



Gail Wilson

Globalisation and support in old age

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Abstract

The paper opposes collective social support for later life to individualised activity. It suggests that collective support can be divided into social arrangements for sharing work over the life course, collective support among family members and collective support provided by formal institutions. In this context work includes paid and unpaid work. Family support is considered in a cross cultural context and so is a broader concept than is usual in the UK. Formal collectivities are defined to include all late life-oriented organised welfare, including pensions and health and social care, whether state, non-profit or commercial. Each of these collectivities is discussed in relation to support in later life. The effect of economic globalisation on each is outlined but the main emphasis is on analysing threatened support systems.

Globalisation and Support in Old Age

This paper sets out a framework for analysing the way that globalisation affects older people. The argument is that globalisation (a phenomenon that is closely bound up with the ideology of free market capitalism and individualism) endangers the collective social transfers that are essential to elders in later life. Globalisation has been characterised by an upsurge in information technology and communications of all types and by ever tighter links between world systems and phenomena. However it is the economic aspects that are of most concern in this paper. The triumph of free market capitalism as a global ideology has altered the balance between individualism and collective action in most societies. This shift in ideology is backed by economic power. As Castells (2000: 369) says 'for the first time in history the whole planet is organised round a largely common set of economic rules,' and he diagnoses a new type of capitalism that is harder in its goals and more flexible in its means than before. The economic restructuring that goes with global capitalism 'produces winners – the young, the dynamic, the mobile, the connected – but it also imposes costs on visible and vulnerable groups, and in many countries it has been accompanied by a surge in measured poverty.' (World Bank, 1996: 5). The question then is what of 'the old' who are clearly not among the World Bank's winners. For the purposes of this discussion, later life is defined as a time when there is a need for some form of collective support. The source(s) of this support will vary from country to country (as well as among individuals), but work, the family and formal

collective institutions are the three pillars identified here. Formal collectives are defined to include all late life-oriented organised welfare, including pensions and health and social care, whether state, non-profit or commercial. Such a wide definition of formal collectives is alien to members of developed welfare states where the distinction between public, private and not for profit is frequently made, but in a global context such distinctions are increasingly blurred, and formal support is in any case less important for elders than work and family. It is the ideological rejection of public expenditure that is the key issue for formal support in global terms, and this has an impact on all three collectivities. In any case the boundaries between these three systems are fluid, and the systems themselves interact in ways that vary from culture to culture and even between individuals. For example, state subsidies to employers to retain older workers can be classified in two ways. Either they are part of a system for collectively redistributing work to elders, or they are part of the state's collective provision for later life. Also most people will call on more than one collectivity and many will need all three, especially where none is well developed (for example, see Lloyd-Sherlock, 1997 on survival strategies of older people in Latin American *favelas*). The three systems are not global in the sense that any change in one corner of the globe will affect that system world wide, but they are present as sub-systems in all countries or cultures, and they are affected by globalisation.

Old Age

Old age means different things in different cultures. Seniority may bring high status and in some societies old age has traditionally been a time of relative relaxation and freedom from worry. In others old age is linked to life stage or generation and may or may not be something to look forward to. However, for the purposes of this discussion, old age is defined as a period in the life course when collective social support of some kind becomes essential because of advancing years. This definition of old age as a time when need for collective support increases can be seen as

independent of other markers of old age such as seniority, generational position or chronological age (except for pensions and other age related entitlements). The provision of pensions and social assistance mean that in advanced Western countries it is possible to be old in the sense of being collectively supported financially, but at the same time to be in good health and 'not old' in the terms of employability or physical dependency. It is also worth pointing out that even private pensioners who may think they are independent because they are living off their own savings are being supported by the productivity of the existing labour force. They are therefore enjoying collective benefits provided by the young and are subsidised by colleagues who died before them. Elders who do not have pensions may continue to work, paid or unpaid, but are they are reliant on some form of collective support if they are doing work that has been allocated to them on grounds of age or frailty or if they cannot earn enough to be wholly self-provisioning. These transitions can be abrupt (as the shift from paid worker to pensioner) or much slower (as with the need for lighter work). They may be final, as with definitive retirement, or they may change over time, for example if work becomes available, or if seasonal labour continues.

Reduced ability to perform activities of daily living is the other main criterion of need for support. As with work, a decline in ability to be self-caring may be intermittent, sudden or gradual. Frail elders must call on informal collective support, mainly from women relatives, or formal services that provide home care or residential care. There is also the recognition in countries with developed health services that very few elders can afford to pay for the full range of health care. As with pensions, there are age and income related criteria for access to collectively financed health care.

Work

Work is the main source of welfare over the life course (Glennerster 1997) and continues to be essential in later life in most of world (Randel et al., 1999). It has traditionally been collectively

redistributed over the life course, and still is wherever pensions are low, restricted to civil servants and the military, as they often are (Tracey, 1991), or non-existent. One definition of collective action for redistributing work would see it as a subsystem of the market, but this is to confine the discussion to formal paid work as measured in economic statistics. From the point of view of older men and women this definition is much too narrow. A focus on paid work also makes it more difficult to see the redistributive aspects of work in later life. Even for paid work the ability of older men and women to continue often depends on a redistribution of activities: manual workers move to lighter tasks, non-manual workers may find themselves confined to old fashioned work where innovation is not needed. In the unpaid sphere, a wide range of time consuming activities that relate to animal herding, community development, politics or social regulation may be handed over to elders. Older women have traditionally been more likely than men to work in later life, in childcare, housework, and farming or business activities. They may similarly do less unpaid work or shift to lighter work if they can. Disabilities are rarely all encompassing and even those who are frail enough to need care may still do some paid, or more often unpaid, work in the family setting (see below). Both sexes are deemed to have more time to perform social tasks such as passing on tradition and educating the young. Many societies have traditionally reserved special roles for older men and women that involve them in social control (as elders and mediators in disputes in family or community), in politics or community management and in the generation of social capital (Leonard, 1999). These roles are time consuming and can be exhausting. They do not count as economic activity but they are work and may entitle elders to material support.

The United Nations report *The World Ageing Situation* (1991) drew attention to the very high number of elders (men and women) world wide who worked at child care, market gardening or looking after livestock. This type of work usually goes unrecorded in economic statistics and so is either invisible or undervalued. A survey reported by Tout (1989) of men and women over 70 in Vilcabamba, Ecuador, showed that only 13% were not working outside the home. International Labour Organisation

projections for economically active members of the population over 55 for 1990 produced figures of 73% for men in Africa and 63% in Asia. Rates for women were lower, 51% and 39% respectively. In Europe in contrast, the estimates were 37% for men and 13% for women. (ILO, 1986 presented in United Nations, 1991: 26). More recent statistics would be likely to put the activity rate still lower for men in the west since unemployment among men over 50 has risen greatly. In many societies where there has traditionally been a labour surplus for at least part of the year, the leisure time of older men is institutionalised and in a few this also applies to older women. For example, older Greek men sit in cafes for much of the day while women work. Older Chinese men play majong and chat while older women help with grandchildren and housework (Keith, 1994). It is unclear how much of this activity is simply leisure and how much could be defined as social capital formation or communal control of one type or another. Where pensions are adequate young retirees are likely to exit from the formal economy (Johnson, 1988) but many still work in providing care for older relatives and friends or as community activists.

The term 'indirect economic activity' might usefully be used to describe the wide range of activities that are essential to free other family members to take paid work - cooking, cleaning, child care, water and fuel collection and herding, subsistence cultivation or gardening. All these activities need to be added to official figures to get the real activity rates of older men and women. Even in developed countries child care remains an important activity which frees younger women to take paid work (Deven et al., 1998). Before 1991 older men and women in Eastern Europe spent large amounts of time queuing for their families (Calasanti and Zajicek, 1997). This role has now ended and hardship among elders has increased.

Family

No system of family support is unfailingly benign (see for example Steinmetz, 1988, on elder abuse within families), but this does not alter the fact that the family is the main source of material welfare for elders who cannot support themselves through savings (including pensions as a form of saving), paid work or subsistence activities. There are very wide variations in the type of support that families can give and in the conflicts produced. We do not know how well traditional systems worked in the past, or how dependent they were on the income and/or composition of each individual family. Mead Cain (1986), for example, has shown that the absence of an adult son can threaten the survival of widows in Bangladesh, whereas a widow with a grown son has a traditional source of support. In the first case a husband's brothers are liable to see the widow's land as their own, but in the second they will see it as belonging to their adult nephew. The uncertainties of family composition may therefore decide whether the family is a supportive or an exploitative collective (see also Wilson, 1994 on the high chances of mentally frail elders being abused by adult sons).

Material support by families includes shelter in countries where cohabitation across generations is normal. Co-habitation can mean many different things in practice, from sharing a room to sharing a compound, but in all cultures there is evidence that cohabitation declines with growing prosperity, rising housing standards and urbanisation. Separate living is increasingly popular in Japan and other East Asian countries as incomes rise and the chance for elders to survive on their own increases. Day (1985) for example found that elders in Sydney who lived alone were happier than those who lived with their families, and Knodel and Chanpen (1998) showed that in North Thailand even though elders lived 'with' their children they normally had separate living spaces unless the family was very poor. The shift from cohabitation to intimacy at a distance highlights the importance of emotional support, interdependence and social cohesion. In emotional terms it is arguable that it is easier to give and receive support when elders are not disempowered by living with other generations in a cramped space.

In any society, whether pensions are available or not, some elders become frail or chronically ill. They need different amounts of care, as well as material support, and in some cultures no one is deemed to be old until they need such support (Keith, 1994). Even in UK pensioners may only see themselves as old when they are forced to call on others for help with daily life (Sainsbury, 1993). In other societies elders were traditionally able to access collective resources, including care services, on the basis of seniority alone. Keith (1994), for example, explains how the Herero in South Africa traditionally think that elders should be 'given children' to run errands for them. It is not clear how far such arrangements still persist for those who are not in the highest income groups. In all cultures most caregiving for frail elders is done by women relatives, but caregiving in later life is not as gendered as it is at earlier ages and many older husbands or brothers are caregivers (Arber and Ginn, 1989). The same may be partly true in cultures where sons not daughters are seen as the main support for their parents (Cho, 2001). In advanced countries, as elsewhere, the family continues to be the most important collective source of care giving for frail elders. The numbers in residential care or receiving formally organised health and social services in their own homes are a small proportion of the total (between 10 and 20% in most countries, Wilson, 2000:), despite popular myths that elders are abandoned in the West (Kane, 1996). In developing countries, or when pensions are inadequate, as they still are in many parts of East Asia (Kwon, 1999), families have to provide material resources for older members as well as care if it is needed. Formal alternatives exist (see below) but they affect an even smaller proportion of elders than in developed countries.

Formal collectivities

Pensions and free or subsidised health and social care are the main examples of collective support for elders in developed countries. These systems work in ways that can either reduce or accentuate

the inequalities of earlier life stages, and they are nearly always deeply gendered and discriminate against women. The growing numbers of older migrants are another highly disadvantaged group in most countries. All pensions rely on collective agreements to divert part of current output to those who are deemed too old to work. They may be government organised, or the government may confine itself to regulating the private and mutual aid providers. In most advanced countries a growing minority could afford to individualise their saving for retirement but even they would often choose to spend rather than save if the state did not compel them to put money into pension schemes when they were young. For the rest of the population collective schemes that enforce saving, pool risks, and give some form of assistance to those who cannot provide fully for themselves are essential

Charities, faith communities and other Non-Governmental Organisations are the main collectivities that fill some of the gaps in welfare state provision. They provide material support, care and often fellowship and emotional support for their older members or for groups of elderly residents or service users. Private care is available for the very rich, especially in nursing homes. However most developments in the private care sector depend on government money to keep them in profit, and on well developed systems of entitlement and rationing. In other words the private sector is often part of state collective activity (for example, in the US via Medicaid which finances a large part of the nursing home industry).

In developing countries where organised state welfare is limited, NGOs may be the only actors in the field. Tout (1989) explains that in parts of Latin America each city or large town prides itself in having an orphanage and an old people's home. Even if these institutions do not provide good quality care, they are likely to be in high demand because of the lack of alternatives. Convents and ashrams may function as old people's homes for some. (See for example Cohen, 1998 on Varanasi ashrams as a haven for older widows in India). International NGOs such HelpAge International

operate on a world wide scale but their funds and input are limited. Other inter governmental organisations (IGOs) such as PAHO (Pan American Health Organisation), WHO or the UN may run special campaigns to raise awareness of the problems of older people and disseminate good practice but they do not provide much in the way of material assistance at present.

Health care has a major influence on the quality of life in old age. Access and ageism are everywhere a problem but where it is provided free, medical care has had an immense impact on the well being of many elders. Hip replacements and cataract operations vastly reduce levels of disability among older cohorts. Khaw (1999) for example, shows how projections of disability in the older UK population have fallen steadily over the last 30 years as the disability levels in the existing population that are used as a base for the projections have changed. 'The proportion of men and women at any particular age who require help with four activities of daily living halved between 1976 and 1991. The effect of this change in age specific prevalence is over a threefold difference, or about 2 million, in the projected numbers of people who require help in these activities' (Khaw, 1999: 1352). There is no reason to believe UK is unusual among advanced countries, though smoking, AIDs, pollution and drug-use may check existing progress. The question in relation to globalisation is whether collective provision for health care in later life (however financed) will increase or whether it will be cut back. The discourse that sees older people as an enormous and potentially uncontrollable burden on health systems, combined with the global financial bias against public expenditure, is a long term threat to services for elders even in developed countries. In the developing world the outlook is worse but in Newly Industrialising Countries improvement seems more likely as elders benefit from improvements in health care systems for the whole population.

The WHO is among global institutions advocating positive health and better services for older people, but the reality of service provision is still depressing. In developed countries services are

ageist (Age Concern, 1999) and access is often restricted for elders who are more expensive to treat than mid life patients and have multiple health problems. In developing countries elders may never even reach health services and may face ageism when they do. Cohen (1998), for example, details how his first research design was ruined because older people were not brought to clinics in India. Focus groups organised by HelpAge International in Africa produced the graphic quote from a health worker faced with an older woman attending clinic: 'Why have you come? You are old. Are you afraid to die?' High quality affordable health care is an urgent need for elders everywhere but the global imperatives to cut public expenditure make improvements difficult in advanced countries and virtually impossible in developing countries. There is evidence that NICs find public expenditure on health very much more acceptable than on social services to support the family or on residential care (for example, see Japan, Health and Welfare Bureau for the Elderly, 1998). With political will they may improve their collective provision for health care in later life despite global pressures.

Impacts of Globalisation

The impact of globalisation in its various forms on older men and women is a function of how well the three collectivities of work, family and formal support systems are developed and how they interconnect with each other and with global forces. Each is put at risk by globalisation but paradoxically each has been strengthened to some degree and in some manifestations. (See Czerny, 1997 on the paradoxes of globalisation).

Globalisation has brought whole countries into the world economic system and enabled them to greatly increase their Gross National Product. There is growing world prosperity but it is increasingly concentrated in richer countries. Within countries also the rich have tended to get richer and the poor relatively or absolutely poorer (see the World Bank, 1996 above). Life has

lengthened and the number of older people is growing in virtually all countries, but the increase in numbers has encouraged discourses that see elders as burdens rather than as integral members of their societies. The demographic bonus that is sweeping the non-Western world (falling dependency ratios caused by lower birth rates accompanied by rising numbers of better educated healthier workers) is rarely noted as a benefit and the discourse of crisis is dominant. The positive view put forward by the United Nations Population Fund (1998) can be contrasted with the World Bank's *Averting the Old age Crisis* (1994).

More importantly the growth of risk and the increasing casualisation of the labour market has destroyed many of the traditional forms of economic organisation that allowed the reallocation of work over the life course. Globalisation via structural economic adjustment frees markets for labour as well as for products. In the free, profit oriented market where capital can (in theory at least) rapidly migrate to where labour is cheapest, there is no place for protection of workers' rights, pensions or other social or health benefits. Elders may no longer be able to find paid work, younger family members may find their wages too low to support multiple generations and future pension provision may become impossible. If financial dislocation and inflation are added, the outlook for elder support in developing countries is poor.

In developed countries the rising number of pensioners has led to calls to reduce pensions. The OECD (2000) now wishes to lengthen working life and to delay retirement. This is a solution that should not conflict with global economic trends if financial stability and economic productivity can be maintained. It does however imply a return to a more overtly collective way of allocating work over the life course. One problem is that there is no evidence that older people can be compelled to remain in the labour force against their will as long as adequate pensions exist. Another is that older voters have proved remarkably willing to organise in defence of pensions (in New Zealand, Canada and Netherlands among other places, see Wilson, 2000, Vincent, 1999). Even if pensions are

inadequate, Johnson (1988) has shown that they have historically been high enough to enable those who want to leave the labour market to go. In future work conditions and the management of older workers will have to be made more attractive if current policies are to work. Phased retirement, a traditional way of ensuring work was worth while for elders, may not be enough to make the needed social changes.

Migration, either global, or internal from rural areas to the new mega cities of the developing world, offers great opportunities, but mainly to the young. Elders may be forced to move because they can no longer support themselves in rural areas, but the type of work available in the social systems that develop in the urban slums of Latin America or West Africa cannot easily support older people. In both the formal and the grey economies they can be easily undercut by child labour (Tout, 1993). In developed countries economic restructuring increasingly results in marginalised areas (parts of cities, regions or even countries), that are by passed by the new economy (Castells, 2000). Many of the young will leave if they can and older people are disproportionately left behind. In these areas care of the elderly may be a major source of employment (OECD, 2000), but the level of support and quality of care will depend on collective commitments to finance improved programmes for those who are left behind by migration.

The family as a provider of collective support for later life is threatened by economic strains and by ideological shifts. In the first place the ability to support older family members depends ideally on the existence of a positive role (as workers or in some other capacity) for elders to fulfil. In the second, other family members must be able to generate some surplus to bridge the gap between elder resources and needs. Economic restructuring, migration, World Trade Organisation agreements and in the future the General Agreement on Trade in Services (Gats), all threaten the well being of older men and women. Gats in particular could have an important effect on the ability

of formal collectives to support family care giving since it will throw health and social services open to global market competition and outlaw subsidies.

The positive view of the impact of globalisation on formal support has been advanced by Parker (1998: 176), 'The uncertainty of the market, the fragility of the family and the fading of local communities – vital sources of economic security and social welfare – mean greater opportunities for government if the entitlements and opportunities of citizenship are to be assured for older people'. Most commentators however agree that governments are not going to fill the gap, at least not directly. The problem here as mentioned above is that public expenditure is seen as unproductive in global economic orthodoxy. Countries that increase their public spending are liable to be seen as financially unsound. The International Monetary Fund or the World Bank are likely to demand cuts in public expenditure before they give financial assistance. An increase in public expenditure will be seen as economically unsound by the global capital market and cause world credit rating organisations such as Standard and Poor's or Moody's (<http://www.standardandpoors.com/>; <http://www.moody.com/>) to reduce the country's credit rating and investors may take flight or fail to arrive. When countries charge for basic education or introduce co-payments for health, as many have been forced to do under the structural adjustment packages imposed by the IMF, elders suffer disproportionately. Families with an eye to the future must pay the education and the health care costs of their children before they pay for health care for elders.

In an ideological climate that is overtly hostile to public spending NGOs may thrive. They are frequently seen as the acceptable face of formal collective activity in free market capitalism. This is however an oversimplified approach. The Inter-Government Organisations (IGOs) or International Non-Government Organisations (INGOs), can have opposing impacts on later life. Economic orthodoxy has little place for 'unproductive', that is unwaged, older men and women and the

Bretton Woods organisations (IMF and World Bank) and the WTO, as would-be regulators of the global economy, have strong tendencies to ignore older men and women entirely. As indicated above the outcomes that they aim for may or may not be harmful to the general population, but they rarely improve the welfare of elders. On the other hand IGOs such as the World Health Organisation (WHO), the International Labour Organisation (ILO) or the United Nations Development programme (UNDP) take a much more positive view of old age. They came late to a consideration of older people, but in calling for better and more appropriate health provision, for good pensions and for measures that increase life expectancy and draw on the expertise of older people, they do much to advocate citizenship for elders and to value their contribution to society. The important difference between the IGOs that are negative about ageing, the IMF and the World Bank, and those that are less so, is that the first have a selected membership and are dominated by the US and while the others potentially include all UN member states (Bergesen and Lunde, 1999). The WTO falls halfway, having a wider membership than the Bretton Woods organisations, but being until recently wholly dominated by the richest countries. There is now some opposition, but it remains to be seen how helpful this will be to elders.

It seems clear from Western experience that NGOs and INGOs such as HelpAge International, are not going to provide the levels of collective welfare needed for growing numbers of older men and women. This would almost certainly be so whatever the other factors involved, but given the strains on collective action by the family, the disappearance of late life work opportunities and the ideological curb on government expenditure, the inability of NGOs to fill the gap is assured. In any case it is unwise to assume that NGO activity is always beneficial (see Morris-Suzuki, 2000, Parker, 1998). Tout (1993), for example, warns that local NGOs can be taken over by reactionary elements who exclude the clients/members that the original funders had aimed to help.

Conclusion

The basic social policy message from many commentators is that globalisation increases the problems of societies and socially disadvantaged groups, but decreases the capacity to solve or alleviate those problems (see Ghai, 1992; 1997). However it is important not to assume that there is no alternative. The experience of the Indian state of Kerala (Tracy, 1991; Parayil, 2000) and of Sri Lanka before the outbreak of civil war, indicate that political will can overcome economic disadvantage. Others hope that European (Beck, 2000) or Asian values (Goodman et al., 1998) may continue to produce distinctive versions of capitalism that allow for more collective action and social solidarity. These commentators take a world view but their arguments are relevant to collective action on behalf of older people. At present any increase in collective social provision is threatened by the more extreme versions of market individualism. At best we can say that the importance of work sharing over the life course is moving up the policy agenda (OECD, 2000). Where the more enlightened members of the OECD lead, others may follow. The family is universally under strain from various aspects of globalisation (many of which have not been discussed here for lack of space). Up till now however the Western family has coped better as a welfare collective than the gloomiest commentators have repeatedly predicted. In democracies the future of formal collectivities appears to lie in the hands of voters. Older voters are growing in numbers, and even faster as a proportion of those who actually vote. We can expect policy makers to take more note of their demands. If elders combine to fight off cuts in their income and services, which are nowhere deemed good enough by the majority even today (Commission of the European Communities, 1993), formal and informal collectivities will continue to exist and may even improve in advanced countries. No such optimistic message is possible in the developing world at present.

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