

PRODUCTIVE AGEING

Conditions and Opportunities

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Monica Ferreira
Petr Wija
et al.**

International Longevity Centre
Centre for Expertise in Longevity and Long-term Care
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A monograph



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2012

This publication was supported by the The Ministry of Education, Youth and Sports – Institutional Support for Longterm Development of Research Organizations – Charles University, Faculty of Humanities (Charles Univ, Fac Human 2012) 19/DPV/2012, research in the Czech Republic also by the grant NT11325 of the Ministry of Health of the Czech Republic, and the Project FRAM funded by the PROGRESS Programme of the European Commission.

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ISBN 978-80-87398-31-9

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Preface

Productive Ageing: Exploring the Potential for Individuals and Society

Iva Holmerova

It is my great pleasure and honour to present you a monograph authored by a team of experts from diverse professional backgrounds and several continents. The idea and impetus for this monograph emanated from an International Longevity Centre Global Alliance symposium held in Prague, Czech Republic on May 28, 2012 as part of the International Federation on Ageing's (IFA) 11th Global Conference on Ageing.

The theme for the symposium, “Productive ageing: Conditions and opportunities,” was intended to highlight positive aspects of ageing and longevity, and the increasing potential these processes offer individuals and society, as well as to explore determinants, conditions and threats to prospects of productive ageing and longevity. Discussion in the symposium considered how the momentum that was generated might be taken forward to promote productive ageing nationally and globally. A strategy and outcome agreed upon was to publish country papers of representatives of 11 ILCs presented in the symposium. The papers were subsequently formatted appropriately, peer reviewed and collated for this purpose. Insightful chapters providing an introduction and conclusions were authored additionally.

This monograph embraces and supports the concept of productive ageing propounded by a co-founder of International Longevity Center (ILC),* Dr. Robert N. Butler, and articulates his leadership in this area. Dr. Butler first introduced the term “productive ageing” in a seminar on dependency and long-term care in Salzburg, Austria in 1982. He emphasised that the term should focus on positive aspects and the potential of ageing. Productive ageing is thus an antonym and an antidote to negative views of ageing, which Butler referred to as “ageism” – indeed,

another term he coined, in his 1975 Pulitzer Prize-winning book *Why Survive? Being Old in America* (1976).

ILC Czech Republic was established and admitted to the ILC Global Alliance in 2009. The Global Alliance is at present made up of 14 centres on four continents. ILC CZ is affiliated to The Centre of Expertise in Longevity and Long-term Care, operated within the Faculty of Humanities at Charles University in Prague – one of the oldest universities in Europe, founded in 1348, and the oldest university in Central Europe. ILC CZ's work focuses on policy and practice-oriented research in the areas of health and social policies, and the organisation and delivery of services to seniors.

I would like to thank ILC partner and friend Monica Ferreira, DPhil, President of ILC South Africa at the University of Cape Town and a Co-President of the ILC Global Alliance, for her continuous, patient and generous support with the editing and collation of the chapters in this monograph. And I thank Petr Wija, PhD, a Research Assistant at ILC Czech Republic, who worked closely with Dr. Ferreira to make the monograph a reality.

I wish you enjoyable moments reading the chapters in the monograph. The monograph joins the series of publications of the ILC Global Alliance and partner centres, information on which may be viewed on the Alliance's website (www.ilc-alliance.org). We invite feedback and opinion on our work and publications.

Iva Holmerová (Associate Professor)

Director

CELLO-ILC-CZ

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Chapter 1

Introduction – Productive Ageing: Conditions and Opportunities

Petr Wija and Monica Ferreira

Productive ageing may be examined from several perspectives: economic, political, social and personal. In line with Robert Butler's career-long focus on and elaboration of the concept "productive ageing" (e.g. Butler, 2010; Butler & Gleason, 1985), the term is used in the chapters in this monograph as referring not only to economic engagement, as in formal employment, but encompassing all forms of productivity in later life with consequent meaning, outcome and/or output. Forms of productive ageing, it is shown thus, are wide ranging, and apart from economic engagement, include volunteering, advocacy, activism, community/social participation, self-actualisation, and so on. Ill-health, or frailty, Butler argued, need not preclude productivity in later life, as opportunity to remain productive continues within an individual's remaining capacity to create meaning and to grow developmentally (Butler & Gleason, 1985).¹

Prevailing economic, political and social conditions in a society may constitute impediments to, or conversely create opportunities for productive ageing. Across nations, policies, conditions and opportunities in this regard differ widely: in particular, between developed and developing regions. Conditions – firstly, obstacles or barriers to older persons' productivity, include ageism and other forms of age based discrimination; economic factors (e.g. a depressed economy, a high unemployment rate); institutional capacities and restrictions (e.g. mandatory retirement rules); and certain social security frameworks (e.g. restrictions on economic activity of beneficiaries of welfare grants). Conditions, secondly – and equally, may encourage and foster opportunity for productive ageing: such as the absence or removal of barriers and restrictions to economic participation; older persons' social inclusion

and participation; incentives to encourage older persons to continue working and workplaces to allow them to do so; and the fostering of active ageing in society in general.

In such varied forms, productive ageing may be viewed as “normalising” – and, indeed, affording older individuals purpose, inclusion and dignity. Overall, productive ageing can offer generativity, market efficiency and achievement – through personal growth, as well as social and/or economic contribution. In certain contexts, as in developing countries, it is commonly argued and demonstrated how productive ageing, in whichever form, contributes to economic growth and social development in these regions.

The level, pattern and form of engagement of productive older individuals are likely to differ across and within countries, depending on individuals’ socio-demographic characteristics, capacities and resources, as well as prevailing conditions and opportunities in the society. Additional inhibitors of productive ageing may include a lack of information, negative stereotypes of older persons, and cultural prescriptions or proscriptions, or expectations regarding appropriate behaviour in old age, and so on. Enablers of productive ageing may include co-operation between public and private sectors to promote formal engagement and participation, e.g. through retirement policies and equal opportunities legislation – notably in Japan (see Chapter 2).

Hence, a case may be made out for a paradigm shift, whereby societal institutions are encouraged to actively foster productive ageing on the one hand, and older individuals are persuaded to view it incumbent upon them to engage productively, in whichever way they choose, or is within their capacity on the other hand. How open minded and advanced various countries covered in this monograph are to such a paradigm shift is central to the chapters that follow.

Robert Butler’s concept of productive ageing

The term “productive ageing” was first introduced by Robert Butler at a seminar on dependency and long-term care in Salzburg, Austria in 1982.² Butler later elaborated the concept in work spanning decades. The term has been closely linked to the terms “active ageing” and “healthy ageing”, inspired and promoted (although not coined) by the World Health Organization (WHO, 2002) and the United Nations from the late 1990s to the early 2000s. In all likelihood, the latter terms emanated from a term used fairly widely in the late 1980s and early 1990s: that of “successful ageing” (see e.g. the later Rowe & Khan publication *Successful aging* (1999)).

However, Butler went to great pains to separate health and productivity in his concept of productive ageing, even though he viewed health as a precondition for such activity – as will be elaborated below. Butler emphasised that “productive ageing” refers not only to paid productivity, as in the formal labour force, but also to unpaid

productivity such as voluntary activity to benefit others, such as one's family and community, and a variety of pursuits and activities aimed at life enrichment.

Butler promoted public health, and strengthened the links between public health, equity, and individual and social productivity. He contended that health promotes productivity, and productivity, in turn, promotes health throughout life. Health, he argued, is generally a precondition for a productive and active life, although individuals can remain productive even when their health is impaired and possibilities are limited.

I did not interpret the concept productive aging to be formal work. I believe that even the bedridden person can be productive, helpful to their caregivers. I consider taking care of myself to be productive. The principal concept of productive aging is to remain constructive in relationship to the larger society and immediate environment as long as possible (Butler, 2009).³

The journey of Butler's elaboration and promotion of the concept productive ageing was simple and straightforward. First, he made out a case for a need to challenge ageism, and other forms of discrimination and stereotypes of ageing and older persons. Additionally, in earlier years, he pointed to a need for a politics of ageing. For society and social actors to be politically effective in challenging stereotypes of older persons, he proposed a movement that attained a number of thresholds:

- A certain number and proportion of older persons;
- A certain percentage of disability-free older persons with an adequate level of energy;
- A sufficient number of older leaders and role models;
- Reduced denial of age by health and affluent older persons who otherwise do not identify with the sick and poor;
- A stronger role for the media and education in combating the stereotypes and devaluing images of age;
- Mobilisation of anger and outrage against tacit repression of old people comparable by that aroused by women and racial minorities;
- Disciplined support for political candidates who are genuinely committed to changing attitudes and policies towards older persons.

Butler also proposed setting a new agenda to enhance the productive potential of older persons and to reduce their dependency. He suggested a topical and valid agenda to be to:

- Enhance cultural and moral sensitivity to the human life cycle;
- Defuse stereotypes through public education and studies of the health of older persons;
- Reconceptualise or humanise the concepts of productivity;
- Enhance societal productivity through investments in science and technology, particularly in health and education;

- Enhance individual productivity through national planning and through wrestling in a meaningful way with the setting of priorities;
- Increase disability-free life expectancy through health promotion and disease prevention;
- Alter work conditions and work tasks, and look for new work forms;
- Break down the ironclad compartments of education for the young, work for the middle-aged and retirement for the old;
- Examine the notion of separating income from work itself and support activities that are equivalent in socio-economic value to agreed-upon examples of productivity;
- Value and use wisdom;
- Look at the role of family in strengthening productivity;
- Share our technological success with everyone;
- Convert management thinking about retirees and other workers;
- Recognise that health and productivity are interacting conditions. The unproductive human is at higher risk of illness and economic dependency and the sick person is limited in productivity, and is therefore at higher risk of dependency.

The longevity revolution

A point of departure of the greater part of Robert Butler's later work was what he called "the longevity revolution". In 2008 he published *The longevity revolution: The benefits and challenges of living a long life* and in 2010, the year of his death, *The longevity prescription – The 8 proven keys to a long, healthy life*. Indeed, a basis of his argument for productive ageing was increasing longevity and concerns that it engenders for ageing societies, including lower productivity. Lower productivity, he contended, largely resulted from negative perceptions of ageing and older persons, such as the older population being unproductive and dependent. Butler emphasised a need to address such ageist views, and for individuals to be healthy, active and productive across the life course.

Butler foresaw that the intersection between health and longevity would ultimately become a political issue. He was convinced of a need for long-term investment by governments in viable health policy. In *The longevity revolution* (Butler, 2008), he posed rhetorical questions such as follow (with acknowledgement to Olga Mikhailova, 2010):

Is it realistic for people to spend about 25 percent of their adult lifetime in retirement? To spend half as much time in retirement as they spend at work? Can society afford it? Is it good for men and women? Can they afford it? Does it serve health, longevity, and quality of life for a person to be idle? Should millions of baby boomer retirees have no work to do while collecting Social Security and using Medicare? Can we keep older persons healthy, re-educated to prevent job obsolescence, productive and

on the job? Can we ever hope to achieve a society in which everyone in good health who needs to work will be able to get a job?

Butler's response to the rhetorical questions he posed was as follows:

Yet in truth, there is never really a shortage of work to be done. There are so many needs to be met. Rather, the private and public sectors have failed to establish mechanisms to link work with jobs and skills both on a paid and voluntary basis and create full employment societies (Butler, 2008).²

These same concepts and philosophy were earlier incorporated in the Madrid International Plan of Action on Ageing (UN, 2002), in which it is stated, for example, that older persons should be valued independently of their economic contribution, and recognised for their social, cultural, economic and political contribution. The Madrid Plan urges, moreover, that steps be taken to encourage the media, and the public and private sectors to eliminate ageism in the workplace and to present positive images of older persons. Indeed, a key point made in the Madrid Plan agenda is that older persons' productivity be recognised, in order to counter ageist and negative stereotypes which inhibit their greater participation in society and the labour force. Refuting negative stereotypes will thus help to change perceptions of older persons being a drain on the economy, through non-productivity, and escalating a need for health and social services.

Part and parcel of Butler's work on longevity was therefore a call to society to transform a view of older persons as dependent, to one where they are viewed as productive. Butler elaborated that longevity is more than a product of population ageing; it is a key contributor to development. Societal adaptation to this demographic change, he continued, must embrace and effect change in the environment, the workplace, cities, institutions, and relations and values. People must be enabled and must take personal responsibility to stay healthy, active and productive: socially, economically and spiritually. Various reforms to address consequences of population ageing and longevity should be equitable, and should diminish disparities in health, work and financial security across the life course.

In 1990, following on his substantial thinking and work on longevity and how it should be approached, together with Mr Shigeo Morioka in Japan, Dr. Butler founded International Longevity Center (ILC). ILC is a research, education and policy institution that studies the impact of longevity on society and its institutions.⁴

This monograph

This monograph brings together papers authored by scholars at 11 of 14 ILCs operated on four continents at present. (The manuscripts, though solicited, were peer reviewed and revised by the authors before acceptance for publication in the monograph.) The chapters, which interpret "productive ageing" in the sense that Butler

intended, critically explore determinants, conditions and approaches to productive ageing in the countries, as they are linked to policies, social institutions and the economic situation in a country. The chapters also explore intersections of health and work, at the same time taking cognisance of existential challenges to individuals and societies. Moreover, they address relevant issues on individual and social policy levels. Outcomes of the chapters represent an overview of the state of paid and unpaid economic activity of older persons in the countries, and a range of constraints to productive activity and social participation, as well as offer solutions and suggest approaches towards fostering productive ageing in multiple forms and optimising capacity for such productivity.

The authors were encouraged to work within a “productive ageing” framework, rather than an “active ageing” one. They were offered a set of questions to guide them in preparing their manuscript. The questions were aimed at helping them to sharpen the focus of their contribution, consistent with the suggested interpretation of the theme “Productive Ageing” and aimed at achieving consistency across the chapters. The following questions were posed as a guide:

- How is productive ageing understood or perceived by key stakeholders (e.g. in government, the public) in your country? How do you as an author view productive ageing?
- What is the situation regarding productive ageing in your country, in relation to longevity and older people's health status, and in regard to employment, volunteering, social inclusion and participation?
- What are key barriers and incentives to productive ageing in your country? What measures should be, or have been implemented to foster productive ageing? How may key determinants of productive ageing be most effectively promoted?
- What strategies should be in place to foster and support productive ageing in your country? Who are key actors who should play a role in this regard? What are, or would be implications of productive ageing at different levels (e.g. local, regional and state)?
- What is the situation and contribution of research on productive ageing in your country? How can these research results be better implemented in policy and practice? What opportunities exist to reduce a gap between knowledge and political/policy action in this area?
- How should diversity and social equity in access to opportunities for health and productivity be accessed across the life course?
- What are some ILC activities and projects in your country that support productive ageing? What activities of other stakeholders (NGOs, the private sector) are there?

Some authors were invited to collaborate with other authors and to prepare a joint paper, where the authors hailed from countries with fairly similar social and

economic structures. In Chapter 2, for example, authors in the United Kingdom, Japan and France (Greengross, Mizuta, Forette and Brieu) analyse and describe the situation pertaining to productive ageing in each of their countries, all highly industrialised. The situation in the Netherlands, which has progressive policies on productive ageing, is examined in Chapter 3 (Van der Waal and Bokhorst). The contribution of healthy living and ageing, and opportunities and challenges for productive ageing in the Central European country of the Czech Republic are examined in Chapter 4 (Holmerova and Wija). Chapter 5 compares policies, conditions and opportunities for productive ageing in Israel and Singapore (Carmel, Concorido, Wu and Pollack). An Indian perspective on productive ageing is given in Chapter 6 (Raje). Productivity in old age is then examined in three countries in the “South”, or in so-called developing regions: Argentina, the Dominican Republic and South Africa (Ferreira, Daichman and Pereyra). Finally, conclusions are drawn in Chapter 8, in a comparison of some of the findings of the chapters on conditions and opportunities for productive ageing across the countries.

This monograph is dedicated to the memory of Robert N. Butler and honours the legacy of his work on productive ageing.

Notes

- 1 Robert Butler’s career was rich, vibrant and varied, and his output prodigious; his legacy is immense. Butler started out as a journalist (he earned a Pulitzer Prize for his book *Why survive? Being old in America* in 1976, and published numerous books subsequently). He qualified in Medicine and specialised in Psychiatry, engaging specifically in research and advocacy on Alzheimer’s disease. Space only permits a listing of some of the numerous positions he held and contributions he made. Dr. Butler was Professor of Geriatrics at the Brookdale Department of Geriatrics and Adult Development at Mount Sinai Medical Center in New York City. From 1975 to 1982, he was the founding director of the National Institute of Aging of the National Institutes of Health. In 1995 he chaired the White House Committee on Aging. In 2003 he received the Heinz Award for the Human Condition. At the time of his death, in 2010 – at the age of 84, he served, among other positions he held, as Chief Executive Officer of ILC USA and, together with Mr Morioka, as Co-President of the ILC Global Alliance.
- 2 The authors have drawn liberally on information on the work of Robert Butler contained in a memorial issue, entitled Productive ageing. Robert N. Butler Memorial Issue, published by International Longevity Center (ILC) Japan in Tokyo in 2011. The source of the information is not acknowledged in the text each time. The Memorial Issue is available at: <http://www.ilcjapan.org/>.
- 3 A translated excerpt from an original essay of Dr. Butler published in Japanese in ILC Japan’s Global Information Journal on Longevity and Society, No. 1 (2009).

The translated excerpt appears under the heading “Revisiting productive aging, 2009.3.31” on p. 68 of the Memorial Issue referred to in Note 2 above.

- 4 The International Longevity Center (ILC) Global Alliance currently comprises 14 centres in four continents. The mission of ILC is to help societies to address longevity and population ageing in positive and productive ways. Global Alliance partners carry out the mission by developing ideas, undertaking research, advocating for policy reform, and creating fora for debate and action, in which older people are key stakeholders. See www.ilcalliance.org

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Chapter 2

Healthy and Productive Ageing: Barriers and Incentives in the United Kingdom, Japan and France

Sally Greengross, Kunio Mizuta, Françoise Forette and Marie-Anne Brieu

Countries in Europe, Japan and some other developed countries are facing an unprecedented demographic revolution. The changes in age structure and the extraordinary increase in longevity lead us to review the place of older workers in public and private enterprises. Living longer and healthier, the greater number of years spent in retirement, as well as the progressive lack of a qualified workforce due to the departure of an entire generation, are compelling reasons for retaining, keeping or reintegrating older workers in the workforce.

A key component of healthy ageing is the importance of helping older people to remain in the workplace. We argue that recruitment, selection, training and career advancement should be open to the person best equipped for the job, irrespective of age. Older workers, if they are able and willing, should be encouraged to delay retirement and to remain in the labour market for longer.

The United Kingdom, Japan and France, as developed and “old” countries, have several characteristics in common. It is of striking interest nonetheless to compare specific attitudes towards ageing and integration of older people into the workforce in the countries.

Demographic characteristics and consequences of employment

Notable differences between the three countries are seen at the intersection of demographic change and rates of employment.

In the United Kingdom, within 20 years, nearly a quarter of the population will be 65 years and over. The Office for National Statistics labour market projections show that by 2020, over a third of workers will be 50+ years (ONS, 2012). Labour market participation in the 50-64 year age group has increased in the last 15 years and the percentage of workers aged 65+ has doubled in the last decade. The retirement age has been raised steadily over the past 10 years. Employment rates have been increasing for people aged 50 years and above in the UK. Some 354,000 more people aged 50+ than previously are in employment since the recession (including 182,000 more 65+ year olds, but fewer than 568,000 < 25 year olds). There was an 8.7 per cent rise in employment amongst those aged 65+ during the recession. In 1993, 64 per cent of men aged 50 to 64 years worked, and by 2011 this figure had increased to 70 per cent. The proportion of men working beyond the current male State Pension Age of 65 has also increased. In 1993 around 8 per cent of men aged 65+ were working, which figure increased to 11 per cent by 2011.

Principally, due to legislation intended to equalize the age of eligibility for males and females for a state pension, at 65 years by 2018, the increase in employment rates at older ages has been even more substantial for women. In 1993, around 57 per cent of women aged 50 to 59 years worked, which had increased around 72 per cent by 2011. The proportion of women working beyond the current women's State Pension Age of 60 has also increased substantially: In 1993, 23 per cent of women between 60 and 64 years worked, with the figure increasing to 34 per cent by 2011.

The number of people working beyond the age of 65 is currently rising, but remains extremely low. Employment rates among those aged 50-64 years are lower than for other working age groups. And, whilst formal unemployment rates are also lower, the levels of economic inactivity are high (Figure 1). Employment rates among those aged 50-64 years are also lower than for other working age groups (Figure 2). And whilst formal unemployment rates are also lower, the levels of economic activity are higher. (To obtain out-of-work benefits, people in the UK have to be registered as unemployed and to be seeking work; if they neither work nor seek unemployment benefits, they will not be counted as being either employed or unemployed, but will simply appear as economically inactive.)

Japan has a very high labour force participation rate among older people (Figure 3). In 2002, the rate was 70.9 per cent for males and 39.2 per cent for females aged 60-64. In 2010, it was 76.0 per cent for males and 45.7 per cent for females in the same age group. The rates for males and females aged 65-69 in

2002 were 48.4 per cent and 24.0 per cent, respectively; in 2010, the rates had increased to 48.9 for males and 27.4 per cent for females.

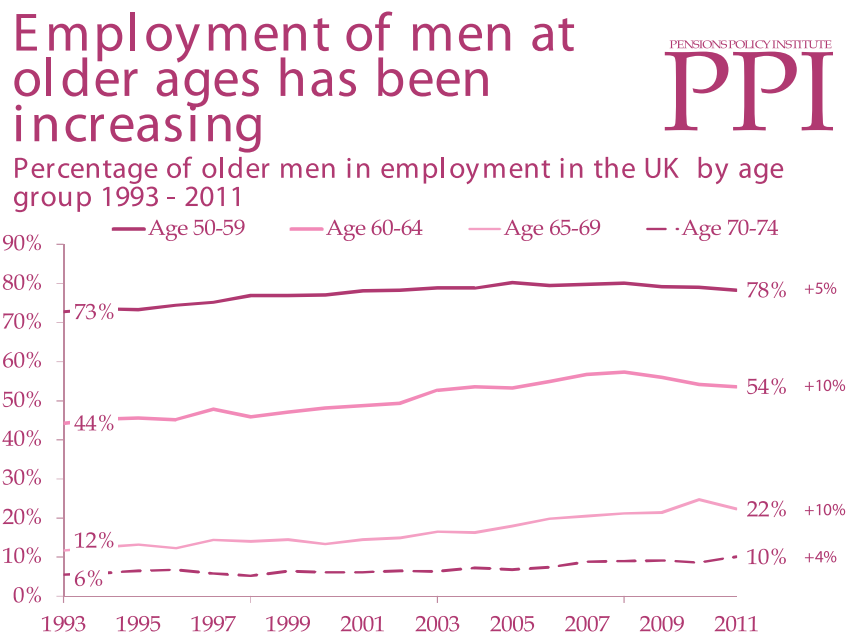
With a growing older population and a declining birth rate, Japan is facing the challenge of a shrinking labour force. If the employment structure does not change, the labour force will decline from 66.6 million in 2006 to 55.8 million in 2030 (a decrease of 10.8 million) (Figure 4). However, if labour force participation increases among older people and women, there will be 61.8 million workers in 2030 (a decrease of 4.8 million). The extreme decline in labour supply can be alleviated by further increasing labour force participation rates among older people and women. In order to promote this, it is essential to secure job opportunities for older people. Increasing labour participation must become the corporate strategy, a goal for government policy making and a goal for older people themselves.

Figure 1: Percentage of UK workers employed, unemployed or inactive, December 2010 – February 2011

	Employed	Unemployed	Inactive
Men			
All aged 16-64	75.9	8.0	23.2
50-64	71.3	6.0	24.2
65+	11.6	2.3	88.2
Women			
All aged 16-64	65.5	7.2	29.4
50-64	59.0	3.4	38.9
65+	6.7	-	93.1

Source: Office of National Statistics, 2012

Figure 2: Employment of men at older ages



Source: Pensions Policy Institute (PPI), 2012

Figure 3: Labour force participation rates

	60–64 years old			65–69 years old		
	2002	2006	2010	2002	2006	2010
Men, Japan	70.9%	70.9%	76.0%	48.4%	47.6%	48.9%
Men, OECD countries	49.4%	52.2%	55.2%	26.4%	27.5%	30.0%
Women, Japan	39.2%	40.2%	45.7%	24.0%	24.9%	27.4%
Women, OECD countries	28.5%	32.1%	36.2%	13.5%	14.9%	17.7%

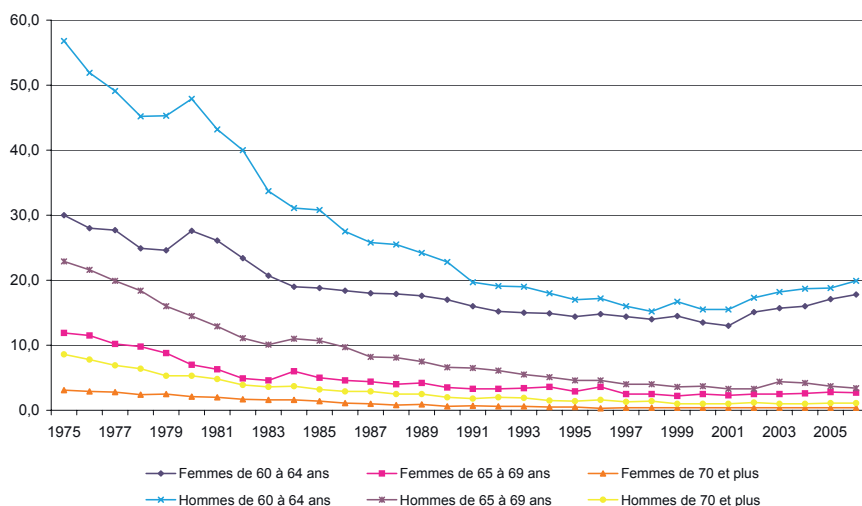
Source: OECD Stat, 2012

Figure 4: Projection of labour force (million people) in Japan

	1980	2006	2030	
			If labour force participation increases among older people and women	If labour force participation remains the same
Total	56.5	66.6	61.8	55.8
60+	5.3	9.7	12.7	10.4

Sources: 1980 and 2006: Statistics Bureau, Ministry of Internal Affairs and Communications, Labour Force Survey; 2030: Japan Institute for Labour Policy and Training, FY2007 Estimates of Labor Supply and Demand, 2008.

In France, the older employment rate is very different: French life expectancy rose from 25 years in 1750 to 80 years in 2008, and has almost doubled in 100 years, from 45 years in 1900 to 79 in 2000. In 2010, 22 per cent of the population was 60 years and over; this percentage is set to rise to 35 per cent in 2050.

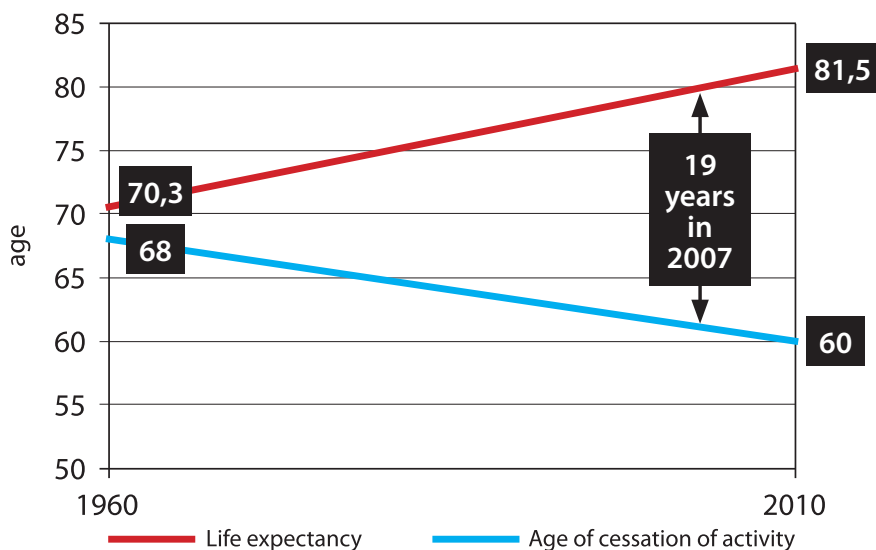
Figure 5: Evolution of the employment rate for older workers in France between 1975 and 2005

Source: *Chiffres de la Retraite*, COR (Retirement Orientation Council), June 2012

At the same time, from the mid-70s, companies drastically encouraged the departure of older workers through early retirement schemes (Figure 5).

Today, the employment rate of workers aged 55+ years is one of the lowest in the OECD (Office of National Statistics, 2012). In 2008, the average age of retirement was 58.5 years for men and 59.2 years for women, while the average age for OECD countries stood at 63.3 years for men and 62 years for women. As a result, the gap between the effective retirement age and life expectancy has been increasing over the last 20 years. France has the longest retirement period (nearly 19 years in 2007) in the OECD (Figure 6). Economic and health consequences of a longer retirement period are significant.

Figure 6: Evolution between life expectancy and age of cessation of activity in France, 1990 and 2010



Source: INSEE, 2010

Health, retirement and employment

In the UK, due to the increase in life expectancy, people are now spending an average of seven years longer in retirement than in the 1970s. However, it is unclear what proportion of these extra years will be healthy and at present ill-health is a factor in many early retirements. The average age of exit from the labour market has been increasing for both men and women. These increases in employment beyond age 50 for both men and women mask considerable differences in employment rates at older ages by occupation, skill level and wealth. Working at age 50 and over varies between social classes. Manual “blue-collar” workers, who mainly rely on a low level state pension, tend to work until they become eligible for a State Pension at age 65, and then retire. Higher income non-manual “white-collar” workers, particularly those in the public sector, and self-employed individuals with decent pension insurance, are more likely to retire early – hence the higher economic inactivity rates.

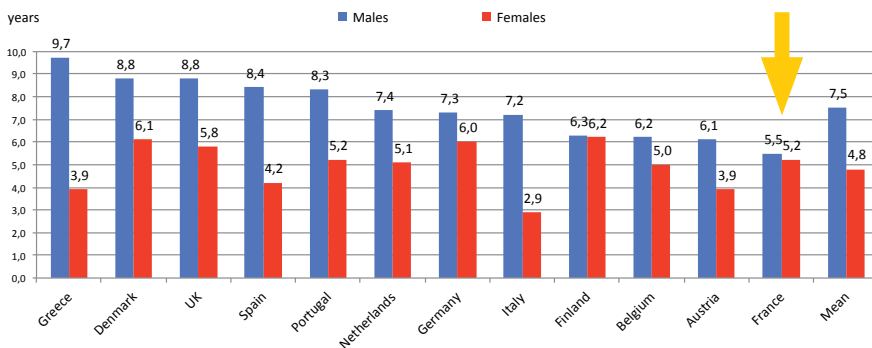
While the proportion of people working at an older age has increased, many people are compelled to leave work before they are eligible for a state pension. Health problems are a main, non-voluntary reason for people leaving work before they reach state pension age. By the time men and women are between 60 and 64 years, approximately 30 per cent have a disability that limits their ability to work. As the population grows older, people such as Professor Sir Michael Marmot, Director of the International Institute of Society and Health at University College London, are of the opinion that we will see more and more individuals living with long-term conditions and disabilities. Thus, addressing the interaction of ill-health and work will be vital to extending working lives.

In Japan, a main reason behind the remarkable employment rate is that Japanese older people are blessed with good health. According to a WHO study on healthy life expectancy, Japan has the longest healthy life expectancy in the world (72 years for males and 78 years for females) (WHO. 2003).

In France, the low rate of unemployment does not seem to be linked to ill-health. The rate of loss of autonomy due to disabling diseases is extremely low: 2 per cent from 60 to 70 years of age. The new indicator “Healthy and Working Life Expectancy” (HWLE) at age 50, proposed in an ILC-France study (Lievre et al., 2007), demonstrated that France has the lowest level in Europe. Health status has only a weak influence on the indicator. Conversely, the countries where healthy working life expectancy is greatest are also the countries where the levels of employment of seniors are higher (Figure 7).

Good health status is nevertheless indispensable in an extended working life. Promotion of health through preventative policies is a powerful tool that nations should use to improve the integration of seniors into the workforce.

Figure 7: Healthy Working Life Expectancy (HWLE) at 50 years, by countries and by gender



Source: Lievre, Jusot, Barnay et al., 2007

Health promotion as an incentive

For the UK, barriers to and opportunities for extending working lives include health and well-being status. In recent years, there has been increased acknowledgement of the need for a preventative approach to health services and a renewed focus on the role of employers in promoting health. Research in 2009, for the Equality and Human Rights Commission, found that older workers with health problems had a worse experience of work in several regards, including tiredness and commuting. As well as health impacting on work, work impacts health. Physically demanding jobs can exacerbate health conditions and workplace stress remains a cause for concern. However, at present, efforts to improve health in the workplace are fragmented; too little is being done to support those living with long-term conditions to continue working.

In recent years there has been increased acknowledgement of a need for a preventative approach to employment health services. Plainly, a workplace that encourages and supports health and well-being at all ages will be more supportive of older workers. An example in this regard is the approach of the BITC Workwell (WW) campaign. WW is a coalition of businesses committed to improving levels of workplace wellness.

Good health status is nevertheless indispensable in an extended working life. Promotion of health through preventative policies is a powerful tool that nations should use to improve the integration of seniors into the workforce.

This initiative is a win-win situation, as employees benefit businesses with a **healthy, engaged and resilient workforce**. When wellness is combined with

“good work” – work that is secure, varied and puts employees in control, one may look forward to higher rates of engagement, increased productivity and long-term sustainability (Smeaton, Vegeris & Sahin-Dikme, 2009).

In the UK Dame Carol Black’s report on health at work (Coats & Lekhi, 2008) brought renewed focus on the role of employers in promoting health. New structures for public health and well-being are proposed as part of the Government’s National Health Service (NHS) reform agenda. In addition, the potential rewards from more effective intervention in workplace health are significant. In the UK, the estimated benefit to the economy of stronger work-based preventative health measures is £60 billion, or around two-thirds of the current NHS budget.

In Japan, the Ministry of Health, Labour and Welfare has issued a directive to implement the Healthcare Reform Act of 2006, which mandates that those health insurers under the national health insurance programme conduct annual health check-ups of all persons aged 40-74 years to detect metabolic syndrome or life-style related diseases. For nearly three decades, the Japanese health insurers have covered basic health checks, but under the Reform Act every insurer must provide this age group with a comprehensive health screening that includes measurement of waistline, as well as the conventional measurements of blood pressure, cholesterol levels, BMI, etc. The new policy is designed to identify “high risk groups” for conditions such as metabolic syndrome, and to provide them with timely guidance on nutrition, exercise and other life-style issues.

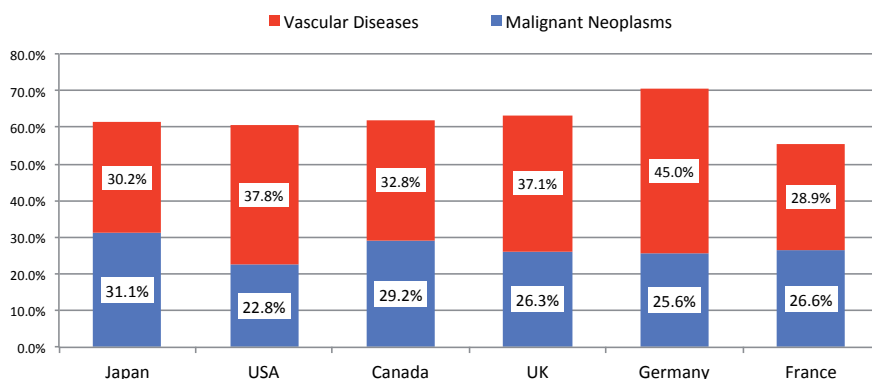
The Ministry aims to achieve a 70 per cent participation rate in the expanded health check programme by 2012 and a 10 per cent decline in the number of people in the “high risk groups” from 2008 to 2012. Additionally, as an incentive for insurers, beginning in 2013, each insurer’s required contribution to the National Health Insurance Program for 75 Years Old and Over will be adjusted by the proportion of its insured members receiving health screening.

In France, a priority is for older people to have good health and to avoid a risk of developing age-related diseases. Companies have an important role in promoting health prevention programs during work time. Between 2008 and 2012, ILC France conducted a study on this topic: “EBS” (Entreprise en Bonne Santé). This research programme is aimed at an assessment of the impact of a prevention programme among collaborators of companies. The prevention programme promotes healthy behaviour (nutrition and physical activity) and the prevention of back pain. The programme was conducted in three companies, and the results were positive at each site even 6 months after the programme ended. The programme enhanced health literacy to a comparison with a high education level; it slightly changed preventative behaviours; and it improved the image of the company. A global analysis of the results has been conducted. The final objective is to create

a “Healthy company” label that can identify companies which implement such Health Promotion Programmes. These programmes should be attended during work time, free of charge, by collaborators. The programmes are a powerful way, if not the only way, to reduce health inequalities due to a poor level of education.

Figure 8 shows relatively few differences in mortality rates from two diseases – malignant neoplasm and vascular diseases – in the UK, Japan and France.

Figure 8: Death rate of malignant neoplasm and vascular diseases in developed countries



Source: *Annual Report on Health, Labour and Welfare, 2006, MHLW in Japan*

Employment and recession

This topic of employment and recession emphasises differences in attitudes in the three countries. In the UK, the economic crisis seems to partly boost employment of older workers. The recession has already had an impact (Working for a healthier tomorrow, 2008). There are 354,000 more people aged 50+ in employment since the recession (including 182,000 aged 65+ years, but 568,000 fewer people aged < 25 years.) This represents an 8.7 per cent rise in employment amongst persons aged 65+ during the recession.

However, many people leave the labour market well before they reach state pension age. The number of people working beyond the age of 65 is currently rising, but remains low. Employment rates among those aged 50–64 years are lower than rates for others of working age. And, whilst formal unemployment rates are also lower, the levels of economic inactivity are high (Silkin, 2012). However, certain negative stereotypes about older workers still endure. Common perceptions include their being prone to ill health. However, these assumptions are largely undermined by evidence about age-related changes to physical and cognitive capacities. Many

employers view their older workers as a valuable asset: positive aspects which they attribute to them include a strong work ethic, reliability, loyalty, business experience and specialised skills.

In Japan, as shown in the next paragraph, the employment of older workers is a priority in order to address the shrinking of the labour force and a powerful means of coping with the economic crisis.

In France, from the mid-70s, companies drastically encouraged the departure of older workers through early retirement schemes. Since the early 2000s and pension reform in 2003, public funding for early retirement has been greatly reduced, resulting in a mechanical decrease in early retirement, making older workers more expensive for the company. However, the practice has not disappeared altogether in companies which have the financial resources to do so. The companies always consider that older people may constitute the adjustment variable when they have to reduce the payroll because of the recession. However, corporate interests now start to diverge from employees' interests. This is due to the 2008 pension reform which progressively pegged the minimum retirement age at 62 years and the minimum age of compulsory retirement by companies at 70 years. In addition, personal economic needs of employees to delay their retirement led companies to reconsider the place of older workers in the company (DARES, 2011, 2009; TNS-Sofres, 2012).

As a whole, in this period of worldwide recession, the UK is tending to increase the employment of older workers even if the global rate remains rather low. Japan has a strong policy to keep them in the work force, but French enterprises continue to dismiss older workers when financial difficulties arise, in spite of the government measures.

Government and employers measures

While extending working life in the UK remains problematic, some areas of opportunity exist and green shoots of innovation in the area of working longer are already evident. Some employers take proactive steps with their employees, particularly in the area of health and well-being, to respond to challenges of an ageing society. While extending healthy working life is crucial, new approaches are needed to make it easier for employees to work longer and for doing so to be more attractive to them, as well as offer employers new ways of supporting older workers.

The American organisation AARP has produced a free “workforce assessment tool,” which has recently been redeveloped for the UK by TAEN (2010), to support businesses in planning for current and future workforce needs. The assessment consists of about 80 questions on employee age demographics, potential skills shortages, knowledge retention, flexible working options, training and development opportunities, financial and health benefits, the physical work

environment, good working environment, and recruitment policies and practices. It takes employers around 30 minutes to complete. The survey generates a report which enables employers among other things to: assess how retiring workers will affect their organisation; address skills shortage challenges due to staff attrition; to create a work environment that attracts qualified workers of all ages; to manage a multi-generation workforce; and to provide an inventory of workplace strengths that can be used to enhance the company's brand. In order to overcome the barriers to innovation, action will be needed in the following key areas.

Japan is the more advanced country in organising the integration of older workers into the workforce. Since the revised Law Concerning Stabilization of Employment of Older Persons came into force in FY 2006 to promote labour participation among older people, employers are required either to 1) raise the mandatory retirement age (currently 60 in the majority of cases), 2) introduce continuous employment systems even for employers with the mandatory retirement age, or 3) abolish the mandatory retirement age. Thanks to these measures, there have been signs of improvement every year. For example, the proportion of companies where everyone can work until age 65 increased from 46.2 per cent in 2010 to 47.9 per cent in 2011. Also, the proportion of companies where people can work until age 70 increased from 17.1 per cent in 2010 to 17.6 per cent in 2011. Benefits and financial incentives are provided to SMEs to raise the retirement age and for companies that try to expand the scope of jobs for older people. These are funded by labour insurance premiums paid by companies, and about 38.3 billion yen was used in FY 2011.

In addition, age restriction in recruiting and hiring is prohibited since the Employment Measures Act was revised in 2007.

Measures to raise the retirement age in Japan

A research group formed by the Ministry of Health, Labour and Welfare, "Research Group on the Future Employment of Older People," produced a report in June 2011. As the measure to secure employment opportunities for everyone who wants to work until age 65, the report calls for 1) raising the statutory retirement age to 65, or 2) securing continuous employment until age 65 for everyone who wants to stay working.

In addition, the report mentions that in order to create an environment to build a society where people can stay active throughout their lives, we need to 1) promote vocational capacity development and health management that take the later life stage into consideration; 2) secure diverse employment and job opportunities for older people; 3) promote labour participation among women; and 4) discuss employment laws and social security systems that are appropriate for a super-aged society.

In response, the government is working on the early approval of the legislation that requires companies to extend the mandatory retirement age to 65 by 2025. The

business community is opposing this idea because such a requirement forces “social responsibilities” only on companies and will lead to the cost increase. On the other hand labour unions are apprehensive that the pension eligibility age, currently at 64 (the eligibility age is currently 64 to receive the full benefit but will be extended to 65 in 2 years) may be further extended in the future.

In reality, according to a study of companies that actually employ older people, 85.7 per cent of them are satisfied with workers aged 60-64 and 62.6 per cent are satisfied with workers aged 65+ (Japan Organization for Employment of the Elderly, Persons with Disabilities and Job Seekers, 2009).

Turnover rates are relatively low in Japan, which also provides the setting for active investment in training programs within the company. Therefore, if a company improves the work environment and introduces flexible work arrangements, it is feasible to improve productivity by employing older people, who have attained rich experience and skills in the company, rather than driving them to retirement early.

Particularly interesting is the “Silver Human Resources Centres initiative.” Although different to regular employment relationships, Japan also has Silver Human Resources Centres that provide job assistance to older people. They provide appropriate job opportunities for people mainly aged 60+. The programme started in 1974, and there are currently about 1,500 local centres in municipalities across the nation. In 2010, there were about 530,000 male members and about 260,000 female members nationwide. The total amount of the contract was 306.6 billion yen (National Silver Human Resources Centre Association, 2010).

Each centre assigns jobs, which are contracts by companies, households and public organisations, to its registered members according to contents, frequency and the number of the jobs. Members then receive payments from the centre based on job contents and work hours. The average payment for each member is about 35,000 yen per month.

The main services the workers provide include indoor and outdoor general jobs (e.g. cleaning a park, weeding, cleaning a building, putting up posters); management (e.g. arranging parking space for cars and bicycles, community centre, school, building); and office work (e.g. general office work, addressing envelopes, front desk).

In France, since 2010, companies have an obligation to implement plans to maximize senior employment after the age of 50 (Liaisons Sociales, 2011). Companies are obliged by law to adopt an action plan to promote recruitment or retention in employment of older workers through at least three of the following initiatives:

- Recruit older workers (to reduce the risk of discrimination).
- Prepare a possible professional re-orientation through a mandatory interview for employees aged 45.
- Improve working conditions and prevent hardship.
- Develop skills and qualifications by facilitating access to training.

- Plan the end of working life and the transition from work to retirement by assisting employees to orientate their career towards internal or external consultancies as end positions (working in retirement).
- Transmit knowledge and development skills through tutoring. Each company must set its own targets and indicators to measure results in each of the three chosen areas of action.

Point 2 has been developed by “The Act of November 24, 2009” that includes an obligation for companies with more than 50 employees to implement professional interviews in the second half of their career. This interview is intended to enable an employee older than 45 to consider the second part of his/her career and to discuss his/her own potential development according to the company’s perspectives of evolution. In addition, any employee over 45 years and with more than 20 years of professional experience is entitled to skills assessment, carried out outside the company. The aim of this assessment is to encourage the definition of a professional project for the second part of the employee’s career and to set a training plan required for its implementation.

The increase in the retirement age in 2008 and these government measures should gradually lead to better integration of older workers in the economic cycle. Although a trend towards such an improvement is evident, the economic crisis and the high rate of unemployment are still barriers. It is important that unions, the press, political parties and the population are convinced that employment of older people does not reduce employment of younger people. On the contrary, in countries in which the rate of employment of older workers is high, unemployment of young workers is low.

Health and well-being benefits of working longer

There is some evidence that remaining in, or re-entering the work force in later life is beneficial to one’s health, partly in that it keeps people active and helps them to maintain social connections. Several recent studies in various populations have shown that participation in social activities offers greater protection against cognitive decline than simply staying in touch with friends and relatives. Older persons’ social environment is important to their well-being. Single people with a limited social environment appear at greater risk of developing dementia (Lupton, Stahl, Archer et al., 2010). Retaining older people in professional activities should help moreover to prevent the occurrence of cognitive disorders (Potter, Helms & Plassman, 2008).

ILC France conducted a study of more than 400,000 retirees, men and women, to determine whether cognitive stimulation related to later retirement delayed the onset of Alzheimer’s disease (AD). This retrospective study used the databases of RSI (Régime Social des Indépendants; Social Security for independent

workers) which allow crossing the “disease” data and the “retirement” data managed by the same organisation. Promising results will be published soon.

Data from all countries converge and show that retaining older workers in the workforce keeps them healthy, active and productive. However, retaining them in the workforce is only accomplished in companies which offer favourable working conditions and sufficient cognitive stimulation, are age-friendly and consider the older workers’ well-being. Exhausting physical tasks, harassment, stress and denigration, by contrast, lead them to retire as soon as possible.

Do older workers aspire to remain in employment?

Apart from good employer attitudes, a key issue in terms of employers wanting to remain employed is their attitude and desire they may have to keep on working. Going forward, there are reasons to be optimistic.

In 2010 NESTA surveyed over 13,000 SAGA readers aged 50 years and over (Vickerstaff, 2010) and found that one in three employees wanted to continue working beyond state pension age. In 2009, Lancaster University Management School compared the performance data of more than 400 McDonalds restaurants. Those franchises with at least one worker aged 60+ showed levels of customer service 20 per cent higher than those with no employee aged 50+. In addition, a survey of 148 restaurant managers showed that 69 per cent felt older workers empathise and connect well with customers; 47 per cent were of the opinion that older workers “go the extra mile” to deliver the best possible customer service (ENEL, 2012 & Fairhurst, 2010, personal communication).

Japanese agriculture provides a good example of older employees’ attitudes. Farmers tend to retire late in Japan (Figure 9). When asked until what age they would like to stay working, 72.2 per cent reported “as long as I can work.”

Figure 9: Until what age do people want to keep working?

	About 60	About 65	About 70	About 75	76+	As long as I can work	Don't know
Agriculture, fishery and forestry	0.6%	4.7%	7.1%	7.7%	6.5%	72.2%	1.2%
Self-employed	4.3%	14.4%	25.7%	7.7%	3.2%	43.9%	0.9%
Employed	15.7%	48.1%	34.3%	9.5%	1.4%	36.5%	0.8%

Source: Annual Report on Food, Agriculture and Rural Areas, MAFF, 2009

The proportion of people in the population aged 65+ engaged in farming increased from 58.2 per cent in 2005 to 61.6 per cent in 2010 (Agriculture and Forestry Census, MAFF, 2010). Since older farmers' businesses tend to be small, the proportion of farmers by age does not necessarily reflect the proportion of produce. Nevertheless, older people's contribution to agriculture is quite significant.

Recently, the e-commerce market for foods is spreading dramatically. Its size has grown from 2.717 trillion yen in 2008 to 3.989 trillion yen in 2010, representing 47 per cent growth in two years. Older people have contributed to this growth. Indeed, a group of 190 older people (average age of about 70) in a village located in Shikoku region is running an agricultural business. Using tablet PCs to place and receive orders, they make 260 million yen annually. Some of them even earn over 10 million yen (Irodori Co. Ltd., in Tokushima Prefecture).

Older people's contribution to the community

All three countries emphasize the immense contribution that older people make in their community, through tutoring, transmitting values, helping children and grandchildren financially, running charity associations, assuming local responsibilities, and so on. Such roles are well structured in Japan. In Edogawa City, located in the eastern part of Tokyo, older people contribute notably to their community. The size of Edogawa City is 49.1 km² and it has a population of 655,000. The proportion of elderly in the population is 18.4 per cent (as of 2011).

The "Silver Human Resources Center" in the City has approximately 4,000 members (in 2010). In the "Mature Adult Care Supporter" programme, people aged 65+ are trained to provide support, such as keeping company with long-term care facility residents. The programme provides 1 point (equivalent to 100 yen) for each activity hour of a supporter.

Major "learning activities" in the City include "Edogawa Sougou Jinsei Daigaku (Edogawa Comprehensive Life College)" and "Kusunoki (Camphor Tree) Club." The college has various departments (e.g. child support, long-term care, 120-140 hours/year), and 100 students are in each grade. The average age of the students is 60.3 years. The club is for people aged 60+ and offers classes (e.g. art, foreign languages) to 8,700 students. In both cases, the graduates apply the skills they attain in voluntary activities. In "Suku Suku (Thriving) School," volunteers, including older people, help with learning activities (e.g. nature experiences, cultural activities) of elementary school children. Most of the 73 elementary schools in the City run this programme after school hours.

"Neighbourhood Associations" are traditional organisations of residents. Their main activities include disaster prevention, neighbourhood watch, recycling and traffic safety activities for children. There are 285 such associations in the City,

in which numerous older people participate. In addition, there are a number of “Voluntary Groups” in which older people play active roles. While each group has its own goals, many work on environmental protection, education and cultural activities. People in Edogawa City are particularly eco-minded; as many as 105 voluntary groups are active in park greening (Yamada, 2010).

The number of people with dementia is expected to increase progressively – in Japan, as elsewhere. There are likely to be insufficient legal specialists to support these people as adult guardians. The need for citizen guardians, consisting mainly of white-collar retirees and professionals, will continue to grow. In response, programmes are provided nationwide to train future citizen guardians. Edogawa City has also started an adult guardianship supporter system as a social action programme.

Social participation of older people

Between 2004 and 2008, ILC Japan conducted a five-year longitudinal study entitled “A Continued Survey on Daily Life of Older People.” In the study, the researcher identified factors likely to have an impact on activity levels of the “old-old” from 24 items pertaining to “activity,” “perception,” “economy,” “family,” “housing,” “community” and “information” domains. The major factors identified were 1) spirit of independence (trying not to rely on others); 2) satisfaction with life with spouse; 3) interests in the community (having places individuals enjoy visiting); 4) engaging in enjoyable activities; and 5) living in an ageing-friendly community (taking older people into consideration). All of the factors are important in that they impact productive living in the “old-old”. (Yamada, 2010).

Conclusions

This overview shows that the promotion of healthy and active ageing requires a change of attitudes of individuals and society towards retirement and working longer. Employers must take the initiative in leading innovation in this regard. Older workers’ attitudes and aspirations must shape an agenda for a strategic approach to employment in later life.

Sharing the experience and expertise of different ILCs has been interesting. Data from all three countries covered in this chapter converge, and show that retaining older workers in the labour force at the same time helps them to stay healthy, active and productive. The governments of the UK, Japan and France indeed implement measures to promote older workers’ employment, but with variable success.

Despite the global recession, the UK is tending to increase employment of older workers – even if the global rate remains fairly low. Japan has a strong policy to keep them in the work force. French enterprises on the other hand continue to retrench older workers when financial difficulties arise, in spite of the government measures.

A number of Western countries including France should cease subsidisation of early retirement to free up jobs for younger workers. This approach has been shown to not work, and leads to discrimination and exclusion of older people.

Besides employment, all three countries emphasize the immense contribution that older people make through voluntary activities in their community.

A comparison of conditions and opportunities for productive ageing in the three countries provides clues for making further progress. Japan is seen to be most advanced of the countries in integrating older workers in the workplace and the community.

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Chapter 3

Productive Ageing in the Netherlands

Marieke van der Waal and Bert Lokhorst

Productive ageing has been an important policy issue in the Netherlands for more than a decade. The demographic change in Dutch society towards longevity is a threat to sustainable government finances, as well as the sustainability of economic growth, social security systems (including old age income) and public health. A shrinking labour force and an increasing number of old age dependents require higher participation rates in the workforce, particularly of older workers, and longer working lives. A solution cannot be to simply raise the age of retirement, but to facilitate sustainable employability and workability of workers of all ages on the work floor as well as targeted inclusion programmes for older jobseekers. Such steps are absolute prerequisites for longer healthy and productive working lives. Longer productive working lives are not only important for the economy. There is ample evidence to show that working longer and remaining healthy and productive contribute positively to active ageing and higher levels of social participation in retirement.

Policy initiatives

A wide range of policy initiatives to tackle the low participation rates of older workers and short working lives have been in place in the Netherlands since the turn of the century. These initiatives may be categorised as follows: (See Lokhorst, 2012, for a more detailed overview).

- *Raising awareness* about the consequences of demographic change through research and information activities, which were the core activities of the Taskforce Ouderen en Arbeid (Seniors and Work) (2001-2004) and Steering Group Grijs Werkt (Grey Works) (2004-2008);

- *Stimulating companies and sectors* to adopt age-conscious HRM-policies by providing project subsidies such as the Temporary Subsidy Regulation Age Conscious Personnel Policy (2004-2010), which reached hundreds of big companies, and small and medium sized enterprise sectors, and thousands of workers;
- *Introducing legislation* in the fields of age discrimination (2004), health and safety, and pensions;
- *Providing financial incentives* for employers to hire workers aged 55 years and over, including a mobility bonus for work-to-work transitions, and to employ workers aged 62 years and over in the form of premium reductions and financial stimuli for older workers to continue working in the form of tax credits (until 2012 for workers aged 57+ and from 2013 for workers aged 61+; Dutch Ministry of Finance, 2011);
- *Introducing inclusion campaigns* by the public employment services (PES), targeted at older jobseekers, such as Talent 45+ and the campaign “I Can”;
- *Subsidizing various activities* that can have a positive impact on participation rates, such as programmes and projects aimed at increasing workability and sustainable employability of workers, and projects to combat age discrimination, and to improve occupational health and safety;
- *Entering tripartite agreements* with social partners such as the Participation Agreement from 2007 and the Pension Agreement from 2010. The latter tripartite agreement led to the adoption of the Policy Agenda 2020 of the central organisations of social partners, aimed at equal participation rates of older and younger workers, and a commitment to invest in sustainable employability and workability and mobility of older workers (Stichting van de Arbeid, 2011).

The Taskforce initiative, in particular, has been fairly successful in setting an agenda for older workers and productive ageing in government policy, although it has failed to have a direct impact on attitudes and practices in companies, sectors and social partner organisations (employer organisations, trade unions, bipartite sector funds). Important recommendations of the Taskforce were:

1. To promote a pro-active life-cycle approach with a focus on sustainable employability and workability for all age groups, and to develop tailor made alternatives for age related regulations in collective labour agreements, such as additional days off, reduced working hours with full pay, and exemption from strenuous working times and shifts. These forms of contractually institutionalised senior policy were seen as a major obstacle for job mobility at higher ages and probably conflicting with legislation on equal treatment on the ground of age;
2. To use the institutions of decentralised social partners, such as the sector collective labour agreements, and the sector funds for education and training and

health and safety for the promotion of sustainable employability programmes, particularly in the sme-sectors;

3. To develop a long-term project subsidy programme for (larger) companies and sme-sectors to stimulate age conscious personnel policies;
4. To motivate working longer through financial incentives.

The majority of the recommendations have been put into practice over the last decade – some more successfully than others. Nevertheless, a great deal has been achieved during the last decade in terms of awareness raising, research, development of tools and approaches for Age Management, and commitment of social partners to support active ageing policies at work (See Lokhorst, 2003).

Impressive results ...

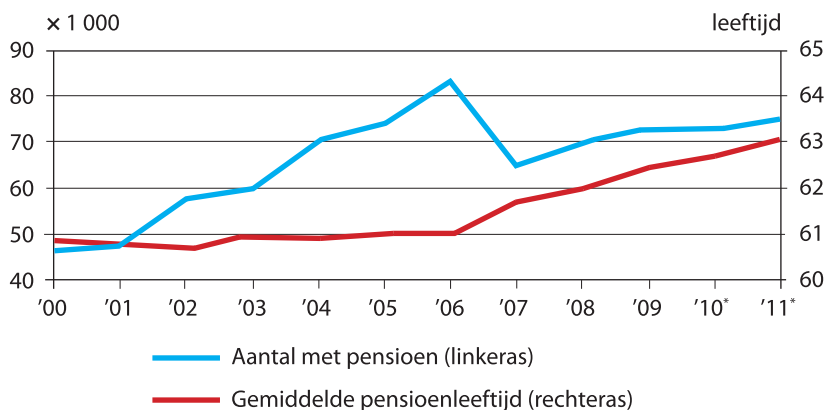
Over the past decade, impressive results have been achieved: particularly regarding participation rates of older workers and the extension of working lives, as shown in Table 1 and Figure 1 below.

Table 1: Employment rate of older workers, age groups 55–59 and 60–64 years, in 2001, 2006 and 2011

Age group (years)	Total		Men		Women	
	55-59	60-64	55-59	60-64	55-59	60-64
2001	48,2 %	13,7%	66,2 %	20,2 %	29,7 %	7,2 %
2006	55,8 %	20,8 %	71,0 %	29,2 %	39,5 %	12,3 %
2011	68,2 %	36,0 %	81,7 %	46,6 %	54,6 %	25,4 %

Source: Central Bureau of Statistics (CBS.nl).

A steady increase in participation rates for both men and women in both age groups is seen for the period 2001-2011, even accelerating after 2006, when fundamental early retirement reforms were introduced in the Netherlands. The gender gap in participation rates decreased markedly in the age group 55–59 years, but not as yet in the age group 60–64 years. Nonetheless, it is anticipated that younger cohorts of women will fairly soon show higher participation levels than older cohorts of women. Participation rates of both men and women are some 10 per cent higher than the EU average.

Figure 1: Number of people retiring (upper line) and average retirement age (lower line), 2000-2011

Source: CBS

The upward trend in the average retirement age is likely to continue in the coming years, as the age of eligibility for a public state pension, currently 65 years, is gradually raised – starting in 2013, to reach 67 years by 2024/25, and then possibly even higher depending on increases in life expectancy.

... and stubborn problems

Whereas rising participation rates of older workers and the prolongation of working lives may be seen as a success story, this is not the case with the inclusion of older unemployed persons in productive employment. Since 2008 it has become considerably difficult for older jobseekers to find a suitable job. In 2009 only 2 per cent of vacancies were filled by jobseekers aged 55 years and over; those who found a job were generally younger seniors. The chance of finding a job also diminishes with the duration of unemployment. Moreover, when a senior jobseeker finds a job it is often unskilled labour in a different economic sector, for lower wages, and for a fixed term, or often part-time contract (Cuelenaere & Veldhuis, 2011). Hence, a wide discrepancy exists between long-term employed “insiders,” who may enjoy several privileges, and those unfortunate enough to lose their job at a higher age. Negative stereotyping and age discrimination, a (perceived) gap between productivity and wage costs, poor health, obsolete skills and a lack of training are important factors that contribute to the marginal position of older jobseekers.

The vulnerable position of older jobseekers is no doubt strongly related to their

adaptability potential – and therefore level of education. Table 2 shows participation rates of persons in the age group 55–64 years, by level of education.

Table 2: Employment rate of older workers (age 55–64) in relation to level of education, 2011

Education level	Total	Men	Women
Low	51,6 %	62,9%	40,5%
Middle	71,0%	77,1%	64,9%
High	81,7%	84,6%	78,8%

Source: Central Bureau of Statistics, 2011

It is likely that workers with a low education level may have more obsolete skills and knowledge, and more health problems than persons with a higher education level. The former group probably worked previously mainly in physically demanding jobs, with unfavourable working conditions. Investment in the health and skills of this group, in particular, is indicated morally, as a non-productive life spent in poor health, having few social and professional skills, at a relatively young age foreshadows a short life after official retirement age with relatively poor quality of life.

Challenges

The gradual raising of the official retirement age in the Netherlands will raise questions such as: “How may people in (physically and mentally) demanding jobs be motivated to prolong their working life in a healthy and productive way?” Should this be a matter of (ergonomic) adaptation of the work place and organisation of work, as well as improvement of the individual’s health? Or should older workers be incentivised to develop a new career in another sector of the economy (one that has a labour shortage – such as the health care sector), or to become self-employed? No definitive answers are available as yet to such questions.

A second set of questions relates to the issue of job mobility of older workers: “How may work-to-work mobility at a higher age be increased, and how may long term exclusion of older job seekers, and the permanent loss of accumulated skills and knowledge be prevented?” Are low mobility rates of older workers and job seekers the result of a wage-productivity gap, negative stereotypes and discrimination on grounds of age; a lack of appropriate skills or obsolete skills; or inadequate provision for the acquisition of new knowledge and skills for work in

other sectors? Should there be a general approach to this issue, or should there be a specific focus on lower educated workers and jobseekers, many of whom work or have been working in physically demanding jobs? Here again, no conclusive answers are available as yet.

Whether the Netherlands will be able to maintain the course it has set itself towards achieving longer healthy and productive working lives for seniors will depend greatly on the extent to which the government, social partners, companies and individual workers are able to stimulate sustainable and continuous development of knowledge and skills, and healthy working and living conditions of workers.

ILC the Netherlands works to influence the productive ageing agenda. Current projects dealing with this subject are as follow:

- *Supporting the ESF Age Network*. The aim of the ESF Age Network is to take Age Management concerns into account in the design and implementation of programmes (in particular ESF programmes), and to start a learning and networking process on effective Age Management. ILC the Netherlands' Bert Lokhorst and the Ministry of Social Affairs support the working groups.
- *Wage indicator 45-plus*. Do older workers still feel welcome at their workplace? Are they more expensive or even cheaper than young people to employ? Are they offered more or less training than younger people? It is assumed that the answers to these questions are influenced by the characteristics of the respondents (such as education, age, gender, company size, working hours, wages and health), and that the economic crisis has affected the answers. Given the relevance of this problem in Dutch society, information about the perception of older workers and (loss of) their work is useful for policy and politics.
- *Continue working after 60*. What are the practical experiences and opinions of people who stand or have stood for the question whether or not to retire (early)? We hope to uncover these experiences and opinions in a bottom-up qualitative study, by interviewing over 40 low and highly educated men and women.
- *The second half of your life*. The European Commission has declared 2012 the European year of active ageing, in order to raise awareness and to stimulate dialogue. These efforts could lead to better services for older people, their greater involvement in the community and fewer barriers between generations. With this in mind, we are exploring the possibilities of a public campaign on people's plans for the second half of their life.

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Chapter 4

Opportunities and Challenges for Productive Ageing in the Czech Republic

Iva Holmerova and Petr Wija

Introduction

Productive living and ageing mean different things to different people, and occur in different contexts and settings. Productive ageing may be defined as the capacity of an individual and a society to create and strengthen the conditions, opportunities and capabilities for productive and meaningful engagement in economic and social life within family, community, and the workplace. How to live and age productively is a question of particular relevance to policy makers at local, regional and national levels. The question also concerns each individual in his/her personal and professional life and may change and develop with individual's values during the life course.

Until recently, the demographic processes of population ageing and increasing longevity were viewed mainly at a population level, with a primary focus on economic and social “consequences” of ageing. A contemporary shift towards an emphasis on a human rights approach and the potential of the “longevity revolution” appears self-evident. Moreover, a growing need has been identified for a paradigm shift in our understanding of and responses to the longevity revolution. From a human rights perspective, “productive ageing” implies that every individual has an opportunity and a responsibility to strengthen his/her health potential, and to engage in productive social and economic relationships. It also means having an opportunity to remain employed and to have meaningful relationships: either for the purpose of individual self-fulfilment, contributing to the community, or simply improving one's economic situation.

To be able to live in good health and to be financially secure are important values for both individuals and society. Proactive, future-oriented strategies to promote productive ageing should thus focus on mutually reinforcing pillars of health, productive and meaningful work, and social inclusion. This chapter will explore some aspects of this intersection, from both theoretical and empirical perspectives, while focusing on key facets of productive ageing in the Czech Republic seen within an international context: specifically, in comparison to other countries in the European Union (EU).

Independence and health as factors in productive ageing

The promotion of health across the life span, and the maintenance of personal function and capabilities above the “disability threshold” should be main goals of any healthy and productive ageing strategy. The World Health Organization report, *Global age-friendly cities: A guide* (WHO, 2007), offers a good example of an integrated effort at a community level to promote older persons’ independence, self-reliance and autonomy.

The delay of disability is key to any strategy aimed at fostering productive, healthy and successful ageing. The life-course approach to health highlights that the “disability threshold” is not a natural, unchangeable level. The threshold is determined by various factors, including gender and socio-economic status, and can be lowered by appropriate policy interventions in the social and physical environment (WHO, 2000). Barriers to and opportunities for healthy living and ageing start early in life, and develop and accumulate across the life span. The risk of non-communicable diseases (NCDs) increases with ageing.

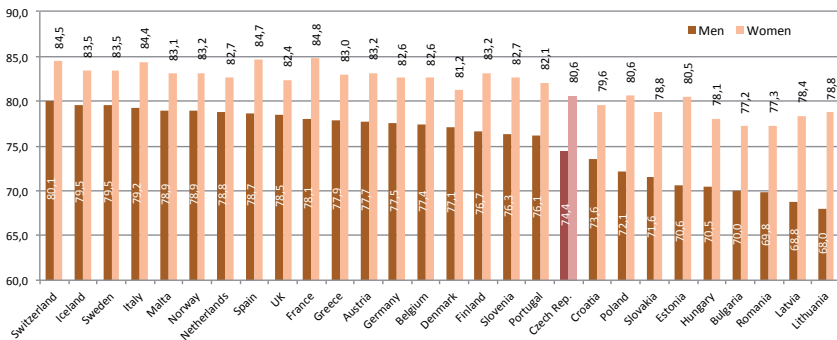
A strong relationship exists between disability, age and environment. The “social model of disability” used in the International Classification of Functioning, Disability and Health (ICF) and embodied in the *World report on disability 2011* (WHO, 2011) defines “disability” as a product of the social, attitudinal and physical environment and barriers, rather than a disability as such. The ICF understands functioning and disability as a dynamic interaction between health conditions and contextual factors, both personal and environmental.

Achievement of successful ageing requires that healthy life expectancy increases faster than life expectancy so that morbidity, frailty and disability are “compressed” into a shorter period of life (Fries, 1980). The appropriate strategy for non-communicable diseases is “postponement” rather than cure. The postponement of chronic illness would result in “rectangularisation” of the morbidity curve (Fries, 1980). The opposite scenario of “expansion” of morbidity and disability presumes that decreased mortality will result in a higher rate and longer period of disease and disability (Gruenberg, 1977; Verbrugge, 1984; Olshansky et al., 1991, In: Holmerová, Valkova, Vankova & Juraskova, 2011).

In terms of life expectancy at birth, Eastern Europe still lags behind Western countries, which shows that “the past has a long future” (Holčík, 2010). In 2010,

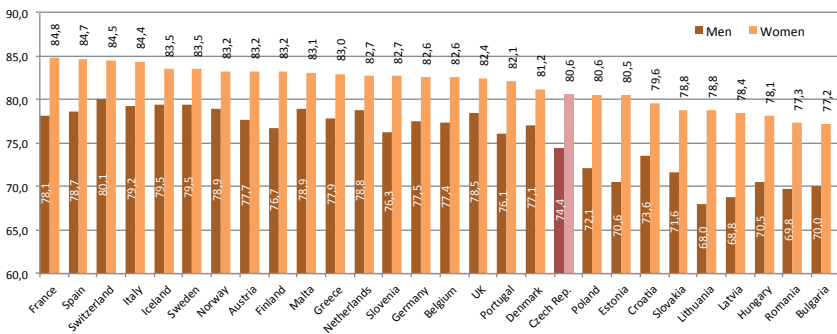
life expectancy in the Czech Republic lagged behind that in Sweden by four years: 76.9 years and 80.9 years, respectively). Nevertheless, in terms of years, the Czech Republic lags behind Sweden by more than 20 years (meaning that 2010 level of life expectancy in the Czech Republic had been achieved in Sweden 20 years ago) (Holčík, 2011). Such a gap cannot be attributed to the difference in quality of health care, medicine or pharmaceuticals, as the Czech Republic is certainly not 20 years behind Sweden in these regards, but is indeed lagging in broader determinants of health, such as tobacco use, alcohol consumption, diet and the environment. See life expectancy rates for males in countries in the EU in 2010 in Figure 1.

Figure 1: Life expectancy at birth, country ranking for males (2010)



Sources: Czech Statistical Office (2012); Eurostat (2012)

Figure 2: Life expectancy at birth, country ranking for females (2010)



Sources: Czech Statistical Office (2012); Eurostat (2012)

As shown in Figure 1, males in the Czech Republic had nearly six years shorter life expectancy at birth compared to males in Switzerland in 2010: 80 years versus 74.4 years). Females (shown in Figure 2) could expect to live four years less than their counterparts in France (80.6 versus 84.8 years). In 2011, life expectancy at birth in the Czech Republic was 74.7 years for men and 80.7 years for women. Men tend to enjoy a greater number of years in good health than women. Across EU countries, differences in healthy life years (HLY) are far greater than differences in total life expectancy (LE) (see Figure 2).

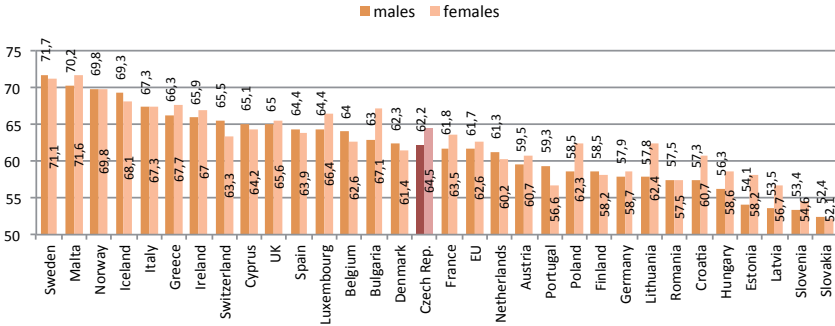
The indicator Healthy Life Years (HLY) at birth measures the number of years that a newborn is expected to live in a healthy condition. HLY is a health expectancy indicator which combines information on mortality and morbidity. The data required are the age-specific proportions of the population in healthy and unhealthy condition, and age-specific mortality information. A healthy condition is defined by the absence of limitations in functioning/disability. The indicator is calculated separately for males and females. The indicator is also called disability-free life expectancy (DFLE). Life expectancy at birth is defined as the mean number of years still to be lived by a person at birth, if subject throughout life to current mortality conditions (Eurostat, 2012).

The available data for HLY (Eurostat 2012) shown in Figures 3 and 4 indicate that people in the EU-27 can expect to live 60.9 years of healthy life without disability or activity limitation in the case of men and 61.6 years in the case of women. Men spend a greater part of their life expectancy in good health than women (women 74.5 % of their total life expectancy, men 79.4 %). In the Czech Republic the values of HLE and LE are 60.9 years and 74.2 years for men (82.1% of LE without activity limitations) and 62.5 years and 80.5 years for women (77.7% of LE without limitations). Czechs can expect to live 10 years less in good health than Swedes (60.9 and 70.5 years, respectively) (Eurostat, 2012). At the age of 65, men may expect to live 8.2 years of 17 years without activity limitations (LE at 65), while women may expect to live 8.3 out of 20 years of remaining LE.

Robine (2009) analysed relationships between longevity and health, and endeavoured to establish whether healthy life expectancy is increasing faster or slower than total life expectancy. They concluded that there is a north-south gradient in the functional health status of centenarians in Europe, with better health in the north than in the south. The results suggest that a strong increase in healthy life expectancy is more a feature of countries catching up with advanced countries in terms of population health, rather than a feature of countries leading the longevity revolution (Robine, 2009). However, a clear trend shows higher life expectancy is accompanied by higher healthy life expectancy. The authors conclude that there is no strong evidence of compression of morbidity and disability in the countries leading the longevity revolution (Robine, 2009). The

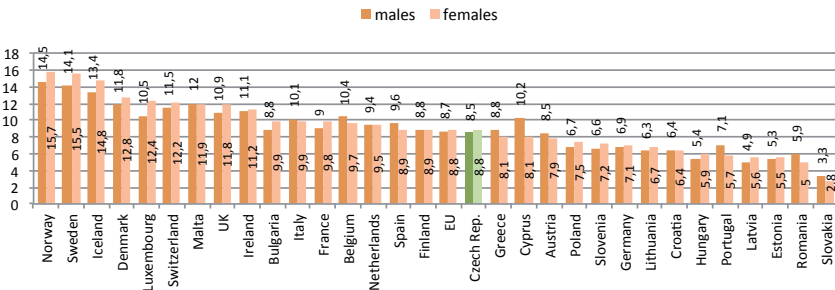
relationship between life expectancy and healthy life expectancy is unambiguous and needs elucidation.

Figure 3: Healthy life years at birth by sex, ranking for males (2010)



Source: Eurostat (2012); (code of indicator: tsdph100)

Figure 4: Healthy life years at age 65 by sex, ranking by females (2010)



Source: Eurostat (2012); (code of indicator: tsdph100)

The epidemiological transition will result in a greater prevalence of neurodegenerative diseases and will increase the need for long-term care (Holmerová et al., 2011). Other factors are contributing moreover to variation in the demand for care. For example, paradoxically, improved and more costly hospital care putting pressure on patients to shorten their hospital stay (McKee & Healy, 2002), which is contributing to a re-defining of the boundaries between health and social care. In many industrialised countries hospitals have already transferred the long-term care of dependent older

people out of hospitals into residential care and nursing homes. The costs of care have thus been shifted from the health care to the social care budget (McKee & Healy, 2002). Pushing frail seniors out of the health system can often result in unequal access to health care services and age discrimination (Kalvach, 2011; 2008). Out-patient and inpatient geriatric services remain underdeveloped in the Czech Republic and increasing specialisation leaves many seniors beyond the reach of mainstream health services (Kalvach et al., 2011; Kalvach et al., 2008).

A prominent argument in the debate on reform of health and long-term care systems has been concern about the future sustainability of the systems in relation to population ageing. As some authors have pointed out, rising health care costs are mainly driven by supply-side changes such as new and expensive pharmaceuticals and technology (McKee & Kealy, 2002), and their fast development, rather than by demand-side factors such as demographics or patterns of disease. The myth of rising costs and blame levelled at population ageing has been debunked by various authors (Friedland & Summer, 1999; Gee & Gutman, 2000; Mullan, 2002). The myth of an extensive rise in health care costs due to population ageing has been addressed in an International Longevity Center USA policy report (Pan, Chai & Farber, 2007), which focused on the situation in the US. Hence, a negative view pertains regarding population ageing and increasing longevity being main drivers of rising health and long-term care costs, but is not based on evidence. Moreover, healthy ageing, effective geriatric services and age-friendly health systems – including age-friendly primary health care (WHO, 2004) can significantly contribute to better health and greater independence of older persons, and thus a reduced need or demand for health and long-term care services.

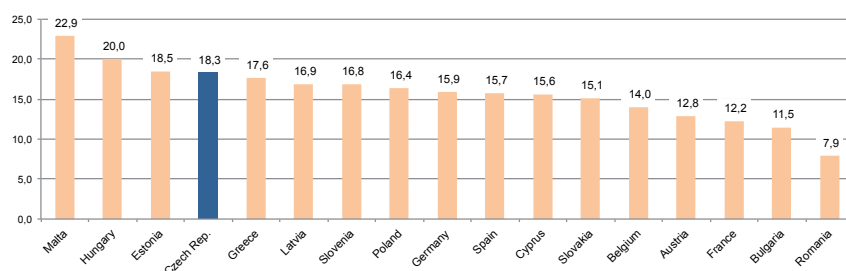
Promotion of health and key determinants of healthy ageing

Obesity, tobacco use, alcohol consumption and a sedentary lifestyle are key health behaviours contributing to chronic non-communicable diseases, premature death and disability. Despite this knowledge, and the impact of such morbidity on the economy and productivity, investment in preventive measures remains low. Countries in the EU for which data are available spend less than 0.5 per cent of GDP on preventive and public health services (Eurostat, 2012), and several of per cent of their total health spending, for example, in 2009, the Czech Republic spent only 2.69 per cent of its total health budget on preventive and public health services, which represents 0.21 of its GDP (Eurostat, 2009).

Obesity is a serious public health problem in that it significantly increases the risk of chronic diseases such as cardiovascular disease, type-2 diabetes, hypertension, coronary-heart diseases and certain cancers. According to the WHO, obesity is already responsible for 2–8 per cent of health costs and 10–13 per cent of deaths in different parts of the European Region (WHO, 2012). The prevalence of obesity has

tripled in many countries of the WHO European Region since the 1980s. In the US, life expectancy could be between 2 and 5 years shorter based on current trends in obesity (Butler, 2008). The increasing prevalence of obesity in children is of particular concern in that it impacts the foundations of healthy ageing in future generations. The share of overweight and obese persons increases with age, and is higher among those with less education and lower socio-economic status. The older the age group moreover, the greater the share of overweight and obese persons. This pattern is particularly evident for women (Eurostat, 2012). In addition, the obesity rate for adults with disabilities is higher than that of persons without disabilities. In the United States, the rate is 58 per cent higher among persons with disabilities compared to persons without a disability (Centers for Disease Control and Prevention, 2012). As is shown in Figure 5, the Czech Republic falls among countries with a higher share of obese persons according to the European Health Interview Survey results (2008 collection round). Obesity trends present a key challenge to healthy ageing and increasing longevity – and therefore productivity.

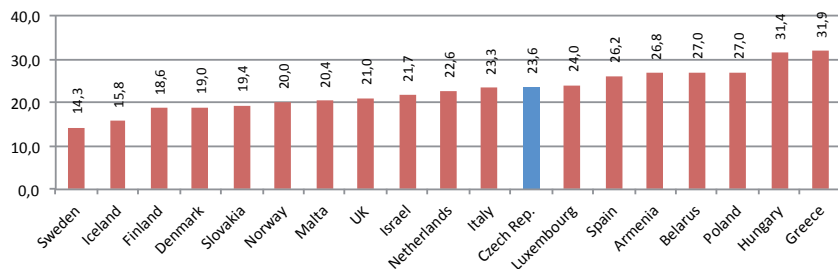
Figure 5: Share of obese persons in population (%)



Sources: Czech Statistical Office (2012); Eurostat (European Union Health Interview Surveys – EHIS, collection round 2008). Body mass index (BMI) by sex, age and income quintile (%) (code of indicator: hlth_ehis_de2)

Another risk factor for shorter longevity is tobacco use. The risk of death is twice as high for smokers than for non-smokers. It is estimated that 350,000 people die each year in the EU due to bronchial neoplasm (Holčík, 2010). Tobacco control is a key factor moreover in lowering health inequalities, as smoking accounts for approximately half the difference in life expectancy between the lowest and highest income groups (Marmot, 2010). As shown in Figure 6, the lowest share of regular smokers is in Nordic countries. In the Czech Republic nearly one in four people smoked daily in 2009. The Czech Republic is among the few EU countries that have not yet adopted legislation to ban smoking in restaurants.

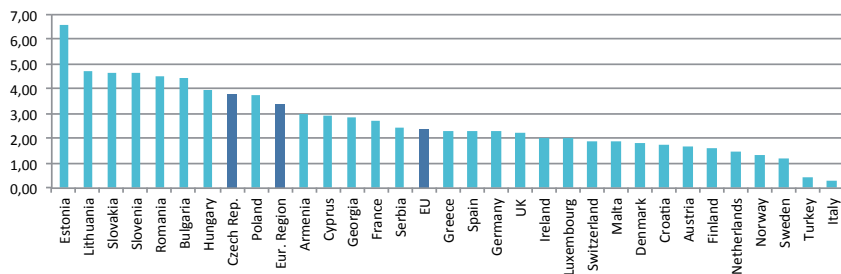
Figure 6: Percentage of regular daily smokers in the population, age 15+ (2009)



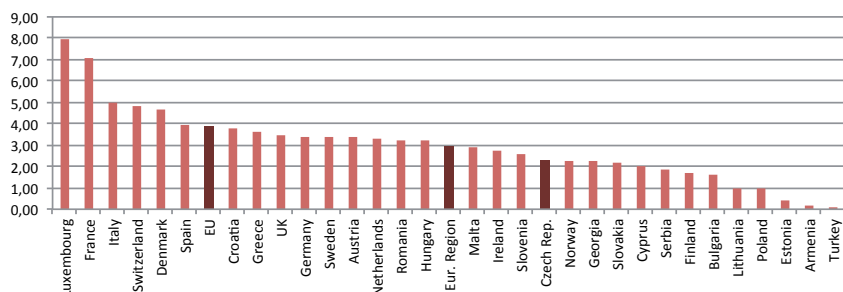
Sources: WHO European health for all database (HFA-DB), 2012

Alcohol consumption also contributes to premature deaths and disability. In the EU, it contributes to 60 diseases and is responsible for 200,000 deaths every year. In 2004, 3.8 per cent of all global deaths were attributable to alcohol: 6.2 per cent of deaths in men and 1.1 per cent in women (WHO, 2012). In addition, consumption of alcohol contributes to numerous social problems, including elder abuse, and child abuse, violence and vehicular accidents. The *European report on preventing elder maltreatment* (WHO, 2011) showed that the perpetrators of such actions or accidents are more likely to have mental health problems, particularly depression or a history of violence, and may suffer from substance misuse, particularly alcohol abuse, than other persons. In Ireland, older people reported 19 per cent of perpetrators of maltreatment misused alcohol (WHO, 2011). Risk factors for elder maltreatment, such as alcohol and drug dependence, are linked to socio-economic class, deprivation, a high unemployment rate, rising income inequality and a loss of social support networks (WHO, 2011).

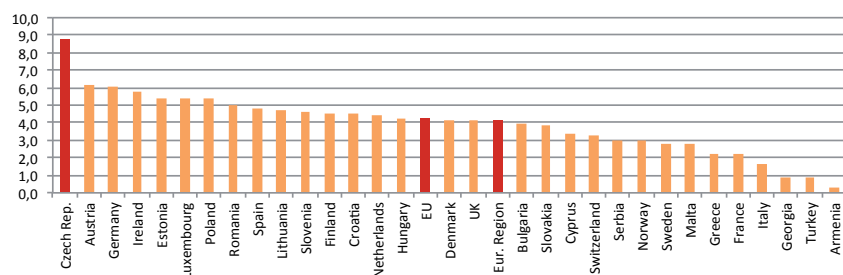
Figure 7: Spirits consumed in pure alcohol, litres per capita, age 15+



Source: WHO European health for all database (HFA-DB), 2012

Figure 8: Wine consumed in pure alcohol, litres per capita, age 15+

Source: WHO European health for all database (HFA-DB), 2012

Figure 9: Beer consumed in pure alcohol, litres per capita, age 15+

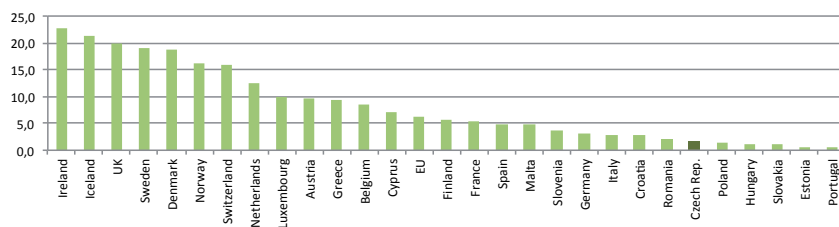
Source: WHO European health for all database (HFA-DB), 2012

As Figures 7-9 show, the Czech Republic and other Eastern European countries have the highest levels of consumption of spirits measured in litres of pure alcohol per capita. Northern European countries and Italy are among countries with the lowest consumption levels of spirits. The Czech Republic also has the highest consumption level of beer in litres of pure alcohol among the countries in the WHO European region.

With increasing longevity, a growing opportunity exists for early and timely intervention, prevention, and health promotion. As the European Union Statistics on Income and Living Conditions (EU-SILC) data show, retired persons in the Czech Republic, as in other Central and Eastern European countries, perceive their health more negatively than counterparts in all other EU countries (Figure 10). Such a finding may reflect several factors, including the economic, social and political situation, and perceptions of ageing and the place of senior citizens in

society. Similar results have been found in the Special Eurobarometer Survey No. 378 on active ageing (European Commission, 2012), in which 54 per cent of respondents in the Czech Republic replied “totally negative” to a question on how people aged 55+ are perceived in their country – the second highest percentage after Hungary. Such attitudinal factors hinder older persons’ engagement in employment and participation in society, and place them at risk of age based discrimination in a number of areas.

Figure 10: Share of retired persons considering their health “very good” (2010)



Source: Eurostat (2012)

Although trends in the development of disability differ across countries (Colombo, 2011), it is clear that activity and social participation are key determinants in delaying the onset of disease and dependence. With increasing longevity there is a growing potential for health promotion across life span. The possibilities of health promotion for and with older people are often underestimated (Killoran, Howse & Dalley, 1997). The results of research on successful ageing provide promising evidence for a possibility of behavioural change, intervention and strategies to promote health in seniors. Strategies of coping, behavioural change and individual development need further investigation, including the role of genetics and the environment.

Productive ageing and employment

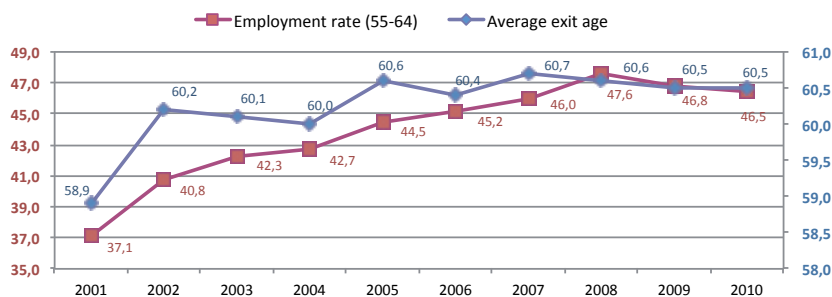
With increasing life expectancy and a culture of early retirement in the Czech Republic, citizens now spend a greater number of years in retirement than their predecessors. Early retirement has been encouraged by states across Europe and in other developed countries in order to reduce unemployment levels. With rapid population ageing, this early retirement trend has become unsustainable. Consequently, policies are being reversed to increase employment levels of older workers (the EU defines older workers as being 55-64 years of age) and to delay the effective age of exit from the labour market (as opposed to a statutory pension age). “Active ageing,” in a productive ageing sense, and the employability of workers across their working life have become priorities that are being accompanied by a stronger emphasis on education, life-long learning and the health of (older) workers.

Various international organisations have proposed or applied sets of indicators to monitor and evaluate policies aimed at addressing “challenges and opportunities” of ageing. The indicators cover areas such as demographic characteristics, pension systems, the labour market, poverty and social inclusion. A specific set of indicators was proposed by the European Centre for Social Welfare Policy and Research, and other stakeholders, for example, to monitor the *Regional Implementation Strategy for the UN International Action Plan on Ageing* (RIS/MIPAA). Other indicators are used by the centre to monitor the share of early retired persons (before statutory retirement age), and so-called “lifetime allocation” – i.e. the percentage share of life spent in education, work and retirement, or the average age of entry and exit into and from employment (Monitoring RIS, 2012).

No restrictions exist in the Czech Republic on economic activity of old age pensioners or invalidity pensioners. Before 2010, old age pensioners could only be employed for a maximum one-year temporary contract. Now, a bonus applies for staying employed after retirement age in the form of an increase of between 0.4 per cent and 1.5 per cent in the amount of the old age pension, after specified periods of 365, 180 or 90 calendar days, depending on an individual electing to receive a full, a half or no pension. The calculation of pension benefits is based on two components: a “basic assessment” and a “percentage assessment”. The percentage increase of the bonus applies to the second component (Ministry of Labour and Social Affairs of the Czech Republic, 2012).

Figure 11 shows the development of two key indicators in the Czech Republic during the first decade of the 21st century. Both the average exit age from the labour force and the employment rate of older workers (55–64 years) rose between 2001 and 2007 – between 2007 and 2010 they started decreasing again – at a time when the impact of the financial crisis and economic recession was being felt.

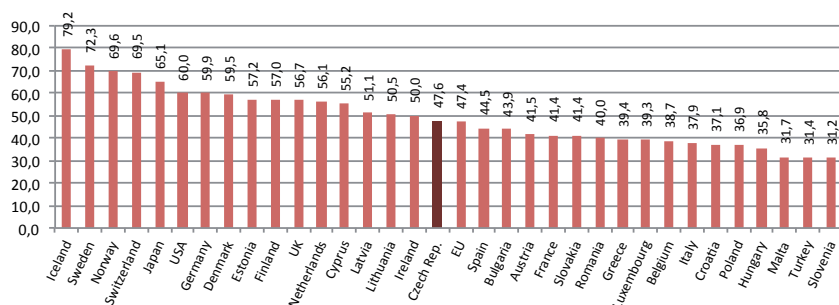
Figure 11: Average exit age from the labour force and employment rate of older workers in the Czech Republic (2001–2010)



Source: Eurostat (2012)

The average effective exit age is lower than the statutory pension age, as some workers retire early due to poor health or for employment related reasons. There is no culture in the Czech Republic of staying employed and delaying drawing old age pension benefits after pensionable age. According to the Monitoring RIS database, 30 per cent of persons who retired in the Czech Republic in 2005, retired before official (statutory) retirement age (Monitoring RIS, 2012).

Figure 12: Employment rate of older workers (55-64), 2011



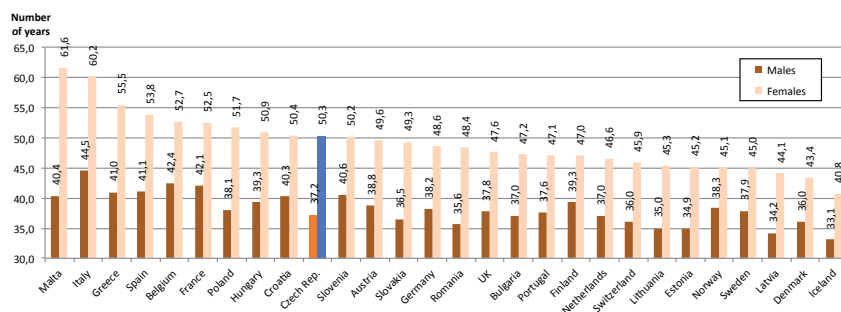
Source: Eurostat (2012)

Figure 12 shows 2011 data on the rate of employment of older workers in EU countries and certain non-EU countries. The rate for the Czech Republic, at 47.9 per cent, falls midway between rates for EU countries and is slightly above the average for EU countries. The rates are highest for Nordic countries, with Iceland – which has a specific work ethic, employment structure and cultural factors at the top (European Commission, 2007).

Another way to measure rate of employment in this case is to examine how much time individuals spend working during their life span. According to the Monitoring RIS country profile, Czech men spend 55 per cent of their life in employment and 17 per cent in retirement. The percentages for Czech women are 42.9 per cent and 27.4 per cent, respectively (calculated from data for 2000) (see Figure 13). Data from Eurostat (2012) on the duration of working life for men and women in the EU allow for calculation of length of life spent within and outside employment. The greatest difference between life expectancy at birth and duration of working life for women is found in Malta, Italy, Greece, Spain and France (from 64.6 to 52.7 years in descending order), which means that women in those countries spend the longest period of time not engaged in formal economic activity. At the opposite end are women in Nordic countries (Iceland, Denmark and Sweden) and Baltic countries (40.8 – 45.3 years), with the smallest part of their life spent out of employment. For men, the

highest proportion of life spent outside employment is found in the same states of Southern Europe and in Belgium, and the lowest in Nordic countries. Men spend the longest time outside employment (in childhood and retirement) in Italy (44.5 years) and the shortest time in Iceland (33.1 years). In the Czech Republic men live on average 37.2 years outside formal employment and women 50.3 years (Czech Statistical Office, 2012).

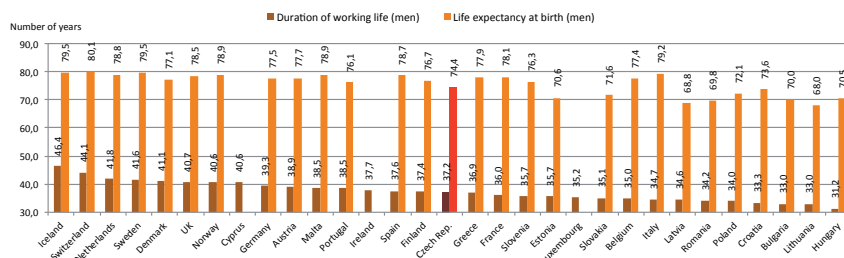
Figure 13: Difference between life expectancy and duration of working life (2010)



Source: Czech Statistical Office (2012); Eurostat (2012)

Figure 14 shows that men in Scandinavian countries (Iceland, Sweden, Denmark and Norway), Switzerland, the Netherlands and the UK have the longest working life: 46.4 – 40.6 years. Men in Hungary, Lithuania, Bulgaria and Croatia have the shortest working life: 31.2–33.3 years. The rates reflect a 15-year difference between the highest ranked and the lowest ranked countries (Czech Statistical Office, 2012).

Figure 14: Life expectancy at birth and duration of working life, men (2010)

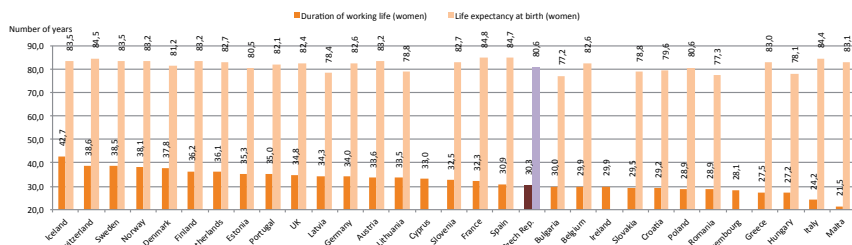


Source: Czech Statistical Office (2012); Eurostat (2012)

4. Opportunities and Challenges for Productive Ageing in the Czech Republic

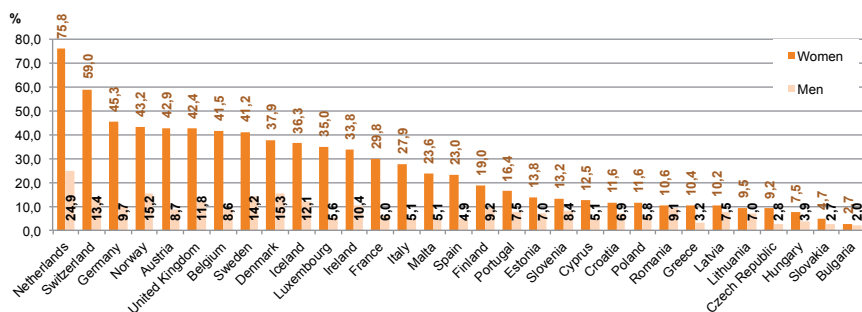
Figure 15 shows that women in Nordic countries and Switzerland have the longest working life: ranging from 42.7 to 36.2 years. These countries also have high life expectancy rates – over 83 years (with the exception of Denmark). Women in Malta, Italy, Hungary and Greece have the shortest working life: 21.5–27.5 years – even though life expectancy of women in these countries (with the exception of Hungary) is high (in Malta, Italy and Greece it is over 83 years). The Czech Republic falls in the second group of countries with a shorter (below average) length of working life for women (30.3 years).

Figure 15: Life expectancy at birth and duration of working life, women (2010)



Source: (Czech Statistical Office (2012); Eurostat (2012))

Figure 16: Share of part-time jobs in total jobs (% , 2009)



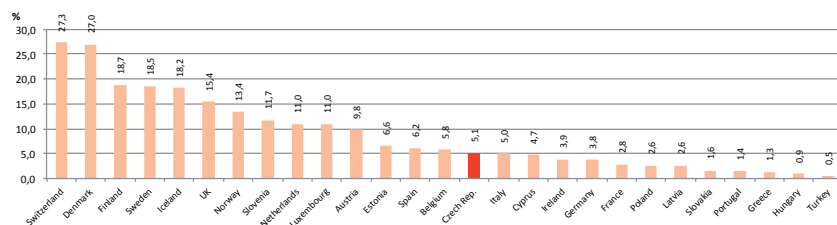
Source: Czech Statistical Office, (2012); UNECE database (2012)

Flexible working conditions are a key factor in a reconciliation of working life and family life. Staggered retirement and working time arrangements may similarly be viewed as flexible working conditions. Part-time work contracts are common in

Western European countries, in contrast with the Czech Republic. Employers in the Czech Republic pay the same percentage premium for part-time and full-time workers, which is not favourable to part-time contracts. Part-time contracts are most common in the Netherlands, where they make up three quarters of all work contracts of women (75.8%), followed by Switzerland (59.0%), Germany, Norway, Austria, the UK, Belgium and Sweden (45.3–41.2 % in descending order). In Bulgaria, Slovakia, Hungary and Czech Republic part-time jobs are only available to a small share of women, from 2.7 per cent in Bulgaria to 9.2 per cent in the Czech Republic (Czech Statistics Office, 2012). There is a clear pattern in working (time) arrangements and part-time work between Northwest and East South of the European Union (EU-27). (See Figure 16.)

A key precondition for increasing employability and competitiveness is participation in life-long learning and adult education. Figure 17 shows the rates of participation of employed persons aged 55-74 years in education and training. As with the previous indicators, the highest share of persons in this age group who participate in education is in Switzerland (27.3%) and Nordic countries (Denmark 27.0%, Finland 18.7%, Iceland 18.2%, Sweden 18.5%). In the Czech Republic, the participation rate is more than three times lower (5.1%). The lowest and nearly negligible participation rates are reported in Turkey, Hungary and Greece.

Figure 17: Participation of employed persons (55-74) in education (2010)

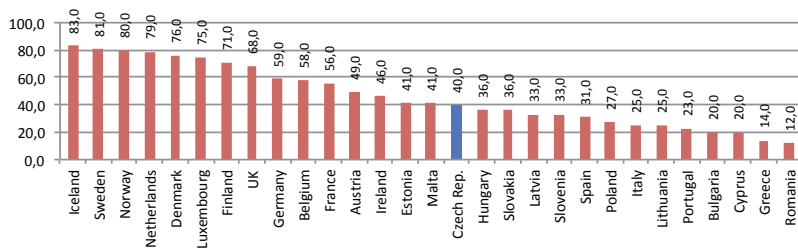


Sources: Czech Statistics Office (2012); Eurostat (2012)

Increasing attention has been paid to the use of information, communication and technology (ICT) in creating a supportive and safe environment for older persons. However, the majority of ICT initiatives focus on research and the development of innovative measures. The use of ICT and assistive technologies within frail populations lags behind research and innovative projects widely supported by the EU. A clear difference is noted between rates of “e-inclusion” of older persons in Northern and Western European countries on the one hand and Eastern and Southern European countries on the other hand. Nordic countries have the highest share of persons (55-74 years) who use a computer: more than three quarters use

one. The Czech Republic falls in the middle, with 40 per cent of persons aged 55-74 using a computer, placing it behind most Western European countries. Several Southern and Eastern EU countries (Italy, Portugal, Cyprus, Greece, Bulgaria and Romania) have a quarter or less of seniors using a computer. Across the countries, use of a computer is higher for men than for women. (See Figure 18.)

Figure 18: Share of population aged 55-74 using computer (2011)



Source: UNECE database (2012)

Conclusions

It has not been possible in this chapter to discuss all determinants of productive ageing in the Czech Republic, such as risk of poverty, access to housing and participation in social life. Moreover, comparison of these determinants with those in other EU countries with different cultures and levels of socio-economic development would prove difficult. The Czech Republic is clearly lagging behind Northern European countries in key indicators of productive ageing. The biggest gap is seen in determinants of health, length of working life, and participation in life-long learning. Societal attitudes towards ageing also play a role in conditions and opportunities for productive ageing in the Czech Republic. A gap persists between evidence on the one hand, and policy priorities and measures on the other hand: particularly underinvestment in health promotion and education across the life-course. Increasing longevity and the potential of older persons provide opportunities for increased employment and social participation, and for the development of communities and society as a whole. A challenge for Czech society now is for opportunities to be seized in order to close the gap between health, education and productive ageing.

Acknowledgement

This chapter draws on the work of a project on “Long-term care for seniors: Quality of care in institutions, organizational culture and support for dignity of frail patients”, supported with a grant from the Ministry of Health of the Czech Republic (No. NT11325).

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Chapter 5

Productive Ageing in Israel and Singapore: A Comparison

**Sara Carmel, Susan Concorde Harding,
Treena Wu and Sarah Pollack**

Background

Forty years ago, many people in Western countries who retired at the “ripe old age” of 65 spent much of their acquired free time at home, or with friends and family. Today, as a result of longevity, in part due to medical advances and better quality of life for many people with chronic diseases, older adults are able to continue to be active and productive citizens. A relatively small proportion of older adults in developed nations, particularly in Europe, choose or need to continue to work; others may view retirement as a new lease on life – an opportunity to travel, to study and to acquire new skills.

This chapter focuses on the situation in Singapore and Israel – two relatively small and developed, but culturally different countries.

In Singapore, the population age 65 years and over is projected to increase by 316 per cent between 2008 and 2040: the highest increase among 52 developed and developing countries studied. In Israel, an increase of 125 per cent over the same time period is projected: Israel will then rank 25th among these countries (US Census Bureau, 2009). In the current bleak economic climate prevailing in numerous countries, including the US and in Western Europe, many people can no longer afford to retire. Workforce statistics from 2008 showed that 30.6 per cent of people aged 65+ in South Korea were still employed, with 20.2 per cent in Japan and 16.8 per cent in the US. In European countries, however, these percentages were significantly lower; in Germany, the figure was 3.9 per cent, in Italy 3.4 per cent and in France, 1.5 per cent. In all of these countries, the majority of employed

people in this age group were men (International Labour Organisation, 2009). These percentages reflect national retirement policies in the countries, as well as ageism in the workplace and incentives to retire at a younger age, which have prevailed in numerous Western countries in recent decades.

Considering that the majority of individuals aged 65–74 years remain healthy and active, and taking into account the steady increase in dependency ratios in many countries, developed nations are increasingly aware of a need to enable and even encourage employment in old age. The age of retirement has gradually been raised in OECD countries, the US and Europe, as well as in the Asia Pacific region – in Japan, South Korea, Australia and New Zealand. This policy change has also occurred in Israel, an OECD Member State, and in Singapore, a non-OECD high-income country. The trend indicates a reversal of the previous approach and policies encouraging early retirement. Consequently, a need arises to better understand the concept of productive ageing in society and how it may be promoted.

The situation in Israel

Approximately 10 per cent of Israel's population of 7.6 million is 65+ years. The majority are women (57 %). Almost half of this age group is 75+ years, 60 per cent of whom are women. The median age of the 65+ population is 74.5 years (Central Bureau of Statistics, 2009).

The number of employed persons aged 65+ declined from 18 per cent in 1970 to 8.5 per cent in 2000, but rose to 11.5 per cent in 2009. The percentage of men in the workforce is significantly higher than that of women: 17.8 per cent versus 6.6 per cent, respectively (Central Bureau of Statistics, 2009). However, a continuing trend of more women joining the workforce at younger ages has been noticed in recent decades.

The employment status of seniors in Israel is related to place of residence and level of education. Employment rates of older people are significantly higher in large cities, in comparison to small settlements and the peripheral regions of the country. About a third of persons aged 65+ have a high level of education (38.2 % men, 32 % women) (Central Bureau of Statistics, 2009). In 2009, 22 per cent of this age group with a high level of education were still employed versus 6 per cent of those with 5–8 years of education (Central Bureau of Statistics, 2009). The percentage of older drivers is relatively low in Israel: Only 35 per cent are licensed to drive (56 % men, 19 % women) (Central Bureau of Statistics, 2009).

Regarding participation in leisure activities, seniors are eligible for significant discounts on public transportation, at museums, in theatres, and more. According to a social survey conducted in 2009, 30 per cent of people aged 65+ undertook a leisure trip in Israel and 22 per cent travelled abroad for a vacation. Twenty one per cent of this age group (more women than men) reported engaging in activities

outside the home on a regular basis such as sports, language classes, crafts and academic courses. The courses, etc., are offered at community centres and universities. In addition, 27 per cent of this age group reported using a computer (Central Bureau of Statistics, 2009).

Israelis are avid volunteers: more than 40 per cent of citizens aged 20 years and over volunteer on a regular basis. Most volunteers (31 %) help the needy (ill, elderly and underprivileged persons), and 25 per cent volunteer at cultural and educational facilities. Of the population aged 86+, 14.1 per cent volunteer regularly at an organisation (Central Bureau of Statistics, 2009).

Israel boasts several non-profit organisations that encourage older people to volunteer. Yad Sarah lends medical and rehabilitative equipment free of charge to anyone who needs it. In addition, this organisation provides a range of services including transportation, minimum-charge dental clinics for elderly patients and guidance to disabled persons. Yad Sarah's 103 branches around Israel are run by more than 6,000 volunteers, many of whom are retirees and who continue to volunteer well into their seventies and eighties. Yad Sarah views retirees as "the backbone" of its staff. Retirees from professions such as medicine, engineering and industry are recruited for jobs that utilise their special skills. Other volunteers undergo training to fill positions within the organisation (Yad Sarah, 2012).

Several other non-profit organisations, corporations, local municipalities and government ministries have developed special programmes for retirees, which include continuing education and training for volunteering and leisure activities. Israel's National Insurance Institute, for example, trains retirees to provide voluntary counselling services to other elderly people in their community, as well as undertake home visits, and offer companionship to lonely and needy older persons (National Insurance Institute of Israel, 2012). The Israel Police Force trains retirees who wish to volunteer for the Civil Guard, and other positions in crime prevention, traffic control and more (Israel Police, 2012). The Ministry of Education trains former engineers and other professionals to assist in teaching in elementary and high schools. The Ministry of Education and the Green Light organisation are partners in a project called Zahav BaGan that brings senior volunteers to kindergartens and schools in order to transmit important messages involving vehicle and road safety (Green Light, 2012). Most medical centres and hospitals in Israel benefit from the volunteering of older persons. In 2011, the Ministry for Senior Citizens, in collaboration with local municipalities, launched a national project aimed at promoting "productive and active aging" in Israel. Two hundred settlements are already active in developing their communities in a variety of ways, in order to address this challenge. This project, financed by the Ministry and local municipalities, plans to include many more Israeli communities in the near future (Ministry for Senior Citizens, 2012).

A number of national organisations recruit seniors to help enlisted soldiers, to feed the needy, and to assist families of hospital patients. Municipalities offer free computer classes and continuing education courses at low cost to retirees. At an informal level, many older persons help their family in various ways on a regular basis. They help to care for their grandchildren, and are often the main caregivers to their spouse, a sibling or a neighbour, thus significantly sharing the burden of younger family members and society.

The situation in Singapore

The total population of Singapore, including foreigners, was 5.1 million in 2010. The total population of citizens and permanent residents was 3.7 million. The Singapore resident population aged 65+ constituted 9 per cent of the total population in that year (Singapore Department of Statistics, 2010). Singapore faces the twin demographic challenges of longer life expectancy and low fertility rates. Life expectancy at age 65 is currently 19.9 years. Current total fertility rates are below replacement rates at 1.16. In the economy, eight working persons aged 15–64 years now support one person aged 65 years and over (Singapore Department of Statistics, 2011).

Singapore's labour market has a higher proportion of men than women. The labour force participation rate in 2012 for men aged 15 years and over was 76.5 per cent and for women of the same age, substantially lower at 56.5 per cent (Singapore Department of Statistics, 2011). This gender disparity in labour force participation may be seen across the entire working age population.

The proportion of adults aged 60 years and over who were employed in 2012 was 28.7 per cent (Ministry of Manpower Labour Force Survey, 2010) – a substantially higher rate than that in OECD countries; but comparable with South Korea's rate, and higher than the rates in Japan and the US.

Among Singaporeans aged 65+ who are employed, 47 per cent have less than six years of formal education; only 7 per cent attained a university degree (Singapore Department of Statistics, 2010). Low formal schooling attainment is related to a lack of opportunity for schooling in the period before (and shortly after) Singapore achieved Independence from the British Empire in 1965. Consequently, a majority of older adults in the island state who are still working tend to be in low skilled occupations which involve physical labour. Women in this age group, in particular, tend to work as cleaners and labourers.

When considering other forms of productive ageing such as volunteerism and social engagement, it may be argued that these forms are still in a nascent stage in Singapore. Compared to adults younger than 65 years, adults 65+ are less inclined to volunteer; only 10 per cent of all persons in this age group volunteer (National Volunteer and Philanthropy Center, 2010). In contrast, nearly 50 per cent of Singaporeans aged 15–29 years volunteer. The main sectors for volunteering

are education, religious organisations and social services. In terms of social engagement, older Singaporeans attend events organised at a community centre or in their neighbourhood. Nearly all housing in Singapore is organised around the Housing Development Board's (HDB) public apartment housing. Each HDB apartment building is a neighbourhood block, and a cluster of neighbourhood blocks constitutes an urban community equipped with social support services for the elderly and children, with public spaces such as playgrounds, markets and cafés, all with an aim to build a sense of place and community (Teo & Haung, 1996). Seventy-eight per cent of Singaporeans aged 60+ attend community events and 36 per cent attend religious services on a daily basis (Ministry of Community Development, Youth and Sports, 2009). Few statistics are available on older persons' leisure activities; however, 40 per cent aged 60+ are found to walk each day for exercise, while 37 per cent report they do not do this (Ministry of Community Development, Youth and Sports, 2009).

The apparent lack of statistics on leisure activities of older Singaporeans may reflect a lack of time and opportunity on their part to engage in these activities. Possible reasons for not doing so may include informal care giving to family members such as a spouse and/or grandchildren. However, population level labour force surveys have shown that only 4.4 per cent of older women and 1.2 per cent of older men report a main reason for their not working as having to provide care to relatives. Only 2.9 per cent of older women and 0.3 per cent of older men however reported caring for grandchildren (Ministry of Manpower Labour Force Survey, 2010). Further exploration is needed as to whether older Singaporeans do indeed engage in leisure activities, given that care giving appears to consume a large part of their time.

Policies on ageing in Israel and Singapore

Israeli policy makers have recognised that people are "aging more slowly." In 2004, the official retirement ages for men and women in Israel were extended to 67 (from 65) and 62 (from 60) years, respectively, with the intention of raising the age for women to 64 years in the near future (Ministry of Industry, Trade and Labour, Retirement Law 2004). In 2009, approximately 11 per cent of people aged 65+ were employed: 17.8 per cent were men and 6.6 per cent were women. Of all part-time workers in Israel in 2009, 52 per cent were aged 65+ (Central Bureau of Statistics, 2009).

By comparison, Singaporean policy makers have recognised that in order to uphold the societal ethos of personal responsibility, Singaporeans living longer means they will have to work longer in order to meet their own social security needs in old age. In 2010, 65.1 per cent of men and 34.4 per cent of women aged 60–64 years were employed. In the age group 65–69 years the figures were 42.4 per cent for men and 18.6 per cent for women. In the age group 70+ years, the figures

were 17.3 per cent for men and 5.9 per cent for women (Ministry of Manpower Labour Force Survey, 2010). In 2012, a new law came into effect, the Retirement and Re-employment Act, which requires employers to offer re-employment to eligible employees who turn 62, up to the age of 65. The age will gradually be raised further, to reach 67 years. Unlike Israel, Singapore has the same statutory retirement age for men and women. However, similar to Israel – as everywhere, women have interruptions in their employment histories, due to their roles as wives and mothers, and this affects their right to pension benefits. Singapore does not have a mandatory retirement age as such. Workers may choose to retire before statutory retirement age, but which will be punitive in that they will have to wait until age 65 to draw down social security.

While Israel has various policies to promote special programmes for retirees, which include continuing education and training for volunteers, and leisure activities, such policies appear to only be starting up in Singapore. The Council for the Third Age was established in the latter country in 2007 to promote active ageing as a way of life through public education, outreach and partnership. If one were to compare the life of retirees in the two countries, it may be stated that Israel has a vibrant landscape of elders leading enriching lives, which is not the case in Singapore. In Singapore personal responsibility for one's welfare and well-being is emphasised. With only minimal entitlements available in old age, older Singaporeans focus on work.

Globally, being active and productive in old age has come to be viewed as important for successful ageing. Israel's awareness of the social and health needs of its older population is reflected in the existing policies and programmes which encourage older people to be "out and about": to be active and productive, for as long as possible. Singapore on the other hand emphasises productive ageing, and active ageing only to a lesser extent.

The percentages of older adults in the Israeli workforce and in volunteer organisations are low, however, and age discrimination remains prevalent in the workplace. Volunteerism is neither well developed among older adults. In both countries, there is a lack of statistical data on the nature and extent of informal productive roles such as care giving, helping family and engaging in leisure activities. Support and training programmes for older caregivers are also few and far between.

Implications for Israeli and Singaporean society

Israel needs to invest more intensively in programmes that promote informal productive activities for older citizens. It also needs to work at eradicating ageism, cancelling age-based retirement laws, and opening up more flexible or part-time jobs for older adults.

Singapore needs to review and revise its emphasis on productive ageing based on employment, and consider expanding health and income support for older persons, from the “young old” through to the “old old”, if they are no longer able to work. Retraining programmes should be provided for “young old” individuals who are able and willing to work. The programmes should be tailored to meet their training needs and not only meet employers’ and firms’ demands for skills. Singapore also needs to place a greater emphasis on volunteerism and social engagement of older people to offer them opportunity to enrich their lives.

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Chapter 6

Productive Ageing: An Indian Perspective

Anjali Raje

Population profile

According to the Ministry of Social Justice and Empowerment of the Government of India, 98 million citizens were age 60 years and over in 2011. This number is projected to grow to 143 million by 2021, with 51 per cent being women. At present, approximately 9 per cent of the total population falls in this age group.

Life expectancy for males and females in India at present is 63.8 years and 66.1 years respectively. The increase in life expectancy has resulted in major growth of the 80+ age segment, the “oldest old”. While the total population is projected to increase by 40 per cent between 2006 and 2050, the population aged 60+ will increase by 270 per cent and that aged 80+, by a staggering 500 per cent (Draft National Policy on Older Persons, 2011).

Productive ageing – what does it constitute?

The global demographic shift towards longevity and population ageing is resulting in a number of challenges. One such challenge and concern is an extended post-retirement period, of about 20, 30 or even 40 years. Individuals are not only living longer, but have a longer post-retirement period in which they may lack income and be unable to work, which may be debilitating for them.

Many older persons in India, particularly in urban areas, live on their own, or alone with a spouse, as their children may have left home for a variety of reasons, such as taking a job elsewhere or setting up their own home. In rural areas, many young individuals leave their village to go to a town or city to seek work or an education, and they leave elderly parents behind, to till the land or work on their own.

A social and emotional vacuum often accompanies individuals' retirement, and enforced inactivity and social isolation may be hard for them to accept. Indeed, retirement may be a depressing stage in life for some individuals. A means of coping with such emptiness, both at a professional level and a personal level, is for the individual to be engaged in a worthwhile activity, either paid or voluntary, that gives him or her a sense of worth and a feeling of being useful in society. Such engagement can also help the individual to retain a sense of self-respect and dignity. Productive ageing is able to fill such a vacuum.

Doyen gerontologist, the late Dr. Robert Butler, rightly stated: "Productive Ageing is not only paid productivity, but unpaid, voluntary activity for one's family, for the community and even for one's self." He added: "The principal concept of productive ageing is to remain constructive in relationship to the larger society and immediate environment as long as possible. I think the downside to productive ageing is if it is only seen as work" (Butler & Gleason, 1985).

The Western concept of "productive ageing" initially referred to formal work for remuneration. Dr. Butler was the first to challenge this interpretation and to promote an Asian perspective of "productive ageing" (Butler & Gleason, 1985).

Dr. S.D. Gokhale, Founder and President of International Longevity Centre-India, has extended Butler's concept by calling it "participatory and productive ageing." Gokhale explains: "Productive ageing implies the participation in action-oriented policies and programmes aimed at guaranteeing social and economic security for the elderly as well as providing opportunities for them to contribute to and share in the benefits of development" (Gokhale, 1995).

The Indian perspective on productive ageing

In India, older persons' productivity is never measured in monetary terms. Within Indian culture older persons are encouraged to keep themselves busy, and to help contribute to the development of the society, without monetary gain.

Indian society has had the advantage of a strong family system and social networks that work as a safety net for retired and elderly individuals. Traditionally, the joint family system took care of its elderly, the physically or mentally challenged, and widows and widowers, giving them much needed solace, comfort and company. The elderly in India are viewed as the "conscience keepers" of society. They take care of their grandchildren, inculcating moral and traditional values in young generations through historical and mythological stories and legends. Participation in such activities has helped them to remain engaged and to feel wanted. It has also helped to strengthen the moral fabric of young Indians.

Older persons' engagement in unpaid activities is a value in Indian society, and a hallmark of not only Indian culture but also Asian culture. The activities may be of a spiritual or a religious nature. The Indian concept of spirituality, as propounded

by the ancient scriptures, has a direct relationship with productivity and gainful occupation of the elderly. Spirituality, which differs from religion – or the practice of any religion, affirms that “one does one’s karma (duty) without expectations,” which is adhered to most conscientiously in old age. To give to society without expecting any return (either monetary or appreciation) is the true essence of spirituality, as propounded by Asian culture.

Dr. Gokhale contends that productive ageing not only means working for wages. He points out that certain areas of work cannot be monetized but still need to be done by older persons in India, such as older women who carry out household chores and grandparents who care for grandchildren. Gokhale explains that even in rural areas certain village folk may have particular cultural and traditional roles to play which do not end with advanced age. In return for activities carried out in these roles, some elders are given food such as cereals, pulses, lentils and fruits (Gokhale, 1995).

In India, an older woman rarely retires from household chores, duties or responsibilities, but carries on performing or discharging them until she dies, or is no longer physically able to do so. This practice holds true in both rural and urban areas. By contrast, older men often have time on their hands, and few means of keeping themselves occupied or engaged.

Older persons’ participation in the work force

Modern India has given rise to a growing class of older persons who live on their own, or with their spouse only, signaling a slow erosion of the joint family system, particularly in urban areas. With children migrating elsewhere, both internally and internationally, some older persons left behind are frail and vulnerable, others are healthy and active. Some are able and willing to participate in activities that contribute to the development of society, albeit in a voluntary capacity, in order to keep themselves occupied. Some need to work, purely for remuneration

The 2001 Census of India recorded information on participation in the labour force in the following categories: Working – including part time or unpaid work; working on a farm; working in a family enterprise; and working in any other economic activity. Information was gathered for work during the past year. If an individual had worked for six months or longer, he/she was categorised as a “main worker”. If the individual had worked for less than six months, he/she was categorised as a “marginal worker” and a person who had not worked at all was categorised as a “non-worker”.

Table 1 shows the percentages of main, marginal and total workers among males and females in the age groups 60-69, 70-79, 80+ and 60+ years for India in 2001, according to rural or urban area, and in total. What is striking in the table is the substantially higher percentage of male workers (60%) than female workers (21%) in these age groups.

As expected, participation rates are seen to decline in the case of both males and females with advancing age. However, a sizeable percentage of males aged 80+, approximately a third, are found to be engaged in some kind of economic activity. Among females aged 80+, nearly 9 per cent are shown to work (Kanitkar & Shukla, 2005).

Table 1: Work force participation rates for males and females, by age group and three categories of workers, India 2001

Age group	Main workers	Marginal workers	Total workers	Non-workers	TOTAL
Males					
60-69	61.53	8.20	69.73	30.27	100.00
70-79	42.49	6.81	49.30	50.70	100.00
80+	29.94	4.69	34.63	65.37	100.00
60+	52.81	7.44	60.25	39.75	100.00
Females					
60-69	15.1	11.2	26.3	73.7	100.0
70-79	7.5	5.8	13.3	86.7	100.0
80+	5.0	3.5	8.6	91.4	100.0
60+	12.00	8.9	21.00	79.1	100.0

Source: Registrar General and Census Commissioner, Census of India, 2001 (computed from electronic data).

An urban-rural divide

Significant differences exist in India in the lifestyles of older urban dwellers and older rural dwellers. In the majority of subsistence agriculture based households in rural areas, individuals, male or female, work in fields or in related agrarian activities until they are no longer able to do so.

Table 2 shows that nearly two-thirds of males aged 60+ years in rural areas work, as against 44 per cent in urban areas. Similarly, the figures show that a quarter of older women in rural areas work, compared to only 10 per cent in urban areas. In rural areas women continue to work in fields or on farms until they are no longer able to do so.

Productive ageing and the revised National Policy on Senior Citizens of India

The National Policy on Older Persons of India (NPOP), formulated in 1999, made no mention of “productive ageing”. In 2011, the Ministry of Social Justice and Empowerment (the nodal ministry for ageing) drafted a revised national policy, to be known as the “National Policy on Senior Citizens, 2011”, which includes the concept of productive ageing in areas for intervention. Provisions made in the draft revised policy are as follow:

Table 2: Work force participation rates in India for males and females aged 60+ years, by three worker categories (percentages)

	Main workers	Marginal workers	Total workers	Non-workers	TOTAL
Urban males	40.7	3.4	44.1	55.9	100.0
Urban females	6.8	2.1	9.0	91.1	100.0
Rural males	56.8	8.8	65.6	34.4	100.0
Rural females	13.73	11.2	24.9	75.1	100.0

Source: Registrar General and Census Commissioner, Census of India, 2001 (computed from electronic data).

- The policy will promote measures to create avenues for continuity in employment and/or post-retirement opportunities.
- A Directorate of Employment will be created to enable seniors to find re-employment.
- The age of retirement will be reviewed by the Ministry due to increasing longevity.

The reference to productive ageing in the draft is not in accordance with the Indian concept or context of “productive or participatory ageing”, however. The more inclusive term, productive and participatory ageing, provides for a range of voluntary activities carried out by older persons.

Volunteerism and productive ageing

Dr. Gokhale, through International Longevity Centre–India, initiated the promotion of volunteerism of older persons in India. He realised that numerous older people want to engage in some form of voluntary activity, to keep themselves busy,

and he set out to create an opportunity for them to do so. In 2004, he started the Volunteers Bureau as a project of ILC India in Pune. The Programme Co-ordinator of ILC India listed the skills and areas of expertise of the senior citizens who registered as volunteers (a total of 450). The needs of organisations such as hospitals, orphanages, old age homes, and homes for the physically and mentally challenged for voluntary help were also documented. Volunteers' skills were then matched with organisations' needs. If convenient for volunteers and with their consent, "placements" are made.

Volunteers spend quality time, for example, with patients in hospitals when relatives are unavailable to visit them; tell stories to, and inculcate moral values in orphans at orphanages; help infirm and frail elderly in old age homes to carry out daily chores; and help physically or mentally challenged persons to undergo therapies. Such activities empower the volunteers, making them feel wanted and still useful, which in turn boosts their physical and mental well-being.

This endeavour of ILC India has been recognised by the Ministry of Social Justice and Empowerment as an "Innovative Programme". The ministry has requested ILC India to conduct training programmes in the four zones of the country to help create awareness of, and grow this volunteerism movement in India.

Another endeavour has been the establishment of a Third Age University by the University of Pune. The organisation encourages senior citizens, particularly those aged 80 years and over, to join the college to learn something new and even to undertake a PhD programme.

Numerous retired senior citizens are rekindling hobbies which they previously enjoyed but did not have time to pursue while they were working or minding a home. The hobbies are approached with new vigour, and are an effective means of keeping loneliness and depression at bay.

Senior Citizens Organisations of India (SCOs)

Over the past 15 years, the senior citizens organisations movement in India has gained rapid momentum. Senior citizens have organised themselves into well-set up formal and registered organisations at national, state, district and local levels. The organisations are run by senior citizens, for senior citizens. A major objective of the organisations is to keep members productively engaged in activities that benefit not only them but society as a whole. The organisations hold regular meetings, and other forums for the exchange of thinking and information. In short, they serve as a means to engage the members in productive and participatory ageing.

The All India Senior Citizens Confederation of India (AISCCON), the apex-level body of SCOs in India, is leading the cause of population ageing and is officially recognised as such by the Government of India. Several leading SCOs exist at

state levels. All of the organisations have active and knowledgeable members with expertise, who give direction and purpose to the movement. By joining an SCO, a senior citizen finds him-/herself in a hub of productive and worthwhile activities, which contribute to the development of society and advocate causes of older people. As strong pressure groups at government and societal levels, the SCOs play an important role in addressing the issues and concerns of older people.

Conclusion

Productive and participatory ageing is an effective means of empowering older persons to lead a healthy and dignified life, and to enjoy quality of life. To work for money or for satisfaction, and to keep oneself busy with work or hobbies – all constitute productive ageing. All stakeholders should work towards affording older persons opportunities and enabling them to make choices regarding productivity. India is rising to this challenge, albeit slowly.

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Chapter 7

Productive Ageing in Three Countries in the “South”: Argentina, Dominican Republic and South Africa

Monica Ferreira, Lia Daichman and Rosy Pereyra

Introduction

Challenges and opportunities for productive ageing, in an economic engagement sense, differ somewhat in countries in the “South” compared to countries in the “North.”¹ In the North, the majority of people work in the formal sector, and there is a presumption that they will retire once they reach a certain age. The presumption was introduced and is reinforced through pension and social security laws, in labour contracts and in public policies. In the South, the majority engage economically in the informal sector and do not retire as such. Neither do they have access to an occupational pension, but continue to work for as long as they are able. Conditions in countries in the South are thus not conducive to productive ageing in an economic activity sense; certainly not in the formal labour force. Indeed, numerous older persons in these countries face severe socio-economic challenges, yet have few opportunities to earn income. Nevertheless, the majority remain highly productive, albeit within a wider definition of the term.

The situation in three countries in the South – two in Latin America and the Caribbean region (Argentina and the Dominican Republic) and one in Africa (South Africa) – are compared to achieve understanding of conditions and opportunities for productive ageing in developing regions broadly. Demographic features of the older population in the three countries are shown in Table 1. It may be seen in the table that the stage of the demographic shift towards longevity and population

ageing is most advanced in Argentina and least advanced in South Africa, with the Dominican Republic falling in-between. The profiles may be significant in an assessment of older persons’ levels of productivity – defined here as engagement in the workforce – in these countries, as well as in an assessment of challenges and opportunities that exist for them in this regard.

Table 1: Demographic features of the population aged 60+ years in three countries: Argentina, Dominican Republic and South Africa

	Country		
	Argentina ¹	Dominican Republic ²	South Africa ³
Total population (million)	40 117 095	10,135,105	50 586 757
Population 60+ (million)	5.7	0.9	3.9
% of total population	14.3	8.0	7.7
Life expectancy at birth (years)			
– male	73	70	55
– female	80	74	59
Life expectancy at 60 (years)			
– male	18	21	14
– female	23	23	18
Labour force participation (60+) (%)			
– male	44	53	37
– female	11	22	16
Statutory retirement age (years)			
– male	65	60	60
– female	60	60	60

Sources: ¹ National Census, INDEC results (2010); ² National Statistics Office; ³ Statistics South Africa (2011); and UN Population Division (2009).

Argentina has the third highest percentage of older persons in the total population and the second lowest illiteracy rate of all Latin American countries (Argentinean National Census, 2010). Life expectancy without incapacity for persons aged 60 years and over in that country differs by gender: 15.2 years for males and 17.2 years for females (INDEC First National Research on Elders’ Incapacity (2002/2003)). Life expectancy at age 60 is highest in the Dominican Republic, compared to the other two countries, but life expectancy at birth is slightly behind that of Argentina.

The low life expectancy at birth rate in South Africa is due to sustained high mortality – mainly associated with HIV/AIDS.

Statutory retirement ages for men and women tend to be lower in developing countries (usually between 55 and 60 years), compared to developed countries, and reflect more incipient social security systems and lower life expectancies in developing countries (United Nations Population Division, 2009). Nonetheless, despite the paucity of jobs available to men and women aged 60 years and over in these countries, labour force participation rates for men and women tend to be higher than those for counterparts in developed countries: 24 per cent of men in developed countries versus 47 per cent of men in developing countries are economically active; the comparative rates for women are 14 per cent and 24 per cent, respectively (UNPD, 2009). Table 1 shows that the labour force participation rates of older persons in the three countries approximate the trend for men in developing countries, with a spike in the case of the Dominican Republic, but are somewhat lower than the trend for women – again, except in the case of the Dominican Republic, where the rate approximates the trend fairly closely.

In short, older persons in developing countries work until an advanced age, primarily because they are not covered by a security system and they lack an income, or because, even when covered, they receive a fairly low pension. The majority work in the informal sector. In some developing countries, economically vulnerable older people may be able to access a social pension.

Retirement policies and social security

Each of the three countries referred to in this chapter has a statutory retirement age of 60 years – with the exception of Argentina, where the retirement age for men is 65 years. Sixty-five years was also previously set as the retirement age for men in South Africa, but was gradually dropped over a period of three years to reach parity with the age for women – by 2010. With the exception of Argentina, only a small percentage of the population aged 55 years and over in the three countries is employed in the formal labour force – and will thus retire, presumably – but not necessarily, with an occupational pension. In the Dominican Republic, mandatory retirement at age 60 applies mainly in the private sector, particularly to low level positions. Pension levels in that country are low, Pereyra reports, and pensions are neither adjusted for inflation. Only 12 per cent of the population aged 60+ receives an occupational pension. In the public sector workers may apply to retire at 60 if they have worked a minimum of 20 years. Sixty per cent of males aged 60+ continue to work, as they fear they will not manage to live in dignity on the small pension they will receive.

In South Africa, retirement in the public sector is mandatory at age 60 or 65, varying according to the level of government, but is somewhat flexible in the private

sector, depending on the occupation and level of employment. Occupational positions where a low level of skills is required tend not to be flexible, whereas company directors may be able to negotiate a continuance of service. In South Africa, which has a multi-ethnic population, white workers historically occupied higher paid positions, with the exception of members of the new “black elite”, whereas the remainder of the workforce, referred to as “black”, has a lower level of education in general and typically holds low to middle range positions. These workers tend not to aspire to continue working beyond retirement age. Mandatory retirement rules in South Africa are largely influenced by the high youth unemployment rate in the country. Stringent affirmative action policy aimed at racial transformation of the work force, and the creation of opportunities to skill a largely unskilled and unemployed population have led to wide retrenchment practices before retirement age and encouragement of workers to retire early, to free up positions for younger workers. Workers with scarce skills (and experience) are more likely to aspire to work beyond retirement age, but are most times unable to do so.

Social security arrangements for age eligible citizens who lack an occupational pension vary in the three countries. Argentina’s social security system is one of the most inclusive in Latin American countries, with 60 per cent coverage of eligible beneficiaries aged 65 years and over in 2001, rising to 95 per cent at present. Daichman points out that the amount of social pensions paid to beneficiaries in Argentina has risen substantially in recent years, and that the amount previously paid was “unacceptably” low. Indeed, the increases in the number of pension beneficiaries and the amount of the social pension have lowered poverty levels by almost half (Roque, 2005).

In the Dominican Republic, a social security system was established recently, but payment of non-contributory pensions has not yet started. People engaged in the informal sector continue working for as long as they are able. The government has instituted a Solidarity Card to help underprivileged, unemployed and elderly persons who lack income financially, but only 8 per cent of beneficiaries under the programme are aged 60+. The amount of the benefit is equal to US\$175 a month. Beneficiaries under the Solidarity programme are included in the National Insurance Service, which affords them access to free health care, and a small subsidy for gas and electricity.

In South Africa, a relatively small proportion of the working age population is ever employed in the formal labour force, and only some of these persons may have access to an occupational pension at retirement; the remainder are either self-employed or engage in the informal sector, mainly in petty trading – and have no occupational pension. The majority of these individuals have not been in a position to provide financially for their retirement, and depend on the non-contributory but means-tested social old age pension: an amount of approximately US\$153 a month. A downside of receipt of the social pension, however, is that beneficiaries must be economically

inactive. In this sense, social pension benefits may be viewed as counter-productive, in that they discourage or prevent productivity in old age. Nonetheless, evidence shows that the majority of South African social pensioners do not aspire to work; rather, they value their “pensioner status”, which indicates their entitlement to a pension, which they view as a right (Ferreira, 2004). The South African government has no policies in place, in either the public or the private sector, to motivate, facilitate or incentivise productivity in old age – other than encouragement of “active ageing”, in the sense that the concept has been promoted by the World Health Organization (2002), and is interpreted as primarily health related, as in physical activity.

Clearly, as life expectancy increases, the traditional view that people should retire at a certain age becomes redundant and needs to be revisited – with respect to both public policies and private practices, including financial planning for retirement across the life course. In Argentina, some measures have been taken in the private sector to encourage workers to work longer, by offering retraining programmes and/or part-time positions. However, few such programmes and incentives are reported to be offered in the public sector.

Engagement in the workforce

Statistics of older men’s and older women’s participation in the work force in the three countries are shown in Table 1. It is noted that the participation rate of males is considerably higher than that of females. It is possible that in earlier stages of their life course the women were largely economically inactive, for whichever reasons, but interpretation of the statistics is difficult.

A factor militating against older workers’ engagement in the labour force in developing countries is the high rate of unemployment, particularly of youth. Argentina may be an exception in this regard: in the first half of 2009, the rate of unemployment was only 8.8 per cent. By contrast, South Africa has an unemployment rate ranging between 25 and 40 per cent across different sub-regions. In the Dominican Republic, unemployment was around 14.3 per cent in 2012. A high unemployment rate is a disincentive to employ older workers.

In Argentina, Daichman suggests that the problem of “productive ageing” revolves around cultural and economic values. While older people are expected to relax and enjoy acquired free time in later life, at the same time society rejects the notion of their being a burden to tax payers. She is of the opinion that it may be less a matter of older people’s reluctance to view it as an obligation on their part to be productive, or to work for remuneration, than there being a lack of opportunity for them to do so (IMERSO, 2008).

In South Africa, recent lowering of the age of eligibility for males to receive a social pension, from 65 to 60 years, was based on evidence that numerous males were being retrenched before they reached 58 years and were unable to secure another

position after that. They were being forced to wait until they reach 65 years, without income, before becoming eligible for a social pension. The government ultimately responded to a groundswell of dissent and lowered the age.

An urban-rural differential in rates of participation in the workforce in all likelihood exists in the three countries, but disaggregated figures are not available to analyse these differences. All countries in the South are experiencing a strong urbanisation trend, with numerous young adults migrating to cities, typically leaving ageing parents behind in rural areas, often with young grandchildren to rear. It is fairly certain that few jobs are available to older persons in rural areas, and that their care giving responsibilities, especially in the case of older women, are likely to prevent them from seeking and holding down a job. What is also certain is that older persons in these areas are likely to continue to engage in economic activities in which they engaged at earlier stages of their working life, such as petty trading and subsistence agriculture, to provide income and to augment social pension benefits.

What is notable in the Dominican Republic, Pereyra reports, is the advanced age of land-owners and farmers, whose capacity to engage in agriculture, considering their age, is compromised and diminishing further. Younger, able-bodied family members have migrated out of rural areas, and are not available to till the land, and to sow and harvest crops. Until 30 years ago, the country’s population was primarily rural based and unable to access formal employment. Hence, in rural areas older persons do not retire from an occupational position in the formal sector, and neither access occupational pension benefits, but continue to “work” for as long as they are physically able. In urban areas older persons are more likely to have worked in the formal sector, and to have some insurance. However, late-life in-migrants, typically in cases where elderly parents have followed their adult children to an urban area when they could no longer cope on their own in a rural area, will undertake housework and care for grandchildren, and may engage in volunteering.

Volunteering

Volunteering is common among older persons in virtually all developing countries, irrespective of their being financially secure or vulnerable. Voluntarism takes multiple forms of community service, leadership, political activism, education, mentoring, caring and development, as well as transmission of cultural traditions and norms. Volunteering activities are often led by older persons, or organised by non-governmental or community based organisations that serve older clients. Examples of volunteering are numerous and include:

- Campaigning against elder abuse – older persons make their voices heard in community and national forums, and march in streets bearing placards decrying abuse;
- Joining service organisations that serve older and younger clients, such as young children and wayward youth, and offering their services;

- Participating in inter-generational programmes, such as reading to children in creches or at after-school care facilities;
- Undertaking home visits to housebound, frail older persons, often as part of their church's women's auxiliary group;
- Engaging in food gardening, thereby helping to feed household members, and generating income through the sale of surplus fresh produce to benefit the individuals and their NGO.

In Argentina, Daichman points out, volunteering is not measured by the number of hours of dedicated work put in, but the value and quality of the volunteers' actions. Volunteering is said to make older people feel useful; they derive satisfaction from helping others. Although the country has a National Government Voluntary Programme, it has been less successful than expected. However, Daichman refers to a tradition of voluntary work in that country, since the forties and fifties – before and after World War II, carried out by different communities (Jewish, Spanish, Italian, and so on), which supported immigrants who escaped from Europe and helped them to settle. The same organisations later gave support to people who lost their job and sometimes their home after the economic crisis in 2001. The Tzedakah Foundation has numerous older persons in its volunteering programmes and other NGOs operate similar programmes, through which older persons participate in training workshops, which prepare them for productive work and offer them opportunities for personal fulfilment, such as writing books and editing journals. Although most of these initiatives are small scale, they are in line with policies aimed at promoting active and productive ageing.

In the Dominican Republic, volunteering is mainly done in children's and oncology hospitals. Some older persons do voluntary work through their church, or they may visit ill older people. Such volunteers are mainly from the middle and upper socio-economic classes. People of low socio-economic class typically take care of grandchildren while the parents are at work, and may not have time (and possibly neither an inclination) to volunteer. Older volunteers typically explain that they engage in voluntary work because it gives them a sense of usefulness. Some volunteer to be able to access certain benefits such as free health care. Others simply feel they are blessed and want to give something back to their community.

In South Africa, older persons have a strong tradition of volunteering – much of which involves caring for young and vulnerable children and for frail and housebound older persons. Older women, in particular, often organise and carry out these activities through their church group. In Khayelitsha, a township outside Cape Town, a group of older women, through their church group, started the Abigail Women's Project under which they render support and care services to frail and homebound older persons in their community. The activities range from home

visiting, to spiritual support, to social and income generating activities. Specific services include a soup kitchen and meals-on-wheels. The project was initiated, manned and steered by the women throughout, and management structures were set in place. After proving its sustainability, the project has since become a registered community-based organisation (CBO) (Keikelame, 2000).

Family care and other contributions

In countries in the South, older women are traditionally carers to family members, typically young grandchildren, but equally to other dependent relatives. They commonly care for grandchildren while the parents go out to work; or they may care for children full-time in a skip-generation household, where the parents are absent or live elsewhere, for one or other reason. The older caregivers invariably take responsibility for managing the household as well. Such care giving, which is unpaid, consumes a great deal of an older carer's time and energy, and is often a considerable burden on her. Caring for grandchildren or a dependent relative may mean the older person is unable to take a job and earn income, should he/she want or need to do so. Nevertheless, their care giving efforts are salutary, and in as much as the carers contribute directly to human capital development, so do they contribute to growth of the economy and development. Their activities may indeed be viewed as constituting productive ageing. However, the contributions have generally not been identified as such or documented.

In Argentina, the importance of informal care rendered to dependent relatives within a family context has become increasingly visible: in particular, care that grandmothers render to grandchildren, either occasionally or full-time. In some cases the grandparents assume a substitute parental role, requiring great effort on their part, to the extent that they are often popularly referred to as “granny slaves”. Such care giving, Daichman suggests, is typically a voluntary response to a real need – most often adult children's needs, such as having to go out, or go elsewhere, to work.

In the Dominican Republic, the International Longevity Centre is working with 14 other organisations to enhance the visibility of older persons' contributions. The organisations are participating in an elaboration of the country's Development Plan. Thus far, they have succeeded in having a dedicated chapter on the older population included in the Plan, which highlights the role that older people should be playing in a country with insufficient resources to meet the nation's needs.

In South Africa, the plight of older persons, grandmothers in particular, who care for adult children, and orphaned and vulnerable children affected by HIV/AIDS has come prominently to the fore in the past decade or two. The situation of these older carers has been described extensively in the literature (Monash & Boerma, 2004; HelpAge International/International HIV/AIDS Alliance, 2003).

The care giving is found to exact a heavy toll on the carers: physically, emotionally and materially. The responsibilities on the women are often so demanding that they neglect their own health and other needs. While the government acknowledges the care giving role that these women play, it has not responded as yet to the carers' needs, to support them in any demonstrable way. On the contrary, a recent ruling has removed older persons' eligibility to apply for foster care grants for grandchildren for whom they care in such situations. Although a lower value child support grant is still payable, based on need, the grandmothers are sent from pillar to post when trying to access the grant. Research has clearly demonstrated the anguish, exhaustion and fear for the future of older women carrying out this role, who simply sanguinely point out that they have no option but to care for their offspring.

Training and productivity programmes

Certain programmes are operated in the three countries to promote older persons' productivity. Some programmes have resulted from state policies, as in Argentina. That country's "Experience Counts" programme is a national training initiative that facilitates the transmission of traditional crafts and knowledge from older persons to younger generations. The experience is open to older persons and other people in the community interested in acquiring knowledge and skills in a specific area. Training is offered in four trade related areas: Building, weaving and knitting, carpentry and cooking. Essentially, knowledge and skills are recovered from older persons and made available to young and middle-aged persons in the community, which equips them to enter the labour market. This initiative, launched by the Social Development Ministry's Office for Social Policies for the Aged, is aimed at the promotion, protection and social integration of older persons. The policies are aimed moreover at strengthening the individual and collective identity of these "new social actors", and fostering their social participation, empowerment and development.

Based on a similar structure to that of Experience Counts, is the "Recovery and Transmission of Knowledge from Older to Young Prisoners" programme. This programme aims to recover and revalue the knowledge older inmates gleaned through life experience and/or training prior to arrest and incarceration, for transmission to younger generations of prisoners. The training workshops have a social-professional orientation, enabling not only the transmission of knowledge itself, but knowledge of prison life from an inter-generational perspective as well. The programme includes a training module for social work with workshop participants, which helps older prisoners to strengthen their work related capabilities and expertise. Such prisoners are fairly close to release or to entering probation, and are given additional information to prepare them for life after release. The programme is currently offered at Buenos Aires' DEVOTO prison (older prisoners), at the Moyana

Hospital Penal Service (older female prisoners) and at Ezeiza Penal Services Unit 3 (female prisoners).

Other training programmes for older persons in Argentina, either equipping them for work or simply for enrichment in retirement, are as follows: A national programme operated by the National Ministry of Education, complementing the National Campaign of Reading “To Read, Open Your Eyes,” based on the original concept of “Grandparents Telling Stories” (Abuelos cuenta Cuentos), co-ordinated by the NGO Mempo Giardinelli Foundation, advises all co-ordinators of these programmes. The Department of Middle Aged and Senior Citizens, established within the Faculty of Educational Sciences at the National University of Entre Rios in 1984, based on the University of the Third Age model, aims to fill a void created by retirement by offering intellectual, physical and recreational activities. In the same year, the Cultural Center Ricardo Rojas was established in Buenos Aires as part of the University Extension Department of the National University of Buenos Aires to offer educational courses, and opportunities for artistic expression and group reflection. Training courses offered to persons aged 50 years and over, aimed at equipping them for employment in the formal and informal sectors, draw in over 30 000 students a year. Although offering “non-formal” education, the courses require specific attendance on the part of students, conduct regular evaluation and offer final certification. The courses mainly pertain to Management and Marketing, Arts and Crafts, Communication, Computers, Tourism, Foreign Languages, Micro Entrepreneurship, Education and Community Services.

Daichman contends that older individuals who aspire to continue to work should undergo training to equip them to work as well as to empower them. At the same time, conditions and opportunities for them to participate in the workforce need to be improved. Such training and older persons’ involvement should include training courses, workshops and educational programmes, aimed at positive change of mindsets, and motivation to engage productively and to contribute to society. At the same time, social change is indicated, whereby society comes to perceive older people more positively and accepts them as active members of their community – irrespective of their residing in a community or in an institution. Key to older persons’ productive engagement moreover is their participation in decision making that affects them.

Pereyra explains that few retraining programmes are operated in the Dominican Republic – and then mainly in the banking sector. No formal or informal retraining programmes are run for older persons. However, the government has recently started a project to end illiteracy at all ages. The illiteracy rate among older persons, particularly women, is extremely high. A perception exists that training programmes will not benefit illiterate older people and formal programmes are not introduced for that reason.

South Africa offers no training or retraining programmes to equip older persons to become job seekers as such. However, numerous programmes are operated to teach literacy, and to empower older individuals in a variety of ways. Some programmes offer training in basic bookkeeping (for petty traders and micro entrepreneurs), while others teach courses in health maintenance, family planning and food production – which knowledge the older learners then impart to younger family members and groups of individuals in their community, and thereby foster human and social development.

Recently, the South African government launched a mentorship programme, recognising the dire skills shortage as a result of an exodus in the racially transforming labour force, with monetary incentives paid to retired professionals with appropriate credentials, such as teachers and nurses, but also to academics and engineers. The programme has had moderate success, in that it has not been optimally co-ordinated, promoted and supported by the government. Paradoxically, despite the launch of the mentoring programme, the government continues to proscribe against social pensioners' economic activity (they may not earn income if they are to remain eligible for a social pension). Ludicrously, income earned in old age would help to reduce social pensioners' dependency on welfare benefits, or at least delay these persons' entry into the welfare system, which would benefit the government economically and contribute to productivity.

Micro entrepreneurship

Given the few opportunities for formal economic engagement in countries in the South, numerous micro enterprises are started up in which the producers are typically older volunteers, who then benefit themselves and benefit the not-for-profit organisation with which they engage. Such projects or enterprises are operated in virtually all developing countries, but have not been well documented.

Two such micro enterprises in Argentina are as follow: 1) At the Martin Rodriguez Old People's Home and Home Viamonte in greater Buenos Aires, with a total of 977 residents, several residents carry out industries such as hairdressing, food gardening, baking special pastries for festivities, and making sweets, jams and fruit salads. 2) At John XXII Nursing Home in Caroya Colony, residents operate a soybean processing machine, donated by a Rotary Club – with a matching donation from the Italian Rotary Club, to produce soybean juice and its derivatives such as yoghurt and cheese. The soy pulp is used to make burgers and other meals and pastries. The products are sold as meals to older persons and other community members, who in turn benefit through healthy eating.

Two income generating projects in which older persons engage in the Dominican Republic are as follow: 1) In Vicente Noble, a town in the south of the country, a group of women, known as the Mothers' Club, has developed business projects

with the help of the Catholic Church. The businesses include a sheep and fish farm, and a hardware store. The projects provide employment for 12 women. A portion of the profits is given back to the community through a clinic that offers free health services. 2) In Dubeau, a community in the suburbs of Santo Domingo, a group of women grow vegetables on a farm and sell them to the public. Start-up capita for the project was provided by HelpAge International. Part of the profit is divided among the participants. The project has been running for more than 12 years.

In Khayelitsha, a township outside Cape Town in South Africa, a group of 13 female social pensioners between the ages of 60 and 80 years participate in a soap recycling project started to supplement their pension income. The NOAH Soap project participants meet weekly to make soap using leftover luxury soap donated by hotels. Not only does the work augment the women's income, but they report the time they spend with other soap makers gives them something useful to do. Socialising with other elderly people is fun, they say, and helps to lower blood pressure. Seventy per cent of the profits go to the soap makers, the other 30 per cent to the NOAH social club, and to cover packaging and marketing costs. The soap recycling project has a positive environmental impact, moreover, as it diverts soap from landfill sites and recycles the ingredients of high-quality soap, including palm oil. The project was recently commended at an environmental awards ceremony, held on National Recycling Day, as part of Clean Up SA Week (Cape Argus, 2012).

Activities of the NGO Grandmothers Against Poverty and AIDS (GAPA), headquartered in Khayelitsha but operated in several townships in the Western Cape and Eastern Cape, and in some neighbouring countries, which supports grandmothers affected by AIDS in their household or family, include handicrafts, garment making, baking and food gardening, with the grandmothers selling their products, as well as second-hand clothing donated to the NGO, through a shop which they manage. The profits from the shop are distributed among the participants, with a small portion ploughed back for development of the activities. The women are also remunerated for minding young school children and reading stories to them at an after-school care centre operated by GAPA. GAPA's micro enterprises thus focus specifically on income generation to help reduce poverty and to empower the women. The women in turn are active and productive, benefit emotionally through purposeful engagement with supportive peers, and contribute to development broadly (see www.gapa.org.za).

Conclusions

The definition of productive ageing in the South has to be fluid, and must cover a variety of activities in which older persons engage – individually or collectively, mainly in the informal sector and not necessarily for remuneration, given the few opportunities available to them for participation in the formal labour force.

Many older persons in these regions engage in volunteering, and the activities are typically linked to non-governmental or community-based organisation projects, often operated, or steered by older persons. Overall, older persons' productivity in the three countries outside the formal labour force has not been identified as such or documented, nor given a social or economic value. Information on older persons' engagement in the formal labour force in the countries, such as it is, is sketchy as well.

Although robust rhetoric on the benefits of active ageing, inspired by the United Nations and the World Health Organization, exists in the three countries, the focus has been on the benefits for health, such as physical activity, and the promotion of social inclusion, as opposed to a sedentary life style, social isolation and depression, for example. Working for income, outside of necessity, is not viewed widely in developing countries as a desirable, optional pursuit or value in later life, neither encouraged as such. Yet, given the high levels of poverty among older people in these countries and regions, productive ageing, in a paid labour sense, is often more an economic than a social necessity. Nonetheless, older individuals contribute to the enhancement of the well-being of kin and others in their community, and thus to development in myriad ways.

Challenges to productive ageing, in the sense of engagement in economic activities in the formal sector, will continue to prevail in these regions for quite some time and for a variety of reasons. It may be argued that a corps of older workers will contribute to economic growth and development in countries in the South. Conditions that will contribute to a greater number of opportunities in the countries for older individuals to be economically active include deregulation of mandatory retirement rules, the formulation of more flexible retirement policies, the institution of more flexible service conditions – including part-time work and staggered retirement; the introduction of age friendly work environments; reform of the tax benefit work system to encourage older people to enter or remain in the labour market; retraining of adult workers from the age of 55 years; the creation of new economic sectors tailored for older workers; enhancement of intergenerational solidarity and greater recognition of diversity; elimination of discrimination based on age and gender in the workplace; promotion of participation and socio-economic inclusion; and encouragement of shared decision making.

Programmes that generate work for older persons in these countries should not be viewed as constituting social expenditure but social investment. At this point, the governments of countries in the South do not view economic activity of older workers as a priority. A change of mindset and openness are therefore indicated, nationally and progressively, in public and private, and formal and informal sectors, on the value and benefits of older persons' paid and unpaid contributions – or, simply, activity and productivity in later life.

Note

- 1 The terms “North” and “South” are used here to refer broadly to “developed” and “developing” countries. The United Nations identifies developed (or, “more developed”) regions as being all regions of Europe and North America, Australia/New Zealand and Japan, with remaining regions being “less developed” (UN Population Division, 2009). The three countries in which productive ageing is examined in this chapter are thus all in developing regions as well as in the southern hemisphere – hence, the South.

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Chapter 8

Conclusion – Productive Ageing: A Cross-country Comparison

Monica Ferreira

Much more than we think, successful aging is in our hands. However, what we can do for ourselves will depend on the opportunities and restrictions that we encounter as we age, of the attitudes and the expectations of others towards elders and the policies of our society.

Rowe and Khan, *Successful aging*, 1999

The chapters in the monograph explore conditions and opportunities for productive ageing in 11 countries. The point of departure in the majority of the chapters is population ageing and increasing longevity, and the implications of these demographic processes for individuals, economies and societies: particularly regarding economic sustainability and income security in old age. Typically, the population profiles shown in the chapters are followed by an exploration of the merits and benefits of older persons' continued engagement in the workforce – for them, the economy and society. A motivation given is that people are living longer and will have a longer retirement period than their predecessors. Consequently, individuals have an obligation, arguably, to ensure they have adequate financial provision for this stage of their life, and do not become a burden on others or the state. At the same time, society must change negative perceptions or stereotypes of older persons to a positive view, and facilitate and support their productivity in old age.

Another case made out in several chapters is the free-fall of welfare and pension systems, in a number of developed countries in particular, which is putting pressure on societies to encourage and facilitate continued economic engagement of workers. Hence, in several countries, developed countries in this case, measures

are in place to encourage individuals to remain active in the workforce. However, not all workers may aspire to do so, while others may aspire to, but are stymied by restrictive or unfavourable conditions in the workplace. Overall, the chapters point out that older persons engage nevertheless in a variety of unpaid, or voluntary activities. Commensurately, the chapters argue that all older persons should have opportunity for self-enrichment, through engagement in meaningful activities – be they in the form of volunteering, education or leisure related, or some other form.

It is evident in the chapters that productive ageing is viewed widely as encompassing, or as being predicated on, or underpinned by healthy and active ageing. Although the concepts of “active”, “healthy” and “productive” ageing are not unpacked explicitly, or clarified conceptually in the chapters, the monograph focuses clearly on productive ageing, with active and healthy ageing viewed as intrinsic, or contributing to such productivity. The chapters dwell primarily on Robert Butler’s conceptualisation and elaboration of the term “productive ageing” (see Chapter 1), and how such activity should be promoted and institutionalised in society. In some chapters, the concepts of active, healthy and productive ageing are acknowledged as being inspired by the work and thrusts of the World Health Organization and the United Nations. The different terms are in no way at odds with productivity as such, but rather enable and support it. In some chapters the authors view the concepts as collectively contributing to “successful ageing”. In sum, the chapters reiterate and reaffirm Butler’s concept, and acknowledge its fluidity and inclusivity in terms of activities that constitute productivity. Butler strongly contended that productive ageing refers not only to paid productivity, but to unpaid voluntary activities – that benefit one’s family, the community and one’s self, as well.

All the chapters underscore the benefits of productivity in old age: for individuals, the economy and societal development. Indeed, several chapters, particularly those emanating from developing regions, emphasise the contribution of productivity in later life to the development of the nation. Hence, the chapters underscore the potential of older workers to strengthen the economy: as a human resource, and through the application of their skills and expertise. Equally, the productivity is shown to benefit the health and well-being of individuals who are productive, and to contribute to their life satisfaction. Later life, or retirement, it is argued, should not play itself out in a vacuum, but offer opportunities for individuals to enrich their life.

Several chapters provide encouraging rates of older workers’ participation in the workforce, disaggregated for men and women, some broken down by age group and level of engagement. However, the rates, and the availability of such rates – and indeed the actual levels of engagement, vary across the countries, with

rates for developing countries underrepresented. The chapters neither indicate differences in workforce participation rates in urban areas and rural areas. A gap in knowledge exists in this regard, but it may be accepted no doubt that participation rates will no doubt be lower in rural areas than urban areas, and lower for older women than for older men in both rural and urban areas.

Policies

The conditions and opportunities for productive ageing in the countries, as analysed and described in the chapters, are no doubt largely a product of national policies that either impede, or encourage and support such productivity. To this end, the chapters describe what relevant policies there are in the country or countries; what labour legislation there is on older workers; what policies there are that incentivise their productivity; and what policies there are that indeed facilitate (or impede) it. The facilitation and support of productivity in this sense are examined within a broad definition of the term, and include training and retraining programmes, life enrichment programmes, volunteering initiatives, and so on. Conditions and opportunities for productive ageing in a country will ultimately be shaped by prevailing attitudes towards and stereotypes of older persons and older workers, which in turn will create the conditions and opportunities, or barriers to productive ageing.

Although fairly remarkable developments in policy and practices regarding the employment of older workers are described in the chapter dealing with the United Kingdom, Japan and France (Chapter 2), for example, and in the chapter on the situation in the Netherlands (Chapter 3), the analyses suggest nonetheless that the labour sector may not be responding optimally to changes brought on by longevity. Corporate attitudes towards older workers, influenced by stereotypes, need further change. Advances in technology may present challenges to some aspirant older workers, and the creation of justifiable space for them in the workplace, and offering them retraining and upskilling need addressing more fully. Moreover, the corporate sector may still need to fully embrace the values of life satisfaction, choices and involvement of older persons and older workers – which indeed strengthens an argument that longevity, health and productivity in old age are inextricably interlinked. Increasingly, older workers will live longer and be healthy enough to continue working longer, while working longer will contribute positively to their health and well-being, and their productivity will benefit the economy.

Policy reform to encourage and facilitate productive ageing should involve both the public and private sectors working together to foster older persons' participation and inclusion in the work force. The case in Japan is interesting and exemplary: The government took pains to consider the diversity of conditions found in various industries and workplaces, which potentially impede or support older workers' participation and inclusion. Corporations subsequently designed and implemented

a suite of innovative employment policies to suit particular circumstances in different workplaces (Osako, personal communication, 2012).

In several countries, however, no policies encourage older persons explicitly to be productive; indeed, several policies hinder their uptake in the workforce. Such policies may remain shaped by realities such as a high unemployment rate, in both developed and developing countries. Such a reality would require that occupational positions be freed up through mandatory retirement rules, as well as enforced by early retirement and retrenchment policies to afford newly skilled but unemployed (and increasingly disillusioned and disaffected) younger aspirant workers access to the labour force.

A broader definition of productive ageing

What is evident in the chapters, in line with Robert Butler's conceptualisation of productive ageing – as referring not only to paid employment but also to unpaid contribution, is that forms of productivity in old age in different countries are wide ranging. Particularly in the chapters emanating from countries in developing and emerging regions, as well as in the chapter on the situation in Israel and Singapore (Chapter 5), volunteering is identified prominently as a form of productivity in later life. The chapters point moreover to the sense of satisfaction that volunteering provides older volunteers and the significant contribution that volunteering makes to social development, specifically in under-resourced communities and settings. Several examples of good volunteering practices, in a wide variety of settings, are given in the chapters. Some volunteering projects are shown to be micro enterprises that generate supplementary income for the volunteers, and helps to support and develop the initiative. Older persons' lobbying, advocacy, activism, and self and group empowerment are also identified as forms of productivity. Indeed, empowered older persons, through training and retraining programmes and opportunities – for example, are shown to play important roles as agents of change. In this way, the chapters in this monograph indeed put pay to any misperception that productive ageing is essentially monetized and carried out within the formal labour force.

In sum

In sum, the chapters address issues of productive ageing thoughtfully and creatively, as well as critically, and contribute knowledge and offer new perspectives in this area. What emerges remarkably in the analyses are the phenomenally advanced stage of Japan's integration of older workers in the labour force, the proactive strategies of the Netherlands to strengthen older persons' participation in the workforce, and Singapore's enlightened policies and action in this area. A tension exists understandably between the effects of pension reform, with raises in the retirement age in

these countries, translating into workers having to work longer, while some may not aspire to do so. At the same time, several countries are striving to avoid a shrinking workforce because of a declining number of workers, as in Japan.

Health, longevity, and an ability and desire to work longer typically add up. Evidence is increasing, albeit linked to an individual's education level, that working longer and being healthy equate with extended working life, and vice versa. Individuals with a low education level, who may have worked mainly in physically demanding jobs, may be less healthy and have less desire to continue working than individuals with a higher level of education who held professional or executive positions. Nonetheless, barriers to continued working exist, albeit variably across regions and countries. Indeed, the chapters show that the conditions and opportunities for productive ageing vary fairly starkly between developed and developing regions.

Overall, ageist employer attitudes, and non-age-friendly policies and workplaces continue to militate against older workers' participation in the workforce. Employee attitudes and preferences to continue working after retirement, as opposed to engaging in other, unpaid activities and pursuits – given the choice, are variable and not as yet clear-cut.

There can be no doubt that the majority of older persons, in all countries covered in the chapters, contribute significantly to their community and society, but which contribution is not fully recognised as productivity. Ultimately, a desire to continue to work is about individuals' choices and options – but the options depend on conditions in the society, which include attitudes and realities, and change needed: in the society, in its institutions and systems, in the workplace and within its people.

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**Productive Ageing
Conditions and Opportunities**

A monograph

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Published in 2012 by

Fakulta humanitních studií Univerzity Karlovy v Praze /
Faculty of Humanities, Charles University in Prague
and International Longevity Centre Czech Republic –
Centre for Expertise in Longevity and Long-term Care
Faculty of Humanities, Charles University in Prague

1st edition

Editors: doc. MUDr. Iva Holmerová, Ing. Jana Jeníčková, Ph.D.

Reviews: MUDr. Božena Jurašková, Ph.D., Mgr. Petr Veleta, Ph.D.

Proofreading: Prof. Monica Ferreira, Mgr. Roman Lang

Designed by: Mgr. Roman Lang

Printed and bound by: AMOS Typografické studio, spol. s r. o.

ISBN 978-80-87398-31-9

The monograph is intended to highlight positive aspects of ageing and longevity, and the increasing potential these processes offer individuals and society, as well as to explore determinants, conditions and threats to prospects of productive ageing and longevity. It embraces and supports the concept of productive ageing propounded by a co-founder of International Longevity Center (ILC),^{*} Dr. Robert N. Butler, and articulates his leadership in this area. Dr. Butler first introduced the term “productive ageing” in a seminar on dependency and long-term care in Salzburg, Austria in 1982. He emphasised that the term should focus on positive aspects and the potential of ageing. Productive ageing is thus an antonym and an antidote to negative views of ageing, which Butler referred to as “ageism” – indeed, another term he coined, in his 1975 Pulitzer Prize-winning book *Why Survive? Being Old in America* (1976).

The monograph brings together perspectives from the 11 of 14 ILCs operated on four continents at present. The chapters, which interpret “productive ageing” in the sense that Dr. Robert Butler intended, explore intersections of health and work, at the same time taking cognisance of existential challenges to individuals and societies. Outcomes of the chapters represent an overview of the state of paid and unpaid economic activity of older persons in the countries, and a range of constraints to productive activity and social participation, as well as offer solutions and suggest approaches towards fostering productive ageing in multiple forms and optimising capacity for such productivity.