

THE INFLUENCE OF CULTURAL FACTORS IN THE ELABORATION OF SOCIAL POLICIES FOR THE ELDERLY

Alexandru Liviu CERCEL

PhD Student, Doctoral School of Social Sciences and Humanities, University of Craiova (Romania), Email: alexandru.liviu1971@yahoo.com

Abstract: *As health care improves and life expectancy increases worldwide, care for the elderly seems to be an emerging issue amid the crisis of state social policy. To what extent is the state able to provide long-term care services for the elderly, based on the social security system and redistribution mechanisms? How and to what extent are Community initiatives or civil society initiatives applicable? In reality, the identification of the actors responsible for the care provided to the elderly, as well as the types of care and the degree of social responsibility related to each actor, vary from culture to culture. In this article, we aim to answer these questions by identifying the cultural patterns of reporting to old age and the elderly, and the specific mechanisms that each society has structured to meet these challenges. After an overview of social policies for the elderly, we will analyze the situation of the elderly in Asian, Western and African societies, starting from the specific cultural profile of each society.*

Key words: *culture; social policy; elderly; social inclusion; social protection.*

1. Introduction

From 1950 to 2010, the share of people aged 75 and over increased globally by almost 7% (Lee, 2009: 8). The most optimistic forecasts anticipate a steady expansion of this age group (Lee, 2009: 9), which would have a hard-to-estimate impact on nation states and global society as a whole. The problem is the ratio between the share of non-productive citizens (young people, people with disabilities or the elderly) and the share of economically productive citizens, a ratio that tends to translate into a relationship of dependence. The dynamics of demographic realities, as well as the economic situation, have led to increasing concerns about the impossibility of financially supporting the elderly, but also led to intensified political efforts to identify and correct problems related to the quality of life of this elderly age categories (Breaz, 2020).

Like most European countries, Romania is facing an aging process caused by three categories of factors: declining birth rates, increasing life expectancy and external migration. Changes in the demographic structure have a strong impact both economically and socially, and the pressure of these changes is expected to become even more difficult in the coming years in terms of increasing demand for social services.

2. The specifics of social policies for the elderly

Simultaneously with the exponential growth of the elderly as a percentage of the world's population, in the last 70 years it has become increasingly visible the reorientation of social policy in the field of the elderly, which has known the following directions (Zamfir, 1995: 52):

1. Nationalization of social support: the state largely takes over the support function of the elderly and, in general, of groups in need.
2. Regulation of social support: aid is not arbitrary and does not depend on the goodwill of an individual or a group, but is governed by formal rules, to which are added strict implementation and control mechanisms.

3. Social support includes a complex insurance system.
4. Social support is provided from public funds (e.g. social security budget), which are collected from the population through various fiscal mechanisms.
5. The parallel development of private and community initiatives, initially in the United States, "probably as a compensation for the lower role of the state in social assistance. However, welfare remains a fundamental attribute of the state, the central objective of social policies" (Zamfir, 1995: 52)

Globally, the country facing the worst situation in terms of the large share of the elderly is China, where all statistical forecasts anticipate a new dramatic increase in this demographic segment in the coming decades, which will lead to the need for a reorientation of social policy in this sector. The number of people living in China over the age of 60 in 2011 was about 178 million, which was 13.3% of the country's total population at that time (China.org.cn, 2012). By 2050, nearly a third of China's population will be in the demographic segment for more than 60 years, which will place a huge burden on economic life and especially the pension system (China.org.cn, 2012). This situation, which has become alarming in the case of China, is less common in most developed countries.

Apart from the exponential growth of the mentioned demographic segment, the situation is all the more alarming as it adds other alarming demographic trends, such as: the rapid decline of the "-30" age category; an aging workforce, which leads to structural problems in the market; the persistence of major disparities between different countries around the world, in the sense that life expectancy stagnates in the least developed countries or is growing slowly, and in the "central" states it is registering an unprecedented increase in history; among the "60+" subcategories, the most striking increase is found in the "80+" subcategory, which requires special care and social protection services (Bălașa, 2005: 273-288). From the perspective of economic impact, there is a decrease in public revenues, while increasing spending on social protection and health, a reduction in the volume of labor, but also changes in the consumption behavior of the population. On the social level, the effects are felt in changes of social reality, of social behaviors, but also in the increase of the state of dependence in the case of those with chronic diseases.

Although the increase in life expectancy and the population over 65 is a desirable thing for humanity (survival in old age has become natural), it also presents profound challenges for public policy systems, which must adapt to the new demographic trends and challenges. The first challenge is associated with the significant increase in the retired population in relation to the significant decrease in the working population, which creates social, economic and political pressures on social security systems. In most developed countries, the rapidly aging population is putting strong pressure on pension systems. For example, economists warn that the US social security system may face a deep crisis if no radical changes are adopted (Financial Times, 2015). Reducing tax facilities, raising taxes, massive loans, reducing daily expenses, raising the retirement age are some of the "sacrificial" policies that may become necessary to correct the structural problems currently facing the US pension system. Private pension systems are also considered potential options to cope with the aging population in the US and beyond (Buckingham Strategic, 2016).

Population aging is also a major challenge for healthcare systems. "As populations age, the prevalence of disability, fragility and chronic diseases (Alzheimer's disease, cancer, cardiovascular and cerebrovascular diseases, etc.) is expected to increase dramatically. Human society can become a global health care home." (Eberstadt, 2013: 20) Despite the increased prevalence of these diseases, the health

status of the elderly has significantly improved over time, with the development of medical services and social policies. Older people can live an active life until a much older age than in the past and, if their productivity is maintained through appropriate policies and programs, they can maintain their physical and mental health for a very long time. Moreover, the fact that the permanent training of cognitive functions is the key to the prevention of all forms of dementia is already a consensus in the medical community (Pritula et al., 2013: 687-693). From this perspective, encouraging an active lifestyle among the elderly has at least two major individual and social benefits: the elderly continue to add value to society, which prevents feelings of worthlessness and, therefore, depressive and anxiety disorders (Brez, 2019: 36-37); increased productivity requires the constant training of higher cognitive processes, which prevents the occurrence of dementia at the individual level and, implicitly, the decrease in the prevalence of these diseases in society.

Returning to the demographic picture and the socio-economic effects portrayed in the previous paragraphs, it is not surprising that policies for older people have shifted towards the principles of solidarity and equity between generations. "Policy makers tasked with reforming the social protection system will have to take into account these dimensions, ensuring a satisfactory balance between the possibilities of financing the system in the long run and solidarity and equity between generations" (Bălașa, 2005: 279). Therefore, "an aging population will require a change in behavior, in this case, greater solidarity between generations, maintaining or improving equality of opportunity and choice between generations" (Bălașa, 2005: 289). The United Nations and other international organizations have developed recommendations aimed at mitigating the negative consequences of an aging population. These recommendations, which will be discussed in detail in a later chapter, include: reorganizing social security systems; changes in labor, immigration and family policies; promoting active and healthy lifestyles; increasing cooperation between governments in solving socio-economic and political problems caused by an aging population (United Nations, 2001).

3. The elderly in Asian societies

In Asia, the responsibility for caring for the elderly lies almost exclusively with the family, which must be taken into account by any social policy implemented in the countries of this continent (Yap, Leng & Traphagan, 2005: 257-267). In Asian cultures, the elderly are highly respected and even celebrated. Regardless of where Asians live globally, these family values and traditions are instilled and socialized from generation to generation, being one of the distinctive features of these cultures. While the elderly are living their retirement years, it is the responsibility of family members and, in general, everyone in the community to care for their parents and grandparents. "It is not uncommon for Asian families to live for several generations under one roof. Although obligation is one of the driving forces behind caring for and showing dignity to the elderly, Chinese culture has always emphasized respect for the elderly. Kindness to the elderly is a normal part of life in China. Respect for the elderly is regulated by national law. In fact, older parents in China and Singapore can sue their adult children for both emotional and financial failure" (Yap, Leng & Traphagan, 2005: 257-267).

Moreover, out of respect for the elderly, Japan has established an annual national day, called "Respect for Old Age Day" (The Culture Trip, n.y.). Supported financially by the Japanese state, tens of thousands of young volunteers "deliver free lunch to the elderly, or packages containing essential items" (The Culture Trip, n.y.) and throughout

the country there are festivities dedicated to the elderly, in which they participate directly.

All these differences between cultures and societies, which materialize in different ways of thinking and developing social policy, are based on cultural attitudes opposed to aging. In China, several psychosociological studies have highlighted the attitude of filial piety as a major psychocultural attribute - deference and respect for parents and ancestors, including a special cult of those who are no longer alive (Yap, Leng and Traphagan, 2005: 257-267). However, major social changes in recent decades, which have required the connection of social institutions to the Western model of organization and functioning, have led to the transfer of responsibility for caring for the elderly to the state in the most traditional Asian societies. For example, increasing the share of women in the labor market, so outside the household - inconceivable in traditional Asian culture - has made it much more difficult to provide care for the elderly left at home. This has had dramatic consequences, given that, as mentioned, China, Japan and Asian countries in general are experiencing an unprecedented expansion of this demographic segment, which requires special conditions of care. The alarming growth is doubled by the need for the emergence of specialized institutions, or the intensification of state actions, amid the collapse of traditional cultural models and practices of ensuring the well-being of the elderly. Other researchers argue the need to return to traditional living patterns, which have proven effective over several centuries (Raikhola and Kuroki, 2009: 41-82).

The social problem of the elderly acquires very special dimensions and implications in Japan, also due to some cultural peculiarities. Paradoxically, despite the appreciation they enjoy from society, Japanese elders live and die alone: "So only in Japan is there the phenomenon of *kodokushi* (lonely death). Many Japanese die alone and remain undiscovered after a long time. *Kodokushi* is a social problem that adds to Japan's major problem - an aging population (28% over the age of 65). In 2009 alone, 32,000 single deaths were reported in Japan, national statistics from other years are missing, but are said to be on the rise. The Japanese do not want to disturb not only their neighbors, but also their close relatives, asking for help, preferring to die alone and offering their bodies to worms and beetles. Special *kodokushi* services take the body to cremation and clean the place, at the expense of the state if the deceased has no relatives. For the Japanese, it seems, living quietly is mainly based on a rational-altruistic principle." (Onică, 2019: 73)

4. The elderly in Western societies

All these practices are different from the dominant approach in most Western countries, where the elderly are considered independent and responsible for their own care, respectively to ensure a peaceful old age from the active age. This reporting to the elderly and their status does not exclude the intervention of the primary group, but this intervention occurs more in the situation where the elderly need special care due to poor health. And, even in these situations, the care of the elderly is considered optional, being at most morally reprehensible. In the Western world, and especially in the United States, care for the elderly is usually done by virtue of subsequent pecuniary benefits, such as obtaining an inheritance or, in some cases, a certain percentage of the pension during the life of the elderly (Hashimoto, 1996: 28).

In the US, caring for the elderly is perceived as a burden. "Even when there is a family member willing to offer help to an older family member, in 60% of cases he cannot provide the necessary support, working outside the home. At the same time, however, many middle-class families are unable to bear the financial burden of

"outsourcing" health care, which leads to gaps in care" (Bookman and Kimbrel, 2011: 137). It is important to note that, even in the United States, not all social and demographic categories relate equally to old age and aging. "While most people in the United States are reluctant to seek out specialized services to care for the elderly, demographically, the groups least likely to do so are Latinos and African Americans." (Bookman and Kimbrel, 2011: 140)

As mentioned, the United States and the rest of the countries considered "central" are at a crossroads, trying to meet the demands of an exponentially growing elderly population. At the same time, peripheral and semi-peripheral nations are experiencing almost similar growth, with no resources comparable to those in developed countries. Some studies (Mujahid, 2006) conducted in recent decades highlight the fact that, in the socio-demographic category of the elderly, poverty is an acute problem especially among older women. "Feminization of the poverty of the elderly" (Mujahid, 2006: 136), evident in peripheral countries, is directly due to the large number of elderly women in these countries, who "are single, characterized by high illiteracy rates and are not part of the force for work." (Mujahid, 2006: 136)

5. The elderly in African societies

Like Asian societies, African societies pay special attention to the elderly, their main peculiarity being that, due to their widespread poverty and underdevelopment, respect and care for the elderly can only rarely be expressed in a satisfactory life standard. In traditional African cultures, the elderly enjoy high esteem and special social status. In the past, "caring for the elderly was a natural thing and had its roots in strong religious beliefs. Modernization in Africa has changed the status and care of the elderly. As younger age groups migrated to urban areas, many of the older ones wanted to stay in rural communities and therefore lost family support and involvement." (Nyangweso, 1998: 181-185)

We recall the findings of a sociological survey of 384 elderly people in Kenya, both in rural and inpatient settings: "The vast majority of respondents believe that the elderly have traditionally been respected and revered. Despite this, almost three quarters felt inactive and almost all said they had withdrawn from society because they felt they no longer belonged to them. This suggests that more should be done to help older people stay active and more involved in society at large." (Nyangweso, 1998: 181-185)

6. Conclusions

Social policy cannot ignore cultural particularities: "So far, most studies in the field have been guided by a notion of culture that consists of values, norms and beliefs of the actors of the welfare state." (Oorschot, 2007: 129) Therefore, even in the case of the elderly category, "a cultural analysis of social policy" (Oorschot, 2007: 129) proves useful both theoretically, for highlighting cultural peculiarities and practices, which varies from one company to another and even over time within the same company, as well as in terms of application, for the development of functional measures, consistent with the cultural profile of the company. We consider that cultural diversity is not in itself a barrier to drawing general global directions for solving the social and economic challenges posed by the vulnerable category considered, as long as these directions are based on the "principle of decentralized action" (Oorschot, 2007: 129; Otovescu, Calotă and Cioacă, 2019) and does not raise the claim to be a "universal recipe" for a social problem so strongly mediated by cultural factors.

References:

1. Bălașa, A. (2005). Îmbătrânirea populației: provocări și răspunsuri ale Europei. *Calitatea vieții*, 16(3-4): 273-288.
2. Bookman, A. & Kimbrel, D. (2011). Families and Elder Care in the Twenty -First Century. *The Future of Children*, 21: 117-140.
3. Breaz, A. (2019). Depression at the third Age. *Revista de cercetare si interventie sociala*, vol 65, June 2019, 65, 36-50.
4. Breaz, A. (2020). Increasing the Quality of Life for the Older in Residential Care by Cultural Programs. *Revista de Asistenta Sociala*, 2.
5. Buckingham Strategic Wealth. (2016). American Pension Crisis: How We Got Here, [online] available at: <http://buckinghamadvisor.com/american-pension-crisis-how-we-got-here/>.
6. China.org.org. (2012). *Wen join seniors to celebrate festival* [online] available at: http://www.china.org.cn/china/2011-09/13/content_23400975.htm.
7. Eberstadt, N. (2013). World Population Implosion?. *Public Interest*, 129: 3-22.
8. Financial Times. (2015). Pension crisis: US seeks to save flawed state benefits system, [online] available at: <https://www.ft.com/content/758b6709-1d05-4feb-8206-e902f52f6696>.
9. Hashimoto, A. (1996). *The Gift of Generations: Japanese and American Perspectives on Aging and the Social Contract*. New York: Cambridge University Press.
10. Lee, M. (2009). Trends in Global Population Growth. *Research Starters Sociology: Academic Topic Overview*, 1: 142-148.
11. Mujahid, G. (2006). Population ageing in East and South-East Asia: current situation and emerging challenges. *Editorial Advisory Board*, 1: 136-147.
12. Nyangweso, M. A. (1998). Transformations of care of the aged among Africans-a study of the Kenyan situation. *Aging & Mental Health*, 2: 181-185.
13. Onică, D. (2019). *Însemnări despre Japonia*. Craiova: Beladi.
14. Oorschot, W. V. (2007). Culture and Social Policy: A Developing Field of Study. *International Journal of Social Welfare*, 2(16): 129-139.
15. Otovescu, D; Calotă, G. and Cioacă, V.O. (2019). The Social Economy in Romania: Opportunities, Vulnerabilities and Alternative Solutions. *Revista Universitară de Sociologie*, 50(2): 20-40.
16. Pritula, L.; Rîbințev, A.; Carauș, G. and Hâncu, I. (2013). Particularități clinico-terapeutice în stări psihotice demențiale. *Analele Științifice ale USMF N. Testemițanu*, 3(14): 687-693.
17. Raikhola, P. S. and Kuroki, Y. (2009). Aging and Elderly Care Practice in Japan: Main Issues, Policy and Program Perspective; What Lessons Can Be Learned from Japanese Experiences?. *Dhaulagiri: Journal of Sociology & Anthropology*, 3: 41-82.
18. The Culture Trip. (n.y.). *What Is Japan's 'Respect For The Aged Day'?*, [online] available at: <https://theculturetrip.com/asia/japan/articles/how-to-spend-respect-for-the-aged-day/>.
19. United Nations. (2001). *World Population Prospects: The 2000 Revision*. New York: United Nations Publications.
20. Yap, M. T.; Leng, T. L. and Traphagan, J. W.. (2005). Introduction: Aging in Asia. Perennial Concerns on Support and Caring for the Old. *Journal of Cross-Cultural Gerontology*, 20: 257-267.

21. Zamfir, E.. (1995). *Mecanisme de producere a bunăstării în economia de piață*. In Zamfir, E., Zamfir, C. (coord.). *Politici sociale. România în context european*. Bucharest: Alternative.