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Jenna M. Cohn

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AGING IN COMPARATIVE PERSPECTIVE:
PROCESSES AND POLICIES
BY IAN GILLESPIE COOK AND JAMIE HALSALL

JENNA M. COHN¹

In their book titled *Aging in Comparative Perspective: Process and Policies*, Ian Gillespie Cook and Jamie Halsall examine the challenges and opportunities an aging population presents to a country's social, cultural, political, and economic landscape.² The consequences of an aging population is the subject of political debate across the globe. The authors examine the differing effects of the aging process and the influence an older population has on selected countries: the United States, the United Kingdom, Sweden, Japan, China, Nepal, and South Africa. The authors selected different countries based on diversity of the aging population within the cultural, political, and traditions of each country. They carefully evaluate the pressures an aging society places on a nation and its policies. The comparisons of the challenges faced and differing responses of these countries will be of use to policy makers and others who work on public policy issues.

Aging in Comparative Perspective: Processes and Policies was written for professionals in the field of gerontology, sociology, public health policymaking, and anthropology and presents an overview of the diversity of the aging population. The overall theme of the text is the impact that the aging population has on the rest of its country as a result of the choices made by society. The authors examine the positive and negative elements of aging in each country by using a qualitative approach combined with academic literature, reports and media sources. Statistics presented in the tables and figures about the aging population include the comparison of elderly income, population percentage aged 65 or more over time for sample countries and other important demographic data.³ Many tables are not easy to read

¹ J.D. Candidate 2017, Touro College Jacob D. Fuchsberg Law Center; B.S. Health Science, Minor in Gerontology 2011, James Madison University. Ms. Cohn is the Treasurer of the Touro Law Center's Elderlaw and Trusts and Estates Society. She served as a summer 2015 Public Interest Law Fellow with the New York Legal Assistance Group in the Elder Law Practice. She is a 2016 summer associate in the Nursing Home Litigation Department of Abrams, Fensterman, Fensterman, Eisen, Formato, Ferra & Wolf, LLP.

² IAN GILLESPIE COOK & JAMIE HALSALL, *AGING IN COMPARATIVE PERSPECTIVE: PROCESSES AND POLICIES* (Jason L. Powell & Sheying Chen eds., 2012).

³ *Id.* at 4-5.

because the volume of data is extensive, making it difficult for the reader to analyze the information.

The authors outlined their reasoning for selecting the chosen countries. They selected the United States due to its high proportion of older citizens and the significant percentage of elders living in poverty. Furthermore, positive gender equity, continuous immigration, and ample economic resources when compared to other countries, makes the United States ripe for analysis. Until recently, the United Kingdom had one of the oldest populations in the world, as well as an established welfare state, but is now facing high levels of debt. Sweden was chosen for examination because of a long history of studying older populations, with data accumulated since the late nineteenth century. In comparison, Japan's population is widely recognized for having the highest percentage of "oldest-old" population, defined as individuals 85 years of age and older.⁴ The authors chose China, Nepal and South Africa as representatives of aging populations in developing countries. China's society, like Japan, has aged recently, leading to the highest number of aging individuals in the world. In contrast, Nepal and South Africa's populations are in the beginning stages of transformation to an older society due to unique constraints on the growth of the proportion of elderly, for example, the Civil War in Nepal and HIV/AIDS in South Africa.

A major goal of the authors is to reduce stereotyping of older individuals throughout all societies. The aging population should not be categorized into one generalized cohort due to the infrequent likelihood of having two individuals with the same income, ethnicity, location, and life experience. Since the aging process is shaped by an individual's unique background and life experience, a person's life story will not often conform to the stereotype of older individuals. Stereotypes in Sweden and other Nordic countries originated from assumptions about extended families, the assumption that families have many children, and marriage at a younger age. These stereotypes are changing in the modern era due to an increase in unmarried individuals, a greater number of women in comparison to men due to differential emigration, and a larger number of women and men single in the early years (60-64) of the older cohort.

Stereotypes of the aged are portrayed through society's expectation and fear of aging individuals, especially the oldest old. The oldest old have a greater dependency on the healthcare system, resulting in depletion of the controlled government resources, such as the pension

⁴ *Id.* at 3.

system and Social Security system in the United States.⁵ The majority of countries studied in the book are facing a rapidly increasing and disproportionate growth of the oldest old population in comparison to other generations. Also, the oldest old are likely to experience the greatest need of long term care during their last years of life.⁶ In an effort to decrease the number of individuals in the oldest old population who are in need of long term care, a proactive approach can be taken to educate the aging and advocate on their behalf to age actively. An individual can pursue this goal of aging actively by engaging in purposeful and meaningful activities to prolong a healthy quality of life. Society will be faced with new challenges from the oldest old because the middle aged working generations are directly affected financially and emotionally due to increased dependency.⁷

An active aging lifestyle can decrease the need for long term care in the oldest old population. Remaining healthy is the goal of an active aging lifestyle. The authors note that the need for admonitions about active aging have been prompted by the current transition from “diseases of poverty” to “diseases of affluence.” During the early nineteenth century, countries such as the United Kingdom were confronted with diseases of poverty, communicable diseases, like typhoid or cholera that are linked to poor sanitation and poverty.⁸ However, older individuals are now more likely to suffer from diseases of affluence such as cancer, cardiovascular disease, hypertension, Type 2 diabetes and obesity.⁹ The authors, like many scientific researchers, support the conclusion that diseases of affluence are directly related to an individual’s lifestyle; the rise of preventable diseases demonstrates that individuals are not making educated decisions about their lifestyle choices.¹⁰

In opposition to this approach, some researchers reject the notion that individuals have so much control over their frailties as they age, because many individuals have significant health issues prior to entering the oldest old demographic. These writers oppose the active aging approach because a society should “not seek to minimize the issues concerning the frail elderly.”¹¹ How to address the needs of older individuals who have dementia and other diseases of affluence is an urgent issue for all aging societies. Diseases of affluence, like

⁵ *Id.* at 14.

⁶ *Id.* at 19.

⁷ *Id.* at 56.

⁸ *Id.* at 22.

⁹ *Id.*

¹⁰ *Id.* at 23.

¹¹ *Id.* at 58.

dementia, inhibit an aging individual from maintaining an active lifestyle within the community.

An increasing aging population presents a nation's government with new pressures and challenges concerning the pension system. An increase in the number of elderly coincides with an increase in the amount of funds a country spends on medical care, long-term care, and housing needs for the aging cohort.¹² The rapid growth of the aging population in industrial countries has led to a diminished number of workers that can replenish the current government tax revenue funding the welfare system. This growth directly correlates with historical events worldwide, leading to a reversal in the number of individuals paying into the government system and expanding the number relying on government support. This imbalance stems from victory over many childhood diseases, the high fertility rates after World War II, and the baby boom generation of the 1960s.¹³ A long period of low fertility followed these historical events resulting in a bulge generation, which will reach the age of retirement from the year 2010 on.

While not enacted solely for this purpose, the authors highlight the initiatives taken by the Chinese government in an effort to address population issues and the economic consequences for the elderly. In Chapter 6, titled *Aging in China*, the authors refer to the impact of the Single Child Family Program (SCFP), resulting in a greater number of older individuals in comparison to younger individuals. The long-term effect of SCFP is potentially fewer children and grandchildren to look after older, more vulnerable relatives.¹⁴ The decision of the Chinese Government has a high possibility of negatively impacting the society when the children of the SCFP reach the age of retirement due to the potential of fewer children and grandchildren to care for older generations.

In contrast to industrial countries, the authors shed light on the experiences and financial burdens facing aging individuals in developing countries that are often plagued with disease. In affluent countries, individuals often receive the benefits of government-based pension systems, in which benefits are earned through employment. In Chapter 8, entitled *Aging in South Africa*, the authors show how the ravages of the HIV/AIDS epidemic have dramatically affected current and future circumstances for the older population; they say: "The elderly are more likely to be *affected by* rather than *infected with* HIV/

¹² *Id.* at 19.

¹³ *Id.*

¹⁴ *Id.* at 53.

AIDS.”¹⁵ Most elders in this underdeveloped nation rely heavily on state pension systems as a key component to their household budget. The decimation of a generation from HIV/AIDS in South Africa has led to older people, especially grandmothers, providing care to their orphaned grandchildren. This often keeps older people out of the labor force, reducing their participation in pension-qualified work and clearly reduces the economic support in multi-generational households. These facts broaden the perspective on the impact the HIV/AIDS epidemic has had on South Africa’s aging population.

The chapter on aging in South Africa is especially useful because few books about aging address the intersection of gender and aging in South Africa. The authors make the point that this aging population does not conform to the stereotype often applied to the elderly population. The older population, mainly female, throughout Africa, does not match the stereotype of dependency. Instead, these aging individuals are challenging the stereotype by caring for their grandchildren. Grandparents’ caring for their grandchildren is a prime example of multigenerational caregiving; it occurs throughout multiple societies without significant recognition and support given to those who could greatly benefit.

It is well-documented among most societies worldwide that statistically females live longer than males.¹⁶ However, this is a recent development, since in a traditional, highly patriarchal society women have inadequate health care services due to discrimination and gender inequality. When a woman reaches old age in poverty-stricken countries, such as Nepal, she is more likely to suffer poor health since the government’s focus has been on maternal and infant mortality.¹⁷ In traditional patriarchal societies there is often an expectation that family members will look after aging parents. The alternative to an inter-generational household is living in an “old-person” home, which is greatly stigmatized. Governments in these societies generally expect children to look after and care for their aging parents. However, this is often not the case in every family. When families do not provide this care, public pension programs have fallen short, because they have been structured on the assumption that family care is available.¹⁸ In many developing countries, government resources have been allocated based on this outdated stereotype, but emigration of

¹⁵ *Id.* at 72.

¹⁶ *Id.* at 60-61.

¹⁷ *Id.* at 61.

¹⁸ *Id.* at 64-65.

younger people and changing family patterns have made many elders unable to sustain a separate existence.¹⁹

The authors agree that when interacting with an elder, one should make a conscious effort to prevent preconceived stereotypes from influencing the decisions and interventions necessary to give that aging individual a meaningful life. Family members taking care of an aging loved one, paid caregivers providing personal care to an aging individual, and medical professionals discussing an aging person's medical needs must all be aware of the individual needs and desires of the aged person, to preserve dignity and independent choice. In the concluding chapter, the authors ask readers to take an active role in reducing aging stereotypes by eliminating the word "elderly" from their vocabulary. The authors address the negative connotations associated with the term "elderly," including the inference of infirmity and dependence. Any professional who has experience working with the aging population will likely support the authors' desire to eliminate the use of the word "elderly" because the term creates an image of a frail, old person waiting to die. The term stigmatizes and identifies an aging individual solely based on age, instead of the full range of abilities and experiences gained over a lifetime.²⁰ An aging individual might wish to share words of wisdom about life before technology, fighting in a war, or living through the Great Depression with the younger generation and the dismissive and denigrating word "elderly" diminishes the person's full humanity.

In conclusion, the authors achieve their goal of presenting the multi-faceted problems that an increasingly aging population presents to the world. The authors' comparative analysis demonstrating the impact an aging population has on its country is amply supported by tables and figures. Each chapter begins with the history and varying life experiences an older individual living in that country could have experienced. By opening each chapter this way, the authors involve the reader in the unique circumstances of the country's older population and eschew the stereotypes they seek to discourage. The authors could have presented this concept in a more concise way instead of relating an individual's possible life experiences in that county. However, this technique presents an intriguing glimpse of an imagined life and brings interest to a text full of tables and statistics.

¹⁹ *Id.* at 65.

²⁰ *Id.* at 79.