

**Population ageing and its gender dimensions:
the direct and indirect impacts on women
(A synthesis of literature with evidence from the Asia-Pacific region)**

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as part of 2015 UN Sabbatical Leave Programme)**

Table of Contents

1. Introduction.....	5
2. Population ageing and its feminization – evidence and determinants	9
2.1 Population ageing and its feminization: a key emerging priority for the Asia-Pacific region	11
2.2 Gender dimensions of the demographic determinants of ageing	15
3. The direct impacts of population ageing on women: economic and social vulnerabilities of ageing women	19
3.1 Women’s poverty and vulnerability in older ages due to life-course disadvantages	20
3.2 Other gender-specific vulnerabilities of women in older ages.....	28
3.3 The need for gender-sensitive strategies for actions on ageing	40
4. Indirect impacts of population ageing on women across all age groups and related implications (special focus: increased care needs)	50
4.1 Why is it important to “care about care” in the context of population ageing?	51
4.2 The economy of care and its gender dimensions	53
4.3 Actions to address women’s unpaid care-giving burden and responsibilities in the context of population ageing.....	66
5. A future gender-sensitive research and global development agenda for actions on ageing.....	74
6. References.....	83

List of Figures

Figure 1: Population 60 years or above, by development region, 1950-2050, millions.....	10
Figure 2: Population aged 60 years or over, 1950-2014 and projected up to 2050, percentage.....	11
Figure 3: Population pyramid, Asia and Pacific, 1950, 2012 and 2050, percentage of population	12
Figure 4: Share of male and female population in the total population, 60+ and 80+ years, Asia and Pacific, 1950-2050, percentage.....	13
Figure 5: Women and men by age groups, Asia and the Pacific, 2013, percentage	14
Figure 6: Male/female illiteracy rate, ages 60 years and above and gender gap, 105 less developed countries, 1980-2010, percentage.....	21
Figure 7: Labour force participation rates, gender disparities, selected South-Asian countries, various years (2009-2012), percentage	22
Figure 8: Proportion of women and men 60 years or over in marital union, world regions, 2008	29
Figure 9: Population 60 years and above living alone, by sex, world regions, around 2005, percentage.....	31
Figure 10: “Subordinate” older persons, by sex, world and development regions, 2005, percentage.....	32
Figure 11: Legal coverage: old-age pensions, by region, latest available year, percentage. 39	
Figure12: Women and men aged 60 years and above who state that their income is atleast adequate, 1995-96, percentage.....	40
Figure 13: The care diamond.....	53
Figure 14: Time spent: paid and unpaid work, by sex and region, 1999–2008, hours/day..	57
Figure 15: Female minus male unpaid working time, population 15-64 years and over, selected countries, 1998-2009, minutes/day	58
Figure 16: Forms of work and the System of National Accounts 2008.....	62

List of Tables

Table 1: Total fertility rate, Asia and the Pacific, children per woman	18
Table 2: Gender pay gap, selected Asian countries, percentage.....	23
Table 3: Distribution of agricultural holders by sex, selected Asia-Pacific countries	25
Table 4: Healthy life expectancy versus life expectancy, by gender, selected Asian countries, 2007.....	35
Table 5: Recommendations for gender-sensitive intersectoral actions for ageing	42
Table 6: Programme/policy provisions for addressing women's unpaid care-giving responsibilities and burden	68

1. Introduction

The world is facing a transition towards a significantly older population and the number of older people is growing at a fast pace. Population ageing is a progressive and rapid global phenomenon affecting all world regions, and the population aged 60 years and over is growing at a rate faster than the total population in most world regions. In the Asia-Pacific region, while ageing is a phenomenon that may be currently affecting countries to varying degrees, all countries in the region will be affected at one point or another and the severity of related challenges would depend not only on “level of economic development” and “the stage of ageing”, but also on “the level of preparedness” (Economic and Social Commission for Asia and the Pacific [ESCAP], 2005, p.235).

Globally, women are known to form the majority of older persons, since evidence suggests that women live longer than men (United Nations Population Fund [UNFPA] and Helpage International, 2012; United Nations Department of Economic and Social Affairs [UNDESA], 2013; World Health Organization [WHO], 2007). While there exist certain common basic needs and concerns for both women and men as they age, women and men age differently – not just physically and physiologically, but emotionally and socially as well (Helpage International, 2002). Gender relations and related discrimination play a significant role in influencing women’s life-course, the adverse impacts of which, are not only on-going for women, but also cumulative for women as they age. Men too may face marginalization in their older ages, given their socially defined role as bread winners and their status in society determined by their ability to earn income (Knodel & Ofstedal, 2003; Gibson, 1996). Discrimination on grounds of old age for both women and men is perhaps prevalent in every society, but gender-based discrimination and ageism¹ create a “double jeopardy” (Chappell and Havens, 1980, as cited in Knodel and Ofstedal, 2003, p.680; World Health Organization [WHO], 2007, p. 3) for women in particular.

Given the anticipated enormity of the population ageing across all world regions, including Asia and the Pacific over the coming decades, it is crucial to take stock of this phenomenon to highlight the magnitude of issues and draw attention to the fact that the needs and concerns of older women and men are different. They are most often overlooked in social and development policy at a time in their lives when their material and physical

¹ Stereotyping and/or discrimination against individuals or groups on the basis of their age

resources diminish. At the same time, the phenomenon of ageing brings with it additional responsibilities and burdens on the younger generation, which is also often not adequately addressed or supported through socio-economic policy.

The speed and scale of ageing and its intertwined socio-economic consequences call for an urgency of related interventions by policy-makers in order to address the challenges of not only sustaining economic growth, but providing economic and social security to both women and men. As the development community prepares for the roll-out the sustainable development agenda beyond 2015, there is need to start thinking about approaches which will support and address the specific needs and concerns of both women and men as they age, and those already in their old age, as well as of the younger generation that will be carrying additional responsibilities due to population ageing. The effectiveness of ageing-related policies to a large extent would depend on whether they specifically target and reach out to the most vulnerable segments of the ageing population.

In light of the above, the study seeks to explore, take stock, and synthesize the discourse on population ageing, with a particular focus on of the vulnerabilities of women. It seeks to gather and collate evidence to highlight and demonstrate the overall enormity of the issue of ageing, its increasing feminization, why it should matter to countries and policy-makers across the world, and in Asia and the Pacific in particular. Although ageing is a wider demographic transition and matters to economies and societies as a whole, women's greater vulnerability emanates from the age-based discrimination in addition to the cumulative effects and severe disadvantages of gender-based discrimination that they face throughout their lives in most societies and economies. Appropriate care and support for this vulnerable group is therefore a priority.

The broad objective of the study is therefore to explore the literature to understand the direct and indirect impacts of the phenomenon of ageing on women. This is approached from two perspectives:

- i. Given the evidence that women live longer than men, the study seeks to explore the economic and social vulnerabilities that ageing women face. Gender inequalities affect women's access to education, employment, nutrition, health care and other welfare services throughout their lives, and such inequalities persist and generally become more difficult to rectify as women grow older. Older women therefore,

generally lack resources, social support or legal protection to access equal opportunities and services as men. Therefore, there is not only an increasing need for governments to provide services to protect the rights of the elderly, including social security, pensions and health care, besides suitable housing, transportation systems etc. in general, but it is critical that women's diverse life-courses and their specific vulnerabilities are taken into account in designing these systems and interventions. However, this does not mean that elderly women are in a disadvantaged situation as compared to elderly men in all circumstances. There is in fact another school of thought, which emphasizes that contemporary discourses on ageing are 'feminized' to the extent that even the possible existence of disadvantages faced by elderly men over elderly women are completely overlooked (Flemming, 1999).

- ii. In addition to the vulnerabilities faced by ageing women themselves, discussions pertaining to the effects of the phenomenon of ageing on women would not be complete without also accounting for the challenges and vulnerabilities faced by women in general, across all age groups, as a result of the phenomenon of population ageing. One such critical issue is the increased burden of care work in families and societies due to an ageing population. Ageing has critical implications for care work, and care-giving, whether for children or the elderly, has traditionally engaged women across all age groups in most societies (Razavi, 2007). If it were not for the predominantly unpaid contributions of younger and even older women in families and communities, such care services would have to be purchased or publicly funded. Thus, recognizing and supporting women's unpaid care-giving contributions for the elderly, and strengthening related socio-economic programmes also merits urgent attention for the benefit of not only women engaged in such unpaid care-giving services, thereby enabling the recognition and empowerment of these women as active contributors in the "maintenance of social capital" (World Bank, 1997, as cited in Folbre, 2006, p.185), but also for the benefit of economies and societies as a whole and the overall development process.

The study canvasses a combination of secondary sources such as academic journals, publications and reports by international development agencies, secondary analyses by experts, media reports, as well as published data. The effort to review the literature is biased towards primarily taking stock of the evidence and systematically summarizing, integrating

and synthesizing the discourse, while reporting common findings from various sources/authors to mainly highlight the issues. The study attempts to identify future areas for research, analysis and actions on ageing to the extent possible. However, as such, the study does not extensively critique, evaluate or assess each piece of literature or draw final conclusions. It must be emphasized that while ageism affects both women and men in one way or another, the focus of the study primarily centers around women's vulnerabilities, and attempts to integrate any opposing points of view as expressed by various writers for a more balanced perspective. To back the discussion with evidence, examples from the Asia-Pacific region are provided where available, with some global comparisons.

This study is organized as follows. The next section summarizes the data and evidence on the magnitude and determinants of the phenomenon of population ageing and its increasing feminization. Sections 3 and 4 specifically discuss the effects of the phenomenon of ageing on women. Section 3 covers the first part i.e. summarizes the discourse related to the economic and social vulnerabilities faced by ageing women and related policy interventions, including the indispensable need for gender sensitive social protection systems. Section 4 covers the second part i.e. looks into the implications of the wider phenomenon of population ageing on all women in general, particularly from the perspective of increasing care needs and the related impact on women as primary care-givers for the elderly in households and communities, including the consequences of the invisibility and non-recognition of such work in economies. Section 5 briefly identifies key issues for consideration in future research and analysis, actions and a global development agenda on ageing, either as highlighted in the literature or as determined from the observations made through the literature scanned in this study.

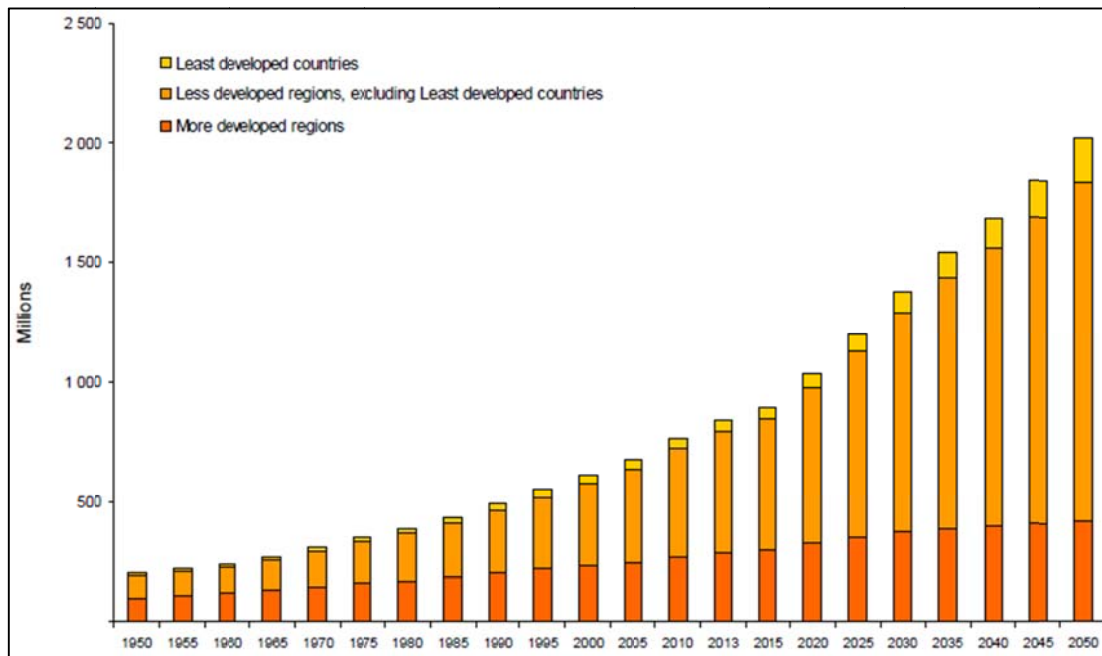
The United Nations uses 60 years and above to refer to older people, while in some countries 65 years is used as a reference point. For the purposes of this study, unless otherwise specified, older persons are considered to be those 60 years and above, and oldest old are considered to be those who are 80 years and above.

2. Population ageing and its feminization – evidence and determinants

In the year 2000, the number of persons aged 60 years and over was greater than the number of children below 5 years; and by 2050, there will be more older people than children below 15 years (United Nations Population Fund [UNFPA] and Helpage International, 2012). The speed of population ageing (i.e. proportion of population aged 60 years or over) globally increased from 8.6 to 11.1 per cent during 1980-2010, with an absolute change in the proportion being larger in more developed regionsⁱ (6.3 per cent) as compared to in less developed regions (2.3 per cent). Ageing is expected to accelerate globally to 18.6 per cent by 2040 (United Nations Department of Economic and Social Affairs [UNDESA], 2013).

Population ageing varies across world regions as illustrated in figure 1. Ageing is a relatively recent phenomenon in developing countries as compared to most developed countriesⁱ, where ageing has been taking place for many decades. However, the rate of growth of the older population in developing countries is significantly higher than in developed countries (UNDESA, 2013). This would mean that by 2050 the older population of the world will increasingly be concentrated in less developed countries and regions. While in 2012, Japan was the only country in the world with greater than 30 per cent of its population over 60 years of age, it is expected that by 2050, there will be at least 64 countries where 30 per cent of the population will consist of older people (UNFPA and Helpage International, 2012).

Figure 1: Population 60 years or above, by development region, 1950-2050, millions



Source: United Nations, Department of Economic and Social Affairs, Population Division (2013). World Population Ageing, p.11

Over the last few decades the feminist awareness of ageing has emerged, with increasing awareness of what is known as "the problem of old women" (Gibson, 1996, p.433). Evidence suggests that women tend to live longer than men leading to a higher proportion of women in the 'at-risk group' (UNDESA, 2013). Henrard (1996) explains that one of the most striking features of demographic ageing is the gender difference in longevity, with the declining mortality of women, especially the very elderly women or the oldest old group. The consequence of this is that gender imbalance increases with age and also widens with time. This process is described as the "feminization of later age" (Arber & Ginn, 1993, as cited in Henrard, 1996, p.668).

In 2012, worldwide there were 84 men for every 100 women (sex ratio) aged 60 years and above, and 61 men per 100 women aged 80 years and above (UNDESA, 2012). However the sex ratio varies considerably by region. In 2013, for persons aged 60 years and above, the sex ratio was 91 and 88 men per 100 women in Asia and Oceania respectively, while for Europe the sex ratio was much lower at 72 men for 100 women (UNDESA, 2013). For the oldest old, Europe had twice as many women as there were men, whereas in Asia and Africa, the ratio was approximately 1.5 women for every man in that age cohort. Thus, overall

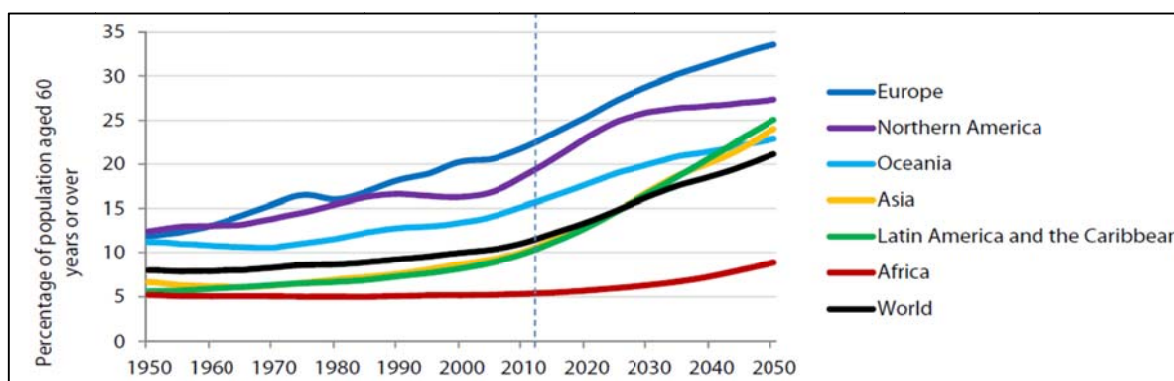
female predominance in the older ages is lower for instance in the Asia- Pacific region as compared to Europe (UNDESA, 2013).

2.1 Population ageing and its feminization: a key emerging priority for the Asia-Pacific region

In 2012, 11 percent of the population in Asia was 60 years and above, while in 2050 this figure is expected to double (UNFPA and Helpage International, 2012) as illustrated in figure 2. In 2013, in absolute numbers about 490 million older persons lived in the Asia-Pacific region (ESCAP, 2013a). This amounted to about 11.4 per cent of the total population of the region or about 60 per cent of the world's older population. By 2050 it is expected that older persons will comprise about 25 per cent of the total population in Asia and the Pacific or 61 per cent of the world's older population. The number of people over 65 years of age in the region will nearly treble from approximately 300 million to 900 million during 2012-2050. This would imply an increase from 8 to 18 per cent of the total population in the region (ESCAP, 2013b).

While the demographic transition in the region is varied with some countries encountering the change sooner than others, it is expected that by 2050 there will be an overall fundamental demographic change with one in four people in Asia and the Pacific over the age of 60 years (UNFPA and Helpage International, 2012).

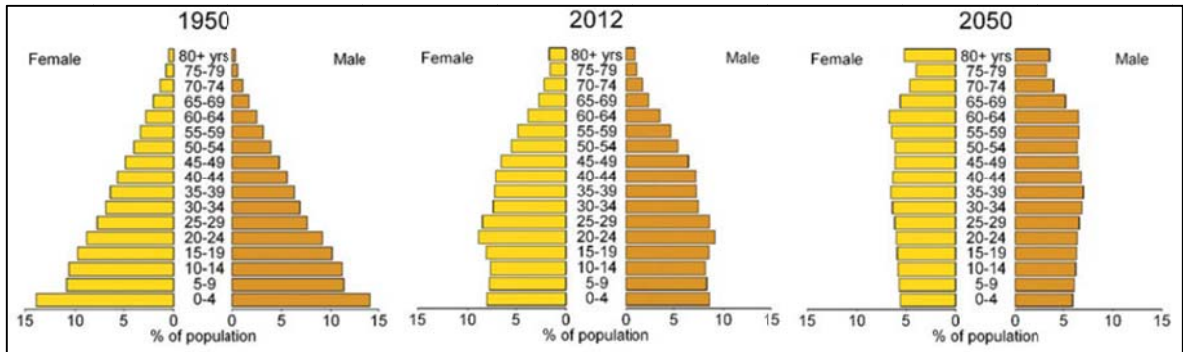
Figure 2: Population aged 60 years or over, 1950-2014 and projected up to 2050, percentage



Source: United Nations, Department of Economic and Social Affairs, Population Division (2013), World Population Prospects: The 2012 Revision, as cited in United Nations, Department of Economic and Social Affairs, Population Division (2014). Population ageing and sustainable development. *Population facts*, 2014/4, p.1

The population pyramid for Asia and the Pacific (figure 3) illustrates that a transformation is taking place from a wide base of a younger population in 1950 to a more rectangular shape due to an ageing population by 2050.

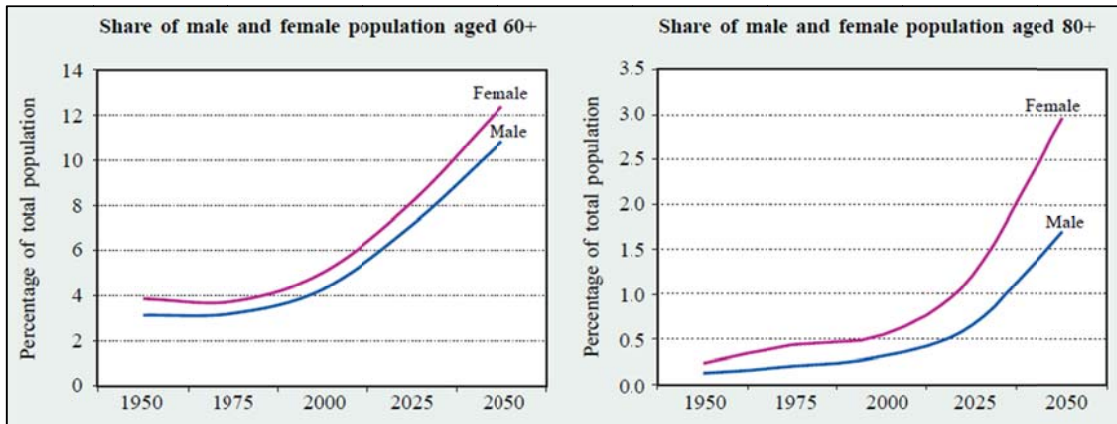
Figure 3: Population pyramid, Asia and Pacific, 1950, 2012 and 2050, percentage of population



Source: Economic and Social Commission for Asia and the Pacific (2013). Statistical Yearbook for Asia and the Pacific, p.1

However ageing has a progressively gendered experience in the region, with the share of women 60 years and above expected to increase from about 5 to 12.4 per cent of the total population during 2000 to 2050, while the share of men is expected to rise from 4.3 to only 10.8 per cent as illustrated in figure 4. A sharp increase in the share of women over the age of 80 years in the total population is also expected during this century (United Nations Economic and Social Commission for Asia and the Pacific [ESCAP], 2005).

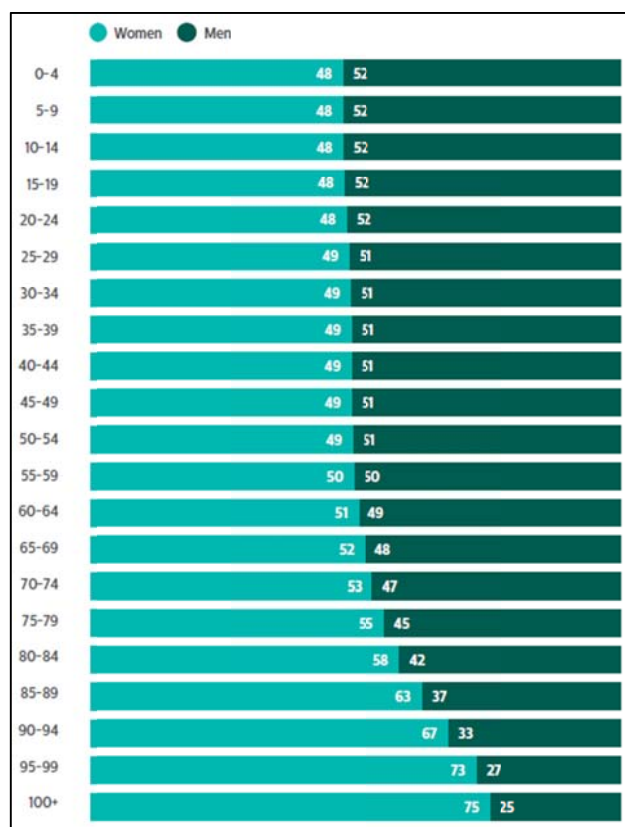
Figure 4: Share of male and female population in the total population, 60+ and 80+ years, Asia and Pacific, 1950-2050, percentage



Source: United Nations, Department of Economic and Social Affairs, Population Division (2001). World Population Ageing 1950-2050, as cited in Economic and Social Commission for Asia and the Pacific (2005). Economic and Social Survey of Asia and the Pacific 2005, p.227

In 2013, there were only about 229 million men as compared to 261 million women above 60 years of age. This trend was more visible for the age group 80 years and above, where the number of women account for between two-thirds to three-quarters of the elderly population in the particular age cohort as illustrated in figure 5 (United Nations Economic and Social Commission for Asia and the Pacific [ESCAP], 2013a).

Figure 5: Women and men by age groups, Asia and the Pacific, 2013, percentage



Source: United Nations, Department of Economic and Social Affairs, Population Division (2012). World Population Prospects: The 2012 Revision, CD-ROM Edition. Accessed on 20 August 2013, as cited in Economic and Social Commission for Asia and the Pacific (2013). Preparing for ageing societies in Asia and the Pacific, *Factsheet*, p. 3

At the same time wide sub-regional variations in ageing exist in the Asia-Pacific region. As of 2012, the oldest sub-regions were the Pacific (11.1 per cent of persons 65 years or above in the overall population), North and Central Asia (10.3 percent), and East and North-East Asia (10.1 per cent), while South-East Asia had 5.6 per cent of persons 65 years or above in the overall population and South and South-West Asia was at 5.2 per cent due to lower percentages in countries such as Timor-Leste, Philippines, Lao PDR, Afghanistan and Pakistan (ESCAP, 2013b).

Demographic transition in the region is therefore varied in extent and speed, with some countries encountering the change sooner than others. Countries perceived as ‘young’ are also rapidly catching up with population ageing phenomenon. According to Asian Development Bank (2012a), in the year 2000, it was only in Japan that the share of the population aged 65 and older exceeded 15 percent. In 2013, Japan remained the world’s oldest country with 32.4 per cent of its population aged 60 years and above. Other countries

in Asia and the Pacific with a high proportion of older persons included Hong Kong, China (20.6 per cent of older persons), Australia (19.8 per cent), Georgia (19.7 per cent), New Zealand (19.3 per cent), and Russian Federation (19.0 per cent) (ESCAP, 2013a). However, by 2050 a number of other countries, including low income economies such as Indonesia, Myanmar, and Viet Nam will reach this level (ADB, 2012a). However, disaggregated figures for older women and men at the sub-regional and country level are not easily available.

2.2 Gender dimensions of the demographic determinants of ageing

Ageing is often best described as a dynamic process, which depends on the relative size of the younger and older age cohorts in the population at different points in time. This in turn depends not only on the population in child-bearing ages at a given time, and the prevalent fertility rates, but mortality rates play a significant role in explaining how many people of each age cohort survive to old-age. As demographic transition progresses the distribution of deaths in general is shifting to the older ages. For instance, during the period 2005-10, two-thirds of deaths in East Asia and Oceania were in persons above the age of 65 years (UNDESA, 2013). A reduction in child and infant mortality can lead to “continued progress in life expectancy” (UNDESA, 2013, p.6), since people would have survived diseases of childhood, enabling them to live beyond adulthood. Also, migration of populations may also change the mix of younger and older age cohorts in countries of origin and destination, although its overall impact at the national level is generally not the most significant (UNDESA, 2013).

Asia-Pacific² figures for 2012 (ESCAP, 2013b) indicate that life expectancy at birth is higher for females as compared to males in all countries in the region. Female life expectancy at birth exceeded male life expectancy at birth by as many as 9.3 years in Vietnam, 11.3 years in Kazakhstan and 12.6 years in the Russian Federation. In some cases, however, the difference is lower, such as 1.6 years in Bangladesh and 1.7 years in Pakistan, which could be for such reasons as high maternal mortality; women’s discrimination in access to nutrition and healthcare; female infanticide etc. However as described earlier, overall the feminization

² While lower fertility rates and declining mortality are two factors that are increasingly becoming common across ageing societies in Asia-Pacific, the varying timing and speed of these declines in turn are placing different sub-regions and countries at varying stages of population ageing.

of ageing in the Asia-Pacific region is becoming more evident with fewer men per hundred women as the age cohort goes up.

As evidenced earlier, while female predominance in the older ages is lower in Asia and the Pacific as compared to Europe (UNDESA, 2013), figures for 2012 show that at least ten countries in the Asia-Pacific region had female life expectancy at birth exceeding 80 years, Australia; Brunei Darussalam; Guam; Hong Kong, China; Japan; Macao, China; New Zealand; Republic of Korea; Singapore; and Viet Nam, while male life expectancy at birth exceeded 80 years only in two countries, Australia and Hong Kong, China (ESCAP, 2013b). While it is projected that the number of men per 100 women will increase by 2050, overall women will still continue to make up a larger share of the population aged 60 years and above.

Most world regions have registered an increase in life expectancy at birth³ largely due to improved health care. However, increased life expectancy alone does not result in immediate increase in population ageing. In fact the demographic transition in most countries was triggered by a fall in death rates. In the Asia-Pacific region, in general, access to advances in the medical field, improved access to health services, and efforts to control infectious diseases such as tuberculosis and malaria and epidemics such as cholera and smallpox have contributed positively to reducing infant, child⁴, maternal and adult mortality (ESCAP, 2005).

In specific, women's longer lives than that of men on average is partially explained by such reasons as biological differences related to slower ageing of women's immune systems as well as more delayed onset of non-communicable diseases such as cardiovascular diseases (WHO, 2003; Henrard, 1996). However, UNDESA (2010) points out that while women may have a biological advantage from birth, there are counter-active cultural, societal

³ Life expectancy at a specific age is the average number of additional years a person of that age could expect to live if current mortality levels observed for ages above that age were to continue for the rest of that person's life. In particular, life expectancy at birth is the average number of years a newborn would live if current age-specific mortality rates were to continue.

⁴ Infant mortality rates in Asia and the Pacific reduced from 6.4% to 3.1% between 1990-2012, which is a drop by over 50 per cent (ESCAP, 2014). Similarly the child mortality rate in the region halved during 1990-2011 from 81.5 per 1,000 live births to 40.3 per 1,000 live births (ESCAP, 2013b). Hence, a child born in the Asia-Pacific region in 2012 was twice as likely to live until his fifth birthday as compared to a child born two decades earlier. The arguments pertaining to reduction in infant and child mortality could have been more robust if sex-disaggregated were available.

as well as economic factors that can deplete the natural advantage women have over men in terms of life expectancy. Studies show that in many developing countries the gender gap in mortality is smaller since women's subordination exposes them e.g. to childbirth risks, domestic violence, etc. which are factors that can minimize the gap between, or equalize life expectancies between women and men (Yin, 2007, as cited in UNDESA, 2010).

On the other hand, men's higher mortality is often explained by preventable causes and risky behaviours such as alcohol, smoking, drug-related health consequences, cardiovascular diseases, injuries from dangerous work or behaviour etc. (WHO, 2003). However, at the same time there are writers that make the point that, especially in more developed countries, the gap in life expectancy at birth may decrease as women adopt unhealthy life-style behaviours similar to those of men, such as smoking and alcohol consumption (Yin, 2007 as cited in UNDESA, 2010; Henrard, 1996).

Projections by UNDESA (2013) indicate that less developed regions will see a further widening of the gender gap in life expectancy over the next few decades due to even better gains in female life expectancy. Thus feminization of ageing is becoming a growing phenomenon for less developed regions due to such factors as progressive gains in access to health care and nutrition by women in recent decades.

At the same time declining fertility rates can affect demographic transition towards an older population. Until the mid-1960 owing to child and early marriages, many countries in Asia had fertility rates exceeding 6 children per woman. However, as indicated in table 1, the total fertility rate in Asia and the Pacific declined by about 29 per cent between 1950-1955 and 1975-1980. There was a sharp decline of 40 per cent in Asia during about the last two decades of the previous century. In addition to aggressive population policies of governments, women's better access to reproductive health knowledge and services (such as family planning, contraception etc.), and changes in social practices leading to women's delayed age of entering into first time marital unions are contributing to lower fertility rates and consequent demographic transition towards an older population (ESCAP, 2005).

Table 1: Total fertility rate, Asia and the Pacific, children per woman

	1950-1955	1975-1980	2000-2005	2025-2030	2045-2050
Asia	5.9	4.2	2.5	2.1	2.1
% change		- 28.8	- 40.5	- 16.0	-
Pacific	3.9	2.8	2.4	2.2	2.1
% change		- 28.2	- 14.3	- 8.3	- 4.5

Source: United Nations, Department of Economic and Social Affairs, Population Division (2001), World Population Ageing 1950-2050, as cited in Economic and Social Commission for Asia and the Pacific (2005). Economic and Social Survey of Asia and the Pacific 2005, p.221

At the same time, out-migration and rural-urban migration of the working age population leaves behind a higher proportion of older persons, mostly women and children, in countries of origin or in rural areas respectively, thereby intensifying the feminization of ageing and related impacts in these countries/areas, whether in developed or developing countries (UNDESA, 2010; ESCAP, 2005).

The next two sections of this study specifically focus on the impacts of the phenomenon of population ageing on women – first on ageing women themselves and second on women across all age groups.

3. The direct impacts of population ageing on women: economic and social vulnerabilities of ageing women

Ageing can evolve into differing significance for women and men as they age since women and men are known to age differently physically, physiologically, emotionally and socially (Helpage International, 2002). Arber and Ginn have described this as the “double standard of ageing” (as cited in Henrard, 1996, p.669). An obvious difference would be for instance the fall in self-esteem among women and men as they age, which can happen due to differing reasons. While men may experience social devaluation due to loss in their breadwinner status, given women’s lower social status in many cultures, oftentimes ageing women’s self-esteem may begin to diminish when they are not seen as youthful or attractive commodities any longer (Henrard, 1996; Gibson, 1996).

However, the differences can be far more pervasive with the imbalance in numbers between elderly women and men more likely to leave many more elderly women widowed, and more dependent on their children or on other forms of long term care facilities due to their poor lifetime financial status as compared to men. Ageing greatly increases the vulnerability of women who are for instance already poor, widowed, divorced, victims of violence etc., and have faced a lifetime of discrimination in education, employment, nutrition, healthcare etc. As Lewis and Butler put it, the longevity of women could in fact be a “dubious privilege” for them, since years of financial, social, psychological subordination leaves them far from prepared to take on the extra years of life and live them “with enjoyment and fulfillment” (as cited in Gibson, 1996, p. 437).

While the disadvantages faced by older women have drawn quite some attention in the discourse on ageing, there are several circumstances in which older women may in fact be in a more advantageous position than older men (Flemming, 1999; Knodel & Ofstedal, 2003; Gibson, 1996). Contrary to the argument of “double jeopardy”, which refers to stigmatization based on being female as well as old, Markides and Black (1995) offer the argument of “age-as-leveler” with the implication that gender inequality may actually decline with age, since both women as well as men face stigma and discrimination for some or the other reasons (as cited in Knodel and Ofstedal, 2003, p.680).

The nature of inequalities between women and men based on gender and age has sometimes raised the argument that ageing is more of a cultural and social construct, and not just a biological and natural process (Henrard, 1996). Situations in later life could well be a consequence of the “social structure and of social stratification according to age, class and gender during working life” (Henrard, 1996, p.670).

3.1 Women’s poverty and vulnerability in older ages due to life-course disadvantages

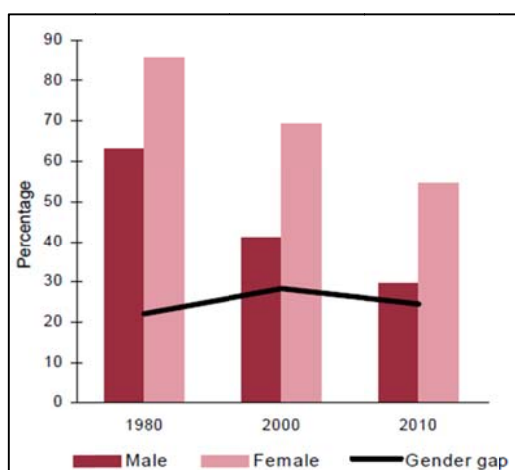
The life-course perspective in gender and ageing discourse signals that there are linkages between gender differences in earlier and later stages of life (Hatch, 2000, as cited in Knodel and Ofstedal, 2003). This perspective sheds light on how changes in status and roles e.g. from employed to retired or from married to widowed can have a differing impact on women and men as they age. Hooyman points out that elderly women’s relative disadvantage is often interpreted from the point of view of differences in experiences of women and men from early years of their lives, including their differing economic and care-giving roles and the differing rewards they have received for these over the life-time (as cited in Knodel and Ofstedal, 2003). The limited power and autonomy women have over the life-course has a tremendous impact on their capabilities, independence, choices and behaviors, which can thereby have significant adverse effects on them in later years of their lives. Therefore, according to Pratt, women’s discrimination and oppression over the life-course could result in higher levels of poverty as well as ill health in later life (as cited in Knodel and Ofstedal, 2003). The disadvantages that elderly women suffer are continuous and cumulative in nature and not necessarily something that occurs suddenly with old age (Gibson, 1996). Some of these life-course disadvantages that women face from early years of their lives, which in turn affects them in their older ages are discussed below with evidence where available.

A. Women’s limited access to education

One dimension on which older women in many developing countries are at a disadvantage as compared to men is formal education. This is a life-course issue, since women and girls face restrictions in access to education at all levels, with little support not only to transition from primary to secondary education and beyond, but even to access primary education. Although there are several international commitments attempting to make substantial gains in education, the gender gap in education persists, and this is more so for the

adult population as illustrated in figure 6. The adult literacy rate⁵ for women e.g. in the Asia-Pacific region during 2005-11 was only 78.4 per cent as compared to 88.7 per cent for men (ESCAP, 2013b).

Figure 6: Male/female illiteracy rate, ages 60 years and above and gender gap, 105 less developed countries, 1980-2010, percentage



Source: United Nations, Department of Economic and Social Affairs, Population Division (2001). World Population Ageing 1950-2050, p.31

However, with the level of education of the current generation improving, it is likely that future generations of older persons will be better educated. In the Asia-Pacific region, the adult literacy rate⁶ for females increased from 63 per cent in the period 1985-1994 to 78 per cent in the period 2005-2011 (ESCAP, 2013b). However, currently there are a high proportion of illiterate persons with women accounting for almost 65 per cent of illiterate adults in the Asia-Pacific region. It is therefore essential for policy-makers to take measures to improve adult literacy, especially for women.

Illiteracy of girls and women can be a life-time disadvantage and particularly affects older women in rural areas and from indigenous and ethnic minorities, rendering them vulnerable due to their lack of capacity to secure employment and credit, accumulate savings or even access health services both throughout their lives and continuing into their old age (WHO, 2007).

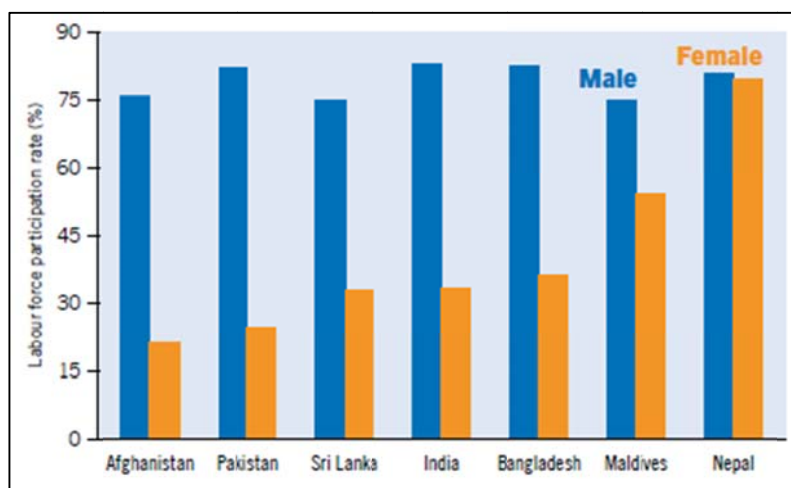
⁵ The adult literacy rate measures literacy among persons aged 15 years or older.

⁶ Individuals 15 years of age or older

B. Women's employment-related disadvantages

Gender biases in education go hand-in-hand with gender biases in the labour market to place women in a disadvantaged position in securing a stable livelihood. It is a known fact that women's labor market participation is most often lower than that of men resulting in lower earnings for women over a lifetime and hence lower savings for women as they age. The Asia-Pacific region is no exception to this, with data showing large disparities in labor force participation rates, as presented for selected South Asian countries in figure 7.

Figure 7: Labour force participation rates, gender disparities, selected South-Asian countries, various years (2009-2012), percentage



Source: International Labour Organization (2014). Global Employment Trends 2014, p.61

Notes: Ages covered: Afghanistan: 14+; Bangladesh: 15+; India: 15-59; Maldives: 15+; Nepal: 15+; Pakistan: 15+; and Sri Lanka: 15+.

Compiled from : Afghanistan (National Risk and Vulnerability Assessment, 2011–12); Bangladesh (Bureau of Statistics, Labour Force Survey, 2010); India (National Sample Survey, 68th Round, 2011–12); Maldives (Household Income and Expenditure Survey, 2009–10); Nepal (National Living Standards Survey, 2010–11); Pakistan (Bureau of Statistics, Labour Force Survey, 2010–11); and Sri Lanka (Labour Force Survey, 2012).

On the whole, in the Asia-Pacific region, female employment as a proportion of male employment has remained around 61-65 per cent for the last over two decades (ESCAP, 2014). Data between 1990 and 2010 shows that in Asia, women's formal employment rates have either remained stagnant or slightly decreased with wide sub-regional differences. For instance, women in Western Asia are less likely to be formally employed as compared to women in East Asia (ILO, 2010, as cited in ADB, 2012b).

Even when employed, not only do women face occupational sex-segregation confining them to certain low-paying, precarious and vulnerable jobs and sectors due to

gender-based discrimination and stereotypical attitudes, but overall there are fewer choices and opportunities available for women due to their lower levels of education, skills and capabilities. Women for instance are largely crowded in the services sector, where wages could be relatively low (ILO 2010, as cited in ADB, 2012b). For comparable tasks women are often remunerated lower than men both within and across occupational groups and industries. Even when work does not have any gender-specific requirements, women are found to be in subordinate positions and to receive lower compensation (Guillemard, 1993, as cited in Jeffereys, 1996). The persisting gender wage gap could make women's earnings only between one-half and three-quarters of men's earnings (ADB, 2012b). Table 2 illustrates the gender pay gap for selected countries in Asia. Women's average monthly earnings range from less than half of men's in Japan, to three-fourths or more in countries such as Thailand and Sri Lanka.

Table 2: Gender pay gap, selected Asian countries, percentage

Economy	Year	Women's average monthly earnings as % of men's
Hong Kong, China ¹	2006–2008	60
Japan ²	2008	47
Malaysia ²	2008	58
Republic of Korea	2006–2008	57
Singapore ¹	2006–2008	65
Sri Lanka ¹	2006–2008	77
Thailand ¹	2006–2008	75

Sources: World Economic Forum (2010); and United Nations (2010), as cited in Asian Development Bank (2012). Social Protection for Older Persons: Social Pensions in Asia, *edited by Sri Wening Handayani and Babken Babajanian*, p.128

Notes: ¹ Data from United Nations (2010), in manufacturing, estimated on the basis of daily or monthly wages;

² Data from World Economic Forum (2010).

At the same time, women's unpaid domestic work and informal care responsibilities have adverse consequences on their ability to participate in, or remain full-time in the labor market. They are often compelled to undertake part-time work, take breaks or completely exit the labour market during their prime working age. The contributions that women make during their lifetime in domestic roles and caring responsibilities are done at the cost of losing income and savings as security for the latter years of their lives.

All these factors lead to lower life-time earnings and consequently to lower investments or alternate sources of income, which in turn results in lower life-time earnings and lower pension accumulation for women as they grow old. This situation may however, see some changes in the future with improvement in education and labour market participation of younger women leading to longer working careers and higher levels of pension accumulation for women as they age (Zaidi, 2010, as cited in UNDESA, 2013)⁷.

C. Women's limited access to land and other resources

Besides life-time disadvantages caused by factors such as lower education and discrimination in employment and wages, women do not have the same inheritance and property rights as men by virtue of laws or social practice, which again proves to be a constraint for their economic security as they age. For example, according to UNDESA (2010), as regards entitlements to ownership of land, gender inequality exists in at least 21 Asian countries. In rural areas, women have limited rights to take major decisions regarding use of resources or to exercise management control over the agricultural holdings⁸. As indicated for selected Asia-Pacific countries in table 3, male agricultural holders far exceed female agricultural holders. Lack of equal access to asset ownership and control also means limited access to credit for women, which can have severe adverse impacts given women's reliance on diverse income-generating activities to sustain themselves and their families.

⁷ It must however, be noted that the labour force participation rate for women (age 15+) in the Asia-Pacific region was however, uneven in the last two decades. While some countries such as Bhutan; Brunei Darussalam; Iran; Macao, China; Maldives; Nepal; and Pakistan have registered an increase in the labour force participation rate for women up to around 10 percentage points between 1990 and 2010, for countries such as Afghanistan; Indonesia; and Myanmar it has been rather stable, while countries such as Bangladesh, China, Tajikistan, Thailand, and Vietnam have seen a decline in women's labour force participation rates during the same period (Source: UNDESA, 2010, pp. 202-203)

⁸ "An agricultural holding is an economic unit of agricultural production under single management comprising all livestock kept and all land used wholly or partly for agricultural production purposes, without regard to title, legal form, or size." (Source: Food and Agricultural Organization of the United Nations: Gender and Land Rights Database. Retrieved from <http://www.fao.org/gender-landrights-database/data-map/statistics/en/>, (Accessed on 14 October 2015))

Table 3: Distribution of agricultural holders* by sex, selected Asia-Pacific countries

Country	Year	Total (number of holders)	% female holders	% male holders
American Samoa	2008	5,840	19.40%	80.60%
Armenia	2007	NA	29.70%	70.30%
Bangladesh	2008	28,695,763	4.60%	95.40%
Fiji	2009	65,033	3.60%	96.00%
Georgia	2004	728,950	29.10%	70.90%
Guam	2007	104	12.50%	87.50%
India	2010-2011	137,516,000	12.80%	87.20%
Indonesia	1993	20,331,746	8.80%	91.20%
Iran	2002	84,679	5.90%	94.10%
Kyrgyzstan	2002	244,404	12.40%	87.60%
Laos	1999	667,900	9.10%	90.90%
Malaysia	2005	526,265	18.00%	77.00%
Myanmar	2003	3,464,769	15.00%	85.00%
Nepal	2002	3,364,139	8.10%	91.90%
Niue	2009	488	23.20%	76.80%
Northern Marianas	2007	256	11.70%	88.30%
Philippines	2002	4,768,317	10.80%	89.20%
Samoa	2009	24,640	22.90%	77.10%
Sri Lanka	2002	1,748,341	16.30%	83.70%
Thailand	2003	5,787,774	27.40%	72.60%
Vietnam	2001	61,017	8.80%	91.20%

Source: Food and Agricultural Organization of the United Nations: Gender and Land Rights Database. Retrieved from <http://www.fao.org/gender-landrights-database/data-map/statistics/en/> (accessed on 22 September 2015)

*Notes: “The agricultural holder is the civil or juridical person who makes the major decisions regarding resource use and exercises management control over the agricultural holding.”

Female-headed households are particularly affected by the differential impact of poverty on women. In developing countries in particular, as the younger generation migrates for work, older women are increasingly becoming heads of households, but their limited skills and access to resources over the lifetime puts them into a state of vulnerability. UN Women (2012) points out that elderly women in rural areas suffer particular disadvantages

related to lack of access to basic resources for subsistence and basic services such as access to healthcare. The poverty and social exclusion of older women may in turn also find them under-represented in positions of leadership at the community or national levels, with barriers related to economic, social and political participation (WHO, 2007).

D. Women's limited access to health and nutrition

Health in older ages is often a reflection of individual actions and living circumstances over the entire life span. An individual may have little or no control over “economic disadvantages and environmental threats that directly affect the ageing process and often predispose him or her to disease in later life” (WHO, 2007, p.4). The basic diseases which affect older women and men are usually the same such as cardiovascular diseases, diabetes, cancer, musculoskeletal problems, sensory impairments, mental illnesses etc. Infectious diseases are common in poorer parts of the world. However, the likelihood, rate, and extent of being affected by such diseases by women and men as they age have implicit links to complex gender norms, values, roles, responsibilities, freedoms, opportunities, choices and limitations that women and men face in societies. Women in particular endure a life-time of discrimination, malnutrition, violence and physical labour as well as unequal access to health care, which could have severe impacts in the latter years of their lives. WHO (2007) highlights some factors in the life-course that can affect women's health as they age:

- Inequitable access to food and health care by female infants, girls and women leading to under-nutrition and poor health over a life-time due to gender discrimination.
- Multiple pregnancies, including early pregnancies and lack of reproductive health and safe motherhood support.
- Cultural norms limiting access to professional health care for women and girls.
- Societal tolerance of domestic or other forms of violence against women in childhood and/or adulthood.
- Long hours of domestic and care work, including the “double-burden”; dangerous work; and excessive exposure to indoor air pollution from unclean fuel.
- Low levels of education and inequitable access to decent work; access to health care/insurance often related to formal employment only, rendering most women ineligible.

On the whole it is seen that elderly women's poverty is a long-term multi-dimensional issue and could be the cause and consequence of many disadvantages they face as they grow older in terms of access to "food, shelter, health care, social inclusion and dignity" for women (WHO, 2007, p.32). Some writers, however, argue that over the last century, the lives of women have changed drastically e.g. with increasing participation in the labour market, increased access to contraception and abortion facilities, etc. (Arber, Davidson & Jay, 2003), thereby helping them have more control over their lives and therefore, somewhat alleviating the economic and social disadvantages they face with advancing age. However, things may not have really changed for women who are among the oldest old.

However, when it comes to the life-course approach in gender and ageing discourse, Knodel and Ofstedal offer some interesting counter-arguments. They explain that the life-course approach's excessive focus on poverty and social exclusion related disadvantages that elderly women face due to the linkages between earlier and later life status, roles and circumstances, could result in completely overlooking the fact that there could indeed also be advantages for elderly women. For instance, the child rearing role of mothers over their life-time may result in elderly women having better emotional bonding with their adult children than fathers. Older women also have the advantage of continuing in their traditional roles even when they age as compared to men whose bread-winner role is disrupted or terminated, resulting in lower self-esteem, social devaluation, and fewer social support networks, especially if these networks were previously linked only to their place of work. Given women's lower labour force participation since early/mid-life, and the fact that they focus more on the private sphere, Gibson (1996) adds that women may indeed be able to maintain more continuities in e.g. interest and activities pursued, as well as social participation. Elderly women may well be valued more as members of multi-generational households than retired elderly men, since women can continue contributing through their traditional roles and support domestic and care work (Beales 2000; Lopata 2002, as cited in Knodel and Ofstedal, 2003).

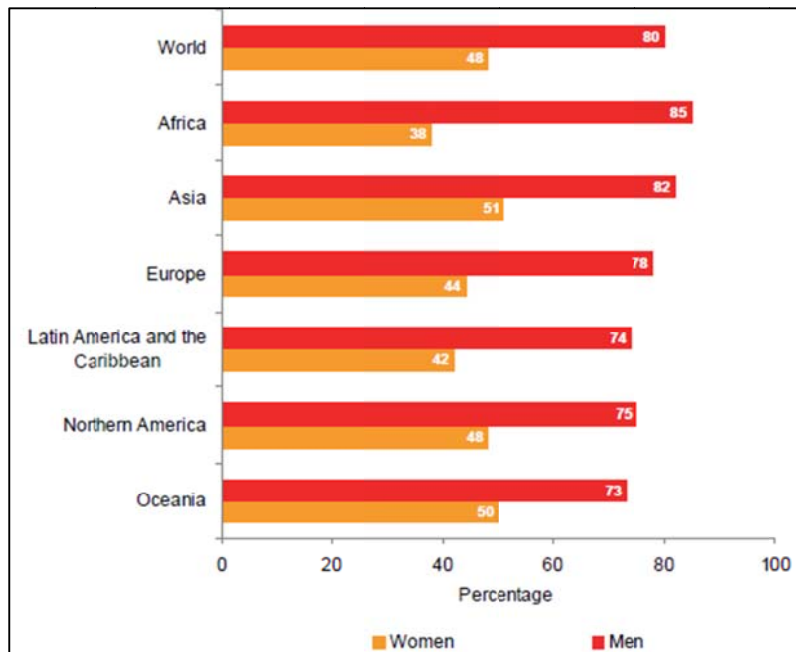
3.2 Other gender-specific vulnerabilities of women in older ages

A. Fewer elderly women are in marital union and elderly women are more likely to be widowed

Marital or partnership status is less often considered as a dimension of inequality and in most studies it is used as a socio-demographic variable and a control variable rather than as a variable of analytical interest (Arber et al., 2003). However, Knodel and Ofstedal (2003) explain that it is not only the numerical domination of older women, but also the gender gap in marital status at older ages that is a key concern. Higher male mortality together with the fact that men often marry much younger women in many societies increases the likelihood of more women being widowed in older ages than men at any point in time (Gibson, 1996). Gibson (1996) argues that in addition to fewer older men being available, women's lower sexual attractiveness and reproductive function also reduces possibilities for widowed older women to remarry. Thus, most societies have fewer elderly women still in marital union and there is a high gender gap in the marital status of older persons (Knodel and Ofstedal, 2003; UNDESA, 2013).

UNDESA (2013) reports that the Asia-Pacific region is better off than other world regions when it comes to marital status in older ages. As illustrated in figure 8, the proportion of married women was highest in Asia at 51 per cent and Oceania at 50 per cent as compared for example to Northern America at 48 per cent. In China and Japan more than half the elderly women were married, with a higher proportion in South-Asian countries such as Sri Lanka (66 per cent) and Nepal (71 per cent). However the gender gap in marital status in the Asia-Pacific region is quite visible, 82 per cent and 73 per cent of elderly men remaining married in Asia and Oceania respectively as compared to only around 50 per cent women.

Figure 8: Proportion of women and men 60 years or over in marital union, world regions, 2008



Source: United Nations Department of Economic and Social Affairs, Population Division (2013). World Population Ageing, p.37

Marital union is an important variable of interest in ageing studies, since vulnerability of women and men in older ages is expected to increase with loss of the spouse. In several countries as per cultural norms the economic and social status of women is linked to having a husband and in older ages women are more vulnerable to poverty, neglect and dependence, since they are less likely to be outlived by their husbands or to remarry. Widowhood for women not only brings financial burdens but also social exclusion and isolation due to social stigma and restrictions that they face in many societies, thereby creating an adverse impact on their psychological and physical well-being (Gibson, 1996). In India for instance, just as in many similar cultures in the Asia-Pacific region, widows are expected to live a life of severe austerity and continual mourning (Chen, 2000, as cited in WHO, 2007).

Knodel and Ofstedal (2003) argue that men's shorter longevity is most often perceived as something that worsens elderly women's circumstances, such as pushes them into widowhood and related challenges, without considering men's shorter longevity as a problem or disadvantage for men itself. They, thus, argue that without addressing the root causes of men's lower survivorship and only focusing on the challenges of widowhood among elderly women, does not seem a logical way to anyway reduce women's widowhood. They emphasize the need for interventions targeting men's risky behaviors and health. Along

the same lines, Gee and Kendall propose policies addressing men's health as a key solution to women's widowhood (as cited in Gibson, 1996). However, Gibson (1996) warns that while interventions to address men's health are important in themselves to address men's shorter life span, such interventions should not be understood as a solution to the problems associated with women's longevity, including for instance their widowhood and related financial and social issues. This could lead to the perception that women's longevity is a problem or a disadvantage for them, and also that the "surplus of women" is a social problem, rather than these having any positive implications for women (Gibson, 1996, p 437).

Apart from the fact that women may be enjoying longer lives due to better access to health and nutrition, there are writers that argue that in older ages, for women who have faced life-long oppression, widowhood may actually bring a "new found sense of freedom and autonomy", while widowers may not have any specific advantages as compared to being married (Davidson, 2001 as cited in Arber et al., 2003, p.2). Studies have also shown that older women are known to have better social relations with family (Allan, 1985; Jerome, 1996, as cited in Arber et.al, 2003) and friends, and usually find themselves part of a "society of widows" (Lopata, 1973, as cited in Arber et al., 2003, p.2), which can provide them a sense of emotional support, which widowers usually do not have access to. Given women's life-time experience of developing and maintaining affective social ties, with the death of the spouse or other members of the family or friends, women are generally able to reestablish or replace social networks with some ease (Gibson, 1996). At the same time, Gibson (1996) highlights that there is evidence that women have better coping capacities in stressful circumstances, as compared to men who are more likely to fall ill or die after widowhood. These positive aspects often get eclipsed by the discourse on the downside of women's longevity and widowhood.

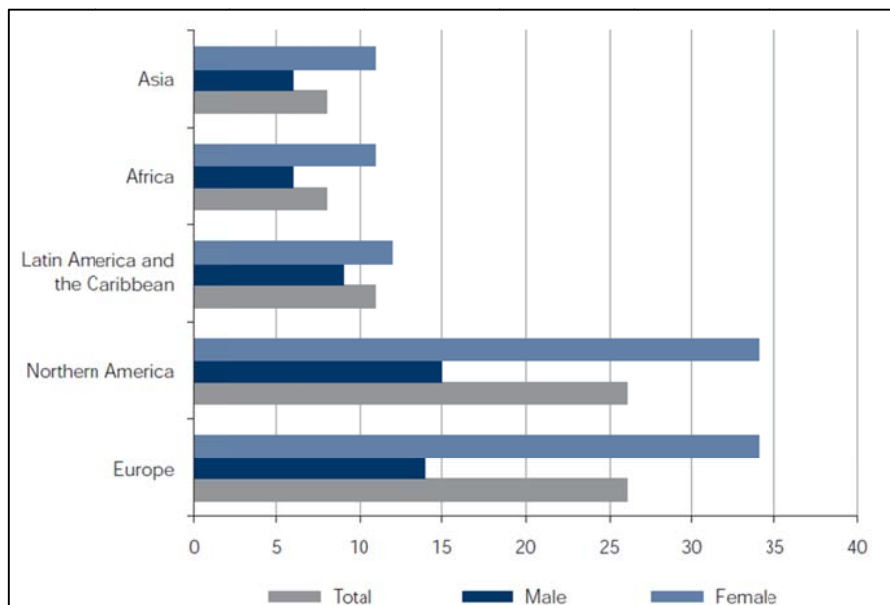
B. Elderly women are mostly in subordinate positions in non-independent living arrangements

Social and cultural norms often determine living arrangements of older persons. Many cultures in the Asia-Pacific region as compared to Europe or the West are dominated by joint family systems and therefore familial and inter-generational support for older persons is the norm. However, increasing urbanization and industrialization leading to increased economic migration of the younger generation, lower fertility rates leading to fewer off-spring, as well

as a generally ageing population is weakening inter-generational ties and has resulted in fewer members of the younger generation being available for the elderly to rely on (Mason, 1992; ADB, 2012b). Thus a lot of older persons in the region are beginning to live independently either with a spouse or alone.

Asia has one of the lowest incidence of older people living alone. Figure 9 illustrates that in developed regions, the proportion of women above the age of 60 years living in one-person households is above 30 per cent as compared to just over 10 per cent in the less developed regions. The percentage for women is however higher than that for men across all world regions.

Figure 9: Population 60 years and above living alone, by sex, world regions, around 2005, percentage

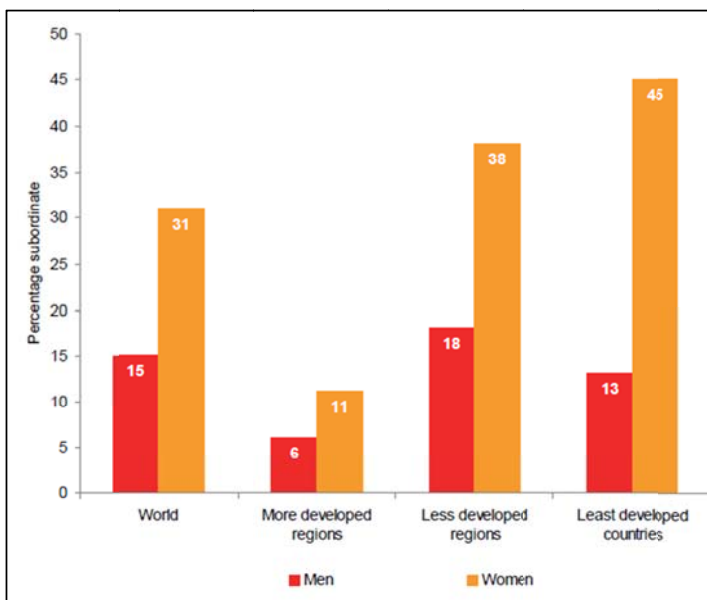


Source: United Nations (2009), as cited in Asian Development Bank (2012). Social Protection for Older Persons: Social Pensions in Asia, edited by Sri Wening Handayani and Babken Babajanian, p.125

For elderly persons who do not live independently, an important consideration is whether the older person/s live in the household of others or whether other household members live in the home of the older person. At the same time, the subordination of the older person/s would depend on whether they head the household or not, i.e. whether the older person is “controlling the resources and making the decisions”, or is “a dependent person who is subordinated to others” (UNDESA, 2013, p.40).

While data presented by UNDESA shows that it is only a minority of older women and men who are in subordinate positions⁹ in inter-generational household arrangements, where subordination occurs, it is mostly prevalent among women. Mason (1992) puts forward the views that women in such household arrangements typically continue to face a powerless position and there is also a “strong differentiation of authority along generational lines”, with senior males most often occupying the highest position. As presented in the figure 10, 31 per cent of women are subordinated as compared to only 15 per cent of men at the global level. Women’s subordination exceeds that of men irrespective of the level of development in countries. Also, women’s subordination is much more in less developed regions (38 per cent) as compared to more developed regions (11 per cent).

Figure 10: “Subordinate”* older persons, by sex, world and development regions, 2005, percentage



Source: United Nations Department of Economic and Social Affairs, Population Division (2013). World Population Ageing, p.41

* Notes: Neither the older person nor his or her spouse is the household head. The household head is the person “controlling the resources and making the decisions”.

While older women may find themselves in a subordinate position when it comes to controlling resources and making related decisions, Knodel and Ofstedal (2003) make the argument that older women in many societies may on the other hand acquire greater power and authority on several matters in the household as they age and accrue certain milestones in their lives such as from marriage to motherhood, and then the marriage of sons and

⁹ Where neither the older person nor his or her spouse is the household head

daughters. Especially in multi-generational living arrangements older women may exercise a lot of authority as mothers-in-law over younger women in the household, thereby reducing the gender inequality they face in old age as compared to earlier stages in their lives.

For instance, in highly patriarchal societies, such as in South-Asia, Rew, Gangoli and Gill (2013) point out that socio-cultural norms related to son preference tend to give mothers of sons a relatively elevated status, especially as they grow older. Thus, when the mother becomes a mother-in-law, she might exercise the same socio-cultural norms and vested interest in devaluing her daughter/s-in-law, just as she was probably devalued as a daughter and daughter-in-law. Her close bonding with her son/s, as well as the norm of patrilocality, are used as tools to exercise power and control over younger women in the household. This may manifest itself in the form of e.g. controlling the daughter-in-law's behaviour, mobility and appearance; belittling her and her family on a day-to-day basis; demanding for more dowry; as well as perpetuating the preference for sons with respect to the future generations to come.

C. Elderly women are more dependent on informal care

Mason (1992) emphasizes that in discussing care for the elderly a distinction must be made between economic support and physical care. While the former can be provided more impersonally by family, governments, or even various types of pension schemes, the latter requires the personal attention of a care-giver and may involve an emotional context. Declining physical health may impede continued employment, which could give rise to the need for support in addition to care. At the same time, social impediments created by e.g. sex-based division of labour over a lifetime or by arbitrary retirement rules may also result in the need for both support and care.

When it comes to care, studies have shown that for elderly men, on average, almost two thirds of their care needs are fulfilled by their wives, whereas elderly women receive less than a quarter of their care needs from their spouses (Arber and Ginn, 1993, as cited in Henrard, 1996). Care of elderly men by their wives is especially common in many Asian cultures (Mason, 1992). However, as discussed earlier, elderly men generally have less access to social networks and are more vulnerable in the sense that they are often isolated from kin and are therefore likely to receive less personal care than women from family and friends.

However, since they have better access to financial resources and savings, they may be able to reach out for paid care. On the other hand, elderly women are more likely to be dependent in unpaid care from family, and their poor financial situation could affect their sense of self identity as well as independence in these situations (Henrard, 1996).

Arber et al. (2003) point out that the pattern of relationships made by older persons with their children during the years of child rearing, can heavily influence their relationship with the younger generation in the household in later years of their lives. On the whole, women are generally able to have significantly better patterns of sociability, relationships and friendships than men over the life-course, thereby enabling them to maintain better social networks in their later lives, thereby helping them obtain better informal care than men (Arber and Ginn, 1993, as cited in Henrard, 1996). Taylor's work (as cited in Henrard, 1996) offers an interesting perspective that although most groups of elderly women were worse-off as compared to elderly men, elderly women from middle-class backgrounds in particular were likely to have fewer social resources than those from among the working-class, as working class families were found to have better bonding.

D. Women's greater risk of morbidity and disability with longer life expectancy

As per 2008 data, 92 per cent of persons aged 60 years or over in more developed regions died from non-communicable diseases, while for less developed regions and least developed countries it was 83 per cent and 74 per cent, respectively (UNDESA, 2013). Evidence shows that among these, women may be at less risk of non-communicable diseases until much later in their lives, but the longer life expectancy of women can in general put them at greater risk of more years spent in declining health, morbidity, disability and related dependence (WHO, 2007 as cited in UNDESA, 2013). While women's life expectancy may be higher than that of men, it is important to also consider how many of these additional years are spent by women in morbidity and disability. Therefore, in terms of "healthy life expectancy" i.e. expected years of life "in full health" (WHO, 2003, p.3) as compared to overall life expectancy, women's advantage over men gets smaller as illustrated in table 4, where data for selected Asian countries reveals that the percentage years of life spent in good health for women and men is either the same or exceeds for men although life expectancy itself is higher for women in all the countries.

Table 4: Healthy life expectancy versus life expectancy, by gender, selected Asian countries, 2007

Countries	Life expectancy		Healthy life expectancy		% years of life spent in good health*	
	Men	Women	Men	Women	Men	Women
Cambodia	59	64	51	55	86	86
China	72	76	65	68	90	89
Indonesia	66	69	60	61	91	88
Japan	79	86	73	78	92	91
Kazakhstan	59	70	53	60	90	86
Malaysia	71	76	62	66	87	87
Singapore	79	83	71	75	90	90
Tajikistan	66	69	58	57	88	83
Thailand	66	74	59	65	89	88
Viet Nam	70	75	62	66	89	88

Source: World Health Organisation (2010), as cited in Asian Development Bank. (2012). Social Protection for Older Persons: Social Pensions in Asia, *edited by Sri Wening Handayani and Babken Babajanian*, p.122

*Notes: Percentages are derived using the following: (healthy life expectancy/life expectancy) x 100

A longer life expectancy and the ensuing possibility of larger number of years spent in morbidity for older women, combined with declining family support and care due e.g. diminishing traditional family systems, means that publicly financed health services need to be especially accessible to older women. Also given women's social prescribed roles, they may be called upon to perform domestic and care-giving activities even in their old age and in a state of morbidity (WHO, 2003).

On the other hand, inspite of the possibility of older women spending more years in morbidity, based on an analysis of studies involving self-rated health, disabilities and functional impairments, Knodel and Ofstedal (2003) highlight that there is considerable evidence that women, in general, are less likely to experience lethal or life-threatening illnesses as compared to men at most stages of their lives. They also emphasize that socio-economic status is a powerful indicator of health, and hence instead of focusing only on older women's health, programmes and policies should cater to all older persons from unfavorable socio-economic circumstances, irrespective of their sex.

E. Elderly women are disproportionately affected in crisis situations

Crises such as epidemics (e.g. HIV/AIDS), natural disasters, wars, and forced migration can result in loss of lives or displacement of young adults in their productive years. Women's socially prescribed role as care-givers at any age leave them to care for other disabled/infected adults and orphaned or needy children. While typically older women are more reliant on the younger population as they have fewer skills and control fewer economic assets throughout their lives, elderly women are often disproportionately affected in crises situations as they have to undertake more responsibility in spite of the limitations and challenges they face. WHO (2007) points out that in societies hard hit by HIV/AIDS, older women in households serve as financial and emotional heads. At the same time, their lack of access to education as well as information about HIV/AIDS can expose elderly women to infection through their role as care-givers. Women at any age could also be at risk of HIV/AIDS due to polygamous marital situations in many societies. Similarly, reduced mobility, and lack of information and resources makes older women especially vulnerable in situations of natural disasters (Helpage International, 2002).

The effect of HIV/AIDS on older people is under-reported, not only in terms of their role as care-givers to contribute towards "community survival and coping mechanisms", but also as being part of the "at-risk group" (Helpage International, 2002, p. 4). International data on AIDS infection among the older population is often not compiled or sex-disaggregated, and most initiatives to control the spread of the disease focus on the age group under 49 years, which leaves elderly women without adequate policy protection in these circumstances.

F. Lower retirement age for women, limited/lower pension accumulation, and gender-biased nature of old-age pension systems

The statutory retirement age is the minimum age at which people are eligible to receive full pension benefits, which in most countries requires a minimum period of contribution, usually through several years of employment, and a full or at least substantial withdrawal from the labour force. In 2013, Asia and Oceania had the highest percentage of countries with the lowest female retirement age of less than 60 years (in over 70 per cent and

56 per cent of countries for which data were available¹⁰ respectively) as compared to other world regions. On the other hand only 26 per cent of countries in Asia and 50 per cent of countries in Oceania for which data were available had a retirement age of less than 60 years for men. In comparison, the vast majority of countries in Asia (61 per cent) had a retirement age between 60 and 64 years for men, and 14 per cent countries even had a retirement age of 65 years and above for men in Asia in 2013 (UNDESA, 2013).

The lower retirement age for women as compared to men in Asia or even in comparison to other world regions, not only reduces the amount of time they have to build pension entitlements, but women's unfavorable employment conditions including engagement in the informal sector and informal employment, part-time work, career breaks for child-rearing etc. and consequent low and interrupted income flow makes them vulnerable to lower pensions in general, as compared to men. Even the small proportion of women engaged in the formal sector and who are eligible for pensions receive lower benefits than men, due to their interrupted work lives as compared to men (ADB, 2012b).

The feminization of poverty among elderly women is not just the result of life-course differences between women and men, including women's discrimination in the labour market, but also the gender-biased nature of pension systems exacerbates the situation. Given that the majority of women in the Asia-Pacific region e.g. are engaged in the informal sector, and they have shorter and more interrupted work lives due to their domestic and care responsibilities, they are excluded from mainstream contributory pension systems, which are by and large designed for formal workers. As ILO (2014/15) highlights, closing the gap in pension provision between women and men depends also on equitable provision for rural and urban residents, especially in the Asia-Pacific region, where with the economic migration of men to urban areas, women are disproportionately represented among the rural population. Even if paid work is available for women, it is precarious, insecure and poorly paid in rural areas. At the same time, women's lower retirement age provides them less time to build entitlements, and also indexation of benefit levels is often done in a way whereby women receive lower pensions than men even with the same contributions and retirement age (ILO, 2014/15). This is exacerbated by the fact that women tend to live longer and often in widowhood and alone.

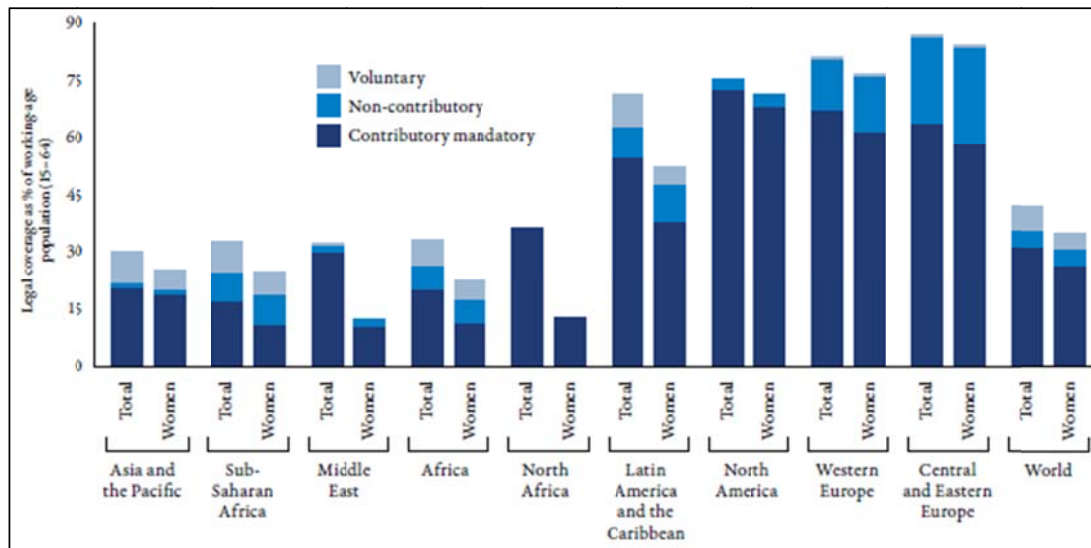
¹⁰ Data available for 38 and 10 countries in Asia and Oceania respectively.

While globally, almost 80 per cent of the elderly on average have no access to pension benefits, there exists a gender gap in pensions with women's lower coverage and lower levels of pension benefits (ILO, 2011, as cited in ADB, 2012b; Razavi et al., 2012, as cited in ILO, 2014/15). Such a situation also prevails in many Asian countries (Asher, 2009, as cited in ADB, 2012b). Social protection in the Asia-Pacific region has been historically weak, and has mainly supported small segments of the population (ADB, 2012b) e.g. in the formal sector and in urban areas, and requires minimum contributions, which often women cannot afford due to their low and interrupted life-time income and saving patterns. Chan (2005) highlights that in countries such as Singapore, Thailand, Indonesia, Viet Nam and the Philippines, less than 10 per cent older adults have the opportunity to actually rely on pension income as a major source of income. Except for a few advanced economies such as Japan and the Republic of Korea, contributory pension schemes have limited coverage and are a privilege restricted to civil servants, military, and police personnel (Devasahayam, 2009, as cited in ADB, 2012b), which most often leaves women out of the privilege.

ILO (2014/15) highlights that (figure 11) the levels of legal coverage (mandatory, non-contributory and voluntary coverage) range from about 30 per cent in the Asia-Pacific region, where the informal sector dominates, to over 76 per cent North America and over 80 per cent in both Western and Central and Eastern Europe. The extent of legal coverage for old age is defined as “the proportion of the working-age population (or alternatively the labour force)¹¹ covered by law with schemes providing periodic cash benefits once statutory pensionable age or other eligible age is reached” (ILO, 2014/15, p. 81).

¹¹ The estimation of the population for coverage is done using available demographic, employment and other statistics to quantify the size of the groups to be covered in the national legislation.

Figure 11: Legal coverage: old-age pensions, by region, latest available year*, percentage



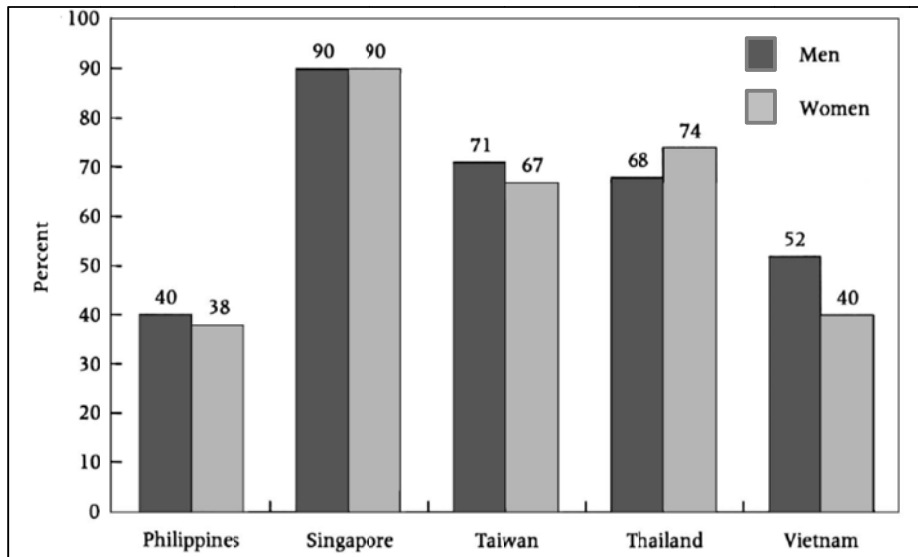
Source: Available at: <http://www.ssa.gov/policy/docs/progdesc/ssptw/> [8 June 2014], as cited in International Labour Organisation (2014/15). World Social Protection Report: Building economic recovery, inclusive development and social justice, p.82

* Notes: The Americas, 2013; Europe, 2012; Asia and the Pacific, 2012; Africa, 2013.

As seen in figure 11, coverage for women is generally lower than for that for men. It is only one in three women of working age who have some form of legal coverage, which again is a reflection of not just women's lower labour market participation, but their over-representation in unpaid work and engagement in sectors not usually covered by existing legislation.

However, Knodel and Ofstedal (2003) offer the argument that although older men are more likely to receive work-related pensions than older women, especially in most developing countries, family members, particularly the wife, may well benefit from such pensions. In many cultures elderly couples use such income as household income jointly, regardless of who receives the pension/ allowance. However, in case the elderly woman is widowed, she could lose the shared benefit from such pension income. There are other studies in Asia that reflect economic well-being of the elderly through surveys on 'self-assessed income adequacy or satisfaction'. A study conducted in 1995-96, as illustrated in figure 12 showed that only in Vietnam older women appeared to be much worse off than older men. Otherwise the difference was marginal, and in some cases (Thailand) women even seemed to be better off.

Figure12: Women and men aged 60 years and above who state that their income is atleast adequate, 1995-96, percentage



Source: Ofstedal, Reidy, and Knodel, 2003 (as cited in Knodel and Ofstedal, 2003)

Notes: For Thailand the question was 'satisfaction with one's current economic situation', while in the other countries it was 'adequacy of income'.

3.3 The need for gender-sensitive strategies for actions on ageing

WHO points out that “the rights and contributions of older women remain largely invisible in most settings” (WHO, 2007, p.1). Over the last couple of decades governments have undertaken some commitments to promote and protect the rights of women and girls. The Convention on the Elimination of All Forms of Discrimination against Women (Committee on the Elimination of Discrimination against Women [CEDAW], 1979), the International Conference on Population Development (Cairo, 1994), the Fourth World Conference on Women (Beijing, 1995), the Second World Assembly on Ageing (Madrid, 2002), among others have attempted to also address discrimination and/or other issues faced by ageing women and advocate for related policy changes. Progress has however been slow and uneven with several remaining and newly emerging challenges. While conventions and resolutions such as the above provide some policy direction to improve the lives and well-being of elderly women, most international development discourse on gender equality and women’s empowerment is often limited to only the rights and development of younger productive/reproductive women and the girl child for instance (Helpage International, 2002).

Old age policies need to address a range of issues from poverty, health-care, care-giving, and living arrangements, to dignity of older persons and quality of their lives. While rising life expectancy can be considered a gain in itself, the physical and material well-being and security of older persons are key issues any related policy agenda must also take into consideration. Reducing the adverse socio-economic impacts of ageing on economies and societies as well as the adverse impacts faced by ageing women requires ageing-related policies to especially focus on the special needs and inherent vulnerabilities such as poverty, violence and various forms of abuse and discrimination faced by women, which often calls for intersectoral actions.

A. Intersectoral actions to address vulnerabilities and quality of life of older women

In the late 1990's the World Health Organization adopted the concept of "active ageing" to replace the concept of "healthy ageing" by conveying a message which was more inclusive and that enabled the recognition of the fact that there are factors other than just health that determine how populations and individuals age (Kalache and Kickbusch, 1997, as cited in WHO, 2002). "Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002, p.12). This concept encouraged a transition from a "needs-based approach" to a "rights-based approach", thereby emphasizing the "rights of older people to equality of opportunity and treatment in all aspects of life as they grow older" (WHO, 2002, p.13).

The policy framework on active ageing is guided by the United Nations Principles for Older People: independence, participation, care, self-fulfillment and dignity. Through this framework policy-makers, service providers, civil society and nongovernmental organizations were called upon to take action on three areas or "pillars": health, participation, and security. The framework calls for intersectoral actions involving a range of sectors including health, social services, education, employment, finance, social security, housing, transportation, justice and rural and urban development. The framework incorporates a gender-responsive approach in developing policies, practices and programmes with a specific focus to address the strengths, rights, needs of ageing women from all walks of life (minority groups, disabled, rural women, socioeconomic status etc.). It highlights the need for mainstreaming the gender and age perspectives in all policy considerations to address the

double jeopardy faced by women and thereby: eliminate inequities between ageing women and men and intersection with factors such as culture, religion, socio-cultural norms, socio-economic status etc.; acknowledge and seek ways to address the diversity that exists among older women and men; enable the “full and equal participation of older women and men in the development process” (WHO, 2007, p. 8); and adopt a life course perspective that addresses disadvantages spanning over a lifetime for women, among others.

Based on the framework, some of the WHO (2007) recommended considerations for policy and practice are mapped in table 5 against the three “pillars”:

Table 5: Recommendations for gender-sensitive intersectoral actions for ageing

Active ageing pillar 1: Health and health care			
Access	Affordability	Research	Support
<ul style="list-style-type: none"> - Enhance women’s access to high-quality reproductive health care throughout the life course as well as access to information on such issues that affect them as healthy nutrition, HIV/AIDS etc. - Expand and adjust health care beyond reproductive health only, to the prevention/treatment of chronic diseases. - Improve ageing women’s access to gender and age-responsive “quality-care”, including health care services 	<ul style="list-style-type: none"> - Make health services more accessible and affordable by providing basic old age pension – e.g. which is not necessarily linked only to formal sector work; expand employer-provided pensions benefits to part-time women workers; facilitate health security for women in the informal sector through e.g. health cooperatives. 	<ul style="list-style-type: none"> - Establish/strengthen programmes and research to prevent and manage chronic physical and mental illnesses that particularly affect women often due to gender-based discrimination over the life course. 	<ul style="list-style-type: none"> - Recognize the critical contributions that older women make as care-givers.

Active ageing pillar 1: Health and health care			
Access	Affordability	Research	Support
and long-term care through home and community support, especially given that women live longer than men and are likely to be alone in their old age.			

Active ageing pillar 2: Participation			
Education/literacy	Work	Decision-making	Support
<ul style="list-style-type: none"> – Ensure equal access to primary, secondary and tertiary education for girls and boys. – Address literacy needs and related gender gaps in ageing cohorts. – Support the participation of mid-life and older women in literacy programmes, skills upgrade and job training etc. 	<ul style="list-style-type: none"> – Recognize women’s work in the informal sector and improving women’s access and participation in decent work. – Recognize and valuing women’s unpaid work contribution at household and community levels and supporting the care-giving role of women throughout the life-course through involvement of policy-makers, private sector and civil society in promoting family-friendly policies 	<ul style="list-style-type: none"> – Improve ageing women’s “empowerment and leadership capacities at all levels” (WHO, 2007, p.46), and improving their involvement in decision-making in political, social and economic issues at all levels. 	<ul style="list-style-type: none"> – Not take for granted the “free” care provided by women at the household level but strengthening the State’s role in care services. – Create environments at the community level for social inclusion of ageing women.

Active ageing pillar 2: Participation			
Education/literacy	Work	Decision-making	Support
	and practices to provide solutions to support women's care role without women having to quit their labour market participation during their prime working age.		

Active ageing pillar 3: Security		
Economic	Social	Health
<ul style="list-style-type: none"> – Identify an appropriate combination of policies and practices for income security e.g. by reducing gender gap in wages; providing income security to women in the informal sector; providing equal access to assets, resources and credit for small business/farming/community development projects; ensuring equitable access to social security for older women, including through non-contributory schemes; supporting ageing women to work longer etc. – Prevent and address poverty among older women, by addressing not only income inequities between elderly women and men but also between various groups of women, with a special focus 	<ul style="list-style-type: none"> – Ensure secure and dignified living arrangements for older women and food security. – Adopt a rights-based approach to policy making ensuring ageing women have equal rights to marriage, divorce, inheritance, resources, employment, and access to credit and health care, protection from abuse; as well as rights for widows, including freedom of movement and dignity etc. – Address/ eliminate violence against ageing women in all forms. 	<ul style="list-style-type: none"> – Ensure equal access to health services and security for older women.

Active ageing pillar 3: Security		
Economic	Social	Health
on vulnerable groups such as indigenous/ minorities who may be further disadvantaged.		

Source: Compiled from World Health Organisation (2007). Women, Ageing and Health: A Framework for Action; and World Health Organisation. (2002). Active Ageing: A Policy Framework.

B. Social protection as a comprehensive gender-sensitive policy measure in ageing societies

Social protection, in general, prevents people from falling into and/or combats poverty and is therefore, widely considered as a critical social policy option (ADB, 2012b) and a mechanism to break-away from the poverty trap and serve as a social and economic stabilizing factor (ILO, 2015). It also serves as a measure to prevent or lessen related social tensions, conflicts and excessive out-migration. Among countries with varying levels of development, those with efficient social security systems are in a better position to cope with socio-economic crises.

Thus, as a policy option, social protection has the potential to cut across and fulfill for instance the three pillars of “active ageing” policies as described above, and thereby to address poverty and contribute to the realization of human rights and dignity of older persons. In addition, social security systems can ensure greater “inter-generational and intra-generational equity and solidarity” (ESCAP, 2013a, p. 6) if incentives are provided also to the younger generation to provide support to older persons such as specialized financial schemes to enhance savings, especially given the lower propensity of the older generation to save.

While family support for the elderly has been the most common form of economic and emotional support, especially in some world regions more than others, this is fast declining as discussed earlier. During 1980-1995, financial transfers by children to elderly as a source of income declined by about 22 per cent for Republic of Korea and by about 65 per cent for Japan (ESCAP, 2005). Factors such as rapid industrialization and urbanization

leading to increasing domestic and international migration and fewer off-spring due to lower fertility, are not only changing family structures with decreasing co-residence of the elderly in multi-generational households, but in fact more and more elders, especially women, are taking on the additional role of carers for grandchildren.

Thus, governments are being increasingly called upon to develop mechanisms that provide social protection for older persons who are economically dependent and vulnerable. States must take appropriate actions to establish social security systems that are of benefit to older persons, without discrimination, and which ensure equal rights for women and men. Kabeer (2009) emphasizes that in recent years the concept of social protection has shifted away from “narrow safety nets” providing temporary relief to affected or vulnerable groups to a more “systemic approach”. There is also emphasis towards policy reforms in favor of a multi-pillared approach - a mix of state and private support for old age social security and which encourages for instance, longer years of employment and gradual retirement (OECD, 1998, as cited in WHO, 2002). However whether a systemic or multi-pillared approach is used or not, it is critical to consider the gender implications in the design and implementation of any social protection for the elderly, which has particular significance for preventing older women from slipping into poverty or lifting them out of poverty. Social protection systems often tend to overlook women’s diverse life-course issues and disadvantages (ADB, 2012b). In several low-income countries of the Asia-Pacific region, the majority of older women have to rely on informal protection from their families and the community, given that social protection systems are not designed to give them adequate support.

ADB (2012b) highlights that social protection systems as a whole need to consider more closely the diversity in women’s life-course, including their working lives. For instance, pension schemes in which entitlements depend on long and continuous years of work with progressively rising wages are not particularly beneficial for women. In order to achieve equitable treatment of both elderly women and men through social protection, it is necessary to fully integrate labour market and social protection policy-making (ILO, 2014/15). It must also be stressed that since labour market policies are very important to ensure adequate living standards for women as they grow older, and recognize and harness their skills/experience, it is essential for these policies to also reach out to women who are outside the formal labour market.

C. The gender-sensitive nature of non-contributory pension schemes

The WHO (2002) explains that in developed countries social protection for the elderly could take the form of social security measures ranging from old-age pensions, occupational pension schemes, to voluntary or compulsory savings incentives and funds, as well as various other insurance programmes such as for disability, sickness, long-term care and unemployment. The primary function of a pension system in particular is to maintain a stable level of consumption over an individual's lifetime, and provide protection against "inflation, longevity, and survivor risks" (ABD, 2012b, p. 61). This would make it possible for older persons to maintain a pre-retirement standard of living even in their old age.

In developing countries, while in general, social protection could take the form of social insurance/ assistance, social safety nets and social welfare targeting of such vulnerable groups as the elderly, sick and disabled, poor households etc. (ADB, 2008, as cited in Kabeer, 2009), in reality however, older persons have minimal access to such measures and need to rely on family transfers, informal service transfers or even personal savings WHO (2002). With the increased informalization of work particularly in the developing world, formal contributory pension schemes such as employment-related pensions, are both difficult to administer and less affordable to persons in the informal sector, often mostly women, thus creating a gap between needs and essential social services for an ageing population.

Social pensions can therefore play a critical role in extending pension coverage to those who do not have access to formal pension benefits. Social pensions are a form of social protection that not only protect individuals against adverse shocks, but can contribute to overall economic and social development, and represent an important component of an "institutional foundation for old-age social protection" (ADB, 2012b, p. xvi). They can take the form of cash benefits for the elderly that do not require prior compulsory contributions from beneficiaries or employers, and are largely financed by government budgets. These "flat-rate benefits" are usually financed from general revenues, with the aim of alleviating poverty and securing a minimum income for the elderly (United Nations Research Institute for Social Development [UNRISD], 2010-11). This is particularly relevant to reduce poverty and vulnerability of older women, who either remain unemployed, informally employed or have interrupted working lives by providing them with predictable income.

Some countries in Asia, such as Sri Lanka, Malaysia and Indonesia¹² have designed pension systems allowing for voluntary contributions or which provide for subsidization. These schemes are however criticized for their high administrative costs and low returns. ADB (2012b) points out that such special pension schemes in reality benefit very few women in the informal sector, since these women are unable to even afford the minimum contributions required due to their very low earnings. On the other hand, several governments in developing countries of the Asia-Pacific region are introducing non-contributory programs to assist the elderly. Bangladesh, India, Nepal, the Philippines, Thailand, and Viet Nam are some examples of countries¹³ that have national old age or social pension schemes available, which not only benefit elderly persons to purchase food, health-care etc., but can serve as a source of income for the family of the elderly, thereby reducing the strain on household income and expenditures as well boosting e.g. children's education and nutrition (ADB, 2012b).

Social pensions have several advantages from a gender perspective. As ADB (2012b) highlights, they can offer a safety net for women with low life-time earnings, especially in the informal sector, with women being more likely to meet the eligibility criteria of social pension schemes, such as reaching over a certain age, suffering from extreme poverty, being widowed, or being a sole form of support for grandchildren due to economic migration of younger adults. The non-contributory cash transfer to older women would not only help alleviate poverty, but can thereby promote greater equality and dignity for women by improving intra-family power relations and decision-making processes, especially given women's lower savings and access to assets, resources and services throughout their lives. At the same time women are likely to invest most of the cash transfers for the well-being of the family and community.

However, since social pensions are designed to address extreme poverty, effectively identifying beneficiaries could be a problem and at the same time given that the level of benefits is usually low, they may not be sufficient to lift women out of poverty or make up for inadequate income in later life. Thus, some analysts argue that social pensions, more than

¹² Sri Lanka (voluntary pension scheme for farmers, fishermen and self-employed in the informal sector); Malaysia (Employee Provident Fund (EPF)); Indonesia (National Social Security System) (ADB, 2012b).

¹³ Nepal's universal pension scheme (initiative to combat poverty and extend social rights); Thailand (age used as a criterion in general social assistance programmes); Bangladesh, India and Viet Nam (means-tested social pensions for particular groups) (UNRISD project, 2010-2011; ADB, 2012b).

as a stand-alone mechanism, would be more effective within a broader social protection policy framework, including effective contributory systems of social protection, health/disability care provision, long-term care, etc., together with efficient administration and political will (ADB, 2012b).

At the same time, the effectiveness of social pensions can only be enhanced if the gender dimensions are integrated at the stage of designing these schemes rather than at the stage of evaluation, so that the right beneficiaries can be identified from the initial stage itself. Thus on the whole, it is only a systemic gender-sensitive approach in the design and implementation of social protection that can help harness its benefits and make them truly available to the most vulnerable sections of an ageing population.

4. Indirect impacts of population ageing on women across all age groups and related implications (special focus: increased care needs)

Demographic transition towards an older population can have a range of socio-economic consequences on economies and societies as a whole. While it can affect economic growth, poverty levels, labour supply, fiscal sustainability, saving patterns, capital formation, and intergenerational transfers (ADB, 2012a), there are also critical social implications of the phenomenon of ageing such as the increased physical care needs. Razavi (2007) emphasizes that care, paid or unpaid, is crucial for human well-being and economic development. Traditionally not only have women been primary care-givers within families and communities, but women from disadvantaged social groups have been expected to provide care services to more powerful social groups, while neglecting their own well-being and needs. Most often such care is informal, unpaid or very poorly paid.

While the phenomenon of population ageing affects economies and societies as a whole, it is important to recognize that the increased burden of care-giving activities has particular implications for women across age groups, including elderly women themselves, in many cultural settings. In terms of informal and unpaid care, Henrard (1996) points out that daughters undertake most of the care responsibilities for their parents and parents-in-law, including long-term care. Younger married women are often caught between caring for two generations (Brody, 1981, as cited in Henrard, 1996) which can make it burdensome for them, while younger married men are less likely to be involved in informal care, since they receive the support of their wife to assist in caring. As discussed in various parts of this study, elderly women are also called upon to provide care to their elderly spouse or other elderly members of the family/community in addition to younger children, due to such reasons as out-migration of the younger generation with urbanization and increasing risk faced by younger generations from crises such as HIV-AIDS etc., causing “skipped-generation” households.

Care, therefore, has an important gender context, and while a lot of research studies focus on issues of child care, there is limited discourse on issues pertaining to elderly care and anticipated challenges with the onset of the phenomenon of ageing across most societies, which could eventually lead to a care crisis. Given the limited discourse on elderly care *per se*, this section discusses the vulnerabilities and challenges faced by women across age

groups in relation to care-giving in the wider context, which could be well applied in the context of the growing need for elderly care.

4.1 Why is it important to “care about care” in the context of population ageing?

Brodolini (2011) explains that members of every society need care at some stage in life and care provision can be a challenge that societies have to face over the lifecycle of its population. Some analysts emphasize the importance of care for “economic dynamism and growth”, and stress that care should be seen as integral to socio-economic development due to its contribution to “human capital” development and “social investment” (Razavi, 2007, p. 1). Care services are an important “public good component”, because they enhance “productive human capabilities” (Folbre, 2006, p. 189). Folbre (2006) emphasizes that the benefits of care-giving and receiving can have a spillover effect to enhance the well-being of the community at large.

With demographic ageing, the need and demand for care are increasing at a pace faster than families, communities and states can provide for. The Swedish International Development Cooperation Agency (Sida) (2010) points out that the need to address the issue of unpaid care is therefore becoming increasingly urgent. The reliance on informal care provided by unpaid care-givers within the family, who are mostly women across all age groups, has profound adverse impacts on them, for instance in girls’ school enrolment, women’s labor force participation, time-use, and intra-household power relations and responsibilities.

Given that by 2050 a quarter of Asia and the Pacific’s total population will be 60 years and above, with the region expected to host almost 61 per cent of the world’s older population (ESCAP, 2013a), persons above the age of 60 years will progressively need more care, and the proportion of the population that will need care will more than double in Asia alone. Within these figures, the proportion of older women will be higher than older men, given women’s higher life expectancy. Prevailing social norms in the Asia-Pacific region create dominating reliance not only on familial transfers/ support but also on familial care for the elderly, with the vast majority of elderly in the region living with their children and enjoying a relatively stable support system (ADB, 2012a; ESCAP, 2005). Traditionally most Asia-Pacific cultures have relied on family members, especially women, as primary care-

givers for the elderly within the household. Thus, not only are care needs in the region growing at a fast pace, and there will be more women in need of care, but the role of women across all age groups as traditional care-givers will become more strenuous, and they would need more support in their care-giving role (Brodolini, 2011).

Also, as discussed earlier, falling fertility rates mean fewer off-spring to take care of the elderly and a decline in working age population to serve as care-givers. “Skipped-generation” households consisting of older people and children only are increasingly becoming common in the region due to out-migration and rural-urban migration of the “middle-generation” of adults (UNFPA and Helpage International, 2012). In these situations, it is usually older women than older men who are more likely to act as care-givers for sick members of the family/community and for children who are left behind. In rural areas especially, women may have limited access to basic services and may receive limited or no formal support for their care-giving responsibilities, which they have to undertake oftentimes even in their old age and morbidity.

In addition, most developing countries, where ageing is taking place at the fastest pace, have inadequate or completely lack social protection systems to provide economic and social security for the elderly. In the Asia-Pacific region for instance, providing economic, social and emotional security for the elderly is a “seemingly hidden problem” (Handayani, 2014). Not only are the elderly generally poorer and more vulnerable than other sections of society, with only 10-15 per cent having access to formal social protection systems in the form of pensions or health insurance, but propensity towards poorer health, recent cultural shifts and dissipating family ties are exacerbating care needs of the elderly, which are being inadequately recognized or discussed in policy discourse.

While these issues may not necessarily be new concerns, with the growing phenomenon of ageing, many of these are taking on a new level of urgency, and could eventually lead to a “care crises” in many regions of the world if not addressed in an appropriate and timely manner (Esplen, 2009). Also in recent years, the increase in school enrolment among girls and increased labour market participation of women is decreasing the availability and willingness of women and girls to serve as unpaid care-givers (Esplen, 2009, p.26). Brodolini (2011) explains that, despite the urgency and critical importance of care services to economies, care activities are not accounted for in macro-economic statistics,

resulting in public policies frequently not reflecting the importance of care in improving socio-economic well-being of societies, and not attempting to address issues faced by care-givers or provide them security in the conditions of their work.

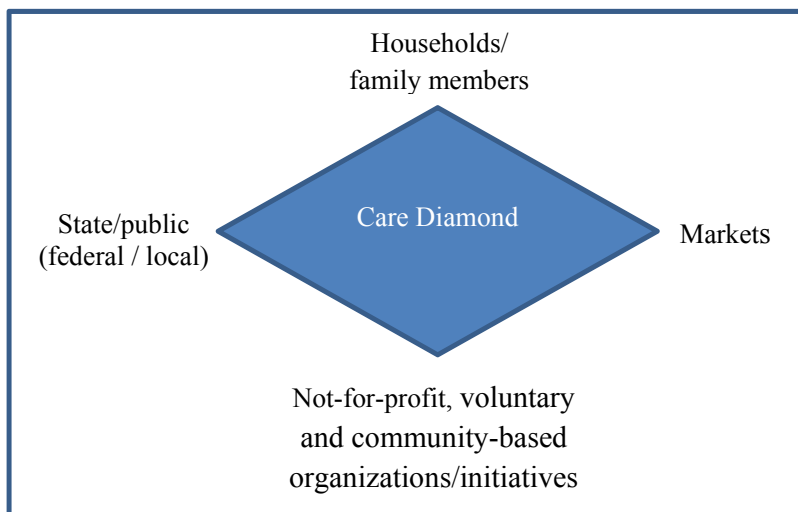
4.2 The economy of care and its gender dimensions

Whether in generally good health or not, most older people eventually need more care, and the quality of life of the elderly depends on care arrangements available in societies – whether care offers them a sense of dignity, independence, social connectedness, and is equitably accessible; who provides care and how it is remunerated (WHO, 2003). Given that women are called upon as care-givers at any age, the issues are of particular relevance for women. Razavi points out that how care is addressed “has important implications for the achievement of gender equality, by either broadening the capabilities and choices of women and men, or confining women to traditional roles associated with femininity and motherhood” (Razavi, 2007, p. iii).

A. The “care diamond” and its gendered nature

Razavi (2007) conceptualizes care arrangements in the form of a “care diamond” as illustrated in figure 13, to include unpaid care by families/households; paid care by markets; paid care by the public sector; and paid and unpaid care by the not-for-profit sector, including voluntary and community provision.

Figure 13: The care diamond



Source: Razavi, S. (2007). The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options, *United Nations Research Institute for Social Development (UNRISD), Gender and Development Programme Paper Number 3*, p.21

A large part of care work is done by *households/family members* not just in developing countries but also in developed countries, though research suggests that in recent years there is a greater shift to the paid sectors for care provision in the latter. While unpaid care “generates intrinsic rewards, stronger family and social ties and good quality services for dependents”, it also entails costs in the form of “financial obligations, lost opportunities and foregone wages” (Folbre, 2006, p. 184), which particularly affect women who form the majority of care-givers. Similarly Espen (2009) emphasizes that while care has aspects of fulfillment, it can at the same time be a burden for the care-giver.

While society as a whole may benefit from unpaid care, it is a well-known fact that women bear the disproportionate burden and costs of the same. As a result, not only do women have less time to engage in paid work but they also lack time to participate in community or personal development activities, or even for rest, personal care and leisure. Girls are often expected to take care not only of younger siblings but of elderly and sick relatives instead of going to school, and women in female headed households are compelled to either not undertake paid work at all or take flexible low-paying jobs in order to be able to fulfill their care role.

Sida (2010) succinctly captures that “women’s time poverty undermines well-being, generates insecurities, fosters financial dependence and limits options for decent work, even to the point of restricting women to low-status, part-time jobs in the informal sector”. A study by the United Nations Research Institute for Social Development (2007-09) indicates that if such work were to be assigned a monetary value it could constitute between 10 to 39 per cent of the Gross Domestic Product (GDP).¹⁴ However, with women’s increasing entry into paid work, care provision is gradually being shifted to the paid sectors in recent years, and more so in developed countries - though research by Razavi (2007) indicates that rigorous comparisons are not possible due to lack of comparable datasets.

¹⁴ Calculated for six countries (South Africa, Tanzania, Argentina, Nicaragua, India and the Republic of Korea) that were part of the United Nations Research Institute for Social Development (UNRISD) study, by multiplying estimated number of hours spent on unpaid care by the average wage paid to a worker, such as a domestic worker or housekeeper, who would carry out virtually all care-related tasks (Budlender, 2008, as cited in UNRISD Research and Policy Brief 9, Feb 2010).

Markets often employ women as care providers, especially from socially disadvantaged groups. While many may argue that paid care work is an important source of employment for women, “traditional gender ideologies” (Razavi, 2007, p. 13) are often used to justify that women’s care work is low-skilled and of low-status, and therefore should be low-paid. Women engaged as health workers, nurses, domestic workers and migrant workers performing care work for the elderly or others, though remunerated, often work in informal sector settings, are under-paid and have no legal and social protection. Folbre (2006) argues that women’s occupational segregation in caring jobs provides an explanation for the persistence of gender wage gaps.

The role of the *state* or of the *public sector* is very important in care provision especially with the urgent demographic transition towards an older population. However, its role can be qualitatively different from that of families or the market, since the state is not just a provider of welfare, but is responsible to make decisions about the other institutions providing care (Razavi, 2007). Although the state may not be able to fund care services by itself, it has the responsibility to support care solutions e.g. through tax alleviation, regulation of care provision and monitoring of quality of services (Sida, 2010). Families, markets and community organizations many-a-times have to fill the gap for what the state does not or cannot provide in terms of care (Jenson and Saint-Martin, 2003, as cited in Razavi, 2007), which thereby inadvertently results in transferring the disproportionate burden of care-giving to women.

A number of *voluntary and community-based organizations/initiatives* are the result of “women’s mobilization and collective struggles” (Razavi, 2007, p. 15), and such organizations often absorb care labour costs with workers performing care work for much less pay than the cost in the market sector. This is the *non-market or not-for-profit sector*, which is a “heterogeneous cluster of care providers” (Razavi, 2007, p. 21), and Governments sometimes partner with these care providers as a cost-effective measure. However, relying too much on cost absorption by care providers can result in compromising the quality of care services.

The movement from the “private sphere” of care (families and voluntary organizations) to the “public sphere” (markets and the state) is not always linear. Razavi (2007) indicates that countries may move back and forth across the various sectors depending

on circumstances. At the same time, while there are institutional differences, the demarcation between these forms of care provision may sometimes be blurred given e.g. that household/family care may be provided by family members while on paid leave; voluntary care may be paid; or market care may be subsidized or regulated by the state. These issues may pose challenges for data collection on e.g. ‘who provides care’, whether it is ‘paid or unpaid’ etc., and to analyze related gender issues.

B. The traditional care model –vulnerability versus sustainability

As per the traditional care model, men are seen as breadwinners through labour market participation, which is assigned a monetary value, while women are seen as care-givers primarily engaged in unpaid domestic and care work within households. The woman as care-giver is typically a direct kin of the care recipient (a child or elderly person) living in the same household. This arrangement is particularly visible among low-income households and in low-income countries.

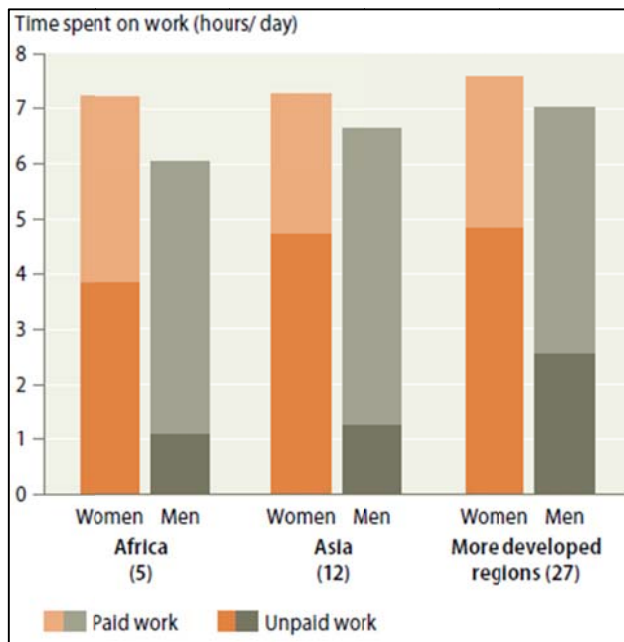
Many writers emphasize that the traditional care model reinforces gender inequalities. Women are taken for granted in providing care within family and community settings, and women’s “free” care work often goes unrecognized, undervalued and is considered an extension of their domestic responsibilities (Brodolini, 2011). Although most families and communities rely on “free” care provided by women, the extent of their contribution is not adequately quantified and there is little knowledge on how this care-giving role affects women’s own health and well-being (WHO, 2003). Brodolini (2011) explains that prevailing institutional frameworks around the labour market and social protection systems have to a large extent facilitated the functioning of this model. Even where care is paid for and formal, women form the overwhelming majority of care-givers and this work is seen as a low-skilled job suitable only for women, thereby limiting their opportunities and choices (Esplen, 2009).

It is well known that the unequal distribution of domestic and care work between women and men at the household level, is a critical barrier to women’s labour market participation. This not only has adverse consequences for women’s economic empowerment but puts them at the risk of economic vulnerability and social exclusion throughout the life-course, while also depriving their families of additional income (Urdang 2006, as cited in Razavi, 2007). Women’s domestic and care work poses a double burden on them and women

face this overburden not just in quantitative terms based on more hours spent on such responsibilities as compared to men, but also in qualitative terms. While Brodolini (2011) makes this argument in the context of childcare, the same argument may hold good for elderly care, whereby women are usually engaged in providing more “absolute” care than men and are overburdened with multiple activities, “more physical work, a more rigid timetable and more overall responsibility” (Brodolini, 2011, p. 6) in most societies and cultures.

While robust supporting data are not available for the Asia-Pacific region as a whole to support these arguments, on the basis of country-level data UNDESA (2010) highlights, as shown in figure 14, that the total work burden (paid and unpaid work) for women is higher than men in most circumstances. Overall women have the opportunity to spend less time in paid work than men, and when unpaid work is taken into consideration, women’s total work hours are longer than that of men.

Figure 14: Time spent: paid and unpaid work, by sex and region, 1999–2008*, hours/day



Source: United Nations, Department of Economic and Social Affairs (2010). *The World's Women 2010: Trends and Statistics*, p.102

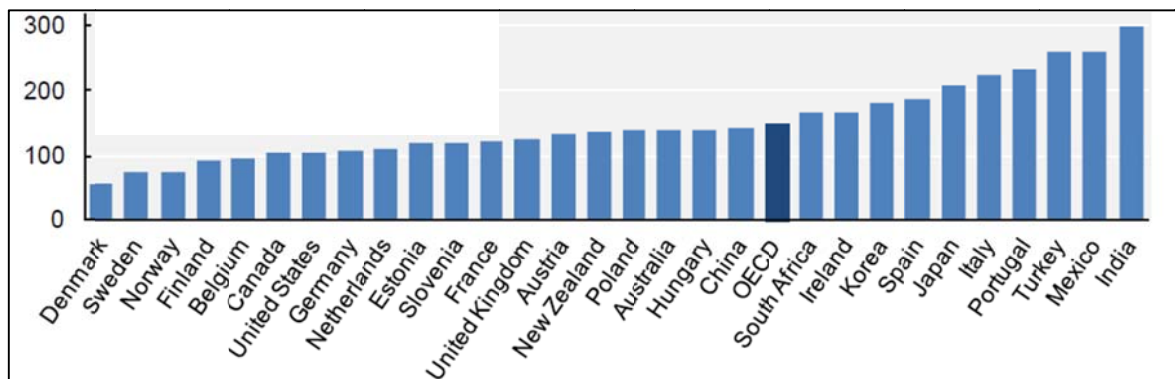
*Note: Latest available figures. Figures computed by the United Nations Statistics Division based on country-level data from Statistics Sweden, UNECE and national statistical offices (as of December 2009). Unweighted averages used - numbers in parenthesis imply number of countries averaged.

There are various other studies that have highlighted similar issues related to the unequal sharing of unpaid work, including care work, at the household level. For example

Antonopoulos (2009) indicates that in Japan, women spend 3 hours and 19 minutes more than men on unpaid work¹⁵, while this figure is as high as 4 hours and 26 minutes for India.

As illustrated in figure 15, based on national time-use surveys, Miranda (2011) indicates that while women spend between 100 and 200 minutes more per day on unpaid work in countries like Australia, China, New Zealand and Republic of Korea, this difference jumps to more than 300 minutes for India. Men’s unpaid working time is on averages less than 60 minutes per day in the India, Japan, and Republic of Korea and ninety minutes per day in China. Such unequal distribution and sharing of domestic and caring activities results in women’s weaker attachment to the labour market and consequently the risk of more economic and social exclusion for them.

Figure 15: Female minus male unpaid working time*, population 15-64 years and over, selected countries, 1998-2009, minutes/day



Source: Miranda, V. (2011). Cooking, caring and volunteering: unpaid work around the world, *Organisation for Economic Cooperation and Development (OECD) Social, Employment and Migration Working Paper, No. 116*, p.12

* Notes: OECD estimates based on national time-use surveys

Miranda (2011) further points out that unpaid work and its gender division to some extent is dependent on the country’s level of development. Weak and volatile economic systems continue to rely on families as care-providers. Cut-backs in social policy and the inability of public systems to absorb this responsibility results in reinforcing gender inequalities in care provision.

¹⁵ The paper defines “unpaid work” as including all non-remunerated work activities, lacking social recognition.

Brodolini (2011) however, explains that the traditional care model could now be facing a crisis since women's increasing entry into paid work is accompanied by rapid demographic changes caused by population ageing and limited or inadequate social and health systems. Women's increased participation in paid work⁷ as well as their increased out-migration for work, would lead to fewer women being available to devote as much time to unpaid work, including care, as before.

The traditional care model is being weakened and is becoming less sustainable, not only because women themselves are facing time constraints to fulfill their care role, but also because they have very little support in their care responsibilities. The need for more equal sharing of care responsibilities between women and men at the household level as well as the need for formal or institutionalized care are becoming more critical than ever before. Folbre (2006) explains that an increase in women's participation in paid work in recent years has not resulted in a commensurate decline in their non-market work, and in fact women need to compromise on personal care and leisure time in order to fulfill their domestic and care role in addition to their paid work. They often work a "second shift" (Folbre, 2006, p.184), since changes in women's labour force participation has not been accompanied by a redistribution of domestic and care work at the household level or an increase in the public provision of care services.

However, on the other hand, women still face discrimination in the labour market in the form of occupational sex-segregation, temporary/informal contracts, lack of social/legal protection, gender wage gaps etc. Women's participation in paid work is still quite erratic since they are compelled to engage in part-time work, career breaks etc. Thus, typically women accumulate lower earnings and savings over the lifetime. This could make the cost of not working and caring instead i.e. the opportunity cost of unpaid care work lower for women than for men (Brodolini, 2011), thereby reinforcing the traditional care model in some ways.

Care also has a strong qualitative or emotional element and in some cultures family bonding through care of the elderly is still strong making formal care arrangements a less preferred alternative by family members and the elderly themselves, thereby reinforcing the need to retain the traditional care model. Wright explains that it would be incorrect to make it seem that full-time unpaid care of the elderly is nothing other than demanding, burdensome and exhausting (Wright, 1986, as cited in Henrard, 1996). It could well be an "altruistic

giving” or “norms of reciprocity” (Henrard, 1996, p.675), even if done mostly by women, towards the elderly in return for everything received in the past as well as in expectation of something in the future (e.g. inheritance).

In addition, private and paid services can be a huge financial burden on care-recipients and their families, particularly in low-income groups therefore (Brodolini, 20110), lending persistence to women’s enduring role in unpaid care work within families.

C. The invisibility of women’s unpaid care-giving activities(including care for the elderly)

While women’s care-giving activities could be remunerated services, in most circumstances women are engaged in unpaid care-giving activities within households and family settings. Though there is a constant reinforcement of care activities as something that only women do, the importance of women’s care activities has not been adequately recognized or valued by society, thereby confining women to low status, increasing their financial vulnerability and leading to their social exclusion (Razavi, 2007). Feminist economists have long struggled to make the “invisible or unpaid economy” visible (Razavi, 2007, p. 4).

In order to understand care-giving activities and why they remain invisible it is necessary to first begin by understanding how the economy is viewed and measured. The System of National Accounts (SNA) provides the internationally agreed standard on compiling measures of economic activity. Care-giving activities have remained invisible in national accounts. Previously both the value of services as well as the value of goods produced by households for own consumption were excluded from the production boundary of the SNA. In defining production boundaries, a distinction is made between the “general production boundary” and the “SNA production boundary”. The general production boundary is defined as encompassing all activities carried out “under the control and responsibility of an institutional unit¹⁶ that uses inputs of labour, capital, and goods and services to produce

¹⁶ "Two main kinds of institutional units, or transactors, are distinguished in the SNA; households and legal entities. Legal entities are either entities created for purposes of production, mainly corporations and non-profit institutions (NPIs), or entities created by political processes, specifically government units." (2008 SNA, para. 1.9)

outputs of goods or services” (2008 SNA, para. 6.24). Most unpaid work falls within this definition (Australian Bureau of Statistics [ABS], 2014).

The SNA production boundary however, is more restrictive than the general production boundary. Since the 1993 revision of the SNA, all goods produced for home consumption are allowed to be included, while production boundaries are not relaxed for the production of services for self-consumption¹⁷. To put it simply the SNA production boundary includes:

- a. *Production for the market* (i.e. the production of individual/collective goods or services supplied to units other than their own producers).
- b. *Subsistence production* (i.e. own-account production of goods retained by producers – either for their own final consumption or gross capital formation).
- c. *Imputed rent and paid domestic work* (i.e. own-account production of housing services by owner-occupiers and of domestic and personal services by paid domestic staff).

As illustrated in figure 16, thus, the SNA excludes¹⁸ from its production boundary all other own-account production of services within households (i.e. services that are produced for own use by households or domestic and personal services produced and consumed by members of the same household or unpaid household work), such as (2008 SNA, para. 6.28):

- a. Cleaning, decoration and maintenance of the dwelling occupied by the household, including small repairs of a kind usually carried out by tenants as well as by owners;
- b. Cleaning, servicing and repair of household durables or other goods, including vehicles used for household purposes;
- c. Preparation and serving of meals;
- d. Care, training and instruction of children;
- e. ***Care of sick, infirm or old people;***

¹⁷ With the exception of “own account production of housing services by owner-occupiers and production of domestic and personal services produced by employing paid domestic staff.” (2008 SNA, para. 6.27)

¹⁸ The SNA also does not include in production the value of volunteer and community work provided free by households to other households or not-for-profit institutions (2008 SNA, 19.39 & 29.156, as cited in ABS, 2014).

- f. Transportation of members of the household or their goods

The above are considered as “non-market” and “non-economic” (Collas-Monsod, 2010).

Figure 16: Forms of work and the System of National Accounts 2008¹⁹

<i>Intended destination of production</i>	<i>for own final use</i>		<i>for use by others</i>					
<i>Forms of work</i>	Own-use production work		Employment (work for pay or profit)	Unpaid trainee work	Other work activities	Volunteer work		
	of services	of goods				in market and non-market units	in households producing	
							goods	services
<i>Relation to 2008 SNA</i>			<i>Activities within the SNA production boundary</i>					
	<i>Activities inside the SNA General production boundary</i>							

Source: Hunter, D. (2015). Review of the International Classification of Status in Employment (ICSE), *International Labour Organisation*, p.11

Interchangeable use of related terminology such as “unpaid work”, “care work” and “unpaid care work” often complicate matters (Antonopoulos, 2009; Razavi, 2007). Antonopoulos (2009) explains that some unpaid work activities are considered as “unpaid economic work”²⁰, and like paid work they are deemed to belong within the SNA production boundary. These activities are to be measured and included in annual estimates of Gross Domestic Product (GDP). All other unpaid work activities are classified as “non-economic” and are considered to lie outside the SNA production boundary. However, recognizing that such activities contribute to society, though perhaps not to the “economy”, the SNA recommendation is to construct parallel or satellite accounts to the national income and product accounts (GDP).

¹⁹ “Other work activities” include such activities as unpaid community service; unpaid work by prisoners when ordered by an authority; unpaid military/ civilian service (such as compulsory work performed without pay for others).

²⁰ “These pertain to (a) production of fixed assets for household use, such as building a house; (b) subsistence production work, such as crop cultivation, animal husbandry, forestry, and fishery for own use; (c) collection of basic necessities, like water and fuel wood from common or private lands; (d) collection of raw materials for income generating activities like crafts and other manufacturing; and (e) activities such as unpaid family work for crop production that *reaches the market*, as well as animal grazing, agro-processing, and food processing *for sale*” (Antonopoulos, 2009. p.4)

However, the use of the terms “care work” and “unpaid care work” can sometimes be misleading and limiting if understood only to signify the “sum of childcare, eldercare, and care of the sick and permanently ill” (Antonopoulos, 2009, p. 4). This is similar to what is called “direct care” (Razavi, 2007, p. 6) of persons such as bathing/feeding them, taking them to the doctor/ for walks, talking to them etc. Antonopoulos (2009) explains that the challenge with the use of terminology in this way is that it makes the critical assumption that unpaid care work involves only caring for those unable to care for themselves due to their age (e.g. either too young or too old) or due to a temporary or permanent illness or disability, but it misses out on activities that are needed to be performed in the process of taking care such as preparing meals, cleaning sheets, doing laundry or shopping for such persons, or as Razavi calls them “preconditions for personal caregiving” (Razavi, 2007, p. 6).

Antonopoulos (2009) further explains that use of the terminology in this manner also misses out on time spent in accessing “intermediate inputs” need for care provision, such as fetching water, which is required for both the “direct care” activities and the “preconditions for personal caregiving”. She emphasizes that it must be recognised that the “daily social reproduction” (Antonopoulos, 2009, p. 5) of not just the elderly but the entire society takes place largely through “unpaid care work”.

The 2008 SNA, para. 6.29 explains that most countries use a considerable amount of labour in own-account production of services (elaborated earlier), and the consumption of these has important implications for economic welfare. While national accounts serve a range of analytical/policy purposes, they are not compiled with the primary intention of providing indicators of welfare. The rationale for exclusion of household and personal services for own consumption from the SNA production boundary is that:

- Such services are “self-contained” with limited implications for the rest of the economy. A household service that is produced is simultaneously consumed with no possibility to decide later whether to offer it for sale or not, unlike in the case of goods (SNA 2008, para. 6.29.a).
- There are also difficulties to obtain market value of such services or to impute their monetary values (SNA 2008, para. 6.29.b).

- The production of services for own consumption does not or is not influenced by economic policy because the imputed values are not equivalent to monetary flows. For instance, variation in the levels of household services produced does not affect the tax yield of the economy or the level of the exchange rate. The inclusion of such services could make the accounts less useful for macroeconomic/ policy analysis and could in fact cause them to digress from historical trends (SNA 2008, para. 6.29.c; Razavi, 2007; Collas-Monsod, 2010).
- In addition, given the International Labour Organization (ILO) guidelines, “economically active persons are persons engaged in production included within the boundary of production of the SNA.”, if the boundary were to include the production of own-account household services, this could imply self-employment, thereby making almost the entire adult population economically active, with virtually no unemployment (Collas-Monsod, 2010).

Thus, while the SNA may have its rationale for exclusion of services that are produced for own use by households, this exclusion has severe consequences for gender equality, since it perpetuates the non-recognition of women’s contribution to the national and household economy²¹. Not measuring or recognizing women’s full contribution through unpaid care activities means that policymakers are not provided statistical data reflecting how this work has an impact on the economy as well as the well-being of the society as a whole (Waring, 1990, as cited in ActionAid, 2013). Collas-Monsod (2010) argues, that this has not only reinforced gender inequalities but is ironical, since women’s unpaid services at the household and community level makes it possible for other family members to participate in the economy as producers and consumers and facilitates the functioning of the rest of the economy. It also saves government budgets by providing services such as elderly care, which otherwise would need to be publicly funded. Yet women, who are the primary providers of

²¹ A recent (2013) step in measuring and accounting for women’s unpaid (care) work is the new definition of “work” as contained in the 19th International Conference of Labour Statisticians (ICLS). According to this resolution, the concept of work is aligned with the general production boundary as defined in the 2008 SNA, and “work comprises any activity performed by persons of any sex and age to produce goods or to provide services for use by others or for own use” (The 19th International Conference of Labour Statisticians, Resolution I, p. 1). Thus, the Resolution envisages and encourages data collection, though on a “less frequent basis, depending on national circumstances”, on various work patterns including “participation and working time in own-use production work, unpaid trainee work and volunteer work” (The 19th International Conference of Labour Statisticians, Resolution I, p. 11), though not within SNA production boundary. Therefore, by recognising own-use production of services, it helps measure and account for the volume of work performed, mainly by women, to produce services for own and family use.

these services, are considered as dependents or “at leisure”. The exclusion of the household economy from the total economy only provides a partial and perhaps distorted macro-economic picture, and especially so for developing countries, many of which survive at the subsistence level.

The 1993 SNA introduced the concept of parallel satellite accounts that are linked to, but separate from the central system of SNA accounts. It was recommended that unpaid work be valued in satellite accounts and measured as “extended economic work” (extended SNA or ESNA) (Razavi, 2007). Collas-Monsod (2010) argues that while this may seem better than completely excluding unpaid household services, there are shortcomings. Satellite accounts appear to make women’s unpaid work auxiliary and do not necessarily make men and women equally visible in national accounts. Women should be part of the central system of these accounts rather than part of what is called an “enhanced GDP”. In addition, she argues that GDP should be a measure of “the market value of all goods and services in a country during a year”, and not mainly the market value of final goods and services bought and sold in the market. While the valuation of unpaid work is a challenge, more concerted efforts are required toward this end, so that the invisibility of women’s contribution to the economy, especially through the use of narrow and inadequate definitions, can be removed. While institutionalization of satellite accounts is a first necessary step, it is not sufficient and can serve only as a preliminary solution. What is needed is the full integration of unpaid work in a country’s national accounts and macro-economic policy.

Collas-Monsod (2010) draws attention to the fact that time-use surveys or time-use questions in regular household surveys do serve as an indispensable tool to make women’s contribution to the economy statistically visible. However, more efforts are required to make full use of this data for valuation of non-market production in order to integrate into GDP figures. Miranda (2011) explains that time-use surveys, though a useful tool to make women’s contribution to the economy statistically visible, pay less attention to care for adults as compared to care for children, and that just as in the case of childcare, there are challenges in accurately measuring time spent on caring for adults. Many surveys for instance do not publish care for elderly as a separate category and this is lumped into the category of “other housework”. At the same time, unlike in the case of childcare, care for adults is not disaggregated by age of the care recipient, making it difficult to distinguish between care for an ill/ disabled spouse or e.g. an elderly relative. This causes challenges in accurately

delineating exactly how much time women spend on unpaid care work for the elderly. More reliable, accurate and consistent data on time spent on adult care is therefore critical to design long-term care policies, with particular attention to informal female care-givers.

4.3 Actions to address women's unpaid care-giving burden and responsibilities in the context of population ageing

The invisibility of care in national statistics and macro-economics as described perpetuates its invisibility in related policy and programme formulation and implementation, research, and budgeting by governments, donors and researchers. Brodolini (2011) emphasizes that the lack of adequate policy frameworks are an impediment to the reduction of gender inequalities in care-giving responsibilities. The way time is distributed and used remains gendered in the sense that men are allowed to make paid work a priority, while women are expected to undertake most of the care work, which is not adequately recognized or valued.

Policy frameworks therefore, need to consider care as a critical socio-economic policy issue, rather than assuming that there is an unlimited supply of care available from a “natural inexhaustible source” (Elson 2005; Folbre 2001, as cited in Razavi, 2007, p. 1). In enhancing care provision and developing related policy frameworks, Crepaldi et al. (as cited in Brodolini, 2011) stress that it is necessary to keep in mind the range of objective barriers, which exacerbate women's unpaid care-giving burden and responsibilities by restricting access to care services. Private care costs for the elderly can be unaffordable to care-recipients and their families, particularly in the case of low-income groups. There is also a lack of availability of quality and reliable elderly care services making engagement in paid work difficult for women in the household. At the same time, for some cultures and groups, the provision of care services for elder members of the family for instance, by persons outside the family is largely non-acceptable and an extreme option, especially given the importance of strong family ties and respect for elders. Thus, as is evident, each of these barriers makes women in family and community settings the fallback option as care-givers.

Cultural barriers are particularly relevant in the Asia-Pacific region. “Filial piety” is strong in many Asian countries (Chan, 2005, p. 8). For instance, respect for the elderly is strong in Thailand (Sobieszcyk, Knodel, & Chayovan, 2003, as cited in Chan, 2005). Even when countries are rapidly modernizing, forms of respect may not decline, as suggested in the

case of Singapore (Mehta, 1997, as cited in Chan, 2005). Thus, maintenance of family-based care for the elderly even in rapidly industrializing contexts is suggestive of the fact that Asian families tend to respond differently to pressures of social and economic development as compared to Western economies (Chan, 2005). Chan (2005) also makes the point that current policies related to care of older adults in Asia place the onus and obligation of care on the family, with the view that co-residence is an important form of support.

A. Recognising, reducing and redistributing women's unpaid care-giving burden and responsibilities

Razavi (2007) points out that it is a misconception to assume that if women's care-giving work were to be addressed through policy, the only possible response would perhaps be to provide some kind of cash compensation to women in the form of e.g. stipends/pensions. Historically some women's rights advocates have raised such demands, but not so much by modern-day advocates, given the recognition that such a demand is likely to only reinforce care as women's work, thereby continuing to not only exclude women from the public domain, but also absolve men as well as other sectors, such as the public sector, from care-giving activities. While such cash compensation is a less costly option for the public sector as compared to providing public or formal care services, the payments most often are minimal and do not bring with them other social/employment benefits.

In recent years gender advocates are proposing a range of policy interventions for care-giving work, which not only address women's related disadvantaged position and opportunity costs due to care-giving responsibilities, but seek to engage and involve more men in such responsibilities. At the same time, these recent proposals are also intended to be more gender-neutral in order to overcome the reinforcement of care as a maternal duty. Some examples cited by Razavi (2007) include more gender-neutral cash payments in the form of e.g. caregivers' allowance or citizen's wage; tax benefits; paid/unpaid leave options for those employed; and social security benefits for care-givers and care-recipients.

Most of the literature pertaining to care-related actions and interventions to promote gender equality call for the need to recognize, reduce, and redistribute care-related work, as consolidated in the table 6. While some of these actions pertain to care-giving activities in general, they could well be applied in the context of elderly care. Some of these actions could

be directly beneficial to women care-givers, while others could be beneficial to care-recipients, with indirect benefits to care-givers.

Table 6: Programme/policy provisions for addressing women's unpaid care-giving responsibilities and burden

Programme/policy provisions	Potential direct benefits for care-givers, mostly women	Potential benefits for care-recipients, with indirect benefits to care-givers, who are mostly women)
Recognition		
Enhance visibility of care-giving activities in statistics and public debates (If unpaid care-giving activities are not made visible to policy makers and planners, they will not receive policy attention or investment – what is seen or measured is prioritized or invested in)	<ul style="list-style-type: none"> – Promote the use of time-use surveys or time-use modules in other household surveys and introduce methodological improvements to such surveys such as addressing how to measure multi-tasking. – Promote regular data collection on related indicators, such as those provided by time use surveys and labour force surveys to monitor policy effectiveness to reduce/equalize care burdens e.g. number of hours spent in elderly care-giving activities by sex; value of unpaid care activities expressed as a percentage of gross domestic product (GDP); elderly care-givers by sex. – Promote the construction of satellite accounts for unpaid care activities. – Review standards related to accounting for and valuing unpaid care work through the SNA. 	
	<ul style="list-style-type: none"> – Incorporate unpaid care-giving in gender-responsive budget initiatives - reflect such work in national planning and budgeting, so that the importance of such work to human/elderly welfare is recognized. 	

Programme/policy provisions	Potential direct benefits for care-givers, mostly women	Potential benefits for care-recipients, with indirect benefits to care-givers, who are mostly women)
Valuation of unpaid care-giving activities	– Valuation of unpaid care-giving ²² activities and the opportunity costs related to performing unpaid care-giving work.	
Assist care-givers through monetary and social security benefits	– Cash payments; tax allowances	Social security/pension credits; comprehensive social protection systems
Assist care-givers through employment-related measures and labour regulations	– Paid and unpaid leave; career breaks; severance pay; measures to reconcile work and family life such as flexi-time, reduction of working time and compressed working week	
Create care-giving jobs with incentives	– Quality private care jobs improving employment prospects for women; competitive pay; exemptions from social security contributions for women engaged in such jobs	Tax reductions and subsidies for hiring private care
Recognize rights of care-givers	– Clear standards on the rights of women/volunteers as care-givers	
Reduction		
Reduce arduousness and inefficiencies of care-giving work	– Promote and provide time and labour-saving technologies	
Maintain and expand public services; provide social programmes, services or benefits to relieve women of care-giving		Health care provisions; formal care arrangements; other community-based support services; residential places for elderly/ children
Redistribution		
Implement policies for care-giving work burden sharing at household level	Promote equal sharing of care between women and men e.g. flexible working arrangements, provision of leave for elderly	

– ²² The value of unpaid care could be estimated using e.g. a ‘generalist approach’ i.e. average salaries, or the ‘domestic worker approach’ i.e. using salaries of paid domestic workers (Falth.A. & Blackden. M. (2009).

Programme/policy provisions	Potential direct benefits for care-givers, mostly women	Potential benefits for care-recipients, with indirect benefits to care-givers, who are mostly women)
	care, and the availability of affordable elder care services	
Expand public provision of care services and ensure high-quality care services (if public care services are not of adequate quality, women and girls may be confined to providing the services themselves)		Allocation of public budgets for financing, regulating and providing care; quality care services at subsidized costs e.g. reduced transport and user fees
Address stereotypical attitudes	– Pubic campaigns to engage men and encourage men's participation in care-giving	

Compiled using the following sources:

- Brodolini, F. (2011). Gender equality in caring responsibilities over the lifecycle;
- Daly, 2001, as cited in Razavi, S. (2007). The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options;
- Falth.A. & Blackden. M. (2009). Unpaid Care Work. *United Nations Development Programme (UNDP), Policy Brief Gender Equality and Poverty Reduction, Issue 1, October 2009*
- United Nations Research Institute for Social Development (UNISDR) (2010). Why Care Matters for Social Development, *UNRISD Research and Policy Brief 9*;
- Institute for Women's Policy Research (2013). Women and the Care Crisis: Valuing In-Home Care in Policy and Practice, *Briefing Paper*

Some of these options may however be more applicable to developed countries rather than developing countries. For instance, given the high levels of employment in the informal sector and unemployment, especially of women, in developing countries, a policy option such as paid/unpaid leave would be less beneficial to the majority of women. Women as care-givers in developing countries could instead benefit e.g. through more from suitably designed pension systems; health-care systems, and other forms of family-related benefits. A UNRISD project from 2006-2009 on the "Political and social economy of care" highlights that though pensions are not about care, but rather about financial security in old age, they may allow pension receivers to purchase care or even assist the care-giver with some of her household needs. Similarly, health care programmes may provide an indirect impact on care by assuming some of the responsibility for the care of the elderly and ill and therefore, relieving women at least partially of the unpaid care-giving burden.

B. To what extent is public/formal/institutionalized care needed particularly in the context of Asia and the Pacific?

There are several countries in South-East Asia that have implemented national policies on ageing, such as in Indonesia, Malaysia, the Philippines, Singapore, and Thailand (Phillips, 2000, as cited in Chan, 2005). However, given the role of familial support in most Asian cultures, the question is - to what extent do governments need to arrange for and provide public, formal or institutionalized care for the elderly? Formal support for older persons, whether in the form of economic support- such as social security/pension schemes; physical care - such as formal care-giving services, including infrastructure/nursing homes etc.; or social support - such as community-based programmes, have the potential to replace familial functions. Chan (2005) argues that while formal programmes could “crowd out” familial support and care for older persons, such programmes require a conducive legislative and infrastructural environment in order to be successful. Chan (2005) instead argues in favor of formal programmes that “crowd in” family support and care, rather than programmes that replace these. For instance, there can be a range of government incentives/rewards for caring for the ageing parents as is the case in Singapore, where priority housing is provided to adult children whose older parents live with them, and tax incentives are provided to adult children providing support to parents in Malaysia and Singapore.

Razavi (2007) however, emphasizes that when it comes to care-related needs, the provision of public/formal services is often the preferred option as advocated in feminist social policy literature as compared to cash compensation or other incentives to female care-givers. While this option has huge financial implications for public budgets and may possibly “crowd-out” care services by other sectors such as the family, market or not-for-profit sectors, from a gender perspective it is the more superior option. For instance it gives women, traditionally engaged in unpaid care-giving in families and communities, the choice and freedom to undertake e.g. labour market participation. At the same time since it can help to “legitimize care work” (Razavi, 2007, p. 25) - even if women are engaged in care jobs, these can be relatively stable and protected as compared to similar jobs offered by the private /market sector. This can in turn enhance the quality of care services for care-recipients, which is particularly significant in low income situations. While care work in the public sector can often be characterized by inferior working conditions, it tends to be better paid as compared to such work undertaken privately by individuals (Daly, 2001, as cited in Razavi, 2007).

At the same time, ESCAP (2005) explains how declining fertility rate in the Asia-Pacific region can increase pressure on family care-giving for the elderly, which inadvertently falls on women. When fertility rates fall to replacement or below-replacement levels thereby reducing the number of siblings, the demographic change could result in a 2-2-4 or 1-2-4 family structure (a middle-aged couple would need to typically support their two children or one child (as in the case of China's one-child policy) as well as four old parents. Such a lean family structure would in turn lead to the need for the present and future generations to seek alternative care-giving arrangements for their elderly parents. Sri Lanka is one such country example, wherein the weakening of the family care mechanism has led to increased demand for institutional support by the elderly. Public provision in the form of institutional care for the elderly is one such option, the other being creating a suitable environment for the not-for-profit sector to provide such services.

It would be worth highlighting the ideas raised by Tronto that care should be seen as a "central concern of human life" and not just a "parochial concern of women" (Tronto, 1993, as cited in Razavi, 2007, p. 26) or a moral obligation for women. This argument is becoming more valid and applicable than ever before due to the growing demise of the women's domesticity" and "maternal duties" (Razavi, 2007, p. 25) as well as the male bread-winner model. Moving therefore from programme and policy interventions which are maternalist to those that are transformative are essential, thereby making the role of the "state" in Razavi's care diamond crucial than ever before in shaping and regulating such a policy environment.

As WHO (2003) points out that "active ageing" policies need to ensure a high quality of life, participation, health, and security (discussed earlier), which not only include assuring adequate incomes and providing living options which encourage interpersonal connections and dignity for the elderly, but which also reduce the burden of unpaid care-giving expected of women in families and communities in general, including older women (WHO 2003). In the context of Asia and the Pacific in specific, Chan (2005) makes the point that, given the speed of population ageing, policymakers need to remain flexible. In just about one generation, the picture is likely to change with the next generation of older adults being significantly better educated, financially more stable and in better health. Therefore, ageing policies in general, and care-related policies in specific, may need to evolve as compared to the current generation of older adults.

5. A future gender-sensitive research and global development agenda for actions on ageing

Based on the literature that has been explored and synthesized, some key observations are that:

- Most world regions are facing a demographic transition towards an older population, which is becoming an urgent policy issue. A striking feature of this transition is the difference in longevity between women and men, with the declining mortality of women, especially the very elderly women or the oldest old group. Thus, there are more older women than men across most world regions, and the feminization of ageing is becoming inevitable.
- While there are certain common basic needs of both women and men as they age, elderly women and men may face varying concerns. Ageing related policies and programmes need to specifically pay attention to the growing feminization of ageing, especially since older women form a very vulnerable group, facing the “double jeopardy” of ageism over and above life-long gender-based discrimination.
- However, while there are several vulnerabilities that women face as they grow older and in their old age, older women are not in a disadvantaged position in all circumstances, and may in fact sometimes be at an advantage as compared to older men.
- The phenomenon of ageing not only affects elderly women themselves, but could have indirect consequences also for women in younger age groups, one example being the increased burden of unpaid care giving for the elderly, which traditionally has been considered the responsibility of women across most societies and cultures, and more so in the Asia-Pacific region.
- However, the non-recognition and invisibility of such care-giving work performed by women in macro-economics and official statistics, in a way leads to it not receiving adequate policy attention to protect and improve the situation of care-givers as well of care-recipients. The non-recognition of such work has led to the re-enforcement of such work as women’s work without enough attention given to its reduction or redistribution.

This section attempts to briefly summarize some issues that need more attention in future research and global actions for ageing, as mentioned explicitly in some pieces of literature that was reviewed as well as based on gaps identified and observations made through the various readings.

A. The need for more gender-sensitive research and analysis on the socio-economic impacts of ageing

A future gender-sensitive research or global development agenda for actions on ageing should not only consider women's status and situation in their old age itself, but must begin with an understanding and analyses of the links between life-course disadvantages and how these can have a cumulative impact in older ages. Thus, in the context of ageing among women, longitudinal studies are critical to comprehensively highlight and analyze the impact and vulnerabilities faced by women in their older ages as a result of hardships and discrimination in early years of life (WHO, 2007).

While the extant literature on ageing extensively discusses the wider socio-economic consequences of ageing in general, there is inadequate discourse on the gender dimensions of these issues. It must be recognized that while ageing women face multiple disadvantages and vulnerabilities as discussed in this study, these are not just the problems of ageing women alone, but these problems can in turn also exacerbate the overall socio-economic consequences of ageing as faced by economies and societies as a whole. Thus, gender-sensitive considerations in ageing research, actions and policies are not just in the interest of ageing women, but for the benefit of economies and societies in general.

For instance, the literature extensively discusses the implications of ageing on labour supply and demand in economies. Due to the onset of the phenomenon of ageing over the last few decades, on the labour supply side, the share of working-age population (15-59 years) is expected to drop. For instance, in the Asia-Pacific region the share of working age population is expected to drop from 61 per cent to 58 per cent during 2000 to 2050 (ESCAP, 2005). Countries such as Japan, China, Republic of Korea and Sri Lanka are likely to be affected the earliest. On the labour demand side, it is likely that there will be a growing demand for labour-intensive services especially related to old-age care, including home-based, social and institutional care services, which is unlikely to be fully met domestically due to the shrinking

working-age population among other factors (ESCAP, 2005). At the same time, the productivity of the working-age population depends not only on the number of workers, but to a large extent on the quality of the labour force (ADB, 2012a) and improvement in human capital is essential to increase labour productivity.

Researching and examining the linkages between women's limited, interrupted and unequal participation in educational and the labour market activities as a result of life-course disadvantages and discrimination, and the extent to which labour shortages and labour productivity in ageing economies could possibly be exacerbated as a result, could provide a well-rounded perspective of issues and highlight the opportunity cost of women's lower labour force participation in times of a demographic transition towards an older population, when the supply of labour drops. On the labour demand side, as population ageing enhances the demand for labour-intensive services such as in elderly care, future research needs more analyses on whether, and the extent to which women in general, across all age groups, are likely to be in an even more disadvantaged position in terms of employment in care jobs over the coming decades, especially if social attitudes and occupational sex-segregation continue to reinforce such work as women's work, and low wages and gender wage gaps in this sector persist.

The literature also expounds that economies facing ageing are also faced with the challenge of limited propensity of the older generation to save. The gap between the existing working age population and consumption at any point in time typically leads to a drop in savings, which in turn could lead to shrinkage in investment in countries with an ageing population, unless the younger generation is able to compensate for the lost savings or there are additional investments from abroad (ESCAP, 2005). In order to sustain growth, capital markets need to be developed enough in order to efficiently allocate the limited savings to investment. Here again, more analytical studies and discourse are required to understand how women's limited lifetime savings due to life-course disadvantages in employment and asset accumulation could in turn exacerbate the shrinkage of overall savings in ageing economies as a whole.

Among the socio-economic impacts of ageing, the need for public support and social welfare systems are reiterated time and again by various writers and international development agencies. Women's higher representation among the older population in most

societies together their lifetime discrimination and poverty and consequent ill-health make them even more dependent on old-age financial support and care, which in fact can heavily increase the burden on families, economies and societies. However, as mentioned earlier, social security and safety nets, for instance, in most Asia-Pacific countries have traditionally been weak as well as fragmented (ADB, 2012b), with government allocations for universal coverage systems being low and contributory schemes only reaching for instance, formal sector workers and largely in urban areas. At the same time, a well-functioning financial sector is fundamental to bringing about suitable reform to the pension structure, which is key to support an ageing society. However most of the discourse on all of these issues focuses on the elderly as “one cohort”, with inadequate disaggregated analysis of how these issues affect women and men differently and with varying intensity. Therefore, future studies related to the political economy and financial sustainability of pension systems and related reforms need to specifically look into the differing impact on women and men of such reforms, instead of generalizing the issues for the entire ageing population.

B. Widening the scope of ageing studies from a gender perspective

- Need to address qualitative dimensions in gender-sensitive ageing studies

While most population ageing studies focus on the quantitative dimensions of ageing such as life expectancy or mortality rates and the related disparities between women and men, these are insufficient for critical analyses. Population ageing has fundamental qualitative aspects that need to be considered, especially issues related to the quality of life for older women and men. As has been emphasized earlier, a longer life for women does not always guarantee a good quality of life as it could actually be burdened with morbidity, disability, dependency, abuse (WHO, 2003), as well as the not always positive dynamics related to living arrangements and intra-household transfers and care (WHO, 2007). The participation and involvement of elderly women themselves in the design and implementation of qualitative research and studies on ageing is indispensable to fully reflect and analyze the range of issues faced by them (WHO, 2007).

- Need to improve age and sex-disaggregated data and data collection methodologies to reflect the impacts of ageing

At the same time, as data provides critical evidence for any development or policy agenda including for ageing, disaggregation of all related data by sex and by age are a prerequisite (WHO, 2007). While sex-disaggregation of health data for instance, are specifically required in order to enhance understanding on the intersections between gender, health and ageing, and the differences in incidence, prevalence and mortality related to particular health conditions between ageing women and men (WHO, 2003), it is essential at the same time to cover age groups of 60 years and above as well as 80 years and above in many areas of data collection, as against the current practice of generally focusing on women and men in their working-age. For example data collection of HIV/AIDS and violence against women generally focuses on women up to the age of 49 years only. This fails to highlight that women and men above the age of 49 years could also well be a part of the “at-risk” group when it comes to issues such as HIV/AIDS or violence.

Beyond health issues, little data are available on the extent of elder abuse (Helpage International, 2002). Data collection/compilation on human rights issues related to ageing, together with sex-disaggregation and gender analyses of such data are essential to understand the extent of difference in incidence and impact of elder abuse, domestic violence and community violence experienced by older women and men in various contextual settings, so that appropriate policies and programmes could be put in place.

As discussed in detail earlier, gender-specific vulnerabilities are not just faced by elderly women, but given women’s traditional domestic and care roles, women across age groups are likely to face increasing impacts of a demographic shift towards an older population due to increasing care needs of the elderly within families and communities. Therefore, better economic analysis of women’s unpaid work contribution is essential to enhance visibility and recognize work involving informal unpaid care for the elderly and to fully appreciate the value and long-term impact of such work in various contextual settings from the perspective of both the care-giver and care-recipient (WHO, 2007), including the impact of such care activities on women’s own health as they grow older. Given the wide variations in concepts, definitions and classifications, clarifying and improving methodologies and standards for measuring and valuing unpaid care giving work, particularly in the context of ageing, is warranted to be urgent.

- Need to move beyond the “one-sex view of gender” in ageing studies and actions

While it is critical to specifically understand and design studies and interventions on the vulnerabilities faced by older women, a more “balanced perspective that recognizes gender as a potential, but not necessarily central marker of vulnerability” is needed in order to address overall well-being of the elderly population (Knodel and Ofstedal, 2003, p.694). The “one-sex view of gender” (Knodel and Ofstedal, 2003, p.677) in ageing-related discourse, as highlighted in various parts of this study, has led to inadequate appreciation and realization of the marginalization that even men face in their older ages. Men’s socially defined role as bread winners and their status in society determined by their ability to earn income, result in a lack of adequate social support networks for men as they retire, and persisting social norms, pressures, and stereotyping inhibit an acceptance of change in the role of men as they age to get more involved in household or other non-income earning activities. Helpage International (2002) points out that older men oftentimes suffer more neglect by families and communities as their capacity to earn income is undermined in the latter years of their lives. There is therefore, a need to “rebalance existing dominant frameworks” that focus mainly on elderly women’s disadvantages to also analyze in more detail the disadvantages faced by older men (Arber et al., 2003, p.2).

- Need for more focused ageing studies in developing countries, where ageing is not only taking place at a fast pace, but where most gender-based discrimination persists

Most research on ageing often focuses on developed regions (WHO, 2003). Focused research on ageing in developing countries is required to understand the differing nature of problems such as existence of infectious diseases; diminishing traditional family arrangements for old-age care due to falling fertility rates, economic out-migration etc.; the lack of publicly funded social protection systems, women’s life-course disadvantages and discrimination etc.

C. A future global development agenda for ageing

Through the Millennium Development Goals (MDGs), governments and development agencies made commitments to eradicate extreme poverty, achieve gender equality, fight disease epidemics such as AIDS, and develop a global partnership for development, among others by 2015. While the MDG's have specific goals to benefit children, youth, women etc., they are silent on the issue of ageing. Despite the fact that poverty is higher among the elderly and gender is a cross-cutting issue, no specific mention was made of older women and men and the vulnerabilities they face in the prescribed goals, targets and indicators (WHO, 2007). Given the pace at which the phenomenon of ageing is spreading globally, by ignoring the needs of the growing numbers of older women and men not only are the goals related to poverty, health, and gender equality not fully achievable, but a large section of the population will not benefit from the development outcomes.

Just as in the research and discourse on ageing, even when population ageing and gender are discussed in global development discussions on population issues, most of these discussions assert that older women in general are more vulnerable to economic and social disadvantages than older men. For instance, the Madrid International Plan of Action on Ageing, which emanated from the Second World Assembly on Aging in 2002, advocated for the integration of a gender perspective in all ageing-related policies, programmes and legislation and specifically stated that the situation of older women should be a priority for policy action, implying in some ways that gender concerns refer to concerns of women. Given this scenario, the importance of addressing ageing in the sustainable development agenda beyond 2015 and the experiences of both women and men and their specific contexts cannot be emphasized enough.

As the Beyond 2015 Campaign (2013) pointed out, there is need to address ageing issues specifically within a human rights-based and gender-sensitive framework. Population dynamics or demographic transition related to changing age structures are as important, if not more, than changes in population growth, density, migration, urbanization etc., as they all have an impact on production and consumption of resources. At the same time, poverty eradication requires the identification of population groups most affected by poverty, vulnerability and marginalization. It is essential for any future sustainable development

agenda to therefore integrate concerns related to social security coverage, as well as “fiscal and generational sustainability of pension and health care systems” (UN System Task Team, 2012, p. 7), as well as measurable targets on the health status of older people. Such policies are also critical for skipped generation households and where grandparent support is essential; as well as to address societal attitudes towards older persons, which in turn would have an impact on support and services available to them.

The Campaign raised attention to the fact that while the increasing numbers of older people in the society could slow down economic growth, inadequate evidence and data on the number and situation of older persons, disaggregated by sex, would fail to make visible not only their vulnerabilities but also the potential of their contributions to economies and societies. Improved data on the distinct status and situation of older women and men could lead to more dynamic evidence-based policies for ageing, promoting for instance full, productive and remunerative employment leading to adequate savings over the life-cycle; as well as progressive social transfers.

At the same time, a supportive environment which facilitates continued and equal participation of both older women and men in the economy and society could in fact lead to realization of several socio-economic benefits through for instance, their sustained or enhanced economic activity, and improved physical and mental health, thereby alleviating the care burden on families as well as on public/social services.

As stated by the UN System Task Team on the Post 2015 Development Agenda:

“A post-2015 development agenda should account for a progressively and rapidly ageing world by promoting healthy ageing and economic well-being in old age, and by providing enabling and supportive environments where older persons are integrated into the development process as an asset rather than a burden.” (UN System Task Team on the Post 2015 Development Agenda, 2012, p. 7)

While the current proposal for the the 2030 Agenda for Sustainable Development²³ has a specific goal on ensuring healthy lives and promoting well-being for all at all ages (goal

²³ SDG draft as of October 2015: <https://sustainabledevelopment.un.org/sdgsproposal>:

3), it is critical that all appropriate goals, targets and indicators address the concerns of women and men across all ages (not just below 65 years) and follow a gender-sensitive approach.

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ⁱ Classification on more developed and less developed regions is as per United Nations Department of Economic and Social Affairs (UNDESA), Population Division, World Population Prospects (The 2012 Revision), p. vii:

- More developed regions comprise all regions of Europe and Northern America, as well as Australia, Japan and New Zealand.
- Less developed regions comprise all regions of Africa, Asia (excluding Japan) and Latin America and the Caribbean, as well as the regions of Melanesia, Micronesia and Polynesia.
- Countries or areas in the more developed regions are designated as “developed countries”. Countries or areas in the less developed regions are designated as “developing countries”.
- The least developed countries, as defined by the United Nations General Assembly in its resolutions (59/209, 59/210, 60/33, 62/97, 64/L.55, 67/L.43) included 49 countries in June 2013: 34 in Africa, 9 in

Asia, 5 in Oceania and one in Latin America and the Caribbean. The 49 countries are: Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen and Zambia. These countries are also included in the less developed regions.