context (Hillcoat-Nalletamby *et al.*, 2010). In Asia and the lesser developed regions, it has been found that the larger households are often characterised by elderly persons who serve as carers for children (Martin & Preston, 1994). Furthermore, in all urban areas in every developmental region widowed elderly persons often live with their families who have children (PRB, 2007). In general, the more dependent elderly gravitate towards living with their immediate family if there are children present, so as to provide support and double-up on housing costs. Nevertheless, co-residence is often lessened when elderly persons are more educated and affluent. The more educated elderly regularly have larger pools of opportunities to look towards for activity, so they are often inclined to go where opportunities are in supply; while the more affluent elderly with greater economic resources tend to live alone, as they may have the resources required to achieve their preferences. They may also seek and prefer privacy to that of living in a multigenerational family household.

Overall, as life expectancy has increased and the health of elderly persons improved, they are tasked with the primary role of care giving for other dependents in the family household (Tapinos, 2000). Conversely, changing family structures, combined with population ageing, have presented formidable challenges to the provision of care across generations, thus undermining the roles of elderly family care and care for the elderly. The roles and ability for family care have been undermined by the shrinking of family size and the tendency for a nuclear family structure, which may reduce the capacity of adequate care (Xia, 2003). Further threats to care giving originate in the form of loss of support for the elderly, as more and more women are assuming positions in the labour market, thus removing their support for the elderly. Conversely, the elderly lose persons for whom to care, as fertility rates decline and families shrink in size. Furthermore, ties between generations in the family may eventually weaken, thus resulting in care giving known as ‘intimacy at a distance’, where family members do not provide direct care for one another, due to their living apart or in isolation.

Yet, an evident trend in contemporary families is a definite pattern of ‘mutual obligation’ whereby children are dependent for longer on their parents, and the elderly are dependent for longer on their families as their life-span increases (Healey, 2004). Thus, families may experience greater pressures on the roles of active family members, while dependent members increase in number, as well as remaining dependent for longer periods of time. Lastly, elderly family members also provide economic support for the family in the form of their old-age pensions. Thus, the elderly are not necessarily a burden on the family, as they provide resources for the support of the entire family household. This is very common in the less developed regions, where a country such as South Africa, has 47% of its households in rural areas relying on pensions, grants and remittances from elderly family members. Only 44% of households rely on employment to meet their economic needs (Department of Social Development, 2010), thus illustrating a reliance on elderly persons for survival and care.

Stemming from the above, there has been much concern regarding the increase in elderly headed households made up of only elderly persons who are inactive and lack sufficient income (Bulete, 2010; Jorgensen, 2011). In the more developed regions this trend has come about from programmes centred on ‘ageing in place’. This idea of remaining in residence promotes policies and programmes designed to help older people remain in their own homes, largely through the support of community-based ambulant care. For example, in Sweden commitments to providing extensive health and social services to the elderly enable older Swedish people to live in their own homes, and not have to move to institutions or care facilities (Lilley, 2002). Services provided include personal care and assistance, with basic tasks such as cleaning, shopping and meal preparation, to all Swedes aged 65 and older. Nevertheless, successful ageing in the place of domicile demands that a person’s home and household products not only provide continued enjoyment and stimulation, but should also support a person’s declining functionality and increasing limitations.

Therefore, to enhance one's life by way of ageing-in-place initiatives, housing conditions should be altered and innovated by the use of assistive technology that will allow for the enhanced accessibility and safety of elderly persons. Such 'ageing-in-place' initiatives directly produce more elderly headed households.

- ***Elderly headed households***

Chiefly in the less developed and more traditional regions of the world, there has been a rise in the number of households headed by elderly persons (Kalasa, 2004; Wang & Mason, 2005). A prominent trend in many households, where parents are absent and children are present, has been for elderly family members to take over from absent parents as the primary child carers in the family. Furthermore, as a consequence of population ageing and the tendency of family relationships to become "less string than they were in the past" (Bond *et al.*, 1994:212), the increasing numbers of elderly with little or no family will increase often, resulting in 'solitary living' of the elderly. This occurs where elderly persons live by themselves or just with their spouse, if still alive. This trend of solitary living can be problematic, as these elderly persons may become isolated from others, thus making it difficult to provide care for them, as well as for the elderly themselves, to take part in care duties for others. More elderly living on their own in isolation points to a situation where the growing elderly population will experience a perpetuation of a lack of support, especially in the less developed regions where social support is generally limited for older persons (Vos *et al.*, 2008).

When defined by household structure, the elderly only, elderly with children, and the elderly-headed households are the poorest households in almost every country (Gavrilov, 2004; Grady, 2008; Kakwani & Subbarao, 2005; Weeks, 2008). Much of this stems from the fact that many elderly persons have a fixed monthly income in the form of a pension which is meant for only the individual recipient, not other dependents. Moreover, when this income is used for supporting more than just one elderly person, the pension system is consequently undermined. In addition, the elderly family members often rely on their extended family for a safety net which is troublesome, as increasing numbers of elderly will put considerable pressure on their declining active and supporting family members leading to the elderly being a vulnerable group. Moreover, elderly households are normally characterised by poorer living conditions. This may be attributed to the lack of income required to make repairs to the household, or a declining elderly functional capacity, which results in less energy or motivation to undertake repairs (Bond *et al.*, 1994). Additionally, elderly families tend to be under much pressure to pay for housing costs, such as insurance, taxes and maintenance on a fixed income.

Vos *et al.* (2008:132) add to this: "Elderly household arrangements may have a compounding effect on poverty; for instance, older persons living alone will not be able to benefit as much from economies of scale in consumption as those living in extended households". Another concern is the fact that elderly families with a lack of resources, as well as family and kinship ties are often

prevented from migrating to better areas of housing, reinforcing the belief that the working-class and lower-class elderly people are the group least likely to improve their conditions through migratory efforts (Community Action Network, 2003). In summary, due to socio-structural conditions the elderly population, like the younger dependency group, are bound to remain a vulnerable segment of the population. This trend will continue unless life-cycle oriented development initiatives are put in place to facilitate development from the younger ages through to the very end of old age, as well as strong initiatives put in place to successfully support the growing elderly cohort (Daroczi, 2005; Department of Social Development, 2010).

□ ***Implications for social support for the elderly***

In 1999, the United Nations dedicated many of its goals and developmental focus to creating a “Society for All Ages”, whereby all age cohorts are to be developed in tandem and receive benefits on an equal basis and not at one another’s expense. Four dimensions were highlighted: 1) individual lifelong development; 2) multigenerational development; 3) the interrelationship between ageing and development; and 4) the situation of older persons (Smith & Mensah, 2003). Generally, all four dimensions imply an effect on social support for the elderly age group and because of population ageing, greater emphasis on the support of this group will take place. This support is required as the growing elderly population is a dependent age group which is mainly economically inactive. This call for elderly support is also bound to change in format and length, due to transformations in elderly life spans and more healthy and active elderly living.

▪ ***Types of support required***

The elderly will require improvements and increases in the amount and incidence of ‘eldercare’ whereby formal and informal support is provided to elderly persons which involves a variety of services and sometimes financial assistance (Lamanna & Riedmann, 2006:568). This care may be provided by the elderly person’s family (often first choice for the caregiver), other unpaid informal caregivers (neighbours and friends etc.) and formally paid workers, who are best used when an elderly dependent requires constant physical support due to ailments and disability (Thomson, 2005).

With regard to care giving, two concepts have come to dominate the argument for the care of elderly dependents: i) community care in the community; and ii) institutional care (Lubitz *et al.*, 2003). Community care in the community is a recent notion which views the best means of helping elderly persons by having them stay in their own homes, and support workers residing in the community attending to these elderly on a home-to-home basis in domestic and occupational settings. This concept appeals to the process of deinstitutionalisation, where institutions seek to have only the most disabled and needy elderly dependents taking up bed and support space, while the less dependent elderly persons are sent home or to family.

Institutional care has been the model for elderly care for most developed regions in which elderly dependents are housed in support facilities run by formal paid caregivers. However, this system has come under much criticism due to ‘life’ in an institutional facility being likened to ‘prison living’, as well as ‘the places one goes to die’ (McNeil, 2010:14). In response, many of these facilities have undergone renovations to take into effect the process of ‘normalisation’; a principle where recipients of care giving should be able to follow a lifestyle similar to the patterns they could experience while living in private households (Bond *et al.*, 1994), thus allowing for elderly dependents to live in a more realistic household- and family-based context of care. Institutional care is now expected to not only provide healthcare, but also to present elderly dependents with opportunities to travel, recreate and even work in some situations (Community Action Network, 2003).

- ***Regional differences in support***

Importantly, care giving and support does not occur in a universal manner. For example, in the more developed and westernised regions, care giving and support have transformed to the extent that many elderly are ‘providing support’ rather than being ‘recipients’ of support. Yet, there are increasing numbers of elderly dependents who are now embracing solitary living, preferring to live outside of institutional care, which in the past was the primary method of care giving (Healey, 2004). In contrast, the less and least developed regions have never really made much use of institutional care, due to the emphasis on traditional family and household support structures, which have occurred as a result of generally limited social support programmes (Vos *et al.*, 2008). For example, in many African nations the elderly have relied solely on household and family care, supplemented by other informal mechanisms, such as kinship networks and mutual aid societies (Powell, 2011). However, declining family sizes brought about by rapid declines in fertility, and changes in parent-child roles, often instigated by changes in the nature of economies, have served to undermine such arrangements (Bloom *et al.*, 2010; Zimmer & Martin, 2007).

- ***Elderly support networks***

Elderly support is hampered by social care costs, which tend to rise with age (Healey, 2004). Even more pressing is the potential loss of persons willing and able to provide both formal and informal support. As explained in Section 2.6.1 family relations are changing, often directly and indirectly, producing more isolated elderly populations. Moreover, as Xiaomei *et al.* (2010:3) explain: “Mutual responsibilities between generations have changed in terms of a focus from an emphasis on moral obligations of the older generation towards the younger one to an emphasis on the legal obligations of the younger generation to the older one. The result is that younger people now would prefer to spend their resources on their children rather than on their parents and grandparents, and older people tend to be more independent of their adult children. In this sense, family care actually means self-care”.

With such transformations in support outlook, support for elderly persons further declines due to: a) ageing without a spouse; b) childlessness; c) the migration of family members away from elderly family members; and d) the declining numbers of economically active persons able to support those inactive elderly (Kalasa, 2004). Thus, support for elderly persons in an era of unprecedented population ageing is made difficult by alterations in the mindset of care giving, increases in social care costs, as well as changing family and household structures. This said, elderly support can be successfully achieved if planners and developers work towards using universal protection that is based on a multi-model system of support in which elderly support is embodied in a combination of resources from the family, community and state, thereby bridging the gap between family/individual support and social support. However, a major contributor to social support issues relates to healthcare concerns.

□ ***Implications of healthcare for the elderly***

The unprecedented trend of population ageing will also have effect on the health systems of ageing populations, as more elderly persons necessitate a shift in the dimensions of healthcare focus towards that of the elderly population. These persons are primarily affected by specific types of disease and disability. Regarding the future of healthcare in ageing populations, two contrary views are held that illustrate expected healthcare trends in the future (Lee *et al.*, 2011).

Firstly, ‘the compression of morbidity thesis’ provides an optimistic view where the average age at which illness and disability strike is delayed to a greater extent than the average age at death; thus resulting in illness occurring only late in old age just prior to death (Healey, 2004). The prognosis suggests less prolonged medical care in old age and less consequential expense. Secondly, the more pessimistic view of the ‘expansion of morbidity theory’ postulates that some of the decline in mortality is due to more people surviving serious illness, but then living longer with the consequences; thus creating a situation of old age marred by illness and disability requiring more healthcare services (Rechel *et al.*, 2009).

Overall, both perspectives point to a future where chronic and degenerative disease predominate healthcare services, albeit that care is sought at different periods in old age. As Vos *et al.* (2008:185) claim, two trends will be seen: namely, an increase in the prevalence of long-term disability and care; and secondly, changes in the capacity of the institutional and informal systems which provide support. Whatever the future, these demands in healthcare will ultimately have implications for the elderly individuals themselves, their family and living arrangements, their community and the state which serves them. All in all, an expanding ageing population will produce three notable healthcare implications and challenges, these being: i) increased prevalence of chronic disease; ii) increased demand for health services; and iii) increased healthcare costs to government, family and society (Hashimoto & Tabata, 2008; Kalula, 2010; Lee *et al.*, 2011; Wale, 2011).

▪ ***Increased prevalence of chronic disease***

The extension of life expectancy around the world has been accompanied by an epidemiological transition wherein a population's age structure shifts the mortality and disease profile from one dominated by infectious diseases more common in children, towards one dominated by non-communicable, degenerative diseases that primarily affect older adults and the elderly (Kahn *et al.*, 2002). Therefore, mortality and disease profiles tend to be dominated by diseases which are largely confined to the later stages of life, such as tuberculosis, thyroid gland problems, malnutrition, malignant cancer, and cardiovascular disease. Such diseases vary in impact from males to females, for example: more women suffer from sensory disabilities, while more men have physical disabilities (Community Action Network, 2003). Nonetheless, every person, regardless of sex, may be affected by an increasing trend caused by population ageing; this being an increased prevalence of multiple diseases and risk factors. Regarding the future prevalence and distribution of non-communicable and chronic disease, HelpAge International (2012b:19) predict that: "by 2050, 115 million people will be living with Alzheimer's disease or other dementias; 71% of those with dementia will be living in low- and middle-income countries". Overall, the epidemiological transition from communicable and parasitic diseases to the prominence of degenerative and chronic diseases in ageing populations means that healthcare systems will have to reorganise their goals and focus, as the increasing elderly population demand specific healthcare services.

▪ ***Increased demand for healthcare services***

As a population ages and there is an increase in the proportion and numbers of elderly persons, an increase in services towards the elderly contingent will occur (Arnsberger *et al.*, 2000; Wale, 2011). Thereby, population ageing will result in requirements for increased formal healthcare services. While most elderly persons will remain active and relatively healthy in the future, it is foreseen that there will be an increase in the need for long-term healthcare, especially for persons who require help in normal daily living (WHO, 2006). Furthermore, as Vos *et al.* (2008:203) declare: "Rising income levels and increasing awareness by the public of the availability and effectiveness of new medical treatment and medicines will create greater demands for healthcare services, thus likely increasing medical expenditures". Therefore, increasing numbers of elderly and an improved elderly status and role will generate a greater demand for healthcare services. The costs associated with such healthcare could prove to make or break the goal of building a society for all ages (Hashimoto & Tabata, 2008; Holzhausen *et al.*, 2011).

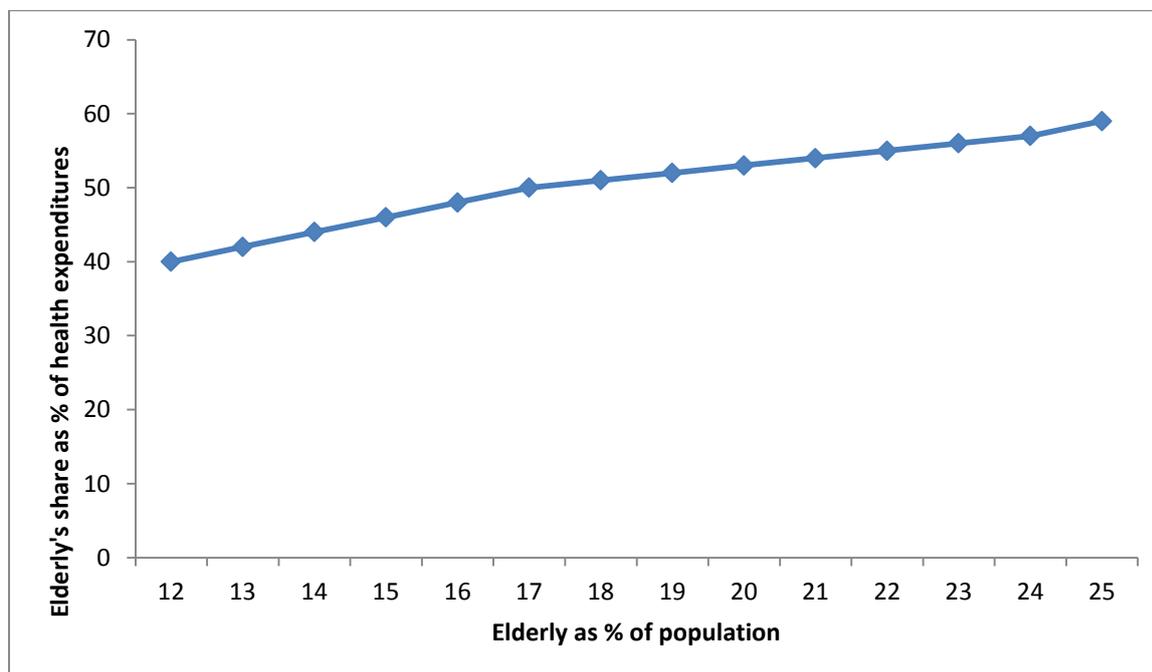
- ***Increased healthcare costs to government, family and society***

The relationship between population ageing and healthcare expenditure is a complex one, where the widely held perception that population ageing is the primary driver of health costs, is often misplaced. This perception is based on the simple reasoning that “since older persons have a higher risk of being affected by disease and thus require more medical attention than younger people, an increase in their share of the total population would be expected to drive up medical expenditures” (Vos *et al.*, 2008:175).

This myth of a mechanistic relationship between an ageing population and national healthcare expenditure has been questioned at length in the literature (Jorgensen, 2011; Lubitz *et al.*, 2003; Reese, 2000; Reinhardt, 2003; Zweifel *et al.*, 1999); resulting in research which concludes that ageing is an important factor in healthcare costs which may increase public expenditure by a range of 1 to 3 percentage points of the gross domestic product (GDP). Yet in fact, healthcare expenditure is driven more by the proximity of an individual to death than by their age per se (Gray, 2005). Furthermore, age has less of an impact than technological progression and advancement costs, something that Rechel *et al.* (2009) explain by research across the globe, which concluded that healthcare expenditure was sometimes far higher in younger populations than in the more developed regions with older populations.

Population ageing has a significant impact on long-term healthcare expenditure which is primarily demographically driven (Gray, 2005; Grundy, 2008). This occurs as population ageing produces a larger elderly cohort that is characterised by high-cost medical users; thereby, altering the composition of healthcare expenditure to that of one largely consumed by elderly persons (Zimmer & Martin, 2007). As seen in Figure 2.8, as the elderly proportion of a population increases, so does the elderly share of total health expenditure.

**Figure 2.8** Elderly as percentage of population and their share of total health expenditure, 2000-2026 projection (United States of America)



Source: Adapted from Ruggeri (2002:11)

Healthcare costs will nevertheless, differ across the globe, as coverage and benefits provided by healthcare systems to these persons differ considerably from region to region. For the more developed regions, population ageing creates two potentially major pressures on healthcare expenditure: i) increased utilisation of healthcare services; and ii) decreased revenues caused by a declining share of the population being economically active. According to Rechel *et al.* (2009:26), Eurostat projections show that “the working age population (15-64 years) in the European Union will decrease by 48 million persons by 2050. In addition, old-age dependency ratios are projected to increase in the European Union, from four people of working age for every elderly person to two.”

In the less developed regions, the cost of healthcare for older persons is often higher than for the other age cohorts; however, there is low-public health coverage and relatively high out-of-pocket spending, due to a lack of adequate formal healthcare and support systems. Healthcare and support for elderly persons is further limited by many less developed regions having existing healthcare systems that are geared towards care for acute episodic conditions and not for chronic care needs which are dominated by elderly persons (Crimmins, 2004). All in all, population ageing might not be the prime driver for increases in healthcare costs, but it does serve to alter the composition of those persons who are receiving healthcare, resulting in a greater emphasis on degenerative and chronic disease care that requires long-term health expenditures.

On the whole, population ageing will drive substantial change in healthcare services and costs, chiefly regarding increases in the proportions of elderly persons, as well as their improving life expectancies. In the end, society will have to accommodate an ageing population characterised by a) increasing prevalence of chronic disease and disability; b) increased demand for elderly long-term healthcare services; and c) increased healthcare costs. However disconcerting this may appear, modern healthcare systems cannot afford to lose heart and should work towards building a healthcare model coherent with the increasingly large elderly population; one in which policymakers “encompass preventative measures towards risk factors, while improving the provision of effective and essential healthcare for all of those public services that improve health and reduce infection” (Vos *et al.*, 2008:204). Healthcare policy should also strive to overcome the barriers of healthcare for elderly persons, such as: chronic shortages of medication; overcrowding in facilities; understaffing and lack of skilled healthcare workers; a lack of transport; inefficient appointment systems and inadequate public health education (Kalula, 2010).

□ ***Implications for social participation of the elderly***

In the past, substantial social and economic contributions of elderly persons have been mainly ignored, as a result of societal definitions that often designate the elderly as largely dependent, inactive and unable to innovate (Healey, 2004). Yet, the world faces an era beset with rapid population ageing, where more and more elderly persons will come to dominate contemporary populations, while younger and more active age cohorts decline in size and stature. Thus, in order to maintain active societal functioning, an emphasis on maintaining elderly ability and functionality will prove to be critical (Vos *et al.*, 2008). One way to do this will be to empower older members of society so that they may continue to participate in an active manner throughout old age.

▪ ***Types of elderly participation***

To make use of the increasing numbers of elderly in the best ways possible, greater society must be able to access older person’s “accumulated stocks of human capabilities and experience” (Vos *et al.*, 2008:70). The following types of participation will prove essential in enabling effective social participation of elderly persons in ageing populations, while also providing opportunities for future social organisation: i) grand-parenting; ii) volunteering; iii) financial helpers; and iv) voters.

**Grand-parenting** refers to elderly persons providing social support in the form of child care. Currently, contemporary grandparents are more active, healthier and wealthier than their own grandparents were and have more time, energy and financial resources to devote to their personal interests which may include grandchildren (Healey, 2004), especially in more affluent societies. As Vos *et al.* (2008) explain, in countries with very high HIV/AIDS prevalence, the role of elderly people as primary caregivers for children has gained much importance; as shown in the figures, whereby over

60% of the orphaned children in Botswana, Malawi and Tanzania are cared for primarily by their grandparents. All in all, grand-parenting provides a new dimension to the family structure and economic activity, as the elderly increasingly occupy a position of primary caregivers, formerly held by the grandchildren's mother or father. This would essentially free up time and resources for the economically active adults to attend to working activity, thus strengthening the labour force.

The future of **volunteering** in an ageing society is set to be a broad and positive one, which will prove to be critical in providing support, as well as participation in society for the growing elderly contingent. Volunteering involves a person willingly giving unpaid help in the form of time, service or skills (Longman, 2009). Elderly volunteering may include a wide range of tasks, including fundraising, management, teaching and administration; yet volunteers are increasingly engaging in skilled tasks such as crisis counselling that are based on previous qualifications. The elderly cohort has largely become a target for volunteer groups as Healey (2004:31) explains, "given the rising demands and the shrinking traditional pool of married women (due to more of them being in the workforce), many community organisations seek to recruit volunteers from the expanding numbers of retirees", thus allowing for traditionally inactive persons to become active and contribute to society. A pertinent example of elderly volunteerism in an ageing country is the 'Meals on Wheels' organisations in the United States of America, which relies upon 'young old' elderly to help out with the 'old old'. This situation is exemplary within an ageing population as the organisation makes use of one dependent group to benefit another, while contributing to general societal activity and functioning (Kresl & Ietri, 2010).

The elderly population also possess the ability to contribute to society by use of their **finances**. In many nations, especially the more high-income developed regions, older persons carry substantial weight in the economy and often hold a significant share of wealth, due to their many years as active workers and savers in the past. Not only do these elderly persons pay taxes on their earnings, but they also serve the economy by existing as consumers. Furthermore, elderly persons can also serve as a potential pool of workers for certain activities, thereby contributing as employees.

A crucial aspect of any democratic society involves persons who qualify as potential voters. The elderly are one age group that, in many cases, adds heavily to the **voting population**, and often has a greater propensity for exercising their democratic right to vote, than persons in other age groups (Grady, 2008). This makes the elderly contingent a powerful and influential force, which with future population ageing will become a force to be reckoned with, regarding the issues and policies that most effect them, such as debates over social security and long-term care insurance (Vos *et al.*, 2008).

As a whole, as a population ages, society will have to reorganise itself in order to remain socially and economically active, thus ensuring that the elderly contingent does not grow in passivity, but rather grows actively in functionality and participation. Social participation among the elderly can decline with population ageing; however, it also provides much opportunity for care giving and support. Wang (2010:207) highlights such an argument by stating that: “The group of elderly is the bond and bridge that serves as a link between the past and the future and as a connecting link between the preceding and the following, and is an important support and guarantee of sustainable development of society.”

□ ***Implications for the education system***

A major concern for any ageing population is the transformation of the education system due to progressive population ageing. As a nation’s age structure transforms during the ageing transition, fewer people enter the younger age cohorts that primarily constitute student bodies at primary, secondary and tertiary levels of educational institutions. Thus, due to the absolute number of students shrinking, educational institutions and organisations will have to make do with fewer students than in the past; a turning point, as education and information services are in great demand in industrialising and post-industrial societies. Japan, for example, is one country that has suffered the changes in its numbers of students because of population ageing. Numerous Japanese universities have closed as a result of having far too few students to make their institution financially viable, while others who still survive have sought to attract students by advertising aggressively and lowering barriers to admission (Fishman, 2010).

□ ***Summary of social implications and challenges of population ageing***

Overall, as a population ages a number of social implications and challenges tend to arise. Firstly, the family and household structure may alter into one characterised by a situation of risk, where there are increasing numbers of economically inactive elderly family members, who are the most vulnerable persons to poverty and so on, along with fewer children and younger persons to provide care and support. This creates a situation where due to population ageing, a changing age structure may present formidable challenges in caring for multiple generations, as well as across generations.

Secondly, population ageing generates a troubling state of affairs where increasing amounts of care and support are required for the growing elderly contingent of the population, who require eldercare, community care in the community, and institutional care. However, this care and support is exacerbated by the elderly population being very isolated; by mindsets of care giving that focus on others rather than the elderly; by increasing needs of social support and care; and by changing household structures which often undermine care and support (Engelman & Johnson, 2007).

Regarding healthcare, society will have to accommodate an ageing population characterised by a) an increasing prevalence of chronic disease and disability; b) an increased demand for elderly long-term healthcare services; and c) increased healthcare costs (Crimmins, 2004). Lastly, the ageing of populations will eventually result in fewer persons of an older age to participate in primary, secondary and to a lesser extent, tertiary education. Consequently, due to the absolute number of students shrinking, educational institutions and organisations will have to survive with fewer students than in the past; a turning point as education and information services are in great demand in industrialising and post-industrial societies across the world. Yet, with effective social organisation put in place, societies may be able to harness the elderly cohort's potential as active participants and providers, which are aspects required in ageing populations characterised by high fiscal costs and increasing consumption levels.

### ***2.6.2 Economic implications and challenges of population ageing***

As populations age, their changing composition affects the economy, such as the ageing of the labour force. According to Vos *et al.* (2008), for the world as a whole, between 2005 and 2050 the labour force will have aged from having 17% of its workers aged 50 years and over, to 27%. For many researchers, population ageing marks the end of successive economic growth and development, often deeming the future to be one of penury for ageing populations (Murray, 2008). However, this is a radical interpretation of the implications, opportunities and challenges of population ageing; yet the phenomenon will still have momentous economic importance for all ageing populations, especially those populations who will age in accordance with compounding factors of economic crisis and environmental degradation (Gaisie, 1996). Realistically, population ageing will affect financial markets and global economies through four broad effects:

- i. **Scale effect:** Caused by age-related shifts in total hours of employment;
- ii. **Skill effect:** Caused by age-related shifts in hours of employment distinguished by skill;
- iii. **Taste effect:** Caused by age-related shifts in the commodity composition of household final consumption; and
- iv. **Public effect:** Caused by age-related shifts in government final consumption (Giesecke & Meagher, 2008).

These four effects occur across several dimensions of the economy and are further encompassed in two perspectives which are used to economically analyse ageing effects, i.e. the macroeconomic view and the microeconomic view. According to the macroeconomic viewpoint, population ageing will allow for the capital to labour ratio to rise, leading to higher marginal productivity of labour and lower marginal productivity of capital (Tapinos, 2000). Therefore, a rise in wages is implied, occurring simultaneously with a decline in interest rates. The microeconomic perspective, on the other hand, is concerned with people's savings and consumption patterns over the life cycle, and assumes that

people accumulate assets while economically active, and afterwards are apt to dissave or decumulate their wealth in the post-retirement period. Overall, this view suggests that countries with a high share of persons close to retirement will own an abundant capital stock, but it will decline as the ageing transition occurs and the number of elderly persons increases (Bulete, 2010).

Both views offer varying illustrations of the effects of population ageing on the economy, emphasising elderly savings, consumption and public expenditure. However, both views and the four broad effects accentuate important changes in a variety of economic dimensions, which include: elderly participation and labour supply in the economy; dependency ratios; economic productivity; transformations in social expenditures for ageing populations; loss of economic aid; and transformations in elderly savings and consumption levels.

□ ***Elderly participation in an ageing economy***

As a population ages, imbalances occur in the numbers of young-to-old persons, due to fewer people coming into the younger cohorts, and more people transitioning into the older ages. This phenomenon has led to many sources anticipating a ‘greying’ of the workforce, in whom older workers tend to undertake and handle a growing proportion of the production of goods and services. However, the elderly are becoming an age cohort in which very few persons remain economically active due to socio-economic, cultural and political factors which produce a context where reaching the elderly cohort is seen as a time to leave work, informally care for other family members, and take part in recreational activities until one eventually dies.

In many populations the reduction in older persons’ economic participation is evident; often where the older workers continue to make up an ever smaller part of their population’s workforce (Thomson, 2005). In Europe, the employment rate of older workers, aged 50 to 65 years of age, is a mere 40%, implying that within Europe, the majority of over 50-year-olds is economically inactive (Winkelmann-Gleed, 2009). To a large extent, a lack of elderly economic participation is produced through compulsory retirement ages (Kocak, 2011; Martin & Preston, 1994).

▪ ***The implications of compulsory retirement on an ageing economy***

A key incentive for older persons to exit the labour force is retirement, which regards the period of inactiveness after reaching a specific age, at which benefits become available (Wise, 2000). For example, in many developed countries at the age of 60 or 65 years old, a man or women may be able to attain a monthly social pension with free healthcare, all covered by either the persons previous place of work or by the state (Jorgensen, 2011). Almost everywhere, a trend toward earlier retirement can be observed, which is largely caused by social security programme provisions that older persons tend to acquire at specific ages. However, this trend is declining in many more developed regions due to increases in the minimum retirement ages, as well as in some cases, the abolition of retirement

ages. Upon reaching such ages, declines in labour force participation of older persons occur, substantially reducing the potential productive capacity of the labour force (Wise, 2000). For example, in 2002 South Africa's percentage of older persons (50 years and older) participating in the economy was far less than those older persons who were inactive. Lam *et al.* (2005) found that the participation rate of older persons falls with age. For example, in South Africa the percentage of men working in 2001 was approximately 50% at age 50; falls to 30% at age 60; and is below 10% by age 70.

The propensity to retire is determined by a myriad of factors; however, two factors are overwhelmingly important in making the decision to retire. Firstly, those who stand to gain the most out of retirement tend to retire early. Martin and Preston (1994) found that the proportion of persons who wanted to retire increases directly with the size of a person's retirement benefits. Secondly, retirement often occurs due to personal decision-making, not necessarily fixed and compulsory retirement. Reese (2000) avers that more retirements are voluntary than involuntary; which he attributes to the proportion of voluntary retirements rising with the age of retirement, which is further heightened for those retirees with pensions. Nevertheless, retirement, no matter what the determinants, also produces substantial change and many issues for those persons retiring. As Giddens (1995:613) argues, "retirement creates social, economic and psychological problems for individuals and, quite often, for households; it signals a major transition even for those able to treat their new-found free time as an opportunity". Secondly, retirement within a society geared towards the central value of work, frequently means a loss of status and the absence of routines that may have structured an individual's life, thereby creating a void which is difficult to fill in an inactive setting. In general, retirement produces a situation where older and elderly persons – voluntarily or involuntarily – are leaving the labour force, thus removing their possible ability to participate in the economy. This creates a situation in which fewer people are economically active, while a greying of the labour force puts pressure on those increasingly older workers who are likely to retire in order to attain benefits.

With this in mind, Winkelmann-Gleed (2009:45) states: "Unless changes in labour force participation and productivity patterns takes place, the rise in public health expenditure associated with ageing would increase the fiscal burden and public debt". This situation is compounded by the ability of the ageing population to alter their dependency burdens.

#### □ ***Transformation in dependency ratios***

A major function of population ageing, with potential critical challenges for developmental and service planners, regards changes in the dependent groups of a population. Dependent groups are characterised as having a significant degree of dependency, a state in which an individual is reliant upon others for assistance in meeting recognised needs, on other persons in the population (Bond *et al.*, 1994). As a population experiences the transformations associated with the demographic mortality

and fertility transitions, the proportions and numbers of the various age groups (0-14, 15-64, and 65+) begin to change. For example, populations with high fertility rates are characterised by having very large numbers of young people and few elderly, while in older populations the iterative effect of both mortality and fertility levels declining together, results in fewer people being born into the younger age groups, while more people are ascending into the older ages. Therefore, this causes an imbalance in young-old ratios. Understanding the direction of dependency allows one to target the specific groups who are in need (Martin & Preston, 1994); one way of doing this is by analysing dependency ratios.

According to Weeks (2008:317), a dependency ratio is an illustrative device which allows for analysts to show and interpret “the ratio of people of dependent age (usually 0-14 and 65+) to people of economically active ages (15-64)”. The dependent part of the ratio is made up of two parts: i) the number of people under age 15 in relation to those in the economically active age category, which is known as the green or neontic dependency ratio; and ii) the number of people over the age of 65 in relation to those in the economically active age category, known as the grey or gerontic dependency ratio (Ziehl, 2007:35).

Analysing dependency burdens (as shown in Table 2.11), confirm that dependency ratios are declining everywhere, yet overall, there are increases in the old-age dependency ratios, while young-age dependency ratios are declining. Mirkin and Weinberger (2000) predict that this trend will come to dominate almost all dependency ratios on a global scale, but the trend will differ in velocity and volume according to region. They further project that old-age dependency ratios will double in more developed regions and almost triple in less developed regions.

**Table 2.11 Dependency ratios for major developmental regions in 1950, 2010 and 2050**

	Type of ratio	1950	2010	2050
<b>World</b>	<b>Overall</b>	65	52	58
	<b>Children<sup>8</sup></b>	57	41	32
	<b>Elderly<sup>9</sup></b>	9	12	26
<b>More developed regions</b>	<b>Overall</b>	54	48	73
	<b>Children</b>	42	24	29
	<b>Elderly</b>	12	24	46
<b>Less developed regions</b>	<b>Overall</b>	71	52	56
	<b>Children</b>	64	45	33
	<b>Elderly</b>	7	9	23
<b>Least developed regions</b>	<b>Overall</b>	81	77	57
	<b>Children</b>	75	71	46
	<b>Elderly</b>	6	6	11

Source: Constructed with data from UNDESA, 2010

In the more developed regions, dependency ratios for the green or neontic section have been decreasing due to significant fertility declines, while ratios in the grey or gerontic part have been increasing. As seen in Table 2.11, the most developed populations experienced constant dependency ratios between 1950 and 1975 at a level of  $\pm 54$  dependents per 100 persons aged 15-64, but then declined to 48 by 2010, signifying a historic low point. However, Vos *et al.* (2008) state that this will change to an increasingly total dependency ratio trend due to continually rising old-age dependency ratios. It is projected that by 2050, the more developed regions will have a massive 73 dependents per 100 economically active persons, with the majority being elderly dependents. Thus, more developed regions are projected to experience a transition back to high dependency ratios similar to the 1950-1960s, yet high dependency will be mainly determined by high proportions of older persons. Regarding dependency ratios in the less and least developed regions, the dependency ratio for the green or neontic part remains high, but is projected to decline with a steady increase in the dependency ratio for the grey or gerontic section.

<sup>8</sup> Children age group: <15 years old

<sup>9</sup> Elderly age group: 65+ years old

By 2010, the overall dependency ratio in less and least developed regions stood at 52 and 77 respectively, and is expected to remain stable in the less developed regions, while further decreasing in the least developed regions to an expected 57 in 2050. Albeit stabilising numbers of dependents in the less developed regions exist at present, the composition of this ratio will be quite different in the future, since older persons are expected to account for 42% of the overall dependency burden by 2050, up from an estimated 10% in 1950 and 18% in 2010 (Vos *et al.*, 2008).

Nevertheless, the initial transformations in dependency ratios may possibly be an opportunity for development in the youngest populations. For example, African countries that have previously experienced episodes of high fertility will have rapidly growing working populations (15-64 years) over the next 30 to 40 years, whilst the size of the dependent 'school' population will decline with continuing fertility declines. As Messkoub (2008:3) explains: "This provides a golden opportunity for improving the quality of education and the labour force, thus increasing the resource base needed to manage the rise in dependency ratio[s] and to care for an elderly population". The dependency ratio is not only affected by the increasing ratio of persons aged 65 or older to those of working age, but also by the decreasing number of working-age people as a result of declining fertility. This decline implies that as the number of older persons in the dependent age groups increase and the number of persons in the working age groups decreases, taxes on working people may have to increase in order to finance the ever-increasing demand for pension funds and healthcare. This is problematic for the more developed regions which are projected to experience the largest decreases in the potential support ratio; yet an even greater challenge lies ahead for the less and least developed regions which do not necessarily have the same economic means to confront the issues of social support for the increasing proportion of older persons.

Overall, both mortality and especially fertility declines result in alterations among which age groups form the more prominent dependent group. Yet the increasingly common trend is for the elderly to assume prominence, thus requiring shifts in planning so as to be sustained by flows of resources upwards and downwards by age from the more productive age groups (Martin & Preston, 1994), who will become increasingly fewer in number as populations age.

□ ***Productivity and economic growth in an ageing population***

The effect of population ageing on labour productivity is crucial in determining the economic burden of ageing (Creedy & Guest, 2009). As with the occurrence of such an ageing phenomenon, there will most definitely be a gradual greying of the workforce, where older workers undertake and handle a growing proportion of the production of goods and services, in order to make up for having fewer economically active younger persons (Vos *et al.*, 2008). Thus, older persons will be more prominent in the workforce, while population ageing will result in transformations in the demand side of product markets, which will increasingly cater for elderly needs (Giesecke & Meagher, 2008).

An increasing amount of work being done by older workers, increasing numbers of older people retiring and fewer economically active younger persons may serve to halt economic growth. As Vos *et al.* (2008:80) explain, “while an increasing labour force may imply a potential for accelerating growth, and thus improving the standard of living for all, a declining and ageing labour force may have opposite effects and lead to slower growth”. This may occur as changes in population structure do not automatically promote economic growth. In the absence of policies that successfully facilitate the absorption of considerable numbers of people into productive employment (Kocak, 2011; Mason & Lee, 2011), as well as large cohorts of working age people, it can impede economic growth and be socially and politically destabilising, thus leading to a ‘demographic penalty’ (Bloom *et al.*, 2007). This can also occur due to population ageing where populations may experience a decline in the size of their active labour forces.

The view that increasingly relying on older workers in the economy will no doubt result in economic decline stems from arguments that the ageing process itself acts as a drag on productivity growth. Murray (2008:23) explains that prominent developmental thinkers and politicians have supported this perspective; such as Dave Willetts, a British Conservative politician who argues that ageing societies will “have fewer Picassos” – youthful entrepreneurs responsible for productivity-enhancing innovations. Similarly, many pessimists claim that an ageing society is one of ‘declining inventiveness’. This argument is based on a straightforward assumption that older workers are less innovative and adaptable and consequently, contribute less to advances in productivity. The implication is that innovation and a certain degree of creativity, is often higher among the younger members of society and typically associated with younger workers (Vos *et al.*, 2008). The Global Entrepreneurship Monitor (2004) supports this claim, by stating that most entrepreneurial activity is undertaken by educated individuals between 35 and 44 years old, not older and elderly workers.

However, the arguments in support of declining productivity in an ageing society are not entirely convincing. For one, they tend to confuse the related, but not identical, concepts of innovation and productivity. As Hue (2010:9) explains: “Economies can be productive without being innovative – particularly if they excel at perfecting innovations from elsewhere and embedding them in working practices.”

On the contrary, ageing populations do not necessarily presage disastrous consequences, as they can facilitate productive economies, as long as a firm and selective organisation of their populations takes place. Sweden for example, was able to regulate the phase of population maturity in order to produce the most successful economic growth in the country’s history. Between 1920 and 1970 the Swedish gross domestic product (GNP) per capita grew by almost 400%, while the average annual growth rate was 3.2% (Malmberg *et al.*, 2006). Healey (2004:39) argues that: “There are grounds for optimism that future, older generations are likely to be more productive and independent than previous generations”. But this can occur only if societies are willing to make use of the older and elderly worker population. There are a number of possible advantages of having an older more experienced workforce, such as older workers being seen as more reliable and stable, and their experience is often an important source of information for newer staff (Winkelmann-Gleed, 2009).

Lastly, more progressive ageing may serve to alter ways in which economic growth is attained. In Japan where 23% of the population are 65 years and older (PRB, 2011), a lack of economically active people and increasing numbers of elderly dependents have forced many Japanese businesses to look outside of Japan in order to invest for the future (Fishman, 2010). The ageing demographics have thus forced the country to invest aggressively in younger countries, in order to capture some of the economic growth in such places. This economic path is essential for the support of an older Japan which sees policy employing economic models that strive to make money from Japanese factories in foreign countries where non-Japanese people do the work.

#### □ ***Social expenditure in an ageing population***

In recent years, social security systems have been the subject of increasing concern in policy discussion, as economic growth and worldwide inflation, together with demographic ageing has increased the financial burden on public and social expenditure. Often, this results in up to one-third to one-quarter of many developed countries’ domestic product being spent on pensions and healthcare, respectively (Kalasa, 2004). With population ageing, the state’s expenditures will only increase as public expenditures are more age sensitive than private expenditure, and the welfare state grows in response to population ageing (Disney, 2006; Giesecke & Meagher, 2008). As Healey (2004:36) explains, “social care costs do rise with age, often in an exponential manner.”

As illustrated in Table 2.12, projections show that many countries with large proportions of elderly persons will experience significant jumps in age-related expenditures, which, in turn, take up larger shares of the gross domestic product (GDP). Overall, population ageing will directly increase social expenditure; an issue as nation states with extensive social programmes targeted at the older population have already found. The costs of social care programmes are escalating as the number of eligible recipients grows and the duration of eligibility lengthens (Powell, 2011). All in all, these costs are increasing as a result of ageing which targets healthcare and post-work benefits, especially pension systems.

**Table 2.12 Rise in age-related expenditure as a share of GDP**

	<b>2030</b>	<b>2050</b>
<b>Spain</b>	3.3	8.5
<b>France</b>	2.0	3.2
<b>Ireland</b>	3.3	7.8
<b>Italy</b>	1.0	1.7
<b>The Netherlands</b>	3.8	5.0
<b>Portugal</b>	4.3	10.1
<b>Finland</b>	4.7	5.2
<b>Sweden</b>	1.3	2.2
<b>United Kingdom</b>	2.2	4.0
<b>Czech Republic</b>	1.8	7.2
<b>Hungary</b>	3.1	7.6
<b>Poland</b>	-6.1	-6.7
<b>Slovakia</b>	4.4	9.7
<b>European Union</b>	1.6	3.4

Source: Constructed with data from Murray, 2008

- ***Increase in pension payments for the elderly***

An important social expenditure relating to age is pensions for the elderly, which are social contracts between a government/business and citizens where, in most cases, a worker becomes eligible for a pension at a specific age, be it 55, 60 or 65, and loses only the ability to attain a pension upon the death of the pensioner or, in some cases, if the pensioner returns to economic activities (Lam *et al.*, 2005). Pensions are fundamentally important to social support as they constitute a cost-effective way of empowering older people, while promoting social cohesion and household coping mechanisms (Xiaomei *et al.*, 2010).

Importantly, pensions are active agents of poverty reduction that reduce the intensity of poverty, and can further minimise household economic vulnerability by strengthening livelihood strategies and crowding on other support mechanisms that provide income security (Vos *et al.*, 2008). In all probability, in the absence of pension benefits; all other things being equal, poverty among older persons would be much higher. Very successful and one of the most generous in the developing world, is South Africa's non-contributory old age pension system. It has helped to reduce the number of people living below the poverty line by 5% (2.24 million people) when measured from 1998 to 2005, and had further reduced the poverty gap ratio by more than 13% by 2006 (HelpAge International, 2006).

The costs of social pension provision, however, will escalate with population ageing (Mason & Lee, 2011). As the elderly, and thus the pensioner population, increase in size and the labour force participation rates decline, social security systems are coming under severe pressure, especially in the more developed regions with older populations (Wise, 2000). As Vos *et al.* (2008) opine, the financial sustainability of existing pension systems has come under scrutiny due to increased longevity, faulty programme design, mismanagement and insufficient economic growth and employment; all of which serve to undermine the financial viability of pension systems.

Martin and Preston (1994) state that pension systems were already coming under much pressure and strain in the 1990s, often losing their ability to provide adequate funds to all eligible persons, as well as conflicting with other state objectives. These authors declare that: "Initiatives to ensure the economic wellbeing of the elderly may conflict with structural adjustment policies to reduce rather than increase public expenditures. As a result, benefit levels often lag behind inflation. Increasingly in Latin America – where growing numbers of elderly persons have become eligible for old-age pensions – there has been a decline in the purchasing power of pensions and a severe deterioration in many older persons' standards of living. In Argentina, for example, the nearly 3.5 million retirees are supposed to receive pensions amounting to between 70 and 82 per cent of their former salaries. In reality they now [in 1994] receive about half that amount and their purchasing power erodes further as inflation continues" (Martin & Preston, 1994:102).

Along with other determinants, population ageing has produced a situation where pension systems may potentially become unsustainable. However, pension systems can become more sustainable if care arrangements were idealistically organised (Mason & Lee, 2011). For example, if household-based arrangements for the care of elderly could be maintained by providing financial incentives to households to care for their elderly, then a greater load would be removed from the state's overwhelming fiscal responsibilities and provisions (Messkoub, 2008).

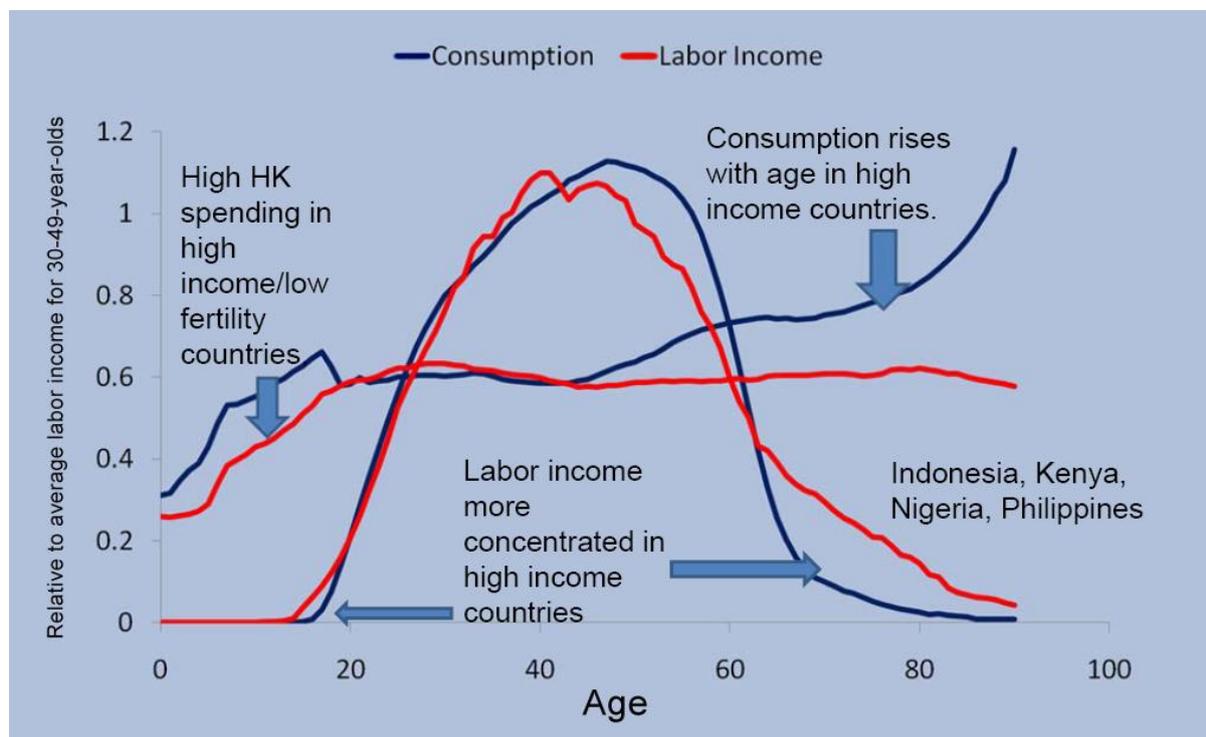
□ ***Loss of economic aid***

One of the consequences of population ageing will be a reduction or ceasing of economic aid from one country to another. As countries adapt to the changing economic needs and demands of their ageing populations, they will have to reconfigure their developmental aims and initiatives. Perhaps they will be forced to put a stop to economic aid in order to financially afford the costs of the state social security systems (Creedy & Guest, 2009). This is problematic for less developed countries which rely on economic aid from the more developed regions in order to fuel their own developmental agendas. Therefore, population ageing may serve to direct the flow of aid inwards rather than outwards, thereby removing developing nations' possible aid and resources required for their development (Grady, 2008).

□ ***The challenges and opportunities of an ageing population's implications on consumption levels and elderly savings***

A prime determinant of an ageing population's impact on the economy entails transformation in consumption trends and elderly savings. Owing to levels of consumption and asset holdings of households, depending on the ages of household members, the drastic demographic change in ageing populations will affect aggregate saving investment imbalances, net international capital flows, and the overall welfare of society (Ito & Tabata, 2010). With regard to consumption and ageing, two perspectives are evident. The first perspective holds that with an increase in population ageing, consumption levels increase. This view believes that in the more developed regions elderly persons tend to accumulate assets and resources while economically active, then afterwards dissave or decumulate their wealth in their retirement period (Bulete, 2010), regardless of personal wealth (see Figure 2.9). The second viewpoint argues that individuals, especially in the less developed regions, have a propensity to cut their consumption in order to stretch available resources that are increasingly difficult to maintain, due to declines in incomes (see Figure 2.9).

**Figure 2.9** Consumption and income per age in high income and lower income countries across the life-cycle



Source: Daggett, 2011

Vos *et al.* (2008) explain that this lower income for growing numbers of older persons will lead to lower consumption levels and shift consumption demand to basic goods. Nevertheless, whatever the trend of consumption followed, the consumer market will, to an extent, be inclined to more mature consumers. As Healey (2004:35) states: “Goods and services, currently designed with younger consumers in mind, may require modifications to cater for older consumers and new markets will open up as these goods and services become available. The market implications are enormous, for example more golf clubs will be sold and fewer surfboards, and there will be a greater emphasis upon quality and safety.”

To make consumption possible, the elderly should have saved some form of resources and capital for their retirement period. As Vos *et al.* (2008) explain, when making use of the life-cycle model, it may be assumed that economies with high child dependency ratios would have lower saving rates, while countries with an age structures dominated by working age persons may experience faster rates of growth. Potentially, they will have high saving rates as individuals save in anticipation of their retirement. In terms of economies characterised by high old-age dependency, they could experience declines in their saving rates. Additionally, it may occur that an increasing share of the income generated by those who are economically active will have to be transferred to those who are inactive; which, if incomes do not grow fast enough, could have far reaching implications for savings (Mason

& Lee, 2011). Concerning elderly households, especially those in more developed nations, increasing amounts of household savings are being directed towards pension funds and other financial investment plans for retirement which focuses financial resources on social services; an action in contradiction to the growing trend for state aims focused on universal protection and support. This is largely seen as the most ideal, yet costly, way of servicing an ageing society.

□ ***The demographic window of opportunity***

For those countries with still growing and relatively young labour forces, the initial ageing of a population may provide a window of opportunity for enhanced economic growth. This opportunity is generated by rapid fertility declines in stage two and three of population ageing. Such slow population growth, culminating in the growth of the working age (15-64 years) population, while the numbers of younger persons (0-14 years) decline and the ageing transition has not yet resulted in significant growth in elderly numbers (Barker, 2004). Such an incident frees resources for investment in economic development and family welfare, thereby having implications for labour supply savings and human capital (Ross, 2004).

Thus, the transformation in age structures may help accelerate economic growth and reform by producing massive one-time boosts in rapid labour force growth occurring in the absence of burgeoning youth dependency, further leading to the possibility of an economic miracle (Weeks, 2012). Many of the East Asian nations (East Asia Miracles) are the best examples of nations using the demographic opportunity or dividend to excellent pragmatic effect. From the early 1960s these populations were able to align strong educational systems and sound economic management in order to absorb the large generation of young adults into the workforce (Mason & Lee, 2011). In terms of economic growth, the average growth in the gross domestic product per capita averaged more than 6% per year between 1965 and 1990 (Ashford, 2007).

China, for example, made use of the favourable transformations in support ratios to enable a strong positive effect on output per worker between 1982 and 2000. This consequently allowed for growth in GDP per capita at an annual rate of 8.4% per year, culminating in a demographic dividend accounting for 15% of China's economic growth between 1982 and 2000 (Wang & Mason, 2005). This demographic dividend is, however, a limited and non-automatic window of opportunity. As Ross (2004:4) explains: "In time, the age distribution changes again, as the large adult population moves into the older, less productive age brackets and is followed by the smaller cohorts born during the fertility decline. When this occurs, the dependency ratio rises again, this time involving the need to care for the elderly, rather than the need to take care of the young."

□ ***Summary of economic implications and challenges of population ageing***

Overall, transformations in age structure affect the economy by altering the composition of the workforce, which in turn, has a compounding effect on environmental and other economic factors, further generating alterations in economic dimensions regarding scale, skill, and taste. Population ageing thus leads to a greying of the workforce, where older workers come to dominate the economy. Ageing however, also leads to declining participation rates in the more developed regions where retirement levels are high. In the less developed regions where social support programmes are lacking, older persons' participation in economies is high. In terms of economic productivity and growth, population ageing will lead to a reliance on older counterparts, who are argued as either being less productive and innovative than their younger workers or may be just as productive, often with qualities less evident in the younger population, such as stability, reliability and experience. However, if younger populations can plan ahead and organise their population, they may be able to afford growth and development via the demographic window of opportunity.

An increasing number of retired elderly will mean that the fewer economically active workers (aged 15-64) will have more pressure placed on them in order to sustain the economy and the elderly support base. Moreover, social expenditure will likely increase as more people age and require social support from age-sensitive state social security systems, due to the escalating numbers of pension recipients and longer durations of eligibility. Ageing populations are also likely to reduce the amount of economic aid given to other nations in order to enable those countries with large proportions of the elderly to look inward and provide financially for their increasingly large elderly populations. The ageing of a population may also lead to either increasing consumption levels or the cutting of consumption in turn, to stretch available resources. Whatever the scenario, there will definitely be a shift in the consumer market production of goods and services, so as to cater for the growing elderly population.

Lastly, population ageing will result in either, older and elderly persons saving more so that they can provide for themselves in retirement and for inactive family members or otherwise decumulate their savings in older age. Nevertheless, savings will likely be moved toward social support expenditures. Contrarily, if costs are too high and unsustainable, a vulnerable ageing population may be forced into activities which are prone to environmental implications and challenges.

### **2.6.3 Environmental implications and challenges of population ageing**

Because of the closely interlinked relationship between population demographics and environmental dynamics (Pelser, 2004), population ageing has a direct impact on the environment, and inevitably, the wellbeing of human beings. Such impacts occur due to population size and composition having an exponential effect on resource use, thus generating environmental change. The distribution and redistribution of populations affect the phenomena of crowding and congestion, as well as the extent to which human settlements and land uses invade native plant and animal habitats. Furthermore, the composition of the population, in terms of lifestyles and material living standards, affect the consumption of resources and the uses of environmental amenities (Rowland, 2000).

The state of the environment is altered by the increasing numbers of elderly persons, and in turn, affect elderly person's lives. For example, poor environmental quality is directly responsible for many communicable and parasitic diseases, often increasing mortality levels as environmental degradation takes place (WHO: 2009). Much of the degradation is, and will increasingly be attributed to the consumption levels of the growing numbers of older persons (Grundy, 2008; Liddle, 2011). There is little knowledge concerning the subject of ageing and the environment in the current literature, yet where it is evident, there is cause for concern regarding the implications and challenges of population ageing. These relate to the i) spatial aspects of ageing; ii) consumption patterns and waste generation of ageing populations; and iii) an ageing population's environmental responses.

#### **□ Spatial aspects of ageing**

For developmental thinkers and planners, spatial aspects of the population play a major role in altering and developing population policies. In terms of population distribution, the ageing of a population may result in adult and elderly persons moving to more scenic, environmentally sensitive locations. Commonly found in the more developed regions, new settlements with the elderly in mind are often located in tourist areas and add to the pressure on – often scarce – local water and natural resources (European Commission Directorate-General Environment, 2008). In the more traditional and extended family setups, increasing numbers of elderly will, most likely, enlarge households and increase land use (Kurek, 2011).

Another spatial implication produced by population ageing is the transformation in housing design, wherein new and old housing units are built and renovated in order to provide 'lifetime homes' which are oriented towards the safety, flexibility, convenience and accessibility for older persons. In general, these homes are not exorbitantly costly, but in many cases, they take up more space than the normal or average home (Tinker, 1997).

Many elderly people tend to live on their own, something that can possibly be attributed to the findings that as populations grow older, the average household size tends to drop, leading to an increase in the number of households (Pelser & Redelinghuys, 2008). Furthermore, the living area per person is on average larger for elderly people than for younger persons, as elderly households are smaller but with a larger space per person (IEA, 2006). This implication produces another challenge to increasing households and declining household size, putting great pressure on natural resources due to the consumption per individual household being higher than per individual.

□ ***Consumption patterns and waste generation of ageing populations***

Contemporary societies in the developed regions are characterised by a ‘consumer passion’ where high levels of consumption are rampant and serve to deplete resources, generate waste and further increase stress on the natural and agricultural environment. This occurs due to a population having social elements that impact on the natural environment by way of human activities that continuously change the biophysical conditions surrounding human beings (Pelser, 2004). Regarding the implications of an ageing population, in some circles, it is believed that children absorb more resources per capita than the aged, which may result in the first 20 years of life costing more than the total years lived after age 65 (Tubb, 2011). This would mean that the growth of the elderly population could be more favourable for the environment, than growth in the other age groups. However, in other circles, it is accepted that a shift to an older population composition is more likely to raise the average consumption per person.

Slesnick and Ulker (2005), in their report on consumption patterns of the elderly, present overwhelming evidence that shows that the elderly in most developed and developing nations have consumption levels either at, or well above the national average, depending on the measure used. In the IEA’s (2006:4-5) final report it is stated that the findings “...lead to the general conclusion that elderly people have a larger consumption of energy goods such as electricity, heat and gas per person than other groups. This is mainly because when people get older their household gets smaller (as their children move away, their partners pass away or other social events may occur). As the household gets smaller the living area per person in the household typically increases, often even if the elderly move to a smaller residence, and this leads to higher electricity, heat and gas consumption per person”. Overall, an ageing society tends to face increasing environmental stress per capita due to increasing consumption of energy intensive products (European Commission Directorate-General Environment, 2008; LifeAge International, 2012). With regard to waste generation, the growing elderly population is bound to produce more specific types of waste; especially more pharmaceutical waste in water resources, increased solid waste generated by, amongst other things, incontinence supplies (Pelser & Redelinghuys, 2008), as well as energy consumption by-products from the consumption of electricity, heat and gas.

With regard to transformations in mobility consumption patterns of an ageing population, two trends are apparent. Firstly, as a population matures and greater numbers of people fall within the adult age group (15-64 years old), there is an overall tendency for higher mobility and thus an implied increase in fuel consumption for transportation (European Commission Directorate-General Environment, 2008). Secondly, as a population experiences progressive ageing, and an increasing number of people are found within the elderly cohort, then the occurrence of mobility transforms. The European Commission Directorate-General Environment (2008) finds that there is a clear connection between increasing age past 60 years and declining personal mobility. This occurs as a result of the ageing effects setting limits on personal mobility. All in all, the occurrence of an ageing population is likely to lead to an initial increase in mobility consumption patterns, then move towards declining mobility consumption levels as the elderly cohort comes to dominate the population. However, the trend towards lower mobility consumption levels is, to some extent, weakened by the apparent increase in travelling by the wealthy and healthy segments of the elderly population (Commission Directorate-General Environment, 2008).

The consumption levels of a growing elderly population may also prove to have drastic effects on climate change. According to O'Neill *et al.* (2010) as cited in the United Nations Population Fund's (UNFPA, 2011:96) State of the World Population Report, data from 34 countries, representing 61% of the global population, show that the occurrence of population ageing will "reduce emissions in the long term by up to 20 per cent". This is explained by the PET climate change model which associates ageing populations with lower labour force productivity and participation that with all things equal, lead to slower economic growth. This occurs as the model stipulates that ageing primarily affects emissions through its influence on labour supply. Thus, even though the growing elderly population may serve to consume more energy intensive products, a less economically vigorous ageing population may alternatively reduce the impacts of consumption that ultimately generate climate change. Importantly, fluctuations in heat and cold produced from climate change can generate major handicaps that overwhelm a person's ability to cope. The prevalence of non-communicable diseases, for example, may then be exacerbated by climate change, thus creating a more vulnerable older population (HelpAge International, 2007 & 2012a).

#### □ ***An ageing population's environmental responses***

Population ageing may also impact on how a society deals with environmental changes. An individual's predispositions to respond to something, such as the implications, opportunities and challenges of population ageing, can be affected by their characteristics, environmental stimuli and the consequences of the action for the individual. With ageing, elderly persons often make decisions and participate in actions that may worsen the environmental situation, which Bond *et al.* (1994:134) attributes to a loss of adaptability with age, in which "homeostatic mechanisms underpinning adaptive

responding to environmental challenges lose sensitivity and accuracy”. Following this trail of thought, those individuals most impaired by ageing can be expected to show increased ‘environmental docility’, and thus greater dependence on external environmental cues to trigger responses, and a reduced likelihood of purposeful, spontaneous, internally cued responses (Guo, 2008). Generally, as an individual’s competence decreases, the proportion of his/her behaviour directly attributable to external influences appears to increase.

Lastly, the growing elderly population is a vulnerable group who may be more vulnerable to environmental changes when compared to other age groups, as they are “most likely to have chronic conditions and a lower resistance to environmental assaults” (Pelsler & Redelinguys, 2008:22). The International Panel on Climate Change (IPCC) view climate change as producing an increasing number of heat waves, drought, rainfall, flooding and changes in infectious disease vectors during the 21<sup>st</sup> century; all of which will most certainly have a heightened impact on mortality rates among the elderly population (Parry *et al.*, 2007). The European 2003 heat wave, for example, showed how severe heat waves can strike, resulting in casualties amounting to between 45 000 and 50 000 persons, of which a major contingent were elderly; many of whom lacked the facilities to deal with the severe environmental change e.g. air conditioning systems to control heat produced by global warming (IEA, 2006).

□ ***Summary of environmental implications and challenges of population ageing***

In summary, population ageing will produce more elderly persons who may be living in separate and smaller households which are consuming resources at higher average levels than households of the other age cohorts. However, consumption levels attributed to the mobility of an elderly population and the implications of having an economically less vigorous population may decline. This occurs as a result of lower mobility among the elderly cohort, when compared to other age cohorts, as well as the ageing effects potential drag on economic growth. While both adding to, and reducing environmental change by transitions in consumption levels, the rising numbers of elderly persons will also be more vulnerable to environmental change, as they may be characterised by a lowered adaptability to environmental change. This growing elderly population will be more likely to alter its socio-economic and environmental conditions as they become more prominent political players.

#### **2.6.4 Political implications and challenges of population ageing**

Population ageing will also serve to determine the political situation, as growth in the proportion of elderly will mean that their cohort will increase in size and status and thus become a prominent player and influence in politics. Population ageing will most likely produce three political trends in contemporary societies: i) greater voting behaviour and participation of elderly persons; ii) policy changes required for ageing populations; and iii) the possibility of a more law-abiding society.

##### **□ Greater voting behaviour and participation of elderly persons**

As the elderly cohort increases in size and proportion, they are more likely to become a prime political role player. This will occur as the elderly add heavily to the voting population and often have a greater propensity for exercising their democratic right to vote, when compared to other age groups (Vos *et al.*, 2008). With population ageing, politicians and political parties will have to adapt to the political arena which will, most likely, come to be dominated by adult and elderly concerns. Therefore, to attain authority, change in political attitudes towards elderly persons should take place in order to attain elderly votes (Bond *et al.*, 1994). Importantly, the growing elderly voting base will be attuned to specific concerns which pertain to themselves, such as social security and long-term support and healthcare. These issues will most certainly serve to realign policy aims and goals in the future of an ageing dominated population.

##### **□ Policy changes required for ageing populations**

Population ageing will have political impact on policy making, by emphasising long-term policy aims and goals, instead of the short-sighted, short-term considerations associated with the common nature of contemporary political processes (Lloyd-Sherlock, 2002; Murdoch, 2007). This will occur as the elderly require solutions which take considerable time and require funding and support that is long-term in scope (Jorgensen, 2011). However, such changes in policy may be undermined by capitalist ideology which uses the negative attitudes of society toward elderly people to justify the reduction in public expenditure and, at the same time, reinforce negative attitudes by blaming demographic changes for increased public expenditure (Bond *et al.*, 1994; Murray, 2008). This could result in an isolated and unvalued elderly population within capitalist society. Nevertheless, this scenario will come into conflict with an increasingly powerful, elderly political force which will require its needs to be met. All in all, the elderly will undoubtedly have to develop their own group consciousness in order to meet their political goals (Gavrilov, 2004).

□ ***The possibility of a more law-abiding society***

The composition of a population is likely to have an effect on how the face of governance will look in years to come (Leahy, 2010). Therefore, population ageing will probably lead to a more law-abiding society which can be attributed to the fact that elderly persons are less inclined to commit crimes against property and people (Truman, 2010; Wang, 2010). According to the Australian Institute of Criminology (2006), population ageing in Australia will result in a fall in homicide rates of  $\pm 16\%$  between 2006 and 2050, i.e. from 1.82 to 1.5 per 100 000. This is attributed to the likelihood of proportionally, fewer assaults, robberies, vehicle thefts and drug abuse, which occur more frequently among the younger population than the old. Malmberg *et al.* (2006) explain that there is a relation between large youth cohorts and social turbulence. According to Urdal's (2006) youth bulge hypothesis, the share of the 15-24 age group in the adult population increases the risk of internal armed conflict, and also of terrorism and rioting. Both authors believe that when populations experience considerable ageing, a prime political consequence of such demographic change will be lower risks of internal conflicts, while promoting a more harmonious, coordinated and stable society (Wang, 2010). Overall, such an implication of population ageing would allow for the state to focus on other areas of governance and possibly save in policing, prison and reformatory costs (Healey, 2004).

□ ***Summary of political implications and challenges of population ageing***

As a result of population ageing the political arena will transform in both scale and scope. The increasingly large elderly cohort will continue to serve as a political player, albeit having a more prominent role and voice. This will ultimately allow for the elderly to have greater decision-making power due to their increasing influence, that will produce the required changes in public policy, especially those which are relevant to the elderly themselves. Furthermore, an ageing population may provide a more law-abiding society due to elderly persons' involvement in fewer criminal activities than other age groups; however, there is the potential that intergenerational conflict may occur as a result of the elderly cohort increasing in power and authority, while other age cohorts' influence and power decline along with their numbers. In the end, it is almost certain that an increasingly larger elderly population will, to an extent, define policy and political thinking in the future. However, such a population will require a structure of committed institutions, organisations, government bureaucracies and individual actors from the public and private sector, who can maintain pressure for long-term actions and funding (Kresl & Ietri, 2010).

### **2.6.5 Concluding remarks on the implications and challenges of population ageing**

As discussed, it is evident that the world's population is ageing at unprecedented levels, thus producing a demographic phenomenon that has notable and grave implications, opportunities and challenges for ageing populations. As populations face the inescapable and daunting notion of massive ageing, society will ultimately have to be reconfigured, in order to deal with the outcomes of population ageing, so as to ensure that persons everywhere are able to age with security and dignity; that they can continue to participate in their societies as citizens with full rights. Thus, to allow for successful population ageing, populations everywhere should organise themselves in order to deal with the numerous social, economic, environmental and political implications, opportunities and challenges of population ageing, which seem to increase in complexity as populations progressively age (Weeks, 2008).

## **2.7 CONCLUDING REMARKS**

Overall, this chapter has illustrated that population ageing is occurring across the globe at unparalleled levels as a result of the iterative and collaborative effect of demographic processes. Importantly, population ageing is an issue which calls for greater concern, as demographic change and transformation has shown to have complex implications that require adjustments on both the macro- and micro-level (Tapinos, 2000). Therefore, in order to meet the United Nation's goal of developing a 'society for all ages' in an era of ageing, nations across the world must look to developing an understanding of their population's ageing and its implications, as it is "just plain irresponsible to sit by idly while humankind experiences full force perils of demographic ageing" (Bloom, 2011:563). On the whole, understanding that population ageing is an issue of concern is the first step in dealing with the phenomenon, while the second step is to identify the exact implications and challenges which ageing populations will face. These implications, opportunities and challenges of population ageing will require adept planning and solutions in order to produce a society that can efficiently accommodate the increasing number of elderly persons. Humanity cannot sit idly by, while the force of demographic ageing transforms society. Therefore, a means to deal with ageing implications and challenges must be identified and implemented; the best being comprehensive policy reform, adaptation and implementation focused on the concerns of population ageing. Without these, the implications of population ageing will "have a damaging effect on future prospects, as unemployment rises, the social fabric crumbles, and rising numbers of old people begin to overwhelm available resources" contends Ross (2004:12). Therefore, the implications and challenges of population ageing may seem to produce dire situations; yet, with the use of policies directed towards population ageing and its effects, solutions can be disseminated through developmental initiatives, allowing for controlled population ageing, as discussed in Chapter 4.

# CHAPTER 3 RESEARCH DESIGN AND METHODOLOGY

## *About Chapter 3*

*The proceeding chapter encapsulates the research methodology, its application and the overall procedure required to fulfil the aims and objectives of the study. This chapter presents the various aims and objectives before describing the means by which the data collection and final analysis procedure took place, concluding with an explanation of the relevant ethical considerations that were taken into account.*

### **3.1 INTRODUCTION**

In order to provide a relevant assessment and exploration of the subject matter, the study had to directly analyse the past and present situations of South African policy concerning ageing within the context of the current ageing transition. Furthermore, it also had to determine if existing policies and policy frameworks are able to sufficiently address the various challenges to, and opportunities for an ageing population. To effect this, the researcher sought to explore population ageing within South African socio-economic and developmental policy, by making use of a mixed methods approach that included both qualitative and quantitative research.

The study saw the researcher gathering primary data from specific strategic and key stakeholders who are involved in the various policies and developmental frameworks that concern ageing, via the use of in-depth interviews (qualitative research) and demographic projection models (quantitative research). Ultimately, by gathering both primary qualitative and primary quantitative data, the researcher was able to combine both forms of information with that of the comprehensive literature review and secondary analysis, thus strengthening the argument and critique. Data collection and analysis were designed and aligned with the following aim and objectives.

### **3.2 AIM AND OBJECTIVES**

Based on the primary research question and the focus of the study, the investigation sought to achieve a primary aim that embraced the overall goal attained. Furthermore, several secondary objectives were achieved so that the primary aim would be realised. Table 3.1 illustrates both the primary aim and the secondary objectives of the study, along with the means by which data were acquired to fulfil the aim and each objective.

**Table 3.1 Aim and objectives of study + the means by which data was acquired**

<b>Primary aim</b>	<b>Data required</b>
Evaluate the ability and appropriateness of current South African policy initiatives in dealing with the demands and needs of an ageing population.	<i>Primary data:</i> Interviews <i>Primary &amp; secondary data:</i> Interviews, demographic projections <i>Secondary data:</i> In-depth literature review
<b>Secondary objectives</b>	<b>Data required</b>
1. To explore the demographic nature, extent and dynamics of the age transition, both internationally and in South Africa.	<i>Primary data:</i> Demographic projections <i>Primary &amp; secondary data:</i> Interviews, demographic projections <i>Secondary data:</i> In-depth literature review
2. To explore and determine the most likely impacts of an ageing population on South Africa's future social, economic and developmental needs.	<i>Primary data:</i> Interviews <i>Primary &amp; secondary data:</i> Interviews, demographic projections <i>Secondary data:</i> In-depth literature review
3. To explore international and South African policy frameworks dealing with the issue of an ageing population.	<i>Primary data:</i> Interviews <i>Primary &amp; secondary data:</i> Interviews <i>Secondary data:</i> In-depth literature review
4. To determine the socio-economic implications of ageing in South Africa.	<i>Primary data:</i> Interviews <i>Primary &amp; secondary data:</i> Interviews <i>Secondary data:</i> In-depth literature review
5. To identify the gaps in South African policy with regard to ageing.	<i>Primary data:</i> Interviews <i>Primary &amp; secondary data:</i> Interviews, in-depth literature review <i>Secondary data:</i> In-depth literature review
6. To identify and provide recommendations that will benefit ageing policy design, implementation and activation in South Africa.	<i>Primary data:</i> Interviews <i>Primary &amp; secondary data:</i> Interviews, in-depth literature review <i>Secondary data:</i> In-depth literature review

The listed aim and objectives were met by way of a research design that made use of a mixed methods approach that occurred over three specific data collection steps.

### 3.3 RESEARCH DESIGN

In order to generate both primary and secondary data, the researcher made use of an exploratory mixed methods research design that was conducted in three distinct steps:

#### *Step 1: In-depth literature review*

The study began with an in-depth literature review concerning the demographic process of ageing; the ageing transition; the causes of the ageing trend; the implications, challenges and concerns for/of an ageing population; and the policy responses towards ageing in South Africa, as well as across the globe. This particular step provided the necessary background and secondary data required for understanding the context of the research. The literature review was organised according to firstly, exploring the phenomenon of population ageing across the world. Secondly, secondary data were organised into a section detailing the implications, opportunities and challenges that population ageing generates, before discussing possible means by which policy could help to mitigate the implications of ageing or help society to adapt to the implications of population ageing. The fourth aspect of the literature review targeted secondary data pertaining to the occurrence of population ageing in South Africa, as well as the country's policy responses to the implications of population ageing.

#### *Step 2: Demographic projections*

Building on the analysis of secondary data provided by the first step, the researcher next applied quantitative research methods regarding the use of demographic projections. Data relative to numerous demographic indicators, previously collected by the United Nations Population Division (UNPD and UNDESA) in 2010, were used to present evidence of the ageing trend and its magnitude in South Africa, as well as across the globe. Other sources were also used to strengthen indicators, with an emphasis on data regarding South Africa. Sources included: the Department of Social Development in South Africa; the Population Reference Bureau; the Health Systems Trust and Statistics South Africa. The majority of all the demographic projections and data used in the study come from the UNDESA's 2010 Revision of World Population Prospects, released in May 2011. More up to date projections were not possible, as the next revision will be released only in the first half of 2013. The decision to use UNDESA as the primary source for demographic projections was based on the fact that UNDESA is a quality secondary source which makes use of a variety of sources to arrive at detailed, thorough and up to date data sets. With concern for South Africa, UNDESA uses data collected by several public and private sources that include Statistics South Africa, Age-in-Action, and several national Departments. With reference to the demographic data used in the study as illustrated in Table 3.2, all projections were based upon medium and normal variant assumptions when dealing with the levels and future paths of fertility, mortality and migration.

**Table 3.2 Projection variants used in terms of assumptions for fertility, mortality and migration**

Assumptions			
Projection variant	Fertility	Mortality	Migration
Medium	Medium	Normal	Normal

Source: Adapted from UNDESA, 2010

With regard to the projection variants used in the study, medium fertility assumptions were utilised as they best apply to countries where fertility has been declining, but the estimated level was still above 2.1 children per women from 2005 to 2010. Secondly, the normal mortality assumptions are based on the demographic model where smaller gains in life expectancy and mortality occur, the higher the life expectancy already reached. Lastly, normal migration assumptions were used due to their basing future paths of migration on past migration estimates and the consideration of a country’s policy stance with regard to prospective migration flows. These projection variants were used because future trends cannot be known with certainty. All of the data collected and projected in this step range from the year 1950 to 2100 and is presented throughout the report in various tabular, graphical and illustrative formats.

### *Step 3: Semi-structured telephonic interviews*

The final phase of the study saw the researcher make use of qualitative research, in which semi-structured telephonic interviews were conducted in order to gather primary data from key and strategic stakeholders, along with self-administered questionnaires containing mostly open-ended items. This methodology entailed the researcher “accessing unquantifiable facts about the actual people that researchers talk to, while understanding the people represented by their personal traces” (Berg, 2004:205).

Thus, both primary and secondary data were collected across three steps that made use of qualitative and quantitative methods of data collection and analysis. While step one and two required data collected from numerous sources, such as books, journals, articles and data banks, step three required specific key informants who would represent sources of data regarding the topic.

#### **3.3.1 Target population**

The study aimed to provide a broad, critical analysis of the informed opinions of key and strategic stakeholders primarily dealing with South African policy pertaining to population ageing. To do this, the viewpoints of the chosen respondents were analysed and explored so as to understand the current situation of population ageing in South African public policy. The target population included several persons located throughout developmental units and governmental departments in South Africa, with

the majority of such persons being found within the South African Department of Social Development in Pretoria and the NGO: Age-in-Action. This population was key to answering the research questions as these men and women are currently the most strategically placed officials responsible for policy issues regarding ageing within the country. To identify and recruit potential respondents, the researcher made use of various sampling methods.

### 3.3.2 Sampling

To draw a representative sample, the researcher used non-random sampling methods. Non-random sampling was best used for the study as it required few research participants, due to the target population being relatively small in terms of size. The researcher made use of a mixture of two non-random sampling methods (purposive sampling and snowball sampling) in order to draw a representative sample of strategic and key informants. *Purposive sampling* was best used for drawing a sample in the case of this study, as this sampling technique allows for specific participants to be selected based on the requirements defined by the study. In general, the researcher had to use his own judgement concerning which participants to select, according to who met the purpose of the study (Berg, 2004; Maree, 2007; Merriam, 1998; Rohrer, 2008).

Thus, the researcher chose several research participants from a broad population, found throughout the social, economic, environmental and developmental community, based on the following criteria:

- Participant holds a position that deals/or dealt with population ageing and demographic changes in policy draft, implementation or activation;
- participant works within /or deals with the socio-economic and developmental community;
- participant is responsible for population policy reform and/or implementation; and
- participant is a key and strategic stakeholder in socio-economic or welfare planning.

These rich descriptions of participants helped facilitate external validity. This sampling method allowed the researcher to pinpoint a list of potential respondents, of which two were identified for inclusion in the study. The researcher, having based his decisions on purposive sampling, also sampled respondents from the population of interest by way of *snowball sampling*. This chain-referral sampling allowed the researcher to pinpoint possible respondents who fell within the socio-economic and developmental community and who were not necessarily visible or easy to locate; thus creating a network of key informants. The researcher made use of the Chief Directorate Population and Development in the Department of Social Development as the initial entry point. This proved indispensable as the researcher was able to penetrate an interconnected group of knowledgeable persons that were active within the concerned community. In practice, the researcher was able to obtain numerous details of persons all active in the South African Department of Social Development (on both national and provincial level), with the help of the Chief Directorate Population and

Development and the initial two respondents. However, due to the limited number of persons working on the concerned topic, the researcher was restricted to very few potential respondents, of which four actually took part in the study. With regard to the lack of respondents working with ageing at provincial level, the majority of persons contacted felt that the researcher would be able to best assess the study's topic by dealing with their senior representatives who would serve as focal points for understating all issue relevant to ageing, hence the focus on persons primarily working at national level. The four chosen respondents were ideal for the study as each of them serves as active overseers for dealing with the needs, concerns and services associated with the growing older South African population. Table 3.3 illustrates the number and details of the respondents who took part in the study.

**Table 3.3 Details of respondents**

No.	Title	Place of occupation
1	Director of Care and Services to Older Persons	Department of Social Development, South Africa
2	Deputy Director of Care and Services to Older Persons	Department of Social Development, South Africa
3	Deputy CEO of Age-in-Action National Office	Age-in-Action, South Africa
4	Director of Age-in-Action Free State Office	Age-in-Action, South Africa

Once the respondents were drawn, the researcher sent letters via email to each of them detailing the background, as well as the aims and objectives of the study. This initial email served to explain the context of the study, as well as enquiring if the person would participate as a respondent in the study. Upon acceptance, the researcher initiated the data collection process.

### 3.3.3 Data collection

As illustrated in Section 3.3, this study made use of data drawn from three avenues. Firstly, an in-depth literature review took place, followed by the insertion of demographic models and projections that exemplified the occurrence of population ageing and its implications in South Africa and beyond. The third and final step in the data collection process entailed the researcher interviewing the sample group of key and strategic informants. The initial step of an *in-depth literature review* proved essential in providing background, understanding and historical data concerning the topic, in which various sources were used to explore and explain: i) the demography of ageing; ii) the implications and challenges of population ageing; iii) the policy responses to population ageing; and iv) the occurrence of population ageing and its policy responses in South Africa. However, this step was marred by issues such as incomplete data sources and a lack of data on specific items of concern.

Together with the in-depth literature review, the researcher collected data from various demographic data bases that provided *demographic models* which the researcher used to produce projections that supplemented the data of the literature review. This process required entering various demographic variables into the provided models, which then provided an output reflecting the future demographic change and ageing projections with reference to South Africa and other countries.

While proving of utmost importance to the study, the researcher's projections concerning South Africa are limited by the lack of detailed data with regard to population ageing in the country. For example, when discussing ageing among the various ethnic groups in South Africa, data were scarce and sometimes nonexistent, thus forcing the researcher to limit many in-depth evaluations to more general ones. All secondary data was collected during the period: June 2011 to October 2012.

The final step in the data collection process saw the researcher make use of *semi-structured interviews* during which respondents were questioned concerning the topic, thus helping to strengthen the critique of the literature review and secondary analysis. A questionnaire (see Appendix C) was designed by the researcher and covered many of the aims and objectives required by the study across six sections. Owing to the questionnaire being designed in a more structured way, the respondents, if necessary, would be able to complete the questionnaire personally without the help of the researcher. However, this approach was used only in situations where no interview was possible. Importantly, all information provided by respondents is their own personal opinion, and may not be fully representative of opinions which the institutions to which they belong. All qualitative data was collected between February 2012 and October 2012.

Special emphasis on data collection was placed on the primary data collected in the interviews and standardised questionnaires. The questionnaire (see Appendix C), designed for the interviews, was done so as to evaluate South Africa's responses to population ageing according to the stipulations of the Madrid International Plan of Action on Ageing (MIPAA). Thus, questions targeted various categories found throughout the 'stakeholders' analysis matrix'; the 'priority matrix'; and the 'priority directions' found in the MIPAA (UNDESA, 2002). With these directives in mind, the questionnaire measured responses according to six sections of questions that targeted: i) the awareness of an ageing problem and its potential challenges amongst policy makers; ii) existing policy framework(s) targeting population ageing in South Africa; iii) the ability and capacity of South African policy and agencies to target the implications of an ageing population; iv) the challenges and limitations of South African policy; v) the socio-economic implications of population ageing in South Africa; and vi) recommendations that will benefit ageing policy design and implementation in South Africa. Overall, data collected in this step allowed the researcher to verify if South African policy had taken the various recommendations pronounced and previously generated in the MIPAA to heart and engaged in the mainstreaming of ageing policy by identifying specific and common themes. Once complete,

the literature review and demographic projections allowed for the compilation of Chapters 2, 4 and 5, while the data collected from the interviews and standardised questionnaires are criticised and analysed in the second part of Chapter 5.

Interviews were held with only two respondents via telephone, in which the researcher asked the respondent a number of ordered, close- and open-ended questions. These interviews allowed the researcher to make use of probing and follow-up questions, while also providing more in-depth information that allowed for the exploration and confirmation of data. Nevertheless, the weaknesses of such interviews were their time-consuming and expensive nature, and at times, respondents struggled to recall information and felt compromised. The fact that interviews were done on the telephone also meant that the interviewer could not physically see the respondent, but on the other hand, they allowed the researcher to interview respondents from great distances away. These interviews were all audio-taped, while handwritten notes were also used to support the recordings.

Upon the conclusion of the study, all recordings were destroyed. While half of the respondents were able to be interviewed via the telephone, in some instances, the researcher had to email the questionnaire in Microsoft Word document format, which was filled in by respondents in their own time. Emailing the questionnaire to respondents allowed for an inexpensive way, fast transmission times and in some cases, allowed for more candid responses where the respondent answered in a more open and honest way, compared to the telephonic interview (Babbie & Mouton, 2001; Bailey, 1987; CSU, 2012; Dearnley, 2005; Hardwick Research, 2011; The Praxi Group, 2007). While allowing for the researcher to take a more relaxed approach, it also proved problematic, as respondents would fail to answer the questionnaire in the allocated period of time. Furthermore, respondents struggled to sometimes complete the document as a result of a lack of computer literacy skills. This issue, as well as slow responses on the part of some respondents, served to delay the completion of questionnaires by twelve weeks, in some cases.

Once all three steps of the data collection process were sufficiently complete, the researcher progressed toward the organisation and analysis of the collected data wherein the researcher would answer the research questions and meet the objectives of the study.

#### **3.3.4 Data analysis**

Owing to the research investigation focusing on ageing and its role and concern within South African policy, in order to analyse the various policies and programmes for their adoption of ageing as a socio-economic and developmental concern, the researcher undertook a content analysis of the collected data from the literature review, the demographic projection models and the interviews with the key informants. The analysis process involved examining and evaluating the collected data simultaneously and interactively, while linking said data to the study's aim, objectives and numerous

research questions (Neuman, 2005; Seidman, 1991). Content analysis was primarily based upon the aims, concerns, issues and themes identified as of paramount concern by the MIPAA.

Thus, data analysis covered six distinct sections, these being: : i) the awareness of an ageing problem and its potential challenges amongst policy makers; ii) existing policy framework(s) targeting population ageing in South Africa; iii) the ability and capacity of South African policy and agencies to target the implications of an ageing population; iv) the challenges and limitations of South African policy; v) the socio-economic implications of population ageing in South Africa; and vi) recommendations that would benefit ageing policy design and implementation in South Africa. Moreover, throughout the data collection and analysis, the researcher sought to maintain an awareness of all the ethical considerations of the study.

### ***3.3.5 Ethical considerations of the study***

Before conducting the data collection process regarding the interviews with key and strategic informants, the researcher acquired permission from all parties involved in the research process so that all data collected from participants were acceptable and usable. This included a letter/contract (see Appendix A and B) that obtained clearance for participation, as well as a written agreement, concerning ethical guidelines, providing a detailed explanation of what is expected of them as participants, as well as what should be expected of the researcher. This agreement clearly states an ethical and moral responsibility required of the researcher (Denzin & Giardina, 2007:35). The ethical considerations concerned the following:

#### ***□ Informed consent and voluntary participation***

In order to have been involved in the study, each research participant had to state his/her written agreement and consent to participate in any of the data collection processes. The written agreement (see Appendix A and B) outlined the goals, procedures to be followed, advantages and possible disadvantages of participating in the study, while emphasising that any participant was able to withdraw from the study at any point in time.

#### ***□ Privacy and confidentiality***

All participant information (names, contact details etc.) was kept confidential, whereby only the researcher had access to the data, and knew the identity of the participants with a direct connection to specific results. In the written agreement (see Appendix A and B), it was communicated to participants that all material and data collected from them would be included only in the final report and any subsequent publications by the same author. Under no circumstances could the data have been able to be tracked back to certain respondents; thus, the researcher vowed to protect participants' identities to the extent that individual identities were not linked to information provided or publicly

divulged (Seidman, 1991; Whiting, 2008). To strengthen the researcher's claims, once the study had been concluded, all audiotapes and notes taken during the data collection process sessions were destroyed, thereby minimising the chances of future undue use.

□ ***Authenticity of data***

As stated by Whiting (2008:39), "The researcher should also consider whether part of the analysis of the data should be returned to the participants to further establish validity". Thus, in order to ensure that the researcher's analysis was a true and accurate reflection of the research participant's initial position on the topic, selected captured responses and data analyses were clarified with some of the research participants. This process entailed responses and analyses being emailed to respondents for verification of successful interpretation or misinterpretation.

### **3.4 CONCLUDING REMARKS**

Overall, the study saw the researcher gathering data from specific key and strategic stakeholders, by way of purposive and snowball sampling techniques, who are involved in the various policies and developmental frameworks that concern ageing via the use of i) semi-structured interviews using questionnaires (qualitative research); ii) an in-depth literature review; and iii) demographic projection models (quantitative research). Ultimately, by gathering both qualitative and quantitative data, the researcher was able to combine both forms of information with that of the comprehensive literature review and secondary analysis, thus strengthening the argument and critique and meeting the study's primary aim and secondary objectives. In conclusion, the collected data were analysed according to numerous matrixes developed by the Madrid International Plan of Action on Ageing (MIPAA) and all applicable ethical details were considered.

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# CHAPTER 4 INTERNATIONAL POLICY RESPONSES TO POPULATION AGEING

## *About Chapter 4*

*This chapter discusses the extent to which public policy has been used in responding to the implications, challenges and opportunities of population ageing. The key areas of response are identified and explored according to various policy responses across the globe. Importantly, it must be noted that the majority of these policy responses have been initiated in the more developed regions, where population ageing has had a greater emphasis on public policy. The chapter concludes with a discussion on how the success of policy responses has been hampered by a range of inhibiting factors.*

## **4.1 INTRODUCTION**

The Washington-based Centre for Strategic and International Studies claims that population ageing may ultimately mean stagnating or declining living standards in an era labelled as being a “Grey Dawn” and characterised by a “global ageing crisis” (Creedy & Guest, 2009:225). Issues, such as a declining working-age population; an increase in the number of elderly dependents requiring pensions; the feminisation of the elderly population; and transformations in healthcare; all may serve to generate a situation of legitimate concern (Demeny, 2003). However, the degree to which the implications of population ageing will be seen as either disasters or opportunities will depend on how populations deal with population ageing and whether they will reap the longevity dividend that is predicted in some instances (LifeAge International, 2012; Zaidi, 2008). The most common way of doing this is through the drafting and implementation of policy responses directed towards the implications of population ageing.

In general, population ageing is viewed as being inevitable, as all populations will eventually come to experience the ageing transition during the larger demographic transition (Lilley, 2002; Vos *et al.*, 2008; Weeks, 2012). However, this phenomenon is not insurmountable (Vos *et al.*, 2008), as long as policy responses are focused upon the correct areas of concern, and if there is an attempt to develop society and distribute equal benefits amongst all age groups. Such policies will only prove successful if the policy and institutional environment are able to allow required changes, while not limiting or hampering them (Malmberg *et al.*, 2006). Overall, ageing provides cause to rethink social, economic and welfare policy (Lloyd-Sherlock 2002), with the goal of making population ageing “an achievement of our societies” (Zaidi, 2008:1).

Population ageing is not going to disappear; on the contrary, it will only increase in our lifetime (UNDESA, 2011). Thus, policy makers everywhere are encouraged to develop comprehensive and integrated policy responses which serve to facilitate, inform and enable a sustainable and functioning ageing society. This chapter discusses the development and use of public, socio-economic and population policies in direct effect, to either mitigate, or adapt to the implications of population ageing. The four most prominent areas of concern include social expenditure, economic, demographic and political policy responses, all of which have been limited and encumbered by a variety of factors. To understand such policies, it is best to start at the beginning and ponder the question: ‘Why to use public policy in response to the implications of population ageing?’

## **4.2 PUBLIC POLICIES AS SOLUTIONS TO THE CHALLENGES AND OPPORTUNITIES FACING SOCIETIES**

According to Weeks (2008:489), a policy is a “formalised set of procedures designed to guide behaviour. Its purpose is to either maintain consistency in behaviour or to alter behaviour to achieve a specified goal”. Such goals vary depending on the aspect of concern and may apply to various disciplines; yet, all public policies are designed to efficiently regulate behaviour and distribute benefits to those in need (Dye, 1998). Overall, in many cases, public policies have been able to contribute to rapid improvements in the basic indicators of wellbeing, thus prompting a high prevalence of use across developmental regions, albeit at varying levels and degree of use (Lloyd-Sherlock, 2002).

Traditionally, public policies were designed to deal with domestic issues; however, with heightened levels of globalisation during the 20<sup>th</sup> and 21<sup>st</sup> centuries, there has been a growing need to provide a subset of public policy focusing on global governance, due to issues such as economic development, climate change and terrorism. All of these require united front in order to deal with them (Marquez, 2010). While trying to attain economic growth in the late 20<sup>th</sup> century, many less and least developed nations with rapidly growing populations sought to use public policy as a means by which to avert a Malthusian calamity of overpopulation. Public policies were drafted with the intent of controlling and managing population growth, which if uncontrolled, was thought to inhibit economic growth and development. Thus, many nations across the globe set out to attain smaller populations characterised by stable growth patterns (Weeks, 2012). The tool to attain such a goal came in the form of population policies (Malmberg *et al.*, 2006).

### **4.3 POPULATION POLICIES**

A population policy in the broadest sense is a prescription of what is desirable demographically (Rowland, 2000). Such a policy is designed to be a deliberately constructed or modified institutional arrangement or programme, oriented towards achieving a particular pattern of population change. For example, a particular population policy focuses on minimising population ageing by increasing fertility rates above replacement level. In general, population policies are used to intervene, either directly (policy aimed at altering demographic behaviour), or indirectly (policy not necessarily designed to influence population change but do so by changing other aspects of life), in demographic trends to avert unwanted developments, while also making use of any possible opportunities (Demeny, 2003; UNDESA, 2009b; Weeks, 2008). A particular population policy, for example, in a young less developed population, may strive to reduce fertility rates to the extent that zero population growth occurs, thus averting possible unwanted overpopulation pressures. At the same time, this situation produces a 'sought after' transformation in age structure, which is vital for a nation seeking to attain the demographic dividend (see Chapter 2). Noteworthy, is that most population policies occur hand-in-hand with an incentive system and a constitution of society which signal individuals and guide them to behave in harmony with the collective interest (Tapinos, 2000).

#### ***4.3.1 Historical development of population policies***

Population policies have existed for centuries. The Romans, for example, employed a strict pro-natalist policy in order to provide enough persons for the many Roman armies throughout ancient Europe, yet population policy only became a truly global and accepted means of managing populations in the 20<sup>th</sup> century. Before the 20<sup>th</sup> century, most population policies that existed were used only in dire times and quickly discontinued after attaining the policy goals (Rowland, 2000). By the 1930s some of the most developed European nations such as Sweden, France and Germany were making use of long-term population policies that were closely aligned to their status as democratic welfare states, with many policy goals targeting families and rewarding them if high fertility behaviour was present (Demeny, 2003; European Commission, 2007). While these few nations made use of permanent population policies, it was only in 1965 that policymaking was debated as a formal tool to achieve social and demographic goals. At the third World Population Conference held in Belgrade (1965), policymaking was highlighted as the best possible way of curtailing the population growth issue (Weeks, 2008). However, the United Nations (UN) was reluctant to make use of policymaking, due to it most probably involving the adoption of birth control techniques, a major issue as many of the UN member countries were pro-natalist in nature and followed religious doctrines that prohibited birth control and abortion techniques that are required for significant fertility control (Perlman, 1998).

Nevertheless, population policies became a formal and accepted tool in which to manage population issues only during the World Population Conference in Bucharest in 1974. This was the first population conference to be organised with the intent of policymaking, thus allowing for all countries, no matter their level of wealth or development, to embark on greater degrees of sustainable development and growth. Even though this conference was marred by political battles, it ended with a formal agreement on a World Population Plan of Action, the first agreed upon and recognised international population policy that targeted population growth issues in relation to family planning and education techniques (Rossenberg, 2001; Weeks, 2012). Population policies and the Plan of Action continued to develop and were strengthened at the 1984 International Population Conference in Mexico City through the addition of more modern solutions.

One of the more profitable and successful population gatherings, the 1994 International Conference on Population and Development (ICPD) in Cairo, saw the abolition of the World Population Plan of Action used since 1974, as well as the adoption of the more astute Programme of Action. This programme was designed around the view that population growth is a “serious problem that exasperates core social and environmental problems; however, it is not the cause of all human problems” (Barker, 2004:186). The Programme of Action outlined multiple goals, including: i) better use of the demographic window; ii) better health and education for all; iii) greater freedom of movement and in the planning of one’s family’s future; iv) combating HIV/AIDS; v) poverty and inequality alleviation; vi) empowerment of women; and vii) the reduction of population growth rates. The programme also went as far as providing recommendations which countries needed to follow in order to reach their goals; for example, limiting the world’s population to 9.8 billion by 2050.

Since the inception of the World Population Plan of Action (1974) and the continued use of the Programme of Action (1994), many demographic and social goals have been realised, while others lost. For example, by 2007 the emphasis policies placed on the detrimental consequences of population growth had resulted in 47% of developing countries and 70% of the least developed countries having adopted policies aimed at reducing their population growth rate. The largest growth in population policy acceptance was seen in Africa, where 64% of African governments had reported having population policies in 2007; a large increase from having only 25% in 1976 (UNDESA, 2009b). Moreover, population polices have, in general, been centred upon fertility and family planning, so as to reduce the possible impacts associated with large and rapidly growing populations. Yet, movements toward population policy that generates favourable conditions for socio-economic development has meant that previous family planning and fertility control policies are not constructive, as socio-economic development polices often require aims and goals in opposite effect to reducing fertility rates. For example, transformations in a population’s age structure towards maturation means that fewer economically active persons will be available for labour force activities.

Therefore, population policies should be altered to direct responses towards rejuvenating a population in order to allow for more favourable development settings. In general, current population policy has brought about the prospect of a new demographic equilibrium that could be consistent with continuing material progress: the achievement of a stationary population at low levels of fertility and mortality, while allowing freedom of movement internationally (Demeny, 2003). Population ageing, however, has sought to deter such a buoyant equilibrium. According to a report by UNDESA (2009b), in 2007 more than half of the selected countries throughout the world described population ageing as a major concern. Developed countries identified population ageing as the second most critical demographic issue, after the HIV/AIDS epidemic and four-fifths of them considered population ageing to be a major concern. Among developing countries, 45% had a similar assessment of population ageing, while 70% of countries in Latin America and the Caribbean considered population ageing as a major concern. Such apprehension has prompted a heightened focus upon developing necessary policy responses towards population ageing and its various implications, be they opportunities or challenges.

#### **4.4 POLICY RESPONSES TO POPULATION AGEING**

As Vos *et al.* (2008:10) state, the goal of any policy response to population ageing should be to “create a society of all ages”. Such policy responses should not only tackle the welfare needs of the growing elderly population of the current generation, but also improve the standard of living for all other present and future generations who will be faced with the implications and challenges of population ageing (Messkoub, 2008). However, such implications and challenges are not insurmountable, only if societies confront them with effective policy responses. The apprehension surrounding too many elderly persons retiring and leaving more work for the declining active cohorts, for example, spurred ageing policy that required adjustments to the retirement age in order to keep older and elderly persons in the workforce for longer periods of time. By 2006, 41 countries that previously had a statutory retirement age increased that age. As a result, men were eligible for full pension benefits at age 65 or over in 60% of developed countries, while in 40% of developed countries women were eligible for the same benefits at age 65 or over (UNDESA, 2009b). As illustrated in Table 4.1, by 2011, many of Europe’s nations had altered their official retirement ages to above age 60.

**Table 4.1 Retirement ages of selected European countries, 2011**

Country	Retirement age
France	62
Norway	62
Greece	65
Italy	65
Spain	65
Denmark	66
Ireland	66
Germany	67
Netherlands	67

Source: Constructed with data from Reuters, 2011

Importantly, the level and degree of implications and challenges of population ageing differ between developmental regions, thus calling for more contextualised policy responses. In general more developed countries need to expand the supply of formal and informal long-term care for older persons, while making place for the elderly in their labour forces (Muenz, 2007). On the other hand, the less and least developed countries face major challenges in their need to provide basic infrastructure and social services to older persons, in addition to providing increased formal long-term care and developing new forms of informal care (Muenz, 2007; Vos *et al.*, 2008). These policy responses are plausible and apparent in some cases, as Mirkin and Weinberger (2000) argue. They opine that development of/and adjustment to population ageing has had its ups and downs. The experience of both the more developed and some less developed countries show that despite an ageing process occurring over many years, adjustment to the challenges posed by population ageing has not necessarily been a smooth transition.

#### **4.4.1 Historical development of policy responses to population ageing**

Some countries have grappled with the implications and challenges of population ageing for many years, the longest being Sweden, which has experienced and has been dealing with an ageing transition for approximately 200 years and counting (Malmberg *et al.*, 2006). Yet, there are many more nations who have had to initiate policy responses to population ageing in the past 40 years, in order to maintain the social and economic sustainability of their societies. Australia, for example, has developed a National Strategy for an Ageing Australia which has united all levels of government, the community and private sectors into producing a more sustainable ageing society (McIntosh, 1998).

The Finnish government has had two comprehensive national frameworks aimed at population ageing: the more recent National Ageing Policy that will function until 2016 and the National Programme for Ageing Workers that was in use from 1998 to 2002 (Lilley, 2002).

According to Nizamuddin (2002), up until 1982 all policy responses to population ageing were generated by more developed countries that had experienced significant population ageing, due to being furthest in the demographic transition. In 1982 the United Nations and its member states produced its first plan of action on ageing; the **Vienna International Plan of Action**. The Vienna Plan focused on two facets of population ageing: i) the humanitarian (responding to the specific needs of older persons); and the macro-economic or demographic (the implications of an ageing population for socio-economic policy). The latter focused on general concepts meant to ensure that older persons did not become a drain on national resources. However, the Vienna Plan was focused on policies in the more developed nations that tended towards a welfare orientation.

As more and more populations came to age throughout all the developmental regions, the Vienna Plan was abolished and replaced with a second, internationally agreed on programme known as the **Madrid International Plan of Action on Ageing** (MIPAA, 2002). As Vos *et al.* (2008:3) state: “The MIPAA provides the framework for incorporating the discussion of population ageing into the international debate on development and the implementation of national policies designed to respond to the challenge of building societies for all ages”. The MIPAA is an evolution in the approach to social policy, aiming to produce enabling and supportive environments by using the MIPAA’s (UNDESA, 2002) guiding framework that has three aims, i.e. to i) help Member States to develop and implement policies on ageing by providing practical recommendations based on national-level experience; ii) promote an age-integrated approach to the analysis and design of national policies and programmes; and iii) expand the technical assistance provided by the Division for Social Policy and Development for implementing policies on ageing to a wider number of countries by sharing experience and capacity building case studies (UNDESA, 2002).

#### ***4.4.2 Policy responses to population ageing post-Madrid International Plan of Action on Ageing (MIPAA)***

With the MIPAA’s aims and framework in mind, most of the more developed countries have generated policy responses to population ageing, producing many positive results but also controversies, especially policy regarding retirement age and the elderly in the workforce (Xiaomei *et al.*, 2010). However, the same cannot be said for the less and least developed regions. The MIPAA (UNDESA, 2002) stated that in the lesser developed countries policies and programmes that specifically apply to older persons and population ageing may be limited or even non-existent. Aboderin (2005) corroborated this when he pointed out that even though the MIPAA called for action,

and some was taken (e.g. The African Union [AU] formulated the African Policy Framework and Plan of Action on Ageing, advocating action on ageing in Africa), only a few developing countries had actually ratified or implemented comprehensive policies for older people and population ageing. For the most part, despite potent rationales put forward, very little national policy action on ageing has ensued throughout the developing world (Blair, 2009). There are a myriad of factors potentially responsible for such a lack of population ageing concern in the policy responses of developing countries':

- i. A lack of interest or awareness of the importance of addressing population ageing;
- ii. competing (and possibly perceived as conflicting) priorities for spending scarce public development resources, with a focus on younger age-groups or on macro-economic improvements;
- iii. a lack of interest in exercising prudence in the long-term; and
- iv. a lack of information or evidence upon which to base the design and implementation of appropriate and effective policy responses (Aboderin, 2005; Kalasa, 2004).

It must be acknowledged that there are lesser developed countries taking steps to attend to policy responses towards the implications and challenges of population ageing. This is primarily occurring through the development and use of social pensions instituted in Asian and African countries, such as Singapore, South Africa, Namibia and Senegal. However, these policy responses are recent initiatives far from the complete and integrated policy responses called for by the MIPAA and found throughout more developed countries (Zaidi, 2008).

In general, while the more developed countries have had time to develop, alter and adapt their policy responses to population ageing, the lesser developed countries have paid little attention to the issue, preferring to divert their attention to more commonplace problems such as HIV/AIDS and fertility decline. However, as these lesser developed countries develop and pass through the ageing transition, they, together with the rest of the world, are set on an ageing course that demands policy responses in order to retain economically sustainable societies (Healey, 2004). As Bloom *et al.* (2007:15) argue: "Without the right policy environment, countries will be too slow to adapt to their changing age structure and, at best, will miss an opportunity to secure high growth". High economic growth is required to sustain a population increasingly comprising elderly persons; an age group most often vulnerable and in need of care and support (Velkoff & Kowal, 2007).

### **4.4.3 Nature of policy responses to population ageing**

According to the MIPAA (UNDESA, 2002), any and all policy responses to population ageing should be drafted according to a specific format that centres upon two crucial approaches: i) a development approach; and ii) a life-course intergenerational approach. Firstly, policy responses to population ageing require a development approach, wherein the mainstreaming of older persons into international and national development plans and policies occur across all sectors. The mainstreaming of ageing is a methodology for ensuring that any issues of ageing and of older persons are brought into the ‘mainstream’ of the policy making processes, rather than simply being treated as an addendum to already existing policy (UNDESA, 2002).

The United Nations (UNDESA, 2002:24) explains the concept of mainstreaming by stating that it entails “a strategy for making older persons’ concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres”. Such mainstreaming involves strategies which link ageing to other frameworks for development, ensuring that the growing contingent of older persons is not treated as a separate group defined by their need for remedial care, but rather, as an untapped resource for society.

The MIPAA (UNDESA, 2002:13) provides a rationale for the mainstreaming of ageing in policy responses to population ageing, stating the following reasons for the mainstreaming of ageing:

- i. Ensure that policies and programmes reflect and respond to the interests and needs of the growing number of elderly;
- ii. optimise resources by integrating ageing into existing activities;
- iii. reduce the differences between older persons and other members of society;
- iv. end the marginalisation of older persons and their overall social exclusion;
- v. optimise the ability of older persons to contribute to societal development; and
- vi. change stereotypes, reduce prejudice and improve intergenerational relations.

The use of the mainstreaming of ageing in policy responses to population ageing has ultimately allowed for the generation of policy environments suitable for that of an ageing population. In New Zealand, for example, the government combined actions taken across the various policy making bodies to create one comprehensive strategy framework. This strategy is a simple one, built around ten principle goals that encapsulate ageing policy across all policy making bodies and levels. These goals are:

- i. Income: Secure an adequate income for older people;
- ii. Health: Equitable, timely, affordable and accessible health services for older people;
- iii. Housing: Affordable and appropriate housing options for older people;
- iv. Transport: Affordable and accessible transport options for older people;

- v. Ageing in place: Older people feel ‘safe and secure’ at home and can ‘age in place’;
- vi. Cultural diversity: A range of culturally appropriate services allows choices for older people;
- vii. Rural: Older people living in rural communities are not disadvantaged when accessing services;
- viii. Attitudes: People of all ages should have positive attitudes towards ageing and the elderly;
- ix. Employment: Elimination of ageism and promotion of flexible work options; and
- x. Opportunities: Increasing opportunities for personal growth and community participation (UNDESA, 2002:14).

Secondly, policy responses towards population ageing require a life-course intergenerational approach. Such an approach stresses equity, reciprocity and inclusiveness of all age groups throughout all policy areas. The policy responses should promote the participation of older persons as citizens with full rights, and ensure that persons everywhere, regardless of age, are able to age with security and dignity (Huber, 2005; UNDESA, 2002). Thus, any policy targeting population ageing should be a long-term one affecting all ages, thus being a life-course approach. Such approaches will require a holistic nature and longer-term projections, avoiding what McIntosh (1998:x) calls “short-termism”; the action of having policy responses occur for short periods of time with goals to be achieved as soon as possible. As Denton and Spencer (as cited in Phang, 2005:137) state: “The problems of an ageing population, or challenges if one prefers, are not going to go away in a few years, to be replaced by others. They will be with us for a long time. Short-term solutions should be suspect. Think long.”

Rather, more appropriate policy responses to ageing will require ample time so that people and legislature can adapt to the various policy changes. In the end, the development and life-course intergenerational approaches provide a framework for which policy response can be applied; however, the format should have content which focuses the policy on meeting its specific goals, and to do so, policies should have defined key areas of response.

#### **4.5 KEY AREAS OF POLICY RESPONSES TARGETING POPULATION AGEING**

As found in the more developed regions of the world and as the MIPAA (UNDESA, 2002) explains, there are four key areas of policy responses that require preparations for and with the ageing of populations (Waite, 2004). These key areas of policy responses are:

- i. Social expenditure policy responses;
- ii. economic policy responses;
- iii. demographic policy responses; and
- iv. political policy responses.

#### **4.5.1 Social expenditure policy responses to population ageing**

With the ageing of a population comes the irrefutable need to provide for that increasingly larger group of persons aged 65 years and older. Thus, governments need to reevaluate their policy options regarding social expenditure. In a young population, for example, where the youthful cohorts dominate, expenditure is aimed at activities concerning child healthcare and education; yet, in an older population where the elderly dominate, social expenditure will be aimed at long-term healthcare, pension payments, and so on. Overall, the target of social expenditure policy responses changes when entering population ageing into the equation. While the much older populations of the more developed regions have been wrestling with such a situation for decades and are primarily focused on sustaining their existing programmes, other younger and less developed countries will eventually have to reconfigure their current social expenditure policies in order to target the applicable and significant issues at hand (Kresl & Ietri, 2010). This is a major challenge for the lesser developed regions, which many still need to factor in population ageing and the elderly into social policies for the first time (Lloyd-Sherlock, 2002). In the past, many lesser developed countries have banked on family support to provide care for the elderly; however, as Zaidi (2008:4) explains: “Research from the developing world shows that traditional social structures such as extended families and communities are becoming less reliable sources of support for older people than may have been the case in the past”. This is worrying for governments, as dwindling family and community support means that the increasing number of elderly must look elsewhere for support and care; the government being the prime candidate.

##### □ ***Provision of support and funding for social expenditure***

Especially in the more developed regions of the world, provision for the increasing number of elderly persons has come about through two models, both providing a range of benefits including pensions, health and other long-term care support (Malmberg *et al.*, 2006). Firstly, some countries, such as the United States of America tend towards the private provision of benefits, where it is expected that those elderly persons with means should provide for their own long-term aged care expenses. The benefit of this model is that the demand for health and aged care services is generally market driven, since most individuals are responsible for the costs of the services they consume. Demand is thus rationed according to what a person can afford. The disadvantages are that the gap between the rich and poor is widened and the minimum standards of living are low, leading to a relatively high proportion of people living in poverty (ALGA, 2004; Sagner, 2000). The second model, mostly used in the Scandinavian countries, relies on government provision of funding and benefits, thus allowing for a publically financed, broad-based safety net. The benefit of such a model is that it provides all people with a relatively generous minimum standard of living, and as a result, countries using such a model have marginal poverty among the elderly.

However, the disadvantage of such a model is that it places a heavy burden on the 'public purse', relying on citizens accepting high levels of taxation (McIntosh, 1998; Sigg, 2005). Currently, those countries using this model have questioned the future affordability of existing levels of support, as tighter budgets and higher unemployment in recent years have proved problematic (Vos *et al.*, 2008).

Overall, arguing which model is the better, has led to no firm position, resulting in the general view that there is no correct balance in public versus private financing. For each country, the final compromise will depend on what its people accept as being both socially desirable and financially responsible (McIntosh, 1998). Whether a country adopts the more capitalistic oriented model or the more socialist oriented model, the crux of the matter is the concern of the social expenditure policy, which must target a variety of factors, including: i) family and household support; ii) transportation of elderly persons; iii) healthcare and support of elderly persons; and iv) pension payments.

□ ***Social expenditure policy targeting the family and household***

According to the World Health Organisation (WHO, 2002a:51): "Physical environments that are age friendly can make the difference between independence and dependence for some older people. For example, older people are more likely to be physically and socially active when they can safely walk to a neighbour's home, local transportation and parks. Older people who live in an unsafe or polluted area are less likely to get out and therefore, more prone to isolation, depression, reduced fitness and increased mobility problems. Safe, adequate housing is especially important for the well-being of older adults. Location, including proximity to family members, services and transportation can mean the difference between positive social interaction and isolation". With this in mind, many social expenditure policies are aimed at providing safe and secure living situations for elderly persons and their families; their goals being to expand basic services and infrastructure, while introducing new forms of informal and more formal care provision (Vos *et al.*, 2008).

With family structures changing with the impact of globalisation, rising urbanisation, migration and an increasing trend towards nuclear families, the co-residence of family and elderly arrangements, as well as single elderly households are increasingly under stress, often leading to older persons having to fend for themselves, while lacking any family support (Zaidi, 2008). Seeking affordable means of supporting the elderly, many governments and non-governmental organisations (NGOs) have established alternative living and care arrangements which include homes and community-based programmes for the elderly (Nizamuddin, 2002). Generally, the 'ageing in place' movement has had some influence on this trend by designing policies and programmes which help older people remain in their own homes with the support of community-based ambulant care.

In Australia, retirement villages and cluster housing were developed, providing security, companionship, entertainment and recreation activities for older people; while Finland sought to save by limiting expenses to the remodelling of older housing stock which meets the needs of seniors. Japan, however, has some of the most effective and detailed housing policy concerning the elderly. For over forty years, the Japanese government has made use of a variety of policies favouring the development of elderly apartments; large dwellings that can be easily subdivided, two-generational dwellings and adjoined housing. However, by 1995 it had become apparent to policy makers in Japan that the special buildings for elderly persons would never meet the demand of a rapidly growing elderly population. In response to such an issue, the Japanese government implemented the concept of ‘design for all ages’ where housing is appropriate for all persons, irrespective of age (Lilley, 2002).

In general, there is a definite movement away from having an isolated elderly population or one with most of its members spending extended periods of time in institutional settings. Rather, the elderly population are directed towards living in age appropriate homes, be they with or without other family members. However, as the Japanese example shows, rapid population ageing could make it almost impossible to keep up with the demand for elderly appropriate housing, rather encouraging policies aimed at developing housing for all ages.

□ ***Social expenditure policy targeting transportation for the elderly***

As pointed out in the previous section, transportation is an immensely important factor in a human being’s contemporary lifestyle. This is no different for older persons, who often complain that they are lacking in sufficient transportation services; especially those more isolated older persons, as well as the elderly whose declining physical and mental prowess have resulted in them not being able to transport themselves (Bengtson *et al.*, 2009; Bond *et al.*, 1994). Arguably, one of the most successful policies regarding transportation for the elderly is the Finnish government’s implementation of the Demand Responsive Transportation System (DRTS). This flexible transport system aims to provide mobility in both rural and urban areas and to enable the elderly and disabled to participate fully in community life. The benefits of such a programme include: i) mobility for the elderly; ii) cost savings for institutions such as hospitals and other bulk users of transport services; iii) rationalisation of regular public transport systems; and iv) door-to-door service for special user groups, such as the frail elderly and disabled persons (Lilley, 2002).

□ ***Social expenditure policy targeting healthcare and support policy***

Future improvements in health and life expectancy are likely to come, as in the past, from changes in the physical and social environment, meaning that not only will there be more elderly persons, but also elderly persons living for far longer than previously. This has serious implications for policy making as health and support policy should be reorganised in order to allow for the contentment of an ageing population. However, as Bloom *et al.* (1994) predicted, long-term healthcare and support of elderly persons is still lower in government priorities when compared to acute health services (Lloyd-Sherlock, 2002; Puska & Kalache, 1995; UNFPA & LifeAge International, 2011). On a global scale, the UNFPA & LifeAge International (2011) explain that there is a low priority within health policy to challenge the rise of non-communicable diseases associated with demographic ageing.

In a time of population ageing, policies must change or fail to meet the needs of the fast growing elderly cohort. Thus, the mainstreaming of ageing has begun to occur, where older people's goals and needs are being mainstreamed into primary healthcare programmes (Crimmins, 2004). An analysis of the wide array of literature shows that current social expenditure policy concerning health programmes and policy are focused on a variety of issues, these being: i) health promotion and illness prevention among the elderly; ii) deinstitutionalisation of elderly patients; iii) care giving and support for the elderly in the community; and iv) future prospects of health expenditure. Concerning health promotion and illness prevention, in most cases, only the populations with the highest proportions of older people and more developed countries have identified the health of the elderly population as a significant health policy priority (Crimmins, 2004; Kalula, 2010; Sade, 2012). Japan and Finland have both recognised the importance of health promotion and illness prevention programmes among the elderly. Moreover, Japan is promoting improved dietary habits, increasing physical activity, the elimination of taxes on fees at health promotion facilities, encouraging appropriate relaxation, reducing smoking and emphasising medical training in degenerative medicine. Finland, as well, has oriented its health policy towards prolonging and improving the employability of the older and elderly Finnish workforce through a comprehensive set of measures to promote health, prevent accidents/injuries and support rehabilitation (Lilley, 2002).

Younger populations and less developed countries are also introducing measures to strengthen health programmes for the elderly. In several Asian countries, in response to the acute shortage of publicly provided healthcare facilities for the elderly, NGOs have developed healthcare packages to address the gap. As Nizamuddin (2002:101) contends: "An initiative in the Philippines trains older persons to become community gerontologists in return for free medical services and medicines. They perform basic check-ups and keep records. HelpAge India provides outreach services through mobile clinics for older and disabled persons unable to travel, while in the city of Karachi, Pakistan Medico

International, an NGO, provides healthcare services to the needy elderly free of charge when they are unable to meet even the minimal charges.”

The second focus of the health and support policy is the deinstitutionalisation of elderly patients. Throughout most populations with the highest proportions of older people, deinstitutionalisation has been brought into effect, whereby elderly persons are kept out of institutions. Already in the 1980s, Japan had launched strategies aimed at developing services to cut down on extended hospital stays, while both Australia and Finland have sought to keep the elderly in the community for as long as possible. Australia developed a Ten-Year Strategy to Promote Care and Welfare for the Elderly, having seven major goals: i) to develop in-home services for the elderly at municipal level; ii) to reduce bedridden older people to zero; iii) to establish a Longevity Social Welfare Fund; iv) to rapidly develop institutional facilities; v) to enhance productive ageing; vi) to promote gerontological research; and vii) to develop social institutions for the elderly (Lilley, 2002). Lastly, Finland has developed servicing housing, instead of nursing homes, which provide basic services for older people. These homes are not staffed around the clock, but residents have access to home-nursing services. Furthermore, the Finnish government has attempted to reduce the number of elderly in such residences by providing payment to friends and family of the elderly persons, if acting as elderly caregivers in their own homes (Hoehn, 2000).

A prominent policy option for elderly healthcare and support is the provision of more informal long-term care and social services. Public policy needs to provide incentives to individual family members so that they would be willing to take care of their own older family members, be they benefits of salaries, wages, reimbursement of costs, respite services or reductions in future healthcare expenditure (Arnsberger *et al.*, 2000; Zaidi, 2008). In Australia, the Home and Community Care Programme funds a wide variety of service agencies to provide a variety of support services to elderly persons who live at home, as well as for their caregivers. These services include: domestic assistance (cooking, cleaning, washing, ironing and banking); transport; food services (meals-on-wheels, congregate meals or grocery shopping); personal care (bathing and dressing); health services (home-nursing, physiotherapy and podiatry) and home maintenance (renovations and gardening) (Lilley, 2002). Lastly, support for elderly persons which emphasises social integration, boosts self-confidence and morale, as well as providing elderly persons with psychological security, are being drafted throughout care giving policy in ageing populations. In Bangladesh, for example, it is mandatory that elderly persons attend informal social gatherings known as ‘adda’, which combine recreational pursuits with loan collection and disbursement services, while also serving as centres for the mediation of disputes (Nizamuddin, 2002).

The final factor being pursued in healthcare and support policy is the prospects for future expenditure regarding healthcare and support for elderly persons. According to Ruggeri (2002), it is likely that population ageing, along with growth in healthcare costs per person, will put pressure on healthcare systems. Nonetheless, healthcare costs are bound to be high for the increasingly large elderly population as the average cost of healthcare is higher for elderly persons than for other age groups (Vos *et al.*, 2008). In Canada, for example, during 2002 the average cost of healthcare per person in the age group 65-74 was more than three times the average cost per person in the 25-44 age group (McNeil, 2010). Such costs and increase in expenditure could easily undermine the values, sustainability and rationality of health policy. Therefore, to ensure that sufficient funding is available in the future to provide for equitable access to adequate health services and treatment, governments should engage in dialogues involving the community. Lloyd-Sherlock (2002) maintains that healthcare systems need to be reorganised and better financed, in order to provide for the increasingly large elderly population.

Both Lloyd-Sherlock (2002) and McIntosh (1998) postulate that healthcare and support cannot be totally provided for by the state, as it is unrealistic to think that the state will always have the resources. Consequently, they advocate the adoption of a more 'user pays' healthcare system. Such a system extends the 'user-pays' type of arrangements with the emphasis on the ability to pay. Overall, two issues will need to be dealt with: i) greater use of 'user-pays' arrangements; and ii) obtaining additional funding for state health programmes.

□ ***Social expenditure policy targeting pensions payments***

In a typical pension system, a country has a pay-as-you-go (PAYG) system in place, where the working age population puts money into a pot and then the money from the same pot is used to pay for the pensioners of the time (Zaidi, 2008). In most cases, a person's benefits are earning-related, determined by the number of years worked, and the level of past earnings with adjustments for inflation (Bongaarts, 2004). Changes in the dependency ratio in the future, due to population ageing, will create a situation where there are fewer people contributing to that PAYG pot and more people receiving from the PAYG pot.

The situation is compounded by retirement policies which induce older workers to leave the labour force early. Owing to unemployment and industry restructuring, many countries moved towards incentives for early retirement in the late 1970s and 1980s. However, with population ageing and the transformation in dependency ratios, there has been a tendency to move towards policies designed to slow the rate of early retirement (Zaidi, 2008). As McIntosh (1998) explains, during the 1990s Sweden's age at which a person could claim a pension was raised from 65 to 67, with lower pensions being paid to those who retire before age 61, and higher pensions being paid to those who work until 67 years or later.

Furthermore, there is now a persistent trend for ageing populations to reform their pension systems, with the most common approach being to reduce the level of benefits available over time, as well as progressively extending upwards the age eligibility at which benefits can be assessed. This trend is a response to the challenge of maintaining adequacy and sustainability of pension systems, while not running the risk of experiencing higher poverty among the elderly (Harvey & Thurnwald, 2009; Zaidi, 2008). A common occurrence among the more developed countries is to raise the age at retirement. An increase in the age of retirement reduces the pension/worker ratio by simultaneously reducing the number of retirees and raising the number of workers (Bongaarts, 2004). This is in oppositional effect to many of the less developed nations who have only started to introduce social pensions which provide larger degrees of cover. Kenya, for example, introduced a social pension of 1500 Kenyan Shillings (\$18) for all elderly; while Nepal increased pension allowances, while also reducing the retirement age (HelpAge International, 2011).

However, successful pension policy reform does require a degree of feasibility. The use of universal social pensions for all elderly is weak, both on welfare grounds and on considerations of fiscal affordability; thus limiting its use in the poorer and lesser developed regions (Harvey & Thurnwald, 2009). Moreover, pension reform pertaining to limiting those persons eligible to receive pensions are worrying; increasing the age cut-off to 70+ or 75+ might lower costs, but few would be eligible for the pension, and it would have little impact on poverty reduction at a national level (Kakwani & Subbarao, 2005). The latest reform to accrue popularity is a non-contributory pension programme restricting the eligibility to only the poor among the elderly. Concerning affordability and fiscal sustainability, this reform would limit the benefit level to approximately one-third of the poverty eligibility age threshold, and allow for alternative non-income-based methods of restricting pensions to only the poor among the eligible elderly (Kakwani & Subbarao, 2005; Kalasa, 2004).

In summary, pension reform is a complex task that requires balancing sustainability and affordability against the level or degree of coverage. While the more developed regions have chosen to tighten eligibility for age care benefits, combined with a greater role for private provision of retirement incomes, Kakwani and Subbarao's (2005) ideal model of coverage and eligibility being limited to those who need it most is still largely untested. Nevertheless, it may provide a welcome means by which to implement efficient pension systems sought in the rapidly ageing, lesser developed countries.

□ **Summary of social expenditure policy responses to population ageing**

In conclusion, the future may not necessarily be a more costly one, as population ageing may not invariably lead to a social policy expenditure explosion, as the needs and capabilities of future generations of older people are more likely to be different from those of the elderly today. However, if a government seeks to allow for full coverage of the growing elderly population, it will require a strong and well developed economic base from which to draw resources for social security, without jeopardising the social and economic interests of the rest of the population. Thus, economic policy should be reorganised in order to supply those resources necessary for sustainable social expenditure.

**4.5.2 Economic policy responses to population ageing**

For many nations experiencing significant levels of population ageing, the old age phase of the age transition is often associated with a major structural shift in economies away from a traditional high-growth industrialised economy towards an economically less vigorous welfare state (Malmberg *et al.*, 2006). This last phase of mass ageing has similarities to the first phase characterised by child abundance, with both phases suffering a deficit of productive capacity in relation to consumption needs.

Owing to the large amount of social policy expenditure required to satisfy an ageing population, it is commonly thought that ageing economies are doomed to fail; however, the ageing transition may provide an opportunity for economic growth. It should be noted that for such growth to occur, certain factors should be present in order to sustain high productivity growth for prolonged periods (Vos *et al.*, 2008). Sweden, for example, showed excessive economic growth of 3.2% per year between 1920 and 1970, a period during which Swedish society experienced significant ageing and a transformation to a more mature population (Malmberg *et al.*, 2006). The country attributes its economic successes to a strong economic policy which concentrated on developing its increasingly larger elderly population, while upgrading skills through the promotion of technology throughout the working Swedish population. Other nations, especially in Asia, have sought to aim their economic policy towards making the best use of the demographic dividend. Policies have been focused upon planning for the period where a population has fewer dependent young persons, while population ageing has not produced significantly large numbers of elderly dependents. At this moment, economic growth and productivity is highest due to the presence of a very large proportion of economically active people.

Nevertheless, other nations have had population ageing reduce the outlook for economic growth and general living standards by putting pressure on public finances (Tamirisa & Faruquee, 2006). Yet, with effective planning and organisation, it is possible for the adverse impacts on economic growth to be mitigated through transformations in economic policy aimed at: i) altering the labour force and supply to be more effective during the latest stage of the ageing transition; ii) improving the skill base of the entire (especially older) population; iii) transforming the nature of work; iv) attaining the demographic dividend; and v) using alternative approaches to taxation.

□ ***Policy responses targeting transformations in the labour force***

Before population ageing drew much attention, many governments excluded older workers from the labour force, legitimising their exclusion through retirement policy (Bond *et al.*, 1994). However, recent economic policy has sought to strengthen the position of older workers through the mainstreaming of ageing, as well as emphasising older workers as one of the primary solutions to a 'declining in size' labour force. As fewer persons enter the workforce and more people begin to retire, the active working population declines. To offset such a decline in labour supply, the state has to reorganise the labour force, with the most common policy responses being aimed at increasing more intensive labour participation of workers (Vos *et al.*, 2008).

The initial step taken to enhance participation of older workers is the removal or increase of retirement ages. This response allows for older persons over the statutory age of retirement to continue to work, should they wish, thus re-entering the labour force as active participants (Murray, 2008). According to Muenz (2007:44), "in more than half of European Union countries actual male retirement ages had fallen to or even below age 60, whereas female retirement age fell below 60 before males. As a result, the employment rate for people aged 55-65 was 40.2% in 2003". Such a lack of participation during a time of increasing population ageing spurred many of these nations to adjust retirement ages in order to improve labour force participation.

Adjustments included raising the age of entitlement to pension benefits, increasing contribution premiums and creating disincentives to early retirement (Lilley, 2002). Outside of Europe, Australia encouraged its population to be less reliant on national pension plans, while encouraging self-financed retirement. In another example, Japan, seeking to improve the financial stability of its public pension system, passed a package of pension reform bills in 2000. These reforms included a 5% reduction in employee pension benefits for new recipients (Lilley, 2002). Additionally, some countries have taken steps to alter the means by which a person becomes eligible to receive a pension. In Sweden, for example, the incentive to work longer has been indirectly promoted through pension policy that makes retirement income dependent on the best 15 years of wage income, thus influencing persons to extend their working years in order to improve their potential retirement income (Kresl & Ietri, 2010).

Apart from altering retirement policy, economic policy responses sought to increase rates of participation in the labour supply by targeting several segments of a population; these being women, the long-term unemployed, people on disability benefits, the young, and older workers tempted by early retirement (Murray, 2008). Europe has developed policy responses, such as the Lisbon European Council of 2000 and the Stockholm European Council of 2001, both having the principle goal of increasing the average employment rate of older persons aged 55-64 years to 50% by 2015 (Winkelmann-Gleed, 2009). Furthermore, the fiscal burden of population ageing has meant that not only will greater participation be required, but also participation over extended periods of time (Malmberg *et al.*, 2006).

However, boosting the rate of participation is not a solution on its own. Increases in participation can be profitable only if there is a rate of job creation strong enough to absorb the increase in the labour supply (Vos *et al.*, 2008). Therefore, the employment rate should be raised. To do this, the best-functioning labour markets have usually made use of liberal policies on hiring and firing, low non-wage labour costs, and a benefit system that provides incentives to the unemployed to re-skill and actively seek work (Murray, 2008). In addition, a measure to counteract the adverse effects of an ageing population and a shrinking labour force is to facilitate improvements in the productivity of the latter (Phang, 2005). If consistent growth in labour productivity and increasing labour force participation can be achieved in the coming decades, then the potentially negative effect of population ageing could be mitigated.

□ ***Policy responses targeting transformation of the nature of work***

In order to ascertain increases in labour supply and make full use of those newly entered or re-entered persons in the labour force, the nature of work should be altered to the desirable setting required for the generation of economic and social opportunities. Policy responses toward transformations in the nature of work have been more prominent than transformations aimed at the worker per se, due to a shift in focus; it is a safer and more cost effective option to change the job to accommodate the worker rather than changing the worker to accommodate the job (Vos *et al.*, 2008). This response has been implemented so as to curb the tendency towards early retirement among older workers (Healey, 2004). Policies used to achieve this have sought to lower barriers to flexible and part-time employment, thus incorporating the elements of flexible work time, part-time work, phased retirement, alterations in workload, job modification, rotation and job re-design into economic policy (Winkelmann-Gleed, 2009).

Secondly, policy responses have also attempted to improve working conditions while removing the disincentives to work. By improving a person's work environment, making them feel comfortable and secure and creating positive incentives to work, the goal is to extend a person's working life (Vos *et al.*, 2008). The Finnish National Programme for Ageing Workers, for example, encompasses both policy responses concerning the creation of more flexible and improved working conditions to reduce stress and prevent burnout. Lilley's (2002) report on the results of such a programme, found that the policy responses were very successful in maintaining the ability and desire of older workers to stay in the work force, as well as maintaining the interest of employees to remain employed until retirement age.

Focusing on the workers themselves, policy responses targeting transformation in the nature of work have also sought to provide training for particular groups of the population, such as older workers. Such programmes enhance skills, equality in employment and improve integration into society and the economy (Vos *et al.*, 2008). Importantly, along with delays in retirement age, money saved from being spent on early retirement, can be redirected to training, thereby encouraging individuals to upgrade their working skills. The Australian Return to Work Programme, for example, has sought to provide career guidance, skills assessment, training plans, and access to training for any person seeking to enter the work force after having spent time as a caregiver for children, disabled, frail or aged persons (Lilley, 2002). Improving the quality of an older worker is directly linked to active ageing. According to the World Health Organisation (WHO, 2002b), active ageing is the process of optimising opportunities for physical, mental and social well-being throughout the life course, in order to extend healthy life expectancy, productivity and quality of life in older age. Active ageing is included in policy, such as the Employment Programme of the Finish Government, where the principle aims are to reduce structural unemployment and prevent exclusion, thus ensuring the supply of skilled labour and provide for scarcity of labour due to demographic changes. Active ageing policy lengthens the time spent by individuals in the labour market, as well as increasing the productivity of labour, together with improving the organisation of work and job satisfaction (Ministry of Labour, 2006).

All in all, active ageing has a vital place in society, either encouraging or inhibiting – for the better – personality change in later life required to sustain an ageing labour force (Bond *et al.*, 1994). In order to achieve a more productive and better quality greying workforce, older workers should be educated to adapt to a rapidly changing workplace (Healey, 2004). Such education has been emphasised in policy responses characterised by the concept of 'lifelong learning'. This term is an important precondition for a longer working life, and counters the saying that 'you can't teach an old dog new tricks'. Lifelong learning is an education programme which aims to improve the working skills, cognitive skills and the confidence of older workers, allowing them to remain independent and adapt to their working environment (WHO, 2002a).

According to Healey (2004) and Lilley (2002), it has been demonstrated that there is a positive impact upon both physical and mental health among older persons who engage in various types of further education contained in lifelong learning initiatives. A world leader in further education among older workers, Finland has made lifelong learning its central component of the country's National Programme for Ageing Workers, taking measures to promote lifelong learning, that include: disseminating information skills to everyone; the development of guidance and counselling services for adult learners; establishing programmes to develop adult-educational skills among teachers and trainers; and providing incentives for older workers who choose to further their education (Kresl & Ietri, 2010).

Furthermore, there are also policy responses targeting transformations in the nature of work that concern employment policy. Firstly, in order to fill the labour gap, policies seek to harness the potential employment of women, thus encouraging their participation in the workplace through better provision of childcare and parental leave; thus trying to redress the balance between work and family for women. Secondly, policies have also tried to make considerable changes to employer attitudes in hiring and retaining older workers. Thus, negative employer attitudes towards older workers have to be altered; however, this is difficult due to labour costs rising with age, faster than productivity (Zaidi, 2008). Some policies have sought to direct older workers to specific sectors of the economy in need of employees. For example, Japan's Silver Human Resource Centres have been designed to match older workers with appropriate employers and training programmes (Lilley, 2002). Furthermore, financial assistance is provided to people over the age of 60 who start a business.

Lastly, the nature of work should not only be transformed, but also the place of work. Along with all the other policy responses focusing on having an older workforce, who work for longer periods of time, policy makers have sought to redesign workplaces so that all employees can achieve full working lives. Redesign focuses on health related issues, especially important in physical and manual jobs which have high attrition rates and costs related to ill health. Therefore, measures are taken to promote good health, healthy eating and physical exercise. Bus drivers in the United Kingdom are a salient example of successful workplace redesign. By redesigning their workplaces and orienting them towards being more comfortable and safe, bus drivers are able to extend their working lives from 64 up to the age of 70 (Winkelmann-Gleed, 2009).

□ ***Policy responses targeting future investment and economic growth***

Population ageing can have significant implications for future investment, especially in populations where the number of elderly dependents exceeds that of the younger cohorts. Japan's future as a dominant economy, for example, has come under much speculation due to the country's experience of declines in its active working population, especially among occupations requiring technical and practical skill sets for production-based work, e.g. engineers, while also losing substantial numbers of older workers to retirement every year (Fishman, 2010). Such occurrences have generated a need to accrue economic growth and productivity elsewhere outside of Japan. In response, many Japanese companies and businesses have drafted policies that direct investments outwards to younger countries which can provide a youthful and willing labour force that is not predisposed to the ageing demographics of Japan. Thus, policy responses drive Japanese businesses to move factories to less developed countries characterised by populations with few elderly persons and large young/adult cohorts. All things considered, the aim is to attain economic growth and development while relying on another nation's workers.

□ ***Policy responses targeting taxation***

With the onset of population ageing a major dilemma for many ageing nations is the choice of governments to attain the economic resources required for social expenditure through way of heightened taxation. Heightened taxation would provide the necessary resources in many cases; however, it would do so at the cost of producing poverty within the population. Heightened taxation in an ageing population is also troublesome, because those persons primarily taxed will be the economically active adult population who will be/and are declining in size as a result of population ageing. Even though such arguments against taxation as a solution exist, some policy makers have put forward the use of 'tax smoothing'. This idea was originally advanced by Barro (as cited in Berck & Lipow, 2011), who showed that in a determinist setting, a constant tax rate over time would minimise the distortions of behaviour arising from taxation. In so doing, he assumed that the distortions would increase more than proportionally to the increases in the tax rate. Distortions arise from the substitution of leisure for work, in response to the taxation of labour. Additionally, taxes on income from capital distort consumption between time periods, favouring consumption today relative to consumption tomorrow. Thus, a policy of tax smoothing would reduce the magnitude of such distortions and therefore, lead to a more efficient allocation of resources (Creedy & Guest, 2009).

Overall, tax smoothing imposes a higher tax burden on current generations, preferably those within mature or still relatively young populations, in order to lower the tax burden on future generations; those within populations who have experienced significant levels of ageing. However, it should be noted that tax smoothing has seen little pragmatic use (Xiaomei *et al.*, 2010), thus questioning the argument for its use, due to a lack of evidence of its successes.

□ ***Policy responses targeting the demographic dividend***

Researchers and policy makers consistently emphasise that for those nations still young, yet beginning to age towards a more mature population age structure, the attainment of a transitory demographic dividend is possible (Kurek, 2011; Mason, 2005; Turra & Queiroz, 2005; Wang & Mason, 2005). The demographic dividend is an opportunity generated by rapid fertility declines in stage two and three of population ageing, culminating in the growth of the working age (15-64 years) population, while the numbers of younger persons (0-15 years) decline and the ageing transition has not yet resulted in a significant growth in elderly numbers (Barker, 2004).

Such a transformation in age structures may help accelerate economic growth and reform by producing massive one-time boosts in rapid labour force growth occurring in the absence of burgeoning youth dependency, leading further to the possibility of an economic miracle (Weeks, 2012). Many of the East Asian nations are the best examples of nations using the demographic opportunity or dividend to excellent effect. From the early 1960s these populations have been able to align strong educational systems and sound economic management in order to absorb the large generation of young adults into the workforce. In terms of economic growth, the average growth in gross domestic product per capita averaged more than 6% per year between 1965 and 1990 (Ashford, 2007). According to Mason and Lee (2011), the surplus income generated by such a demographic dividend can be used in two particular ways: i) to increase consumption by the general population; and ii) to increase savings and investments.

Even though this opportunity lies ahead for many nations, it is surprising that there is a lack of goals and aims in contemporary policies targeting the attainment of the demographic dividend. It is likely that the realisation of the demographic dividend is lacking in many of the lesser developed populations who are still relatively young, due to a policy focus on other issues which are rife throughout a younger population (e.g. HIV/AIDS and education). Furthermore, such policy is likely to lack in more developed populations, due to them having aged beyond the window of opportunity, as well as their inability to attain a demographic dividend with a very old population and low fertility rates.

However, there is a growing movement to plan for a second 'non-transitory' dividend (Mason, 2005). This dividend follows the first and is related to the creation of wealth that arises in response to population ageing. Thus, attaining a second demographic dividend will be based upon how well an ageing population is able to accumulate capital in order to meet the consumption needs of an increasingly older population. Turra and Queiroz (2005) argue that a second dividend can be attained only if capital deepening prevails, while population ageing occurs, allowing for the ageing phenomenon to ultimately increase the output per effective consumer.

According to Grady (2008), countries on the verge of a window of opportunity, should realign their policy focus and concern, emphasising an organisation of the labour force, centred on making the best possible use of the large economically active population, while having few young and old dependents. One country that has made strides in attaining the demographic dividends is China, which has developed much of its socio-economic policy around creating enough jobs to absorb the large youthful cohort, while expanding coverage of social insurance schemes, so as to provide for the growing elderly population (Kincannon *et al.*, 2005).

□ ***Summary of economic policy responses to population ageing***

More pessimistic researchers have condoned that ageing economies are doomed to fail; however, this is not a *fait accompli*. With the correct economic policy responses, the adverse implications and challenges of population ageing can be mitigated, while building upon the opportunities which an ageing population provides. As previously discussed, there are four key areas which policy responses have sought to target. Firstly, economic policy responses have sought to produce necessary changes in the labour force; primarily ones which increase labour participation via: i) the removal or heightening of retirement ages; ii) increased employment by targeting less employed groups such as women and the elderly; and iii) making more jobs available.

The second area of concern regards transformations in the nature of work. In general, economic policy responses have sought to create desirable, healthy and fulfilling work settings, where work is more flexible and designed to accommodate a variety of worker types. This has been based on the developmental view of transforming the occupation to accommodate the worker, instead of transforming the worker in order to accommodate the occupation. Moreover, employment policies have tried to create a more attractive older workforce via the implementation of active ageing and lifelong learning programmes which are designed to enhance workers' skills until retirement.

Thirdly, economic policies have also tried to mitigate the adverse implications of population ageing by the use of taxation. In order to provide for an ageing population, taxation and tax smoothing have been mentioned as methods that will procure the necessary economic resources required for social expenditure in order to satisfy an ageing population. Lastly, few nations have taken the initiative in planning for their ageing future by installing policies centred upon attaining the demographic dividend; a mistake, as such a window of opportunity can provide the resources required to achieve a sustainable ageing population. Another way of producing a more socio-economically sustainable environment in an era of population ageing is to design policy responses directly transforming the demographic nature and effect of the population ageing phenomenon.

### **4.5.3 Demographic policy responses to population ageing**

The most direct way of reducing or altering levels of population ageing is by demographically altering the population structure (Caldwell, 2002). This implies, that any demographic policy targeting a population's age structure and composition could be of use. There are two main ways of doing this: firstly, policies encouraging fertility increases would inhibit population ageing by adding new persons to younger age groups, thus producing a rejuvenation of the population structure experienced in the prior fertility transition. Secondly, a migration policy which encourages the immigration of youthful cohort members would add younger persons to the population, while emigration of the elderly could directly reduce the elderly population, thus stalling and inhibiting population ageing.

#### □ **Fertility policy responses to population ageing**

A legitimate and desirable objective for a nation experiencing population ageing along with low fertility rates is policy responses aimed at increasing fertility rates. Policies encouraging higher fertility try to increase fertility above projected levels, thereby raising the size of younger age groups relative to older age groups; thus reducing the old-age dependency ratio and the number of pensioners per worker (Bongaarts, 2004). However, it is concerning how effective policies promoting childbearing are at slowing the process of population ageing. The long-term nature of fertility increases has sought to hamper fertility encouraging policy. This is due to the fact that pro-natalist policies seek to affect the lifetime total, rather than aiming at temporary increases in the birth rate. This may take at least one generation before such policies ultimately increase the number of new entrants into the labour force (Demeny, 2003).

Moreover, Vos *et al.* (2008:25) explain: "Although it appears that such policies can succeed in slowing fertility declines under specific circumstances, it has also proved difficult for governments to change the behaviour of individuals in the direction of increasing their fertility". Demeny (2003) argues that as empirical evidence suggests, large public outlays with childbearing encouraging policies usually have only a small impact on fertility rates. Phang (2005) advises to rather invest in the quality, rather than the quantity of children. Nevertheless, this has not dissuaded those with the intentions of rejuvenating their populations. Several governments, especially in the more developed regions, have adopted strong pro-natalist policies encouraging more 'traditional values' focused on family friendly measures which make it easier for parents to combine work and childcare, along with financial incentives, such as tax reductions and childcare benefits (Murray, 2008). This trend is strongest in Europe where most nations seek to mitigate the effects of population ageing. In a 2005 United Nations' survey, 28 European governments viewed their country's fertility as too low. Twenty-two of these nations had implemented family-supportive policies to increase the birth rate (Malmberg *et al.*, 2006).

As shown in Table 4.2, the more developed countries, who on average have populations with the largest proportions of elderly, which includes almost all European countries, have the lowest fertility rates – rates that are, on average, below replacement level (TFR = 2.1).

**Table 4.2 Fertility rates across developmental regions, 2011**

Developmental region	Total fertility rate
More developed regions	1.7
Less developed regions	2.7
Least developed regions	4.5

Source: Constructed with data from PRB, 2011

Countries with strongly applied pro-natalist policies, notably in Scandinavia, when compared to countries where pro-natalist policy is absent, suggest that enhanced compatibility (through day-care services, flexible work hours, and liberal sick-leave allowances etc.) have an effective pro-natalist policy, if motivated by other considerations (Demeny, 2003). Individual countries showing considerable successes include France, where monthly allowances are given to couples with children, which increase proportionally for families with three and more children and parents also receive paid parental leave. Spanish and Norwegian mothers receive 16 weeks and 10 months fully funded leave by the state, respectively (Malmberg *et al.*, 2006). Overall, a number of studies have found that policies which promote childbearing reduce the costs of childcare, enable parents to work and involve fathers in parenting, all help to increase fertility (Chamie, 1981; Hoehn, 2000; Hoen *et al.*, 1999; Lesthaeghe, 2001; McDonald, 2001; Milligan, 2002).

#### □ ***Migration policy responses to population ageing***

A popular mechanism for slowing down and counteracting population ageing is the use of migration, especially policies aimed at replacing the gaps left open by the ageing process, wherein older workers leave the workforce to retire. Replacement migration is seen as a solution to population ageing, due to the average age of immigrants being lower than that of the resident population in most developed countries (Bongaarts, 2004; Kresl & Ietri, 2010). As a result, increasing the number of immigrants reduces both the average age of the population and the old-age dependency ratio. This strategy most obviously applies to those countries with current and future shortages of labour and skills, which is shown in Europe, the region with the largest proportion of elderly people in the world, which in the early 21<sup>st</sup> century had adopted replacement policies culminating in a net immigration rate of 1.5 million people per year in 2002 and 2003. In 2004 and 2005 it had reached 1.7 million people per year (Malmberg *et al.*, 2006).

Importantly, the countries with the biggest intakes were Spain, Italy, the United Kingdom and Germany; all four having some of the largest proportions of elderly persons. These four countries were responsible for the intake of two-thirds of the 2004-2005 European net inflow of migrants (Malmberg *et al.*, 2006). In general, replacement migration has provided an important means to halt population ageing. As Demeny (2003:21) argues: “population ageing in the absence of immigration would create virtually unsolvable challenges, and there would be a likely drastic loss of relative geopolitical status. Spontaneous homeostatic mechanisms may not come into play to save the day, or may do so too sluggishly to matter. A radical rethinking of fertility policy would then become a necessity for social – and national – survival.”

The use of replacement migration policies alone to counteract population ageing, however, have come under some criticism. Significant immigration may allow for the halting of population ageing, but the aptitude to maintain such immigration is questionable. According to Muenz’s (2007) report on policy responses to population ageing, in the absence of replacement migration, Western and Central Europe’s labour force would decline by 26 million during the period 2005-2025 and by 66 million during the period 2005-2050. Thus, replacement migration would be an excellent solution to such an issue. However, even if there is an option for such replacement migration, the net immigration required – Europe would require approximately 90-100 million people for the 2005 to 2050 period – is largely beyond integration capacity for most regions (Grant *et al.*, 2004; Phang, 2005).

Replacement migration may add younger people to the population, but those same immigrants will eventually age and be added to the elderly contingent. This means that replacement migration may prove to be an effective short-term solution, but in the long-term adds to population ageing, thus reinforcing the problem (Phang, 2005). Moreover, the countries providing access to young migrants using replacement migration policy will themselves, experience ageing due to their loss of younger workers to other countries, while leaving their elderly to stay and fend for themselves; most likely exacerbating problems (Zaidi, 2008). Such findings could easily alter the mindset of less developed countries which are largely responsible for providing young working-age persons for replacement migration, thus inhibiting other countries’ chances of making significant use of replacement migration.

□ ***Summary of demographic policy responses to population ageing***

Overall, the demographic policy responses to population ageing are available and may prove to be worthwhile, as they directly limit and reduce the extent of population ageing. However, both approaches are limited and flawed. Fertility programmes require long-term measures which show only significant results after entire generations of ageing, together with numerous ethical and political issues.

These are associated with pro-natalist policies that go against birth control and family planning programmes actively promoted by the more developed nations for use in the less and least developed regions as a means to curb rapid population growth. Migration policies are flawed to the extent that replacement migration only limits population ageing in the short-term by adding younger persons to the age composition, while reinforcing population ageing in the long-term due to those young migrants eventually ageing and adding to the elderly population.

#### ***4.5.4 Political policy responses to population ageing***

In order to ensure that the mainstreaming of ageing occurs throughout all sectors (social expenditure, economic and demographic policy etc.) and that all the other policy responses occur hand-in-hand with one another, steering committees and interest groups should be initiated in order to oversee the correct implementation of ageing initiatives.

##### **□ *Establishment of ageing committees***

The task of 'ageing committees' is to regulate, measure and evaluate policy implementation at local and international level (Vos *et al.*, 2008:62). These committees are essentially advisory bodies that have a certain level of independence; a feature which enables them to play a role in monitoring the implementation of the MIPAA.

Two countries who have produced sound ageing committees are Australia and Singapore. In Australia's case, they have cemented themselves into a position as an international leader in policies targeting population ageing, by having already attended to their growing elderly population in 1909 (ILC, 2009). By 1999, the country had developed a comprehensive framework to address population ageing known as the National Strategy for an Ageing Australia. This strategy is directly controlled and monitored by an ageing committee named: The Department of Health and Aged Care. Overall, the department oversees ageing concerns that include: i) the health of the elderly; ii) attitudes, lifestyles and community support of the elderly; iii) independence and self provision of the elderly; and iv) employment for mature age workers (Lilley, 2002).

Singapore has recently engaged in its first policy response to population ageing, thereby establishing the Committee on Ageing Issues (CAI). This committee was formed to propose policy recommendations and prepare the nation for an ageing population. In general, the committee pursues whole-of-government responses to population ageing that have the following four strategic thrusts:

- i. Enhance employability and financial security;
- ii. provide holistic and affordable healthcare and eldercare;
- iii. enable ageing in place; and
- iv. promote active ageing (Malmberg *et al.*, 2006).

Overall, the use of ageing committees will allow for a broader control and overview of all policies affected by population ageing; further allowing for government to coordinate policy responses to population ageing, while ensuring that they are in line with the recommendations and goals stated by the Madrid International Plan of Action on Ageing (UNDESA, 2002).

## **4.6 CHALLENGES AND BARRIERS TO IMPLEMENTATION OF POLICY RESPONSES**

### **TARGETING POPULATION AGEING**

Many of the policy responses towards population ageing that have been discussed earlier have not always been as successful as hoped. The reason(s) for this can be traced back to a variety of factors that have interlocked to limit and challenge the implementation of policy responses directed towards population ageing. These barriers to successful implementation include: i) data issues; ii) global policy goals and programmes; iii) discrimination in policy making; iv) a lack of concern for population ageing; and v) the possibility of inter-generational conflict.

Firstly, a barrier to any cause is a **lack of data** required to substantiate the argument for the issue at hand. Some policy makers have questioned the level of projections for population ageing in the younger less developed regions, stating that not enough research has been done to prove that the matter requires significant attention (Murdoch, 2007). Furthermore, often data showing the degree and implications of population ageing have been misguided and often outdated.

The second barrier to successful implementation of policies directed towards population ageing has come in the form of **global policy goals and programmes**. These global initiatives are often designed by nations who have already experienced population ageing, but within their own circumstances and contexts. These global initiatives prove problematic when they are adopted by other nations, as what would work for one nation might not necessarily work for another, due to the adoptee nation existing in different circumstances and context. An example is the adoption of the Millennium Development Goals (MDG). While some developing nations, especially in Asia, have been able to make significant strides in meeting their MDG goals, other regions such as sub-Saharan Africa have made little progress due to many of these goals being unrealistic for the less wealthier and less organised African countries, while more than applicable for other nations, such as China and Singapore (Aboderin, 2005). Lloyd-Sherlock (2002:756) goes as far to say that: "While lessons may be exchanged between countries, global social policy blueprints should be avoided." This problem also relates to the fact that many policy initiatives, including the MDGs, are overwhelmingly concerned with human development and poverty challenges that relate to younger age groups e.g. HIV/AIDS; infant, child and maternal mortality; and school enrolment. Such developmental focus lies explicitly with younger persons while very little is focused upon the elderly and population ageing. It is often recommended that population ageing be mainstreamed into current policy goals and initiatives (Greer, 2009).

Thirdly, there is also much **discrimination within policy making** where the elderly and population ageing are viewed as issues of scant concern. This may be produced via a lack of convincing data or by policy responses focused elsewhere; yet Lloyd-Sherlock (2002) attributes this discrimination to the elderly being a weak or marginalised constituency that are not usually organised and visible; making it harder for their concerns to warrant much attention. Furthermore, a major issue within general social policy making that can have an effect on limiting policy responses to population ageing is a trend for little or no consultation with stakeholders during policy formulation. This could produce a lack of policy 'ownership' and generate policy responses that are not truly focused on issues that concern the stakeholders.

This discrimination is compounded by **a lack of concern for the elderly and population ageing**, which is owed to other constituencies or issues being more visible or considered more pressing, often leading to donors not funding population ageing concerns, as they would rather fund the more popular issues which are more beneficial in current cost/benefit analysis. Moreover, on an international front, debates concerning effective interventions for population ageing have been hamstrung by simplistic views of the ageing experience, wider ideological disputes and paradigmatic narrow-mindedness (Lloyd-Sherlock, 2002). A lack of concern for mass ageing may also stem from limited funding and the difficulty attached to policy making in an era where priority is often given to the promotion of capital market and investment goals. These seemingly require greater attention and emphasis is centred on the needs of the labour force and the age cohorts that comprise it. Such a situation can lead to policy makers having to choose between the needs of multiple, vulnerable groups, but tend to focus on the more popular issues that relate to wealth (Engelman & Johnson, 2007).

Lastly, there is a concern that **intergenerational conflict** could be an obstacle to policy reforms targeting population ageing and its implications. Murray (2008) believes that demographic change could possibly spark an inter-generational conflict as the growing elderly cohort seek to preserve their economic privileges, such as pension and healthcare rights, at the expense of the declining younger generations. Therefore, with policy responses targeting the implications of population ageing, governments may orient their spending to the older population, who are largely economically inactive; while the younger economically active generations, who are declining in size, must 'foot the bill'. The inter-generational conflict thesis does have a point that the reorganisation of policy responses may have an impact on public spending, thereby reshuffling the groups of concern. However, this thesis ignores the fact that young people would likely benefit from programmes related to lifelong learning and active ageing, with both occurring over a long-term period. Moreover, younger persons will become more educated, enjoy higher rates of employment, live longer and be more affluent than their ageing parents were, at their age (Aboderin, 2005).

All in all, governments planning to alter their policy responses towards dealing with population ageing should take into consideration the various limitations, challenges and barriers that halt successful implementation. Policy responses need to: i) be based upon detailed and current data sets; ii) take into account the specific populations circumstances and context; iii) develop national rather than global policy responses; iv) mainstream the concerns and issues of the elderly and population ageing into contemporary policy making while avoiding discrimination; and v) avoid inter-generational conflict by maintaining the most balanced social expenditure per age group as possible.

#### **4.7 CONCLUDING REMARKS**

As Zaidi (2008:1) explains: “Population ageing could be considered a hazard or it could offer new opportunities for the society depending upon how well we prepare for it. It is a challenge that societies will have to prepare for and if prepared (well) and much in advance this would actually become an opportunity to develop even faster and with a greater extent of social cohesion across generations. But it could also become a hazard if we fail to take into account all the challenges that this population ageing phenomenon is posing to us”. Overall, population ageing will undoubtedly transform society as we know it, reconfiguring ways in which human beings interact and function with one another. The degree and consequences of this ageing trend produce both challenges and opportunities with which societies will have to deal (Mason & Lee, 2011). To overcome and deal with these implications, ageing populations should draft and implement responses targeting the implications of population ageing.

As discussed in this chapter, the application of past policy responses targeting the implications of population ageing have shown that specific areas require attention, namely: i) social expenditure policy responses, that focus on creating more beneficial and befitting environments for successful ageing, provision of healthcare and support to elderly persons and creating sustainable settings in which to make pension payments to all persons requiring them; ii) economic policy responses that focus upon attaining greater participation in an increasingly smaller labour force, redesigning and restructuring the nature of work to be more accessible and comfortable for older workers, and attaining the funds required for social expenditure through means of taxation or resources obtained from securing the demographic dividend; iii) demographic policy responses, such as the adoption of pro-natalist and replacement migration policies which encourage direct transformations in population age structures; and lastly, iv) political policy responses which establish specific ageing committees that regulate the implementation and measurement of policy responses targeting the elderly and population ageing.

In summary, policy responses targeting the implications of population ageing have been implemented throughout the more developed nations, with populations constituting large portions of elderly persons, while have been seen to be of little use in the less developed nations, where populations are characterised by low proportions of older persons. However, all populations will age and be required to adapt and reconfigure their policy responses to allow for the implications, challenges and opportunities of population ageing. South Africa is one nation which will experience considerable ageing in the near future and will have to adjust its current policy environment to that of one adept at dealing with the issues and concerns produced by the demographic trend of population ageing.

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# CHAPTER 5 POPULATION AGEING AND THE STATE OF AGEING POLICY IN SOUTH AFRICA

## *About Chapter 5*

This chapter discusses the state of population ageing in South Africa, by illustrating the occurrence of the ageing transition in South Africa; identifying the most pressing implications and challenges that the country's population will face; as well as detailing the various policy responses made by the South African government which target the previously stipulated implications and challenges of population ageing. The final section of the chapter analyses the state of policy pertaining to population ageing in South Africa, according to opinions of various key and strategic stakeholders concerned with the implications and challenges associated with the ageing of the South African population.

## **5.1 INTRODUCTION**

The most rapid increases in older populations are occurring in the less developed world, where it is projected that between 2006 and 2030, the number of older persons in less developed countries will increase by 140%, as compared to an increase of 51% in the more developed countries (Powell, 2011). Sub-Saharan Africa is one region in the less developed world where rapid growth in older age cohorts is occurring, and South Africa is one of the region's most progressively ageing nations. According to Joubert and Bradshaw (2006a:207): "although the proportion of the older [South African] population will increase moderately over the projection period, the absolute size is projected to increase by 112 per cent, from 2.47 million in 1985 to 5.23 million in 2025, i.e. a doubling over the course of 40 years". In many African countries, including South Africa, older people are celebrated and viewed in a positive light, as they represent "repositories of information and wisdom" (Powell, 2011:1-2). However, the profound implications and challenges of population ageing are bound to be less well appreciated due to new burdens which will be placed on countries still coming to terms with issues related to their previous younger population age structures. Weeks (2008) explains that population ageing in less developed countries, such as South Africa, may lead to inequities in social structures. In South Africa, for example, high mortality rates among young and middle-aged black South Africans, due to high HIV/AIDS prevalence rates and emigration of particularly the young white South African cohorts, have resulted in the country having a more variable age structure

(MacFarlane, 2005). This can potentially cause changes in economic organisation, basic infrastructure needs, political dominance and social stability (Smith & Mensah, 2003). Such changes warrant reorganisation in developmental aims and public policy, but there is often a lack of concern for ageing in less developed countries, as a result of more commonly seen issues that take precedence; for example: rapid population growth; high infant, child and maternal mortality; and excessive urban expansion.

This chapter serves to illustrate the occurrence of population ageing in South Africa, with an emphasis on ageing in the total population, while identifying the most pressing implications and challenges that the country will face as a result. Lastly, it explores the current responses by South African authorities with regard to dealing with the South African experience of population ageing, both quantitatively and qualitatively. Generally, population ageing in South Africa is here to stay and requires serious attention; however, in order to make the best possible decisions regarding this relatively new demographic challenge, an analysis of South Africa's current and past demographic concerns and responses should be conducted.

## **5.2 SOUTH AFRICA'S DEMOGRAPHIC CONCERNS**

From a demographic perspective, South Africa is best described as a microcosm of demographic change. The country is now characterised by a population that still comprises a built-in momentum for future increases in population size (Department of Social Development, 2010); however, due to the iterative combination of mortality and fertility declines (see Section 5.3), the population has seen considerable growth in its elderly cohort and fewer entrants into its younger cohorts. The growth of the elderly population represents a significant structural change, wherein the population of 65 years and older has increased from 3.6% in 1950 to 4.7% in 2010 (UNDESA, 2010). This proportion of elderly persons in South Africa is set to exceed 7% by 2025, implying that South Africa will have an 'old' population structure come 2025 (UNDESA, 2010). However, regarding the different population groups in South Africa, each group is ageing differently. The white population group has experienced the most progressive ageing of all groups, while the African population group with the lowest proportion of elderly has the largest numbers of elderly persons (Statistics South Africa, 2011a & 2011c). Such irregularities are discussed in detail in Section 5.3.

With regard to the responses to such transformations in the country's population structure and composition, the South African population policy's aims, goals and objectives have transformed to a large extent since the early 1960s up to the present. Population policy in the apartheid era saw authorities working towards aims and objectives that concerned the control and management of specific population groups for different reasons. For example, fertility control and family planning initiatives were implemented in order to target the black population group so as to reduce their

numbers and growth levels (Swartz, 2000), while initiatives targeting the white population group sought to improve its socio-economic status and political standing (Giovanna & Palloni, 2002). The democratic South African government has moved forward to outline three five-year strategies which address the most pressing population concerns for the given periods of time that are directly linked to the aims and objectives of the 1998 Population Policy. The first of these strategies covered the period of 1999-2004; the second strategy covered the period of 2004-2009; and the third strategy currently covers the period of 2009-2014. The first five-year strategy (1999-2004) identified various concerns, that were organised into three Strategic Focus Areas (SFAs) that sought to guide the operations of the Chief Directorate Population and Development in South Africa for the period 1999-2004. These SFAs concerned themselves with: i) the effect of HIV/AIDS on South Africa's population structure; ii) fertility and pregnancies, whilst emphasising areas of high-risk and unwanted pregnancies in the context of poverty and a lack of access to resources; and lastly iii) migration processes, with emphasis on the social, economic and environmental causes and consequences of internal and international migration in South and southern Africa (Department of Social Development, 2010). The second five-year strategy (2004-2009) identified six distinct SFAs that included: i) sustainable local population and development; ii) population, environment and development; iii) the social and economic integration of youth and children; iv) policy development, monitoring and evaluation; v) regional population and development strategy; and vi) the socio-developmental impact of HIV/AIDS (Department of Social Development, 2010). Currently, the third five-year strategy (2009-2014) sets the following four important trends as of utmost importance to be addressed in South Africa's population policy. They include: i) transformations in household size and structure; ii) strengthening the status of the economically active population; iii) enabling a positive setting for growth and development of the South African economy; and iv) greater measurement of migration trends within and outside of South Africa (Department of Social Development, 2010).

In general, South Africa's population policies have been/and are demographically concerned with issues and trends that tend to typify very young and less developed populations (Aboderin, 2005; Cohen & Menken, 2006). This is rightly so, as the country contains a large youth bulge in comparison to a relatively small elderly population (see Section 5.3); thus meaning that the larger dependent youth cohort requires greater attention than the smaller elderly population. Targeting the potential of a large youth cohort has been deemed the 'way forward' for South Africa, so as to ensure long-term socio-economic benefits, as prescribed in the objectives of the third five-year strategy (2009-2014). Nevertheless, there is cause for concern when taking the occurrence of demographic ageing into consideration. Currently, the South African population policy recognises the occurrence of population ageing in South Africa (Department of Social Development, 2010), but lacks the significant identification and explication of aims, objectives and solutions which concern the implications, challenges and opportunities of an ageing population (Aboderin, 2005; Joubert & Bradshaw, 2006a &

2006b). This is worrying as within the next 20-25 years, the South African population will experience a significant degree of progressive ageing, as discussed in the following section.

### **5.3 THE AGEING TRANSITION IN SOUTH AFRICA**

As discussed in Chapter 2, for a population to mature and grow older, a series of events are required to occur. These events take place within the demographic transition which is not a single monolithic change, but rather several transitions occurring in response to one another (Weeks, 2012). These transitions include: i) the **health and mortality transition** where a shift from deaths at younger ages to deaths at older ages occurs; ii) the **fertility transition** which regards a shift from natural high fertility to controlled and low fertility; iii) the **migration transition** where people move from overpopulated rural areas toward urban areas; and iv) the **family and household transition** where the structure of families transform as a result of other transitions. Lastly, as a result of the iterative combination of both the mortality and fertility transitions, a population enters v) the **ageing transition**, whence ageing serves to alter a population's age structure and composition. South Africa has experienced and is currently experiencing all five of these transitions; the ageing transition being the most recent to be a cause for concern. Population ageing is occurring in South Africa as a result of three processes: i) the past rejuvenation of the population's age structure due to mortality declines (stage one of population ageing); ii) the maturation of the population's age structure caused by fertility declines (stage two of population ageing); and iii) the onset of progressive population ageing generated by the combined effect of both mortality and fertility declines occurring simultaneously (stage three of population ageing) (Aboderin, 2005 & 2008; Joubert & Bradshaw, 2006a; Kinsella & Ferreira, 1997). The following section discusses the occurrence of such processes and stages of population ageing in South Africa.

#### ***5.3.1 The health and mortality transition in South Africa – Stage one of population ageing***

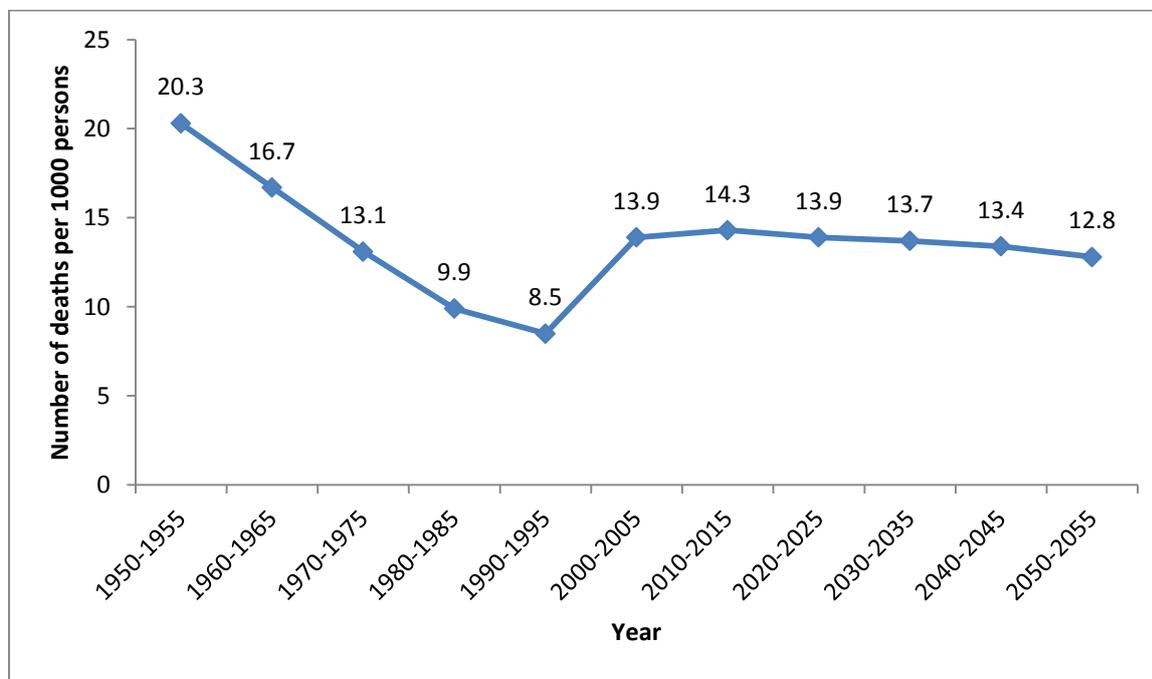
The very first demographic transition which has an impact on the age structure of a population is most often the mortality transition encompassing the transition from high birth rates to lower death rates. South Africa's population in general, has experienced significant mortality declines since the 1950s, largely as a result of health and medical innovations that were disseminated across the globe in the post-World War II period. As can be seen in Figure 5.1, mortality declines – shown using the crude death rate<sup>10</sup> – are evident from the onset of the year 1950 to 1995. However, unlike most nations experiencing such mortality declines, South Africa's population did not continue its decline, but rather experienced a reversion back to higher mortality rates from 1995 and onwards.

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<sup>10</sup> Crude death rate: Number of deaths per 1000 people in the population.

Such an occurrence is largely believed to be a result of high HIV/AIDS rates that have marred the country's progress in developing a healthy growing population (Department of Social Development, 1998; MacFarlane, 2005; UNAIDS, 2004).

**Figure 5.1 Crude death rate of the South African population, 1950-2050**



Source: Constructed using data from UNDESA, 2010

The increase in mortality rates will most likely continue until 2015, but are expected to steadily decline from then on. Projections made by the United Nations Department of Economics and Social Affairs (UNDESA, 2010) states that these declines will never again reach an all time low of 8.5 deaths per 1000 people in the population, as by the time the HIV/AIDS pandemic levels out, mortality will rise again due to a high incidence of deaths in the oldest age cohorts generated by progressive population ageing.

With regard to mortality declines among the different population groups in South Africa, Table 5.1 shows that all groups have experienced declines at some point in time; however, progress in declines have been different from population to population. Firstly, the Coloured, Asian and Indian populations have experienced significant declines and have reached contemporary stable death rates (Health Systems Trust, 2006). Secondly, the white population having had a low mortality rate for an extensive period of time saw a steep increase in mortality in the mid to late 1990s. This is most likely a result of the effect of high HIV/AIDS prevalence during the early- and mid-1990s (Department of Social Development, 2010), but mortality has declined again to reach a more stable rate. Of great concern, is the African population having experienced the trend of mortality declines followed by

increases in death rates, then mortality declines just to be followed by increases in mortality yet again. This may be also attributed to the high HIV/AIDS prevalence within the African population, as well as the fact that this group is the least socio-economically developed population in South Africa (Department of Social Development, 2002 & 2010).

**Table 5.1 Crude death rate per population group in South Africa**

Year	African	Coloured	Asian & Indian	White
1994	10.2	7.2	7.3	6.7
2001	12.6	9.0	5.6	9.0
2003	9.3	6.1	6.4	8.6
2004	9.7	6.1	6.3	8.0
2005	10.0	6.2	6.4	7.9

Source: Constructed using data from Health Systems Trust, 2011 & Statistics South Africa, 2002

Overall, South Africa has not been blessed with the experience of a unilateral transition to very low mortality rates, but has rather seen its population's initial declines revert back to mortality rates akin to those in the least developed regions of the world. The following section discusses the i) causes of mortality declines in South Africa, as well as the ii) impacts of mortality declines on population ageing in South Africa, while emphasising the transition back to high mortality rates.

□ ***Causes of mortality declines in South Africa***

As discussed in Chapter 2, with improvements in nutrition, increasing standards of living, medical healthcare and technological advances, populations come to experience the transition to lower mortality rates. South Africa's initial mortality declines can be mainly attributed to three processes occurring throughout the population, these being: i) improvements in human nutrition; ii) experiencing the health transition; and iii) technophysio evolution (Joubert & Bradshaw, 2006b; Weeks, 2008). Firstly, an expected consequence of socio-economic development is **improvements in human nutrition**, where improved diet results in human beings receiving the essential fats, sugars and proteins that provide people with enhanced energy levels, as well as strengthening the human body's immune system and its ability to fight off disease and sickness (Smith & Mensah, 2003). This has occurred throughout South Africa, albeit at varying degrees per ethnic group. During the apartheid era improvements in human nutrition primarily targeted the white ethnic groups, while few initiatives were concerned with that of the large black population where mortality was highest (Lawton & Herzog, 1989).

Secondly, a factor that has had an immense impact on mortality declines in South Africa has been the **health transition**. This transition encompasses the improved ability to monitor, control, prevent and eradicate life-threatening disease and sickness. In the post-World War II period, nations across the world, including South Africa, began to make use of the variety of healthcare innovations discovered during war efforts across the globe. Moreover, the democratic South African government has made progress in implementing programmes that target communicable diseases such as tuberculosis. In 1995, the South African government spent an estimated R500 million on the tuberculosis problem, which saw projects, such as the Directly Observed Treatment Short Course (DOTS) put into action to reduce the prevalence of disease (Department of Social Development, 1998). The South African government has further stated that one of the country's most important strategies is to improve the quality, accessibility, availability and affordability of primary healthcare services to the entire population (Department of Social Development, 1998 & 2008).

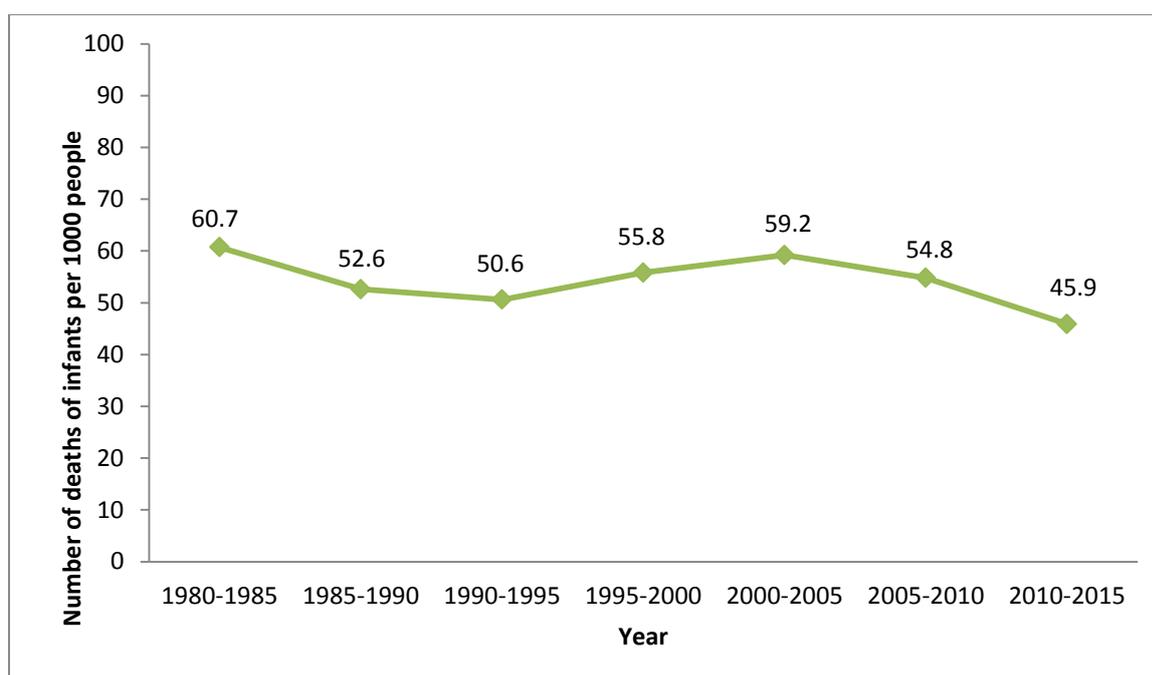
Thirdly, mortality rates in South Africa have declined as a result of **greater human control over the environment**. The theory of technophysio evolution explains that greater control allows for humans to increase their average body size and to substantially improve the capacity and robustness of vital organ systems, thus leading to an approximate doubling of the lifespan, as well as reducing mortality rates (Waite, 2004). Therefore, South Africa's initial transformation from a high mortality population to a low mortality population in 1995 can be attributed to South Africans' progress through the nutrition and health transitions, as well as how citizens have become better at controlling their environments. However, these mortality declines have reverted back to high mortality rates due to the HIV/AIDS pandemic.

The onset of HIV/AIDS in South Africa has proved to be an inhibiting factor for many socio-economic developments, including the mortality transition within the country's population (Vos *et al.*, 2008). South Africa's experience of the HIV/AIDS pandemic has gone from a relatively low-level epidemic during the 1980s that mainly affected men having sexual intercourse with other men, to a profound heterosexual epidemic, with rapidly spreading infection rates. According to a United Nations survey (UNAIDS, 2004), during the early 21<sup>st</sup> century, "South Africa was the country with the largest number of HIV-positive persons, i.e. over 5 million, accounting for 30% of the estimated infections world-wide". This epidemic has stunted population growth rates, while further eroding the gains made in key population, development and health indicators since the inception of democratic governance in 1994 (Pelser, 2004). In Figure 5.2, for example, it is illustrated that to a large extent, infant mortality rates<sup>11</sup> worsened during the same period (1990-2005) in which HIV/AIDS became a prominent additive factor to mortality increases.

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<sup>11</sup> Infant mortality rates: The number of deaths of infants under age 1 per 1000 live births in a given year (PRB, 2004:58).

**Figure 5.2 Infant mortality rate (per 1000 live births) of South Africa, 1980-2015**



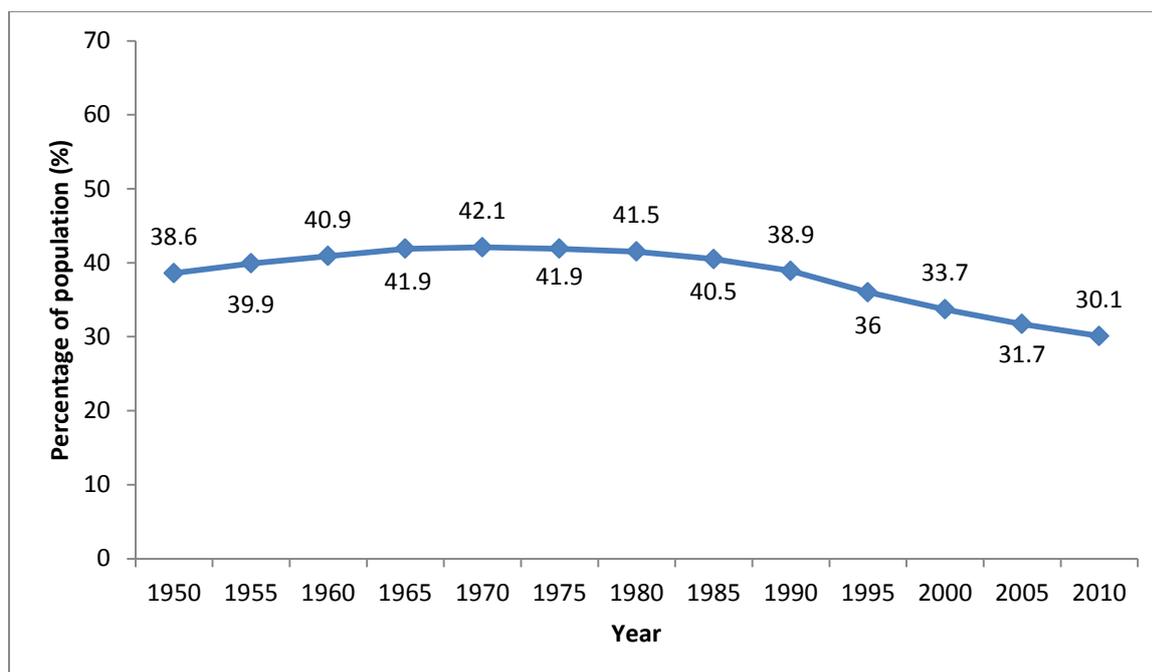
Source: Constructed using data from UNDESA, 2010

Even though the HIV/AIDS epidemic has served to hinder a continuous mortality decline in South Africa, the initial mortality decline has still allowed for the country to experience the first stage of population ageing that regards a rejuvenation of population age structures. This occurrence has had various implications for population ageing in South Africa.

□ ***The impacts of mortality decline on population ageing in South Africa***

As South Africa has experienced the health and mortality transition, and thus a shift from having a high death rate to a low death rate, the country's population has had to contend with a variety of implications, that include: i) a survival boom; ii) improved life expectancy; and iii) transformations in South Africa's healthcare focus (Joubert & Bradshaw, 2006b). The initial effect of the mortality declines resulted in the population experiencing rapid growth rates amongst the younger age cohorts, thus causing a young South African population to flourish. As illustrated in Figure 5.3, between 1950 and 1985 the population aged 0-14 years old increased in proportion from 38.6% to 40.5%. Researchers view such an increase as a direct result of mortality inhibiting processes targeting infants that emerged in the post-World War II period (Grundy, 2008; Weeks, 2012).

**Figure 5.3** Proportion of population aged 0-14 in South Africa, 1950-2010



Source: Constructed using data from UNDESA, 2010

In the long-term, mortality declines in South Africa resulted in more people in every age group, due to increased survival rates, yet the initial mortality declines only served to produce young populations where smaller proportions of people are older and nearer to death (Waite, 2004). Overall, the initial mortality decline served to rejuvenate the South African population, by adding younger persons to the population who survived for longer than previously. However, due to the inhibiting factor of HIV/AIDS, the South African population's rejuvenation was halted due to increasing mortality rates during the mid-1990s and early 2000s. Nevertheless, it is projected that the South African population will yet again experience a rejuvenation of its population, albeit on a more limited scale than the first (UNDESA, 2010). This future rejuvenation is based on projections that South Africa's mortality rates will fall again in the years to come as the HIV/AIDS pandemic reaches saturation point, but will be limited by existing fertility declines and the progressive ageing of the population, where large numbers of people will be entering the older age cohorts in the next few decades.

Mortality declines also produced celebrated **improvements in South African life expectancies**. As shown in Table 5.2, overall life expectancy significantly improved from a mere 45 years in the 1950-1955 period, to 61.2 years in the 1990-1995 period.

**Table 5.2 Life expectancy at birth (years) for total South African population from 1950-2025**

Period	Both sexes combined	Male	Female
1950-1955	45	44	46
1960-1965	50	48	52
1970-1975	53.7	51	56.6
1980-1985	58.4	55.1	62
1990-1995	61.2	57.7	64.9
2000-2005	52.3	50.4	54.2
2010-2015	53.8	53.1	54.1
2020-2025	57	56.7	56.8
2030-2035	60	59	60.6
2040-2045	62.7	61.4	64.1
2050-2055	65.8	64.2	67.7

Source: Constructed using data from UNDESA, 2010

These improvements in life expectancy allowed for the initial ageing of the South African population, as improved longevity influenced much of the growth in the absolute numbers of older persons from 490 000 elderly in 1950 to 1.4 million elderly in 1995 (UNDESA, 2010). However, this trend of improving life expectancies was cut short in the mid-1990s due to the HIV/AIDS pandemic generating high rates of mortality. Life expectancy gains were reversed in a few years, dropping from an all time high of 61.2 years for both sexes in the 1990-1995 period, to a low 52.3 years during the 2000-2005 period. Nevertheless, it is projected that life expectancy in South Africa will improve in the coming decades. As Pelsler (2004) explains, beyond 2016 the HIV/AIDS epidemic will have reached saturation point in respect of mortality, while life expectancy for the total population will most likely increase. According to the United Nation’s Department of Economic and Social Affairs (UNDESA, 2010), life expectancy will return to its peak of 61.2 years by the year 2035, thus returning as a means in which to reinforce population ageing in the future.

With declines in mortality rates, the South African population has seen a decline in the incidence and prevalence of communicable diseases. This has occurred as a result of programmes primarily targeting infant mortality. As less communicable disease care is required by a population, the **healthcare system experiences a shift in focus** and moves towards targeting the healthcare needs of the rest of the population; this being chronic and non-communicable diseases which primarily target adults and the elderly. However, the HIV/AIDS pandemic has required immediate attention to be redirected back to communicable disease medicine and care, thereby halting any further transformations in the healthcare focus. In general, South Africa’s healthcare focus is one directed

towards issues among the younger cohorts, while issues plaguing the older cohorts have received less attention (Aboderin, 2005; Kalula, 2010). This is set to change as the South African National Department of Health has extended healthcare services to all elderly persons and is focused upon developing a society through a range of health promotion policies and guidelines that are specific to, and inclusive of older persons. These programmes and policies will hopefully allow for a South African society which knows how to care for its elderly, as well as an enabled, healthier older population (Department of Social Development, 2002).

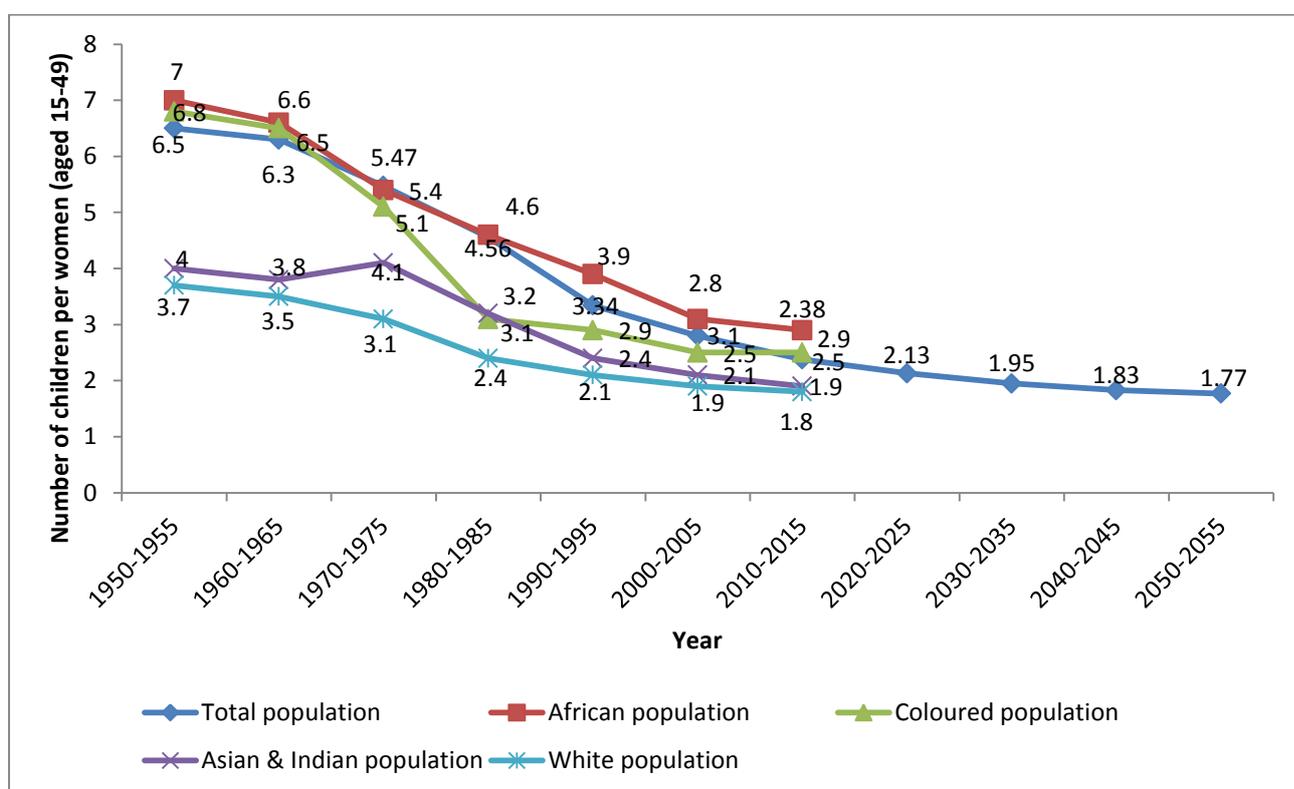
All in all, South Africa's experience of the mortality transition has resulted in a temporary rejuvenation of the country's population, thus producing a setting where more people are surviving and living to much older ages than previously, while the country has, to an extent, adopted healthcare transformations which focus on the provision of care to persons affected by long-term, chronic and non-communicable diseases. On the other hand, South Africa has not yet experienced such a transition to low mortality rates like other countries before it. This is due to the occurrence of the HIV/AIDS pandemic which reversed progress in mortality declines, thus slowing the rejuvenation process of South Africa's population structure. Overall, the health and mortality transition created a growing, yet still young, South African population that is coming to terms with its health and disease profiles. Furthermore, this transition has laid the foundations for further developments within the South African population's age structure, especially population ageing. The ageing of a population nevertheless, tends to occur only once a population experiences the second stage of population ageing – the fertility transition (see Chapter 2).

### ***5.3.2 The fertility transition in South Africa – Stage two of population ageing***

The fertility transition is often noted as the defining factor of the overall demographic transition (Bengtson *et al.*, 2009; Fishman, 2010; Grundy, 2008), where a progression towards the maturation of a population occurs as human capability and control over fertility take place. This fertility transition encompasses a transition from a high fertility population to a low fertility population (Swartz, 2000). South Africa is a very good example of fertility declines, so pertinent that Goliber (as cited in Pelsler, 2004) feels that South Africa has experienced one of the most significant fertility declines in sub-Saharan Africa. As illustrated in Figure 5.4, South Africa's fertility was high and stable between 1950 and 1970 when women were having, on average, between 5 and 7 children. Yet from the 1970s and onwards fertility rates rapidly dropped, eventually reaching an approximate 2.5 children per women in 2010, and will drop further to replacement level by approximately 2017. It is projected that fertility will continue to drop, albeit slower than in the past; resulting in a total fertility rate of below replacement level by the year 2030. Regarding fertility amongst the various population groups in South Africa, all have seen considerable declines in fertility; however, most progressive is the white population group who have a current fertility rate below replacement level (Sibanda & Zuberi, 1999).

The African population has showed the greatest decline in the past 60 years, while the Asian, Indian and Coloured population groups are very close to the low fertility levels experienced by the white population group. In general, all of the various population groups are progressing through the fertility transition at rates that will serve to reinforce the ageing of their individual populations (Kalasa, 2004). As projected by the Health Systems Trust (2011), progressive ageing will, in actual fact, begin to take place from approximately 2020-2025, where it is projected that all population groups will reach fertility rates below replacement level, thus generating a South African population with low level fertility.

**Figure 5.4 Total fertility rate of the South African population, 1950-2055**



Source: Constructed using data from UNDESA, 2010; Health Systems Trust, 2011 & Statistics South Africa, 2007 & 2011a

The fertility transition in South Africa stems from the fact that the initial high fertility rate was unrealistic to maintain as ever-increasing numbers of people placed growing pressures on resources and socio-economic institutions, which needed to adapt in order to maintain functional capacity. Even though technological breakthroughs and innovations may have helped improve functional capacity, it has still not been adequate to sustain population levels; thus, South Africans have had to adapt to their environmental conditions and change their reproductive behaviour to make life more sustainable (Ashford, 2007; Gaisie, 1996). Therefore, fertility declines in South Africa have occurred because of a series of adaptations and policy responses discussed in the following section.

□ ***Causes of fertility declines in South Africa***

In order to improve the chances of sustaining a growing population, the South African government and its citizens took action to curb population growth (Ziehl, 2007). Declines in fertility have largely been produced through structural and institutional changes in society, as well as policy interventions directed towards attaining low fertility amongst all population groups. However, fertility declines are not uniform in South Africa as a result of minority political regimes previously committed to racialisation, classification and the ethnification of South African society (Palamuleni *et al.*, 2007). Structural changes that have bolstered fertility declines in South Africa include i) the emancipation of women; ii) modification of reproductive goals through family planning; iii) considerable contraceptive use; iv) socio-economic development that includes increases in literacy and educational levels; v) increased accessibility to healthcare; and vi) the effects of HIV/AIDS on fertility (Pelser, 2004).

Institutional changes responsible for fertility declines are those transformed processes relating to reproductive behaviour (Gaisie, 1996). These include combinations of: i) long postpartum non-susceptible periods; ii) relatively late marriage; iii) low rates of remarriage; iv) high rates of divorce; v) and high rates of single parenthood. All of these factors have contributed to fertility rates that are very low by African standards (Palamuleni *et al.*, 2007; Swartz, 2000). Importantly, almost all of the structural and institutional changes contributing to low South African fertility have been initiated through the use of various policy interventions that have directly and indirectly aimed to reduce fertility throughout the South African population.

In South Africa, the first fertility control policies and programmes were implemented as early as the 1930s and constituted beneficial welfare services intended for the care of the poor sectors among the white population. Noteworthy, is the fact that such reproductive policy was not used as a means by which to curb population growth, but rather, to increase the quality of life of the white population group (Kaufman, 1997). As the overall South African population began to experience considerable growth, the government began to fear the possible undermining implications of rapid population growth on the South African propensity for economic development. This fear was also compounded by the concern among white political leaders that the rapidly growing black/African South African population would overwhelm the smaller, white population, thus threatening the stability and economic progress of the nation. In response, the South African government began to provide strong support for family planning services and contraceptive distribution in the year 1963.

By the 1970s, international attention on population growth issues had influenced South Africa to produce a legitimised national family planning programme. In 1974 the South African government launched the **National Family Planning Programme**, which according to Kaufman (1997:3) “promoted family planning services as a measure to improve the health of women and their children;

it also acknowledged the program was a way to place a check on the high growth rate burdening limited resources". Even though this programme was provided to anyone in need, it came under fire, due to its suspect nature and ideological focus related to the white government's agenda to control the non-white population. Nevertheless, the National Family Planning Programme was successful in several dimensions. Successes included: the use of family planning services increasing continuously since 1974, and the use of modern contraceptives achieving remarkably high levels. Amongst black South African women, for example, modern contraceptive use had already reached 44% by the late 1980s, and the total fertility rates during the same period dropped to 4.6 children per women of reproductive age, the lowest in sub-Saharan Africa at the time (Kaufman, 1997; UNDESA, 2010).

As a result of extensive reports on demographic trends in South Africa, in 1984 the government implemented the **Population and Development Programme (PDP)**. This programme popularised the consequences of high population growth in South Africa and aimed at lowering the national population growth rate by promoting the small family ideal, in order to reduce pressures on resources (especially water), that could not be sustained whilst high rates of population growth continued (Swartz, 2000). The objectives of the programme were: i) to stabilise a population of 80 million by the year 2100; ii) to accelerate social and economic development in order to achieve parity in the development levels of the different population groups by 2050; iii) to achieve a total fertility rate of no more than 2.1 children per women of reproductive age; and to iv) ensure an orderly spatial distribution of the population through coordinated involvement in health, education and economic programmes, and rural/urban development schemes. With reference to the successes of the programme, the PDP was able to further increase contraceptive use and family planning services. By the mid 1990s, approximately 61.2% of women aged 15-49 were making use of some form of modern contraceptive (Swartz, 2000).

However, the implementation of the PDP did not solely initiate the demand for reproductive control. Rather, shifts in expectations of, and opportunities for women had a greater and more direct influence on the numbers of children women bore which, in fact, had already begun before the onset of the PDP. Upon critical analysis of the PDP, the programme did not have the popular acceptance of the targeted communities, with some persons saying that "the government is using birth control to ensure white control" and even going as far as to say "contraception is a safe way of murdering a nation" (Kaufman, 1997:18). According to Swartz (2000), several researchers have concluded that the PDP was largely unsuccessful due to it being inappropriate in nature; it had suspected links to the security forces, was based on draconian demographic ideology, and was characterised by an institutionalised powerlessness to effect development.

In 1998 the newly democratic South African government committed itself to purposefully addressing population issues as an integral part of the national development strategy, taking into account the prevailing socio-economic, cultural and political conditions in the country by implementing the **South African Population Policy**. The country's policy focus shifted from one based on family planning and reproductive control, to a policy that places population within the development paradigm advocated by the International Conference on Population and Development (ICPD) in 1994. As Pelser (2004) contends, the ICPD in Cairo was a 'turning point' in international debates on population policies, that allowed for new strategies to improve the quality of life of individuals. South Africa's Population Policy is focused on fully integrating population concerns into all development strategies, planning, decision-making and resource allocation, with the goal of meeting the needs and improving the quality of life of present and future generations (Swartz, 2000). The South African Population Policy addresses social development beyond family planning, emphasising the development of women through expanded access to education, employment, health services, skills development, and family planning that all should be provided in the context of reproductive health care (Pelser, 2004). Overall, reducing fertility rates are not seen as the primary, direct aim and objective of the current South African population policy, but rather, to enable people to make the best choices concerning themselves and their families. As a result of such a paradigm shift in concern for fertility rates, one intervention programme that has been launched that regards fertility processes is the 'Developmental Programmes for Unemployed Women and Children Under Five Years'. This programme aims to create self-reliance amongst women and children by breaking the cycle of vulnerability and poverty as well as dependence on the state. The objectives of such a programme include: building women's capacity for economic independence and empowerment, as well as providing developmentally appropriate education for children aged 0-5 years old. This programme directly reduces poverty through the provision of income generating activities, while indirectly lowering fertility rates (Swartz, 2000).

Overall, South African fertility policies have provided an effective tool to reduce fertility rates, albeit many have been entrenched in controversy. Needless to say, such policy along with structural and institutional changes have resulted in a South African population characterised by more progressive fertility processes when compared to many other African countries. However, South Africa's experience of the fertility transition has resulted in a number of implications for the country's age structure.

□ ***The ageing implications of fertility declines in South Africa***

The fertility transition has produced fertility declines in the South African population, wherein successive birth cohorts age, while fewer South Africans are born into the population, thus ending the rejuvenation effect produced by South Africa’s initial mortality declines. Instead of rejuvenation, the fertility transition has initiated the maturation of the South African population (Murray, 2008). This has occurred as a result of fertility adding people only at age zero to begin with, but the effect stays with the population age after age. Therefore, if the birth rate were to drop over time, then as those people get older, there will always be more people moving into older ages and fewer will be added to the zero point of age, thereby producing an ageing population.

There are two important implications of fertility declines for the South African population. Firstly, the maturation of South Africa’s population sees reduced numbers of younger persons – caused by fertility declines – in the population, which are then offset by the growing number of elderly persons. A shift in dependency burdens is the result, from being young-oriented to dependency burdens largely dictated by the growing elderly cohorts. As illustrated in Table 5.3, dependency ratios were high during the period 1950-1990, a time when fertility rates were dropping, but without producing a significant amount of ageing. This situation has been gradually changing since 2010.

**Table 5.3      Dependency ratios in South Africa, 1950-2050**

<b>Year</b>	<b>Total</b>	<b>Child</b>	<b>Old-age</b>
<b>1950</b>	73	67	6
<b>1960</b>	81	74	7
<b>1970</b>	84	77	6
<b>1980</b>	81	75	6
<b>1990</b>	73	67	6
<b>2000</b>	60	54	6
<b>2010</b>	53	46	7
<b>2020</b>	51	42	9
<b>2030</b>	50	38	12
<b>2040</b>	46	34	12
<b>2050</b>	45	31	14

Source: Constructed using data from UNDESA, 2010

Long-term fertility declines have served to produce a maturation effect in South Africa’s population age structure. Since the 1980s, dependency ratios have fallen, the result of a population maturing and the age cohort of 15-64 increasing in size and proportion, and are projected to further decline in the decades to come.

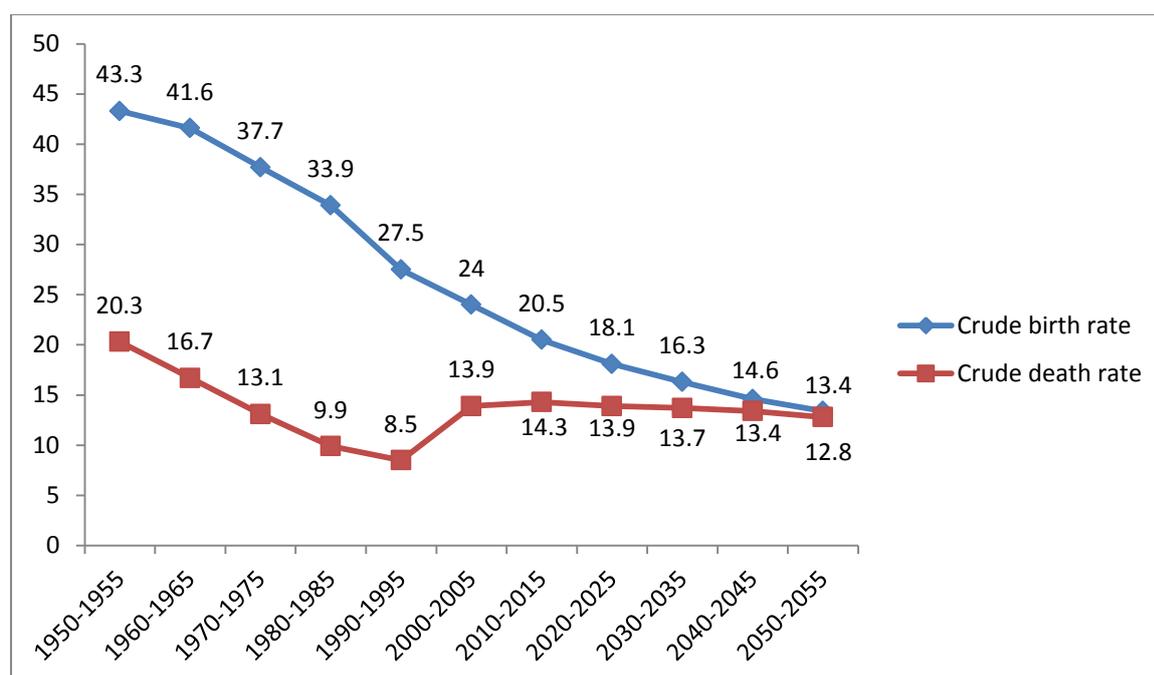
Importantly, a shift in the cohorts that embody the total dependency ratio has taken place, where older-age dependents have increased in proportion while the proportion of child-dependents has declined. This trend will further continue, but unlike the populations with the largest proportions of elderly in the world, South Africa will not experience dependency ratios where the elderly are the majority of dependents in the first half of the 21<sup>st</sup> century (UNDESA, 2010). Additionally, the steady maturation of the South African population has and will further produce opportunities for the country's relatively young population. As discussed in Chapter 2, countries with younger age structures, including South Africa, will be afforded the chance to enhance their productivity. This will occur when their populations begin to age and they experience the initial shifts in the growing working age population, while the younger-age dependency group becomes smaller and the elderly age groups still experience low rates of growth. This period provides a golden opportunity for improving the quality of education and the labour force, thus increasing the resource base needed to manage the rise in dependency ratios and to care for an elderly population. However, as Bloom *et al.* (2007:7) state, South Africa's chances of "profiting from a demographic dividend over the next two decades are rather small."

Overall, South Africa has experienced some of the most significant fertility declines in demographic history (Bent, 2009). These declines have largely been possible as a result of structural and institutional changes regarding fertility control, as well as strict socio-economic policy that have directly targeted reproductive goals and family planning amongst the most rapidly growing population groups in South Africa. Moreover, the fertility transition has ensured the continued maturation of the country's population age structure, resulting in fewer younger South Africans, while the older South African cohorts have increased in number and proportion. The fertility transition may allow for the maturation of the country's population age structure, but the true ageing of South Africa's population is produced through a combination of both the health and mortality transition, along with the fertility transition.

### ***5.3.3 The combined mortality and fertility transition effect – Stage three of population ageing***

As discussed in Chapter 2, the health and mortality transition (stage 1 of population ageing), as well as the fertility transition (stage 2 of population ageing), may engineer the initial ageing of populations, but populations experience only significant transitions towards becoming older populations if there are lengthy declines in both mortality and fertility over the same period. This combined effect (stage 3 of population ageing) results in the proportions of both children and adults of working age declining, while the elderly population invariably grows (Vos *et al.*, 2008). In this third stage of population ageing (as illustrated as occurring in South Africa in Figure 5.5), both fertility and mortality decline together, thereby producing the prime conditions for population ageing.

**Figure 5.5 Crude birth rate and crude death rate in South Africa from 1950-2050**



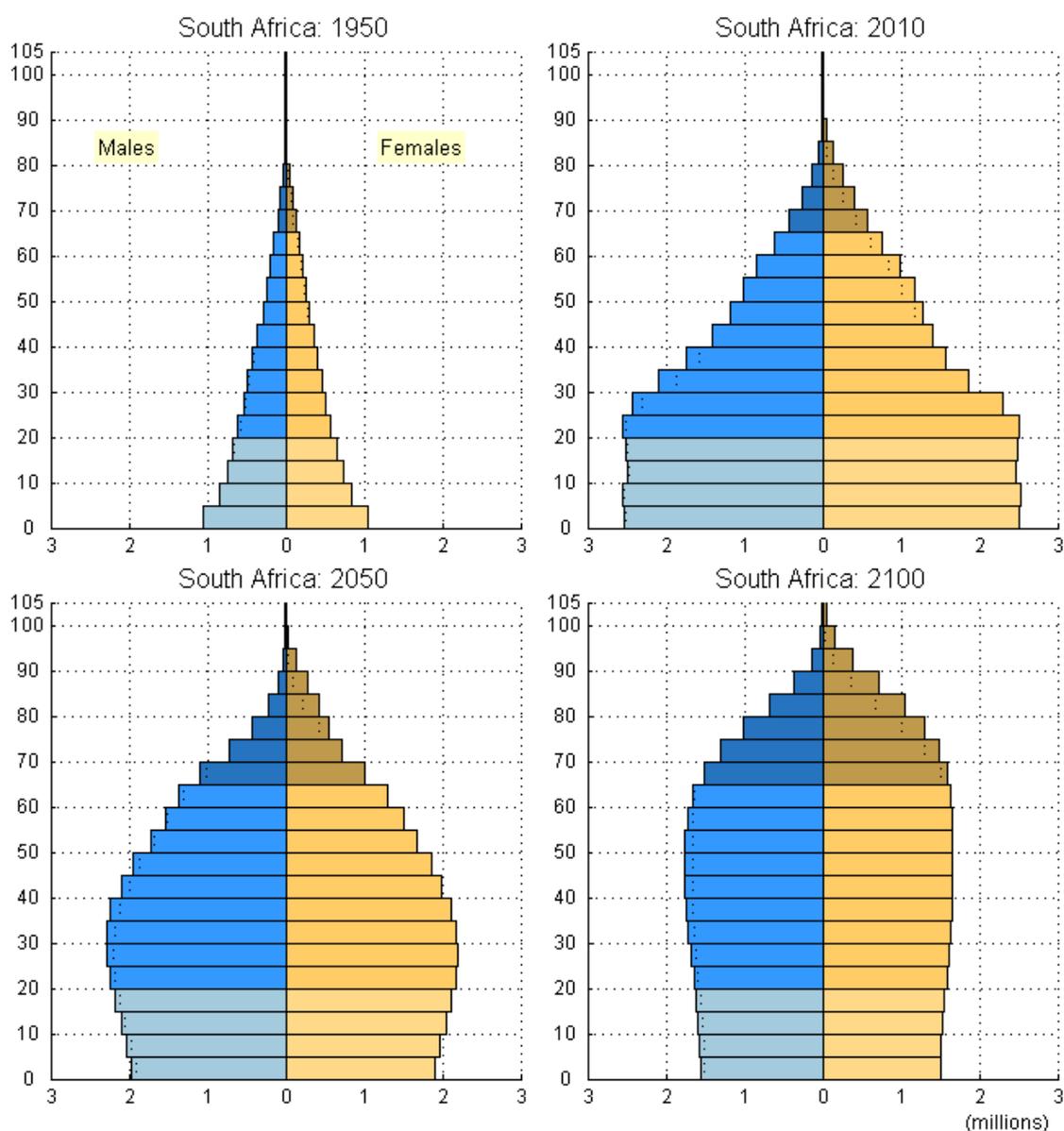
Source: Constructed using data from Statistics South Africa, 2011b & UNDESA, 2010

Such declines in both mortality and fertility have produced conditions that have resulted in South Africa being one of four countries in sub-Saharan Africa (Gabon, Mauritius, Reunion and South Africa) to have progressed far enough through the demographic transition, to have passed beyond having a very young age structure (Leahy, 2010). Overall, such a combined effect has begun to create imbalances in South Africa's young-old ratios.

□ ***Imbalances in young-old ratios in South Africa***

As populations age, the proportions of the various age cohorts begin to adjust to fertility and mortality declines, thus resulting in imbalances of younger persons to adult ages, as well as imbalances of both the young and adult cohorts to the elderly age cohort. Eventually, with population ageing, increasing proportions of elderly persons will be accompanied progressively more by steady declines in the proportion of young persons (Bengtson *et al.*, 2009). As shown in Figure 5.6, there have been, and will be more future transformations in South Africa's age structure, as a result of the iterative combination of the mortality and fertility transitions.

**Figure 5.6** Population pyramids of South Africa, 1950-2100



Source: UNDESA, 2010

In 1950 when mortality rates were declining and fertility rates were high, the largest cohorts in South Africa were those of younger age. With significant mortality declines and the long-term occurrence of the fertility transition, by 2010 the age structure began to even out, where the younger age cohorts still remained large and the early adult age cohorts grew in proportion and size. Furthermore, it is projected that by 2050 and 2100 the largest cohorts will be those of the adult age cohorts, while the younger age cohorts will steadily decline in proportion and size. Importantly, from the onset of the mortality and fertility transitions occurring simultaneously, the older and elderly cohorts have and will continue to increase in proportion and size, eventually rivalling the younger aged groups.

Regarding the proportion and size of the elderly cohort, South Africa will continue to experience a maturation of its population. As illustrated in Table 5.4, as the country progresses through the ageing transition, the young age cohort (0-14 years old) will decline in size and proportion, while both the adult (15-64 years old) and elderly (65+ years old) cohorts will increase in size and proportion.

**Table 5.4 Proportion and size of youngest, adult and oldest persons in South Africa**

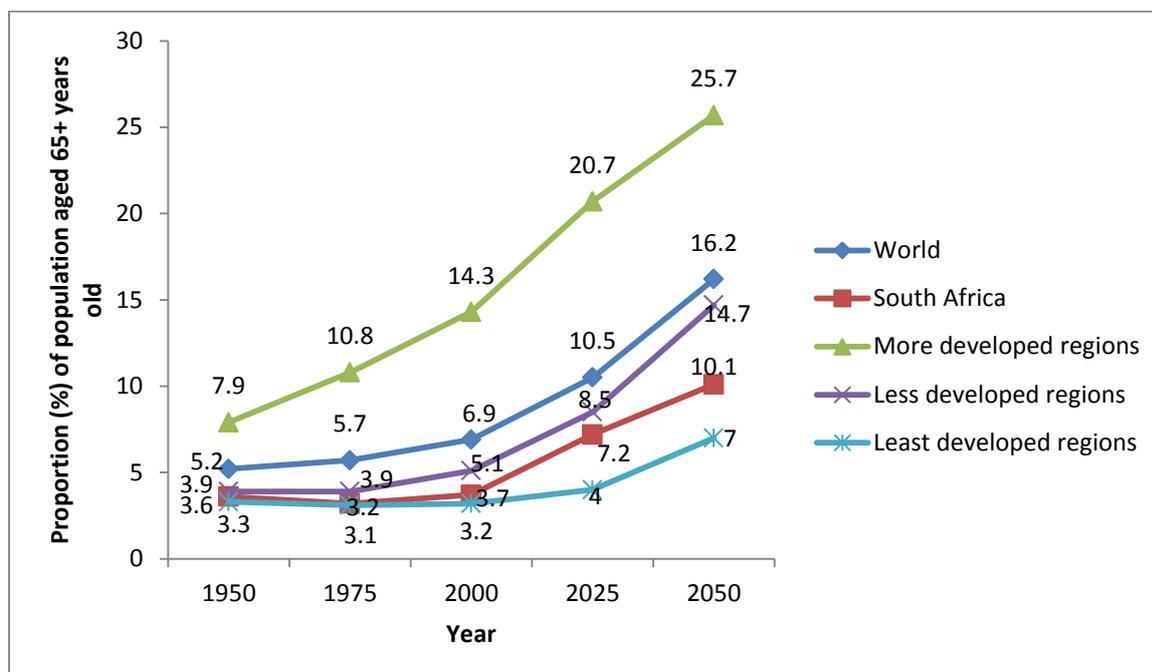
<b>Year</b>	<b>Age cohort (years)</b>	<b>Number of persons (in thousands)</b>	<b>Percentage (%)</b>
<b>1950</b>	<b>0-14</b>	5280	38.6
	<b>15-64</b>	7913	57.8
	<b>65+</b>	490	3.6
<b>1980</b>	<b>0-14</b>	12 081	41.5
	<b>15-64</b>	16 094	55.3
	<b>65+</b>	902	3.1
<b>2010</b>	<b>0-14</b>	15 105	30.1
	<b>15-64</b>	32 704	65.2
	<b>65+</b>	2324	4.6
<b>2050</b>	<b>0-14</b>	12 003	21.1
	<b>15-64</b>	39 040	68.8
	<b>65+</b>	5715	10.1
<b>2100</b>	<b>0-14</b>	9268	17.0
	<b>15-64</b>	33 406	61.3
	<b>65+</b>	11803	21.7

Source: Constructed using data from UNDESA, 2010

It is further projected that South Africa will have more elderly persons than younger persons by the year 2100, with an approximate 17% of the population falling into the younger age cohort, while the elderly cohort will approximate 21.7% of the total population. At the moment the population of South Africa is regarded as a ‘mature’ population (Pelsler, 2004), due to it having an elderly population which constitutes 4.6% of the total population. By approximately 2050, South Africa will have become an ‘old’ population; a remarkable achievement as it will be one of the first African countries to do so (Smith & Mensah, 2003). Moreover, South Africa’s prospective trajectory of fertility and mortality trends illustrate a future wherein the second half of the 21<sup>st</sup> century will see South Africa eventually becoming an ‘aged society’; a society where 14% or more of the population is 65 years and older (Eberstadt & Groth, 2010). While remarkable for an African nation, South Africa has a very small older population compared to nations across the world.

As illustrated in Figure 5.7, South Africa is ageing faster than the least developed regions, but has not incurred the more progressive rates of ageing for as long as the less and more developed regions (UNDESA, 2010).

**Figure 5.7 Proportion of elderly (65+ years) per South Africa and developmental regions, 1950-2050**



Source: Constructed using data from UNDESA, 2010

Concerning the ageing structures of the different population groups in South Africa, there is much that differentiates them in proportion and in numbers. Table 5.5 shows that the oldest population group is the ‘old’ white population, with 14% of its population being 65 years and older; while the only other population groups characterised as being ‘old’ are the Asian and Indian populations, with an elderly proportion of 7%. The other two population groups, the African and Coloured populations, have only just become ‘mature’ populations with 4% and 4.5% of their populations 65 years and older. These differences show that there is a definite gap in progress through the demographic transitions amongst the different population groups. While the white population illustrates a similar experience to that of the more developed populations of the world, the large African population’s ageing experience is typical of the lesser developed regions.

**Table 5.5 Proportion (%) of age groups per population group in South Africa, 2011**

Age group (years)	African	Coloured	Asian & Indian	White
<b>0-14 years</b>	33.4	27.6	22.4	18.1
<b>15-64 years</b>	62.6	67.9	70.6	67.9
<b>65+ years</b>	4.0	4.5	7.0	14.0

Source: Constructed using data from Statistics South Africa, 2011a

However, elderly proportions of populations are deceptive, as a larger proportion in one population group does not mean that that particular group will also have a large number of elderly people. As illustrated in Table 5.6, the African population with the lowest proportion of elderly (see Table 6.5 above) has the largest number of elderly persons; while the white population with the highest proportion of elderly has less than half the number of elderly than that of the African population. Such a phenomenon is important, as many of the implications, challenges and opportunities of population ageing are dependent on numbers, rather than proportions of elderly.

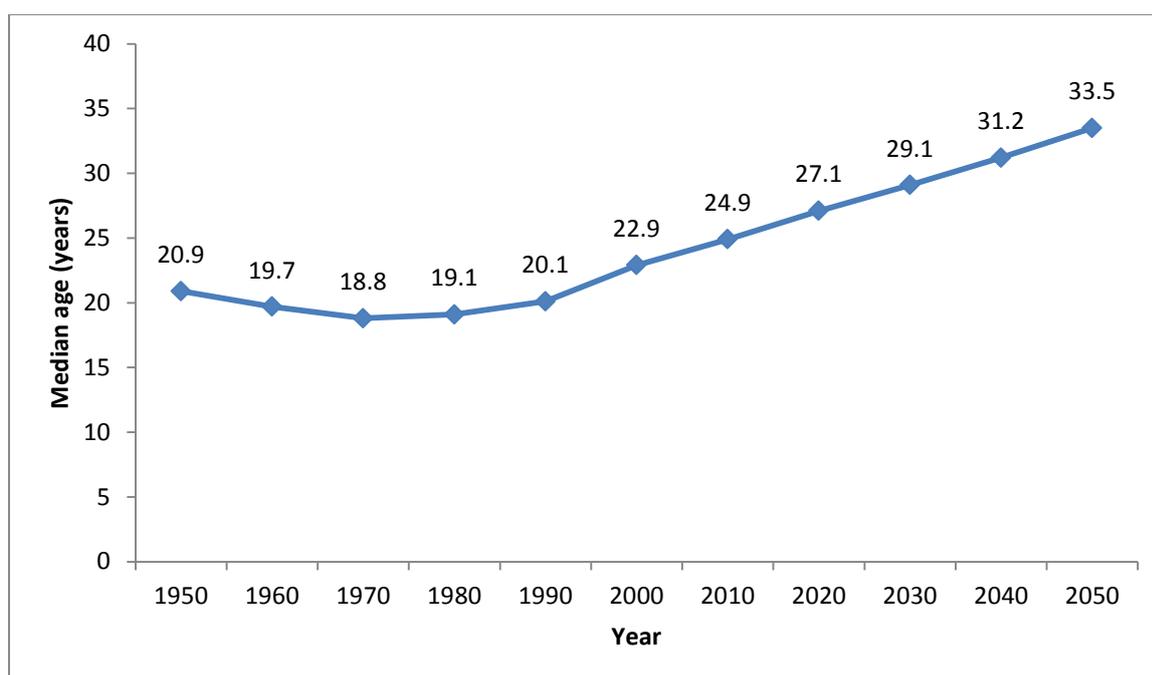
**Table 5.6 Number of persons per age cohort of each population group in South Africa, 2011**

Age cohort (years)	African	Coloured	Asian & Indian	White
<b>0-14</b>	13 446 642	1 251 261	286 161	828 204
<b>15-64</b>	25 153 367	3 083 147	900 392	3 098 628
<b>65+</b>	1 606 266	205 382	88 314	638 999
<b>Total</b>	40 206 275	4 539 790	1 274 867	4 565 825

Source: Constructed using data from Statistics South Africa, 2011a

A noteworthy implication of ageing transformations in young-old ratios and proportions of age cohorts is the gradual increase of a population's median age. As can be observed in Figure 5.8, there was at first a gradual decline in the median age between 1950 and 1990. This occurred as a result of fertility remaining relatively high for this period, while mortality rates continued to decline. The population's median age increased from then on, as mortality declines continued, while significant declines in fertility began to take effect on the population's age structure (Velkoff & Kowal, 2007).

**Figure 5.8** Median age of the South African population, 1950-2050



Source: Constructed using data from UNDESA, 2010

Importantly, this trend of increasing median age has slowed down due to increases in mortality as a result of the HIV/AIDS pandemic (Department of Social Development, 2010). However, even with HIV/AIDS serving to slow down increases in the median age, continued fertility declines are projected to keep the South African population's median age increasing from year to year (UNDESA, 2010).

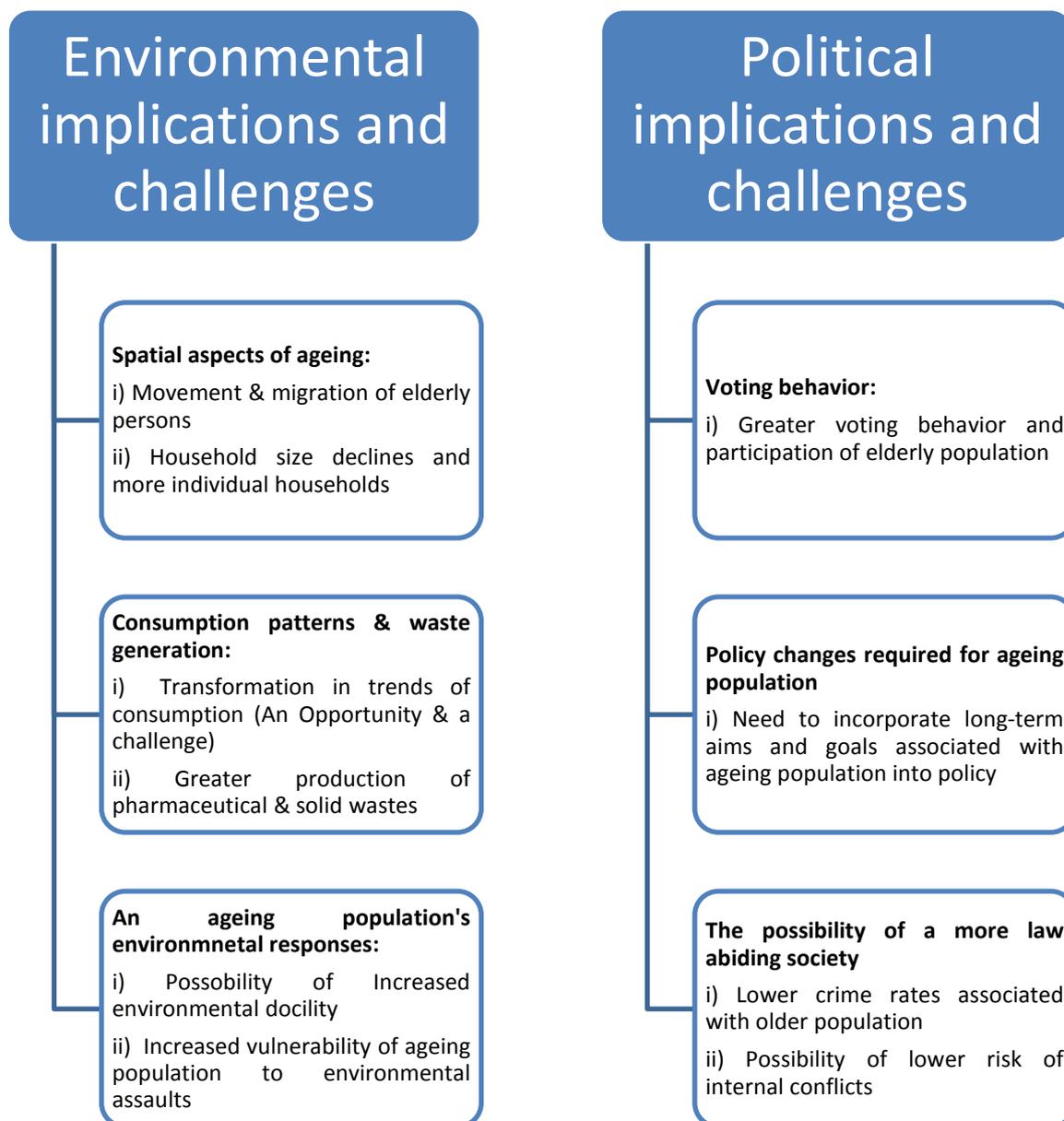
All in all, comprehensive and significant population ageing began to take place only once the South African population had begun to experience the collaborative effect of various demographic transitions that occur in tandem, as well as overlapping across protracted periods of time. Ultimately, this has led to a South African population characterised by imbalances in young-old ratios. On the whole, the South African population will experience ageing that started in the late 20<sup>th</sup> century, and will continue beyond the 21<sup>st</sup> century if current trends in mortality and fertility continue as projected. Within the 21<sup>st</sup> century it is expected that the elderly population will have increased almost seven times from a mere 3.7% to 21.7% by 2100 (UNDESA, 2010) Nevertheless, the degree to which population ageing in South Africa will imply a challenge is dependent upon South Africa's experience of, concern for, and response to the ageing of its population.

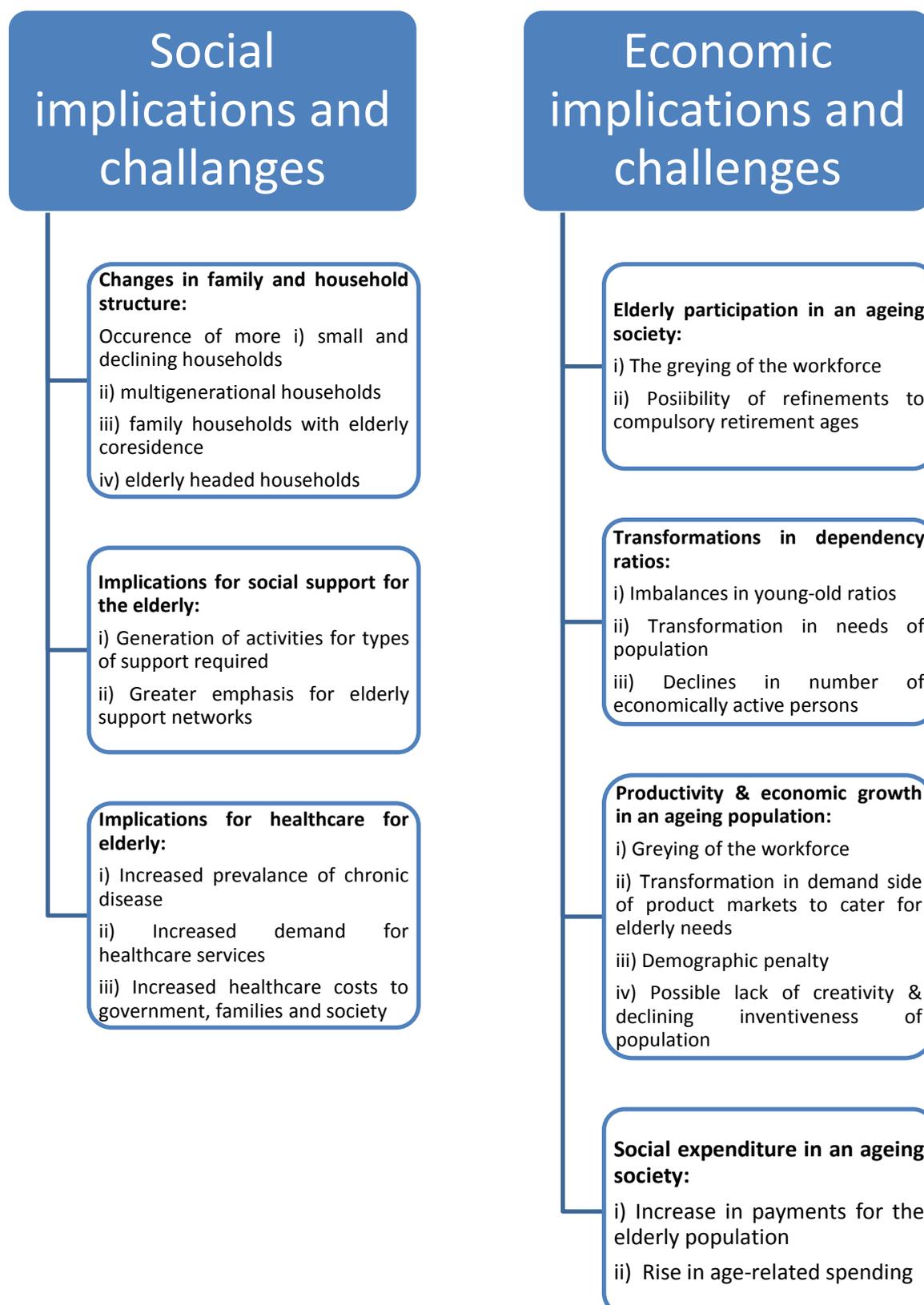
## **5.4 THE EXPERIENCE OF POPULATION AGEING IN SOUTH AFRICA**

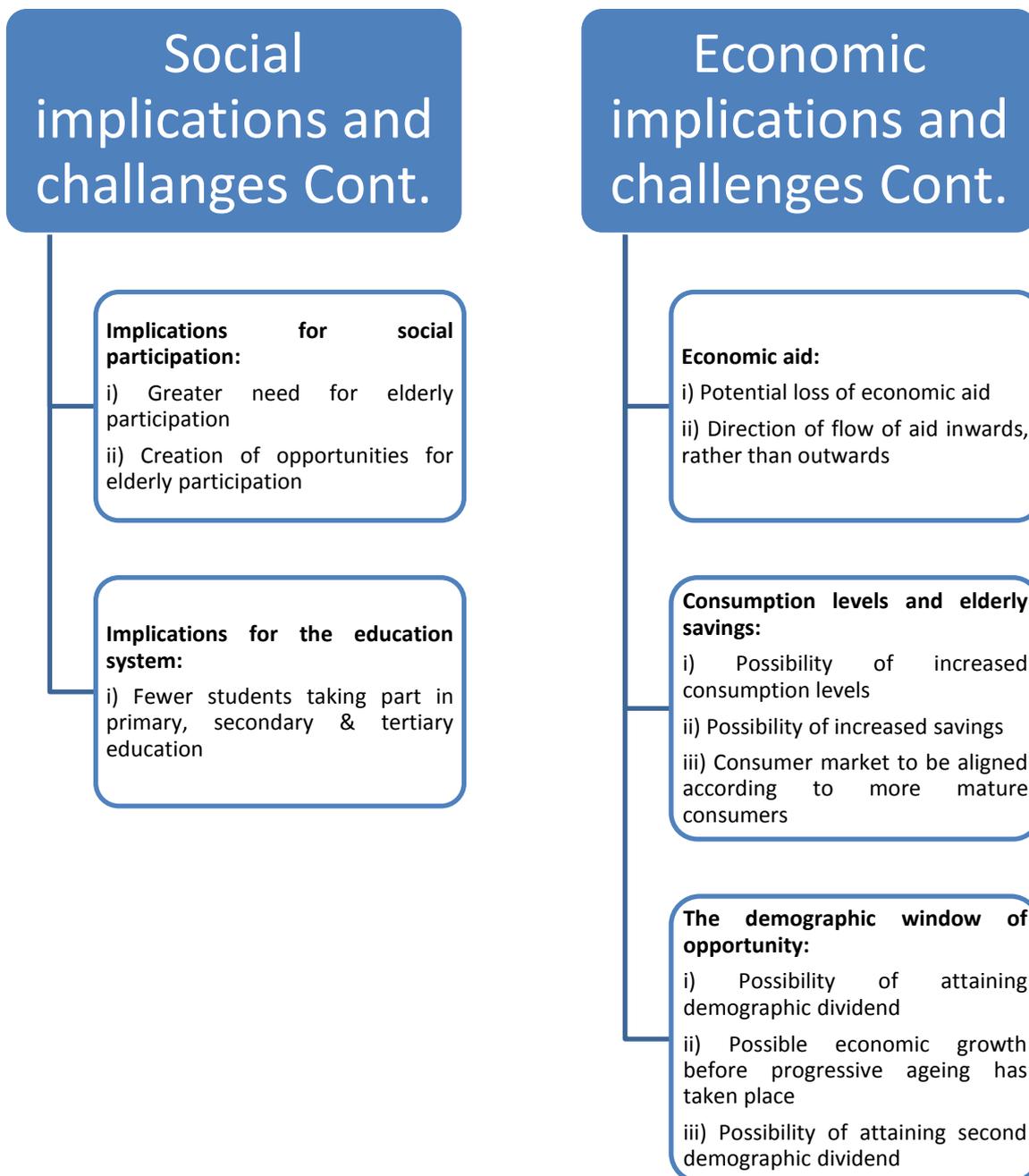
South Africa's population is slowly transforming into one where the age structure favours the older and elderly population cohorts (see Figure 5.6). This transformation is one of many challenges that the maturing nation faces, and it will require necessary policy interventions and responses in order to maintain economic sustainability. Developers and planners have emphasised that responses be pursued as early as possible in order to address the numerous implications and challenges (social, economic, environmental and political) of population ageing (KPMG International, 2009; Malmberg *et al.*, 2006; UNDESA, 2002). To create an environment best suited for an ageing population, the South African government has sought to target six important areas of concern: i) legal frameworks and institutional arrangements in the country regarding older persons; ii) income security and poverty reduction amongst older persons; iii) health and wellbeing of older persons; iv) housing and living environments of older persons; v) social integration of older persons; and vi) the promotion of the status of older persons (Department of Social Development, 2002).

These responses are implemented in response to the various implications and challenges of population ageing. As previously discussed in Section 5.3, the ageing transition in South Africa has and will continue to transform the country's population age structure. Such a transformation cannot be totally stopped (Rowland, 2000) and will invariably have numerous implications for the general society and human activities. Figure 5.9 depicts the various implications and challenges that population ageing in South Africa may pose. For further discussion on these implications and challenges see Chapter 2.

**Figure 5.9 Implications and challenges of population ageing in South Africa**







Overall, South Africa stands to experience numerous implications, challenges and opportunities of population ageing; however, certain ones will likely prove to be of greater importance than others. After a comparison with other countries which have begun to experience mass ageing, the following eight implications prove to be the most commonly targeted (Grady, 2008; Jorgensen, 2011; Kakwani & Subbarao, 2005; Lam *et al.*, 2005; Lilley, 2002; Reuters, 2011). These most pressing challenges are:

- i) Declining household size while numbers of households and demand for adequate housing increase;
- ii) incorporation of mainstreaming, intergenerational and long-term goals, aims and objectives associated with an older population's needs;
- iii) increased need for social and financial support for growing older populations;
- iv) increased prevalence of chronic non-communicable disease and disability, as well as greater demand for chronic healthcare, and increasing costs of healthcare;
- v) increased numbers of older workers in workforce offset by retirement, and fewer economically active persons;
- vi) the potential hindrance or drag on economic growth produced by having an economy primarily made up of older workers and fewer economically active persons;
- vii) increasing numbers of elderly dependents and declining numbers of young and economically active persons, the latter who would provide a formal and informal support force; and
- viii) the possibility of attaining demographic dividend(s).

## **5.5 POLICY RESPONSES TO IMPLICATIONS AND CHALLENGES OF POPULATION AGEING IN SOUTH AFRICA**

As illustrated in the National Population Policy (Department of Social Development, 1998) and the Progressive Review of the Implementation of The White Paper on Population Policy for South Africa (Department of Social Development, 2010), the ageing of South Africa's population has been recognised by the South African government. As a response to the propositions made by the International Conference on Population and Development (ICPD), South Africa has, along with other actions, sought to enhance the participation of all relevant age groups in South African society. In general, the South African government has adopted the central role of ensuring that the necessary environment particular to older persons is created, so that this cohort can make a meaningful contribution to the socio-economic and political development of the country (Department of Social Development, 2002). The following policy responses have been implemented in order to attain such a goal, while also strengthening and improving the situation of the growing elderly population.

These policy responses were captured in detail in the 2002 National Report on the Status of Older Persons, which was presented in 2002 to the Second World Assembly on Ageing in Madrid, Spain.

### **5.5.1 Legal frameworks and institutional arrangements**

In order to realise a society for all ages, the South African government has drafted and implemented a variety of legislative acts that all serve to enable the elderly population and improve their chances of survival without becoming impoverished. Already, in the apartheid era, the government had imposed the **Aged Persons Act of 1967**. This act has undergone numerous amendments to incorporate all elderly persons, and now provides protection and welfare for older and debilitated persons, while ensuring the registration of certain institutions for the accommodation and care of elderly persons (Department of Social Development, 2002). The **Social Assistance Act of 1992** is another means of supporting elderly South Africans, where the state funds a non-contributory scheme from which social grants are paid out to South Africans with limited means. This includes the payment of old age pensions to elderly men and women (Department of Social Development, 2002). Moreover, elderly persons are protected from discrimination and unfair practices regarding the leasing of property by the **Rental Housing Act of 1999**, and are further protected by the **Domestic Violence Act of 1998** which requires the South African Police Force to intervene in cases of suspected elderly abuse (Department of Social Development, 2002).

The responsibility and implementation of such acts and the provision of services to older persons lie with a number of governmental departments. Firstly, the **Department of Social Development** is responsible for the administration of social grants and social welfare services, while also promoting and protecting the rights of older South African citizens (Department of Social Development, 2002). Secondly, the **National Department of Health** is responsible for promoting the health of older persons. In order to deal with the growing needs of an ageing population, the Directorate for Chronic Diseases, Disabilities and Geriatrics was created in order to address diseases and health conditions of older people (Department of Social Development, 2002). However, as argued by Kalula (2010), low priority is given to older persons' healthcare and considerable deficiencies exist within the South African healthcare system that inhibits the provision of quality healthcare to the older population. Thirdly, the **National Department of Housing** is responsible for the provision of public housing to elderly persons, ensuring that all persons have safe and sustainable households (Department of Social Development, 2002). In addition, the **National Department of Education** provides policies and programmes for adult basic education and literacy; a definite means by which to produce a more economically active, qualified and able older population (Department of Social Development, 2002). These are but a few of the many interconnected departments and clusters responsible for issues relating to the older and elderly population and these mentioned departments should take most of the responsibility for the provision of services to the older and elderly population.

### 5.5.2 *Income security and poverty reduction*

Section 27 of the Constitution of South Africa states: “Everyone has the right to...social security, including, if they are unable to support themselves and their dependents” (Department of Social Development, 2002:20). This includes the elderly population. To ensure such a goal, the South African government has made much progress in facilitating the implementation and use of the Aged Persons Grant, as well as a Grant-in-Aid that enables incapacitated older persons to obtain the assistance of a caregiver. The Aged Persons Grant is means-tested for income, and so is not made available to all persons, but rather, to certain eligible elderly. Thus, it is not entirely universal in provision. Even though the grant is limited to certain elderly persons, it remains a primary source of income for many older persons who would otherwise be living in abject poverty. Lam *et al.* (2005) posit that South Africa’s public welfare system is exceptional among developing countries, and even matches the aims and outputs of many developed countries. According to the Department of Social Development (2002:21), such a grant has been able to approximately “reduce the poverty gap for older persons by 94%”. Furthermore, a War Veterans Grant is also payable to elderly men and women who served in the former South African Defence Force during World War I and II. Apart from non-contributory social grants, South Africa also has a significant amount of contributory pension schemes. In 2001, South Africa had the largest private pension and insurance sector in the world, relative to the country’s Gross National Product (Department of Social Development, 2002).

South Africa is also committed to the implementation of poverty reduction programmes. Since the 1994 democratic elections, the eradication of poverty and inequality has been the primary objective of the South African government, resulting in numerous government initiatives such as the Poverty Relief, Infra-structure and Job Creation Fund, the Integrated Sustainable Rural Development Programme and the Urban Renewal Programme, all of which focus specifically on older persons (Department of Social Development, 2002). Support to elderly persons includes poverty relief programmes that, for example, i) fund groups involved in creating crafts used to generate income; ii) fund groups to establish food gardens and small-scale farming at home for home consumption and small scale marketing; iii) fund non-governmental organisations involved in care, support and recreational activities for older persons; and iv) fund groups to establish dual purpose centres which focus on craft production and daytime childcare by older persons. In general, many of these poverty relief programmes target the informal sector, while paying little attention to the formal sector (Lam *et al.*, 2005). Lastly, the South African government and its Disaster Relief Board also provide social relief to individuals and households in distress. Social relief comes in two forms: i) short term relief that is available to people awaiting the outcome of their social grant applications; and ii) urgent relief in cases of natural disasters. However, while “social relief is inclusive of older and elderly persons, it is not specifically targeted at older persons” (Department of Social Development, 2002:26).

### **5.5.3 Health and wellbeing**

Since 1994, the transformation of health services in order to redress inequalities in health status has been a high priority of the South African government. This is made clear in Section 27 of the Constitution, which states that “everyone has the right of access to healthcare services...and no one may be refused emergency medical treatment” (Department of Social Development, 2002:27). This has resulted in free primary healthcare being extended to all South Africans, while the National Department of Health has also produced a range of health policies and guidelines; some specific to older and elderly persons, while others are inclusive of older and elderly persons. For example, guidelines that are specific to older persons include: guidelines on active ageing, national guidelines for the prevention of falls of older persons, and guidelines on the early detection and management of Arthritis/Rheumatism in older persons and so forth. Guidelines inclusive of older persons may include: national guidelines on osteoporosis, national guidelines on the prevention of chronic diseases of lifestyle, and a national rehabilitation policy etc. (Department of Social Development, 2002).

With regard to **health services** for older and elderly persons, there are three types of healthcare services that affect the older and elderly population. Firstly, primary healthcare services are free to all older and elderly persons, and deal directly with the prevention and care of conditions or diseases of older persons. Primary healthcare responsibilities affecting the elderly include: health promotion activities, identification of persons suffering from common chronic conditions or diseases associated with ageing, and pharmaceutical services for common chronic conditions. Secondly, secondary healthcare services are also made available to the older and elderly population, and are free to all those older people in receipt of a social grant. However, secondary healthcare services are not exclusive to older persons.

Responsibilities of secondary healthcare services to elderly persons include: diagnosis and treatment, referral to specialist care and rehabilitating services etc. Thirdly, tertiary healthcare services are available to older and elderly persons, which see hospitals providing specialist multi-disciplinary care for older persons with complex and multiple chronic conditions or diseases. However, there are only a few departments of geriatrics that exist in South Africa. Kalula (2010) is especially worried about the current situation in South Africa, stating that geriatric care is not a priority in institutional planning and training curricula, and that most health professionals complete medical training without adequate exposure to geriatric medicine. She paints a perturbing picture of geriatric medicine in South Africa, where out of eight medical schools only five have a faculty member with an interest in geriatric medicine. Moreover, of those five schools, only three are registered for geriatric medicine training purposes (Kalula, 2010).

With regard to **community care and support**, the South African government acknowledges that communities make a significant contribution to the care and support of older persons throughout the country. However, community care and support is largely organised by non-governmental and faith-based organisations, rather than the government (Department of Social Development, 2002 & 2010). Nevertheless, given the high levels of poverty within many communities, the government is aware of the need to ensure that the burden of care and support for elderly persons does not rest solely with communities. Owing to increases in disability being associated with population ageing and growth in the older cohorts, the Department of Social Development has sought to provide a Disability Grant to all persons aged 18 years and older who are disabled for six months and more, though recipients of the Aged Persons Grant are not eligible for the Disability Grant. Both of these grants are of equal monetary value. Health departments also provide assistive devices (wheelchairs, hearing aids, spectacles, walking frames and canes etc.) to older and elderly persons.

Older people are often vulnerable to **food security** and their nutritional intake may be considerably lower than the recommended daily allowance. In response to this, the South African government developed a national integrated food security and nutrition strategy that aims to improve food security and the nutritional status of vulnerable groups, such as the elderly. Initiatives include: i) food fortification programmes; ii) provision of support to small scale farmers to increase agricultural outputs; and iii) the mobilisation of communities around issues of nutrition and food security. However, most initiatives are organised by non-governmental organisations, some of whom are directly responsible for ensuring that elderly people receive nutritious meals (Department of Social Development, 2002).

Lastly, the South African government is concerned about the **influence of HIV/AIDS** on the elderly population. Policies have been implemented to improve awareness of the epidemic in the older and elderly population. The dominant concern, however, is focused on how HIV/AIDS impacts negatively on an elderly person's activities. The Departments of Health and Social Development have implemented the Home/Community-Based Care Programme for HIV/AIDS that targets vulnerable children and their caregivers, who, in many instances are elderly grandparents. The objectives of such a programme include: to develop and implement affordable home/community-based care and support models, to build capacity on different levels of service provision, and to ensure that all persons affected by HIV/AIDS have access to social development services in the community (Department of Social Development, 2002).

#### **5.5.4 Housing and living environment**

As stated in Section 27 of the Constitution, "Everyone has the right of access to adequate housing" and requires that the state take reasonable legislative and other measures to achieve the progressive realisation of this right (Department of Social Development, 2002:37). To achieve such a goal, the

South African government has established a **housing subsidy scheme** that provides housing for those persons who otherwise would not be able to afford it.

This housing subsidy scheme makes provision for disabled, older and elderly persons and can be accessed even if one is already in receipt of other social security grants. The South African government has focused its efforts on two areas: i) special housing; and ii) residential care for the older and elderly population (Department of Social Development, 2002). Regarding special housing for older and elderly persons, the various Social Development Departments had already introduced the concept of assisted living into developmental programmes in the early 2000s. Initiatives are limited in number and account for a small population of elderly persons living in specialised care facilities. Assisted living initiatives across South Africa include the likes of the Itireleng Project in the Free State and the Neighbourhood Old Age Homes Project in the Western Cape. In general, these projects vary in application and concept, but they all strive to provide affordable accommodation to older and elderly persons, while assisting them to retain their independence.

Government has also sought to provide **equal access to residential care** for all older and elderly persons; however, this has proved difficult. The majority of residential care homes are primarily filled by white South Africans, while the numbers of black elderly in residential care remain low (Harmse, 2009). Furthermore, with regard to the distribution of residential care homes subsidised by the government, the majority are located in the two most urbanised provinces of Gauteng and the Western Cape. However, the provinces with the highest concentration of older and elderly people (KwaZulu-Natal and the Eastern Cape) had the fewest number of residential care homes (Department of Social Development, 2002). Lastly, in response to the high costs associated with assisted living and residential care facilities, the South African government has encouraged older and elderly persons to remain within the community. If institutional care is in the best interests of the person, residential care can be accessed.

### **5.5.5 Social integration**

In order to realise a society for all ages, every age group should be able to participate in the activities of the overall society. To achieve such participation, the South African government has installed initiatives and developmental programmes that focus on community-based support, enabling volunteerism and community participation among the older population, and creating opportunities for learning and sharing knowledge. Owing to many families being unable to support their older relatives, community-based support programmes have become essential in providing services and support to elderly persons. Clubs and service centres have played a prominent role in providing community support by allowing for their older members to participate in various activities so that they remain physically, socially and sometimes, economically active (Kresl & Ietri, 2010). The South African National Council for the Aged (now known as Age-In-Action) is primarily responsible for these clubs

and centres, and helps to provide meals, recreational opportunities and, religious activities, as well as opportunities for income generation projects.

These groups have, in the past, been subsidised by provincial Departments of Social Development, but due to budgetary constraints in some provinces, not all clubs and centres receive subsidies (Department of Social Development, 2002). Furthermore, the social integration of older and elderly persons requires that all older and elderly persons, irrespective of gender, culture or race have the opportunity to participate. Because of a large proportion of elderly persons being unable to engage in formal economic activities due to retirement and other health issues, participation activities have been those focused upon volunteering and providing free care to persons in need. The majority of volunteering programmes and community participation initiatives are organised and coordinated by non-governmental organisations (NGOs).

Lastly, a very important means by which to improve the social integration of older and elderly persons has been to create opportunities for them to learn and share knowledge with other people. With regard to learning, many NGOs provide older persons with opportunities to develop skills in running small businesses and training in craft making activities. Age-In-Action also provides training programmes in volunteering and community-based care for older persons (Department of Social Development, 2002). However, illiteracy and a lack of sufficient education in the older age groups have served to impede social integration. In response to this, the Department of Education has formulated a vision for Adult Basic Education and Training (ABET), which strives to improve the levels of literacy in South Africa through lifelong learning programmes; thereby enabling effective participation in socio-economic and political processes for all older South Africans.

### ***5.5.6 Promoting the status of older persons***

As a response to the growing needs of the older and elderly population, the South African government has committed itself to promoting the status of older persons. In 1999 the government, in partnership with the South African National Council for the Aged (now known as Age-In-Action), launched Operation Dignity, which sought to raise awareness of the rights of older persons, sensitise communities and government officials to the needs of older persons, and to promote a positive image of the elderly. The status of older persons in South Africa has been further strengthened by consultations with older persons made by the Department of Social Development and legislative reforms which ensure that older persons are equal in all respects to that of other persons, while also declaring that developmental activities will directly target older persons, with an emphasis on their socio-economic situations. Lastly, in order to ensure that older persons enjoy their fundamental human rights and lead lives of dignity, government with the help of the Human Rights Commission is committed to monitor the older population and intervene when necessary (Department of Social Development, 2002).

Overall, South Africa has implemented numerous policy responses and interventions that have allowed for the creation of a more able and sustainable older population. The responses have seen the formation of numerous legal grants and acts that provide older persons with the means to remain independent and out of poverty, while services are also provided by numerous governmental departments which have improved the healthcare and wellbeing of older persons. Older persons' housing and living environments have also been made more accessible, with a greater focus on the provision of special housing and residential care. Lastly, the South African government has striven to improve the status of older persons by promoting their roles, actions and activities in broader society, as well as attempting to increase the participation of older persons through volunteering and community-based programmes. However, the country lacks more progressive healthcare and support for older persons, as well as initiatives that target older persons as a means by which to improve productivity in the economy, and set realistic goals which will provide for an ageing population. While this section covers a quantitative review of ageing policy in South Africa, the following section evaluates the topic from a qualitative perspective.

## **5.6 THE STATE OF AGEING POLICY IN SOUTH AFRICA ACCORDING TO KEY AND STRATEGIC STAKEHOLDERS**

According to UNDESA (2010), South Africa is one of the most progressively aged countries in Africa although the country's sub-Saharan counterparts are all very young nations with minimal levels of population ageing. While the first five sections of Chapter 5 dealt with the quantitative analysis of population ageing in South Africa, discussing the experience of population ageing in South Africa, as well as the country's responses to the implications and challenges of population ageing, this second part of the chapter concerns itself with a qualitative analysis of policy responses targeting the implications and challenges associated with population ageing. Data used to produce such a qualitative analysis was drawn from semi-structured interviews with key and strategic stakeholders relative to ageing policy in South Africa. Respondents were tasked with providing their personal and professional opinions on numerous topics, that included: i) the awareness of challenges and problems associated with population ageing; ii) existing policy frameworks targeting population ageing; iii) the ability and capacity of South African policy and agencies to target implications and challenges of population ageing; iv) the challenges and limitations of South African policy; v) the socio-economic implications of population ageing in South Africa; and vi) recommendations that will benefit ageing policy design and implementation in South Africa. All in all, the responses allowed for more in-depth and personal observations into the actual process of working with policy targeting the impacts of population ageing. Findings generated from respondents are discussed in the following six sections that cover all of the questions outlined in the questionnaire (see Appendix C).

### **5.6.1 Awareness of potential challenges and problems associated with population ageing in South Africa**

The respondents were initially appraised on their opinions regarding the extent to which policy makers in South Africa are aware of the extent of demographic ageing amongst the South African population. Responses varied evenly between being *'fully aware'* and *'partially aware'*, illustrating that there is at least an awareness of population ageing amongst policy makers. Following on this, respondents stated that South African officials and politicians were *not sufficiently aware* of the many issues and challenges that may be triggered by a country's ageing population. Respondents stated that such a lack of population ageing concern in South Africa was primarily caused by: i) a lack of interest in or awareness of the importance of addressing population ageing; ii) competing priorities for spending limited public development resources; and iii) a lack of interest in exercising prudence in the long-term. Responses were mixed with regard to there being a 'lack of information or evidence upon which to base the design and implementation of appropriate and effective policy responses' as a cause for a lack of concern or awareness. One respondent stated that the South African government is aware of the growing needs of an ageing population, and has created the South African Older Persons Forum to ensure the participation of elderly persons in government and in policy making; thus ensuring a voice for the elderly population.

However, the South African Policy on Older Persons is not thoroughly used amongst all service providers, meaning that the growing elderly population's needs and issues are not included as priorities of the country on a broad scale. According to another respondent, awareness of challenges and issues associated with population ageing have been further effected by *"the Department of Social Development [who] has been struggling to get the South African Plan of Action on Ageing off the ground, i.e. implement it collaboratively with relevant government departments and other stakeholders. The reason is that each department has pressing issues and therefore might not prioritise issues concerning older persons."*

Means by which the awareness of population ageing (and its subsequent implications) amongst policy makers in South Africa could be strengthened, were identified by respondents as:

- i) Publishing and popularising of research findings regarding the nature and dynamics of population ageing;
- ii) encouraging research into issues regarding an ageing population in South Africa.
- iii) encouraging curricula on geriatrics and gerontology (both social and medical).
- iv) creating awareness campaigns to educate stakeholders and communities on ageing issues; and
- v) promoting a positive image of ageing.

With regard to the extent to which South African authorities are aware of responses and strategies used by other countries to mitigate and adapt to population ageing, the respondents believed authorities to be fully aware of mitigation and adaptation strategies. Authorities are *fully aware*, as South Africa is a signatory of the Madrid International Plan of Action on Ageing (MIPAA) and regularly reports on the implementation of the MIPAA in the country to the United Nations. The implementation of the policy framework detailed by the MIPAA can be seen in the Older Persons Act (2006) and the South African Policy on Older Persons (2006). The following section serves to discuss the various policy frameworks that exist to deal with the implications and challenges of population ageing in South Africa.

### **5.6.2 Existing policy frameworks targeting population ageing in South Africa**

The second section of the questionnaire and interview worked towards identifying the various policy frameworks targeting population ageing in South Africa, as well as the numerous strategies implemented in consideration of the implications, challenges and opportunities associated with population ageing. Agencies, committees and departments responsible for the implementation and monitoring of population ageing-related policy were also identified and evaluated on their resourcefulness and capacity to deal with mass ageing. Lastly, respondents recommended means by which to organise such departments so as to best meet the needs of an ageing population.

#### **□ National policy and frameworks dealing with implications and challenges of population ageing in South Africa**

With regard to which national policies or frameworks are used to deal with the implications and challenges of population ageing in South Africa, respondents communicated that the primary policy used is: i) the South African Policy for Older Persons (2006); and the legislative document known as ii) the Older Persons Act (2006). Such a is directed towards attaining the various needs of an elderly population and, emphasise the promotion of integration and support for older persons. However, all of the respondents noted that there is a lack of resources required to implement both the policy and act in full. Furthermore, there are numerous other *“pieces of legislation that impact on the lives of older persons.”*

#### **□ Intervention strategies dealing with population ageing in South Africa**

With regards to intervention strategies being implemented in South Africa, respondents communicated that the *‘implementation strategy of the Older Persons Act (2006)’* serves as the chief strategy in which the challenges and implications of population ageing are dealt with. This strategy serves to implement the various aims and goals of the MIPAA (2002), while emphasising the mainstreaming of issues pertaining to policy implementation, monitoring and evaluation.

The Department of Social Development serves as the custodian of policies targeting ageing. Respondents also emphasised that while the implementation process of such a strategy has been underway since 2010, the process has been very slow and has been hindered by budgetary issues. In response to such issues, the South African government has had to rely on non-governmental organisations (NGOs) for support and active action. This primary strategy has been further supported by the establishment of an Older Persons Forum that provides the elderly population with a voice in Parliament, various Economic Empowerment Programmes to combat poverty amongst the elderly population, and national awareness campaigns focused on healthcare and the abuse of the elderly.

□ ***Committees, departments and agencies in South Africa which oversee the implementation and monitoring of policies related to population ageing***

According to the respondents, the Department of Social Development serves as the custodian of policies pertaining to ageing, yet there are four distinct bodies/entities that oversee specific aspects of the different policies targeting ageing. They include: i) the South African Older Persons Forum; ii) the South African Human Rights Commission; iii) the South African Social Security Agency (SASSA); and iv) the Inter-governmental Coordinating Committee on Ageing. The South African Older Persons Forum provides a means by which the views and opinions of the elderly can be presented to parliament; thus ensuring that the needs and complaints of the elderly population are communicated on a political and governance level. The South African Human Rights Commission is required to uphold and protect the rights of all older persons and intervene when necessary, while the South African Social Security Agency (SASSA) is responsible for the payments and implementation of all social grants for older and elderly persons. Lastly, the Inter-governmental Coordinating Committee on Ageing is responsible for the implementation of the South African Plan of Action on Ageing, which serves to enhance the status, well-being, safety and security of older persons, while also regulating the services to older persons and combating elderly abuse.

□ ***Governmental departments likely to bear the brunt of dealing with the implications and challenges of an ageing South African population***

In summary, the majority of the respondents felt that *no one* governmental department would bear the brunt of dealing with the implications and challenges of population ageing in South Africa. It was felt that “*all government departments may have a role to play in the lives of older persons*”, especially when the numbers of elderly are ever increasing in an ageing South African population. However, one respondent argued that some departments, such as the National Departments of Healthcare and Housing would see greater pressures placed on their budgets and services allocation, in comparison to other departments.

When asked about their opinion on whether these governmental departments are a) sufficiently resourced; and b) sufficiently capacitated to deal with the expected challenges that an ageing population will unleash, all of the respondents felt that none of the departments was either sufficiently resourced or capacitated to deal with an ageing population. Regarding the resources available in such departments, respondents explained that most of the departments lacked the skills, finances, personnel and infrastructure required to deal with the implications and challenges associated with population ageing.

One respondent noted that in almost every department *“the budget allocation does not accommodate the mainstreaming of ageing issues and priorities”*. With regard to the capacity of departments to deal with the implications and challenges of population ageing, respondents stated that many personnel are not educated *“enough”* in what population ageing will yield in South Africa, while many personnel are lacking in an understanding of the implications and challenges. Overall, respondents feel that departments lack *“focal people to deal with issues of population ageing.”* When asked about how the various departments should position themselves in relation to their activities in order to function most effectively when dealing with the implications of population ageing, respondents answered that on a national scale, the ‘mainstreaming of ageing’ should occur throughout all departments and service providers who have any stake in providing for the needs of the growing elderly population. Furthermore, respondents emphasised that the national and international instrument aimed at improving the lives of older persons should be facilitated, and access to resources for the elderly need to be promoted. Moreover, enhancing the stake which older persons have in the organisation and planning of society and local communities should be addressed.

### ***5.6.3 The ability and capacity of South African policy and agencies to target implications and challenges of an ageing population***

This section sought to evaluate the incorporation of the numerous, Madrid International Plan of Action on Ageing (MIPAA) outcomes and recommendations in South African policy, while also measuring the effectiveness of South African responses targeting the major areas of concern associated with an ageing population. Furthermore, respondents also commented on the extent to which the pressing needs of the older population are being met by the South African government and local authorities, while also stating the degree to which current South African policy frameworks are sufficient in dealing with the implications and challenges of an ageing South African population.

□ ***The extent to which outcomes and recommendations stipulated by the Madrid International Plan of Action on Ageing (MIPAA) have been implemented in South African policy***

Of the four specific outcomes and recommendations stipulated by the MIPAA to be implemented in all ageing population policy, *none* was felt by respondents to be *fully implemented* in the country. The outcomes and recommendations of ‘the inclusion of the elderly population’s socio-economic concerns in South African policy’ and ‘provision of a supportive environment where the elderly receive sufficient resources and income to sustain a decent quality of life’ were felt to be only *partially implemented* in policy. In addition, the ‘development of programmes that provide for extensive participation of older persons in the labour force, society and in developmental initiatives’ was stated as *not being implemented at all*. Arguably, respondents disagreed on the outcome and recommendation regarding ‘the implementation of policy that ensures equal access to resources for all age groups and dependent persons (0-14 & 65+ years old)’. Responses varied between ‘partially implemented’ and ‘not implemented at all’. Overall, respondents felt that while some responses to such outcomes and recommendations are covered, they are often small and basic in scope and implementation.

□ ***The extent to which areas of concern that pertinently deal with older persons, exist in South African policy***

This section identified six core areas of concern regarding population ageing which respondents were asked to rate as to how they feature in existing South African policy. The only area of concern felt to *feature extensively* in policy was ‘**income security amongst older persons**’. Respondents felt that SASSA’s means test allowed for the qualification for all older persons to receive a source of income enabling the survival of the beneficiary and his or her family. They stated that most older persons benefit from the Old Age Grant; however, the monitoring of policy implementation and its progress showed that while the elderly are able to draw upon such a source of income, it is not able to provide the sort of life many older persons seek. Respondents noted that income security for older persons is primarily monitored and measured by research, verbal and written feedback from beneficiaries and community members, as well as the media. Moreover, respondents highlighted the fact that the issue of ‘fiscal affordability’ with regard to pension pay-outs is a major concern. South Africa has among the most generous old age pension systems in the world (Bongaarts, 2004), helping to reduce the numbers of people living below the poverty line by approximately 5% (2.24 million people) between 1998 and 2005 (ILO, 2012; Xiaomei *et al.*, 2010). According to HelpAge International (2006), the poverty gap ratio was further reduced by more than 13% as of 2006.

However, nation states, such as South Africa, with extensive social programmes targeting the older population, may find that the costs of such programmes will begin to escalate as the number of eligible recipients grows and the duration of eligibility lengthens due to demographic ageing, as well as a result of the South African government's work towards broadening the scope and scale of eligibility throughout the country (Kalasa, 2004; Powell, 2011). By 2010, 14 million South Africans were benefiting from social assistance acts, of which 2.5 million were old-age pension recipients (Woolard *et al.*, 2010). Historically, the number of old age pension recipients has been increasing consistently, from 1.9 million in 2001/02, to 2.2 million in 2006/07, to 2.23 million in 2007/08, to 2.34 million in 2008/09, and to over 2.53 million recipients by 2009/2010 (ILO, 2012; Woolard *et al.*, 2010).

With reference to **'poverty reduction amongst older persons'** as a key concern in policy, respondents felt that such a concern partially features in South African policy, but responses to addressing such a need were only partially effective in meeting the requirements of a growing elderly population in some cases, but ineffective on a wider scale. Responses are primarily monitored by research conducted by the scientific community and these have alerted the South African government to the fact that the ineffectiveness of such policy is occurring as a result of the minimal efforts of the State. There are few available poverty reduction programmes catering for the older population, as well as high unemployment rates throughout the country which have created a situation of *"unfair"* competition between young and old unemployed South Africans. According to respondents, the primary governmental response to reducing poverty levels among the older population is to increase pensions and expand social security programmes to cover greater numbers of persons.

In the area of concern pertaining to the **'health and wellbeing of older persons'**, respondents felt it featured extensively throughout South African policy. Respondents noted that a large number of programmes targeting the health and wellbeing of the elderly were in place, thus agreeing that progress was being made. Policy evaluation and analysis sessions held by the government often go hand-in-hand with NGOs, older persons and relevant stakeholders, to monitor the situation pertaining to the health and wellbeing of older persons. With regard to the effectiveness of policy responses targeting the health and wellbeing of older persons in South Africa, respondents stated that overall, responses were only partially effective in meeting the needs of a growing older population, as the first in-depth and nation-wide programmes targeting active ageing have only recently begun to be implemented. This a full decade after the MIPAA stipulated outcomes and recommendations that governments *were* required to fulfil. Nonetheless, these programmes are limited with regard to scope and resources; meaning that full coverage of the entire elderly population is currently non-existent.

According to respondents, the area of concern regarding the **‘housing and living environment of older persons’** does not feature at all in current South African Policy. The provision of housing and monitoring of living environments of the elderly are primarily controlled by old and relatively outdated policy in the Department of Human Settlements that maintains that 5% of all new housing is produced with intent of accommodating older and disabled persons. However, as one respondent stated: *“No fact finding procedures were ever engaged in to assess or monitor whether this quota was ever delivered”*. Equally troubling is the fact that respondents see any policy responses targeting housing and living environment needs of the elderly as *largely ineffective*. Respondents communicated that current responses are ineffective due to there being an immense backlog<sup>12</sup> of the provision of housing for the general population. Respondents further stated that the provision of housing is skewed, and the sought-after quota has been seldom adhered to when houses are allocated; thus resulting in a large proportion of elderly without suitable housing. Respondents also conferred that there is no alternative housing scheme for poor, older persons.

With regard to the policy concern of **‘social integration of older persons’**, respondents communicated that to a certain extent, the topic does feature in South African policy, but is very limited in scope. In general, there are intergenerational programmes in place in specific provinces, but they lack resources and service providers, thus hampering their effectiveness. One respondent noted that there is no dedicated scheme for integration, and when it is available it is often unaffordable for the majority of older persons. Lastly, policy pertaining to the **‘promotion of status of older persons’** was found to only partially feature in South African policy, and is only partially effective in promoting the status of older persons. Currently, the development of a Charter on the rights of older persons is being promulgated to strengthen such responses to the concern, but there is little or no current means by which such a concern is monitored or measured.

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<sup>12</sup> The provision of housing backlog in South Africa is a major problem for the South African government. It has continued to escalate for almost two decades, as a result of persistently high migration and rapid household formation (Department of Social Development, 2008). By 2007, the Department of Human Settlements (DHS) reported that close to 2.6 million subsidised housing units had been built, benefiting over 10 million people (SERI, 2011). However, delivery of such units has not occurred on an acceptable scale or at a satisfactory pace, with approximately 200 000 units built per year since 1994. Regarding the number of houses still required, the backlog has grown exponentially from 1.5 million in 1994 to almost 3 million households in 2010 (SERI, 2011, Webb, 2011). Importantly, the DHS notes that these numbers are not totally reliable, due to poor provincial and municipal record-keeping, as well as incomplete data concerning housing construction (SERI, 2011).

□ ***The extent to which the South African government and local authorities are accommodating the needs of an increasingly larger elderly population***

At national government level, respondents commented that while important policies and legislation have been implemented, such as the indigence policy that helps to look after the poor, South Africa's non-contributory pension scheme, and free health services etc., they feel is that "*government is not doing enough*". Respondents stated that there are still numerous gaps in policy responses targeting the implications and challenges of population ageing in South Africa, and even where there is implementation of existing policy, a lack of resources allocated to the older population, "*red tape*", and the sheer number of governing structures in place, serve to hinder implementation. With regard to local authorities, respondents communicated that the situation is far worse than on governmental level. Respondents stated that little is being done at local authority level, and where responses are implemented, such as numerous grants, they are limited in scale. Local authorities also lack sufficient resources to fund programmes dealing with the needs of elderly persons and human capacity problems are widespread. Furthermore, respondents also noted that while policies are in place, many local authorities are unaware of them and the need for them to be implemented.

□ ***The sufficiency of current South African policy frameworks in dealing with the implications and challenges of population ageing in South Africa***

Overall, respondents felt that current policy frameworks were sufficient to a certain degree, while insufficient in other respects. One respondent who felt that current South African policy dealing with the implications and challenges of population ageing was sufficient, stated that their opinion applied to the current situation, which may not be relevant in coming years, when more progressive ageing will occur. Respondents, who stated that current policy was insufficient and that new reconfigured frameworks are required, argued that current policy is not funded efficiently, and is not properly disseminated amongst all the different governmental departments. Respondents felt that in order to enable sufficient policy pertaining to population ageing in South Africa, policies would have to be amended, redrafted and configured so that they are progressive, in line with Human Rights frameworks and with the inclusion of international frameworks. Furthermore, the implementation of such policies needs to be appropriately funded, with every governmental department having their "*role spelt out*" for them, so that they know what is required with regard to providing for the needs of the growing older population.

#### 5.6.4 *The challenges and limitations of South African policy*

This section interrogates the opinions of respondents concerning the potential, as well as the recurring challenges and frustrations hindering work on policy making, planning, implementation and monitoring of population ageing.

##### □ *Problems and frustrations when working with ageing concerns in South African policy*

When commenting on their experience of the problems or frustrations of working with policy pertaining to the growing older population, respondents decisively felt: i) a lack of data concerning population ageing and the elderly population in South Africa; ii) a lack of adequate policy goals and programmes relating to the elderly; iii) a sense of discrimination against or neglect of the elderly within policy making in South Africa; iv) a lack of awareness of population ageing in South Africa among some policy makers; v) a lack of concern for, or interest in, the elderly population or the population ageing trend in South Africa; and vi) neglect of the elderly population in favour of other segments of society. With regard to financial support from government, all the above-mentioned posed *regular problems and issues* when working with policy.

Respondents felt that a lack of data concerning population ageing and the elderly population in South Africa was a persistent problem, due to there being very few studies concerning the topic of population ageing in South Africa. They further noted that data concerning the growing older population are available, but are limited in range. Inadequate policy goals and programmes relating to the elderly prove to be a frustration, as programmes are few and sporadic. While there are relevant existing programmes in place, they are financially inefficient and government lacks an effective implementation strategy that “*covers all older persons, monitoring and evaluation tools.*” With reference to discrimination against, or neglect of the elderly within policy making in South Africa as a frustration when working with policy, respondents complained that although older persons are covered in this regard, strategies to enforce such policy are lacking. Respondents further noted that a lack of awareness of population ageing in South Africa among some policy makers has proved challenging and problematic. This is as a result of the older populations not being treated as a priority, even though they have been recognised as a vulnerable group in the country. One respondent stated that this issue is exacerbated by many policy makers and service providers who are “*too relaxed*” to notice a cause for concern, and merely view population ageing as a European problem, not an African issue. Respondents complained that such views have led to current responses to population ageing in South Africa being often limited to simply increasing the amount of financial resources provided for pension grants; thus dealing only with a single implication of having an ageing population.

A lack of concern for, or interest in the elderly population or the population ageing trend in South Africa has proved to be a frustration to respondents, with their complaining that while the older population is not viewed as a major priority in South Africa, the priorities of the elderly are often weighed up negatively against those of the large younger population. Overall, the older population is often losing out to socio-economic issues such as poverty, HIV/AIDS and youth dependency that are mostly associated with younger age cohorts. Ultimately, issues associated with an ageing population have been neglected in favour of other segments of South African society, regarding financial support from government and the inclusion of the elderly in the future planning of socio-economic programmes.

□ ***Absence of population ageing in socio-economic policies and frameworks concerned with planning for South Africa's future***

Respondent's opinions of the absence of population ageing in socio-economic policies and frameworks concerned with planning for South Africa's future, all centred on the opinion that due to a lack of understanding and an awareness of the implications and challenges associated with population ageing, the country – which has numerous priorities – has sought to select developmental programmes and initiatives, such as the Millennium Development Goals (MDGs), the EPWP (Extended Public Works Programme) and the NDA (National Development Agency) and so forth. All of these are overwhelmingly concerned with human development and poverty challenges that relate to the younger age groups, and lack the specific issues which target the older population. Furthermore, due to South Africa having many vulnerable groups, those regarded as “*investments for the future*” are given higher priority (children and the youth of South Africa). The result of this scenario is that targeting the growing older population is often seen as a “*disinvestment.*”

### ***5.6.5 Socioeconomic implications of population ageing in South Africa***

This section outlines the various concerns that will impose significant impacts and challenges of population ageing on South African society, while also identifying the degree to which various welfare programmes will be impacted by population ageing. Lastly, the impact that the implications and challenges of population ageing will have on South Africa's human development priorities, are assessed.

□ ***The Significance of impacts on and challenges of population ageing, for South African society***

With regard to the significance of the impacts on and challenges of population ageing for South African society, respondents expressed the view that all five of the selected concerns would pose “*huge challenges*” for South Africa in the years to come. According to respondents, **increased demand for adequate housing for the older population** presents a major challenge, as accommodation for elderly persons in South Africa is already a problem; a lack of prioritised housing specific to older persons, has led to many older persons entering “*old age homes even if they are still fully independent*” when they cannot find affordable housing elsewhere. The **increased need of financial support (old-age grants and pensions etc.) for a growing older population** poses an immense challenge to South Africa, as respondents believe that as the absolute number of older persons increases, so does the number of resources required for their support. Importantly, one respondent felt that South Africa would need more resources on average per older person, as many elderly act as caregivers for their “*unemployed adult children and their sick family members as well as their orphaned grandchildren.*” To care for such persons, the elderly inevitably have to use their own personal grants to support themselves and others. Respondents also viewed **increased demand for long-term and chronic healthcare for the growing older population** as “*hugely significant*”. Respondents argued that increased demand will be the result of an overall increase in the absolute numbers of elderly; but, just as important, is the fact that older persons are increasingly living longer. They felt that increased life expectancy will lead to older persons living to ages where healthcare is required over longer periods of time, as well as advanced age, where frailty is common. This impact will require the South African government to rethink its frail-care services, with regard to the scale of service and resources required for a growing older population.

Respondents further noted that **slower economic growth produced by having an economy primarily made up of older workers; workers on the verge of retiring and fewer economically active persons** would prove a major challenge to South Africa, a nation still trying to achieve high levels of socio-economic development. Respondents felt that work places should be redesigned to accommodate older workers, while also making the best possible use of older workers’ experience. However, one respondent commented that an increase in older workers would potentially pose a much smaller challenge than previously thought, as many of them would continue to leave the workforce and be replaced by younger workers; a trait of the South African population which will continue to have a very large youth contingent for many years to come. Lastly, respondents expressed the view that **declining numbers of economically active persons (15-64 years old) to support the growing number of elderly** would pose a compelling challenge to South African society, as the nations non-contributory pension grant is “*derived from the taxes of the working people*”, who will steadily

decline in number as the population ages. Respondents noted that this issue, of all those commented on, would require the *most attention*.

□ ***Impact of increased population ageing on changes in current human development priorities in South Africa***

According to respondents, increased ageing will have a major impact on changes in current human development priorities in South Africa, resulting in many alterations. Firstly, respondents noted that on the political front more governmental departments would have to be involved in programme planning and implementation for older persons. For example, the National Department of Education would have to budget for active ageing and lifelong learning programmes that improve the literacy levels of the older population. Secondly, there would have to be a “*reprioritisation in policy development and planning*” resulting in policies skewed towards ageing. Overall, more policies dealing with ageing would have to be implemented, while existing ones would have to be redrafted so as to expand services and resources targeting the older population. Thirdly, healthcare policy would need to be designed to deal with the greater prevalence and incidence of chronic and non-communicative diseases and disability. Lastly, the development of programmes and strategies used to improve the economic situation of older persons should be made a priority. Respondents stated that to combat unemployment and poverty amongst the growing older population, the government would have to revisit its retirement policy, while occupations would have to be redesigned so that they are more accessible to older workers. One respondent argued that older persons are sometimes removed from occupations because of physical limitations or a decline in active ability, but this issue could be solved by the installation of ‘*second careers*’ for older persons. According to the respondent: “*A second profession or skill will be a necessary part of the development of a child while of school going age so as to enable him/her to have a job once retired from the first [occupation].*” This solution could combat potential declines in provision of old age grants – declines could occur if increased numbers of older persons placed pressure on available resources, and the state is forced to limit the potential numbers of recipients to less than before.

***5.6.6 Recommendations that will benefit ageing policy design and implementation in South Africa***

In the final section of the interviews and questionnaires, respondents maintained that population ageing should be prioritised on the South African national human development agenda, while highlighting numerous potential changes required to address the challenges of population ageing. Lastly, respondents supplied a ‘best way forward’ for South Africa in dealing with the ageing of South Africa’s population in the years to come.

□ ***Prioritisation of population ageing on the national human development agenda***

The respondents believed that population ageing should be prioritised on the national human development agenda. Respondents argued that prioritisation should take place as South Africa has, in the past, prioritised all issues relevant to large contingents of the South African population. Therefore, it should be no different for population ageing that not only affects the older cohorts, but also the younger (see Chapters 2 and 4). One respondent opined that while policy is in place to combat many of the implications and challenges of population ageing, the integrated strategy for the implementation of such policy is “*weak*”. The respondents resolved that to strengthen such implementation, all relevant government departments should work cooperatively to amend current policy and define each department’s specific roles when dealing with the implications of population ageing. Respondents stated that a major help would be the creation of a “*coordinating committee*”, encompassing members from all government departments, NGOs and other relevant stakeholders.

□ ***Changes in South African policy required to address the challenges of population ageing***

Respondents stated that the following concerns: i) increased demand for adequate housing for the older population; ii) increased need of financial support (elderly grants and pensions etc.) for a growing older population; iii) increased demand for long-term and chronic healthcare for the growing older population; iv) slower economic growth produced by having an economy primarily made up of older workers, workers on the verge of retiring and fewer economically active persons; and v) declining numbers of economically active persons (15-64 years old) to support the growing number of elderly; all of the above-mentioned need to be fully encompassed in South African policy. Aside from adding concerns and issues to respective policy, respondents agreed that the design, implementation and monitoring of all policy pertaining to ageing needs to be assessed and improved. For example, a coordination committee would assess all implementation of ageing policy, while also receiving reports from each municipality on service delivery for older persons, thus improving the implementation and monitoring of policy.

□ ***'Best way forward' for South Africa in dealing with the ageing of South Africa's population***

When tasked with providing an appropriate strategy for South Africa's 'best way forward' in dealing with the ageing of its population, respondents answered that an *overarching strategy* should be generated. Such a strategy would, in general identify, specific areas of concern and implement the means by which to attend to such concerns. According to respondents, four major areas of concern will need to be dealt with immediately. These concerns range from being: i) political in nature; ii) economic; iii) healthcare; and even include iv) research. With regard to political concerns, respondents noted that the role of older persons in political activities, policy making and parliament is not satisfactory, and requires government *"to engage older persons in all agenda's of the government."* The creation of a parliament for older persons at provincial and national level is one means of solving this issue. Moreover, the best way forward for South Africa requires that there be an enhanced implementation of the South African Policy for Older Persons. This process would require greater mainstreaming of ageing issues in public policy, while also initiating large-scale awareness programmes throughout the country.

The economic situation pertaining to the growing older population requires that older persons play a much larger part in the economy. To do this, respondents stated that older persons should best be included in a variety of employment programmes and strategies; thus increasing the older persons' earning potential, as well as reducing unemployment and poverty levels. Importantly, respondents felt that in order for older persons to effectively take part in the economy, they need to be healthy. Thus, in terms of healthcare, the older population will have to be further prioritised in primary, secondary and tertiary healthcare, as the health of the older population is not just an asset for themselves, but also an asset for the country. Lastly, respondents stated that for South Africa to attend to its growing older population's needs, the country will have to first understand the process of population ageing and the associated implications, challenges and opportunities. To attend to such a need, greater impetus should be placed on conducting research and investigations into issues relative to the older population and the process of population ageing in South Africa.

## **5.7 CONCLUDING REMARKS**

In summary, the South African population, in total, is ageing. The rate of South Africa's ageing may not be as striking as ageing in the more developed regions of the world, but South Africa has a population in which its various population groups are ageing differently from one another. Notably, the white population group is ageing far quicker than other groups; experiencing an ageing transition similar to that of the oldest and developed regions. However, in reality, the actual numbers of elderly persons; numbers, rather than proportions, have greater implications for demographic challenges. For

example, in the provision of pensions to elderly, the relatively young African population dwarfs all other population groups. This occurrence is a result of the African population group being the largest in number, implying that the African population will place the most ageing pressures on an ageing South Africa, even though the elderly population consists of a relatively small proportion of the general African population.

Even though South Africa's population has aged considerably in the late 20<sup>th</sup> and early 21<sup>st</sup> centuries, scant attention has been paid to the overall demographic trend of population ageing. Instead, the South African government has focused on issues typically associated with young populations, such as healthcare interventions targeting communicable diseases, the curtailment of population growth, migration and urbanisation processes, and the elimination of poverty. Overall, from a quantitative perspective, there is a lack of concern for the implications and challenges associated with demographic ageing. The South African population is, nevertheless, ageing at progressive rates; meaning that the country will bear the brunt of numerous social, economic, environmental and political implications and challenges associated with mass ageing. The experience of the ageing transition will, however, depend on the country's ability to respond to such implications and challenges. With regard to policy responses targeting implications and challenges associated with mass ageing, ageing is a recognised concern that has seen the South African government implement movements to create an environment best suited for an ageing population. Responses include: i) the creation of legal frameworks and institutional arrangements that support the growing older population; ii) greater coverage of income security measures and poverty alleviation programmes targeting older persons; iii) greater provision of healthcare and support to older persons; iv) the provision of housing and subsidy schemes that comprise special housing and residential care for older persons; v) initiatives that strive to improve the social integration of older persons; and vi) the promotion of the status of older persons.

To a large extent the qualitative analysis of key and strategic stakeholders' opinions on South African policy responses targeting the implications and challenges of population ageing, served to clarify the situation described in the initial quantitative analysis in the first sections of Chapter 5. Overall, the South African authorities have taken steps to generate policy targeting the implications and challenges associated with population ageing, but there is a worrying lack of steps taken to fully implement such policy, along with numerous logistical hindrances and institutional arrangement issues, such as funding and personnel ability. Moreover, South African policy pertaining to population ageing does not encompass every issue relative to such a demographic phenomenon. There are noticeable gaps and inconsistencies with regard to the implementation from governmental department to department and service provider to service provider. Generally, South Africa's policies and frameworks targeting aspects of population ageing are still in their *infancy*.

# CHAPTER 6 CONCLUSIONS AND RECOMMENDATIONS

## *About Chapter 6*

Chapter 6 encapsulates the most important findings of the study, discussing the general conclusions regarding policy responses to the implications associated with population ageing in South Africa. In addition, the chapter explicates the South African experience of population ageing. The chapter concludes with several recommendations that could inform policy responses for the country's ageing population.

## 6.1 INTRODUCTION

As discussed throughout this study, the population ageing phenomenon has come to typify societies across the world, including South Africa. As illustrated in Chapter 2, on a global scale, the older person population (65+ years old) had grown from 5.2% of the global population in 1950 to 7.6% by 2010, while the proportion of young persons (0-14 years old) had consistently declined from 34.3% in 1950 to 30.2% by 2000. Further declines have resulted in a mere 26.8% of the global population being found in the young persons' cohorts (UNDESA, 2010). According to UNDESA (2010) and WHO (2002a), this trend of population ageing will continue into the late 21<sup>st</sup> century and beyond, resulting in the world's population containing 1.2 billion older persons by 2025, and more than double this by 2050. While population ageing has been occurring amongst the more developed nations for the better part of the 20<sup>th</sup> century – with proportionally less ageing in the lesser developed regions, South Africa has only come to experience prominent levels of ageing now in the 21<sup>st</sup> century. As illustrated in Chapter 5, not only has the proportion of older persons in South Africa grown significantly; the absolute size of the older person population too has increased in leaps and bounds. The maturation and ageing of the South African population has been produced by prominent fertility and mortality declines, resulting in a growth in older population numbers from a mere 902 000 in 1980, to 2.3 million older persons in 2010 (Murray, 2008; UNDESA, 2010). As discussed in Chapter 5, the collective experience of both mortality and fertility declines will result in an 'old' or 'aged' South African population by the end of the 21<sup>st</sup> century – a remarkable occurrence as it will be one of the first African nations to do so.

However, the transition to an older population will not be as linear or straightforward as a result of high HIV/AIDS prevalence and incidence across the country. In order to achieve the primary aim of the study (see Chapter 3), the researcher employed a mixed methods research design that allowed for a quantitative analysis of demographic data on ageing trends in South Africa, as well as using qualitative techniques to draw on the personal opinions of key and strategic stakeholders working with contemporary policy, relevant to the implications associated with population ageing. Such an approach allowed for the successful completion of the study, answering both the primary aim and secondary objectives, while importantly providing several conclusions and recommendations that are discussed in this chapter regarding the experience of population ageing in South Africa, the implications associated with ageing, and the policy responses targeting the associated implications.

## 6.2 CONCLUSIONS

The following conclusions were drawn from the study.

### ***6.2.1 Conclusion 1: There is a lack of awareness concerning the implications, challenges and opportunities associated with the ageing of South Africa's population.***

On measuring key and strategic stakeholders' opinions on the awareness of population policy and its associated implications for South Africa amongst relevant authorities in Chapter 5, it was found that while there is a limited awareness of population ageing amongst South African policy makers, officials and politicians are generally *not sufficiently aware* of many of these issues and challenges triggered by ageing. Such a lack of concern for population ageing in South Africa is primarily caused by three factors. Firstly, there is a lack of interest in or urge to address the importance of population ageing, especially with regard to an understanding that the implications of ageing are long term in nature and require solutions that will most likely take years to be fully realised in South African policy. Secondly, competing priorities for spending limited public development resources add to a lack of awareness. Ageing will be one of many issues that plague the country in the future and due to a general lack of concern and awareness in less developed regions, it is likely that demographic ageing will not be prioritised as a primary concern as is HIV/AIDS and unemployment.

Lastly, a lack of interest in exercising prudence geared to the long term may result in a lack of awareness concerning the implications associated with population ageing. As discussed in Chapters 4 and 5, ageing requires solutions that focus on dealing with its implications over prolonged periods of time. Short-term solutions are neither realistic, nor feasible when responding to both challenges and opportunities generated by population ageing. Overall, the general feeling is that very few South African policy makers and government agencies are aware of the said implications, with most 'aware' persons working directly with ageing policy and its implementation at national level.

However, awareness and concern for the associated implications is far more limited at provincial level. Therefore, the persistence of such hindrances to the awareness of the implications associated with population ageing will continue to hamper any progress made by policy that seeks to meet the needs of the growing older population. Moreover, the will or lack thereof, to address the ageing problem will also impact on measures taken to strengthen South African society's ability to adapt to its ageing population.

**6.2.2 Conclusion 2: In reaction to several implications of an ageing population, state policy responses in South Africa have only been partially effective in providing for the material wellbeing of the older population.**

In South Africa, the implications and challenges associated with population ageing are directly dealt with in the chief ageing policy, illustrated in Chapter 5 as the South African Policy for Older Persons (2006), as well as the primary piece of legislation known as the Older Persons Act (2006). Both are configured according to aims, objectives and recommendations prescribed by the Madrid International Plan of Action on Ageing (MIPAA), thus resulting in the mainstreaming, albeit limited, of ageing issues in a variety of policies and legislations. In response to the recommendations provided by the Madrid International Plan of Action on Ageing (MIPAA), the South African government has sought to provide a supportive environment where older persons receive sufficient resources and income to sustain a decent quality of life, by targeting three areas of response: i) income security; ii) poverty reduction; and iii) housing.

To ensure *income security of older persons*, the South African government has implemented the Aged Persons Grant and the Grant-in-Aid that enables older persons to obtain financial assistance, as well as the assistance of a caregiver. As discussed in Chapter 5, while policy targeting financial support is in place and to a large extent effective, the provision of a supportive environment and sufficient resources and income to older persons is only partially implemented in policy. Furthermore, monitoring of implementation has shown to be less than stellar. This is problematic, as the growing older population will continue to place pressure on the provision of such social security and financial support, while persons (15-64 years old) primarily responsible for providing for the country's non-contributory pension grant, decline in number. Such an issue will probably become more challenging in the years to come, due to South Africa's propensity to deal with unemployment in the older population by increasing the value of pensions received. In line with providing income security to the older population, the South African government has also sought to partially implement *poverty reduction* programmes which vary in scope and nature; however the effectiveness of such initiatives are often doubted (see Chapter 5).

Another focus area the South African government has been attending to is the **housing needs** of the population. In response to such a need, a housing subsidy scheme provides housing units to persons who otherwise would not be able to afford housing. However, the topic: ‘housing and living environments for older South Africans’ barely features in current policy. The provision of housing and the monitoring of living environments for the elderly is primarily controlled by old and relatively outdated policy in the Department of Human Settlements, which maintains that 5% of all new housing is produced with the intent of accommodating older and disabled persons. However, such a quota has not been monitored effectively, resulting in a lack of awareness concerning older persons actually receiving households. Owing to the ageing of the South African population, the Department of Human Settlements will have some of the greatest pressures placed on it, in terms of providing for housing budgets and service allocation, in comparison to other governmental departments due to the already out-standing houses that have not been built, as well as the overwhelming housing backlog. Compounded with the growth of the number of older South Africans, this may become a disastrous situation with which government has to deal. Furthermore, with regard to the distribution of residential care homes, there is an explicit lack of those subsidised by government, with the majority of them located in very few areas throughout the country (Harmse, 2009). Thus, policy responses targeting the provision of houses and residential care homes for older persons lack concern for the absolute number of houses required for the increasing older population. This scenario will prove more challenging as the country’s population continues to age.

**6.2.3 Conclusion 3: State policy responses in South Africa focusing on the social wellbeing of the older population have only been partially successful in their implementation and activation.**

As discussed in Chapter 5, the South African Policy for Older Persons (2006) is configured in such a way that the recommendations provided by the Madrid International Plan of Action on Ageing (MIPAA) are taken into effect. This allows the South African government to aim towards providing a supportive environment where older South Africans are able to successfully participate in society and live quality, healthy lives. Three areas are targeted in order to provide for the social wellbeing of the older South African population, namely: i) the promotion of the status of older persons; ii) social integration of older persons; and iii) the health and wellbeing of the older population. As a response to the growing needs of the older South African population, the government has committed itself to **promoting the status of older persons**, along with the help of NGOs, such as Age-in-Action by raising awareness of the rights of older persons, sensitising communities and government officials to the needs of older persons, and promoting a positive image of older persons. This said, there is nevertheless a lack of any means by which to monitor the promotion of the status of older persons.

Overall, while activities and programmes are implemented by both the government and NGOs, there is a notable lack of evidence that can elucidate the degree to which policies are improving status. To affectively answer such a question, one would have to engage in research regarding the opinions of older persons and other societal members – which is beyond this study.

With regard to *social integration*, the South African government has stated that it has promoted various initiatives and developmental programmes that focus on community-based support for older persons (Department of Social Development, 2002). Such programmes enable volunteerism and community participation among the older population, creating opportunities for learning and sharing knowledge. While the South African Policy for Older Persons (2006) and the Older Persons Act (2006) are directed towards the promotion of the integration of older persons into society, few if any developmental programmes that provide for extensive participation of older persons in the labour force, society and in developmental initiatives, have been successfully implemented on a large-scale, national level (see Chapter 5). Importantly, no dedicated scheme for integration has been implemented, resulting in the topic of integration barely featuring in South African policy, while initiatives lack resources and efficient service providers (see Chapter 5). As a result, it is difficult to assess whether the older South African population has experienced any significant social integration.

As discussed in Chapter 5, the *health and wellbeing* of older persons is an issue which features extensively throughout South African policy, and will become more prominent as increased demand for long-term and chronic healthcare for the growing older population occurs. With regard to health services in the primary, secondary and tertiary healthcare sectors which target older persons are in place, but vary from service level to level. This is especially noticeable at tertiary level, where healthcare is available to the older population, but very few departments of geriatrics exist throughout the country, thus giving the impression that geriatric care is not a priority in institutional planning and training curricula. This bias ultimately results in few health professionals completing their medical training with little exposure to geriatric medicine (Kalula, 2010). Moreover, policy responses targeting the health and wellbeing of older persons in South Africa have only been partially effective in meeting the needs of a growing older population, as the first in-depth and nation-wide programmes targeting active ageing have only recently begun to be implemented. Nonetheless, these programmes are limited with regard to scope and resources; meaning that full coverage of the entire older population is currently non-existent. Therefore, in a situation of an ageing population, policies that do not prioritise the healthcare needs and demands of a growing older population will not be able to provide for those needs when progressive ageing begins to occur. As discussed in Chapters 2, 4 and 5, the South African government will have to accommodate an ageing population characterised by a) an increasing prevalence of chronic disease and disability; b) an increased demand for elderly, long-term healthcare services; and c) increased healthcare costs (Crimmins, 2004; Vos *et al.*, 2008; Wale, 2011; WHO, 2006).

**6.2.4 Conclusion 4: Current South African policy responses on ageing do not make significant provision for several economic challenges produced by an ageing population.**

Strikingly, there is a lack of evidence pertaining to South Africa's responses to the economic implications associated with population ageing. This is concerning, as slower economic growth produced by an economy primarily made up of older workers, workers on the verge of retiring and fewer economically active persons will prove a major challenge to South Africa – a nation still trying to achieve high levels of socio-economic development. As discussed in Chapters 2 and 4, a lack of economically active persons will potentially halt or at least slow economic growth to the point where a population becomes economically stagnant. Furthermore, declines in the number of economically active persons will reduce the number of South Africans from which taxes can be drawn, so as to provide for the older, largely economically in-active population's social security needs. If not dealt with effectively, authorities could be forced to look elsewhere for funding, thus removing resources from other areas of concern.

Moreover, with regard to dealing with the economic implications of having an ageing population, South African policy rarely mentions the potential attainment of the demographic dividend(s), but never outlines any detailed steps by which the country can benefit by such windows of opportunity. Evidently, there is a lack of policy concern for the economic implications associated with ageing, be they the redesigning of work places and the nature of work, so as to accommodate older workers; making the best possible use of older workers' experience; the readjustment of retirement ages so as to ease pressures created by declining numbers of economically active persons who are responsible for supporting the growing number of older persons that require social support from the South African government; or attaining the demographic dividend(s). In addition, few if any, state reports have been published or issued on the ramifications of population ageing for South Africa's economic situation. This is a grave error of judgement, as such research would provide a prospective understanding of what to expect with regard to South Africa's future economic outlook. The lack of concern for such implications in South Africa is truly perplexing, especially with so many policy responses across the globe emphasising economic implications as those requiring most attention.

**6.2.5 Conclusion 5: South African policy responses on ageing are hampered by several obstacles that contribute to the insufficiency of such policy.**

In general, while South Africa has strived to implement policy responses targeting several of the implications associated with population ageing, the country's policy still remains in its infancy. This is notable in the specified target areas of such policy, as well as the number of issues prevalent in working with such policy. A major issue that of concern is the fact that not all of the implications associated with population ageing are particularly planned for. This especially pertains to employment policy and environmental policy responses that will have to deal with the eventual implications of ageing. Secondly: i) there is a lack of data concerning population ageing and the older population in South Africa; ii) inadequate policy goals and programmes relating to the older population; iii) discrimination against or neglect of older persons within policy making in South Africa; iv) a lack of awareness of population ageing in South Africa among some policy makers; v) a lack of concern for or interest in the older population or the population ageing trend in South Africa; and vi) neglect of the older population in favour of other segments of society, involving financial support from government. All of the above-mentioned pose *regular problems and issues* when working with policy.

Along with such issues, the actual implementation of policy responses seems problematic. Furthermore, opinions tend to centre on no single governmental department being sufficiently resourced or sufficiently capacitated to deal with the expected challenges that an ageing population will unleash. With regard to the resources available in departments, it is often expressed that most departments lack skills, finances, training and infrastructure. Moreover, it is also emphasised that most budget allocations are unable to accommodate the mainstreaming of ageing issues and priorities at provincial level, let alone national level. Lastly, and most pressingly, government lacks an effective implementation strategy that is able to effectively cover all older South Africans, monitor them, as well as evaluating their status and needs.

### **6.3 RECOMMENDATIONS**

In order to realise the creation of a sustainable South African society for all ages, which is able to both rise to the challenges of population ageing while benefiting from the associated opportunities, the country will have to realise several aims and objectives, such as those specified in the Madrid International Plan of Action on Ageing (MIPAA), while filling the gaps in current South African ageing policy and its implementation. Thus, the previous conclusions that have illustrated such deficiencies in policy have been used to inform the following recommendations.

**6.3.1 Recommendation 1: Implement programmes that facilitate awareness of the implications, challenges and opportunities associated with population ageing on both a national and provincial level.**

In order to improve the prioritisation of ageing issues in South African socio-economic policy, the general awareness of the implications, challenges and opportunities associated with population ageing needs to be improved as soon as possible. This requires government to inform, sensitise and educate the national and provincial authorities on all potential impacts produced via the ageing of the South African population. It is recommended that government selects an approach that focuses on the following areas responsible for improving awareness: i) awareness campaigns – that may come in the form of seminars or text documents etc. that emphasise an awareness of ageing issues and their priority in public policy; ii) education programmes – responsible for providing the necessary details and measures by which all persons working with variables that are affected by ageing, are able to learn how to deal with such implications, while implementing curricula on ageing issues; iii) transformation initiatives – that work towards transforming the view that population ageing is just an academic idiosyncrasy, into a view that demographic ageing is a reality affecting development and progress; and iv) research studies, that include programmes and initiatives concerned with the implications and experience of population ageing that need to receive high profile and in-depth interrogation. Research on population ageing will be responsible for providing a plethora of data and recommendations to improve South Africa's responses to challenges and opportunities generated by the ageing of the country's population. Lastly, to ensure that awareness is improving, it is recommended that all governmental departments report to a committee responsible for measuring and coordinating initiatives targeting the mainstreaming of ageing issues across departments on an annual basis.

**6.3.2 Recommendation 2: Review and improve the drafting and implementation of ageing policy and strategy in South Africa.**

As argued in the previous conclusions, while effective policy targeting some of the implications associated with population ageing has been drafted and implemented for some time now, especially since 2006 & 2010, such policy implementation has been slow. Moreover, it has also experienced a number of obstacles which have served to limit the effectiveness of such responses. Therefore, it is recommended that the South African government invest in a greater concern for the implications of ageing, thus emphasising policy responses that are readily drafted and realistic in scope and aim. The implementation thereof should place emphasis on a wide number of potential impact areas. An important aspect of policy drafting that requires alterations regards the *nature of ageing policy responses in South Africa*.

As discussed in Chapters 4 and 5, government will have to prioritise ‘mainstreaming of ageing issues’ throughout all socio-economic policy, but should make sure to evade the pitfall of simply treating ageing concerns as an *add-on* to already existing policy. Along with mainstreaming, when dealing with an ageing population, it is best to make use of a life-course intergenerational approach to policy responses that stress equity, reciprocity and the inclusiveness of every age group throughout all policy areas. This will enable all South Africans – irrespective of age – to age with security and dignity. Such an approach deems it necessary for longer-term policy responses that remain holistic, while avoiding responses that occur only for short periods of time and with goals to be achieved as soon as possible.

For policy responses, aims and goals to be configured to attend to issues relative to the growing older population (use of South African Policy for Older Persons), while also identifying issues produced by ageing, but which also have significant implications for all other age groups i.e. transformations in the labour force and, savings and consumption (see Chapter 2), it is advised that South African policy developers and planners direct their attention to the experience of dealing with ageing in various Australian, European and Japanese policy, so as to identify effective solutions and target areas. However, it should be noted that several such policies are likely to be irrelevant to a lesser developed country’s context and situation. Nevertheless, government should make full use of the guidelines as stipulated in the Madrid International Plan of Action on Ageing (MIPAA), so that no one area of concern is misplaced or ignored in South African policy. As discussed in Chapter 5, the inclusion of the MIPAA’s aims and goals is still a relatively underdeveloped aspect in South African policy that requires greater emphasis on prioritisation and implementation.

### ***6.3.3 Recommendation 3: Prioritise issues relating to the progressive ageing of the South African population in all socio-economic policy.***

As explored in the conclusions section, while issues of ageing are present in South African socio-economic policy, such concerns are seldom seen as a priority. Therefore, it is recommended that all agendas associated with population ageing be prioritised concerning South African human development in the next decade. For this to occur, the ‘mainstreaming of ageing issues’ and ‘the emphasis on a collaborative effort amongst governmental departments and NGOs’ should be implemented throughout the country. With reference to the mainstreaming of ageing issues in South African policy, mainstreaming of ageing issues, coupled with a strengthened awareness of the implications associated with ageing, should occur throughout all departments and service providers who have a stake in supplying the needs of the growing older population. This should happen as a matter of urgency, as the various stakeholders will have to plan ahead, so as to meet the challenges of ageing head on, as soon as they materialise.

Immediate action from policy developers is essential, as South Africa will come to experience significant increases in the size of the older population within the next two decades, and the time required to produce necessary policy and institutional changes to deal with an ageing population will take several years. Additionally, in measuring the extent to which mainstreaming takes effect, evaluators should be able to identify the inclusion of ageing associated issues and concerns in various developmental programmes and initiatives, as soon as mainstreaming and prioritisation has significantly begun to occur.

***6.3.4 Recommendation 4: Outline more detailed and thorough mainstreaming goals and aims concerned with ageing.***

The immediate prioritisation of issues relating to the progressive ageing of the South African population can be conducted far easier if government outlined detailed mainstreaming goals and aims. Overseeing such evaluations and measures will require a coordination committee to engage in cross-departmental analysis. With regard to a collaborative effort amongst governmental departments and NGOs, each needs to have its specific roles outlined so that all know who is responsible for what particular implication or service required. With consideration of the level of responses, government should take the lead and administer such agreements and work arrangements, while ensuring that it does not delegate the majority of the administration to NGOs, especially with regard to responses targeting the integration and status of the increasing older population.

***6.3.5 Recommendation 5: Initiate and fund research into the socio-economic and macro-economic implications of ageing in South Africa.***

As discussed in Chapter 5 and in Conclusion 4, there is a definite lack of data regarding the economic implications of ageing in South Africa, for the foreseeable future. Therefore, in order to successfully prioritise ageing concerns and plan for ageing-associated, socio-economic implications, South Africa requires immediate research investigations into the potential socio- and macro-economic implications, challenges and opportunities produced by the ageing of the South African population. Research should pertinently evaluate the financial implications of having an ageing population, with an emphasis on: i) housing needs; ii) healthcare needs; and iii) social security needs – all of which will have significant monetary implications for the national budget (see Chapter 2). From such investigations, data can be provided so that realistic and measurable responses may be identified and implemented, together with targeting those implications that genuinely warrant response. One such response that may, to a large extent, provide several opportunities for an ageing population is the attainment of the demographic dividend(s). The implication of having a maturing population that has been largely absent in South African policy responses needs urgent attention.

Overall, the South African government should initiate several investigations into the stated topics, so as to generate data that can be used to effect beneficial changes to current policy and strategy.

***6.3.6 Recommendation 6: Broaden the scope and focus of South African policy responses to ageing through the inclusion of several currently-absent policy concerns and strengthening of institutional arrangements.***

After comparing the South African government's policy responses to those of other ageing countries across the world, it is recommended that South Africa focus on several other areas, along with the country's current, key aspects of policy responses targeting the implications associated with population ageing. While South Africa has made significant strides in providing for the income security of its growing older population, four other areas should be taken into greater consideration within the country's policy responses. These areas of concern include: i) enhanced healthcare and community care for the older population; ii) accommodation of older workers in the South African workforce; iii) attainment of the demographic dividend(s); and iv) greater control over population growth and ageing in South Africa.

In enhancing the provision of community care and healthcare for the older population, South Africa will have to focus on providing more safe and secure living conditions for older persons and their extended families; thus striving to expand basic services and infrastructure, while introducing new forms of informal and additional formal care provision. With regard to the accommodation of older workers in the South African workforce, the country will have to increase the overall labour participation of its older citizens. To do this, government will have to grapple with a number of changes that will likely increase participation, these being: i) removing or heightening of the age for retirement; ii) making more jobs available to older persons; iii) transforming the nature of work to accommodate a variety of worker types (including older persons); and iv) implementing active ageing and lifelong learning programmes designed to enhance older workers' skills, so as to participate in the economy well into later ages. To attain the demographic dividend(s), South Africa will have to take the initiative in planning for its progressively ageing future by installing policies centred on attaining such a window of opportunity that will essentially provide resources required to achieve a sustainable ageing population. This will require an immediate collective inter-connected analysis of all policies relevant to economic development. These should be based on having a younger population progressing into a population where the economically active adult cohorts are the largest in size and proportion. After in-depth analyses, it will be important to define new goals and aims for policy so as to best move forward in attaining such a window of opportunity.

In regard to the strengthening of institutional arrangements and providing for the needs of an ageing population, the South African government will have to increase budget allocation for the responses targeting the needs of the burgeoning older population, while also increasing the absolute number of personnel required to implement responses on both a national and provincial level. Budget increases will be required for social security needs, as well as mainstreaming and active ageing initiatives. With regard to personnel requirements, many new staff will have to fill positions dealing with the impacts of ageing. However, this process will not occur without the attendant problems, as many personnel will have to be educated on, and made aware of, the potential implications associated with population ageing before effective and efficient progress can be made. This will likely prove difficult due to the fact that many personnel already working in sectors impacted by ageing are often unaware of the implications, challenges and opportunities produced by population ageing (see Chapter 5). Overall, for South Africa to develop strong policy responses targeting the implications of having an ageing population, the country will have to enhance the capacity of service providers and planners, in order to implement effective strategies responsible for meeting the needs of an ageing population. One means by which to improve service delivery and coordination is to establish a separate unit or sub-directorate within the Department of Social Development, to be tasked with focusing on the implications of ageing and the policy responses being implemented. This unit would prove essential due to it being focused on a specific issue, as well as it being centralised.

As discussed before (see Chapter 5), the implementation of policy responses involving numerous implications associated with population ageing in South Africa, has been successful in some cases, but is largely felt not to have been of satisfactory worth on a national scale. One response to strengthen the implementation of such policy responses is to strengthen institutional arrangements by improving collaboration between governmental departments with regard to the involvement of every one of them in planning and providing for the growing older South African population. Thus, role and responsibility should be formally defined, while allowing for collaborative efforts. This will reduce the chances of any one department having too large a pressure placed upon it. For example, in implementing lifelong learning programmes, the National Department of Education would be responsible for providing the content of the programme, while the Department of Social Development would take the reins in identifying older persons who would benefit from such a programme. Without shared responsibility, the onus of both activities would be left to the Department of Education.

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# APPENDICES

# APPENDIX A

## *Population Ageing and Policy Responses in South Africa*

### **Cover letter**

2012 June

#### **Dear participant**

Thank you for your agreement to take part in this study. Your participation as a key informant in providing data required to assess the policy implications and challenges of population ageing in South Africa requires that you are interviewed via telephone by the researcher. The interviewer will ask six sections of questions. Detailed instructions will be relayed to you by the interviewer. Importantly, please answer all questions as honestly as possible. Once the interview has been completed, the researcher will send a completed copy of the questionnaire, to you via email for your appraisal of the marked down responses.

Please be assured that your participation is strictly voluntary and you may withdraw your participation at any point in time. Also note that all identifying information will be kept strictly confidential, meaning that no personal details (names, addresses etc.) will be revealed to any unauthorised person or agency, or used to discredit you or your institution/department in any way whatsoever. Do not hesitate to call the researcher at 082 773 5582 or email him ([goodrickwf@ufs.ac.za](mailto:goodrickwf@ufs.ac.za)) if you have any questions or concerns about the interview or any aspect of the study. You are also welcome to raise any query or concern with the supervisor for this study (see details below).

Thank you for taking the time to assist the researcher in his educational endeavours. Your participation represents a valuable contribution to social development research regarding the ageing of South Africa's population, and you are thanked again for your kind cooperation. If you would like a summary copy of the complete dissertation feel free to contact the researcher once the study is complete and an electronic copy of the study will be forwarded to you.

*Sincerely yours*

**Mr. Wade Goodrick**

**Masters Student, Department of Sociology**

**University of the Free State**

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**Prof. André Pelsér ([pelsérj@ufs.ac.za](mailto:pelseraj@ufs.ac.za))**

**Supervisor, Department of Sociology**

**University of the Free State**

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# APPENDIX B

## *Population Ageing and Policy Responses in South Africa*

### **Cover letter**

2012 June

#### **Dear participant**

Thank you for your agreement to take part in this study. Your participation as a key informant in providing data required to assess the policy implications and challenges of population ageing in South Africa requires that you complete a questionnaire on the said topic. The attached questionnaire is divided into six sections all of which are comprised of questions that require you to simply *mark* your choice or provide a more in-depth *explanation* of your opinion. Detailed instructions are included in the questionnaire. Importantly, please answer all questions as honestly as possible and return the completed questionnaire promptly before the 5<sup>th</sup> of July 2012. Once you have completed the questionnaire, please send it electronically via email to the researcher's email address (goodrickwf@ufs.ac.za).

Please be assured that your participation is strictly voluntary and you may withdraw your participation at any point in time. Also note that all identifying information will be kept strictly confidential, meaning that no personal details (names, addresses etc.) will be revealed to any unauthorised person or agency, or used to discredit you or your institution/department in any way whatsoever. Do not hesitate to call the researcher at 082 773 5582 or email him (goodrickwf@ufs.ac.za) if you have any questions or concerns about the questionnaire or any aspect of the study. You are also welcome to raise any query or concern with the supervisor for this study (see details below). Thank you for taking the time to assist the researcher in his educational endeavours. Your participation represents a valuable contribution to social development research regarding the ageing of South Africa's population, and you are thanked again for your kind cooperation. If you would like a summary copy of the complete dissertation feel free to contact the researcher once the study is complete and an electronic copy of the study will be forwarded to you.

*Sincerely yours*

**Mr. Wade Goodrick**

**Masters Student, Department of Sociology**

**University of the Free State**

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**Prof. André Pelsier (pelseraj@ufs.ac.za)**

**Supervisor, Department of Sociology**

**University of the Free State**

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# APPENDIX C

## QUESTIONNAIRE:

### POPULATION AGEING AND POLICY RESPONSES IN SOUTH AFRICA

Following global trends in demographic change of the past few decades, South Africa's population has been experiencing signs of rapid ageing, i.e. the gradual shift towards a population that is increasingly comprised of more and more elderly people (65 years and older). South Africa is projected to experience considerable growth in numbers of elderly persons from 1.3 million in 1995 to 3.8 million by 2025. Already, the South African population is made up of over 2 million elderly persons. This changing trend serves to produce numerous social, economic, environmental and political implications that may prove to be either challenges or opportunities for the country. Against this background a crucial question emerges: 'To what extent does socio-economic and developmental policy frameworks in South Africa take the implications and effects of population ageing into concern?' As a selected key informant, your feedback will help to determine if existing policies and policy frameworks in South Africa are able to sufficiently address the challenges posed by an ageing population. Please take note that all participant information (names, contact details etc.) will be kept confidential and all other information will be treated with the highest level of scientific integrity.

#### **Instructions:**

- *Please mark your answer by highlighting the provided block [ ] next to the appropriate response.*
- *When asked to explain, please write your opinion and explanation in the provided textbox.*

**Section One: AWARENESS of the problem and its potential challenges amongst policy makers**

**1.1** In your opinion, to what extent are policy makers in South Africa aware of the population ageing of the South African population?

- Fully aware
- Partially aware
- Not aware at all
- Uncertain

**1.2** In countries that already have a much larger proportion of older people than South Africa, officials and politicians may have insufficient knowledge about this development and its implications for public policy. Do you think South African officials and politicians are sufficiently aware of the many issues and challenges that may be triggered by population ageing?

- Yes
- No

**1.2.1** If no, in your opinion, why do you think there is a lack of population ageing concern in South Africa? Is it because of:

Potential causes	Yes	No	Uncertain
i. A lack of interest in or awareness of the importance of addressing population ageing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Competing priorities for spending limited public developmental resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. A lack of interest in exercising prudence geared to the long-term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. A lack of information or evidence upon which to base the design and implementation of appropriate and effective policy responses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Any other reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes for 'any other reason', please specify

**1.2.3** What do you think can be done to strengthen awareness of population ageing (and its subsequent implications) amongst policy makers in South Africa?

Please explain briefly:

**1.3** In your opinion, to what extent are South African authorities aware of responses and strategies used by other countries to mitigate and adapt to population ageing?

- Fully aware
- Only partially aware
- Not aware at all
- Uncertain

**Section Two: Existing POLICY FRAMEWORK(S) targeting population ageing in South Africa**

**2.1** What national policies or frameworks exist to deal with the implications and challenges of population ageing in South Africa?

Please list and explain briefly:

**2.2** What intervention strategies, if any, have been implemented (or alternatively, are being considered) in order to deal with population ageing in South Africa?

Please list and explain briefly:

**2.3** Which committees, departments or agencies (if any) in South Africa oversee the implementation and monitoring of policies related to population ageing?

Please list and explain their duties relative to population ageing:

**2.4** In your opinion, which departments in South African government will most likely bear the brunt of dealing with the implications and challenges of an ageing South African population?

- i) Department of Social Development
- ii) National Department of Health
- iii) National Department of Housing
- iv) National Department of Education
- v) Other(s)

**2.4.1** Do you believe these departments are a) sufficiently resourced and b) capacitated to deal with the expected challenges that an ageing population will unleash?

	Yes	No
a) Sufficiently resourced	<input type="checkbox"/>	<input type="checkbox"/>
b) Sufficiently capacitated	<input type="checkbox"/>	<input type="checkbox"/>

**Please explain briefly:**

a) Sufficiently resourced?

b) Sufficiently capacitated?

**2.4.2** How should the various departments position themselves with relation to their activities in order to function most effectively when dealing with the implications of population ageing?

Please explain briefly:

**2.5** Are you aware of any international agreed upon frameworks and plans that are used to inform South African policy pertaining to population ageing?

Please list and explain:

**Section Three: The ABILITY and CAPACITY of South African policy and agencies to target the implications of an ageing population**

**3.1.** The Madrid International Plan of Action on Ageing (MIPAA) calls amongst others for socio-economic policy to be designed around mainstreaming of ageing and active ageing. To what extent have the following outcomes and recommendations stipulated by the MIPAA been implemented in South African policy?

<b>Outcomes and recommendations</b>	<b>Fully implemented</b>	<b>Partially implemented</b>	<b>Not implemented at all</b>	<b>Uncertain</b>
i) The inclusion of the elderly population's socio-economic concerns in South African policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Development of programmes that provide for extensive participation of older persons in the labour force, society and in developmental initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Implementation of policy that ensures equal access to resources for all age groups and dependent persons (0-14 & 65+ years old).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) Provision of a supportive environment where the elderly receive sufficient resources and income to sustain a decent quality of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.2.** To what extent do the following areas of concern that pertinently deal with older persons feature in existing South African policy?

<b>Areas of concern</b>	<b>Feature extensively in policy</b>	<b>Partially feature in policy</b>	<b>Do not feature at all in policy</b>	<b>Uncertain</b>
i. Income security amongst older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Poverty reduction amongst older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Health and wellbeing of older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Housing and living environment of older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Social integration of older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Promotion of the status of older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.2.1** How are these concerns measured/monitored and assessed in terms of their progress?

Areas of concern	Response
i. Income security amongst older persons	
ii. Poverty reduction amongst older persons	
iii. Health and wellbeing of older persons	
iv. Housing and living environment of older persons	
v. Social integration of older persons	
vi. Promotion of the status of older persons	

**3.2.2** In your opinion, how effective are the responses to these concerns in addressing the needs of an increasingly ageing South African population?

Areas of concern	Response			
	Very effective	Partially effective	Ineffective	Uncertain
i. Income security amongst older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Poverty reduction amongst older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Health and wellbeing of older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Housing and living environment of older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Social integration of older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Promotion of the status of older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'partially effective' or 'ineffective': Please explain

Areas of concern	Explain response if effective or ineffective
i. Income security amongst older persons.	
ii. Poverty reduction amongst older persons	
ii. Health and wellbeing of older persons	
iii. Housing and living environment of older persons	
iv. Social integration of older persons	
v. Promotion of the status of older persons	

**3.3** In your opinion, do you think that the a) South African Government and b) local authorities are doing enough to accommodate the needs of an increasingly larger elderly population?

Please explain briefly

a) South African Government:

b) Local authorities:

**3.4** Are the current South African policy frameworks sufficient, or are new frameworks required to deal with the implications of population ageing in South Africa?

- Current policy frameworks are sufficient
- New reconfigured frameworks required
- Uncertain

**3.4.1** If not sufficient, what type of new policy frameworks are required?

**Section 4: The CHALLENGES and LIMITATIONS of South African policy**

**4.1** How often have you experienced any problems or frustrations with one or more of the following in your work environment?

Issues	Regular	Seldom	Never
i. A lack of data concerning population ageing and the elderly population in South Africa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Inadequate policy goals and programmes relating to the elderly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Discrimination against, or neglect of the elderly within policy making in South Africa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. A lack of awareness of population ageing in South Africa among some policy makers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. A lack of concern for, or interest in the elderly population or the population ageing trend in South Africa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Neglect of the elderly population in favour of other segments of society when it comes to financial support from government.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'regular', please explain briefly:

Issues	Explain response if 'regular'
i. A lack of data concerning population ageing and the elderly population in South Africa.	
ii. Inadequate policy goals and programmes relating to the elderly.	
iii. Discrimination against, or neglect of the elderly within policy making in South Africa.	
iv. A lack of awareness of population ageing in South Africa among some policy makers.	
v. A lack of concern for, or interest in the elderly population or the population ageing trend in South Africa.	
vi. Neglect of the elderly population in favour of other segments of society when it comes to financial support from government.	

**4.2** In your opinion, why is population ageing absent in most socio-economic policies and frameworks concerned with planning for South Africa's future?

Please explain briefly:

**Section Five: Socioeconomic IMPLICATIONS of population ageing in South Africa**

**5.1** In your opinion, how significant do you believe will the following impacts of population ageing be for South African society at large? Will it pose a huge, small or no challenge at all?

Concerns	Huge challenge	Small challenge	No challenge
i. Increased demand for adequate housing for the elderly population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Increased need of financial support (elderly grants and pensions etc.) for a growing older population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Increased demand for long term and chronic healthcare for the growing segment of older people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Slower economic growth produced by having an economy primarily made up of older workers, workers on the verge of retiring and fewer economically active persons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Declining numbers of economically active persons (15-64 years old) to support the growing number of elderly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.1.1** Please explain your choice in question 5.1 for each of the following concerns:

i. Increased demand for adequate housing for the elderly population.	
ii. Increased need of financial support (elderly grants and pensions etc.) for a growing older population.	
iii. Increased demand for long term and chronic healthcare for the growing segment of older people.	
iv. Slower economic growth produced by having an economy primarily made up of older workers, workers on the verge of retiring and fewer economically active persons.	
v. Declining numbers of economically active persons (15-64 years old) to support the growing number of elderly.	

**5.2** In your opinion, to what degree will the following welfare programmes be impacted upon by the occurrence of population ageing?

<b>Welfare programmes</b>	<b>Significantly impacted on by ageing</b>	<b>Partially impacted on by ageing</b>	<b>No impact from ageing</b>
i. Aged Persons Act (Provides protection and welfare for older and debilitated persons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Social Assistance Act (Provides social grants – pensions etc. – to South African citizens with limited means)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Rental Housing Act (Protects older South African citizens against discrimination and unfair practices regarding the leasing of property)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.3** In your opinion, do you think that increased ageing will have a major impact on changes in current human development priorities in South Africa?

- Yes
- No
- Uncertain

If yes, please explain:

**5.3.1** What priorities do you foresee changing as a result of population ageing?

Please explain:

**Section Six: RECOMMENDATIONS that will benefit ageing policy design and implementation in South Africa**

**6.1** In your opinion, should population ageing be prioritised on the national human development agenda or not?

Yes

No

Uncertain

Please explain briefly:

**6.2** Which type of changes in South African policy would you state as being of absolute necessity to address the challenges of population ageing?

Please list recommendations and explain briefly:

**6.3** In your opinion, what would be the best 'way forward' for South Africa to deal with the ageing of the South African population in the years to come?

Please explain:

**6.4** Is there anything else that you deem important within the context of ageing in South Africa that was not mentioned in this questionnaire?

*Appendices*

Please state any names and details of persons that work with ageing in policy.

Names and details:

*Thank you*

## **TO WHOM IT MAY CONCERN**

This is to state that the text of the Master's dissertation: 'Policy implications and challenges of population ageing in South Africa' by Mr WF Goodrick, (student no.: 2006051482) of the University of the Free State, has been language edited by me, according to the tenets of academic discourse.

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