

## EDITORIAL

### THE AGING EQUATION IN ASIA

Asia is home to more than half the world's population: the impact of every social equation is high in global terms. Advances in public health in many countries have been substantial, even though they may fall short of hopes and expectations. One major outcome of public health efforts is increased life span; although this has eventuated in large measure from decreased infant mortality, it does reflect also prolongation of later years. The overall population increase has of course contributed to the absolute increase in numbers of elderly people throughout the communities of nations in Asia.

The numbers have grown during a period when industrialization has played a major role in rapid alteration of the pattern of life, both in the villages and in the cities of many Asian nations. Population migration from rural to urban areas and from one rural area to another with seasonal work options, has cut into family cohesion, as has economic pressure more generally. Growing disparities in wealth and poverty, existent throughout history, have become accentuated to differing degrees in different countries and in different areas of each country.

There are thus many reasons for continuing reanalysis of the impact of change on the aging equation in communities in the region. In this issue Dr Witaya Swaddiwudhipong and colleagues from Mae Sot Hospital, Tak province in western Thailand report the findings of a systematic study of medical, functional and socio-economic parameters in elderly persons in rural villages. This is a timely study which reaches one particularly important conclusion: that in rural Thailand there is at present no need for institutional social service for the elderly, since the cultural tradition of children taking care of their parents is still maintained.

This is in keeping with the majority of opinion recorded at a landmark meeting of individuals from a number of other Asian countries held in

Manila nine years ago (Anonymous, 1982). At that meeting it was concluded that the traditional high esteem with which older people are held in most of Asia still persists, not having been fully eroded by modernization and industrialization. However, the conclusion arrived at in Tak contrasts with the emerging pattern highlighted in many villages in northeast Thailand (Ekachai, 1990) where migration to the urban areas of the young adult population has left the elderly bereft of traditional support. These potential challenges of change are given as a warning in the Tak study report, while they appear to have already occurred elsewhere. Clearly we are dealing with dynamics which are likely to accelerate rapidly in the near future.

But the Tak study provides encouragement that recognition of the tenacity of the extended family tradition can help to sustain its extraordinary value, especially in rural society. Whether it can really survive in the spreading highrise jungles of Bangkok or Jakarta is problematic: parallel studies in a variety of urban settings would be very timely. The study report makes a cogent plea concerning the value of early identification of asymptomatic health problems by geriatric health screening programs with subsequent proper management as a contributory factor in reducing the need for institutionalization. This is something for national health planners to take up seriously, now, on both social and economic grounds.

The physical findings in this study bear out this conclusion: unrecognized hypertension and diabetes exist but at lower levels than might be expected from reports in other Thai populations, an observation which the authors suggest may be related in part to the low body weight of many older people in the villages examined and the rarity of obesity. The possibility is raised that earlier deaths may have occurred from these diseases, a suggestion which is worth pursuing from the viewpoint of public health policy in rural areas.

At the same time the authors bring attention to the high rates of tobacco smoking and its inferred negative impact. It would of course be nice to know some details about smoking related illnesses in this population group, but that would necessitate another major study in itself. Without this and cultural evaluation it may be a bit too simplistic to propose mass media campaigns specifically targeting the elderly.

The data amassed in this study serve as a starting point for developing policies for approaching the potential benefits of preventive health care in rural elderly population groups which might serve to help preserve the extended family as the most efficient and most economically viable, as well as the culturally most desirable *modus operandi*.

Another interesting feature of the study outcomes is the conclusion that there were relatively few *older* elderly in these village populations: there were about 40% aged 70 or over, with 60% in the 60-69 age group. Unfortunately this conclusion is not backed up quantitatively by comparative data from elsewhere in Thailand or in other countries in relation to overall demographic indicators. It is important in relation to disease patterns, to effectiveness of primary health care and to the predictions of the future capacity of the extended family system to cope.

The finding that in these communities the financial requirements of the elderly did not represent an insuperable economic burden may be crucial to the general outcomes of the study, since it is economic factors that underscore so many of the contrasting problems in northeast Thailand and elsewhere. The apparently active involvement of these elderly people in essential household chores of course underpins one of the essential strengths of the extended family culture.

It is to be hoped that the optimism expressed in this report can serve as a springboard for wider action to preserve and build on one of the most solid bases of hope in the face of pressures for change inherent in the industrialization process throughout the region.

Aging is a complex process. We are all players in the aging game, all gamblers in the lottery of genetics and environmental chance. As population growth slows down due to fewer births per head, so the age structure of the populations inevitably shifts. This happened some time ago in a number of countries in Europe, where negative population growth has changed a pyramidal growth tree into a vertical one. Japan now faces the same pattern and others are following. It is essential that the world as a whole slows down population growth as quickly as possible, or even targets negative growth for a substantial period, as China has set out to do.

The inevitable outcome of this desirable trend of decreased population growth is an increasing proportion of elderly in all communities. Asia, with its long cultural tradition centered on the extended family, has the opportunity of leading the way in balancing this tradition with the pressures of change. The Tak study gives us optimism that in some situations in southeast Asia it may be possible.

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## REFERENCES

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- Ekachai S. *Behind the Smile*. Bangkok, Post Publishing 1990.