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AGEING, WELLBEING AND POVERTY IN THE SOUTH

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The United Nations' (UN) International Day of Older Persons on 1 October offers a timely opportunity for reflection on ageing, wellbeing and poverty in developing countries.

Higher life expectancy and lower fertility will, over time, raise the average age of the population. Population ageing is thus a sign of social and economic development.

Developing countries, however, are becoming older before becoming richer. A doubling of the share of a country's population aged 65 and over, from seven percent to 14 percent, took 115 years in France, 69 years in the USA and 45 years in the UK; but it will take 19 years in Singapore, 21 years in Brazil, and 26 years in China. This poses an urgent challenge for development research.

Dynamics of wellbeing

A research project studied the dynamics of wellbeing and deprivation among a sample of households with older people in the Brazil and South Africa (http://www.sed.manchester.ac.uk/research/ageingandwellbeing/index.htm). The aim was to identify policies to enhance older people's contribution to development, while providing economic security in later age. Brazil and South Africa have taken the lead in addressing old age poverty and vulnerability, through providing noncontributory pension programmes and access to basic services.

Multidimensional approach

A multidimensional approach is particularly useful in assessing the wellbeing of older people. There appears to be a divergence of subjective and objective wellbeing indicators in later life. Self-reported life satisfaction often rises, on average, with age – just as conditions of daily living appear to deteriorate.

A comparison of multidimensional indicators of deprivation – including subjective and objective indicators – for a

sample of older people and their households in the two countries provides interesting findings. In both countries, deprivations scores fell between 2002 and 2008, suggesting sustained improvement in the wellbeing of respondents as they age.

Improvements in wellbeing for the sample as a whole average out transitions in poverty status among groups of older households. Over two-fifths of households in the South Africa sample and between one-fifth and one-third in the Brazil sample experienced some change in poverty status between 2002 and 2008. Some exited poverty, others fell into poverty, and some remained poor. The findings underline the importance of studying the dynamics of wellbeing in older households.

These studies conclude that ageing need not be associated with lower wellbeing/increased deprivation, so long as appropriate policies are in place to ensure income



Older people demonstrating in Dhaka.

Photo: Ric/IDOP/2003.

security and social and economic inclusion as people age.

Policies need to be forward-looking. Postponing withdrawal from the labour force as individuals age requires, among others, policies leading to improvements in skills and health status earlier in life.³

Key policy points

- Ageing need not be associated with increased deprivation. Appropriate policies can support rising wellbeing and sustained contribution as people age.
- Non-contributory pensions in Brazil and South Africa reach the majority of older people and reduce poverty and vulnerability.
- Policies need to be forward-looking, to shape capability and opportunities earlier in life.

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Further reading

- 1 Barrientos, C. and Lasso de la Vega, C. (2011). 'Ageing, wellbeing and deprivation in later life: a multi-dimensional counting approach', BWPI Working Paper 151. Manchester: Brooks World Poverty Institute. Available from http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1876486
- 2 Barrientos, A. and Mase, J. (2011). 'Poverty transitions among older households in South Africa and Brazil', BWPI Working Paper 150. Manchester: Brooks World Poverty Institute. Available from http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1876485
- 3 Barrientos, A. (2011). 'Participation and earnings of older people in Argentina: nice work if you can get it?' *Journal of Development Studies*, 47: 1061-1079.

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