

Review

Third World ageing crisis

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Abstract

A typical case, culled from the author's own experience in the Third World, points towards a major crisis in ageing in the near future for many developing countries. Whilst the increase in numbers of elderly, both gross and proportionate, is well-known, it is not so widely realised that the increase in developing countries will far outstrip that in industrialized nations. Although the elderly were historically cared for within the traditional extended family structure, that system is now breaking down before the advance of migration and easy divorce. Many elderly persons are left alone in depopulated communities. Others fail to adapt in the rural-to-urban transition. Most developing countries have no firmly established services for the elderly. However, as awareness of the impending crisis increases, community groups assist the elderly in developing their own initiatives to avoid the local effects of the crisis.

The bent old woman living in the tiny, broken-down shanty in a Central American "Third World" country is not, as popular belief and sometimes governmental apologies would insist, living safely embraced within the traditional extended family system. She is not actually living alone because she has nine small children also residing in the same mud-floor shack. She is abandoned in that the two sons, to whom the children belong, have disappeared.

The sons with their wives have joined the millions of Third World people who, over the last two or three decades, have migrated either from a rural zone to a distant unfamiliar capital city, or from the home country to a totally foreign site. In this particular case the intention was to send dollars home to Granny for the children's upkeep once the sons had secured work in the United States. The reality was that, with their non-technical, poorly educated background, the sons with their wives became just four more of the unsuccessful paupers crowding the slums of an industrial northern city. There were no dollars to send home to Granny.

To an extent the old woman was fortunate. She was one out of only 240 people for whom the financially distressed country could afford state benefit. That benefit amounted to rather less than one pound sterling per week. On that pittance she endeavoured to feed, clothe, educate and prepare the nine infants living with her. This is obviously an extreme case but it points towards the kind of human catastrophe which is becoming more and more frequent although still only in statistically low numbers in rapidly developing nations.

Massive increases forecast

The ageing of the population is now a demographic reality and a clearly visible fact in almost every country. What is not widely realised is that over the next three decades the increase in the number of elderly will be far higher in developing countries than it will be in industrialized societies.

Recent projections of ageing from the year 1990 to 2020 clearly indicate such trends. The percentage increase in the number of persons over 60 years of age for selected countries is projected as follows:

United Kingdom	32%
United States	71%
China	154%
Indonesia	256%
Brazil	184%
Colombia	238%
Morocco	175%
Jordan	251% (Kinsella, 1992).

The percentage increases for persons aged 80 years and older are even more differentiated with some parts of the developing world expecting increases of over 400%, whilst the United Kingdom and the United States remain below 100%.

In most developing countries the proportion of elderly in the population is still small but the gross numbers are large, e.g. India with some 70 million persons already over 60 years of age. Even a modest percentage increase in the proportion of elderly in the population of India would represent a very large number of additional elderly people. An ASEAN (Association of South-East Asian Nations) study reinforces this argument and refers to the comparative rapidity in which developing countries are ageing (Ju & Jones, 1989). Taking the leap from 10% of the population being "aged" (over 60 years) to 20% being aged, the number of years required is projected as follows:

United Kingdom	86 years
Sweden	68 years
Singapore	21 years (Ju & Jones, 1989).

Similar rapidity of ageing will affect developing countries throughout the world, such as Costa Rica, Sri Lanka and China. The ASEAN study continues: "Since the decline in fertility will affect particularly the number of children it is the faster growth of the elderly than of the youthful population that is especially striking . . . the numbers of the old will grow

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more rapidly than the rest of the population" (Ju & Jones, 1989: 15).

Many developing countries do not have elaborate state systems to support the elderly, mainly because the extended family system has in fact relieved the state of this burden. A United Nations' report found that, in spite of the elderly being an "underserved" section of the population, "most developing countries feel they must give ageing issues relatively low priority, and little money and few resources are available to address ageing issues in countries with severely limited means" (Schulz, 1991).

Rapid societal breakdown

Dr. Nana Apt, President of the African Gerontological Society (AGES), has consistently warned of the trend over a number of years. She recently reiterated: "In my own country of Ghana studies clearly indicate that ties which have bound the family from time immemorial are now rapidly loosening . . . there is further concern at reports of increasing abandonment or 'dumping' of aged persons at hospital gates" (Apt, 1993).

From the Dominican Republic, Ambassador Julia Alvarez adds, "In our Third World, where adequate social security systems are beyond the reach of all nations, the elderly are poor first and only secondarily aged. Viewed this way, the ageing of populations is a negative factor in the developmental process, a social debit whose size will increase" (Alvarez, 1993).

The case cited at the commencement of this article noted an inability on the part of emigrants to send home remittances to those, mainly the elderly, who are left behind. Surveys have indeed shown that many emigrants (more than 50% in some cases) fail to send money home, mainly, it is thought, because of their own appalling poverty as lowest paid workers in a more expensive urban cash society. The same research shows that the family link *least likely* to produce a remittance is that of an urban worker sending money home to an older family member in the same country (Tout, 1989).

Whilst the plight of the individual, abandoned elder is the most obvious and pathetic evidence of the impact of mass migration, a less obvious factor is that the countries most needing services are most affected by the lure of higher paid jobs for trained professionals in industrialized societies. Thus it was estimated that over a period of ten years some 25% of trained nurses had emigrated from the Caribbean mainly to the United States or the United Kingdom. A similar "brain drain" was reported from Pakistan where, out of 18 000 qualified doctors, only about 10 000 were available for services nationally, the remainder having moved mainly to the Gulf States or Britain (Tout, 1989).

The same source quoted also refers to the issue of "forced migration" – in other words refugee evacuation of areas under the stress of natural disasters or man-made catastrophes. The elderly person at the point of disaster may refuse to join in the mass refugee trek, either from fear of the road, or an understandable reluctance to abandon the soil into which many years labour may have gone and which may be the only rural asset of that person. On the road to the refugee camp the elder may be overcome by weakness and ill health. Families may become split up and the elderly person may become disoriented and totally lost. Within the refugee camp it has been observed that the elderly are frequently the last persons to queue for available supplies, not simply because of an inability to rush to the point of distribution but also as a deliberate act of self denial in order that children and nursing mothers may have the best choice of what food there is.

Finally, when rehabilitation to a third country becomes an option, the agents of the countries of resettlement may only accept younger people with technical abilities, together with the nuclear families of those working men, leaving the older people permanently displaced.

South Africa has considerable experience of the foreign migrant worker who, officially or unofficially, works in a country until too old to continue that labour and then finds that he has lost all contacts in the home country. He has no possibility of repatriation and little provision, if any, for retirement in the country in which he is now resident. A similar problem was that of Caribbean workers sent to dig the Panama Canal, who then remained working on the canal until they came to an age of frailty when they had lost links with their homeland and still had not integrated into the new country. Even in the 1980s some of their descendants still lived in the Spanish-speaking country, speaking only English and with no pension provision.

A more recent problem is that of the "returnee retiree" who emigrated in order to acquire wealth and eventually returns home with either a nest egg of savings or a foreign pension. Financially that person may be reasonably provided for. Psychologically there is the major problem that the homeland of which that person has dreamed – as of a retirement paradise – has changed beyond recognition: urban areas have grown out of all logic; rural areas have been depopulated; the culture has been modernized; and peers have departed, died, or else regard the returnee as a defector from the local society.

Another factor which is still being researched in depth in Brazil gives the lie to the myth that the best place for the older person must always be in the family, living together with those of closest blood ties. This may have been true in the rural area where living space was ample and where the elder had some useful role to play in the family despite reduced physical powers. But in the cramped space of the shanty existence, with the elder seen as a totally unproductive person within the cash economy, and also as an unnecessary extra mouth to feed, the story is different. It has been noted that frequently an old person living thus, in a closely confined shanty among massed relatives, will present more serious psychiatric problems than another old person living alone in a similar shanty.

These are some of the negative features of an ageing population. At the governmental level the elderly are seen as the most expensive section of the population in respect of health and welfare costs. A growing elderly population means increased costs. This is even more so where a developing country has to commence from a point of virtually nil services to set up some kind of welfare state provisions. The problem is not eased when planners from developing countries look to the apparently successful pension and benefits systems of industrialized societies and seek to imitate them in regions where other solutions might be more appropriate. The author, over many years of working in South America, noted the inclination of communities on becoming aware of the ageing of their population, to say "Let's build an old people's home!" – which is often the least suitable response.

Initiatives bring hope

A fortunate outcome of the lack of governmental services in many countries has been that voluntary organizations and local community groups have tended to step into the breach with initiatives which, springing from grass-roots discussion and endeavour, were much more likely to be appropriate to the local need than some major national programme which sought to imitate, say, the British welfare state. In many of

these initiatives the elderly themselves were most closely involved.

One of the author's most treasured memories was a collaborative project in an area of Ecuador where people tend to live much longer than in other neighbouring regions. A committee was to be set up to "defend" the elders of the Valley of Vilcabamba. It was most pleasant to find that half of the committee was older than 80; all the spokespersons were over 90. Not surprisingly the committee came up with an unexpected idea for income generation among the elderly. This was to be the revival of traditional medicines, with the males seeking out and cultivating long-forgotten herbs and other medicinal plants, and the females packing and labelling the eventual remedies for sale in nearby urban areas.

The Vilcabamba committee is typical of many responses arising in varying cultures across the developing world. However it is salutary to remember that whilst the Vilcabamba people were proud of their exceptional longevity and fitness at extreme age in a virtual cholesterol-free society, in some parts of the Third World a person can be "aged" in all but the chronological meaning of the word, at 40 or even younger. The coincidence of malnutrition, endemic disease, unsuitable living conditions, extreme climate, and hazardous working tasks can render a person "burned out" whilst still at the age of reproduction. Given the tendency of females to outlive males this means another problem of young widows, prematurely aged, left to look after large infant families on the premature death of the husband. In practice "age care" organizations in developing countries are often the appropriate group to which such widows might turn.

In some countries pensioners' or senior citizens' associations have been inaugurated along the lines of lobbying bodies in the north. The Pakistan Senior Citizens' Association is one example of such groups which by sensitive interaction with their governments are able to stimulate and direct official aid, such as improved pension programmes, whilst the senior citizens are themselves also engaged in worthwhile group or individual activities.

The Colombian aged care organization Pro Vida, a non-governmental agency, had set up, amongst its many other programmes, a workshop for older people who have no pension (only about 10% of Colombians enjoyed a retirement pension at the time). A training course was organized to teach the workers both viable income-producing work and also the rudiments of small business organization. Those taking the two-months' course gained a certificate - often the only certificate that that person had ever gained. More laudable was the fact that when a number of these certified elderly workers returned home to their shanties outside Bogota, and to their families most of whom were unemployed, the elder then became the instigator and manager of a small family business with advisors from Pro Vida available to sort out any unduly complex problems. In the majority of cases the certificated worker was the grandmother, or even the great-grandmother of the family. (All cases cited may be referred to, with other similar examples, in Tout, 1989 and 1993.)

Elders to the fore

Another example of unprogrammed elderly initiative was seen in a port area of Peru. A group of women had met as expectant mothers anxious to discuss their mutual fears and hopes. They had continued to gather at mothers' meetings for many years. Eventually they realised that they were now all grandmothers. Having avoided the worst of human suffering

and degradation so visible around them, they took thought for their peers who had been less fortunate. They began a simple feeding service for other old people who were existing in a state of semi-starvation. Soon it was necessary to organize the meals service on a more formal basis and the activity of the ex-mothers' meeting was such as to encourage an international agency to grant capital funds towards the project.

A provincial initiative of the Colombian Pro Vida group sprang from the sight of elderly people searching in dustbins for scraps of food and odd pieces of salvage which might sell for a copper or two. Enquiry proved that not only was there no municipal programme for the salvage of articles which might be recycled but also that a paper recycling factory was working at low productivity because of a lack of waste paper. The local Pro Vida group obtained a dispensation from the Mayor and Council which gave the city's elders, through Pro Vida, a monopoly of all salvage operations. Decent salvage bins were obtained and strategically installed. Schools were involved in salvage competitions. The entire scheme was operated by older citizens in all its aspects, management, sales, publicity, finance, transport, collection and sorting. There was a job that anyone could do somewhere in the programme.

The author had the opportunity in late 1993 to visit a number of black African townships and rural villages in South Africa, and was delighted to observe some excellent initiatives which were very much in accord with those mentioned above. One small programme, involving a half-dozen or so elders in a tiny church hall, required the patient cutting up into very narrow strips of ordinary coloured plastic shopping bags. The long, narrow strips were then used as a kind of thread with which to weave mats of surprisingly artistic colour and practical durability at a price within the reach of the average local household. Participants in a similar programme in the Orange Free State engaged in cutting down and smoothing small beer bottles to serve as drinking glasses, again making such a utensil available to the lowest income household.

It has to be remembered that the elderly represent a vast store of practical experience and should never be regarded as a mere passive dependent national debt charge, which is what, to an extent, some national programmes in industrialized societies have tended to do. Developing countries have this advantage in their ageing crises: they can plan and develop programmes without hindrance of precedents or gerontological ideologies. Their elderly constitute a resource and a credit entry in the national budget which can more than balance the debit factors of later frailty and chronic health care.

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