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## It's later than you think...

The world's population is growing older. **Emily Grundy** explains what is driving this and describes research that will attempt to unravel the impact of an ageing population on all our lives.

**O**lder people are now the fastest-growing segment of the population in all regions of the world. While Europe is the world's oldest region, Asia and Latin America have the fastest-growing proportions of older people (see graph). In several European countries a quarter of the population will be aged 65 years or over by 2020. By 2050 United Nations projections suggest that there will be a number of countries, including the UK, France, Germany, Italy, Japan and Spain, in which at least ten per cent of the population is aged 80 or more and some, such as Japan, South Korea, Spain and Italy, in which a third or more of the population will be aged 65 or over. Not surprisingly, population ageing has been identified by demographers and policymakers alike as the key population issue of the 21st century.

So what are the demographic changes that lead to population ageing? Broadly speaking they are long-term declines in fertility and mortality, which demographers refer to as "the demographic transition". The most important primary driver of population ageing is a sustained shift to lower fertility rates. If women have fewer children then the size of new cohorts of babies joining the population will reduce and the representation of older groups in the population – that is the survivors of larger birth cohorts – will be proportionately larger.

Once population birth and death rates are at relatively low levels and have relatively old age structures, further declines in later age mortality become the main driver of further population ageing. This is now the situation in Europe.

The challenges posed by population ageing are significant. The assumption of policymakers is that demographic changes will call for greater transfers from young to old not just in the form of state-mediated transfers (such as taxation to pay for pensions and health care) but also in the form of family care. Most people aged 65 and over do not have disabling health problems but in later old age rates of morbidity, disability and needs for assistance are high. For example, a quarter of women aged 85 and over in Britain are unable to bathe or shower without assistance.

Currently most of the help needed by older people with disabilities is provided by family members, but this may be changing. Accompanying, and interrelated with, the demographic shifts in age structure have

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been substantial changes in family and household patterns, including later marriage, more co-habitation and non-marital childbearing, rises in divorce and large declines in intergenerational co-residence. These changes in fertility, family and household patterns are so considerable that they have been termed a “second demographic transition” and have given rise to concerns that the availability of family care for older people may decline just as the numbers needing it increase. This would have implications both for service provision and for older people’s well-being more generally, as family ties form a major element of many older people’s social environment. Extensive and growing evidence indicates that this social environment, including social participation and social support, is an important component of ageing well.

These interlinked trends are outcomes of (and influences on) marked changes in the patterns of family life in cohorts born at different points of the 20th century. However, there are important differences between countries and regions of Europe in demographic patterns and related socio-demographic behaviours, as well as large differences between countries in living standards, social policies and history. For example, in northern Europe nearly 80 per cent of women aged 80 and over live alone, compared with only 30 per cent in southern Europe, where it is much more usual for widows to live with adult children. Similarly, in Spain and Italy 80 per cent of mothers aged 80 and over see at least one child every day, compared with only 35 per cent in the Netherlands and Sweden. Such differences provide an opportunity to study how macro-level factors may influence micro-level behaviours.

The aim of the major research programme that I intend to undertake at LSE is to do just that: I hope to uncover how family life patterns influence health and well-being in later adulthood. An important element will be to consider the role of intergenerational influences, including support flows. The research will consider both provision and receipt of various types of support, from the perspective of younger and older generations. This will include looking at factors associated with older people’s provision of help to their children and grandchildren and younger

people’s help for older parents and other relatives. The research will involve advanced quantitative analysis of a range of large-scale longitudinal data sets, including both country-specific and cross-national sources.

There will be three major interlinked strands of work. I will be looking at the impacts of parenting and partnership histories on health and mortality in mid- and later life and mechanisms underlying such associations. Work to date, for example, has shown that childless individuals have worse health in mid-life than parents and that among parents those who had children at young ages also have poorer health in early old age than those who had their first child at a later age (allowing for differences in levels of education). The research will include work designed to unravel reasons for these differences.

I will also consider demographic, family, cultural and policy influences on the provision and receipt of various types of family support and their impact on the health of both providers and receivers. For example, what is the balance between family-

provided and paid-for care in different countries and what types of provision seem to be associated with the best outcomes, in terms of health and well-being for both providers and recipients?

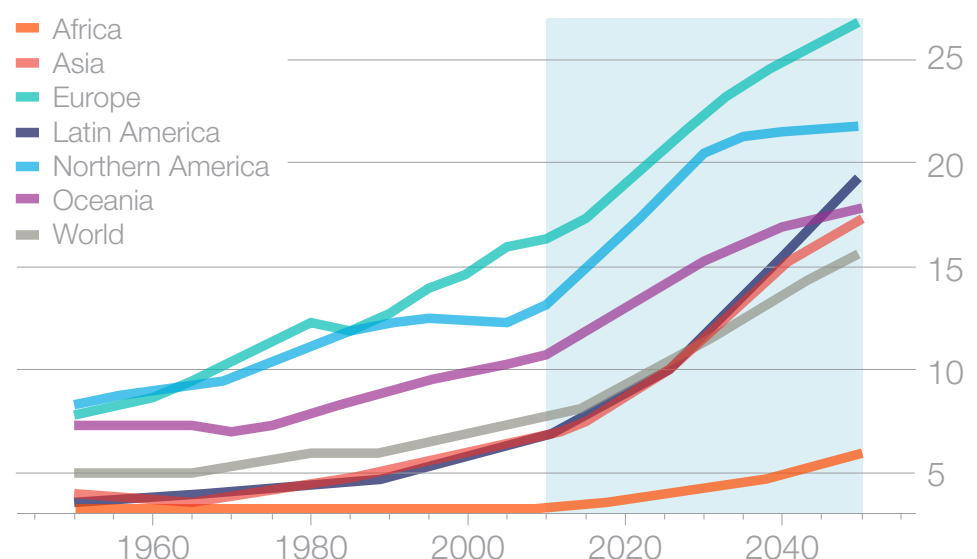
Finally, an overarching and particularly ambitious theme is the relative effect on health and well-being in later life of life-course “investments” in family networks and material advancements: put crudely, “money versus love”. Do strengths or weaknesses in these domains tend to offset or reinforce each other and how does this vary by gender or country? For example, in northern Europe women with higher levels of income and education tend to have smaller families and less contact with relatives than those with lower education and lower incomes. Which type of stylised life course leads to better outcomes in old age?

The research will thus be underpinned by an integrative approach which considers both socio-economic and socio-demographic determinants of health and their interaction. The programme will help to answer questions about the long-term health implications of recent changes in family-related behaviours and is timely given the important policy objectives of reducing disparities in the health of older people, enabling “active ageing” and understanding the role of family networks as a resource for younger and older adults, which is particularly important in the context of current economic challenges. ■



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**Percentage aged 65 or over, major world regions, 1950-2050**



Source: UN 2012 revision