

AGEING TRIUMPHANTLY

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1999 DAME ROMA MITCHELL ORATION

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The end of the 20th century presents a remarkable picture of the world in demographic terms. The World's total population now exceeds 6 billion, but the momentum of growth is slowing. Although annual increments will continue to exceed 80 million, the ever-rising rates of growth which were of such concern throughout much of the second half of this century are gradually being contained. (1) A new focus of international concern is increasingly being directed towards the age composition of national populations. Population ageing will become a significant feature of populations worldwide during the twenty-first century. By the year 2020, 13 per cent (at present 10 and by 2050 it will be 22%) of the world's population is expected to be 60 years of age and over, and 70 per cent of these older persons will live in developing countries. In Australia at present 16% of our population is aged 60 years and over and by 2050 it is expected to be 28%.

Both total numbers and proportion in the population of older persons is increasing worldwide on an unprecedented scale and at a phenomenal rate.

Some highlights of these changes are:

- The number of persons aged 60 years and older is estimated to be nearly 600 million in 1999 and is projected to be almost 2 billion by 2050

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Figure 1: World Population Aged 60years plus

- One in every 10 persons is now aged 60 years and older; by 2050 this figure is expected to be 1 in 5 for the world as a whole and 1 in 3 for the developed world.
- The number of centenarians (aged 100 years and older) is projected to increase 15-fold, from approximately 145,000 in 1999 to 2.2 million people by 2050.
- The majority of older persons (55%0 are women. Amongst the oldest old (80 years and older), 65% are women.

Population ageing is increasingly being recognised as a process of major significance for all.

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societies.

The issues of health, economic security and welfare of older persons are particularly critical in

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many less developed countries where few provisions for support exist outside the family.

Figure 2: Median Age of the World by Regions

Figure 3: World - Proportion of Children and Older Persons

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Figure 4: developed World - Proportion of Children and Older Persons

Changing family structure and living arrangements in those countries have significant influence on the nature of support available in old age

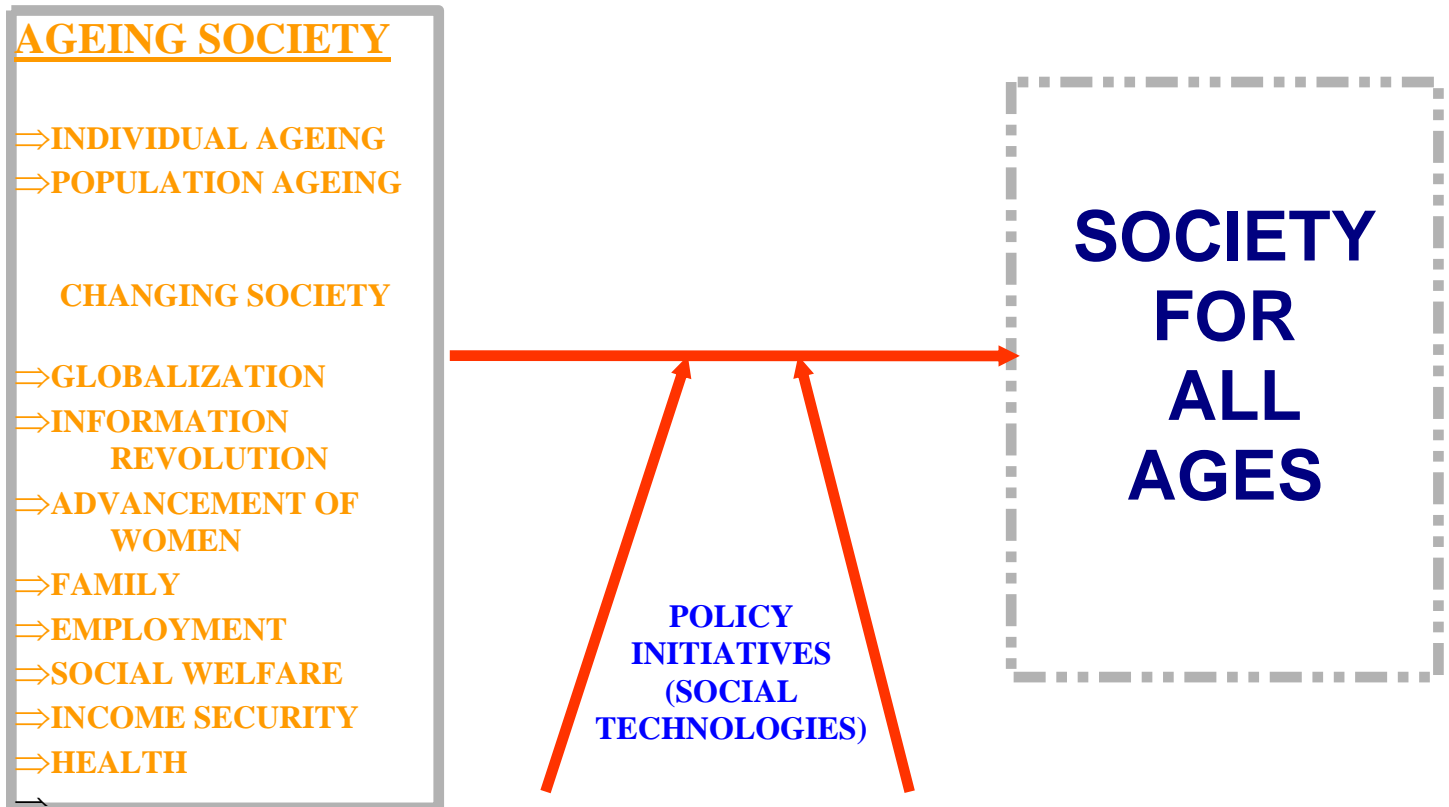
To respond to these remarkable shifts in the worlds population landscape that will see population ageing as one of its most prominent features an entirely new conceptualisation, attitude and approach to human ageing and to older persons in society is urgently needed.

1999 is watershed year for human ageing – it has the potential to significantly alter the deeply rooted precepts and misconceptions of ageing and its consequences that have abounded everywhere.

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Figure 5: aged Support Ratios '99 to 2020

Where are we going



The UN programme on ageing was charged with responsibility for the development and promulgation of a new vision of ageing based on the conceptual framework adopted by the UN Secretary General for the preparations and observance of the year. (2)

The Conceptual Framework suggests a theme, objective and four dimensions for particular attention in the preparations and observance of the Year.

The theme: 'Towards a Society for all Ages' reflects a growing concern for ensuring age-integration. The theme is derived from discussions on achieving as "society for all" at the 1995 World Summit for Social Development. A 'society for all *ages*' is one that enables generations to invest in one another and share the fruits of that investment guided by the twin principles of reciprocity and equity.

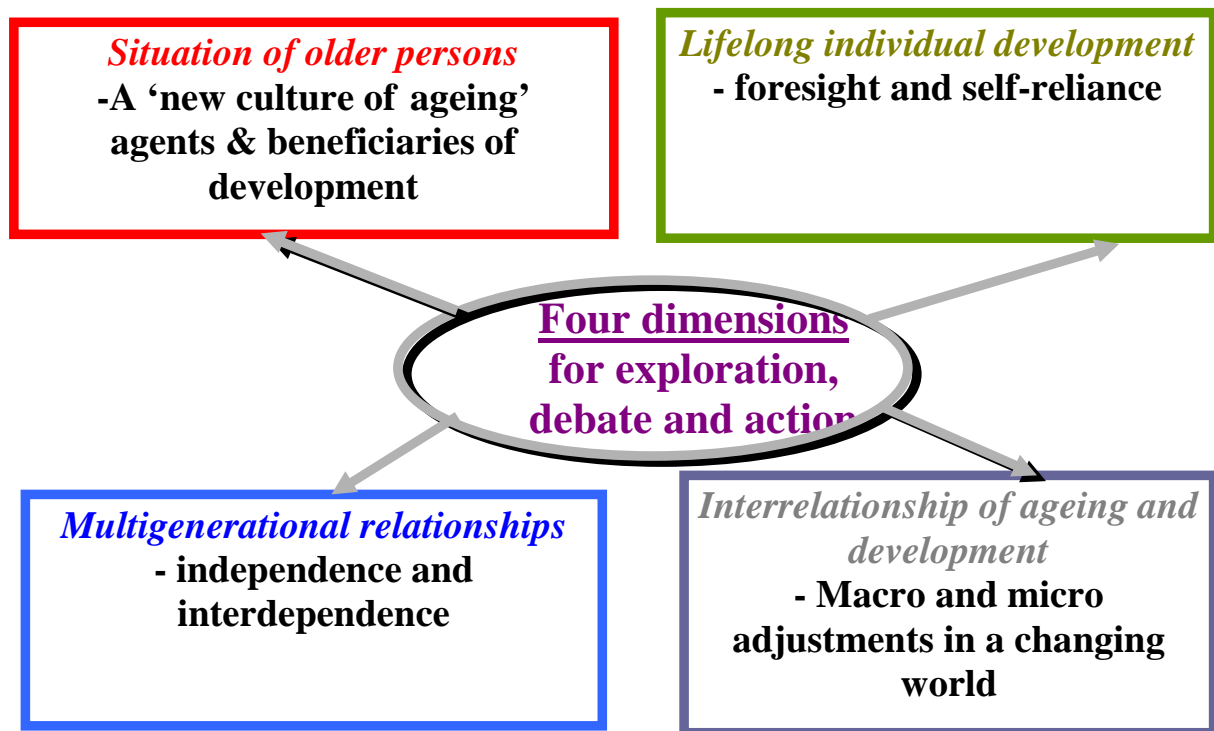


Figure 6:The four dimensions of the Conceptual Framework provide critical support for the concepts of a society for all ages.

The first dimension is the 'situation of older persons' and it provides a link back to areas of primary concern expressed in the International Plan of Action on Ageing (1982) including health and nutrition, housing and the environment, the family, social welfare, income security and employment.

The second dimension is 'life-long individual development' which recognises that in a world where more and more individuals can expect to live to 90 years or more in a living environment that is continually changing, individuals need particular life skills: foresight, self-reliance, inter-dependence, flexibility and ingenuity. They need an enabling environment fostering lifelong education, skills-upgrading, and healthy lifestyles.

Figure 7: Relationships over the life course

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Many need mid-life supports for making transition into old age, a time for fulfilling individual aspirations and for adjusting family life, careers and lifestyles.

The third dimension highlights ‘multigenerational relationships’ noting that the demographic, socio-economic and cultural revolutions affecting societies also affect relationships between generations – between children, parents, grandparents and between workers and retirees. Thus, relationships in both family and society are affected. As more individuals live into very old age, two needs arise to the fore: income security and care. In traditional societies, both were provided by family and community. As societies modernise (and their populations age), these responsibilities come to be shared by the society at large, through inter-generational transfers between working and retired populations, often facilitated by insurance and savings elders accumulated in their earlier years. The speed and scope of change gives rise to a need for continuing research, debate and adjustments.

The final dimension of ‘development and ageing of populations’ poses the challenge of reconciling population ageing with socio-economic development. This requires multi-sectoral adjustments including in employment, income security, social welfare, health care and education as well as investment, consumption and savings patterns. One of the principal directions for such adjustment is ensuring that older persons have opportunities to participate and contribute as well as to receive care when needed. Another objective is to establish an age-integrated society, one that fosters reciprocity and equity between generations even as it encourages lifelong development and self-reliance on the part of individuals. (3)

To move towards the objectives of a ‘society for all ages’ more than knowledge and understanding is required we need to cast off the deeply embedded misconceptions and prejudices that form societies stereotypical view of ageing and older persons.

Population and individual ageing represent a great triumph of humanity over the forces of mortality particularly in this last half century. Yet older persons are still often perceived as ‘pensioners and patients’.

In this century, life expectancy has gone from below 50 to over 80 in many countries. This new abundance of life impels us to recognize that ageing is a process which starts at birth and takes place in complex interaction between individuals and multiple social contexts. Across

the course of life, maturation and ageing are shaped by giving and receiving in family and kin groups, communities and the wider society. Thus, the situation of older persons reflects their own choices and investments throughout life's journey as well as the resources and constraints presented by the many contexts in which their lives are embedded. Older people are contributors and beneficiaries in their communities and perhaps the world's only increasing natural resource. Developing the world's new abundance of life in the next century will require not only income security and health care but also opportunities for elders to participate in meaningful ways in shaping their societies. Dividends of wisdom, care, productivity and meaning will foster flourishing lives in a society for all ages.

Finally, the contribution, real and potential, older persons can make to society needs to be more widely recognised and public policies must be adjusted to accommodate ideas of lifecourse development and lifelong education, extended work force participation and the caring and grandparenting roles of older persons.

I have arrived here at this place to honour Roma Mitchell and to respond to some of the challenges posed by the demographic images I have shown after a fairly long personal journey, a journey of 22, 339 days and 5 hours or more conventionally if you like around 61 years and five months and 28 days.

Some of you are here after a shorter time some longer but we have all travelled the same path – it is simply the path of life and for each of us there was a beginning and middle and will be an end.

Collectively the beginnings are now obscure and set some billions of years from here and no end is foreseeable.

The individual and collective paths have many passages and along them, are encountered many wonders and also many seen and unseen risks, temptations and threats but also great opportunities.

The territories through which we pass are variously charted by different conventions and some of us are equipped with better and more useful maps than others. Over time our observations and investigation along the way have provided more or less information, knowledge and enlightenment.

What we want to call human development and ageing is simply our progress along this metaphorical path. It is defined by the passage of time and by our individual and collective metamorphoses from birth through early and later childhood, adolescence, adulthood, middle and old age and eventually death. Convention defines each of these territories through which we move and old age is no exception its boundaries are arbitrarily defined for us.

While the intense self examination we have indulged in has told us much and we know a great deal about human development and ageing from a myriad of professional and technological and even spiritual perspectives. How much we know is vastly exceeded by what we don't know and what we need to know.

In recent times in history two major developments have taken place - on average our paths have significantly lengthened (we are living longer than ever before – in just this last 50 years 7,305 days or 20 years has been added on average to the length of individual paths globally) and there are many more in far greater numbers and proportion than before who now tread those latter days. Each and every month now there are a net almost one million more individuals who have travelled 60 years or more and $\frac{3}{4}$ of these additional numbers are people who live in developing countries.

This is what defines individual and population ageing and the extension of life and the increasing proportion of older persons consequent upon this and the reduction that has occurred almost everywhere in fertility have resulted in extraordinary change in the demographic landscapes and the prospect of societies where in the foreseeable future one in every three persons is in the category we commonly call old.

How shall we face these changes, how shall we respond – are the dire predictions of a demographically fuelled timebomb that threatens to bankrupt governments with unsustainable social security and health care provisions accurate?? How can we ensure quality of life and not just additional years of life – how can we add life to years and not just years to life in the 21st century. How might we age with dignity and worth, how might we tread this later path triumphantly with a sense of great achievement rather than apologetically and with guilt for blocking the way. These are just some of the challenges now facing us.

I speak here on behalf of the world's scientific and professional community researching, teaching and working in the many fields of practice related to ageing. There is an urgent need

for far greater investment globally in research, in the gathering of knowledge and understanding that can shed light upon our metaphorical path of life and can significantly lessen the risks and immediate dangers before all of us as we age individually and as societies..

Research, especially in recent times has already provided powerful indicators to effectively steer us publically and individually away from imminent hazards. Thus, our understanding of the risk factors for serious and even fatal heart disease has guided public health policies and healthy individual behaviour to achieve in many countries astounding reduction in cardiovascular morbidity and mortality. Understanding of the pathogenesis of osteoporosis particularly manifesting post menopausal women and the potential value of hormonal replacement has saved many from crippling disease and avoided otherwise enormous health care expenditure in treatment of the consequences of this scourge.

Yet real investment in furthering our basic knowledge of the processes and consequences of ageing at every level – molecular and cellular, bio-medical, clinical, psychological, behavioural and social economic and environmental has been pathetically miniscule compared with many other areas that seem to grab human attention more effectively such as cancer research, AIDS or maternal and child health to name a few.

I said at the beginning we are all of us on the same path – ageing however defined is the ultimate universal impacting directly and indirectly on each and all. Overcoming the serious risks associated with it can benefit all present and future – no other endeavour I can imagine can wrought such global and common good.

In the face of truly overwhelming demographic, epidemiologic and economic transitions that will inevitably be played out as a consequence of the phenomenon of human ageing as we move into the 21st century real action is needed. Knowledge and understanding is achieved by active investigation not by contemplation. The investigative tools available to us at a time in history are extraordinary. This is a time when given the necessary resources we can unravel the mysteries of the human genome, when we can confidently analyse whole population trends, when we can gain unprecedented insights into individual human motivations and behaviours, when we can point realistically to risk factors for disease and disablement and tap essential disease causality.

None of this can be achieved without real resolve. In the face of such a major global challenge it would not be unprecedented – the considerable population growth issues the World became aware of around the middle of this century gave rise to the World Fertility Studies. These directed massive resources worldwide into research on fertility, reproductive health and child and maternal health issues that ultimately provided the knowledge and information to give direction to the policies and programmes that achieved astounding reductions in infant and maternal mortality while at the same time reducing population growth.

What is needed now is a similar level of global commitment to responding to population ageing internationally, regionally and nationally. A commitment that recognises the importance of population ageing as one of the greatest challenges facing the world as we enter the new century and new millennium.

Knowledge and understanding of our fate is however not enough of itself. Indeed my colleague Thomas Cole of the University of Texas notes many in the public remain hooked on what he calls the 'Enlightenment Dream': believing a better future is paved solely with the methodology of positivist science with an assumption that we know more about all aspects of ageing than our historical predecessors; and that the accumulation of empirical facts and corresponding generalisations will some day produce total understanding of the natural and social worlds, allowing us to grow old without disease, suffering, conflict or misery a contention he claims is pernicious not because it is altogether false but it is only half true! Thus we could be inclined to echo Tolstoy's complaint that "Science is meaningless because it gives no answer to our question, the only question important for us. 'What shall we do and how shall we live'. (4)

Just last week when I boarded the turbo-jet service between Hong Kong And Macau I was forced to confront my own status as an older person when for the first time in my journey through life I was labelled a 'senior' and offered a concessional fare. I was forced to consider if this constituted a reward and a recognition of honor or a label denoting a dependent and medicant status attracting charity.

I strongly suspect in the eyes of many – officialdom, potential employers, political leaders, and the caring professions and organisations I have become just another older person. I gain thus a few concessions but am at great risk of losing much more.

In its ten year history the distinguished orators that have thus far delivered this Oration have focussed upon the extension of Human Rights and Equal Opportunity to a variety of categories of Australians - women, the physically disabled, the intellectually impaired, the poor, homosexuals, Aborigine and Torres straight Island peoples and others at clear risk of discriminatory treatment. I am no different in this respect but my plea is different in a fundamental way it is a call for 'á fair go' for all of our future selves.

Older persons have continuing obligations in society but their rights must be vigorously protected and consideration of human rights and equal opportunity must be fully extended to encompass the latter stages of life as a counter to prevailing discriminatory ageism. Reflecting the remarkable advances in longevity during in this century every extra day lived should, at any age, be lived with a sense of positive triumph and achievement and cause for celebration.

It must be said finally:

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