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## FAMILY DYNAMICS AND AGEING

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### Definition

Ageing is an increase over time in the proportion of older persons in the population. Population ageing is usually defined as the percentage of a given population age 65 or older.

### Introduction

The process of ageing began centuries back in developed countries while it has started recently in developing countries. About 1.2 billion of the expected 1.5 billion people age 65 or older will reside in today's less developed regions by 2050. United Nations focused on the challenges of ageing and national development, sustainability of families, the ability of states and communities to include the older people at all levels of society and active ageing policies (United Nations, 2002). A society is considered relatively old when the proportion of the population age 65 and over exceeds 8 to 10 percent.

People usually associate ageing with industrialization, however the industrialized nations have high percentage of older people than children under age 18. Many countries are experiencing slow rate of natural population increase (births minus deaths), with which age structures will change resulting in ever larger proportion of older population of nation's total population.

Among the world's 20 oldest countries, all are covered in Europe with Italy's population as world's oldest major country. The United States population is relatively young by European standards and ranks 38<sup>th</sup> oldest country due to large birth cohorts of the baby boom. Ageing is occurring more slowly in sub-saharan Africa where relatively high birth rates are keeping the population 'young'. Geographically, India and Thailand are close, but Thailand is ageing much more rapidly.

There are several demographic indices of ageing such as the ageing index, median age, age dependency ratio(s) that help compare different portions of a given population. The index of ageing is likely to vary among countries. Ageing index defined



as the number of people age 65 and over per 100 youths under age 15. Ageing indexes are much lower in developing countries than in the developed world, but the proportional rise in the ageing index in developing countries is expected to be greater than that in developed countries. Absolute change in the ageing index will be small, if fertility rates remain relatively high.

The median age is the age at which exactly half the population is older and half younger which most widely used indicator. The mean age of population may be preferred to the median age in studying the dynamics of population ageing. The median age of a country population will increase largely reflecting their extremely low fertility while high birth rates prevent rise in median age.

The social support ratios such as elder dependency ratio, is a widely used indicator in a nation's age structure that shows the number of youths and older people per 100 people ages 20- 64, the primary working ages. This ratio will rise in the coming decades in developed countries due to declining fertility and increasing longevity among the residents. The ratio of the elderly dependent population to the economically active (working) population also is known as old-age dependency ratio, age-dependency ratio, or elderly dependency burden and is used to assess intergenerational transfers, taxation policies and saving behavior.

A more adequate approach to describing population ageing is through a set of percentiles. Alternatively, a graphical approach may be used that involves analyzing population pyramids. Demographers commonly use population pyramids to describe both age and sex distributions of populations. Youthful populations are represented by pyramids with a broad base of young children and a narrow apex of older people, and older populations are characterized by more uniform numbers of people in the age categories.

To understand the demographic factors that cause population ageing, demographers often refer to the stable population model. This model assumes that age-specific fertility and mortality rates remain constant over time, resulting in a population with an age distribution that eventually ceases to change: It becomes "stable." Conversely, the model suggests that in a population closed to migration any change in age structure, population ageing in particular, can be caused only by changes in fertility and mortality rates.

The process of Demographic transition is a gradual process of change from high rates of fertility and mortality to low rates of fertility and mortality. Decline in



mortality (infant and childhood) generates a younger population age structure (Lee, 1994). Population ageing thus is related to the demographic transition, the processes that lead a society from a demographic regime. In the course of this transition, the age structure is subjected to different influences. In the typical sequence the transition begins with successes in preventing infectious and parasitic diseases that most benefit infants and young children. The result is an improvement in life expectancy at birth. The decrease in fertility in industrialized nations has pushed the average number of children per woman below the replacement level of 2.1 resulting in reduced birth cohorts and increased the proportion of older people. Populations with high fertility tend to have low proportions of older people.

The rate of population ageing may be modulated by migration. Immigration marginally slows population to the extent that immigrants are younger than the population average and have higher fertility than do the native-born. However, emigration of working age adults accelerates population ageing, a phenomenon that can be observed in some Caribbean countries. Population ageing in those countries also is accelerated by the immigration of elderly retirees from other countries and the return migration of former emigrants who are above the average population age.

The most rapid growth occurs in the oldest age groups: the oldest old (80-plus or 85-plus years) and centenarians (100-plus years) in particular. In other words, population ageing is becoming “deeper,” with a disproportionately rapid accumulation of particularly old and frail people. Population ageing is particularly rapid among women, resulting in “feminization” of population ageing (because of lower mortality rates among women). Another consequence of lower female mortality is the fact that almost half of older women (45%) in 2000 were widows, living without spousal support.

Demographers have long known that the world was ageing because of declines in birth rates and increases in adult life expectancy affect population ageing. The elderly populations have various possessions, needs, abilities and are financially and physically independent. Through their taxes, income and wealth, older people stimulate economic growth and provide support to younger generations. Even though it is difficult to include factors such as intrafamily financial assistance and child-care activities in social support, it is feasible to consider employment characteristics in both the working age and elderly populations. The elderly people can be added to economically active younger adults who wish to contribute tax revenue.

Rapid increase in life expectancy can be attributed to better public health program implementation, reduction in maternal mortality, control of infectious and



parasitic diseases and disease eradication programs. This improvement in mortality occurs while fertility is still high, resulting in large birth cohorts and expanding proportion of children relative to adults.

### **Family dynamics and Ageing:**

Older married couples have a propensity to be financially secured than unmarried people. The married older people are cared by their spouses in case of illness. Any mishap in marital status at older ages can affect pension potential, retirement income, individual's social support. For both men and women, the proportion married decreases with older age and the proportion widowed increases. Gender differences in marital status reflect the interplay of several factors.

1. **Sex difference in longevity:** Women live longer than men.
2. **Age difference in longevity:** women tend to marry men older than themselves which, combined with the sex difference in life expectancy, increases the chance that a woman's husband will die before she does.
3. **Remarriage:** Older widowed men have higher remarriage rates than older widowed women in many countries, often as a function of cultural norms.

Thus, women are more likely than men to lose their spouse and less likely to remarry if they are widowed. This preponderance of single women in older ages has important economic consequences for individuals and societies.

However, during past 30 years, there is change in the trend with the share of older men and women who are married has increased slightly and the proportion who are widowed has decreased due to improved joint survival of husbands and wives. The changing marital composition of the older population as these younger cohorts reach age 65 will affect the nature and types of support services that both families and governments may need to provide (Pezzin and Schone, 1999).

### **Gender and Ageing:**

Majority of the older population is constituted with women and this proportion increases with age. There are instances of gender imbalance at older ages with regard to marital status and living status as men have higher death rates than women at all ages. It involves the complex interplay of biological, social, and behavioral conditions. This narrow gap can be attributed to exposure of males to risk factors such as tobacco, alcohol use and occupational hazards. The gap in life expectancy should have narrowed even among women as their participation in the labor force is increasing in developed



countries.

### **Education:**

Older people in the future will be more educated, the high level of illiteracy among today's older population perpetuates many social and economic disadvantages. Lack of written proof of age is major cause to bar older people from defending their rights to property (Help Age International, 2002).

### **Intergenerational Relationship:**

Intergenerational relationships are the interactions and relationships between parents, children, grandparents, and grandchildren at the community level. Within families, intergenerational relations often determine the willingness and even the ability of families to provide care and support for their older members. These relations are helpful in transfer of wealth, mutual obligation (Ng, 2002).

In developing countries, there is understanding of the importance of family relations and the value of older people. Longevity increases with strong bonds among adults and maintain direct contact between generations, which seem to have lessened. Some analysts argue that, while families have changed over the last century, population ageing has actually extended families across generations and expanded their support functions over longer periods (Bengston et al, 2000).

Unity in the family ties has direct consequence with social factors such as smaller family size, high residential mobility, and urbanization make intergenerational bonds more difficult to maintain. Research suggests that families alternate between conflict and competition during some periods and stability, order, and cooperation during other periods.

Declining health of either parent increases the strength with which filial norms predisposed children to provide support. The conversion of filial norms into support is stronger among daughters than among sons but only toward mothers (Silverstein, Gans and Yang, 2006).

### **Family Life:**

Families have changed remarkably over the last century- in age structure and generational composition in their diversity of forms and functions in family members' expectations of one another and ways of relating. Longevity has been the growing prevalence of three, four and five-generation families, by lengthening the time spent in family roles, such as grandparenthood. At the same time, increases in divorce and



remarriage, single-parenthood, and cohabitation have greatly increased the complexity of family configurations and relationships (Putney and Bengtson, 2006). Burgess (1926) conceptualized this modern 'companionship' family as not just a structure or a household, but as a process, an interaction system influenced by each of its members. With the ascendancy of companionate nuclear family, the importance of grandparents and the extended family necessarily weakened.

Family life and intergenerational relations strongly depends on the structure of a family consisting of a spouse, children, grandchildren, siblings, surviving parents or grandparents. Older couples have children and many have grandchildren. In countries with very low birth rates, future generations of adults and older people will have few if any siblings. The transformation from joint family structure (norm in many countries) to nuclear family has drastic affect resulting in weak care of ageing. Modern lifestyle activities reflect on rates of divorce and remarriage, delayed marriage, and increasing percentages of never-married and childless adults as well as greater labor force participation among women.

### **Childlessness:**

Increase in childlessness will affect future caregiving demands for older people commonly found in Europe, and are increasing in Latin America and Southeast Asia. A health problem is another cause for childlessness occurring because of marital disruption, birth limitation policies, or infecundity, loss of children to HIV/AIDS. Children often provide support for their parents, trends in childlessness will be an important determinant of future elder-care arrangements.

### **Living Status:**

Population ageing also causes changes in living arrangements, resulting in increasing numbers of older people living alone. Because older persons usually have lower income and a higher proportion of them live below the poverty line, population ageing is associated with poverty, particularly in developing countries. Living status of older parents reflect the nature of accommodation, the need for community or institutional long-term care, socio cultural preferences, the desire and ability of many older people to live independently. Most studies in less developed countries indicate that older people want to live with their children or at least close to them. But older people who lived apart from their children often lived close by and saw them on a daily basis. The privacy of older couples is lessened or forbidden when a new family (adult) forms and stays along with them and the situation aggravates when the working age



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group / new family is not economically not active enough, then the older parents has to take care by extending financial help of the new family and grand parents' in turn. Large proportions of older people live alone in many industrialized countries.

### **Labour participation:**

Wealthier countries tend to have much lower labor force participation rates among older residents than do low-income countries (Clark et al., 1997). Labor force participation rates for older men declined in more developed countries in recent decades to 10 percent among the 65-and-older age group. Financial incentives for early retirement have enabled many older workers to leave the labor force along with the increase in new technologies and unemployment among younger workers. In many industrialized countries, female participation rates have increased for almost all adult age groups up to age 60 while older people in predominantly rural agrarian societies often work out of necessity in agricultural fields and household industries.

### **Economy:**

Economic growth is driven by a host of factors that are barely affected by demographic trends. Industrial societies are sufficiently productive to generate the wealth required to cater for an older population. A low level of economic growth will be enough to cover the projected rise in pension and health-care spending. The question is how the benefits of economic growth are to be shared out amongst generations (Mullan, 2000).

### **Public pension:**

To be sustainable, the financial viability of pension systems must be guaranteed over the long term. It is therefore necessary to conduct regular actuarial projections and to implement the necessary adjustments sooner rather than later. It is essential to make a full actuarial evaluation of any proposed reform before adopting new legislation. There is a need for social dialogue on the assumptions to be used in the evaluation and on the development of policy options to address any financial imbalance (ILO, 2001).

Public pension systems developed largely because families found it increasingly difficult to support their older life and to meet the economic conditions of older couple. Many industrialized nations lowered the age at which people become fully entitled to public pension benefits and increased the number of early retirement schemes.

Mandatory old-age pension plans now cover more than 90 percent of the labor force in most industrialized countries. Governments are responsible for mandating,



financing, managing, and insuring public pensions. Public pension plans usually offer benefits that are not tied to individual contributions, but are financed by payroll taxes. This arrangement is commonly referred to as a “pay-as-you-go” system because taxes on working adults finance the pension payments of people who are retired. Governments that do offer coverage often restrict it to certain workers such as civil servants, military personnel, and employees in the formal economic sector. Rural, predominantly agricultural workers have little or no pension coverage in much of the less developed world, although some governments have taken steps to address this situation (HelpAge International, 2004).

In India, state governments have implemented an old-age pension scheme for destitute people with no source of income and no family support. It has developed a means-tested National Social Assistance Programme that seeks to provide uniformly available social protection throughout the country which provides a foundation on which to expand future coverage.

### **Impact**

Although population ageing represents a success story for humankind (survival to old ages has become commonplace), it also poses profound challenges to public institutions that must adapt to a changing age structure.

The first challenge is associated with the marked increase in the older retired population relative to the shrinking population of working ages, which creates social and political pressures on social support systems. In most developed countries rapid population ageing places strong pressure on social security programs.

A major campaign should be launched in order to promote the extension of coverage of social security (ILO, 2001).

Cuts in benefits, tax increases, massive borrowing, lower cost-of-living adjustments, later retirement ages, and to sustain pay-as-you-go public retirement programs such as Medicare and Social Security. The social security challenge to respond to changing family structures and lifestyles by guaranteeing equality of treatment between men and women on, for instance, pensionable age and survivors' benefits. Privatization and shift to a funded scheme in retirement programs are also considered as potential options to cope with population ageing.

Population ageing also presents a great challenge for health care systems. As populations age, the prevalence of disability, frailty, chronic diseases, costs of ageing for health-care systems with the positive economic impact of healthy older workers.





The ageing of the population is a global phenomenon that requires international coordination of national and local actions to give older workers the opportunity to remain active longer and development of necessary measures to prevent discrimination in employment and occupation with special attention to older women workers.

The United Nations and International Labor Organizations have developed recommendations that are intended to mitigate the adverse consequences of population ageing. These recommendations include reorganization of social security systems; changes in labor, immigration, and family policies; promotion of active and healthy lifestyles; and more cooperation between governments in resolving the socioeconomic and political problems posed by population ageing.

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