

Ageing Population in Developed Countries: A Study of Process and Phenomena

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Abstract: The ageing process is associated with increasing life expectancy in the community and it means more and more people are going to require more health care and maintenance. In keeping pace with demographic changes, the number of places taken in residential care homes, nursing homes and hospitals are on the rise. In order to develop new health care treatments and management strategies of an elderly population, a clear in-depth understanding of the process and phenomena of the aging population is urgently required. Accordingly, this research attempts to deal with the consequences of the elderly population by studying the process and phenomena of aged population in developed countries.

Key words: Ageing • Life expectancy • Health care • Process and Phenomena

INTRODUCTION

Aging is a broad concept that includes physical changes to our bodies, psychological changes to our minds, mental capacities and social attributes through adult life. It involves not only how we view life at an old age but how the masses of people in society perceive us. The cycle of a man can be divided into maturation in which one develops into full maturity where one has full control of his abilities and later on into the ageing stage in which those abilities decline [1].

Growing old is a universal phenomenon [2] but experiences and problems of the elderly people may not all be the same. This article primarily describes and analyses the conditions of people over 65 years old in Japan and United States of America. It considers the elderly people's capacity for self-care, their position and role in the family and social networks. It probes into their ability and capacity to provide for them a satisfactory and happy life. The article speaks of the physical capacity of the old people, their attitude towards their health, their

dependence on medicine and welfare service and the family relationships they cling to, their work experience, their attitude towards retirement and the financial services available to them.

The main reason why Japan was chosen over certain Western countries is because her problems are more serious than those experienced by developing nations. Japan has a very fast growing aging population. The aging of the Japanese people outweighs all other nations with the highest proportion of elderly citizens, 21% over the age of 65 in 2005 [3]. In 1989, only 11.6% of the population was 65 years or older, but projections state that 25.6% would be in that age category by 2030. However, those estimates are updated (as of February 2011) to 23.1% of the population being 65 and over and 11.4% being 75 and over [4].

Now Japan is the nation with the world's highest aging population. The change in age demographics would have taken place in a shorter span of time than in any other country (Population Census of Japan, 2011). The 65 and above demographic group has increased from 26.5

million in 2006 to 29.47 million in 2011, an 11.2% increase. The Japanese Health Ministry estimates the nation's total population will decrease by 25% from 127.8 million in 2005 to 95.2 million by 2050 [5]. Japan's elderly population, aged 65 or older, comprised of 20% of the nation's population in June 2006 [6]. There is another forecast that the aging population is to increase to 38% by 2055. [7] Other nations like Sweden, Britain and the USA too face the same problems.

The Causes of Rising Aged Population in Japan:

This aging of the population is brought about by a combination of low fertility and high life expectancies (i.e. low mortality). In 1993, the birth rate was estimated at 10.3 per 1,000 persons and the average number of children born to a woman over her lifetime has been fewer than two since the late 1970s (the average number was estimated at 1.5 in 1993). Family planning was nearly universal with condoms and legal abortion the main forms of birth control [8].

A number of factors contributed to the trend toward small families: high education, devotion to raising healthy children, late marriage, increased participation of women in the labour force, small living spaces, education about the problems of overpopulation and the high cost of child education. In 1993, life expectancies rated at 76.4 years for males and 82.2 years for women were the highest in the world (the expected life span at the end of World War II for both males and females was 50 years). The mortality rate in 1993 was estimated at 7.2 per 1,000 persons. The leading causes of death then were cancer, heart diseases and cerebrovascular, a pattern common to industrialized societies [9].

Japanese Government's Policy on the Aging Population:

The UN Population Division studies on the aging problem are concerned with such a high rate of elderly population. The number of dependants (consisting of school children below 15 and the older population) would cover a large segment of the population. There would be two dependent persons for every three productive workers in the Japanese population and this is not good for the economy.

Public policy, the media and discussions with private citizens reveal a high level of concern for the implications of one in four persons in Japan being 65 or older. Despite claims that it is not particularly high, by 2025, the dependency ratio (the ratio of people under age 15 plus those 65 and older to those aged 15–65, indicate in a general way the ratio of the dependant population to the

working population) is expected to be two dependents for every three workers. For example, Uganda has 1.3 dependents for every one worker. The aging of the population is already becoming evident in the aging of the labour force and the shortage of young workers in the late-1980s, with potential impacts on employment practices, wages and benefits and the role of women in the labour force [10].

The increasing proportion of elderly people also has a major impact on government spending. Millions of dollars are spent every year on education, health care and welfare for children but more is spent on the aging population. In the early-1970s, social expenditures amounted to only about 6% of Japan's national income. In 1992, that portion of the national budget was 18% and it is expected that by 2025, 27% of the national income would be spent on social welfare [11].

In addition, the median age of the elderly population has been rising since the late 1980s. The proportion of people aged 65–85 is expected to increase from 6% in 1985 to 15% in 2025. Because chronic diseases increase with age, the health care and pension systems are expected to come under severe strain. In the mid-1980s the US government began to re-evaluate its relative burdens and those of the private sector in health care and pensions and it established policies to control government costs in these programmes. Paul S. Pewitt (2002), a researcher in the USA, mentioned that this is not good for the GNP of the nation when there is large number of unproductive aged people [12].

Social Forces and Aging Problems: Aging is a complex and fascinating process. It involves many aspects of one's living; namely psychological, emotional, cognitive, economic and interpersonal, between members of a family and within a community. It is also fascinating because the changes could be different for each individual aging person. Aging is also part of the life cycle that attracts the media, businessmen, industry and the general public. Changes in the number and proportion implicate the structure of families and social amenities such as inadequate housing and recreational services, health facilities, social safety scheme like insurance and pension for the elderly population. Private and public planners need to think of more amenities for the elderly if their number is very high like in Japan [13].

To many people, aging can be seen in signs that appear in one's body like greying hair, balding, wrinkled skin and the changing of the organs and systems like the heart, lungs, kidneys, bladder and others as well as the

nervous system. The relative efficiency of the life span is determined. As far as the various organs and system within us are concerned, it involves significant loss and decline in some of the physiological functions and minimal changes of others. This process is universal; all man experience the same processes. It also results in physiological decline. It is gradual and the loss cannot be corrected and cannot be stopped although sometimes the process is slowed down by doing exercises or eating some dietary food. At old age, this could be followed by various kinds of diseases [14].

Heart disease is one of the diseases that can be the result of aging processes but it is not truly a form of disease. Over 27.1% of the people aging 65 are limited by heart conditions (Standard Abstract, 1988.) The most wide spread form of heart disease is *coronary artery disease* or alternatively known as ischemic heart disease and is the major killing disease in the United States and other industrialized nations. Its incidence does increase with age. This is a common cause of death for middle-aged and increasingly in elderly people. Coronary artery disease is the deficiency of blood reaching the heart because of the narrowing of blood vessels, causing damages to the heart tissue. There are two major contributors of coronary artery disease; firstly, *Atherosclerosis* which is the accumulation of fat, cholesterol crystals along with other substances at the interior walls of the arteries, reducing the passageways and secondly, *Arteriosclerosis* which is the hardening of the artery. Both causes of the disease can occur at the same time. High blood pressure is also a contributor to coronary artery disease [15].

Strokes and other cerebrovascular problems of old age could be due to tissues being denied adequate nourishment because of change of blood in the vessels supplying it. Similarly, *Atherosclerosis* and *Arteriosclerosis* can affect the function of the brain because of change in the supply of blood to the brain. This impaired brain tissue circulation and malfunctioning of the brain is known as cerebrovascular accident or stroke. Many elderly people with heart problems are also at risk of cerebrovascular disease. 80% of the causes for 200,000 deaths occur when the persons are aged 65 years old [16].

Cancer is the cause of death for 25% of those aged 65 and above especially cancers of the stomach, lung, intestines and pancreas. 55% of cancer occurs and is diagnosed after 65 years of age. Cancer of bowel is malignant in those aged 70 and above and is second to lung cancer. Lung cancer is the cancer with the highest

number of deaths for those over 65 years, especially cigarette smokers. Women also face cervical and breast cancer. Diagnosing the cancer is difficult because of old age and the existence of other chronic diseases such as weight loss, weakness or fatigue. The elderly also do not seek diagnosis of the disease [17].

Thus, the elderly also face gradual biological changes in their body over time. It may not necessarily be connected to diseases. But aging and diseases are often linked since decline in organ capacities and internal protective mechanism causes the elderly people to become more vulnerable to illnesses. Stress, the loss of hearing and sight and heart diseases are present in people who have reached old age although different people have different degrees of these changes. This process is universal, gradual, occurs over time and cannot be corrected by the organism [18].

The various trends of losing one's hearing and sight and various chronic diseases experienced by the old people can be slowed and can be prevented by exercises or medical aid but only for a short time as they cannot be totally stopped or reversed. We must have more clinics and counselling for the aged people to reduce their stress and make them more acceptable of their situation; if possible allow them to be accepting of life in this situation.

Depression and Suicide by Aging People: Although they comprise only 12% of the U.S. population, people aged 65 and older accounted for 16% of suicide deaths in 2004. In other words, 14.3 in every 100,000 people aged 65 and older died by committing suicide in 2004, higher than the rate of about 11 per 100,000 in the general population. Non-Hispanic white men aged 85 and older are most likely to die by suicide. They have a rate of 49.8 suicide deaths per 100,000 persons in that age group [19].

For many people, the process of aging brings time to relax and enjoy life. For other adults, however, physical or emotional pain prevents them from enjoying their later years. If their pain is not addressed, they may eventually consider taking their own life as a way out.

Tragically, Virginia in the US loses one member of its aging population to suicide every three days. Virginians over the age of 65 have a suicide rate that is more than double than that of all other age groups in the state. Though older Virginians make only 11% of the state's population, they account for 21% of the suicides. Studies have also found out by Hooyman [20] the following trends:

- Older men are four times as likely to take their own lives as older women.
- Aging Caucasians are more likely to die by suicide than members of minority communities.
- Suicide deaths are more likely among older residents of rural areas than those who live in urban areas.
- Older Virginians are most likely to use firearms to carry out their suicide plans.

Since older people do not usually take their own lives on impulse, opportunities exist for them to receive the help they need. Noticing and caring about a suicidal older adult can make the difference between life and death.

Below Are the Reasons Why the Elderly Choose to Commit Suicide [21]:

- A serious illness with continuing serious pain.
- The sudden death of a loved one such as wife or only daughter.
- A major loss of independence of financial needs.
- A frustration in life.
- A sudden decision to give away one's important possession.
- A general loss of interest in one's social and physical environment.

Social Theory of Old Age: In old age, the social theory of adjustment is important. The elderly have to adjust their living to the new situation. Age norm serves to open up or close off the roles that the people of a given chronological age can play. Age norms are assumptions of aged related capacities and limitations – beliefs that a person of certain age can and ought to do certain thing and disengage from certain activities. For example, the family and aging people may be concerned about an old relative driving a car. It is normal that in the aged era, the role and activities of the persons must be changed to adjust to an adaptable environment. After retirement, one is expected go to church more often or do only voluntary work or gardening work at home. However, if one is a medical doctor or a university lecturer, his services may still be needed after retirement age. Some studies show the more active the elderly are, the greater their satisfaction [22] Some people work past 65 years old due to economic concerns and better health compared to the conditions in the past [23] for instance Finkel D. Sturk who worked after the retirement age of 65 years old [24].

Suicide Rate by Age Group for 2010

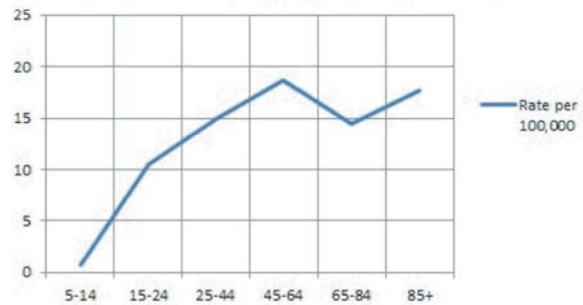


Fig. 1:

Suicide Rate by Age Group over Time

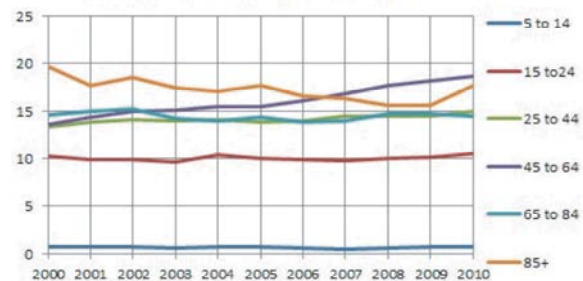


Fig. 2:

Annual Suicide Rates by Age Group

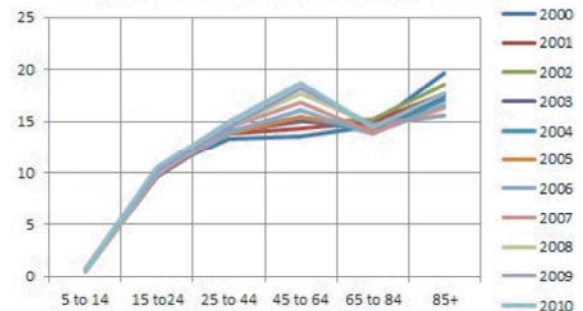


Fig. 3:

Table 1: Most Recent Suicide Figures

Age Group	Number of Suicides	Population	Rate
5-14	274	41,025,851	0.7
15-24	4,600	43,626,342	10.5
25-34	5,735	41,063,948	14.0
35-44	6,571	41,070,606	16.0
45-54	8,799	45,006,716	19.6
55-64	6,384	36,482,729	17.5
65-74	2,974	21,713,429	13.7
75-84	2,052	13,061,122	15.7
85+	968	5,493,433	17.6

All rates are per 100,000 persons

P. Dealing McGeehan who just would not quit after 65 years old [25] and T. Trafford, retired though not resting who turned to voluntary work [26].

There are also several studies on productive aged people. If aged people can work, life is more fulfilling and satisfactory. [27] argues that with proper orientation to train aged people then they may be productive and useful to society. By improving the ergonomics, better computer can suit the elderly so that the aging period becomes productive. This is against the traditional view about aging people. Another scholar, Ranzjin [28] speaks of the potential of aged people to enhance their quality of life. He touches on the links between positive psychology and productive aging. Weaver [29] writes on the new dimension dispelling the myth of aging and focuses on productive aging. It is the researchers' opinion that productive aging is better than dependent aging with no work and requires the society to give amenities to support him.

Family and Social Support for Aged People: The family and social support systems are very important for aging people. Booth [30] (1892, 1894 and 1899) had written three books on old age problems. Both the USA and Britain had passed more Acts of Parliament dealing with old people than any other. The USA had what is known as "Old Age, Survivors and Disability Insurance". Britain too had the Widows, Orphans and Old Aged Pension Acts of 1906. By 1960, there were 3,644 public, voluntary and private residential homes for the elderly population in Great Britain. The act mentioned also provides a small income for medical care. About 2% or 100,000 of the total old age population stayed in these homes (Shanas et. al. 2007: pp. 103-104). In 1962, 200,000 one-bed rooms were built as the government emphasized that the elderly should stay in their own homes. In the USA, homes for the elderly started later than in Britain but increased in numbers quickly. In 1961, 100,000 low rent public housing had been built for the aged. The number of people over 65 staying in old people's homes was 1% of the elderly population. However, 2 or 3% of the population stayed in hospitals in Britain, Denmark and the USA. Singles were likely to stay in hospital but married couples preferred to remain in their own homes. This was because in time of need, the spouse was available [31].

Family love and care for the elderly people are very vital for their welfare. Caregivers include adult children (42%) and their partners and spouses (25%). Because there are many old aged widows among old people, adult children outnumber spouses as caregivers. 2% of the population of over 15 years old and above are engaged in elder care while 7% are potential family caregivers [32]. Family ties can be secured due to frequent and strong

impact of activities between the elderly and family members over a period of time. Aging influences can be adjusted through relationships with spouse or partner, parents, adult children, siblings, other relatives and friends. Their relationship with the elderly in the family differs from that between doctors and patients, social workers and clients. There are three kinds of bonds within families, namely interdependence, intimacy and belonging. Interdependence can increase the amount of resources. The aged can provide their knowledge, financial resources, insights and encouragement. Ties of intimacy produce affection, trust and confidences. Belonging refers to the sense of more than an isolated individual and a source of companionship, socialising, identity and safety [33].

The family is a very important institution. Nearly all people are born into a family. A large number of people spend their lives residing within a family group. A person plays many roles in a family: as son, husband, father, grandfather and uncle. For many, the family group is their social circle and centre of their world with the highest priority of values. However, 5% of aged people are without family [34].

As people grow old, their social role and relationship change. Having become adults, the children may leave home. An aged man may also retire and may not be as involved with his workers. As he grows old, he may need social support to cater to his health and emotional well-being. Family, friends, neighbours and acquaintances can be powerful antidotes to some of the negative processes of aging. Reciprocal interactions between the old and the young in a family, if prolonged, are very good for the psychological happiness of the elderly persons. Sometimes, they do give financial help and take care of grandsons or granddaughters while his adult son or daughter-in-law look after him in many aspects like providing him with medical needs. This gives life satisfaction and positive effect on one's physical and mental health, allowing the aged person to have a sense of purpose and meaning in life [35].

Other than family support, another facility for them is home for old folks. Increasingly, more and more people are sending their aged family members to the old folk's home. One of the toughest decisions a family can make is how to care for older family members when they can no longer care for themselves. In days gone by, the older folks in the family lived with future generations and everyone cared for everyone else. Unfortunately, our society has changed and things really do not work that way anymore, at least in some cultures in America.

A solution to this problem is to pay for a care facility and move the older members of the family into a location where they can get the very best care to help them enjoy quality life and dignity in their old age. It is not easy to find a good old folks home or an assisted living centre, but if you can find a good one it can often be a wonderful thing. Many assisted living centres are pushing \$3,000 per month and they are not covered by Medicare or Medicaid. One answer is to buy long-term care insurance, which most financial planners do recommend to their aging clientele [36].

Many professional care consultants recommend asking around for referrals and taking the time to check out the location, do a walk through and talk with current occupants. Elder Care Facilities and Old Folks Homes have changed a lot over the years and it is amazing how well they have advanced. Many elder seniors prefer facilities like this, where there are people their own age to socialize with [37].

The older American Act of 1965, amended in 1981, provides agencies to facilitate fund, plan and co-ordinate and monitor social services for the aged and provide funding for multi-purposes senior centres and community service programmes such as a national nutrition programme. The Area Agencies for Aging (AAA) were entrusted and responsible for co-ordinating and developing community services for the aged. AAA are required to allocate "adequate funds" for social services and access services such as transportation, outreach and in-home services such as home maker, voluntary programmes and others. The act also gives grants to establish or operate congregate and home delivery programmes for persons over 60 years old. In 1990, the Act allocated 57 state units and about 670 areas for the aging, building 7,000 senior centres and more than 18,000 other supportive and nutritional service providers. The fund provided was 1.5 billion US dollars. There was also another Social Service Block Grant of 3.7 billion for the aged [38] (Atchley, 1994: p. 511-513).

CONCLUSION

The greater longevity at older ages and the required improved health care present a significant challenge in many parts of the world. Societal aging may affect economic growth, patterns of work and retirement and the way families function. It also challenges the ability of governments and communities to provide adequate resources for older people while at the same time attending to the prevalence of chronic disease and disability.

The economics of the nations is affected greatly by a large proportion of the aged population as the retired people are unproductive while at the same time the government has to provide more health and other social facilities such as old nursing homes for them. This could be an economic problem for the nation; if the number of young below 15 years old like school children is added to the number of aged people, it will be a large number and this condition creates segments of the society to be unproductive.

Thus, there is a growing need to continue to support research on the social, economic and demographic consequences of the rapidly aging population. The physical, mental and social changes of the aged are major issues to be managed not only by individual family and society but by the governments of nations. Both developing and developed nations need to take an urgent action to cope with the impact of a rapidly aging population which is expected to surpass one billion within a decade.

Rather than allowing the skills and knowledge of the older people going to waste, countries need to view them as immensely useful and tap their resources on a mass scale to sustain economic development. We need to recognize that longevity is the result of improved nutrition, medical advances and health care and in order to build stronger and wealthier societies, the aged populations should not be overlooked. Otherwise, we will continue to face the uphill and daunting task to provide welfare, pension and health care systems to them.

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