Active Aging Society in the 21st Century
Distinguished guests, Ladies and Gentlemen:

It is my great pleasure to be invited to speak on the very important issue of our time. I think the reason for the organizers of the conference invited me as a guest speaker because my age falls into the category of aging population, which I am most appreciative because I have an opportunity to participate in this very important activity even if I am 73 full years two days ago.

At the outset, I think I have to mention that the cutting point for being an aging person has not been agreed upon worldwide yet. Different cultures have their own definition of ‘aging person’. In the Western culture, the people over 65 years old are categorized as “aging people”, while in African culture, people over 50 are categorized as “aging people”. In Thailand people over 60 are categorized as “aging people”. In addition, being old is defined differently depending on the criteria used. For example, some use chronological, while others use functional criteria. However, it is widely agreed that a society, where the adults live longer and the child mortality and birthrate are reduced, that society is becoming an “aging society”. Within a few decades, it is estimated that the number of people globally over age 60 will outnumber those between the ages of 18 and 60 for the first time.

These changes clearly indicate that the success in the 20th Century in family planning and in health care policies has become the challenges of the 21st Century.

Currently, there are 15 countries with more than 10 million older persons, seven of these being developing countries. By 2050, 33 countries are expected to have 10 million people aged over 60 or over, including 5 countries with more than 50 million older people. Out of these 33 countries, 22 are currently classified as developing countries. In fact the population aging is happening fastest in the developing countries. Presently, almost 2 in 3 people aged over 60 and over live in developing countries, and by 2050 nearly four in five will live in the developing world.

In the United States, the Administration on Aging estimated that in the year 2011, people over 65 year-old represented 13.3 % of the population, a percentage expected to grow to 21% in 2040. In Latin America and Caribbean, people over 60 now make up about 8% of the population, and it is estimated that by mid-century that demographic
will exceed 22%. On the other side of the scheme, population under age15, which was over 40% in 1990, is projected to represent close to 18% by 2050.

In ASEAN Community at present, only 3 countries have become aging society, they are Singapore (17 %), Thailand (15.8 %), and Vietnam (10.4 %). Laos and the Philippines have the lowest proportion of the ole people (6 and 6.8 %). Malaysia and Myanmar have approximately 9%.

It is interesting to note that increasing rate of the aging population in this region is very fast. For example, it took Thailand only 14 years to double the percentage of the aging population from 10 to 20 percent. In fact, the rate of aging population increase in ASEAN is faster than that of many developed societies. The only country in ASEAN, which enters aging society quite slowly, is the Philippines because it will take approximately 40 years.

In a society where the proportion of the aging population gets bigger and bigger, the impact on the society becomes prevalent. Consequently, we need to seriously think about as to how to prepare the aging population to stay healthy and socially active.

The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labor force. Older people who retire from work, even with some level of disability, can remain active contributors to their families, peers, communities and nations. Active aging aims to extend healthy life expectancy and quality of life for all people as they age.

Now, when we talk about “Active Aging Society”, we mean to take a “society” as a unit of analysis. Consequently, it implies that a society must optimize opportunities to allow older persons over 60 or over to continue participate in social, economic, cultural, spiritual and civic affairs. In a normal society we rely quite heavily on the abilities of the young people, particularly, their knowledge and skills to help develop the country. However, in the aging society, we must rely more on the wisdom of the aging population. This is not to say that knowledge and skills are not important, they really are and the aging population need to upgrade these qualities too, but wisdom of the elderly people would the most valuable asset for the society, especially, in the complex and rapidly changing environment, the aging population are the wisdom and the guardian of
culture. We must recognize that a society may not go very far without the continuity of wisdom.

In order to optimally use of the wisdom, knowledge and skills of the aging population in a society, it must be, firstly, understood that they are not a problem or are not a burden of a society, but they are the valuable asset of a society. Secondly, a society must create the societal conditions conducive for the aging population to continue participating in all activities.

As for the first issue, it is interesting because aging can be seen solely as a detrimental process, one characterized by decline, decline and more decline. The perceptions of older ages are usually built upon a confusion of the process of aging with disability and disease. Images of aging we often call up are of individuals whose frailty overwhelms their perceptions of strength, whose changing body represents loss, whose mind may appear to be slow or vacant—the stooped, wrinkled and confused, wandering crone or geezer. It is consequently very crucial to have the right view about aging. Some research findings both in Western and Eastern societies indicate quite clearly that the younger generation has an unhealthy attitude towards the aging population. This unhealthy attitude is formed in part by the fact that many aging population in a society have problems with disabilities associated with chronic diseases as well as the increased demand for medical treatment and care services.

I think we need to help educate the younger generation to correctly understand that the aging population can make a major contribution to society in ways that may not be measured in economic terms, such as “mediators”, “educators”, “workers”, “volunteers”, “home-makers and “care-givers”, sources of knowledge and historical memory and a guardian of culture. In addition, a great number of aging people can make contributions in political and economic development.

To be sure, in order to help support the aging population to be active as well as productive, certain measures must be taken seriously by the government, community, family and the individuals themselves.

I think it is very important to understand that in order to help support the aging population to be active in social, economic, cultural and political activities, we need to help develop the population of all ages, not only for the aging people because it is a long planning work. I think it is a grave mistake to focus only on the aging population in a
society because the planning for active aging society, we need to help prepare the population in a society in educational training, health promotion, health prevention and efficient long term saving. More importantly, perhaps, is to create understanding among the younger generation that aging population is not a burden of a society but they are the valuable asset of the society. In addition, the government and the community must create the environment to support the participation of the aging population in various activities.

I think the rapid change of the population structure is expected to have a big impact on the society. Let’s take a close look at its possible impact as expected.

- Economic Impact
  It is undeniable that in the past decades, economic growth in many members of ASEAN Community depended upon their own labor force, but from now on, the young labor force becomes smaller and smaller and it would need to either use modern and advanced technology or foreign labor force to increase productivity in both agricultural and industrial sectors. Without sufficient labor force with high quality and modern technology, it is very difficult for many ASEAN countries to overcome the middle-income trap.
  In addition, when the population structure rapidly changes, not only the size of potential young consumers become smaller and smaller but also the rate of demand for goods and services within a society would become much lower because the total population will not increase much.

- Welfare Impact
  Also, the welfare for the aging population will increase drastically, particularly in health care services. With smaller active young labor force, it is very difficult for the government to increase tax for aging welfare budget.
  Consequently, the society needs to seriously think about helping the middle-aged population to be well-prepare for the challenges. The middle-aged population must be prepared for better health, physically, mentally and spiritually. The middle-aged must be prepared to depend on themselves financially, if possible. The middle-aged must continue learning endlessly.
These are particularly important for the ASEAN aging population because traditionally, or even today, most aging population depends on their grown-up children financially. According to the official statistics in 2011, the Thai aging population got 40% of their income from their own children, 35% from work and 12% from the government’s welfare system respectively. If we take a look at the age groups, sex and place of residence, we find that the older the population, the more they depend financially on their children. For example, when they are between 60-69 years old, only 30% depends financially on their children, while they are 80 up, they depends financially more (62%) on their children. The difference between sexes is even more alarming because old men get income from their children approximately 32% while women depends her child for 47%. In addition, almost 95% of Thai aging population expressed that they expected help and support, particularly, care-giving service, from their daughters. This situation will not be plausible in the future unless we plan it well enough. For example, the aging population may not get financial support from their children as much as before because the number of their kids is much smaller. In addition, the aging population may not expect good caregiving service from their daughters anymore because the women of nowadays are active in their career and many of them are working at the top positions both in private and public sectors.

- **Health Impact**

Normally, the majority of aging population has some chronic conditions effecting older people are: cardiovascular diseases, hypertension, stroke, diabetes, cancer, chronic constructive pulmonary disease, mental health conditions and blindness and visual impairment. Consequently, active aging policies and programs recognize the need to encourage and balance personal responsibility (self-care), age-friendly environments and intergenerational solidarity are required. Individuals and families need to plan and prepare for older age, and make personal efforts to adopt positive personal health practices at all stages of life.

In a society where aging population are in good health, not only the costs in pensions as well as medical and social costs will be lower, but also the contributions of the aging population in various activities, paid and un-paid, will be much greater. Consequently, if we want to promote active aging, health systems need to take a life
course perspective that focuses on health promotion, disease prevention and equitable access to quality primary health care and long-term care. Health and social services need to be integrated, coordinated and cost-effective. There must be no age discrimination in the provision of services and service providers need to treat people of all ages with dignity and respect.

There are also some serious issues that need to be addressed so that active aging society would be materialized. For example,

- **Loneliness and Social isolation among the older people**
  Older people are more likely to lose family members and friends and to be more vulnerable to loneliness, and social isolation. Social isolation and loneliness in old age are linked to a decline in both physical and mental well-being. In most societies, men are less likely than women to have supportive social networks. However, in some cultures, older women who are widowed are systematically excluded from mainstream society or even rejected by their community. Consequently, the organized activities that help prevent loneliness and social isolation among the aging population must be undertaken constantly either by the community or other organizations so that the aging population could be actively engaged in social activities with dignity and happiness.

- **Education and Literacy**
  It is recognized that low levels of education and literacy are associated with increased risks for disability and premature death among people as they age, as well as with higher rates of unemployment. Education in early life combined with opportunities for lifelong learning can help people develop their skills and confidence they need to adapt and stay independent, as they grow older. Studies have shown that employment problems of older people are often rooted in their relatively low literacy skills, not in aging per se. If older people are to remain engaged in meaningful and productive activities, there is a need for continuous training in the workplace and lifelong learning opportunities in the community. This implies that the workplace and the community must create an environment conducive for the aging population to have access to training and lifelong learning.

*Challenges of an Aging Population*
The fact that some ASEAN members enter aging society quite fast and not sufficient preparation was made, there are several challenges that the ASEAN Community needs to face if we want our societies become active aging societies. The followings are the potential challenges that we have to keep in mind.

**Challenge 1: The Social Injustice**
As we know, there is quite a big income gap between the "have's" and the "have not’s" in many ASEAN Community members. This income gap is very likely to be exacerbated when the society becomes an aging society in terms of the quality of life of the aging population. In addition, in many ASEAN Community, many societies are still facing injustice in health care, it is anticipated that when the proportion of older people increases quite rapidly, the health care injustice would be intensified. Given the fact that the older people need more health care because of the changing patterns of living and workings, which accompanied by a shift in disease patterns and these changes make the non-communicable diseases, like heart disease and cancer, become more common among the aging population. Consequently, this issue needs to be tackled effectively if we expect our societies to be an active aging society. In this regard, the focus on community development, health promotion and disease prevention are often the most effective in controlling the burden of disease.

**Challenge 2: Increased Risk of Disability**
In some societies in ASEAN Community, chronic diseases are significant and costly causes of disability and reduced quality of life. An older people's independence is threatened when physical or mental disabilities make it difficult to undertake the activities of daily living. In fact, disabilities associated with aging and the onset of chronic disease can be prevented or delayed. Evidence from many research works in the West suggest that the decline in disabilities among older people is likely due to increased education levels, improve standards of living and better health in the early years. It is widely recognized that choosing not to smoke and making modest increases in physical activity levels can significantly reduce the risk for heart diseases and other illness. Supportive changes in the community are also important, both in terms of preventing disabilities and reducing the restrictions that people with
disabilities often face. Recent studies have also emphasized that the increasing use of aids, such as canes, walkers, hand-rails, may reduce dependence among disabled people. The concerned organizations, nationally and locally, need to have policies and programs that help prevent and reduce the burden of disability in old aged population. A variety of sectors can enact "age-friendly" policies that prevent disability and enable those who have disabilities to fully participate in community life.

**Challenge 3: Health Care Providing**

In modern times, health care services are provided mostly by the hospitals or clinics, both public and private. Consequently, the cost of health care has become increasingly expensive. As population age, one of the greatest challenges in health care is to strike a balance among support for self-care, informal support (care from family members and friends) and formal care (health and social services).

Formal care includes both primary health care and institutional care. As the proportion of aging population increases rapidly in many countries in ASEAN Community, formal care is not the best policy despite the fact that it is still needed. Self-care and informal care are much more effective because these approaches are not only more effective but also open the best opportunity for the family members and community to get involved in the health care supports. However, the fact that presently, the increase in the proportion of childless women, changes in divorce and marriage patterns lead to the smaller number of family members who can support health care for the older people, self-care becomes increasingly important. Consequently, effective health promotion must be undertaken seriously, if we want our societies to become an active aging society. To be sure, health promotion is not easy to succeed in our societies while formal acre, especially, the institutional care benefits the health personnel, the pharmaceutical business and the health technology companies. Yet, we must do our best to support health promotion for all age groups.

**Challenge 4: Health Care Costs**
Despite the fact that health care and welfare costs in many countries are increasing when the countries are entering aging societies, research in countries with aged populations has shown that ageing per se is not likely to lead to health costs explosion. The research findings clearly show that the major causes of escalating health care costs are unrelated to the increase of aging population. It is in fact the inefficiencies in care delivery, building too many hospitals, payment systems that encourage long hospital stays, excessive numbers of medical interventions and the inappropriate use of high cost technologies, for example, are the key factors in escalations in health care costs.

In many countries, the big chunk of health care spending is on curative medicine. In Thailand, for example, it was reported that approximately 70 per cents of annual budget for public health is spent on curing. Yet, health conditions of the population are not good as expected. With the increasing number of aging population, if we continue the same approach, it is likely that the financial burden of the society will be greater. Consequently, this is a real challenge for the decision makers in health sector.

**Challenge 5: Home arrangements and aging-friendly environment**

In many societies in ASEAN Community, it is quite likely that the majority of the aging population would stay in the home of their own or in the home of their off-springs. Only the minority in the urban area that the older people would stay in the nursing homes. It is therefore a challenge for both the family members and the local governments to help support home arrangements to suit the way of life of the aging population. For example, bathroom, dining room and bedroom need to be re-arranged to prevent possible injuries. In the community, few things need to be re-arranged too. For example, the public transportation system, barrier-free workplaces, well-lit street for safe walking, accessible public toilets, traffic lights that give people more time to cross the street etc.

With all these supporting mechanisms, it would encourage the aging population to be actively participating in social activities, paid and non-paid.

**Challenge 6: A Society for All Ages**
In a society where aging population is small, older people are associated with retirement, illness and dependency but in many societies in ASEAN Community, the number of aging population is bigger and bigger and a great number of these older people are still healthy and active, particularly those in the agricultural societies. Many of them still actively participate in the labour force and many more are active in domestic work and self-employed activities. In fact, older people's unpaid contributions in the home allow younger family members to engage in paid labour. Consequently, it is very important for the younger generation to recognize the importance of relationships and support among and between family members and generations. This will reinforce "a society of all ages", the central focus of 1999 United Nations International Year of Older persons.

**Conclusion**

As we all know, in the past Century, two very important issues that the international organizations, the governmental agencies and the Non-governmental organizations as well as many other social institutions attempted to tackle with difficulties were (1) the family planning program in order to control the population explosion and (2) the fight to control and eliminate communicative and non-communicative diseases among the population. Towards the end of the 20th Century, these attempts yielded very impressive positive results. The rate of birth dropped drastically in most parts of the world and the people live much longer. It was a real success.

However, the success in the 20th Century has become the challenges of the 21st Century. The proportion of younger generation is smaller and smaller while the aging population is greater and greater. Worse still, some countries in ASEAN Community have entered an aging society quickly so these societies are forced to face such challenges with very little preparation at all levels. Consequently, it is quite urgent for all sectors to seriously take appropriate actions to help make our societies to be active aging societies.

Before I end my talk, I would like to remind you with Albert Einstein's saying that is, "insanity, doing the same thing over and over again and expecting a different results". I think we need a collective wisdom and collective effort both within
and among ASEAN societies to make our societies the active aging societies in the 21st Century.

Thank you very much.

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