



## Aging in Other Countries and Across Cultures in the United States

**This chapter describes the phenomenon of global aging, including**

- The increasing population of older adults in both industrialized, and developing, countries
- The impact of demographic shifts on employment and retirement patterns in other countries
- How modernization has affected elders' roles in traditional societies
- The impact of modernization on filial piety
- Challenges faced by older immigrants in the United States

### Global Trends

The rapid pace of economic development in most countries has resulted in shifts from rural agricultural societies to more urbanized industrial landscapes with accompanying changes in social and family structures, improved life expectancy, and more people living into advanced old age. However, in many regions of the world where young adults must migrate to cities for job opportunities, older adults are left behind without family members living nearby. These changes in intergenerational contact are compounded when adult children immigrate to other countries for better job and educational opportunities. In this chapter, we explore the impact of global aging, where increased populations of older persons combine with the cultural

### THE IMPORTANCE OF UNDERSTANDING AGING ACROSS CULTURES

Global aging is among the most pivotal changes of our time. Stark demographic differences among nations will significantly shape almost every aspect of national and international life. Demographics affect growth rates, intergenerational distribution of income, the structure of markets, the balance of savings and consumption, and many other economic variables. Socially, the world will change as well, as families come to have three, four, sometimes even five generations alive at one time. International relations, too, will change as some countries grow and others shrink. The stakes are high.

SOURCE: George P. Shultz, Stanford Center on Longevity, March 2007. (from the preface of a report by the Stanford Center on Longevity, *How Population Aging Differs Across Countries: A Briefing on Global Demographics* on page 6.)

changes and economic patterns that disrupt traditional family and social structures.

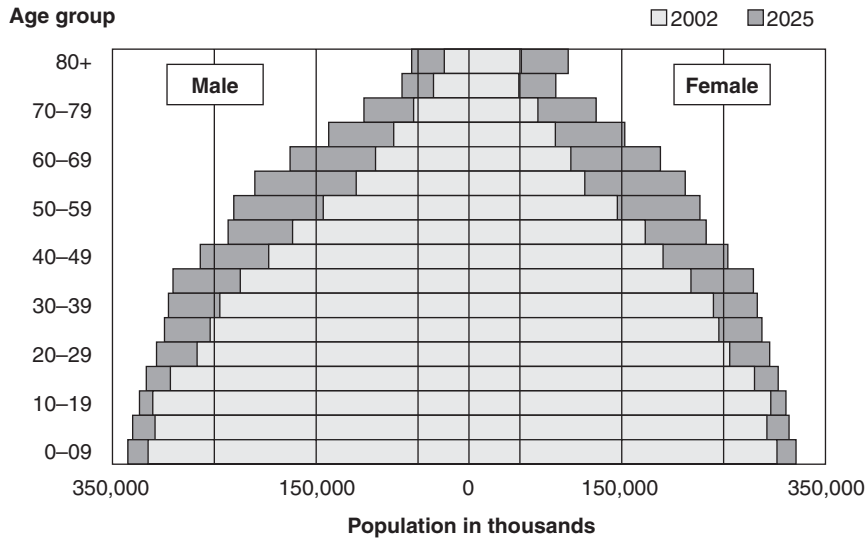
### The Phenomenon of Global Aging

All world regions are experiencing an increase in the absolute and relative size of their older populations, but tremendous variation will occur in aging patterns across countries and regions (Hayutin, 2007). Global aging is occurring for two major reasons: More people are living longer and fertility rates have declined in many regions of the world. The United Nations' definition of *population aging* is the rapid growth of the population age 60 and older. This age group is expected to grow by more than 50 percent in the developed nations between 2009 and 2050 (from 264 million to 416 million). The projected increase for those age 60 and older is even higher for developing nations—475 million in 2009 to 1.6 billion in 2050, when about 80 percent of the world's older adults will be living in developing countries (United Nations 2008; 2009). This parallels the fact that all world population growth is taking place in the developing countries and is likely to continue to do so (Bloom & Canning, 2007). The growth rate for those age 80 and older is higher than for the general population

age 60 and older: 3.9 percent per year worldwide, 3.3 percent in the most developed countries, and 3.8 percent in the least developed. As a result, the population age 65 and older will increase from 5.5 percent of the total population of less-developed countries in 2005 to 14.6 percent in 2050. The comparable figures for more developed countries are 15.3 percent and 25.9 percent, respectively. The number of persons age 65 or older in the world is expected to expand from an estimated 495 million in 2009 to 974 million in 2030. This will result in a world population in which 12 percent will be 65 years of age or older by the year 2030, compared with 7 percent today (He et al., 2005; United Nations, 2007; 2009).

As seen in the projections for population growth in the United States, described in Chapter 1, the global age distribution will change from a pyramid to a cylindrical form (Figure 2.1). This is due to a reduction in fertility rates worldwide, even in the less-developed countries of Africa and South America. In fact, for the 49 least developed countries, fertility rates are projected to drop from the current 4.39 children per woman to 2.41 by 2050 (United Nations, 2009). It is estimated that 120 countries will reach total fertility rates below replacement levels (i.e., 2.1 children per woman) by 2025, compared to 22 countries in 1975 and 70 in 2000 (WHO, 2002). The situation is particularly critical in Japan, where the fertility rate in 2006 was 1.25 children per woman. Low fertility rates combined with increased life expectancy in more developed countries have created what is called a “demographic divide” and resultant conflicts over how to address labor force shortages while providing employment to younger workers, possibly by changes in these countries' retirement policies (Bloom & Canning, 2007).

Life expectancy and the current numbers and expected growth of the older population differ substantially between industrialized and developing countries. Currently, 60 percent of older adults live in developing countries, which may increase to 75 percent by 2020. For example, in 2008, the population age 65 and older for Western and Southern European countries was 18 percent. Japan has the highest proportion of elders in the



**FIGURE 2.1 Global Population Pyramid in 2002 and 2025**

SOURCE: World Health Organization, *Active ageing: A policy framework*. WHO, 2002. Reprinted by permission of the World Health Organization.

### JAPAN'S AGING CRISIS

Japan is experiencing the most rapid rate of population aging in the world. In 1970, 7 percent of its population was 65 or older, but this increased to 22 percent in 2008. This group could make up 40 percent of Japan's population by 2050. Even more striking is the prediction that 7.2 percent will be age 80 and older in 2020, compared with 4.1 percent in the United States. By 2050, Japan is expected to have one million people age 100 and older. Baby boomers in Japan account for approximately 8.6 percent of the workforce, so their retirement will be a blow to Japan's economy at a time when the overall labor force is shrinking and fewer workers are available to pay into a pension system. Nevertheless, politicians and Japanese society in general resist immigration as a way to increase the number of young workers contributing to the economic support of retirees. Reports by the United Nations and demographers project a need for 13 million to 17 million new immigrants by 2050 in order to prevent the collapse of Japan's pension system. Yet in the past 25 years, only one million foreigners have been accepted as immigrants in this insular country.

SOURCE: AARP, 2006; Bloom and Canning, 2007; Population Reference Bureau, 2008b.

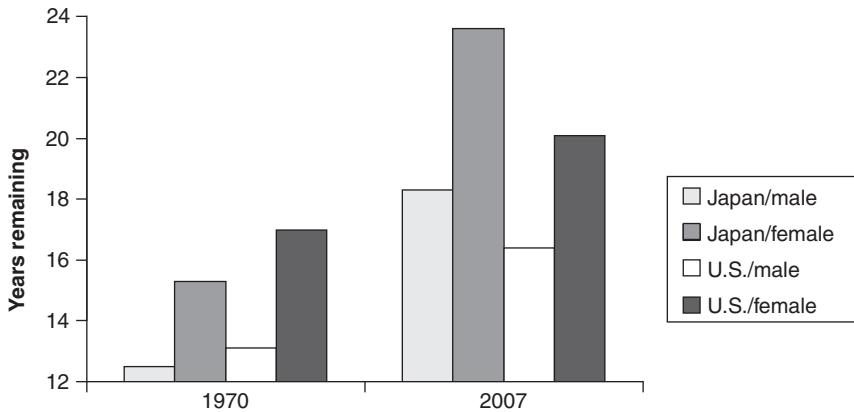
world (22 percent), followed by Italy (20 percent). Other developed countries with high proportions are Germany and Greece (19 percent) and Sweden (18 percent) (Population Reference Bureau, 2008a).

A major reason for such large proportions is increased life expectancy beyond age 65 in developed countries, as illustrated in Table 2.1 by comparisons of different world regions and some

**TABLE 2.1 Life Expectancy at Birth of World Regions and Some Countries**

REGION	TOTAL	MALES	FEMALES
World	68	67	70
More-developed	77	74	81
Least-developed	55	53	56
Sub-Saharan Africa	50	49	51
W. Europe	80	77	83
S. Europe	79	76	82
N. Europe	79	76	81
Japan	82	79	86
Canada	80	78	83
U.S.	78	75	81

SOURCE: Population Reference Bureau, 2008b.



**FIGURE 2.2 Life Expectancy at Age 65: United States and Japan**

SOURCE: United Nations, 2007a.

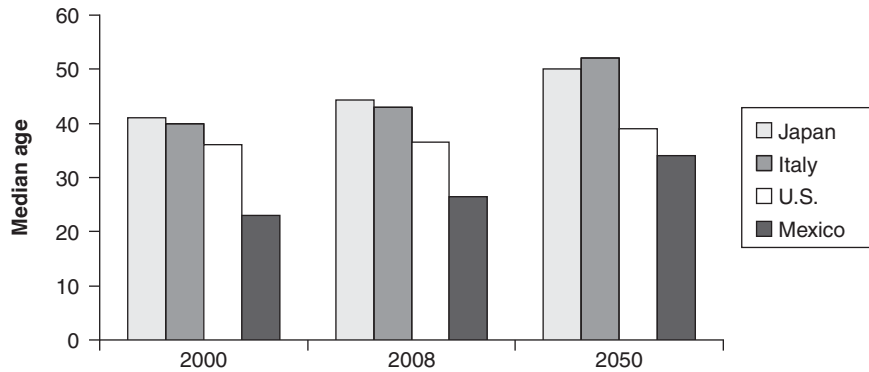
countries and by life expectancy trends in the United States and Japan (Figure 2.2). In less than 40 years, the U.S. and especially Japan have made great strides in keeping people alive into advanced old age. In particular, Japanese men and women have gained considerable advantage since 1970—almost five years for men and an additional seven years for women beyond (NCHS, 2005). In contrast, sub-Saharan, Western, Eastern, and Middle African countries had only 3 percent of their population age 65 and older (Population Reference Bureau, 2008a). Overall, extreme societal aging will likely occur in Europe and a few Asian countries for the next few decades, while the developing world will remain comparatively young, intensifying the demographic divide. But this will shift by 2050, when developing countries will be as old as the developed countries are today, as captured changes in their median ages, discussed below (Hayutin, 2007).

The median age (the age at which half the population is younger and half is older, described in Chapter 1), of these regions also varies but is increasing in all countries:

- 29 worldwide
- 44.2 in Japan
- 40 in Western Europe
- 36.7 in the United States
- 20 in Latin America (United Nations, 2009)

Even in Africa, with fertility rates three times higher than that of developed countries and high mortality rates, the median age will increase from 19 today to 27.4 in 2050. Figure 2.3 shows this projected increase in the median age of three developed countries and for Mexico. In less than 45 years, the median age in Italy, the “oldest” country, will be 52.5, followed closely by Japan at 52.3. The United States will show a much smaller increase, from a median age of 36.7 currently to 41.5 in 2050. This is due primarily to higher birthrates in the United States compared to these other countries. Mexico’s median age is also expected to increase significantly, from the current 26.3 to 38 by 2050, even though fertility rates in Mexico will remain high (United Nations, 2009).

At the same time, the less developed regions of the world expect to show a nearly fivefold increase in their oldest population, from 3.8 percent in 1975 to 17 percent in 2075. This fivefold growth rate is projected to occur in just 30 years (2000–2030) in Malaysia and Mexico, compared with slightly less than a doubling of the older population in the United States during this same period (Kinsella & Velkoff, 2001). An even greater rise in the proportion of the old-old (ages 75–84) and oldest-old (age 85 and older) is anticipated in these countries, from the current 0.5 percent to 3.5 percent in 2075. In absolute numbers, China



**FIGURE 2.3 Median Age: 2000 versus 2008 versus 2050**

SOURCE: United Nations, 2009.

currently has the largest number of people 65 and older (102 million), which is expected to reach 322 million by 2050. The Chinese population age 80 and older is also the largest in the world (13 million vs. 9.2 million in the United States), and is projected to reach 100 million by 2050. This increase in the general population of elders and among the old-old is attributable mostly to China's continued low birthrate—12 births per one thousand population compared with 21 worldwide. As a result, the median age of China is projected to rise from 33 in 2005 to 42 by 2030 (Kaneda, 2006; Population Reference Bureau, 2008a; United Nations, 2005). This will result in a top-heavy rectangular population structure, as illustrated by Figure 2.4 (page 48), which is much more dramatic than the increases described globally in Figure 2.1. Reasons for the growth of the old-old in developing countries include:

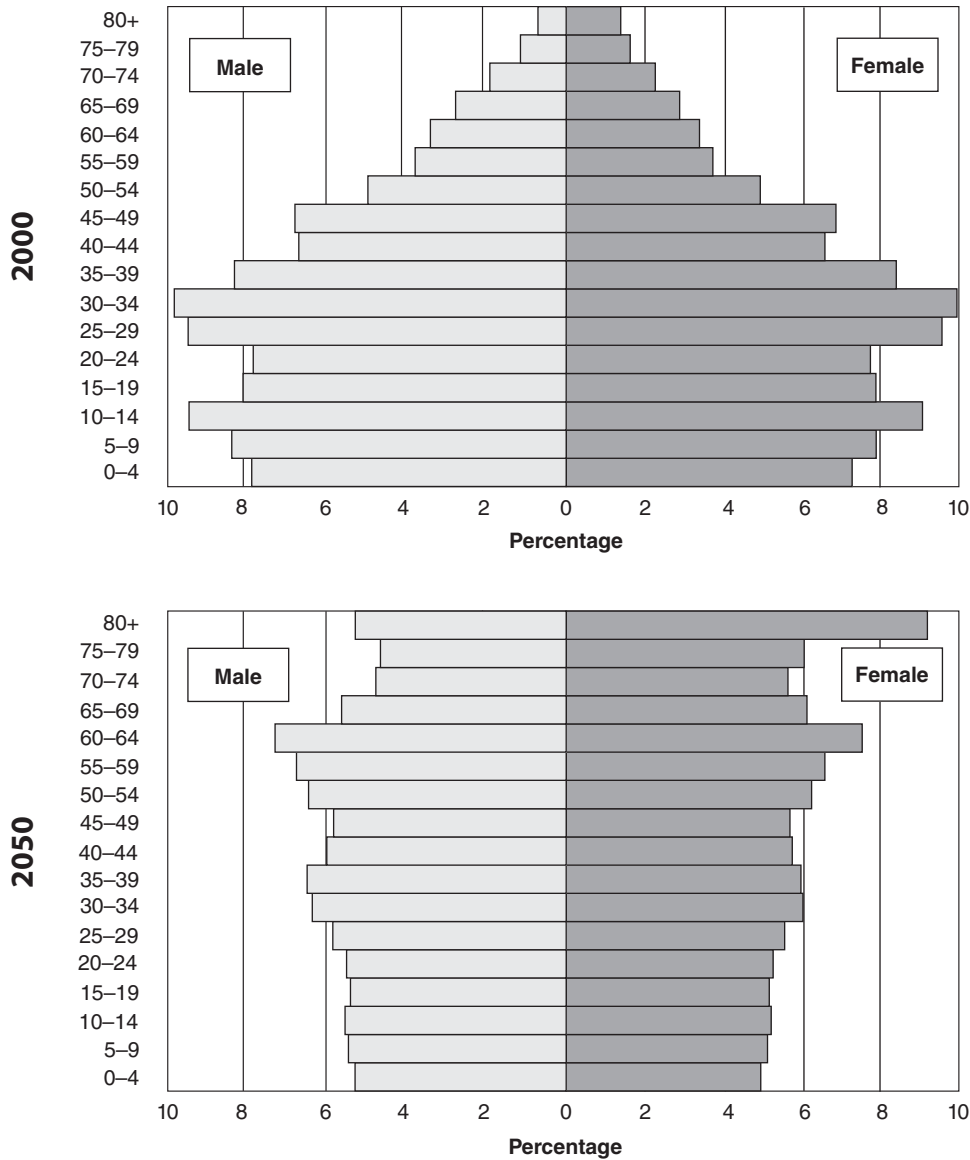
- improved sanitation
- medical care
- immunizations
- better nutrition
- declining birthrates

Unfortunately, this rapid growth in developing countries has not led to adequate public policy and strategic planning to meet care needs. While an industrialized country like France took 115 years to double its population of elders, it

will take China only 27 years to do so. Such an increase requires government planning, but few developing countries have had the resources to focus on this coming crisis because of their priority on more immediate needs and younger populations (Hayutin, 2007; Kinsella & Phillips, 2005; United Nations, 2009; U.S. Census Bureau, 2006). The less-developed regions of the world are also coping with the tremendous impact of high fertility rates as they struggle to provide jobs, education, and housing for growing numbers of young people (Hayutin, 2007). Even with the continued high infant mortality rates in countries such as those in sub-Saharan Africa and the Middle East, children

#### GOVERNMENT EFFORTS TO INCREASE BIRTHRATES

In response to dramatic declines in birthrates, leaders of several industrialized countries have proposed tax benefits and financial incentives to encourage women to bear more children. Former Russian President Vladimir Putin proposed a cash bonus of \$9,000 per baby, as well as assistance in the form of cash and child care. However, economists are not optimistic that this will reverse the trend toward low fertility and a declining number of workers to support Russia's aging population. Meanwhile, some French politicians have advocated national support for child care and foster grandparents to assist mothers working outside the home (Chivers, 2006).



**FIGURE 2.4** Population Pyramids, China: 2000 and 2050

SOURCE: *World Population Prospects: The 2004 Revision* (2005).

under 15 represent 43 percent of the population in less-developed regions, compared with 17 percent in more-developed regions (Population Reference Bureau, 2008).

### **Economic Implications for Industrialized Countries**

Life expectancy in industrial nations has improved by 6 years for men and 8.5 years for women since 1953, most markedly among those at the highest socioeconomic levels, in higher-level occupations, and with the most education (United Nations, 2009). The rate has been greatest over the past 20 years, with a significant impact on the availability of workers to support retired persons. Although retirement patterns are shifting because of the global economic crisis, the dependency ratio for older retired persons will still drop from 3.5:1 (3.5 workers to support one retiree) in 1990 to about 2:1 in 2030 in the industrialized countries of Europe and in Japan. The Economic Policy Committee of the European Union projects a decline in the working-age population of its member nations (ages 15–64) by an average of 7 percent between 2005 and 2030 compared to an increase in the population of elders by 52 percent. The decline is projected to be 3.9 percent in Italy, 8.1 percent in Germany, and as high as 19.4 percent in Russia. This is even greater than the shrinkage in Japan's working-age population, projected at 15.7 percent between 2005 and 2030 (European Commission, 2005; United Nations, 2007).

A parallel concern for European countries is the “graying” of their workforce and perceptions that older adults with pensions are benefitting more than younger generations. Until recently, state pension plans and early retirement incentives to avoid layoffs in the European Union (EU) countries made it attractive for workers to retire in their 50s and early 60s. This allowed companies and governments to hire less expensive younger workers. But with the decline in the younger population and as middle-aged workers begin to retire, many companies are experiencing

problems in replacing these skilled workers with new employees who have the necessary qualifications. EU countries project a decline in their 20- to 29-year-old population by 20 percent in the next two decades, coupled with an increase in the 50 to 64 age group by 25 percent (Von Nordheim, 2003).

The proportion of older adults who continue to be employed in EU countries declines precipitously with age. For example, 80 percent of men and 68 percent of women in their late 80s are in the workforce in the United Kingdom; this declines to 10 and 5 percent, respectively, by their late 60s. By age 75, only 1 to 2 percent of Britons are employed (Heywood & Siebert, 2008). One indicator of the success of national governments and labor unions to retain older workers is the proportion of adults age 65 and older who are full- or part-time employees:

- 3.8 percent of the U.S. workforce is age 65 and older
- 2 percent of the UK workforce
- Only 0.5 percent of France's workforce (OECD, 2005)

In response, EU leaders have implemented changes in pensions and social security systems to achieve a goal of having 50 percent of their employees be age 55 to 64. One strategy is to raise the age of full retirement by an additional five years by 2010 (Commission of European Communities, 2004). These are difficult objectives because across the 25-member EU, less than 40 percent of workers fall in the 55 to 64 age range, with an average retirement age of 60. This ranges from an average retirement age of 57 in Poland to 63 in Portugal. Portugal's population of older adults is projected to grow from 17 percent today to 33 percent by 2050. This rapid growth, combined with concerns about the significant share of its gross domestic product (GDP) being spent for pension expenditures and health care, has forced the national government to change its retirement policies. Portugal's Ministry of Labor and Social Security has placed restrictions on early retirement

and calculation of pension benefits in an effort to encourage workers to postpone their retirement (SSA, 2005). As another example, the legal retirement age of 65 in Germany is older than in other EU countries, but the federal government has initiated legislation for raising this to 67. This represents a major reform of Germany's state pension system and will be implemented incrementally, beginning in 2012 and taking full effect by 2029. At the same time, in response to growing numbers of retirees who depend on its pension fund and fear that Germany risks becoming a "pensioner's democracy" in which the "old plunder the young" (Oldies with muscle, 2008), the German government will decrease full state pensions from the current 54 percent to 43 percent of the individual's salary by 2030 (Wagner, 2006).

Alternatively, many developed countries are implementing incentives for and removing barriers against longer employment, such as improving the quality of working conditions for older workers (United Nations, 2009). For example, the United Kingdom has taken a proactive position to prevent age discrimination in recruiting, selecting, and retaining workers. A program initiated in 2000 by the U.K. government, "New Deal 50," offers training grants

of £1500 (almost \$3,000) to prepare older adults to return to the workforce and a working tax credit of £40–60 per week to supplement their earnings (Taylor, 2003). ASDA, a large U.K. retailer, has been successful in recruiting and retaining mature workers. They proudly point to the fact that 19 percent of their workforce is age 50 and older. ASDA offers workshops to promote the company to potential employees over age 50; it also allows up to 3 months unpaid leave and a "grandparent leave" of one week after the birth of a grandchild. These actions have benefited the company directly; ASDA stores with the highest proportion of older workers report only one-third the absenteeism rates of the average in other stores (Personnelzone, 2004).

An innovative solution to prevent the "brain drain" of older workers was devised by Bosch, a German electronics company. Retiring employees complete a questionnaire about the knowledge they have gained during their careers. Project managers access the information from a database if they need workers with specific abilities. The retirees are then employed for short periods on projects that require such skills (Bosch Management Support, 2004).

Although Australia is facing less of a workforce crisis than European countries, many Australian companies have recognized the importance of hiring and retaining experienced workers. For example, Westpac, a financial services company planned to expand its financial advising division. To do so, it recruited 900 experienced workers who were age 55 and older and interested in starting a second career. The company's leaders viewed older workers as an asset because they could communicate better with their older clients (Nixon, 2002). What is unknown is how these retirement projections, pension patterns, and retirement incentives will change due to the global economic crisis, which has resulted in many adults needing to work longer primarily to build up their retirement funds after their investments precipitously declined in 2008–2009.

#### THE CRISIS IN EUROPE'S PENSION SYSTEMS

Pension programs in European nations have already started to feel the pinch of a growing population of retirees. The average portion of gross domestic product spent on pensions is 10 percent for the European Union; 14 percent in Italy. It will most likely rise in Italy if the current law that allows retirement at age 57 persists. Some regional government workers in Italy can retire even earlier; in Sicily, for example, male government workers can retire after 25 years on the job and women after 20 years. While other European countries like France and Germany are enacting legislation to require 40 years of employment or extending the retirement age to 67, efforts by the Italian government to protect its pension system by changing retirement laws have met with fierce resistance from labor unions.



In addition to raising the age for receiving full retirement benefits, industrialized countries are also faced with whether or not to permit more immigration of young workers. Already, more than 25 percent of all workers in Australia are immigrants. However, this is a controversial proposal for many countries where immigrants often are not easily assimilated because of languages, religions, and cultures divergent from those of the host country. As noted above, Japan is particularly resistant to opening up immigration. But resistance is also strong in many Western European countries that do not define themselves as multicultural societies and fear losing their national identity (Haub, 2007). These tensions erupted into riots in late 2005 in the suburbs of Paris, where young Muslim immigrants from North Africa protested policies and practices by

employers and the French government that discriminated against foreign workers. And in Germany, those opposed to immigration raise the rallying cry of “children instead of Indians” (Bloom & Canning, 2007). Other solutions to labor shortages favored by such countries are to encourage more women to join the labor force, persuade part-time workers to become full-time, and raise the birthrate (Haub, 2007). Resistance to immigrants meeting workforce needs is likely to intensify with the growing unemployment rates due to the worldwide recession in 2008–2009.

## The Impact of Modernization on Older Adults’ Roles in Traditional Societies

The social position and experiences of older persons vary across cultures. Not surprisingly, the greatest differences in the status of older adults are between traditional societies and the modernized world, with its rapidly changing values, norms, and lifestyles. Examining the different ways that other societies have addressed issues affecting their elders can shed light on the process of aging in our society. The field of “comparative sociocultural gerontology” or an “anthropology of aging” has helped researchers differentiate what aspects of aging are universal or biological and which factors are largely shaped by the sociocultural system (Sokolovsky, 1997; Infeld, 2002).

Understanding how aging in contemporary American society differs from that experienced elsewhere and which factors are socioculturally determined can also suggest strategies for improving environments in which to grow old. Within the constraints of this one chapter, we can only glance at a few other cultures. For a more complete view, we urge you to turn to the available literature on the anthropology of aging, including the *Journal of Cross-Cultural Gerontology*. While this chapter explores aging

### JAPAN’S DECLINING IMMIGRANT POPULATION

When Japan has allowed immigrants, they have been very selective. Between 1990 and the early 2000s, the government issued work visas to 366,000 Brazilians and other South Americans of Japanese descent. These guest workers were the largest group of foreign blue-collar workers in Japan, employed by the industrial sector and performing jobs that native-born Japanese refused. During the economic crisis that accelerated in late 2008, Japan’s unemployment levels rose to a high of 4.4 percent and its exports dropped by 45.6 percent. The government undertook an emergency program to offer South American guest workers \$3,000 each for their airfare and \$2,000 for each dependent to return to their home country. This offer was contingent on these immigrants agreeing not to return or apply for worker visas later. These changes, made in response to the growing economic crisis in Japan, may be shortsighted as the country’s working age population declines and its population ages. Despite its rising unemployment rate, Japan continues to have a shortage of staff to care for frail elders and has not made efforts to retrain its industrial workers for these types of jobs (Tabuchi, 2009).



Older people in Asian cultures enjoy teaching traditional arts to younger generations.

in other countries and among immigrants to the United States, Chapter 14 focuses on the cultural and ethnic diversity represented by elders of color within contemporary American society.

### Resources Held by Older Adults

Definitions of old age—as well as the authority exercised by older people—have traditionally rested on the material and political resources controlled by them. These resources include:

- traditional skills and knowledge
- security bestowed by property rights
- civil and political power
- information control
- contributions to the general welfare from routine services performed by older people (such as child care)

Traditional systems of **social stratification** conferred respect and authority to older adults who controlled these resources or skills (Glascok, 1997). Older people's social rank in traditional cultures was generally determined by the balance between the cost of maintaining them and the

societal contributions they were perceived to make. As age became a less important criterion for determining access to and control of traditional and political resources, older members of society lost some of their status and authority.

### Modernization Theory

A number of explanations have been advanced for the declining status of the old in modern society. **Modernization theory**, a major explanation, was defined by Cowgill (1974a, 1974b, 1986) as:

The transformation of a total society from a relatively rural way of life based on animate power, limited technology, relatively undifferentiated institutions, parochial and traditional outlook and values, toward a predominantly urban way of life, based on inanimate sources of power, highly differentiated institutions, matched by segmented individual roles, and a cosmopolitan outlook which emphasizes efficiency and progress (Cowgill, 1974a, p. 127).

As society becomes modernized, older people lose political and social power, influence, and leadership. These social changes also may lead to reduced engagement by aging persons in community life. In addition, younger and older generations tend to become separated socially, morally, and intellectually. Youth is glorified as the embodiment of progress and achievement, as well as the means by which society can attain such progress. Over time, the characteristics of modernization that contribute to the lower status of older adults are:

- health technology
- scientific technology as applied in economic production and distribution
- urbanization
- literacy and mass education

As noted in Chapter 1, *health technology* has reduced infant mortality and maternal deaths and prolonged adult life, thereby increasing the

number of older persons. With more elders in the labor market, competition between generations for jobs intensified, and retirement developed as a means of forcing older people out of the labor market. However, as described above, this has resulted in a shortage of workers in many industrialized countries.

*Scientific technology* creates new jobs primarily for the young, with older workers more likely to remain in traditional occupations that become obsolete. The rapid development of high-tech industries today and the generational differences in the use of the Internet illustrate this phenomenon. Some older workers feel marginalized and alienated if they are not able to contribute to a technologically skilled workforce.

In the early stages of modernization, when a society is relatively rural, young people are attracted to *urban areas*, whereas older parents and grandparents remain on the family farm or in rural communities. The resulting residential segregation of the generations has a dramatic impact on family interactions. The geographical and occupational mobility of the young, in turn, leads to greater social distance between generations and to a reduced status of the old. All parts of the world are becoming increasingly urbanized, with 50 percent of the world's population now living in cities compared to 30 percent in 1950. Even in developing countries, urban populations are expected to double over the next 30 years, with the highest rates of urban growth in the poorest areas (Hayutin, 2007).

Rapid urbanization in many developing countries has disrupted the tradition of family support for their elders. Modern migration programs in India, while providing resources for young and old, have resulted in younger people obtaining more education and creating a sense of superiority over their illiterate elders. Rapid urbanization has left almost 30 percent of old people in rural areas in India without family nearby to care for them (Dandekar, 1996; Vincentnathan & Vincentnathan, 1994). Meanwhile, families who eke out a meager living in urban areas have little means to assist their elders who live with them. In

the economically more successful countries of East Asia, such as Japan and South Korea, older people have benefited from improvements in health care, income, and long-term care services, but at the cost of power, respect, and prestige that was accorded previous generations of older adults (Silverman, Hecht, & McMillin, 2000). The phenomenon of rapid urban population growth globally is expected to continue through 2030, with projections of 4 to 6 percent per year in parts of Africa, Asia, and South America (United Nations, 2005). This will accelerate the problem of isolated elders in rural areas as their children seek opportunities in urban centers.

Another example of how modernization has eroded traditional family supports is Taiwan, where young adults' support for multigenerational households has steadily declined. Accordingly, adult children in China report feeling less obligated to help their parents if this conflicts with the demands of their job (Hsu, Lew-Ting, & Wu, 2001; Zhan, 2004). In such instances, it becomes vital for national and local governments to provide services such as public housing, health care, pension plans, and policies that support family care of elders. These programs may also serve to reduce tensions between generations. Some demographers have suggested that the improved health and financial status of older populations and a trend toward individualism have resulted in more older adults choosing to live apart from their adult children. In contrast, other demographers have found that increases in the socioeconomic status of older persons or their adult children do not result in significant changes in traditional family structures and the value of family interdependence (Cameron, 2000; Kinsella & Velkoff, 2001).

Occupation and education appear to have a reversed J-shaped relationship to modernization. In the early phases of rapid social change (illustrated by nations such as China and the Philippines), the occupational and educational status of older adults shows a decline, but later improves (exemplified by New Zealand, Canada, and the United States). This suggests that, as societies move beyond an initial state of

### ROLE CHANGES AND SUICIDE AMONG OLDER ADULTS

Evidence of global differences in adaptation to role loss with age is reflected in suicide rates among older women. Although the rate among women in the United States *drops* as they age, the suicide rate *increases* dramatically in Japan, tripling from 11.6 per 100,000 at age 40 to 39.3 at age 65 and older. In Taiwan, there is also a striking increase, from 10.4 to 34.6 per 100,000 in this same age range (Hu, 1995). In general, women age 75 and older in Asian countries have higher suicide rates than their counterparts in English-speaking countries. Suicide rates for men age 75 and older are higher than for any other age group in Asian countries, especially in rural China and Singapore, but less so in Japan (Pritchard & Baldwin, 2002).

rapid modernization, status differences between generations decrease and the relative standing of older people may rise, particularly when reinforced by social policies such as Social Security, which have improved older adults' financial well-being. Societies in advanced stages of modernization may become more concerned about the older population's devalued status. Through public education, social policies, and the media, they then attempt to create more opportunities for, and positive images of, older people. This has already been occurring in the U.S., in part because of the aging of the baby boomers, who have the political clout and resources to change popular stereotypes of aging. Advertising and television programs increasingly portray older persons as vital, active, involved, and physically attractive.

### Impact of Modernization on Filial Piety

Most societies have some norms of respectful treatment toward their elders, but considerable variability exists in practice. For example, **filial piety**—a sense of reverence and deference toward elders—in China and Taiwan was not universal but was affected by family resources,

### THE UNDERPINNINGS OF FILIAL PIETY IN ASIAN CULTURE

In his writings, Confucius emphasized that young people should respect, not just provide care for, their elders:

Filial piety today is taken to mean providing nourishment for parents, but dogs and horses are provided with nourishment. If it is not done with reverence for parents, what is the difference between men and animals?

SOURCE: From *Analects*, Book 2, Chapter 7, quoted in Sung, 2000.

the number of living children, and geographic location (Ikels, 1997). The norms of filial piety were more often practiced by wealthy families in traditional rural China. Despite the Confucian reverence for age, known as *xiao*, older people in lower-class families had fewer resources to give them status. But the tradition was maintained because of Confucian ideals that required children to obey and serve their parents.

Life for older people in China has undergone a major transformation within a relatively short time period. As government policies have been altered, the “political economy” has had an impact on elders' status. For example, women have benefited from changes such as not having to submit to arranged marriages or having their feet bound as well as from increased job opportunities. National social insurance also benefits older Chinese citizens. However, the practice of educating sons and not daughters in traditional China has resulted in older cohorts in which women are illiterate and economically dependent on their children in old age. For this reason, researchers have found older women in China today to be more disadvantaged than men in their functional health as well as their economic status (Zeng, Liu, & George, 2003). This problem is compounded by China's one-child-per-family policy that began in 1979, combined with preferences for male children. Although the policy is less rigid now, it has resulted in a disproportionate

number of older adults to working-age younger adults and of males to females. In addition, the break up of communes that provided support for childless elders in the past has also placed many elders at risk. These problems are expected to continue as future cohorts of older people have fewer children, especially daughters and daughters-in-law, to care for them in times of need. These changes will also reduce multigenerational living arrangements in China (Cheng & Chan, 2006). Additionally, China's Social Security fund and pension systems have been markedly reduced by declining investments due to the volatile global economic markets.

The rising standard of living in China has benefited many young adults, who often migrate to urban areas for job opportunities. This results in a concentration of older adults in rural areas, where 65 percent of China's general population and 77 percent of its older adults reside (He, Sengupta, Zhang, & Guo, 2007). As noted above, this pattern of migration by younger workers to urban areas also occurs in other Asian countries such as the Philippines, Indonesia, and Thailand, resulting in sharp declines in three-generational coresidence (Knodel & Ofstedal, 2002; Zhang, 2004). The loss of this long-held tradition of multigenerational living, an important pillar of filial piety, may significantly affect the older adult who is left behind. A survey in a rural region of China compared elders living in three-generational households or with grandchildren in **skipped-generation households** (i.e., where grandparents were caring for grandchildren after the parents had relocated to urban areas for employment) with elders who lived alone or with a spouse. Those in traditional multigenerational households reported greater life satisfaction and less depression than their counterparts in single-generation households. Stronger emotional ties with and financial assistance from their adult children mitigated the negative effects of living alone on elders' well-being (Silverstein, Cong, & Li, 2006).

In response to these population and economic demands, China has increased its publicly funded housing and government-funded welfare

programs for all older adults—not just for childless elders, as in the past. A private residential-care-facility industry and community-based services are also developing in response to the anticipated 24 percent older population by 2050 (Kaneda, 2006; Zhan et al., 2006). In Singapore, a more radical approach to caring for a growing older population has emerged. In 1997, the government opened a special court where older persons can bring legal claims against their children for not providing assistance in their old age.

### Overcoming the Impact of Modernization on Intergenerational Relations

Despite these changes in older adults' status and family relations in traditional societies, strong cultural values can mitigate many of the negative effects of modernization on older people. This is vividly illustrated in modern, industrialized, and urban Japanese society. Confucian values of filial piety and ancestor worship help to maintain older persons' relatively high status and integration in family life, as well as their leadership in national politics. Traditional values of reciprocity and lifelong indebtedness to one's parents are a major reason for continued three-generational households in Japan, even though the modernization of Japanese society and a declining economy have increased financial demands on the nuclear family. Almost half of working-age Japanese women today are employed outside the home. Unprecedented numbers of older people in Japan have increased the societal costs of caring for older members and created dilemmas for younger family members who are responsible for their support. Therefore, it is not surprising that the majority of respondents to a survey by the Japanese Ministry of Health and Welfare (57.3 percent) viewed the aging population as a serious problem, and 68 percent thought that the birthrate in Japan should be encouraged to grow (National Institute of Population and Social Security Research, 2004).



Even the oldest-old have important roles in most Asian families.

Nevertheless, the majority of middle-aged persons in Japan still believe that the care of older parents is the children's responsibility. Indeed, negligence toward one's parents is a source of great public shame. Society also assumes increasing responsibility for the care of Japan's elders; all those age 70 and older receive free basic medical services, which serves as a model for other Asian countries. The Japanese government provides incentives for home care by families; they can receive subsidies to remodel their homes in order to accommodate joint households as well as a tax credit for providing elder-parent care (Kim & Maeda, 2001). The number of nursing homes and long-stay hospitals in Japan has also grown, but in Tokyo, long waiting lists for admission to nursing homes mean that many older adults have to move from familiar environments to find institutional care (Gerontological Society of America, 2009). The percentage of parents living with children has declined due to urbanization, industrialization, the growing number of employed women, and the declining number of children since 1950. Nevertheless, the proportion of older parents living in multigenerational households is still higher than in any other industrialized nation. In 1995,

56 percent of people over age 65 lived with their children and grandchildren, although this is a decline from 1980, when 70 percent of older households were multigenerational. By 2010, this is projected to drop even further, to 42 percent (National Institute of Population and Social Security Research, 2006). Meanwhile, the number of households consisting of only the older couple has increased. Urban-rural differences in family expectations are demonstrated by the fact that 25 percent of people age 75 and older in Tokyo live alone, compared with 15 percent in rural regions. All these trends suggest that traditional customs of caring for aging parents in adult children's homes are altering.

Even so, middle-aged women remain the primary caregivers to Japanese elders, as in most other countries. As older adults continue to live longer, they may increasingly require goods and services at the perceived expense of younger members (e.g., children) and may place even greater demands on middle-aged women in Japan. With the growing proportion of educated, professional women and newer cohorts influenced more by Western values than by Confucianism, many women do not want to leave their jobs to become caregivers to their parents or parents-in-law. Because of public concerns about long-term care needs of its growing population of oldest-old, the Japanese Diet passed the Public Long-Term Care Insurance Act in 1997 and initiated the Long-Term Care Insurance System in 2000 (AARP, 2006; Maeda, 1998). This national policy guarantees comprehensive long-term care for all Japanese persons age 65 and older and for those age 40 to 64 who may require long-term care. Funding is provided by a combination of mandatory insurance premiums paid by older persons, a co-pay of all incurred expenses, and general taxes paid to federal, prefecture, and municipal governments. Recognizing the escalating costs of institutional care, policymakers established an "Active Aging Society" framework by emphasizing prevention, such as exercise programs and nutritional counseling, and a community-wide care system, which

### “RETIRED HUSBAND SYNDROME”

A new medical diagnosis has been coined in Japan. Labeled “Retired Husband Syndrome” (or RHS), the condition has been observed among women whose husbands have retired by age 60 to 65 and remain at home full-time, demanding their wives’ attention and care. From a generation where wives remained at home and were subservient to their husbands, many of these women develop psychosomatic symptoms related to the stress of having to serve their husbands full-time after retirement. With the projected increase in Japanese men retiring, RHS is expected to increase dramatically among women 60 and older in Japan.

SOURCE: A. Faiola, *Washington Post*, October 17, 2005.

provides prevention-oriented care management (AARP, 2006).

More community-based long-term care options are needed to fully implement Japan’s long-term service system. Nevertheless, this universal long-term care program appears to partially relieve the burden on Japanese families and hospitals, where most long-term care occurs. Policy makers in other developed countries are closely watching Japan’s program as a possible model for day-to-day care of their oldest-old while still preserving filial piety.

A strong belief in filial piety also plays a dominant role in family attitudes and government policies regarding care for aging parents in South Korea, where the number of people 65 and older has increased threefold in 25 years. Surveys of young Koreans reveal that more than 90 percent believe that adult children must care for their older parents, and in fact, 90 percent of older adults cite family as their primary source of support. These values are supported by the fact that 65 percent of people age 65 and older live with their adult children, even in urbanized areas like Seoul. In particular, daughters-in-law are expected to provide most of the primary care for their aging parents-in-law. Such filial duties are performed within

the framework of “serving” elders rather than “caring” for them; this conveys a less egalitarian relationship (Lan, 2002). The government of South Korea promotes family-based caregiving by sponsoring a “Respect for Elders Day” and a “Respect for Elders Week,” as well as prizes to honor outstanding examples of filial piety. These initiatives help reduce Koreans’ expectations for long-term care services from the government, although changing demographics today have placed a greater burden on families, with average family size down to 3.0 and with 46 percent of all married women in Korea working outside the home (Levande, Herrick, & Sung, 2000; Sung, 2000, 2001).

Other Asian countries where filial piety persists, despite changing work and family patterns, are Singapore, Thailand, and the Philippines, where the majority of parents age 60 and older live with their children (Kinsella & Velkoff, 2001). The importance of filial piety generally supersedes modern social and economic demands in these Asian countries.

However, immigration to a Western country may change elders’ definitions of filial piety. A study of older Chinese and Korean immigrants in San Francisco examined their views on **biculturalism**, or the process of integrating two cultures into one’s lifestyle. The Chinese participants in this study had lived in the U.S. an average of 24 years; the Koreans 16 years. These elders described how their perspectives of family social support had altered as they became more peripheral to the nuclear families created by their adult children. They were more likely to live alone, relying on employment, Social Security, and Supplemental Security Income (SSI) to support themselves. Their changing perceptions of filial piety were also evident in their recognition that they were no longer authority figures to their adult children and grandchildren. While this suggests what appears to be a successful adaptation to immigration, it also highlights the loss of filial piety as Asian immigrant elders become more bicultural (Wong, Yoo, & Stewart, 2006).

## A Cross-Cultural View of Elders' Roles in Contemporary Societies

As discussed in Chapter 1, every society defines people as old on some basis, whether chronological, functional, or generational, and assigns that group a particular set of rights, privileges, and duties that differ from those of its younger members. To illustrate, older persons in our society today qualify for Social Security and Medicare on the basis of their age, although the age of eligibility is increasing as life expectancy grows. As another example, in some religious groups, only the oldest members are permitted to perform the most sacred rituals. Societies generally distinguish two, sometimes three, classes of elders:

- those who are no longer fully productive economically but are physically and mentally able to attend to their daily needs
- those who are functionally dependent, require long-term care, and are regarded as social burdens and thus may be treated negatively
- those who continue to participate actively in the economy and the social system through farming or self-employment, care of grandchildren, or household maintenance, while younger adults work outside the home

Consistent with the social exchange theory discussed in Chapter 8, older people who can no longer work but who control resources essential to fulfill the needs of younger group members generally offset the societal costs incurred in maintaining them. In some social systems, political, judicial, religious, or ritual power and privileges are vested in older people as a group, and this serves to mediate social costs. For instance, in societies such as those of East Africa, politically powerful positions are automatically assigned to men who reach a certain age (Keith, 1990).

Control over knowledge, especially ritual and religious traditions, has traditionally provided

elders with a critical source of power. The aged shaman is an example, revered in many societies for knowledge or wisdom. The importance of older members' protecting cultural values is illustrated in India, where traditional Hindu law prescribes a four-stage life cycle for high-caste men: student, householder, ascetic, and mendicant. In the last two stages, older religious men are expected to renounce worldly attachments to seek enlightenment in isolated retreats. This practice ensures that the pursuit of the highest form of knowledge is limited to older men of higher castes (Sokolovsky, 1997).

Knowledge as the basis of older people's power has been challenged as traditional societies become more urbanized or assimilated into the more modernized culture. Over the course of the twentieth century, American Indian elders lost their roles as mentors and counselors to younger tribal members. Their knowledge of tribal customs and stories, language, agricultural skills, and folk medicine was no longer valued as family structures changed and people migrated away from the reservation (Baldrige, 2001). Among some American Indian tribes, however, a revival of interest and pride in native identity and spirituality has occurred, thus raising the esteem of elders who possess ritual knowledge. For example, they are the only ones who know the words and steps for many traditional songs and dances. Knowledge of the group's culture, particularly its arts and handicrafts, native songs, and epics has enhanced the social status of older persons in native cultures. Similarly, the search for one's heritage or roots has led to increased contacts between younger generations seeking this information from older persons who often are a great repository of family histories. The growing desire for ethnic or tribal identity among many American Indians, which has led to a conscious restoration of old patterns, illustrates that modernization does not automatically erode the status of elders.

On the other hand, rapid societal changes created by modernization and accompanying sociodemographic shifts, poverty, and the HIV/



AIDS epidemic have placed unexpected burdens on older people in many African countries, who are disproportionately expected to contribute to supporting younger generations. Although much smaller in proportion than in other regions of the world, people age 60 and older comprise a growing share of the population, ranging from 6.8 percent in South Africa to 4.3 percent in Zimbabwe. With increasing migration of younger family members to urban centers, older adults in rural parts of Africa cannot rely on their adult children to care for them. Instead, many provide a critical role as caregivers themselves to grandchildren left behind by parents who seek employment in distant cities. This responsibility has been compounded by the growing number of AIDS orphans, especially in sub-Saharan Africa. Given that the population age 15 to 49 has been hardest hit by AIDS, older adults are often left to care for their grandchildren as well as extended family members. In most cases, they receive very little government support for their surrogate parenting. To make matters worse, most African countries provide little, if any, Social Security or pension benefits for their older citizens (Darkwa & Mazibuko, 2002; UNAIDS, 2000). The role of grandparents as primary caregivers for grandchildren or great-grandchildren, because their adult children are unable or unwilling to provide care, is now a global phenomenon (United Nations, 2008).

Singapore is another rapidly aging country; by 2050 their median age is expected to be similar to that of Japan and Italy. The state is preparing for its aging population through initiatives to encourage self-sufficiency. Government subsidies support 90 percent of older Singaporeans to live in public housing or to purchase their own homes. The Singaporean government has also invested in improvements to the country's infrastructure to allow people to age in place, by building barrier-free homes and expanding transportation options. A mandatory savings plan of risk-free bonds requires deposits throughout the working years and withdrawals only during retirement. In addition, the government controls health care costs for

elders. Although the mandatory retirement age in Singapore is 62, employers can rehire workers for another 3 years (Loong, 2009). Other countries are planning for increased numbers of older retirees by encouraging more self-sufficiency and personal responsibility.

### Immigrants from Traditional Cultures to the United States

In 2005, the U.S. had more foreign-born residents than any other country: approximately 38 million, representing 20 percent of all immigrants in the world. The countries that placed second and third had fewer than one-third that number: 12 million in Russia and 10 million in Germany. The growth of international migrants is also highest in the U.S.: 15 million between 1990 and 2005. The United Nations projects even higher rates of future immigration to the U.S.: 1.1 million per year between 2010 and 2050. Most of these are voluntary immigrants, not refugees, who seek better economic opportunities for their families. The great majority of immigrants are younger families. Although older adults represent less than 10 percent of the total, it is estimated that 4.5 million older immigrants will reside in the U.S. by 2010. Almost 17 percent are new to the U.S. and have lived here less



Social activities with others from their native country can help older immigrants adapt to life in the United States.

than 10 years, which has implications for how they have adapted to our society (Borjas, 2007; Population Reference Bureau, 2008b). Because of changes in the Immigration and Naturalization Act to give preferential entry for family members through the Family Reunification Act, most older immigrants arrive as “immediate relatives of U.S. citizens.” They generally follow their adult children who preceded them to this country (Gorospe, 2006; Moon & Rhee, 2006). This older immigrant population is:

- less likely to be educated (almost half have not completed high school)
- less likely to be proficient in English (including 58 percent of elders from Asian countries)
- more likely to live in poverty
- less likely to have health care coverage (45 percent of all elders who have no health insurance are foreign-born)
- less likely to use health and social services
- more likely than their U.S.-born peers to receive government benefits such as Medicaid (Asian American Justice Center, 2006; He, 2001; Moon & Rhee, 2006)

#### HELPING ISOLATED OLDER IMMIGRANTS

The “community ambassadors” program in Fremont, California was started by city leaders. It helps older immigrants who move to the U.S. to live with their adult children and often move out when conflicts arise in cultural values and lifestyles. Those who continue to live with their children remain at home alone when the younger generation leaves for work or school, often feeling dependent and depressed because they cannot speak English to function independently. Community ambassadors are other immigrants from the same countries who help elders obtain medical and legal services, enroll them in government benefit programs, provide transportation, and otherwise fill gaps left by the elders’ families.

SOURCE: National Public Radio, “Elderly Immigrants Flow into California,” March 17, 2008.

Adult children who precede their parents to the new country often encourage them to immigrate because they are concerned about providing care for their aging parents from a distance, especially when other siblings are unavailable in the home country. In some cases, the assistance is mutually beneficial because the parents live with or near their adult children in order to help in family-owned businesses and as caregivers for grandchildren. However, elders’ immigration for the sake of their children and grandchildren can disrupt their lives and psychological well-being at a time when their own health may be declining. Social isolation and depression often result. Depression rates as high as 26 percent have been found among immigrant elders and may be linked to financial problems, lack of health insurance coverage, multiple chronic diseases, and grief over leaving their home and friends in their native country (Gelfand, 2003; Min, Moon, & Lubben, 2005; Mui & Kang, 2006; van der Geest, Mul, & Vermeulen, 2004). As noted above, many of these older immigrants lack economic and educational resources. They are generally not proficient in English and rely on their children for financial and social support, thereby making acculturation more difficult. Language and cultural barriers compound the elders’ difficulties in accessing Western health care. For example, older immigrants must rely on their adult children to seek health services and manage the accompanying paperwork, shifting the balance of power and respect and making the older adult dependent on the child for this assistance. In a study of older Chinese immigrants in Boston, the most depressed were elders with the most chronic diseases and worst self-ratings of health (Wu, Tran, & Amjad, 2004).

Older refugees to Western countries face even more problems adjusting to their new country. In the past 40 years, waves of Indochinese refugees have come to the United States from countries experiencing political strife, war, and unrest. Property and other resources in their native lands that afforded them importance and power were generally stripped from them. Being

**POINTS TO PONDER**

Think about immigrant and refugee groups in your community. What is your impression of ways that elders in such families are involved, or not involved, in the lives of their children and grandchildren? What impact do a common language and shared cultural values appear to have on their interactions? To what extent have cultural differences created family conflicts and reduced the status of elders?

in the United States has brought them a different life than the one they might have imagined for their later years. These older refugees do not have the ability to provide material goods, land, or other financial support, which has traditionally given them status. Accordingly, traditional power has been eroded as families have started new lives in this culture and the balance of power has shifted within these families. Indeed, financial self-sufficiency is a major determinant of adjustment to life in the U.S. among older Indochinese refugees, regardless of education, gender, and English proficiency. In a study of refugee elders from Cambodia, Vietnam, Ukraine, and Jewish elders from the former Soviet Union, reports of loneliness and isolation were widespread. However, the majority of these refugees were unaware of any social or health services that could help them adapt to their new situation (Strumpf et al., 2001). Refugees from countries in the midst of civil war often experience even greater mental health problems. Traumas such as torture, massacre of family and friends, and abrupt separation from family members can have long-lasting negative effects, even after escaping to the political safety of the U.S. (Morioka-Douglas, Sacks, & Yeo, 2004).

**Living Arrangements of Older Immigrants**

Coresidence with adult children varies across nationality among immigrants. In an analysis of U.S. census data on almost 64,000 older immigrants, the living arrangements of Latino (mostly

Cuban and Mexican), Asian (mostly from China or Southeast Asia), and non-Hispanic white (mostly from Europe) immigrants were compared (Wilmoth, 2001). Significant differences emerged across immigrant groups, with the highest rates of independent living among white, Japanese, and Cuban immigrants. Living in another family member's home was more common among other Asian groups and elders from Mexico, especially among those who were unmarried, had lower incomes and less than a college education, and those with a physical disability. As noted above, coresidence may not always benefit the older immigrant, especially if their adult children live in a suburban community far from an ethnic enclave, such as Chinese and Southeast Asian neighborhoods in urban settings. Elders who choose to live in these ethnic enclaves lose their immediate access to family but gain the benefit of socializing with their peers and finding health and social service providers who speak their native language. In some cases, immigrant elders who opt to live in ethnic enclaves in the city sacrifice the material comfort of life in the suburbs in order to be close to such reminders of "home." For these older adults, their residence takes on a meaning beyond physical safety and comfort and can serve to ameliorate their sense of displacement from their home country (Becker, 2003).

When immigrant elders need long-term care, traditional norms of filial piety generally play a dominant role in the decision by elders and their adult children about what services to use. Research with immigrant Latino families has found that they mobilize a wide network of extended family and friends to provide care in the community (Gelfand, 2003). Among families from Southeast Asia, regardless of religion (Sikh, Hindu, Muslim, or Christian), those who continue to hold filial piety beliefs are less likely to feel burdened by caring for an older parent (Gupta & Pillai, 2002). Indeed, among some immigrant groups, placing an older family member in a nursing home is viewed as a denial of one's filial obligations. These values of providing long-term care

### IMMIGRANTS WORKING IN LONG-TERM CARE FACILITIES

More and more workers in the direct-services labor force are young immigrants. Their clients are often white, middle-class, and the oldest-old. Nowhere is this more evident than in long-term care facilities such as assisted living and nursing homes. In some communities, immigrants make up as many as half of the nurses, aides, and housekeeping staff of long-term care facilities. In 2005, foreign-born women had the greatest likelihood of being employed in direct-care jobs, with the highest rates among Latinas (Leutz, 2007). Communication with older clients may suffer because of poor English proficiency among staff, hearing impairments among elders, stereotypes held by each group regarding the other, and in some instances, the elders' verbal abuse of the staff. These facilities are a microcosm of the increasingly diverse American society. When strategically managed, they can also create opportunities for cross-cultural dialog and the celebration of diversity.

to frail elders at home can strengthen bonds in immigrant families. However, as noted above, if adult children are already burdened by financial problems, work demands, and interpersonal conflicts with their other family members, their parents' expectations of caregiving in the home can create psychological distress for them (Moon & Rhee, 2006).

One long-term care option that is gaining popularity among older immigrants and their families is adult day-health centers. Some are located in enclaves of older immigrants from Latin America or Southeast Asian countries or China, so they reach out to these populations by hiring staff who are native speakers of these languages and by offering culturally appropriate programming and meals. One such example, that has been replicated nationally, is the adult day-health program of the El Portal Latino Alzheimer's Project in Los Angeles (Aranda, Villa, Trejo, Ramirez, & Ranney, 2003). Others were started by leaders in these immigrant communities to serve vulnerable

elders who live alone or are left home alone during the day while their adult children work and their grandchildren attend school (Medical News Today, 2009).

### Financial Dilemmas Facing Immigrant Elders

Financial self-sufficiency is an important determinant of an elder's social position in the family, whether they are immigrants or native-born Americans. As described in more detail in Chapter 12, in order to receive Social Security benefits, a worker must have been employed at least 10 years (or 40 quarters) in a job that has these benefits. For this reason, many older immigrants seek employment when they first enter the U.S. If they are legal immigrants and work at least 10 years, they can obtain Social Security benefits. As a result, an increasing proportion of older immigrants, especially men, remain employed for the mandatory 10 years, then quit working. Recognizing that less-educated immigrants are unlikely to have personal assets and to depend largely on employment income, it is not surprising that this group is more likely to work than their college-educated counterparts. In 2005:

- 20 percent of older workers were foreign-born and had less than a high school education
- 19 percent were foreign-born and had completed high school
- 11 percent were foreign-born and college graduates (Borjas, 2007)

The poverty rate for older non-citizens is approximately twice that of older U.S. citizens. As a result, they are more likely to rely on government assistance, such as Medicaid and SSI, than their citizen counterparts. For example, 21 percent of immigrants accessed government cash assistance programs in 1994, compared with 4 percent of older adults who were citizens (Nam & Jung, 2008). However, major policy changes took place in 1996 that severely limited non-citizen immigrants' access to these benefits.

Euphemistically labeled “welfare reform,” this change enacted by the U.S. Congress placed significant limits on non-citizen immigrants’ eligibility for and access to public assistance benefits, including SSI and food stamps. These rules, aimed at reducing the federal government’s costs at the time, transferred decisions and responsibility for welfare programs to state and local governments. The immediate and long-term effects of this policy change have been to reduce income security for poor families and older immigrants who were not U.S. citizens when welfare reform was enacted. This problem differentially affects older persons, depending on the state where they reside. In states where budgetary and philosophical attitudes toward welfare programs are negative, immigrants have faced lower benefits, restrictions on eligibility, and time limits. In states such as California, which has the largest number of non-citizen immigrants, the percentage of immigrant households receiving public assistance has declined sharply, particularly given the magnitude of the recession in the state. Many who are eligible have not applied for needed assistance because they think that they are ineligible or that it may result in deportation. Others who could become eligible for Medicaid and SSI by becoming citizens do not seek this status because they do not have the necessary English proficiency to pass the naturalization tests (Angel, 2003; Caro & Morris, 2004; Carroll, 2002; Estes et al., 2006; Gorospe, 2006).

## Summary

Population aging is a global phenomenon that is occurring at different rates in developed as well as developing countries, reflecting the demographic transition from high-fertility rural agrarian societies to low-fertility urban industrialized societies. The largest proportions of elders are in industrialized countries, especially in Europe and Japan, where life expectancy and the median age have increased dramatically in the past 20 years.

However, the greatest proportion of older people live in developing countries. A key challenge associated with global aging, intensified by declining birthrates, is that fewer workers are available to support the growing proportion of older people. China is already facing a crisis from its one-child-per-family policy resulting in fewer workers, daughters and daughters-in-law to provide care for its burgeoning population of elders. Many developing countries, focused on the immediate needs of younger populations, have not yet established adequate public policies to address the growth of their older populations. In contrast, many industrialized countries, especially in the European Union, are attempting to implement new retirement policies intended to increase the number of older workers while reducing the burden on their state pension programs. Not surprisingly, these attempts to raise the retirement age are being met with resistance by many workers who had expected to retire with full benefits between age 55 and 64, as in the past. Other industrialized countries are actively recruiting middle-aged adults as employees and offering incentives, such as flexible work schedules, for their existing older workers to continue on the job. On the other hand, more older adults worldwide are realizing that they need to continue to be employed well past age 65 because of the global economic crisis. Japan has implemented a comprehensive long-term care policy and system of care that is being watched closely by other countries.

A basic principle governing the status of older adults is the need to achieve a balance between their contributions to society and the costs of supporting them. The process of modernization and technological development often conflicts with traditions of filial piety. But the family continues to play an essential role in supporting its oldest members in most societies. The extent to which older citizens are engaged in society appears to vary with the nature of their power resources, such as their material possessions, knowledge, and social authority. In most of their exchanges, older people seek to maintain reciprocity and to

be active, autonomous agents in the management of their own lives. That is, they prefer to give money, time, caregiving or other resources in exchange for services. This theoretical perspective, described as social exchange theory in Chapter 8, suggests that communities should seek ways to increase older people's exchange resources so that they are valued by society.

Control of resources as a basis for social interactions between members of a society is important throughout the life course. However, it becomes even more crucial in old age, because retirement generally results in a decline in one's level of control over material and social resources. As their physical strength diminishes and their social world correspondingly shrinks, many older people face the challenge of altering their environments and using their capacities in ways that will help them maintain reciprocal exchanges and protect their competence and self-determination. A 2008 review of the Madrid International Plan for Acting on Ageing, which was adopted by the United Nations in 2002, urged action in terms of national policies and practices to promote the health, employment, and human rights of older adults globally. It called for more attention to disease prevention efforts in order to reduce health and economic disparities that are intensified in old age, advocacy on behalf of elders to promote their empowerment and decision-making, positive incentives for working longer, and identifying ways for older adults to contribute to social and economic progress (United Nations 2008).

Such strategies are relevant as well to older immigrants who may still have full physical and cognitive functions but have lost material resources from their homeland that would have given them power and prestige. Older people who immigrate to the United States often do so to be with their adult children and generally help with child care or the family business. Although this may represent a reciprocal exchange, immigration in the later years can also deprive elders of their autonomy and opportunities for active aging. Some experience psychological and physical health problems; others face financial burdens,

especially since welfare reform in the mid-1990s placed restrictions on non-citizen immigrants' access to Medicaid. Attempts by elders to maintain control over their environment in the face of changing personal capacities and resources are consistent with the person-environment model presented in Chapter 1. This issue will be discussed in detail in subsequent chapters on biological, psychological, and social changes with aging. The relatively limited information on cross-cultural issues in gerontology suggests a need for more anthropologists, sociologists, and economists to direct their research toward comparing how the aging process and elders are viewed in different cultures and countries and how varied economic systems are adapting to the growth of this population.

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#### GLOSSARY

**biculturalism** the process of changing one's lifestyle by integrating one's native culture with that of the host country

**filial piety** a sense of reverence for and deference to elders that encourages care for one's aging family members

**modernization theory** advances in technology, applied sciences, urbanization, and literacy which, in this context, are related to a decline in the status of older people

**skipped generation households** often because of economic necessity, the middle generation moves out of the home and grandparents assume responsibility for the day-to-day care of grandchildren

**social stratification** divisions among people (e.g., by age, ethnic group) for purposes of maintaining distinctions between different strata by the significant characteristics of those strata

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#### REFERENCES

- AARP. (2006). Interview with Mr. Tatsuo Honda, Japan's National Institute of Population and Social Security Research. *AARP Global Aging Issues*, 2006. Retrieved April 2009, from [http://www.aarp.org/research/intl/globalaging/apr\\_06\\_newsmaker.html](http://www.aarp.org/research/intl/globalaging/apr_06_newsmaker.html)

- Angel, J. L. (2003). Devolution and the social welfare of elderly immigrants: Who will bear the burden? *Public Administration Review*, 63, 79–89.
- Aranda, M., Villa, V., Trejo, L., Ramirez, R., & Ranney, M. (2003). El Portal Latino Alzheimer's Project: Model program for Latino caregivers of Alzheimer's disease-affected people. *Social Work*, 48, T1.
- Asian American Justice Center and Asian Pacific American Legal Center. (2006). *A community of contrasts: Asian and Pacific Islanders in the United States*. Washington, DC.
- Baldrige, D. (2001). Indian elders: Family traditions in crisis. *American Behavioral Scientist*, 44, 1515–1527.
- Becker, G. (2003). Meanings of place and displacement in three groups of older immigrants. *Journal of Aging Studies*, 17, 129–149.
- Bloom, D. & Canning, D. (2007). Demographic change, fiscal sustainability and macroeconomic performance. *Public Policy and Ageing Report*, 17, 18–23.
- Borjas, G. J. (2007). *Social security eligibility and the labor supply of elderly immigrants*. Paper presented at 9th annual Joint Conference for the Retirement Research Consortium.
- Bosch Management Support. (2004). *Handfeste unterstutzung statt allgemainer Ratschlage-eine feste verbindung auf Zeit*, 2.
- Cameron, L. (2000). The residency decision of elderly Indonesians: A nested logit analysis. *Demography*, 37, 17–27.
- Caro, F. G. & Morris, R. Devolution and aging policy. *Journal of Aging and Social Policy*, 14, 1.
- Carroll, D. (2002). *TANF reauthorization: A California perspective*. Sacramento, CA: California Budget Project.
- Cheng, S. T. & Chan, A. C. M. (2006). Filial piety and psychological well-being in well older Chinese. *Journal of Gerontology: Psychological Sciences*, 61B, P262–P269.
- Chivers, C. J. (2006). Russians, busy making shrouds, are asked to make babies. *The New York Times*, May 14, p. 4.
- Cowgill, D. (1974a). Aging and modernization: A revision of the theory. In J. F. Gubrium (Ed.), *Late life communities and environmental policy*. Springfield, IL: Charles C. Thomas.
- Cowgill, D. (1974b). The aging of populations and societies. In F. Eisele (Ed.), *Political consequences of aging. The annals of the American Academy of Political and Social Science*, 415, 1–18.
- Cowgill, D. (1986). *Aging around the world*. Belmont, CA: Wadsworth.
- Dandekar, K. (1996). *The elderly in India*. Thousand Oaks, CA: Sage.
- Darkwa, O. K. & Mazibuko, F. N. M. (2002). Population aging and its impact on elderly welfare in Africa. *International Journal of Aging and Human Development*, 54, 107–123.
- Estes, C. L., Goldberg, S., Wellin, C., Linkins, K. W., Shostak, S., & Beard, R. L. (2006). Implications of welfare reform on the elderly: A case study of provider, advocate and consumer perspectives. *Journal of Aging and Social Policy*, 18, 41–63.
- European Commission. (2005). *Green paper on demographic change*. Brussels, EU.
- Gelfand, D. E. (2003). *Aging and ethnicity: Knowledge and services* (2nd ed.). New York: Springer.
- Gerontological Society of America. (2009). Tokyo running short on care facilities. *Gerontology News*, March 9.
- Gorospe, E. (2006). Elderly immigrants: Emerging challenge for the U.S. healthcare system. *Internet Journal of Healthcare Administration*, 4.
- Gupta, R. & V. K. Pillai. (2002). Elder caregiving in South Asian families: Implications for social services. *Journal of Comparative Family Studies*, 33, 565–576.
- Haub, C. (2007). Global aging and the demographic divide. *Public Policy and Ageing Report*, 17, 1, 3–6.
- Hayutin, A. M. (2007a). Graying of the global population. *Public Policy and Ageing Report*, 17, 12–17.
- Hayutin, A. M. (2007b). *How population aging differs across countries*. Stanford Center on Longevity.
- He, W. (2001). The older foreign-born population in the United States: 2000. *Current Population Reports*. U.S. Census Bureau, Washington, DC, 23–211.
- He, W., Sengupta, M., Velkoff, V., & DeBarros, K. A. (2005). *65+ in the United States: 2005. Current Population Report* 23–29. Washington, DC: U.S. Census Bureau.
- He, W., Sengupta, M., Zhang, K., & Guo, P. (2007). Health and healthcare of the older population in urban and rural China: 2000. *International Population Reports*, P95/07–2. Washington, DC: U.S. Census Bureau.
- Heywood, J. S. & Siebert, W. S. (2008). *Understanding the market for older workers*. IEA Discussion Paper no. 23. Retrieved 2008, from <http://www.iea.org.uk/files/upld-book446pdf?.pdf>

- Hsu, H. C., Lew-Ting, C. Y., & Wu, S. C. (2001). Age, period, and cohort effects on the attitude toward supporting parents in Taiwan. *The Gerontologist*, 41, 742–750.
- Hu, Y. H. (1995). Elderly suicide risk in family context: A critique of the Asian family care model. *Journal of Cross-Cultural Gerontology*, 10, 199–217.
- Ikels, C. (1997). Long-term care and the disabled elderly in urban China. In J. Sokolovsky (Ed.). *The cultural context of aging* (3rd ed.). Westport, CT: Bergin and Garvey.
- Infeld, D. L. (Ed.). (2002). *Disciplinary approaches to aging: Anthropology of aging* (Vol. 4). New York: Routledge.
- Kaneda, T. (2006). *China's concern over population aging and health*. Retrieved October 2006, from <http://www.prb.org>.
- Keith, J. (1990). Age in social and cultural context: Anthropological perspectives. In R. Binstock & L. George (Eds.). *Handbook of aging and the social sciences* (3rd ed.). New York: Academic Press.
- Kim, I. K. & Maeda, D. (2001). Comparative study on sociodemographic changes and long-term care needs of the elderly in Japan and South Korea. *Journal of Cross-Cultural Gerontology*, 16, 237–255.
- Kinsella, K. & Velkoff, V. A. (2001). *An aging world: 2001*. U.S. Census Bureau Series. Washington, DC: U.S. Government Printing Office, 95/01–1.
- Kinsella, K. & Phillips, D. (2005). The challenge of global aging. *Population Bulletin*, 60.
- Knodel, J. & Ofstedal, M. B. (2002). Patterns and determinants of living arrangements. In A. I. Hermalin (Ed.). *Well-being of the elderly in Asia: A four-country comparative study*. Ann Arbor: University of Michigan Press.
- Lan, P. C. (2002). Subcontracting filial piety. *Journal of Family Issues*, 23, 812–835.
- Leutz, W. (2007). *Immigration and the elderly: Foreign-born workers in long-term care*. American Immigration Law Foundation.
- Levande, D. I., Herrick, J. M., & Sung, K. T. (2000). Eldercare in the United States and South Korea. *Journal of Family Issues*, 21, 632–651.
- Loong, L. H. (2009). Preparing for an aging population: The Singapore experience. *The Journal (AARP)*, Winter, 12–17.
- Maeda, D. (1998). *Recent policy of long-term care in Japan*. Paper presented at meetings of the American Public Health Association, Washington DC.
- Medical News Today*. (2009). New Jersey elderly immigrants increasingly using adult day health care centers. Retrieved February 2009, from <http://www.medicalnewstoday.com/articles/137406.php>
- Min, J., Moon, A., & Lubben, J. (2005). Determinants of psychological distress over time among older Korean Americans and non-Hispanic white elders. *Journal of Mental Health and Aging*, 9, 210–222.
- Moon, A. & Rhee, S. (2006). Immigrant and refugee elders. In B. Berkman & S. D'Ambruso (Eds.). *Handbook of social work in health and aging*. New York: Oxford Press.
- Morioka-Douglas, N., Sacks, T., & Yeo, G. (2004). Issues in caring for Afghan American elders: Insights from literature and a focus group. *Journal of Cross-Cultural Gerontology*, 19, 27–40.
- Mui, A. C. & Kang, S. Y. (2006). Acculturation stress and depression among Asian immigrant elders. *Social Work*, 51, 243–250.
- Nam, Y. & Jung, H. J. (2008). Welfare reform and older immigrants' food stamp program participation and food insecurity. *The Gerontologist*, 48, 42–50.
- National Center for Health Statistics (NCHS). (2005). *Health United States, 2005, with chartbook on trends in the health of Americans*. Hyattsville, MD: NCHS.
- National Institute of Population and Social Security Research. (2004). *Key learning from the 2nd public opinion survey on population issues in Japan*. Retrieved 2004, from [http://www.ips.go.jp/English/pospi\\_2nd/chosa.html](http://www.ips.go.jp/English/pospi_2nd/chosa.html)
- National Institute of Population and Social Security Research. (2006). *Housing with seniors: 1975–2010*. Retrieved October 2006, from <http://www.jinjapan.org/insight/html/focus10/page08.html>
- Nixon, S. (2002). Looming labour crisis puts the focus on grey force. *Sydney Morning Herald*, October 2.
- OECD. (2005). *Ageing and employment policies*. Paris: OECD.
- Oldies with muscle. (2008). *The Economist*, 70–71.
- Personnelzone Direct. (2004). *SAGA predicts thousands will delay retirement*. Retrieved February 2004, from <http://www.personnelzone.com>
- Population Reference Bureau. (2008a). *2008 World population data sheet*. Washington DC: USAID.
- Population Reference Bureau. (2008b). *World population highlights*. *Population Bulletin*, 63.



- Pritchard, C. & Baldwin, D. S. (2002). Elderly suicide rates in Asian and English-speaking countries. *Acta Psychiatrica Scandinavica*, 105, 271–275.
- Silverman, P., Hecht, L., & McMillin, J. D. (2000). Modeling life satisfaction among the aged: A comparison of Chinese and Americans. *Journal of Cross-Cultural Gerontology*, 15, 289–305.
- Silverstein, M., Cong, Z., & Li, S. (2006). Intergenerational transfers and living arrangements of older people in rural China. *Journal of Gerontology: Social Sciences*, 61B, S256–S266.
- Social Security Administration (SSA). (2005). *International update*. SSA Publication No. 13–11712.
- Sokolovsky, J. (Ed.). (1997). *The cultural context of aging* (3rd ed.). Westport, CT: Bergin and Garvey.
- Strumpf, N. E., Glicksman, A., Goldberg-Glen, R. S., Fox, R. C., & Logue, E. H. (2001). Caregiver and elder experiences of Cambodian, Vietnamese, Soviet Jewish, and Ukrainian refugees. *International Journal of Aging and Human Development*, 53, 233–252.
- Sung, K. T. (2000). Respect for elders: Myths and realities in East Asia. *Journal of Aging and Identity*, 5, 197–205.
- Sung, K. T. (2001). Family support for the elderly in Korea: Continuity, change, future directions and cross-cultural concerns. *Journal of Aging and Social Policy*, 12, 65–77.
- Tabuchi, H. (2009). Japan is paying immigrants to go home and not come back. *The New York Times*, April 26, p. 1.
- Taylor, P. (2003). Policy-making towards older workers in the U.K. In H. Buck & B. Dworschak (Eds.), *Ageing and work in Europe*. Stuttgart.
- United Nations. (2005). *World Population Prospects*. (Vol. II). Department of Economic and Social Affairs: Population Division.
- United Nations. (2007a). *World Population Aging 2007*. Department of Economic and Social Affairs: Population Division.
- United Nations. (2007b). *World Population Prospects*. (Vol. IV). Department of Economic and Social Affairs: Population Division.
- United Nations. (2007c). *Global summit on grandparents and kinship caregivers*. Retrieved October 2009, from [www.un.org/News/briefings/docs/2007/070402\\_grandparents.doc.htm](http://www.un.org/News/briefings/docs/2007/070402_grandparents.doc.htm)
- United Nations. (2009a). *Opportunities and challenges for an aging world*. AARP United Nations Briefing Series. Retrieved April 2009, from [www.aarpinternational.org/2008UNBriefingSeries](http://www.aarpinternational.org/2008UNBriefingSeries)
- United Nations. (2009b). World population to exceed 9 billion by 2050. Retrieved April 2009, from <http://www.un.org/esa/population/publications/wpp2008/pressrelease.pdf>
- United Nations AIDS Programme (UNAIDS). (2000). *HIV/AIDS in Africa: Fact sheet*. Retrieved 2000, from <http://www.unaids.org>
- U.S. Census Bureau. (2006). International Data Base. Retrieved 2006, from [www.census.gov/ipc/www/idbnew.html](http://www.census.gov/ipc/www/idbnew.html)
- Van der Geest, S., Mul, A., & Vermeulen, H. (2004). Linkages between migration and the care of frail older people: Observations from Greece, Ghana, and The Netherlands. *Ageing and Society*, 24, 431–450.
- Vincentnathan, S. G. & Vincentnathan, L. (1994). Equality and hierarchy in untouchable intergenerational relations and conflict resolutions. *Journal of Cross-Cultural Gerontology*, 9, 1–19.
- Von Nordheim, F. (2003). EU policies in support of member states' efforts to retain, reinforce and re-integrate older workers in employment. In H. Buck & B. Dworschak (Eds.), *Ageing and work in Europe*. Stuttgart.
- Wagner, J. (2006). German government agrees to first-pillar reform. *Global Action on Aging*. Retrieved October 2006, from <http://www.globalagin.org/pension/world/2006/firstpillar.htm>
- Wilmoth, J. M. (2001). *Social integration of older immigrants in 21st century America*. Syracuse University Policy Brief No. 29. Syracuse, NY: Syracuse University.
- Wong, S. T., Yoo, G. J., & Stewart, A. L. (2006). The changing meaning of family support among older Chinese and Korean immigrants. *Journal of Gerontology: Social Sciences*, 61B, S4–S9.
- World Health Organization (WHO). (2002). *Active Ageing: A policy framework*. Geneva, Switzerland: WHO.
- Wu, B., Tran, T. V., & Amjad, Q. A. (2004). Chronic illnesses and depression among Chinese immigrant elders. *Journal of Gerontological Social Work*, 43, 79–95.
- Yee, B. W. K. (1997). The social and cultural context of adaptive aging by Southeast Asian elders. In

- J. Sokolovsky (Ed.). *The cultural context of aging* (3rd ed.). Westport, CT: Bergin and Garvey.
- Zeng, Y., Liu, Y., & George, L. K. (2003). Gender differentials of the oldest old in China. *Research on Aging*, 25, 65–80.
- Zhan, H. J. (2004). Willingness and expectations: Intergenerational differences in attitudes toward filial responsibility in China. *Marriage and Family Review*, 36, 175–200.
- Zhan, H. J., Liu, G., Guan, X., & Bai, H. G. (2006). Recent developments in institutional elder care in China: Changing concepts and attitudes. *Journal of Aging Social Policy*, 18, 85–108.
- Zhang, H. (2004). Living alone and the rural elderly: Strategy and agency in post-Mao rural China. In C. Ikels (Ed.), *Filial piety: Practice and discourse in contemporary East Asia*. Palo Alto, CA: Stanford University Press.