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**Seminar 1  
Age Discrimination in 5 continents: real issues, real  
concerns**

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**Region: Asia**

**Paper: Discrimination of older people in Asia**

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## DISCRIMINATION OF OLDER PEOPLE IN ASIA

*There was an old man who lived with his son, daughter-in law and grandson. His son and daughter-in-law didn't want to keep an old physically incapable person in their home and considered him a burden. Finally, the son decided to rid himself of the problem. He took his old father in a basket and set out for the jungle. His plan was to leave the old man there.*

*The grandson, observing his father said, "Father, please be sure to bring back the basket."*

*Why?" asked the father.*

*"Because I will need it when you grow old," replied the grandson.*

(Bangladesh Folk Tale)

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### INTRODUCTION

The present work is divided into six sections:

- A. An Over-all View of Ageing in Asia;
- B. A Search for Definitions in an Asian Context;
- C. A Background of Factors that Influence Discrimination;
- D. The Image of Ageing in Asia;
- E. Forms of Discrimination;
- F. Asian Approach to Banish Discrimination.

## **A. AN OVER-ALL VIEW OF AGEING IN ASIA**

Demographic change in Asia is remarkable for its speed. The improvements in survival and the declines in fertility over such a short period of time are unparalleled in other regions of the world. (Linda Martin, Population Council of New York). Even more remarkable are the growth rates of the elderly population and the concomitant increases in the sheer size of elderly populations. Pakistan, the Philippines, Malaysia and Singapore with growth rates of over 4.0 per cent per year will have double the number in less than 17 years for their older populations. In 2050, China is projected to have 100 million in the oldest-old category, followed by India with 47 million. Worldwide, according to the UN, older people will increase from 200 million in 2000 to 2 billion in 2050 – with 60% of the older population in Asia.

The implications of such a rapid and compressed transition from young to old is that developing countries of Asia find themselves “ageing” on top of a very large population base, unlike the slower, long-term ageing of smaller populations in developed countries. While it took some countries in Europe a little over 100 years for their population to double during the 20<sup>th</sup> century, it will take some countries in Asia just 25 years or even less in the new century (ESCAP 2001). The impact of rapid ageing has repercussions in virtually all areas of government and society, including health care, employment, social protection and economic growth. The suddenness of demographic change combined with already alarming rates of poverty and shrinking resources underscores the need for innovative approaches to increase the participation and social integration of older persons.

## **B. A SEARCH FOR DEFINITIONS IN AN ASIAN CONTEXT**

For all societies, the meaning of ageing is determined not only by physiological but also by socially constructed factors. The ageing process is a biological reality which has its own dynamics, largely beyond human control. However, it is also subject to constructions by which each society makes sense of old age. These social constructions take many forms. In many parts of Asia, chronological age has little or no importance in the meaning of old age. Other socially constructed meanings of age are significant such as the roles assigned to older people; in some cases, it is the loss of roles accompanying physical decline which is significant in defining old age in these societies. A participatory rapid appraisal (PRA) conducted by HelpAge in Laos states,

*Older people lack confidence in their abilities. The team often found older people were reluctant to acknowledge that they were able to do anything. Because of failing health and weakness, older people are not able to continue to work to the extent they did when they were younger. Often this has led to older people believing that they are a burden to their families and that they are not productive....ageing is characterised for older people by becoming more and more of a burden on their family and the community.*

The concept of family is likewise subject to socially assigned meanings. It is common for a distinction to be made between “developing: countries where the extended or joint family is said to be the norm, and the nuclear family structure would be that of the “developed” world. These simple formulations tend to overlook the complexities of family structures organized in all societies to provide care and support through the life course. However, it is again the socially-constructed meanings assigned to the concept of family which are important since in all societies, the “family” is seen as a foundation of social and cultural values. The changing structures of families over time and the different roles and meanings assigned to them are of primary interest in understanding their place in sustainable social structures. Thus, the Director of the Ministry of Social Justice and Empowerment of India writes,

*The society is witnessing a gradual but definite withering of the joint family system as a result of which a section of the family, primarily the elders are exposed to emotional neglect and lack of physical support. As such, the position of a large number of older persons has become vulnerable due to which they cannot take it for granted that their children will be able to look after them when they need care in old age, especially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs.*

*(Macao Plan of Action, 16-18 July 2001)*

Community is the third of the key elements whose meaning needs to be considered. Again, different societies construct the meaning of community in different ways. “Community” has been assigned a range of meanings. At one end of the spectrum is the community of locality and neighbourhood. At the other are “communities of interest” which transcend locality and are linked by common intellectual, social economic and other interests. For older people, the primary focal point is the sense of place in a physical community which is the neighbourhood

or other locality which for many, may be the extension or even substitute for family. A member of a community-based program in an urban poor area of Manila remarked, “Before, we were just old people in our houses taking care of the grandchildren, but now that we are organized in this place, we have become a community of older persons.”

### **C. A BACKGROUND OF FACTORS THAT INFLUENCE DISCRIMINATION**

David R. Phillips, professor of social policy at Lingnan University in Hong Kong, has proposed that “older persons in the Asia-Pacific are an interim generation.” They have grown old, but are often without substantial personal resources because they are part of emerging, rather than mature economies where they may well suffer if state and family resources are not available. Older people in Asia are caught between a variety of forces in society, such as the economy and the environment.

a) Minimal state provision with continuing dependence on individual or family support, insurance or savings for care; few countries or individuals have established personal or state pension systems.

b) Uncertain family support: In many societies in the region today, numerous structural factors and those said to be associated with modernization may render it difficult or even impossible for families to care for their older relatives. Reducing family size with fewer children, practical factors (such as small accommodation units and distance from parents due to work and migration), economic reasons (lack of finance) and many others including intergenerational disputes, often act in combination to render the traditional three generation residence difficult or impossible. The main features are:

- Smaller family size and even smaller in the future with Total Fertility Rates generally under 2.0
- Increasing work outside the home by both partners in the family
- Migration – regional and national – for employment which reduces availability of children to act as carers
- Small size of accommodation units in most Asia-Pacific countries especially associated with high property prices making space unsuitable for 3 generations
- Conflicts and clashes of lifestyles between young and old family members
- Extended longevity and potential increase in physical and mental disability requiring specialized care and facilities
- “Westernization” and the growth of the nuclear family

It is widely recognized that family sizes today and especially in the future are likely to be much smaller. There will be fewer children to care for increasingly long-lived parents. The long-term impacts, for example, of the one-child policy in China and the exceptionally low fertility rates in places such as Hong Kong, Japan and Singapore might lead to a potential 4-2-1 family structure. In this, a single child can have up to six direct adult relatives as a responsibility. (*De Peng and Guo Zhi-Gang, Population Aging in China, 2000*)

c) An unfriendly environment in many cities and the countryside where many older persons live. The situation is not improving although there are exceptions in parts of Japan, Singapore and a few pockets elsewhere. Environmental improvement needs inter-disciplinary, inter-sectoral and inter-departmental planning and action, a tradition lacking in most countries. (*Expert Group Meeting on "Sustainable Social Structures in A Society for All Ages," Addis Ababa, May 2000*).

The Coalition of Services of the Elderly (COSE) has been working with older people in the Philippines since 1989. For the first time in Philippine history, in addition to street children, one begins to see "street elderly" – begging at traffic lights, sleeping in the parks. This, in a society (like most other Asian societies), in a culture that has traditionally held older people in high regard. The government (again, as in most other Asian societies) places prime responsibility for older people in the family – and, often through the media stresses traditional values: "Respect the Elderly" flashes on the TV screen as a public service announcement. Yet, along with Dr. Phillips, COSE believes the underlying causes of the crisis in elderly care are not primarily cultural (Filipinos still do respect and care for older people) but structural. More than any other country in Asia, percentage-wise, the Philippines has more overseas workers – which may approximate 15% of the total population (including legal and illegal migrants). The overseas workers are predominantly a) young, and b) female – the traditional care-givers of older people. (An added complication is that many are professionals who work as domestic helpers for a much higher income abroad than they might attain at home in their own profession.) In this regard, the Philippines would be similar to many of the other labor-exporting countries in the region (with whom they often compete) such as Indonesia, Thailand, Sri Lanka, India, Laos and Myanmar).

Secondly, the Philippines has experienced a massive rural to urban migration in the recent past. Whereas in 1965, the population was recorded at 75% rural and 25% urban, the Dutch agency, Cordaid, in a recent study, placed the urban population at 68% -- almost a reverse in less than 40 years. Travelling north, one can see 70 and 80 year olds, both women and men

working in the fields in the Ilocos Region. Urban slum areas (comprising one-third of the total population of Manila) are filled with not only elderly but younger people attempting to survive in the “informal economy” or totally unemployed (12% unemployment and three times the number underemployed).

During the same period of the massive rural to urban migration, life expectancy has also increased dramatically. A person born in 1950 would have expected to live 46 years; a person born in 2000 would expect to live 65 years and most likely one born in 2050 (given present trends) might expect to live 76 years.

The consequences of the rapid structural changes are that a significant portion of the population finds itself in highly congested circumstances either dependent on remittances from abroad or dependent on uncertain employment with little time for older people.

#### **D. THE IMAGE OF AGEING IN ASIA**

##### **What Do Older People Think of Themselves?**

It is clear that a major challenge in many countries of Asia is to undo or alter the often negative stereotypes of older people among the general population and especially the very poor self-image possessed by many older persons themselves. It is sad to note that poor public and self-images of older persons are frequently identified in research. (*Phillips, D R. and Yeh, A.G.O., eds. Environment and Aging, University of Hong Kong*).

In a study commissioned by HelpAge on the situation of older people in Bangladesh, entitled *Uncertainty Rules Our Lives*, older people defined “old” according to limitations which affected their ability to function in daily life using terms such as loss of memory, ill health, dependency, physical limitations that hamper the ability to work . . . . it was suggested to researchers that “when a man loses power, authority and respect in a family, he could be considered “old.”

It was clear from discussions with poor older people that they view old age with anxiety. Today, they feel their lives are too fraught with difficulties or survival, uncertainty and suffering to be enjoyed. Many widows appeared particularly despondent and feel they are a burden to society and some even prayed for death.

Some quotes attributed to the respondents in the study:

*I am no longer important to my family or society, so I want to die.*

*(Old Widow)*

*In our day, we respected our elders, but today young people don't respect us.*

*(Older men and women)*

*I don't want to be more of a burden to my family. My days are gone. What's the use of taking medicine?*

*(Older Woman)*

This writer, on visiting a HelpAge "Adopt-A-Granny program in Bhopal, India was taken aback when an older woman said, "We are nothing and you have come to visit us."

Even more dramatic is a report from UN-ESCAP that in the Asian Region "One of the saddest features associated with ageing is a high suicidal rate among older people. Rates are higher than in many western countries, poignant because of the alleged high value placed on age and older people in Asia." Y.H. Hu ("Elderly Suicide Risk in Family Contexts: A Critique of Asian Family Care Model," *Journal of Cross-Cultural Gerontology*) notes that in some East Asian countries, older persons are killing themselves at rates up to five times those in their younger generations and eight times higher than in many western countries. For economic, social and many other reasons, suicide rates in much of the Asia-Pacific Region in particular, appear often to be both high and on the increase.

A review of suicide in the UN-ESCAP Region (Ruzicka, L.T., "Suicide in Countries and Areas of the ESCAP Region," *Asia-Pacific Population Journal*, 1998) identifies a steady increase in suicides with age, a contrast to some other areas in which the young are equally at risk. In Hong Kong, Singapore, the Republic of Korea and China, suicide rates among the oldest males and females aged 75+ are between two and three times those of middle aged groups and between four and eight times higher than those in the 15 – 24 age group. Suicide rates among the younger elderly age group (65 – 74) while slightly lower than those of the 75 + group, are still two to three times higher than those of the young adults. Increasing rates of suicide with age may not be universal in the ESCAP Region but clearly represents a serious social and public health problem in several member countries of the Asia-Pacific.

In January of 2005, Global action on ageing reported on elderly abuse in Japan citing statistics that over 50% occurred from family members and 11% experienced life threatening

situations. Authorities in Japan like all of Asia consider it a “domestic problem” and are reluctant to interfere.

Abuse of older persons most prevalent in the family and in institutions is another problem, potentially related to suicide. Both elderly suicide and abuse clearly require a broad-based response to bolster the self-esteem, feeling of value and place in society of older people.

The International Network for the Prevention of Elder Abuse (INPEA) has recently announced the “First Annual World Elder Abuse Awareness Day (WEAAD) to be held on June 15, 2006, stating “Throughout the world, abuse and neglect of older persons is largely under-recognized or treated as an unspoken problem.” Unfortunately, no country or community in the world is immune from this costly, public health and human rights crisis.

In a study conducted for the Coalition of Services of the elderly (COSE) by Edna Co, et al, professors of the University of the Philippines, (*From the Margins to the Center – Ageing: Situation, Services, Sustainability, and Some Policy Implications*, 2005) among urban poor communities, a surprising 26.7% in the 56-60 age bracket and a further 26.7% in the 61-65 age bracket knew personally of abuse committed against older people. A further 40.6% had personally experienced abuse and listed their own children and family as the perpetrators of the abuse. The types of abuse known personally to the respondents were “verbal abuse,” “negligence,” “physical and sexual” (in descending order). Asked what their response was to the abuse, the predominant response was “to leave everything to God” and “not do anything.” What do the respondents feel when they are abused? Self-pity, anger and hurt.

Lastly, the women’s movement has taught us the importance of language and how sexism is incorporated into language. The same might be said of ageism. How do older people describe themselves?

*We are at a “dead end.” -*

*We will never progress.*

*As older people, we have been abandoned,  
just waiting to die*

*There is nothing we can do.*

*There is no one to help –the only recourse is to die.*

(Statements taken from case studies of older people at  
a dumpsite in Metro Manila)

In short, poor older people see their value in being able to contribute to family or community. Age as status has little value but assumes a value in terms of role – of performing a valuable function. While age as status still retains some value in the Asia-Pacific Region, older people themselves see the value more in terms of the role they play in the family and community.

### **How Does Society Portray Ageing and Older People?**

The attitude of society towards ageing can be compared to the often quoted quip, “Everybody wants to go to heaven but nobody wants to die to get there . . . .” Think of the billions spent annually to create the illusion of youth. To say “she is not as old as she looks” is frankly insulting and in very bad taste to say someone looks old – unlike the supreme compliment “she is a lot older than she looks.” The media and advertising propagate the value of “eternal youth” and the followers of Ponce de Leon continue the search for the “fountain of youth.”

Currently the media and television especially, have no coherent policy on ageing issues and no strategy to cover them. A survey conducted by Susan Mende of the Tsao Foundation (patterned after the UK-BBC and Age Concern Study) came up with virtually the same results: that older people are under-represented on prime time television; that when they are represented it is often in a negative stereotypical manner; that older men are presented more often than women and that the age groups 25-29 is over-represented.

There are some indications that change for the better may be in the offing. Given the growing population of older people, ads often feature multi-generational themes (grandparents bring their children for a treat to McDonalds). A television and movie actress is planning a prime time television series featuring outstanding older people (Philippines). Thailand has a program especially targeting older people as do India and Malaysia.

During a HelpAge-sponsored workshop in New Delhi, participants from 17 Asian countries were asked to role play the situation of poor older people in their respective countries and the barriers to empowerment. In the reflection following the role play, participants divided their comments into: internal constraints (dependency, isolation, lack of opportunity, low self-esteem, marginalization, social irrelevance, worthlessness, lack of recognition) and external constraints (families treating older people as useless, NGO’s unwilling to help older people, negative attitudes about older people, isolation, not enough trust, lack of access to and interest in older people’s skills, lack of resources, lack of information, older people’s needs not thought about, inappropriate projects, lack of interest in older people even from other older people).

Soon after the devastating tsunami on 26 December 2004, when Banda Aceh became accessible to outsiders, a team from HelpAge International investigated the quality of care for older people in a disaster situation. While relief agencies did not specifically discriminate against older people, because there was no special provision for older people – in fact, they did discriminate. Older people complained about waiting in long queues for food and medical treatment, about difficulties in travelling, in accessing toilet facilities, water and especially relief from the trauma of having lost multiple family members. HelpAge concludes noting that in other disasters around the world, older people have often played leadership roles in uniting the community and evoking cooperation among the victims. Indeed, an ESCAP report notes, “The conventional perception of older people tends to be negative. Older persons are often depicted as frail, disabled and dependent. Economically and socially, they are perceived to be at risk of being marginalized, as countries go through rapid economic and technological development.” ((ESCAP, 1999) HelpAge adds,

*Negative images of ageing are compounded by the fact that there is little public awareness or information about older people’s contributions, situations, issues or needs. These images and assumptions tend to increase the “invisibility” and marginal position of older people. In an emergency where service provision and the allocation of resources maybe less than systematic this invisibility often results in older people failing to gain access to the life-saving resources they need. (Older People – A Burden or a Resource, Helsinki, 16 September 1999)*

## **E. FORMS OF DISCRIMINATION**

Accessibility is broadly defined as the degree to which a service, facility or requirement is available. It is usually rather simply measured in terms of physical distance and sometimes in barrier-free access to buildings or facilities. There are several other key aspects of accessibility, however, that are very important especially with regard to older populations. These include economic accessibility (how affordable are the services or facilities?), social accessibility (do the potential users feel comfortable attending the service or facility in question?), temporal accessibility (is the service or facility available at a suitable time of day?) and administrative accessibility (do users need to be registered, members, pre-paid members of a certain organization?). For older persons, for example, the fact that a neighbourhood is well-served with private clubs and hospitals might be irrelevant. Effectively, they have no accessibility to these and they are therefore under-served by the

facility in question. (Joseph, A. E. and Phillips, D. R., *Accessibility and Utilization: Geographical Perspectives on Health Care Delivery*, London: Harper and Rowe.)

This writer (now well past 65) and his wife (nearing 65) are both excluded from participating in a group health insurance plan of their organization. The Philippine Social Security System will not grant small loans to members above 60 years of age. Government as well as private agencies are not willing to risk profits at a time when people potentially most need health insurance – seemingly a question of profit versus service.

Absolute poverty is one of the most serious challenges facing many developing countries in the Asia-Pacific. Based on an international poverty line of US \$1 per capita per day at 1993 prices, around 800 million poor, or approximately two-thirds of the world's poor live in the Asia Region. Poverty implies an inability to meet the basics in life and is often more serious for older persons and children as they may have needs for medicines and health care, as well as suitable diets and accommodation than for working age adults. Older persons are often afflicted by poverty in greater numbers than younger age groups because of lower skills, lack of savings, ill-health or social prejudices. Respondents in the Participatory Rapid Assessment (PRA) in Laos tell the researcher, "It is hard for me to come and meet with you for three days because I have to go to the forest to find food to eat. If I don't go, I won't have any food to eat." Another remarks, "Look at my wrist. I fell planting rice last year and broke it. My family didn't have time or money to take me to the hospital so now I can't use that arm and my fingers are stiff.." One is reminded of Gandhi's remark that "for the hungry, God can only come in the form of food" – echoed in the dumpsite survey in the Philippines when an older woman remarks that "heaven" would be in eating three times a day . . . .

Older women are likely, on average, to outlive their partners and thus poverty among older women, especially those who never married (in some cases, because they took care of their own parents in their old age) is potentially a major problem. It is also likely to increase unless more extensive social safety nets are put in place and is linked with the high incidence of suicide among elderly persons in many countries.

These factors imply that many older persons, especially women, will have to live alone and in poverty in the later years of their lives. As many as two-thirds of Asian women are widows. Pensions, if any, may be reduced and the loss of a spouse can weaken the support network in times of need. Divorce can have a similar impact. These factors can all add to the worldwide recognized feminization of poverty in old age. (Hosyman, N. and Kiyak, H.A. *Social Gerontology: A Multidisciplinary Perspective*, 5<sup>th</sup> ed. Boston: Allyn and Brown) In

Southeast Asia, some 3 to 6 per cent of the older population have no living children, which means they do not have this source of support, and evidence is growing that many children do not or cannot support their parents. (*The Ageing Development Report: Poverty, Independence and the World's Older People*. London: HelpAge)

Several aspects of poverty are of relevance to older people in the region. These include declining work opportunities, the rising costs of services especially health care in many countries of the region. There are often very great income disparities in the poorer countries of the region especially between rural and urban areas. Most data are “guesstimates,” but stark: for example data suggests that two-thirds of Indonesians would be below the poverty line with perhaps 70 million extra people living in poverty. A head line in Manila’s leading newspaper proclaims, “Number of hungry Pinoys (Filipinos) hits new high, says survey.” Based on 1,200 household heads nationwide, the data indicated that 57 per cent described themselves as living in poverty and 16.7 per cent as having experienced hunger during the last quarter of 2005. One can safely assume that poverty and especially hunger victimizes the most vulnerable members of Philippine society which includes older people, especially women.

While the cultures of Asia to varying degrees still hold the elderly in high regard, there are many signs that rapid change challenges the reality of the values held – not unlike the “split-level Christianity” of Dr. Jaime Bulatao, SJ where values are professed on a theoretical level exhibiting a reality at variance with those values. In noting the alarming state of many of India’s older people, Dr. Indira Jai Prakash notes, “Alternatives have not yet been well-visualized or understood. The Indian society has opened itself to world-wide changes without making necessary adjustments to deal with the impact of such changes.” (*Ageing in the New Millenium*)

In short, poor older people, especially women, face discrimination in a number of areas including employment, social services, health care, decent housing, emergency aid, security – and all too often, even the family.

## **F. ASIAN APPROACHES TO BANISH DISCRIMINATION**

*Gradually, a paradigm shift in gerontology from viewing ageing as a problem to viewing it as a natural developmental process is becoming pronounced. With this has come the perception of older people as partners in social development and not passive recipients of social welfare benefits . . . . It is unlikely that older*

*people in the new millennium will be passive, submissive and be marginalized without protesting against such circumstances. There is a greater desire among older people today to organize and empower themselves and actively change the environment. (Dr. Indira Jai Prakash, Ageing in the New Millenium)*

And again,

*. . . there is a growing self-help movement in India. Almost all cities have senior citizens' clubs to address the needs of the elderly. Community-based organizations have started networking to bring different organizations dealing with older people under one umbrella group. The strength of such voluntary organizations lies in several factors which include:*

- The capacity to understand local needs, problems, resources and conditions in a holistic way*
- Their capability to involve local people and secure their cooperation and participation*
- Their desire to experiment with new programmes, strategies and approaches without incurring large expenditures*

*These efforts will give NGO's an edge over others to improve the condition of older people.*

*(Prakash, op cit.)*

The Madrid Plan of Action on Ageing (2002) is in full accord with the above, choosing as their first "priority direction" – "older people must be full participants in the development process and also share in its benefits." Older people can only be full participants if they are organized. The Coalition of Services of the Elderly (COSE) acts on the principle that in addition to the family, older people need another reference group which consists of other elderly and will act together for their own mutual benefit. HelpAge Korea with the support of the Association of Southeast Asian Nations (ASEAN) and the Korean Government has initiated a "home care" program in 10 countries of Southeast Asia. In the case of the Philippines, it is the community-based program of the elderly (CBPE) which cares for its own members – including older people without family.

Secondly, the ascribed status of older people is gradually being replaced by the “achieved” status – of both older and younger people. It is important, through media, educational and religious institutions to underline the importance of older people to society. “The future of national development will depend on how well older people make their contribution. (Prof. P.V. Ramamurti in “Ageing in India: Situation Analysis and Planning for the Future”)

Achievements of older people highlighted in activities such as the “Ten Outstanding Elderly” Awards held on (or near) the International Day of Older Persons, October 1 attract media attention because of their human interest. Posters, TV spot ads, CD’s, testimonies of well-known personalities, school plays, etc are only a few of the ways to present the important contributions of older people within every major institution of society.

Organized poor older people are capable of performing a number of services within their own community (“with a little help from their friends”) such as care-giving, being health workers, managing micro-enterprises, being peer counsellors, managing a “burial fund,” fundraising, promoting social activities (ballroom dancing, aerobics, parties) and most importantly being advocates on both a local and national level. In Bangladesh, organized older people monitor the government’s implementation of mandated services for older people and in the Philippines, older people from among the urban and rural poor, veterans and women’s groups sit on a panel with counterparts from the government to discuss implementation of the “Expanded Senior Citizens’ Act of 2003.”

At the same time, organized older people need to network with other NGO’s – workers, urban poor, farmers, women’s groups – many of which also have older people both as members and in leadership positions to lend support for issues of common interest.

Lastly, Asian nations attended the First World Assembly on Ageing held in Vienna in 1982. The Plan of Action emanating from that assembly included 62 recommendations covering a wide range of concerns. The UN General Assembly Proclamation on Ageing (1992) urged the support of national initiatives on ageing in the context of national cultures and conditions. In 1994, the Asia and Pacific Ministerial Conference in Preparation for the World Summit for Social Development adopted an agenda for Action which agreed that government policies should integrate the elderly in society and address income security, housing, a supportive environment and participation in society. The same was again endorsed by the fifth Asian and Pacific Ministerial Conference on Social Development held in Manila in 1997 which called for an accelerated implementation of the Agenda for Action. Following the Second World Assembly on Ageing in Madrid (2002), a number of countries in the region

(Philippines, Indonesia, India) devised a Five Year Plan of Action to implement agreed upon objectives . . . .

Historically, Asian governments have relied on the family to support its own older people and to some extent, the pattern still holds. A recent report from Global action on Ageing on China states “the country is still not ready to deal with the import of ageing systematically, financially and culturally. Experts have called for immediate regulations to provide older people with a legal framework for elderly care.” In Singapore, an appointed Elderly Commission made eight policy recommendations on four aspects of the elderly including housing, social security, elder care and retirement. In India, new legislation provides needs based maintenance, a minimum level of financial security, health care and protection of older people’s property. The Philippines has passed (2003) an “Expanded Senior Citizens Act” which provides, among other things, housing, health care, education and discounts on transportation and even basic food commodities. Japan has passed a law to prevent abuse of older people.... A number of countries in Asia (India, Nepal, Bangladesh...) have some form of non-contributory pension for older people...

To summarize, one can trace a progression from total reliance on the family to ESCAP, ASEAN and Madrid cum Shanghai Plans of Action for Older People to which member countries subscribed to a plethora of “National Plans of Action” (China, Thailand, India, Philippines...) to the beginnings of actual legislation intending to implement and actualise agreed upon commitments.

Organized groups of older people and their networks can help government to actually implement and amplify what is already on the books. An old Indian saying has it, “It’s the crying baby that gets the milk.”