

Title

Running title: Social Sciences and Successful Aging

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Note: This paper was presented as a Keynote Address to the Asia-Oceania Regional Congress on Gerontology, 27 November 2003, Tokyo.

Forthcoming in *Geriatrics and Gerontology International*, 2004

Abstract

- Aim:** This paper presents social science understandings of successful ageing for a broad audience in multidisciplinary gerontology in Asia Oceania.
- Methods:** The international literature on social science aspects of successful ageing is reviewed with a focus on Asia and social improvement.
- Results:** New positive approaches to aging research are identifying opportunities for maintaining capacities and well-being over the life course. Successful aging, productive aging, and active aging are key concepts. Increasing life expectancy and fertility control are major social achievements that underpin population aging as the mainstream social transformation facing the world. Asia will be at the forefront of this change and the consequences will vary greatly between cultures, nations, and subgroups within them. Older people generally maintain good quality of life and the capacity to 'age well' is influenced by life long maturation and emotional, social, and economic resources. Good health can be enhanced through positive actions such as physical activity, good nutrition, and not smoking. Mental capacities also can be improved and maintained through old age. In advanced old age, the 'fourth age', the focus turns to ameliorating the effects of loss and to maintaining dignity.
- Conclusions:** The social sciences contribute knowledge useful for improving life experiences for older people and ageing societies. Population ageing is central to national economic development. Public policy and individual action concerning aging can benefit all age groups. To better inform these developments it is important to address the serious shortfall of social science research on aging in the Asia Oceania region.

Key Words aged; social sciences; quality of life; healthy people programs; Asia

Introduction

This address presents social science understandings of successful ageing for a broad audience in multidisciplinary gerontology. A primary use for the social sciences in gerontology is to contribute knowledge for guiding social decisions and actions that improve life experiences for older people. The many social science disciplines that contribute to gerontology include psychology, sociology, anthropology, economics, demography, history, and political science. The related humanities contribute through ‘telling stories’ and depicting symbolic meanings that illuminate cultural and personal aspects of ageing experiences.

Cross-cultural understandings are especially valuable because these comparisons and insights help us to see ourselves and our own societies more completely. This is a difficult challenge, however, because our present knowledge on ageing is based overwhelmingly on studies conducted in a few English speaking countries. The best of cross-cultural research is produced by researchers who understand their own culture and collaborate with colleagues from other cultures.

A New Positive Approach to Aging

A social sciences approach to ageing is centred on human understanding, that is, a consciousness of ourselves and the social world in which we live. What we study and how we act is inextricably bound up with value choices – what we believe is important – and our sense of responsibility concerning social action. A social scientist has a research-based understanding of social and cultural forces including the opportunities that can be enhanced in people’s lives as well as the social constraints that can be overcome. The knowledge generated by a social scientist can be increased by multidisciplinary efforts. Research on these topics gains social value when findings are translated into policy, practice applications and public awareness.

The social science knowledge base on older people has expanded enormously over the fifty years in which gerontology has come of age. While our information base was long distorted by a predominance of studies from clinical samples, it is now based on representative populations that include the full range of well as well as sick individuals in a variety of social situations. Since the 1980s we have paid increasing attention to ageing over the entire life span, diversity among social groups, relationships between age groups, and the successive cohorts who grow older in societies which are also changing and variable. Social scientists study individuals who grow older in societies which also are changing.

Over our life span we set ‘developmental trajectories’ that heavily influence our capacities, resources, and vulnerabilities in later life (Figure 1). While functional capacities typically decline as we age, there is considerable variability. The health and social sciences are learning that there are many opportunities for enhancing levels of functioning in mid life and for preventing disability and maintaining independence into old age. Whether or not we maintain health, functioning and well-being in old age depends heavily on the demands and supports of the environment as well as on the capacities and actions of individuals.

INSERT FIGURE 1

The concept of 'Successful Aging' (Rowe and Kahn, 1999) emphasizes that we can raise aspirations and aim for successful (not just usual) ageing. The three components of successful ageing are posited to be 'avoiding disease', 'engagement in life', and 'maintaining high cognitive and physical function'. There are many things that we can do to increase our chances of ageing successfully. It needs to be acknowledged, however, that the concept of successful ageing arose in the individualism of American culture (with its Calvinist theological influences) and it can risk blaming 'victims' who do not age successfully. The concept would not appear to translate easily into Buddhist or Hindu contexts having less sense of the material world and more fatalistic or accepting attitudes.

The idea of 'Productive Ageing' emerged in the early 1980s largely as a reaction against the ageism that devalued older people in the US. Yet research has shown that many of them remain productive through (largely unacknowledged) contributions in the paid labor force, volunteer activities, family assistance, and/or self maintenance (Morrow-Howell et al., 2001). The meaning and forms of the productivity and the social value accorded to older people varies greatly across cultures and countries. In many developing countries there is no retirement and older people from the workforce, continue to contribute substantially until ill health prevents it. The concept of productive ageing counters negative stereotypes, but we also need to value people who may not be 'productive' in the conventional sense.

Alternative conceptions also inform action to pursue successful ageing. Radical Gerontology focuses on political action, social justice, and political and economic forces (Estes and Mahakian 2001). 'Conscious Ageing' focuses on improving ageing experiences through the wisdom of older people, spiritual seeking, and life review. These concepts were developed in modern western countries where there is a stronger sense of individualism than in Eastern cultures.

'Active Ageing' is a particularly valuable concept for guiding positive research and policy actions on aging. According to WHO (2002) 'Active ageing is the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age' (p. 12).

Societal Ageing

In introducing *Towards a Society for All Ages*, Kofi Annan, the UN Secretary-General, stated that 'We are in the midst of a silent revolution that extends well beyond demographics, with major economic, social, cultural, psychological, and spiritual implications' (UN, 1999). Aging is now the mainstream social transformation. It will be as significant for the next 50 years as were the industrial, electronic, and computer revolutions for the last century. Gerontologists can contribute knowledge that addresses this major challenge for the world.

The social sciences provide useful tools for understanding societal ageing. Cultural values and traditions need to be understood because they guide our priorities for the 'ends' of life, while economic development provides the 'means' for pursuing them. Our living patterns are organised by household structures, regional patterns, and migration processes. Social statuses and roles, based on age and other factors, define expectations for life, resources, and vulnerabilities in different societies. These concepts guide research on the diverse and changing 'social places' of older people and the consequences for them and other age groups in different societies.

There is no uniform process of societal modernization as each country has its own traditions and its own pathways of development. However, in all cultures ageing and social change require major individual and social adjustments. The main points of tension can be between the core values and social skills learned in childhood, subsequent pressures for change from a changing economy and social organisation, and the different expectations and interests of younger cohorts.

Population ageing will be accelerating as the massive baby boom cohort from the middle of the last century moves into their later years over the coming decades. From 1970 to 2025, a mere two generations of family time, the number of people aged 60 years and over in the world will have increased nearly fourfold to almost 1.2 billion people (WHO, 2002). This growth is occurring overwhelmingly in developing countries where life expectancy generally has been increasing and birth rates have been falling but economic development has been lagging. Many developing countries will experience demographic ageing over the next two generations equivalent to that of developed countries over the last two centuries. Can their social structures change fast enough to ensure positive experiences of ageing, and will there be adequate economic resources?

Asia will have the bulk of the world's population ageing over the coming decades and ageing, in turn, will be central to the region's development. Projections from the United Nations show that by 2025 there will be 700 million older people in the Asia region as compared to less than 150 million for any other region including Europe or North America. By 2050 the projections show 430 million older people in China, more than 300 million in India, 70 million in Indonesia and 30 million in Vietnam, while growth will remain modest in Australia and Japan. Virtually all of the countries in the Asia Oceania region need to plan for the approaching reality of a demographically mature population and to ensure that ageing people contribute and share in social advancement.

Asia and the rest of the world are in the midst of an historic transition from a youth population to a more age-balanced population. In the mid 20th Century there were four children (0 to 15 years) for every older person (60 years plus) but by the 21st century there will be more people in later life than in childhood. These changes are driven by significant social progress in reducing mortality and controlling fertility. Lower fertility is related to better education and work opportunities, especially for young women, and expectations for better old age security through children's survival and more government support.

Gender is one of the most significant bases for social difference. Women make up the vast majority of older people in the Asia-Oceania region, ranging from a little more than half of the 60 plus population in China to more than 75% of the 80 years and over in the Republic of Korea. Among men across the region approximately 75% are married, which can be a major resource in older age, as contrasted to less 50 percent for women in nearly all countries. Successful ageing needs to focus strongly on women.

Education can confer substantial economic and social opportunities over the life course. The proportion of 60-64 years who are literate is less than 20 percent for women in Bangladesh and India, as contrasted to more than 90 percent of older men in Vietnam, Sri Lanka, and Singapore. Continuing in the labor force, an indicator of productive aging, can reflect insufficient private or public resources to retire, or it can reflect employment opportunities. Throughout the region only a minority of men and women aged 65 years and over are in the paid workforce.

The social resources and vulnerabilities of older populations thus reflect varying social legacies across countries in the region. In general, older people have lagged behind younger people in receiving the socio-economic benefits conferred by social progress. Conversely, the older populations of the future will reflect the social investments being made in younger people today. The social opportunities of the generations, and disparities within them, reflect social choices as well as economic and political power.

Health is a major resource for successful ageing. Life expectancy, the most basic measure, has increased substantially over recent decades but major disparities remain between and within countries. In some countries, such as India, little more than half of the people born today can expect to reach the early sixties age group. At the other end of the spectrum, Japanese women can expect to live to their mid eighties. In all countries in the region, women can expect to live longer than men, and they face more of the vulnerable years in late life.

Increased survival has been accompanied by substantial falls in infectious illness followed by rises of cardiovascular illness and other life style illnesses. In the more advanced countries there appears to be some recent declines in cardiovascular illness and rises in psychological disorders. This may reflect the greater complexity of life or possibly a greater expectation for quality of life.

A major social goal is to reduce risk factors and 'compress' periods of morbidity and disability prior to death. There is increasing evidence that positive health actions – notably not smoking, being physically active, and controlling weight - can reduce the period of disability before death. The concept of healthy life expectancy has become an important indicator of quality of life in later life. According to the WHO, years of healthy life expectancy in the Asia/Oceania region age ranges from eight years at 60 years of age for men in the Philippines to 21 years for women in Japan.

Improvements of healthy life expectancy have been substantial and they are expected to continue. Older people today are likely to have levels of health equivalent to those of people five to ten years younger a few decades ago. This fundamental change in the life course underscores the importance of enabling older people to live productive and satisfying lives longer than had been the norm in the past. We need to differentiate between the relatively younger 'third age' of healthy retirees, for whom social factors are crucial to well-being, and the 'fourth age' in advanced old age, who face notable vulnerabilities as they reach biological limits of life (Baltes and Smith, 2003).

The demographic and epidemiological transitions in old age are accompanied by increasing public recognition of the potential for achieving quality of life in later life. In Australia the Prime Minister has received a scientific report which sets a vision for achieving an additional 10 years of healthy and productive life expectancy by 2050 (PMSEIC, 2003). The key indicators for progress are more years of healthy life, increased participation and productivity, and enhanced independence and autonomy – all of which resonant with core Australian values.

Successful Ageing for Individuals

Research on successful ageing has grown over recent decades but our knowledge continues to be based overwhelmingly on Western studies. This is regrettably given the substantial east and west cultural differences, for example, the strong emphasis on independence in the West as contrasted with Japanese acceptance of dependency. In the West, qualitative studies have emphasised the importance older people place on continuing their sense of identity and self worth, meaningful activities and social participation, and 'feeling well' (not absence of disease).

Research in well-being demonstrates the complexity of understanding 'quality of life' in old age (Kahn and Juster, 2002). Well-being typically is multidimensional - and shows considerable stability as people adapt to objective changes in their lives. Happiness is associated with economic resources only to a point. Contrary to popular stereotypes, life satisfaction increases with age and self-rated health declines only slightly. Older people generally evince considerable resiliency in the face of life stresses, and they could do even better if they have more personal and social resources. Successful ageing can be achieved when people select goals and tasks that they can do, optimise capacities, and compensate by finding new means to achieve functioning (Baltes and Smith, 2003).

The influence of adult development on 'ageing well' has been examined in the Harvard longitudinal studies (Vaillant, 2002). Maturation in early and mid life - a process of career building, intimate relations, generativity, and integrity - was found to have significant influences on later life outcomes. In old age there are notable opportunities for wisdom, emotional intelligence, and contributions as 'keepers of the meaning'. Resilience factors (positive not just risks) were found to include having not smoked, not having an alcohol problem, loving one's partner, mature psychological approaches, higher education, sensible weight, and exercising regularly.

A Hong Kong study (Chou and Chi, 2002) provides one of the few Asian studies of successful ageing, defined as people at the higher end of a composite score in terms of functional, affective, and cognitive status as well as productive involvement. Successful ageing was found to be highest among the young old. The best predictors were higher life satisfaction, being male, more education, no financial strain, self-rated health, adequate hearing and contact with friends (all modest associations).

International research on clinical medicine shows that up to half of the risk of disease can be influenced by physical activity, nutrition, smoking, and alcohol use (Symes, 2003; Orimo in this volume). These health actions, and others, such as social participation, also have direct consequences for well-being. Psycho-social factors influence health behaviours. Our longitudinal research in Melbourne shows that health behaviors in old age reflect strong 'trajectories' from mid life and earlier (Browning and Kendig, 2003). Health behaviors are changeable, with both improvements and deterioration over later life.

In the case of physical activity (one of the most important health behaviours), our research indicates that less than half of older Australians have enough physical activity to achieve significant cardiovascular benefits. Nonetheless, they view physical activity as their most important health action, and it is enabled by enjoyment, personal motivation, and health gains. It is

encouraged by wives, daughters, and some health practitioners. It is constrained by poor health, poor facilities, and negative attitudes. Over time levels of physical activity increase for some (especially on retirement) while they are stable or decreasing for the majority of older people. Intervention to improve physical activity levels can be informed by theories of behavioral change including the health belief model, self efficacy, and planned behavioral change.

With regard to mental capacities, the influential Berlin Ageing Study shows little decline before age 70 years and strong learning capacities well into the seventies (Baltes and Smith, 2003). Brain growth depends heavily on stimulation in early life; it can continue to grow through adulthood; and cognitive training can improve function in late life. Positive social attitudes, among older people and other people who influence them, are important for mental capacities, social participation, and the range of behaviors that influence health. Not until people reach the 'fourth aged', in their eighties and beyond in developed countries, does the major focus of concern turn to issues of cognitive loss, chronic stress, and frailty. Successful ageing demands that dying people maintain human dignity.

Policies and Research

The United Nations has demonstrated strong leadership in addressing global ageing. The aim of the Madrid International Plan of Action (UN, 2002) is 'to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights'. The revised plan of action sets three priority directions for policy action: 1) sustaining development in an ageing world; 2) advancing health and well being into old age; and 3) ensuring enabling and supportive environments for all ages.

In Australia, the National Strategy for an Ageing Australia (Andrews, 2002) established the goal areas of the retirement income system, a changing workforce, attitudes and life style through community support; healthy ageing; and world class care.

Social sciences research can inform policy development. The political economy perspective (Estes and Mahakian 2001) directs attention to the interest groups that underlie political contests, generational tensions, and tensions between political power and social need. For example, policies considered to be for older people may in fact be heavily influenced by employers (in the case of retirement income) and by aged care providers. The social sciences also provide research tools for understanding how people live and what they want (especially qualitative research), for social monitoring and identifying the extent of needs (social surveys), for identifying financial gains and losses (economic analysis), and for program evaluation. For example, Symes (2003) reviewed the evidence base for assessing psycho-social interventions to improve successful ageing.

Research directions to underpin international policy development have been set by the Research Agenda on Ageing for the 21st Century led by the United Nations with the International Association of Gerontology (UN 2002). In Asia-Oceania, an expert group met just before the IAG Tokyo Congress to establish research topics appropriate for our region. This includes research in support of mainstreaming ageing into development policy, and promoting full integration and participation of older persons. For advancing health and well-being in old age, research questions were developed in terms of cultural, cohort, and urban versus rural differences; the role of family and community networks; and the importance of spirituality and oriental philosophy. For ensuring

enabling and supportive environments, research questions included constraints on traditional family structures and age friendly designs at the local level

The priority for more research on successful ageing in the Asia Oceania region is shown by the paucity of such studies in the international literature. In psychological and sociological abstracts, there has been strong growth of articles on successful ageing from virtually none in 1980, to 30 to 40 in the early 1990s, and to more than 60 in 2002. However, more than 300 of the articles were from the USA, 60 were from other English speaking countries, 100 were from Europe, and only fifteen were from Asia. The fine papers presented at this Congress need to be published in international journals that are widely available.

In summary, the social sciences can provide knowledge that helps us to create a social world that improves life experiences for people of all ages. We can learn how to increase opportunities to age successfully and to overcome constraints that limit opportunities. We can remember to meet ethical responsibilities to support people whose vulnerabilities call for a primary focus on ageing and death with dignity.

Acknowledgements

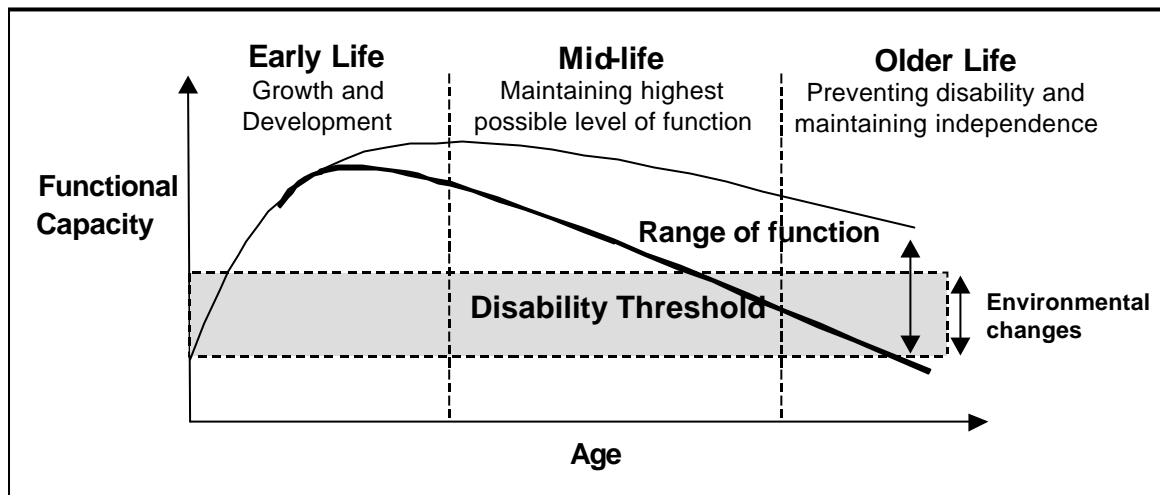
I wish to acknowledge the following people for their contributions to my understanding of successful aging in the Asia Oceania region: Gary Andrews, Colette Browning, Lindy Clemson, Susan Quine, and Yvonne Wells (Australia); Wataru Koyano and Akiko Hashimoto (Japan); Iris Chi and Edward Leung (Hong Kong); William Liu and Kalyani Mehta (Singapore); Sung-Jai Choi, Hyunsook Yoon, and Kao Rhee (Korea); and the IAG Asia-Oceania Executive Committee for the last 20 years.

References

1. World Health Organization. *Active Ageing: A Policy Framework*. Geneva: WHO 2002.
2. Rowe JW, Kahn RL. *Successful Aging*. New York: Dell Publishing, 1999.
3. Morrow-Howell N, Hinterlong J, Sherraden M, eds. *Productive Aging: Concepts and Challenges*. Baltimore and London: The Johns Hopkins University Press, 2001.
4. Estes C, Mahakian J. The political economy of productive aging. In Morrow-Howell N, Hinterlong J, Sherraden M, eds. *Productive Aging: Concepts and Challenges*. Baltimore and London: The Johns Hopkins University Press, 2001; 197-213.
5. United Nations. *Towards a Society for All Ages*. NY: The UN, 1999.
6. Baltes PB, Smith J. New frontiers in the future of aging: from successful aging of the young old to the dilemmas of the fourth age. *Gerontology* 2003; **49**: 123-135.

7. Prime Minister's Science, Engineering and Innovation Council *Promoting Healthy Ageing in Australia*. Canberra, Australia: PMSEIC, 2003.
8. Kahn RL, Juster FT. Well-being: concepts and measures. *Journal of Social Issues* 2002; **58** (4): 6-27.
9. Vaillant, GE. *Ageing Well: Surprising Guideposts to a Happier Life from the Landmark Harvard Study of Adult Development*. Boston: Little, Brown, and Company, 2002.
10. Chou KL, Chi I. Successful aging among the young-old, old-old, and oldest old Chinese. *International Journal of Aging and Human Development* 2002; **54** (1): 1-14
11. Syme SL Psychosocial interventions to improve successful aging. *Annals of Internal Medicine* 2003; **139** (5): 400-402.
12. Browning C, Kendig H. Healthy ageing: A new focus on older people's health and well-being. In: Liamputtong P, Gardner H, eds. *Health, Social Change, and Communities*. South Melbourne: Oxford University Press, 2003; 182-205.
13. United Nations, *Madrid International Plan of Action on Ageing*. New York: The UN 2002. <http://www.un.org/esa/socdev/ageing/>
14. Andrews, B. *National Strategy for an Ageing Society, an Older Australia, Challenges and Opportunities for All*. Canberra: Australia: Commonwealth Department of Health and Aged Care, 2002.

Figure 1 Maintaining Capacity over the life course (and environmental press)



Source: WHO (2002)