

Introduction to the Special Section: “Eldercare in Asia: a Call for Policy Development Beyond Traditional Family Care”

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Societies in East Asia and the Pacific are in the midst of an unprecedented and dramatic demographic transition as their older adult populations increase both numerically and as a proportion of the overall population (World Bank 2016). In some countries, such as Japan, this transition is well underway while in others, such as Vietnam, the transition is at an earlier stage. While many older adults remain independent into old age, a significant number require assistance with day-to-day activities due to health, cognitive and behavioral changes. Alzheimer’s disease and related dementias alone will have a tremendous impact on the need for eldercare in these societies (Alzheimer’s Disease International 2014). One of the acute challenges faced by many Asian societies is strengthening systems of support to meet the needs of the growing subgroup of older adults who require assistance.

This Special Section was a result of a small conference held in conjunction with Asia Vision 21, organized by the Harvard University Asia Center, which gathered multidisciplinary social scientists from 15 institutions across 8 countries and regions (e.g., China, New Zealand, Japan, Thailand, Vietnam, India, Hong Kong, and U.S.) to address the topic of eldercare in Asia and to share research findings. A key conclusion from this meeting is that the traditional family-based eldercare (i.e. reliance primarily on nuclear or extended families to provide care for the elderly) is under strain and cannot by itself provide adequate care for the rapidly growing aging population. The eldercare situation is particularly acute in poor, marginalized, and rural communities for a variety of reasons, including the economic migration of large numbers of young and middle-aged adults from rural to urban areas seeking better paying jobs. While eldercare is an important value and source of meaning across Asian societies, families

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often lack adequate support and are stressed financially, emotionally and physically. Families on the edge of poverty are particularly vulnerable because eldercare often entails economic sacrifices that may trigger a descent into poverty. The upshot is that new systems of support need to be developed to close gaps in eldercare and to support families in contemporary Asian societies.

While Asian societies share a common challenge in developing services and policies to support families in meeting the needs of growing older adult populations, there are also differences in social and policy responses based on local culture, politics, history and economic resources. To help illuminate both similarities and differences, we have selected a set of papers from this conference representing several countries, including Singapore, China, and Vietnam, for this Special Issue, “Eldercare in Asia: A Call for Policy Development beyond Traditional Family Care.”

Dr. Jing-Bao Nie, based on his analysis of policy and practice in China in the context of the “one-child” policy, observes that the “failed responsibilities of the government and the inadequacy of the official Chinese approach to eldercare.” Taking a socio-ethical perspective, Nie states that eldercare is first of all a moral responsibility of a government, not merely an economic problem. He emphasizes that a good government, in either ancient or contemporary time, should provide care for the elderly as primary moral duty, a matter of social justice, human dignity and human rights, rather than merely a charity, or obligation belonging to individuals and families.

Dr. Kuah Khun Eng, based on her fieldwork and study of the role of the Singapore state and Buddhist organizations in providing eldercare, sees great potential social organizations that have a long history of providing voluntary welfare services to communities as an important opportunity for expanding and strengthening the current state-centered social welfare system. She calls for “a systematic approach in the development of a holistic framework that involve different players: the state, the family, and the community organizations. “As she observes, the state policy that encouraged the participation of the religious organization through its fiscal and subvention policy, could effectively integrate religious voluntary welfare organizations into the state welfare system.

Similar to Dr. Eng, Dr. Huong Nguyen also highlights the potential contribution of Buddhist organizations in providing mental health care and support to older adults and their families in Vietnam. Based on a substantial number of interviews and ethnographic observation in Vietnam, Dr. Nguyen points out that while Vietnamese formal mental health system is under-developed, Buddhist temples are in fact serving effectively as a source of help to Vietnamese elderly with mental health problems. There is a great need for developing policies and programs to address the needs of mental health in elders in Vietnam. Dr. Nguyen argues that although government agencies have developed strategic plans, laws, and policies to cope with the growth of the aging population, there is need to develop strategies to build on existing cultural traditions. A wiser and more urgent policy, she proposes, is for the government to encourage and support the community-based organizations, especially Buddhist temples, to become a source of support for various issues ranging from short-term psychological issues to long-term mental disorders and illnesses.

Dr. Jeanne Shea, based on her ethnographic work in urban China, illuminates the role of elderly (e.g. spouses) in the provision of eldercare, calling into question a common narrative that places adult children at the center of eldercare. As she notes, “Many older adult women and men in Shanghai are making significant contributions to eldercare in the form of both spousal mutual aid and spousal primary caregiving.” Dr. Shea suggests that scholarly and policy arenas should pay more attention to older adults’ continuing contributions to family and community if a more accurate picture of China’s aging society and the development of sustainable social programs are to be realized. She and her colleagues call for more policy recognition of the caregiving contributions of older adults in China, and these contributions need to be better publicized in policy briefings and press releases to balance the common view dominated by the elder dependency concept.

There are several important cross-cutting themes in this set of papers. First, it is worth noting that these papers share an emphasis on the use of methods of anthropology and the social sciences in their analyses (e.g. ethnographic fieldwork), demonstrating the importance of this approach as a productive mode of inquiry for understanding the eldercare situation in Asian Societies. Second, the papers argue against a dependency view of an aging society, where disabled elders are passively wait for care and support from their children, community organizations depend on governmental policy and incentives, while government agencies are trying to push the eldercare responsibilities back to the family while waiting for academic communities to provide feasible solutions. Instead, these papers suggest the need for more collaborative and integrated societal responses in which community-based organizations, such as religious organizations, social entrepreneurs, and volunteer groups, are better organized as an organic part of the workforce to support family-based eldercare. Policies should be developed with a focus on encouraging community organizations to provide sustainable eldercare and family support services, and encouraging inter-organization collaboration and coordination among long-term care service, health care organizations, and families, as well as researchers seeking evidence-based solutions and innovations.

As Asian societies face a common challenge of increasing older adult population size and diminishing availability of traditional family supports, there is an opportunity for Asian societies to rethink not only how adequate eldercare can be delivered through community-based services and programs, but also how quality of life can be addressed in addition to the length of life, how dignity is promoted over charity, and how elders can be empowered and empathically understood by those around them.

Compliance with Ethical Standards

Conflict of Interest Ladson Hinton declares no conflict of interest.

Ethical Treatment of Experimental Subjects (Animal and Human) This article does not contain any studies with human or animal subjects performed by any of the authors.

Informed Consent As there is no person or personal data appearing in the paper, there is no one from whom a permission should be obtained in order to publish personal data.

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