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Comparative Aging and Qualitative Theorizing

Abstract

The principal aim of this argument is to analyze the swift expansion in the proportion of older people across the globe, and to highlight the main social and economic forces causing this through methodological challenges especially through the lens of qualitative methodology. We recognize the enormity of the task. Drawing from a range of qualitative research studies provides enriched meanings about aging identity that can be used to shed light on how aging is experienced in equal to how it has been defined in macro or populational terms. Balancing micro and macro levels of understanding is key to open up broader level of explaining what it means to be an older person in different cultures Whilst this is a noble aim, there is no doubt that the rapid increase in population aging across the globe is signalling the most astonishing populational changes in the history of humankind that qualitative levels of understanding are uniquely placed to balance the huge figures in describing complex demography in that qualitative methodology unravels the facts and instead reveals the narratives, meanings and identity formation of research subjects; whereas statistical research has pre-dominantly made its findings looking at people as research objects or as a 'number' (Gruber and Wise 2004). The balance is key but this paper explores the issue of comparative aging underpinned by what Powell and Cook (2001) call 'qualitative theorising' in making sense of statistical and experiential aging.

Keywords

Aging; Global understanding; 'Qualitative theorizing'; Nation states

Introduction

The principal aim of this argument is to analyse the swift expansion in the proportion of older people across the globe, and to highlight the main social and economic forces causing this through methodological challenges especially through the lens of qualitative methodology. We recognise the enormity of the task. Drawing from a range of qualitative research studies provides enriched meanings about aging identity that can be used to shed light on how aging is experienced in equal to how it has been defined in macro or populational terms. Balancing micro and macro levels of understanding is key to open up a broader level of explaining what it means to be an older person in different cultures. Whilst this is a noble aim, there is no doubt that the rapid increase in population aging across the globe is signalling the most astonishing populational changes in the history of humankind that qualitative levels of understanding are uniquely placed to balance the huge figures in describing complex demography in that qualitative methodology unravels the facts and instead reveals the narratives, meanings and identity formation of research subjects; whereas statistical research has pre-dominantly made its findings looking at people as research objects or as a 'number' (Gruber and Wise 2004). The balance is key but this paper explores the issue of comparative aging underpinned by what Powell and Cook (2001) call 'qualitative theorising' in making sense of statistical and experiential aging.

Global aging and implications

While today's proportions of older people typically are highest in more developed countries, the most rapid increases in older populations are actually occurring in the less developed world (Krug 2002). 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. Over time, older people will survive to even more advanced ages. The forecast rise in the number of older people aged 75+ over the next 20 years will lead to an expansion of demand for health, housing accommodation and pensions for aging populations and is thus of crucial importance for governments, policy makers, planners, and researchers in all nation states. On a global level, 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 (Bengston 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. As life expectancy increases people aged 85 and over will outnumber children under age 15.

There are nine factors that illustrate the nature and extent of population aging across the globe:

- (i) The overall population is aging. For the first time in recorded history, and almost certainly for the rest of human history, people age 65 and over will outnumber children under age 5;

- (ii) Life expectancy is increasing. Most countries, including developing countries, show a steady increase in longevity over time, which raises the question of how much further life expectancy will increase;
- (iii) The number of oldest old is rising. People age 85 and over are now the fastest growing portion of many national populations;
- (iv) Non-communicable diseases are becoming a growing burden. Chronic non-communicable diseases are now the major cause of death among older people in both more developed and less developed countries;
- (v) Some populations will shrink in the next few decades. While world population is aging at an unprecedented rate, the total population in some countries is simultaneously declining;
- (vi) Family structures are changing. As people live longer and have fewer children, family structures are transformed, leaving older people with fewer options for care;
- (vii) Social insurance systems are evolving . As social insurance expenditures escalate, an increasing number of countries are evaluating the sustainability of these systems;
- (viii) New economic challenges are emerging. Population aging will have dramatic effects on social entitlement programs, labor supply, trade, and savings around the globe and may demand new fiscal approaches to accommodate a changing world;
- (ix) Patterns of work and retirement are shifting. Shrinking ratios of workers to pensioners and people spending a larger portion of their lives in retirement increasingly facilitate existing health and pension systems (Bengston and Lowenstein 2004; Krug 2002; Estes and Associates 2001).

Health care in the United States of America has been at the forefront of the political agenda since the election of Barack Obama. The newly elected president is determined to change the health care system in the United States because the current health scheme results in inequality between different social groups. Health care in the United States has always been seen as a problematic area of the political agenda and consequently provides an insight into the qualitative social research agenda (Lau and Kirby 2009; Peek and Fothergill 2009; Whalen 2003).

This debate on America's health care focuses on how the system functions as presently health care is provided by the private sector. There are currently two lines of argument, on the one hand that the private sector is making substantial improvements in the health care system and as Doughery (1988: 15) has suggested the American health care system is seen to be a 'resounding success' in terms of the quality of access to care is high and national statistics are 'good and generally improving.' However, there is the counter argument that the private health care system causes social inequality and that there is a substantial amount of waste in the context of 'health insurance and medical uncertainties that encourage the production of inefficient and low-value services' (Bentley et al. 2008: 629).

The social groups that have been in the past, and are currently, disadvantaged in this health care system are ethnic minority groups and the elderly. There have been numerous studies in the past claiming racial divide and problems with the elderly in America's health care system (Marmor 2005; Smedley et al. 2003). As Dychtwald (1981: 43) notes 'Minority group elderly live in a condition of double jeopardy because of the combined effects of ageism and racism.' There is one particular group that has experienced racism in the American Health care system and that is African Americans. A qualitative study by Benkert and Peters (2005) discovered that African American women were experiencing racial discrimination at

their local health providers. Turning to elderly health care the same story emerges. De-Ortiz (1993) discovered that there was a clear class division in elderly health care and this division had a fundamental impact on the quality of care delivered to the elderly population.

At the same time, for the future, there is no safety guarantee that private pension schemes are protected and pay out for people who invest their savings in such provision. In a de-regulated US pension system, the issue of corporate crime has highlighted the continuing problem of private pension provision. In one example, this was seen clearly with the energy corporation of Enron's embezzlement of billions of dollars of employees private pension schemes (Powell 2005). This debate amounts to a significant global discourse about pension provision and retirement ages, but one which has largely excluded perspectives which might suggest an enlarged role for the state, and those which might question the stability and cost effectiveness of private schemes. The International Labour Organisation (ILO) concluded that investing in financial markets is an uncertain and volatile business: that under present pension plans people may save up to 30 per cent more than they need, which would reduce their spending during their working life; or they may save 30 per cent too little - which would severely cut their spending in retirement (Phillipson 1998; Estes, Biggs and Phillipson 2003).

Holtzman (1997), in a paper outlining a World Bank perspective on pension reform, has argued for reducing state pay-as-you-go (PAYG) schemes to a minimal role of basic pension provision. This position has influenced both national governments and transnational bodies, such as the International Labour Organisation (ILO), with the latter now conceding to the World Bank's position with their advocacy of a mean-tested first pension, the promotion of an extended role for individualized and capitalized private pensions, and the call for Organisation for Economic Co-operation and Development (OECD) member countries to raise the age of retirement. The problem however is the lack of comparative research studies which attempt to understand how this plays out for older people and their narrative history in relation to pensions and retirement.

There is also the impact of (Intergovernmental Organizations) IGOs on the pensions debate in South America. The function of such arguments is to create a climate of fear, of inevitability and scientific certainty that public pension provision will fail. In so far as this strategy succeeds it creates a self-fulfilling prophecy. If people believe the 'experts' who say publicly sponsored PAYG systems cannot be sustained, they are more likely to act in ways that mean they are unsustainable in practice. Certainly, in Europe and elsewhere, the state pension is an extremely popular institution. To have it removed or curtailed creates massive opposition. Only by demoralising the population with the belief that it is demographically unsustainable has room for the private financiers been created and a mass pensions market formed.

Increasingly, the social infrastructure of welfare states is being targeted as a major area of opportunity for global investors. Asia has the fastest increase in the aging population in the world. China in particular has been identified as having four 'unique characteristics' of populational aging (Du and Tu 2000). First, they suggest 'unprecedented speed'. 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 for example; second, they claim an 'early arrival of an aging population' before modernization has fully taken place, with its 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); third, they posit 'fluctuations in the total dependency ratio'. 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 fourth, they suggest a 'strong influence of the government's fertility policy' and its implementation on the aging process: the SCFP 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.

Coupled with this, 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 privatization, 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). However, Cook and Powell's analysis suggests that such gloom must be tempered due to the internal variability of the elderly.

For example, in a number of studies through the 2000s, Cook and Powell have developed what may be termed 'qualitative theorising' of populational change in China as it impacts on older people (Cook and Powell 2003, 2005a, b, c, 2007a, b; Powell and Cook 2000, 2001, 2006, 2007). In their first paper (Powell and Cook 2000: 80) they developed a 'Foucauldian "toolkit" for the analysis of contemporary China as it has been characterized in relation to population formulation and control...to gain an understanding of how "governmentality" came to be the focus of the Chinese state'. Within an increasingly marketized and consumerist society, governmentality relies more on subtlety rather than force, and the withdrawal of the state (in the form of the work unit) from direct support for older people to indirect support via the family structure, but within a legalistic framework that can be enforced in the courts, an issue that is taken further in their second article (Powell and Cook 2001). Here, they develop a critique of the "surveillance" of the aging body by the Chinese state, in which the body as a biomedical entity becomes the site for intervention, as in other societies, in which "its your age" is the main authority response to the elderly "customer".

The next paper (Cook and Powell 2003) examines representations of the elderly in China, in terms of the role of the sometimes paradoxical role of the Chinese Communist Party in which elder statesmen such as Deng Xiaoping can call for the promotion of party cadres. Multiple narratives and discourse become the focus of attention, developed further in much of their later work, as is the theme of the "active" versus the "vulnerable" elderly. Here, they develop more of an advocacy perspective, calling for a sophisticated health policy that contemporaneously seeks to prolong the active elderly while at the same time supporting, via welfare provision, the vulnerable, a point taken up recently by Chen and Chen (2009).

In Cook and Powell (2007), they refer to the way in which the official agenda highlights, via the biomedical model, age to the exclusion of other variables that combine with age to affect the individual's life course, such as location, ethnicity, gender and poverty for example. Drawing upon Moody's (1998) quip about the "welllderly" and the "illlderly", they point out that in 'China, some elderly will not only be "illlderly" or "welllderly", but "poorderly", "richlderly", "femderly", "malederly", "Handerly"

or “nonHanderly”. Their use of qualitative theorisation thus moves beyond the narrow confines of the quantitative analysis of many experts to suggest a richer, more varied, interpretation of the multiple realities of Chinese aging.

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. However, if the analyses presented by Cook and Powell for China can be applied to countries like India and Japan too then it may be that the sheer diversity of the aging population in such countries will temper the most pessimistic and economistic models of aging dependency.

European countries, including France, Germany, Greece, Italy, Russia, and the Ukraine, already have seen an absolute decline in the size of their workforce. And in countries where tax increases are needed to pay for transfers to growing older populations, the tax burden may discourage future workforce participation. The impact on a Nation States gross domestic product will depend on increases in labor productivity and that State's ability to substitute capital for labor. Less developed countries can shift their economies from labor-intensive to capital-intensive sectors as population aging advances. Options for more European nation states may be more constrained. The ‘rolling back’ of pensions promises is just one symptom of a shift in European history: the ‘graying of the baby-boom generation’ (Phillipson 1998). The percentage of 60-year-olds and older are growing 1.9% a year. This is 60% faster than the overall global population. In 1950 there were 12 people aged 15 to 64 to support each one of retirement age. Currently, the global average is nine. It will be only four-to-one by 2050 (Powell 2005). By then numbers of older people will outnumber children for the first time. Some economists fear this will lead to bankrupt pensions and lower living standards. It is interesting that in Germany this fear is becoming a battleground for political electioneering. For example, Germany has the highest population in Europe and the third oldest population in the world, which presents both critical questions on public finances to provide pensions and healthcare and an opportunity for innovations in the marketplace. Currently, aging has started to figure prominently in political discussions prior to 2009 elections, as political parties vie for the elderly vote. The current Merkel administration (2007-) has been criticized for increasing pensions while opponents talk about a “war of generations” requiring young people to pay for taxation for elder care.

The trend has drawn further attention across Europe, where the working-age population will decline by 0.6% this in 2010. By 2025 the number of people aged 15 to 64 is projected to dwindle by 10.4% in Spain, 10.7% in Germany and 14.8% in Italy. But aging is just as dramatic in such emerging markets as China - which is expected to have 265 million 65-year-olds by 2020 - and Russia and Ukraine (Cook and Powell 2007). Using evidence from the UK, the percentage of people of working age, that is 16-64, will drop from 64% in 1994 to 58% in 2031 (Powell 2005). As the number of workers per pensioner decreases there will be pressure on pension provision. This is evident now, in such areas of pensions and long term care, the retreat of the state made evident in the erosion of State Earnings Related Pay are forcing people to devise their own strategies for economic survival in old age (Phillipson 1998). In the British context that also impinges on global societies in general, private pensions are slowly being introduced in order to prevent the ‘burden’ of an aging population. These are ways in which the State continues to rely on apocalyptic projections such as ‘demographic time bomb’ about aging populations in order to justify cuts in public expenditure (Powell 2005). Hence, the population of

Great Britain, like that of other European countries, is aging rapidly. There are only enough young people to fill one in three of the new and replacement jobs that will need to be taken up over the next decade. Older people take much of the responsibility for our social and civic life and for the care of children, the sick and the very old in the community. Yet the gap between wealth and poverty, choice and the absence of choice for older people is stark and growing wider (Phillipson 1998). The UK government is at the time of writing seeking to promote a debate over what they envisage as a multi-billion pound deficit that will be found in care for the elderly in future. At different scales, a feature of this debate is the use of qualitative methods such as focus groups or panels to discover what older people actually wish to prioritise. Recent policy documents from local authorities (Lancashire Partnership, 2005-6) and central government (DWP 2009; NW Forum on Ageing/5050 Vision 2009) written in the light of demographic change locally, regionally, nationally and have emphasised, for example, the need to “age-proof services” via an “age-proofing initiative to challenge conventional thinking and promote new ideas” (Lancashire Partnership 2005-6: 39). Also, “much more needs to be done to ensure we are hearing the voices of more diverse groups who are often excluded from engagement through issues such as language difficulties or mobility issues” (DWP 2009: 29). Such issues are developing within a context in which “Demand for health and social care is predicted to outstrip supply” (NW Forum on Ageing/5050 Vision 2009: 40).

Located on the least developed and poorest continent, African economies 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).

Since the 1970s there has been extensive discussion on the different variations of qualitative and quantitative research. A research paper from this time would be entirely dependent on quantitative research methods. Whereas the current trend of social research is to apply a qualitative research approach. In qualitative research there are various methods ranging from documentary data sources, interviews, discourse analysis, participant observation and focus groups. The justification for this approach is that utilizing a qualitative methodology allows the researcher to gain a deeper insight by engaging with more meaningful aspects of the research. As Kitchin and Tate (2000) have argued qualitative research accesses the very core of a situation or problem. Therefore, by referring to various qualitative research findings this paper has drawn together a holistic understanding of the current challenges that are being faced globally with regard to comparative aging.

While global aging represents a triumph of medical, social, and economic advances, it also presents tremendous challenges. Population aging strains social insurance and pension systems and challenges existing models of social support. It affects economic growth, trade, migration, disease patterns and prevalence, and fundamental assumptions about growing older. Older people's living arrangements reflect their need for family, community, or institutional support. Living arrangements also indicate sociocultural preferences—for example, some choose to live in nuclear households while others prefer extended families (Estes, Biggs and Phillipson 2003). The number, and often the percentage, of older people living alone is rising in most countries. In some European countries, more than 40% of women age 65 and older live alone (Walker and Naeghele 2000). Even in societies with strong traditions of

older parents living with children, such as in Japan, traditional living arrangements are becoming less common. In the past, living alone in older age often was equated with social isolation or family abandonment. However, research in many cultural settings illustrates that older people, even those living alone, prefer to be in their own homes and local communities (Gilleard and Higgs 2001). This preference is reinforced by greater longevity, expanded social benefits, increased home ownership, elder-friendly housing, and an emphasis in many nations on community care.

Global aging will have dramatic effects on local, regional, and global economies. Most significantly, financial expenditures, labor supply, and total savings will be affected. Changes in the age structures of societies also affect total levels of labor force participation in society, because the likelihood that an individual will be in the labor force varies systematically by age. Concurrently, global population aging is projected to lead to lower proportions of the population in the labor force in highly industrialized nations, threatening both productivity and the ability to support an aging population (Krug 2002).

Different countries age groups have different levels of pace of growth. It is possible for the elements of production—labor and capital—to flow across national boundaries and mitigate the impact of population aging. Studies predict that, in the near term, surplus capital will flow from Europe and North America to emerging markets in Asia and Latin America, where the population is younger and supplies of capital relatively low. In another 20 years, when the baby boom generation in the West has mostly retired, capital likely will flow in the opposite direction (May and Powell 2007). Traditionally, labor is viewed as less mobile than capital, although migration could offset partially the effects of population aging. Currently, 22 percent of physicians and 12 percent of nurses in the United States are foreign born, representing primarily African countries, the Caribbean, and Southeast Asia (OECD 2007). The foreign-born workforce also is growing in most OECD countries. Over the next 10 years, the European experience will be particularly instructive in terms of the interplay of aging and migration (OECD 2007).

Retirement resources typically include public and private pensions, financial assets, and property. The relative importance of these resources varies across countries. For example, a groundbreaking study revealed that only 3% of Spanish households with at least one member age 50 or older own stocks (shares), compared to 38 percent of Swedish households (Walker and Naeghele 2000). The largest component of household wealth in many countries is housing value. This value could fall if large numbers of older homeowners try to sell houses to smaller numbers of younger buyers. How successfully this transition is managed around the world could determine the rise and fall of nations and reshape the global economy in the era of the post-credit crunch. Two key vehicles of growth are increases in the labor force and productivity. If nation states cannot maintain the size of their labor forces by persuading older workers to retire later then the challenge will be to maintain growth levels. That will be a particular challenge in Europe, where productivity growth has averaged just 1.3% since 1995. By 2024, growth in household financial wealth in the U.S., Europe, and Japan will slow from a combined 4.5% annual reduction now to 1.3%. That will translate into \$31 trillion less wealth than if the average age were to remain the same (Cook and Powell 2007).

As a consequence of the global demographics of aging, the changing societies of the post millennium are being confronted with quite profound issues relating to illness and health care, access to housing and economic resources including pension provision. This aging of the global population is without parallel in human history.

Aging is also a positive outcome of combined health, social and economic advancements and that should not be forgotten. Yet, if 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 (Bengston and Lowenstein 2004). This has profound consequences for older people that more qualitative data be generated and disseminated about global issues of aging.

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