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The Global South: The Case of Populational Aging in Africa and Asia

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ABSTRACT

This paper explores the implications of social and economic changes in the ‘Global South’ of the World. In particular, we examine case studies of Japan and China and the impact of populational aging on their economic policies and social practices. Key examples of uneven distributions of, or access to, opportunities have the potential to give rise to further social or economic tensions. Whilst the scholarly base is expanding, more is to be done to ascertain the characterization of inequalities. Indeed, if these substantive issues are to be addressed comprehensively, the key then is to move beyond a Western academic paradigm, and to purposefully involve critical scholarship from intellectuals from the Global South. Doing so will add a vitality of experience in discussing how economic growth is, or may not be coupled with, inequality.

Keywords: Global South; Aging; China; Japan; Economic Growth; Power; Demography

1. INTRODUCTION

The Global South is a term used to describe a range of states, many of which occupy the southern hemisphere. Such terminology is not benign insofar that it comes to represent a lens by which North-South divides in inequalities, power relations and economic and political ties can be assessed. The social and economic developments of the Global South, whilst not

homogenous, serve to challenge the established hegemony of the North (Hurrell and Sengupta, 2012). Indeed the changing interdependencies of South-South and North-South relationships based on extensions in trade, economy and policy are reshaping the global order. Economic growth, ties and developing political relations are widely believed to be re-orientating the global landscape.

The United Nations Development Programme Human Development Report (2013) confirmed such seismic changes to the social, political, policy and economic architectures in suggesting that never before had the prospects and living conditions for millions of people in the Global South changed so dramatically or so quickly. With such change comes concern. The history of asymmetrical relations with a global economy and power relations (Patel and McMichael, 2004) requires considerable efforts to be made on focusing upon the nature and character of social policies, the politics of implementation and the intended and unintended outcomes. At the same time, a mobilization of research and scholarship is required to not only explore 'within', but also to seek an understanding of South and North-South interconnections to enquire how, and in what ways, the interests of the Global South are sustained, defended or proliferated.

Recent decades, and most notably the new millennia represent profound changes in geopolitical and geoeconomic powers of the Global South and at the same time, unique development challenges (Dados and Connell, 2012). Whilst growth and capability have entered the lexicon of discussions of the South, issues of inequality must also remain satisfactorily positioned in the sensibilities and responsiveness of policy writers and observers.

The identification of inequalities in the Global South (set against uneven economic growth), at the time of writing, gathers momentum. According to Mitlin and Satterthwaite (2013), extremes of inequality are felt the most in contexts of the global south; namely in areas of social inequality, work, education, health, citizenship and prosperity.

By way of example, aging in the Global South presents a range of challenges that will be explored here in this paper. In a context of increases in life expectancy, the aging population worldwide is growing. This is an important avenue of enquiry as such circumstances demand a thorough appreciation of the relationship between a large aging population and the context that it takes place within. Whilst aging as a phenomenon has been widely researched in the Global North, the relationship between aging, health, social insurance and work are less well understood in the context of the Global South. Here we explore the challenges of patterns of longevity in life expectancy, casting a critical gaze over social, economic and political systems of chosen continents (Africa and Asia) of the Global South.

The rapid increase in population aging across the southern globe signals one of the most important demographic changes in human history. In the latter half of the last century, the world's southern nations completed a long process of demographic transition (Phillipson, 1998; 2013). We can see demographic transition as a shift from a period of high mortality, short lives, and large families to one with a longer life expectancy for an aging population and far fewer children (Powell, 2005). This transformation has taken many years across the Global South but particularly in Africa and Asia as small unit families moved from agrarian mode of production to urban cities; basic public health measures steadily reduced the risk of contagious disease; and modern medicine has prolonged lives to unprecedented lengths (Powell and Chen 2012).

In developing countries in the Global South, this demographic transition is certainly underway, though these countries vary widely at their places along the spectrum.

Low birth rates and the resultant population decrease have received considerable media attention, particularly in Eastern Asia (Bengtson and Lowenstein 2004). Historically, when demographers projected national and global populations, the projections commonly assumed that birth rates would decline globally but only to the "two-child" family, i.e., two children per woman or per couple on average (Phillipson, 1998). An assumption that fertility would fall below this rate would have some consequences: a decrease in population size and an aging population who would depend upon a dwindling number of younger workers.

Today, the Global South population as a whole has come to what we may call a great "demographic divide". Low birth rates have inflicted long-lasting alterations upon the age structure of populational aging (Phillipson, 1998). Yet, when one attempts to research ageing in Africa and Asia there is only a tiny handful of research that has been done. One has to try to situate Africa and Asia in the context of aging populations in other parts of the world to get a feel for comparative analysis.

In order to examine such complex and vast demographic changes, academic researchers use a variety of methodological tools to find, collate and interpret such changes. The forecasted rise in the number of older people aged 75+ over the next 20 years will lead to an expansion of demand for health care services, housing accommodation and pensions for aging populations. Direct statistical data about aging populations come from vital statistics registries that track all births and deaths as well as certain changes in legal status such as marriage, divorce, and migration (registration of place of residence) (Phillipson 1998).

In developed countries with good registration systems (such as the United States and much of Europe), registry statistics are the best method for measuring the number of births and deaths in populations (Bengtson and Lowenstein 2004). A Census is also usually conducted by a national government and attempts to enumerate every person in a country (Gavrilov and Gavrilova 1991).

Censuses collect information about families or households, as well as about such individual characteristics as age, sex, marital status, literacy/education, employment status and occupation, and geographical location (Cook and Powell 2007). They may also collect data on migration (or place of birth or of previous residence), language, religion, nationality (or ethnicity or race), and citizenship. In nation states in which the vital registration system may be incomplete, Censuses are also used as a direct source of information about fertility and mortality; for example the censuses of the People's Republic of China gather information on births and deaths that occurred in the 18 months immediately preceding the census (Cook and Powell, 2007).

Before we look at the effects of populational ageing in the Global South regarding Africa and Asia, we need to consider various dimensions to measure the overall dynamics of southern global aging such as demographic, socio-economic, health, intergenerational support, activities in later life, social security, dependency rates and human right issues (Phillipson 1998).

The datasets or statistics that are used to measure the global aging are basically demographically and medically oriented. For example, *low birthrates*, *life expectancy* and *dependency rates*. While the proportions of older people in a population are typically highest in more developed countries because of measurement data of *low birth rates* and high *life expectancies* which are used to understand global aging, the most rapid increases in older

populations are actually occurring in the less developed world (Cook and Powell, 2007). Between 2006 and 2030, the increasing number of older people in less developed countries is projected to escalate by 140% as compared to an increase of 51% in more developed countries (Krug, 2002). A key feature of population aging is the progressive aging of the older population itself. Demographers contrast the “old” (65+) with the “oldest old” (85+) and that the oldest old population is growing at an even more rapid pace than the overall old population.

Over time, more older people survive to even more advanced ages. Around the world, the 85-and-over population is projected to increase 151% between 2005 and 2030, compared to a 104% increase for the population age 65 and over and a 21% increase for the population under age 65 (Bengtson and Lowenstein 2004).

The most striking increase will occur in Japan: by 2030, nearly 24% of all older Japanese are expected to be at least 85 years old (Kim and Lee 2007). As life expectancy increases and people aged 85 and over increase in number, four-generation families may become more common. *Dependency rates*, that is the number of dependants related to those of working age have altered little over the twentieth and twenty first centuries. The reason there has been so little change during a period of so-called rapid aging populations is that there has been a fall in the total fertility rate (the average number of children that would be born to each woman if the current age-specific birth rates persisted throughout her child-bearing life).

There is concern about population aging in the global south and its consequences for nation states, for sovereign governments and for individuals. The southern global population is aging. Aging itself is a triumph of our times – a product of improved public health, sanitation and development. Yet over 100 million older people live on less than a dollar a day. In 1950, 8 out of every 100 people were over 60. By 2050, 22 out of every 100 people will be over 60. By 2045, the global population of people aged 60 years and over will likely surpass, for the first time in history, the number of children under age 15 (Powell, 2005).

The increasing share of older people in the world’s population results from a combination of hugely increased life expectancy and reduced fertility. Total fertility is expected to decline from 2.82 children per woman in 1995-2000 to 2.15 children per woman in 2045-2050. Life expectancy worldwide is expected to increase by 11 years, from 65 in 1995-2000 to 76 in 2045-2050, despite the impact of HIV/AIDS (Phillipson 1998). Most of the world’s older people live in developing countries in the global south (Krug, 2002).

Even in the poorest countries in the global south, life expectancy is increasing and the number of older people is growing. In 2000, there were 374 million people over 60 in developing countries – 62% of the world’s older people. In 2015, there will be 597 million older people in developing countries – 67% of the world’s older people (Bengtson and Lowenstein 2004). In 2005, one in twelve people in developing countries are over 60. By 2015, one in ten people in developing countries will be over 60 and, by 2050, one in five people in developing countries will be over 60. In every region, the rate of population increase for the 65-and-over age group is higher than for the under-14 age group and the 15-64 age group (Bengtson and Lowenstein 2004).

There are more older women and they are more likely to be poor. The majority of older persons globally are women. In 2006, there are 82 men for every 100 women over 60 worldwide (Powell, 2005).

In developing countries, the gap is less wide: there are 85 men for every 100 women over 60. However, with age this gap increases – for over 80s, there are only 73 men for every 100 (Bengston and Lowenstein 2004).

The following patterns illustrate a growing picture of aging developing in nation states to reveal a clear pattern of aging in global south:

- Worldwide, there were 131 million persons age 65 and older in 1951 – but 420 million by 2000;
- Japan has the highest percentage of older people, with 28% increase of people aged 65 and over forecast in 2020;
- 1 in 10 Japanese will be 85 or over by 2030;
- Despite such success in developed countries, it is developing countries that have the highest rates of growth, for instance Singapore, Malaysia, Colombia and Costa Rica will see elderly numbers triple (all data from Powell, 2005).

The United Nations (UN) estimates that by the year 2025, the global population of those over 60 years will double, from 542 million in 1995 to around 1.2 billion people (Krug, 2002:125). The global population age 65 or older was estimated at 461 million in 2004, an increase of 10.3 million just since 2003.

Projections suggest that the annual net gain will continue to exceed 10 million over the next decade—more than 850,000 each month. In 1990, 26 nations had sizeable older populations of at least 2 million, and by 2000, older populations in 31 countries had reached the 2 million mark (Cook and Powell, 2007). UN projections to 2030 indicate that more than 60 countries will have at least 2 million people age 65 or older. By 2030 the world is likely to have one billion older people, accounting for 13% of the total global population today (Krug, 2002).

There may also be increasing stigma and aging stereotypes of older adults due to population aging. For example, some public services are thought to be paid for by ‘younger’ working people. Thus, the increasing proportion of older adults in a population signifies burden on the younger population (Estes, Biggs and Phillipson 2003). Most of the more developed nations have had decades to adjust to this change in age structure. For example, the same demographic aging process that unfolded over more than a century in France will occur in two decades in Brazil in the global south (OECD 2007).

In response to this demographic transition, institutions must adapt quickly to accommodate a new age structure. Some less developed nations will be forced to confront issues, such as social support and the allocation of resources across generations, without the accompanying economic growth that characterized the experience of aging societies. In other words, some countries such as China ‘may grow old before they grow rich’ (Cook and Powell, 2007: 17).

Growing old has, itself, become relocated within a trans-national context, with international organisations (such as the World Bank and International Monetary Fund) and cross-border migrations, creating new conditions and environments for older people (Phillipson, 1998).

Aging can no longer just be viewed as a 'national' problem but one that affects trans-national agencies and communities. Local or national interpretations of aging had some meaning in a southern world where states were in control of their own destiny. They also carried force where social policies were being designed with the aim or aspiration of levelling inequalities, and where citizenship was still largely a national affair (and where there was some degree of confidence over what constituted 'national borders'). The crisis affecting each of these areas, largely set in motion by different aspects of globalisation, is now posing acute challenges for understanding the 'global south' in the twenty-first century.

If these examples illustrate the complexity and impact of global aging in the South – then it may be pertinent to highlight how population aging has impacted on one region of the global south: Africa. Africa is the least researched continent when it comes to researching ageing and effect on ageing identity in Africa. The paper later also explores China as a key reference point to consolidate the problem of population aging that has startling continuities with Africa. But we shall explore Africa first.

2. AGING IN AFRICA

Economic security, health and disability, and living conditions in later life are policy concerns throughout the world, but the nature of the problem differs considerably from continent to continent and between and within countries – especially within Africa.

In Africa older people make up a relatively small fraction of the total population, and traditionally their main source of support has been the household and family, supplemented in many cases by other informal mechanisms, such as kinship networks and mutual aid societies. In 2005, Nigeria ranked among the top 30 countries in the world on the basis of the size of its population age 60 and over. Nigeria had the largest older population in sub-Saharan Africa, with over 6 million people age 60 and over; South Africa had just over 3.4 million. Congo and South Africa are projected to have nearly 5 million older people in 2030. Burkina Faso, Cameroon, Cote d'Ivoire, Madagascar, Mozambique, Niger, Senegal, and Uganda are all projected to have their older populations grow to over one million people by 2030 (Building Blocks 2004). There is very little careful empirical research has been undertaken on long-term trends in the welfare of older people, there are a number of reasons to believe that traditional caring and social support mechanisms in Africa are under increasing strain (OECD 2007).

African economies, among the poorest in the world, are still heavily dependent on subsistence agriculture, and average income per capita is now lower than it was at the end of the 1960s. Consequently, the region contains a growing share of the world's poor. In addition, reductions in fertility and child mortality have meant that, despite the huge impact of the HIV/AIDS epidemic across much of the region, both the absolute size and the proportion of the population age 60 and over have grown and will continue to grow over the next 30 years (Estes, Biggs and Phillipson 2003).

In Africa, older people have traditionally been viewed in a positive light, as repositories of information and wisdom. And while African families are generally still intact, social and economic changes taking place can weaken traditional social values and networks that provide care and support in later life. Africa has long carried a high burden of disease, including from malaria and tuberculosis; today it is home to more than 60% of all people living with HIV—some 25.8 million in 2005. The vast majority of those affected are still in

their prime wage-earning years, at an age when, normally, they would be expected to be the main wage earners and principal sources of financial and material support for older people and children in their families. Many older people have had to deal with the loss of their own support while absorbing the additional responsibilities of caring for their orphaned grandchildren. Increasingly, then, it appears that African societies are being asked to cope with population aging with neither a comprehensive formal social security system nor a well-functioning traditional care system in place (Building Blocks 2004).

The big issue is that a majority of the world's population of older people (61 per cent, or 355 million) live in poorer African countries. This proportion will increase to nearly 70 percent by 2025. For many countries, however, population aging has been accompanied by reductions in per capita income and declining living standards. Epstein (2001) notes that between 1950 and the late 1970s, life expectancy increased by least 10 percent in every developing country in the world, or on average by about 15 years. However, at the beginning of the twenty-first century, life expectancy remains below fifty in more than ten developing countries, and since 1970 has actually fallen, or has barely risen in a number of African countries (Phillipson 1998).

The AIDS epidemic is certainly a major factor here, but development loans requiring the privatization of health care have also had an impact. Epstein (2001) reports, for example, that by the mid- 1990s the African continent was transferring four times more in debt repayment than it spent on health or education. More generally, Help Age International (2000: 8) argue that:

'Older people's poverty is still not a core concern in the social, economic and ethical debates of our time. Their right to development is routinely denied, with ageing seen as a minority interest or case for special pleading. Poverty and social exclusion remain the main stumbling blocks to the realisation of the human rights of older people worldwide.'

3. AGING IN ASIA

Asia has the fastest increase in the aging population in the world. Du and Tu (2000) suggest that China in particular has been identified as having four 'unique characteristics' of populational aging: firstly, the issue of 'unprecedented speed' with the proportion of aging population is growing faster than Japan, the country previously recognized as having the fastest rate, and much faster than nations in Western Europe; secondly, the 'early arrival of an aging population' before modernization has fully taken place has welfare implications. 'It is certain that China will face a severely aged population before it has sufficient time and resources to establish an adequate social security and service system for the elderly' (Du and Tu, 2000, 79); thirdly, Du and Tu suggest 'fluctuations in the total dependency ratio'.

They claim the Chinese government estimates are that the country will reach a higher 'dependent burden' earlier in the twenty-first century than was previously forecast; and fourthly, Du and Tu refer to the 'strong influence of the government's fertility policy and its implementation on the aging process'. Here they explicitly refer to the Single Child Family Policy (SCFP) in China which means fewer children being born, but with more elderly people

a conflict arises between the objectives to limit population increase and yet maintain a balanced age structure.

The combination of such factors means that the increased aging population is giving rise to serious concerns among Chinese policy makers.

Kim and Lee (2007) claim the growing elderly population is beginning to exert pressure on the East Asian countries economies. Three decades ago, major industrialized countries have begun to grapple with the similar problem. With increasing drop in fertility rates, more East Asian economies such as Japan, Hong Kong, South Korea, Singapore and Taiwan are expected to turn into “super-aging societies” by 2025 (Kim and Lee 2007).

However, the magnitude of the future impact depends on the (in)ability of individual economies to resolve the demographic changes problem through increased privatisation, pension reforms, a migration on more productive countries and extension of retirement age. Like western countries, Asia will ultimately have to tackle issues related to pension reform and the provision of long term health care services (Cook and Powell, 2007).

For Japan, the basic statistical reality of its demographic profile is escalating. Already, 17 of every 100 of its people are over 65, and this ratio will near 30 in 15 years. From 2005 to 2012, Japan's workforce is projected to shrink by around 1% each year - a pace that will accelerate after that. Economists fear that, besides blowing an even bigger hole in Japan's underfunded pension system (Cook and Powell, 2007), the decline of workers and young families will make it harder for Japan to generate new wealth.

The future challenge of providing for the elderly is especially urgent in the world's two biggest nations - India and China. Only 11% of Indians have pensions, and they tend to be civil servants and the affluent. With a young population and relatively big families, many of the elderly population still count on their children for support. This is not the case in China. By 2030, there will be only two working-age people to support every retiree. Yet only 20% of workers have government- or company-funded pensions or medical coverage (Chen and Powell 2011).

However, as a counterbalance to such a gloomy perspective, ‘Chindia’ (China and India taken together) is currently accumulating vast wealth as a result of global change, wealth that could potentially be redirected for the support of their elderly populations. But why has southern global aging been an unstoppable force to restrain the potential and exponential growth of such economies to fullest potential which could be way beyond the projected 9% growth for China.

4. THE CONSEQUENCES: AFRICA, AGING, WORLD BANK AND IMF

In less developed countries in the Global south, older people (women especially) have been amongst those most affected by the privatization of health care, and the burden of debt repayments to the World Bank and the IMF (Estes 2001).

Additionally, globalization as a process that stimulates population movement and migration may also produce changes that disrupt the lives of older people (Phillipson, 1998). And one must not forget either that they may comprise up to one-third of refugees in conflict and emergency situations - a figure which was estimated at over 53 million older people worldwide in 2000 (Estes 2001).

It is interesting that the World Bank (1994) foresees growing 'threats' to international stability with the consequence of pitting different demographic-economic regions against one another (Phillipson, 1998).

The United Nations (2002) view the relationship between aging populations and labor force participation with panic recognizes important policy challenges, including the need to reverse recent trends toward decreasing labor force participation of workers in late middle and old age despite mandatory retirement in certain western countries such as the UK (Powell, 2005).

Social welfare provisions and private-sector pension policies influencing retirement income have a major impact on retirement timing. Hence, a major concern for organizations such as United Nations and World Bank centers on the number of such 'dependent' older people in all developing societies.

Furthermore, nation states with extensive social programs targeted to the older population—principally health care and income support programs—find the costs of these programs escalating as the number of eligible recipients grows and the duration of eligibility lengthens due to global pressures (Bengtson and Lowenstein 2003).

Further, few countries in the global south have fully funded programs; most countries fund these programs on a pay-as-you-go basis or finance them using general revenue streams. Governments may be limited in how much they can reshape social insurance programs by raising the age of eligibility, increasing contribution rates, and reducing benefits. Consequently, shortfalls may need to be financed using general revenues. Projections of government expenditures in Brazil and other OECD countries show increases in the share of gross domestic product devoted to social entitlements for older populations. In some cases, this share more than doubles as a result of population aging (OECD 2007). Different countries' age groups have different levels of pace of growth (Phillipson, 1998; Estes, Biggs and Phillipson, 2003).

As a consequence of the global demographics of aging, the changing societies of the post millennia are being confronted with quite profound issues relating to illness and health care, access to housing and economic resources including pension provision. The past several years has witnessed an unprecedented stretching of the human life span in Africa and Asia. This aging of the global south population is without parallel in human history (Bengtson and Lowenstein 2004). If these demographic trends continue to escalate, by 2050 the number of older people globally will exceed the number of young for the first time since formal records began raising questions of the power of the nation state in the context of southern global aging.

Any insight or investigation into the social development of states or regions would do well to appreciate the complexities of the aging process. Aging populations is just one strand of a broader pressing enterprise to examine inequalities in the Global South. Inequalities or uneven distributions of, or access to, opportunities have the potential to give rise to further social or economic tensions.

Whilst the scholarly base is expanding, more is to be done to ascertain the characterization of inequalities. Indeed, if these substantive issues are to be addressed comprehensively, the key then is to move beyond a Western academic paradigm, and to purposefully involve critical scholarship from intellectuals from the Global South. Doing so will add a vitality of experience in discussing how economic growth is, or may not be coupled with, inequality.

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