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Filial Piety and Capital Transfer as Determinants in the Changing Patterns of Responsibility of the Elderly: Southeast and Eastern Asia as an accelerated Microcosm

Mario D. Garrett
Filial Piety and Capital Transfer in the Changing Patterns of Responsibility for the Elderly: Southeast and Eastern Asia as an accelerated Microcosm

Abstract
This paper looks at the concept of filial piety and capital transfer as determinants in the care of the elderly within multigenerational households in Southeast and Eastern Asia. It highlights the balance between the government, community, family and the elderly themselves within an implicit, and sometimes, explicit contract of responsibility. On the basis of evolving demographic and economic pressures, emphasis is placed on informal adjustments in reciprocal family care that are expected to be made in response to a changing demographic, economic and political landscape. Because of its emerging dominance in the global economy and its reported reliance on filial piety as a strong determinant in elderly support, this region is argued to present a snapshot representation of global change to patterns of care for the elderly. The thesis highlighted in the conclusion is that support for the elderly is perhaps better seen as an inclusive function of both capital transfer and filial piety. Future concerns address the vacuum caused by the decline of such capital accumulation by future elderly and by the decline of potential younger caregivers. Such concepts as filial piety and capital transfer are undergoing a semantic transition and their explanatory value as determinants of responsibility will therefore diminish.

Introduction

Global ageing has become the main international social issue for this decade. With the tenth anniversary of the United Nations World Assembly on Aging (1982), and the peripheral cacophony of activity surrounding this celebration, there is an emerging awareness of the lack of distillation of concepts, ideas, programmes and policies in response to the ageing of populations. Although demographic projections tend to act as a soothsayer for gerontological concerns, there is a growing need to develop further these generalised scenarios to address specific processes of change in the responsibility for the care of elderly citizens especially within developing countries where demographic transitions are and will be sublime.

Within this remit, Southeast and Eastern Asia can function as a microcosm. As a region this area does not present a unique demographic development. Inasmuch that Southeast and East Asia rank fifth and fourteenth in order of regions with the highest expected increase in the population of those sixty years and over (225% and 170% respectively) from 1990 to 2025. However, this geographic region, which faces west America across the Pacific Ocean, is one of the most diverse areas of this century.

The economic chasm between Japan (GNP=US$ 23,730) and Lao PDR (GNP=US$ 170), the diversity in population size from China (1,100 million) to East Timor (0.7 million), from the heterogeneity of cultures, religions and ethnicity found in Malaysia to the homogeneity in Japan, to the geographic spread of Indonesia (with 13,667 islands) to the cradled size and geographic position of Brunei Darussalam (5,770 square kilometres), if this region was not bound by its spatial proximity the only other distinguishing similarity is that most of the constituent countries are considered as the most vibrantly thriving, or potentially thriving, economies in the world. If as Hoskins (1990) has argued, a "prerequisite for any successful old-age income is a viable and
expanding national economy”, than this region has the potential to initiate a balance of care for the elderly which can prove to be a model for elderly care in recently industrialised countries.

This paper presents a vignette of the region to serve as an exercise in establishing the significant processes involved in the changing patterns of elderly care as a model manipulated by economic, cultural and demographic issues.

Background

Tabulations by age categories within this geographic region (Table 1) shows countries with an elderly population of less than 5% of the total population (Democratic Kampuchea) to 17%, as reported for Japan. Of further significance is in the projected increases for 2025. Overall it is projected that in 35 years the proportion of elderly people will double, reaching the highest level of 29% in Japan and the lowest of 7% in Mongolia. Within these generalised statistics, variation among countries and within different localities in each country are observable (China, Wu & Du, 1991; Philippines, Watkins & Ulack, 1991) as well as between ethnic minority groups. For example McClellan (1989) has argued that by the year 2000, 8.4% of the elderly in Malaysia are expected to be of Chinese race as compared with 7.1% Indians and 6.4% Malays. Such discrepancies are also expected for the fifty seven ethnic groups in China.

Table 1.

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These proportional growth in the elderly population tend to overwhelm. Recent practise has been to focus at later stages (75 years and over), especially when most of the health needs of the elderly tend to emerge (Myers, 1982). However, until policy on the age of retirement changes, which at present are set within the range of 60-65 years, than such broad age categories (60+) remain a necessary criterion. Caution must also be exercised when discussing forecast on the number of elderly people who will be alive in the future, since we have limited knowledge of late age mortality (Warnes, 1991) especially in developing countries.

Nevertheless, with the present pattern of elderly care, with its heavy dependence on consanguinity and personal investments, such growth of the elderly population will act as a catalyst for change with government response determining the template for the overall pattern of responsibility. How the government plans and reacts to this expected shift in the population structure will have predominant consequences on how non-governmental organisations, family members and the elderly themselves respond to their assumed traditional responsibility. Discussion on the pattern of care for the elderly inevitably starts with government contribution, and, perhaps mimicking real experience, ends up with the onus of concern resting heavily on the elderly themselves.

The role of the government, non-governmental organisations and the community

The balance between the support provided by the government and by the family is perhaps better expressed by McCallum (1992) when he argues that with increasing economic prosperity, and with an increase in government provisions, family support will decline, a fear already expressed by governments of developing countries (Tracy, 1991). Such analysis tends to suggest that filial piety can be used as a rhetorical guise, and perhaps the relationships between family members might be based on facets other than purely cultural.

Within this region the role of the government in social welfare has historically been managed on specific basis (e.g., housing subsidies) rather than as a societal provision, arguing that economic development will eventually benefit all members of society, without any need for special concern to pluralism (Dixon & Hyung, 1987).

China, as the last economic survivor of communist ideology, is often assumed to provide the fullest welfare coverage for its elderly citizens within this region. However, although the government provides for a retirement pension for all civil servants, government and some industrial employees, economic welfare for the elderly in rural regions tend to be based on the five guarantees. This system provides, from community funds, childless and infirm old persons with food, clothing, housing, medical care and burial expenses. Although 2.8 million benefited in 1986 from these guarantees, this accounted for only 0.75% of the total agricultural population for that year. A similar pattern of government provisions for the urban elite and the lack of provisions for the rural majority tend to exist throughout Southeast and Eastern Asia.

Thailand, Malaysia, Philippines, Singapore and Indonesia follow a mixture of Provident
Filial Piety & Capital Transfer: Southeast and Eastern Asia

Fund systems and Insurance Schemes which cover civil servants and some private sector employees with limited coverage. Apart from Japan which has developed a comprehensive system of retirement schemes, with Hong Kong and South Korea having an old-age allowance at 65 years of age, other national coverage is presently limited to around 3%-20% of the elderly population (Thailand, Francese & Kinsella, 1992; Singapore, Cheung, 1992; S.Korea, Sung, 1992; China, Wu & Du; Asia general, Dixon & Hyung, 1985, General, U.S Department of Health and Human Services, 1987). As such, formal economic support for the elderly has a low coverage, with the majority of the elderly relying on other sources. Although an accurate definition of what these sources are can be elusive, centralised planning by the government tends to ultimately rest on the dictum that the family and the community should and ought to provide this source of support for their elderly members.

The concept of community care is sometimes synonymous with government attempts at cutting its share of economic responsibility to the majority for the elderly. Even when community care has functioned as a cultural rather than as a political extension, as is the case in Hong Kong (Chow, 1986), the role of the government in providing for domiciliary services in support of such care is often lacking in reality (Hong Kong University, 1982). In other countries within this region, community services, apart from those dealing with mother and child health issues, have a low profile. As with philanthropic and non-government organisations, although their presence is well established they are governed more by the level of help and funding provided rather than by the need and demand on their services. Where community care is well established, as in the example of Hong Kong, 72% of help for the elderly is still provided by spouse and offsprings (Chow & Kwan, 1986). Although community care is not an exclusive service facility for the elderly, these studies show how much the elderly themselves and their family maintain most of the responsibility for care.

The role of the Family and the Elderly

Although changing demography and economic imperatives have started to influence the share of family responsibility as the main provider of caregiving support for the elderly, between 60% to 80% of the elderly in this region still live with their children (Western Pacific, Andrews, et al, 1987; China, Wu & Du, 1991; South Korea, Choi, 1982; Singapore, Chen & Cheung, 1988; Taiwan, Casterline, et al, 1991; Thailand, Caffrey, 1992; Korea, Sung, 1992). These figures are often cited as an example that the family system is still taking care of the elderly and that government intervention is argued, therefore, not to be so pressing. However it is only when we look behind these figures that we begin to perceive the dynamics of this reality.

Within this region, under different guises but with the same kind of intensity, to be ungrateful to one's parents is considered morally wrong (Thailand, Klausner, 1977; Korea, Japan & China, Choi, 1970) instilled at a young age through education (Maeda et al, 1989) and in some countries, responsibility for one's parents is a legal obligation (e.g. China and Japan; Hashimoto, 1992) or made more economically attractive through incentives (e.g. Singapore, Cheung, 1992).
Such conditions enhance the availability of support not only in kind but also in cash. As found with the level of hardship that is caused by dispersing Southeast Asian refugee families in America (Weinstein-Shr & Henken, 1991), the family is not only a potential and likely caregiver but it is also an economic unit. Throughout the literature, support is often assumed to flow to the elderly. Especially in this region, the concept of filial piety acts as a tautology since reciprocal support is often not investigated (Jow-Ching Tu et al., 1993, Hermalin A. et al., 1992) although there are concerns that such concepts as filial piety and its behavioral component of care-giving is becoming outdated (Martin, 1988). Nevertheless, even when discussing filial piety as a sociocultural concept, as Streib (1987) has argued, we cannot divorce the economic component. In general, economic status influences all other facets of care and is universally perceived as such by the elderly and the offsprings themselves.

Within an economic concern, especially where the poverty levels in the region are high, we should not underestimate the influence of capital and its transfer between the elderly relative and younger members of the family as an element in the implicit contract of care. Of particular importance has been the dramatic rise in the value of private property. As the World Bank Report (1991) stressed, poverty and economic well-being is primarily dependent of the realty market and ownership patterns. This capital gain has acted as a buffer for a variety of reasons. For example the rapid social change that has occurred in Japan over the past few decades has not minimised the level of care by the offsprings for the elderly. The primary care-takers and givers are still the family and are predicted to continue to be so till the end of the century (Maeda, 1983). The argument is that this has been primarily a function of how transference of property inheritance binds the children in an implicit but necessary contract where the elderly barter their accumulated capital for care in later stages of their life. Especially when the value of property has increased to such an extent that entry level into the market means that a growing number of the working population cannot reach this initial level of investment, tranference of capital from earlier investors (ie the elderly) to potential investors (their offsprings) binds the generations into an implicit contract whereby the elderly provide economic security for care-giving duties by their children. With Japan, Hong Kong, Malaysia, Indonesia and Singapore having already experienced substantial increase in property values, and China and Viet Nam showing a lagged but significant increase since the 1990's, such national economic growth cannot be divorced from its effects on the economic situation of the elderly.

Such conditions tend to support the existence of an implicit contract whereby elderly parents provide economic support in exchange for filial care. Such economic models tend to support both an altruistic and a more strategic motive (Becker, 1991). This is also part of the Chinese practise to allocate a portion of land under the title yang lao (for support in old age) or yang shan (for support and care) as reported by Shiga (1978). These cultural assumptions, in particular the distinction between family property and personal property in reference to the wife’s dowry, present unique settings for investigating pre-mortem capital transfers. Also of interest is the diminished standing of elderly widows once capital has been distributed, especially since this is
decided by / or on the demise of the elderly male head of household (Martin, 1990). Although as Williams & Domingo (1992) have shown that "once other variables such as age and health status are controlled, marital status is not found to be significant as a predictor of household decision-making either for men or women".

Recent studies emerging from America is throwing some light on this symbiosis which has a direct bearing on Southeastern and Eastern Asia. For example, Speare and Avery (1993) have shown that unmarried children tend to benefit more and contribute less to extended household than married children. Although divorced, unmarried or widowed parents benefit more from living with children than married parents, for unmarried children, parents tend to contribute more income to the household (Speare & Avery, 1993). This study further illustrated that for married children, who are less likely to live with their parents, co-residence usually means greater economic and physical assistance from child to parent at all ages, although married children aged 18 to 24 who live with their parents receive considerable help from their parents. This further supports the work by Ward, Logan and Spitze (1993) who found that parents who were 65 years and over and were living with their adult children reported doing 79% of the housework, and where more likely to provide financial support to their adult children than to receive it (Hoyert, 1993). Very few studies exist which highlight the specific type of economic support and the process and timing of this transfer from the elderly to their offspring (see Li & Lin, 1992, below for the exception). This symbiosis is not a one-off contract but an ongoing process. The extent of support that elderly members themselves contribute to their families has been reported to be a primary factor in inter-generational relationships within the Asian context (Chow, 1987). Although specific details are difficult to obtain, data from the 1984 ASEAN survey (Domingo, 1990) show that more than half of the elderly provide some support to their children. This is more likely to be the case for elderly males, rural dwellers and the young-old (60-64) (Domingo, 1990), although female elderly, in the case of the Philippines, have been shown to provide a substantial support to their children as well (Domingo, 1992).

Even though emerging studies are establishing such reciprocity of support within this region, it is still expressed as an unusual occurrence, in one case cited as 'revealing' (Leiyu Shi, 1993). Lacking specific empirical data to investigate the influence of capital and its transfer to offspring, such explicit determinants remain anecdotal and qualitative (Domingo & Casterline, 1992; Domingo et al, 1993). A significant exception to this is to be found in Li & Lin (1992), on the transfer of property to children in Taiwan, from the 1989 Survey of Health and Living Status of the Elderly in Taiwan. The authors report that more than 68% of those surveyed responded positively to the question that "it is important for old people nowadays to keep some property to make sure their family treats them with respect". Although consideration of tax benefits may promote pre-mortem division of property, as in the West, ensuring that the elderly have some form of control over the economic well-being of their children might explain why age is related to this transfer of property. This singular empirical studies have highlighted how filial piety is an ambiguous concept when discussed as an exclusive entity from its economic context. Future
changes in the demographic composition of the population and the volatile economic transition that is being experienced within this region, will however, ensure that this relationship will be modified. Such future concerns will expose a vacuum in the dynamics of support for the elderly.

Future concerns
With increasing longevity (Table 2), it is becoming more likely for spouses to have increased survival together, as well as the likelihood of having grandchildren. It is also of some semantic significance that although we might be referring to care of the elderly by their children, the children themselves might be elderly. In such cases we might find sexagenarian children looking after octogenarian parents. Where the projected number of offsprings is set to decline and with internal migration the proximity of their residence will decrease, filial piety might become based on economic support rather than care-giving activities.

Also, capital transfer might not be valid for all situations. Not all elderly have capital to transfer to their offsprings. As found for Thailand (Adi, 1982), we can expect a third of the elderly population living below the poverty level. It is not surprising therefore, that a high proportion of the population in this region continue to work. Table 2 provides a conservative estimate of the elderly population in full-time and registered employment. Actual figures, from small sample surveys show much higher proportions, between 25% to 50% of the elderly population, with increases at the younger (60-75) age groups (Hugo, 1988; Jones, 1988).

Table 2

LIFE EXPECTANCY AT 60 FOR MALES AND FEMALES AND THE PROPORTION OF GAINFUL, FULL-TIME EMPLOYMENT AT 60+ AND 65+ IN 1990 FOR EASTERN AND SOUTHEASTERN ASIA

<table>
<thead>
<tr>
<th>Asia</th>
<th>1990 Life Expectancy (in years) at 60</th>
<th>1990 Proportion in full-time gainful employment at 60+</th>
<th>1990 Proportion in full-time gainful employment at 65+</th>
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<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Total</td>
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<tr>
<td>Asia</td>
<td>17.35</td>
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<td>17.31</td>
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<td></td>
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<td>20.90</td>
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<td></td>
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<td></td>
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<td>18.97</td>
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SOURCE: UN medium variant estimates for World Demographic Estimates and Projections; 1950-2025. 1988 Revision

* M. Garrett (1990)
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With a decline in the number of children and the elderly live longer with a concomitant likelihood that their spouse will similarly share this longevity the concept of capital transfer will become undermined. Not only will the number of children decline, but it will be more likely that the offsprings will not be living in the same community as their parents. With increases in longevity capital transfers might be delayed to a point where offsprings have already found alternative housing. Studies suggest that those that are more likely to have gained such capital will live longer. Wolfson et al. (1993), using one of the largest data bases on Canadian elderly men have shown a significant gradient with higher earnings, prior to age 65, associated with lower mortality during the following 9 years. These findings supported a British study reported by Townsend and Davidson (1988) who concluded that disparities in mortality rates by social class were considerable and that they were continually widening. With fewer children, longer life-expectancy and increases in their realty capital, the economic context seems to dictate that the future elderly will be disposing of their income on themselves, primarily their health care.

Such a scenario will severely diminish the potential to transfer capital to offsprings. Although it has for sometime been assumed that an increase in life-expectancy is directly related to increase in disability, recent studies are chipping-away at this assumed direct relationship. Manton, Corder & Stallard (1993) have indicated from their study that increases in life expectancy above the age of 65 were associated with declines in the age-specific prevalence of chronic disability and mortality improvements for disabled persons.

With longer longevity, co-surviorship of spouse and the slim likelihood of improved morbidity levels, those that have capital to transfer will be delaying this transfer. An important consideration will be the increased likelihood for the grandchildren to be the recipients of such accumulated capital rather than the offsprings. The indication is that with a decline in the number of offsprings, and their habitat proximity, filial piety will no longer carry the same meaning and might extend to cover the respect and support of grandchildren.

Conclusion

We should perhaps look at societal changes as a whole rather than to focus on the reductionist unit of the elderly as a distinct social group. A reduction in population growth through the encouragement of a decline in the Total Fertility Rate, as an advertised strategy for development ought to take into account, as a matter of procedure, the effect of such policies on the total population and not only on children and the working population.

The inability of governments to take a more coordinating role because of their implicit policy to act as a safety net only, will ensure that such an arrangement will not be made possible. As a result, governments will be compelled to extend formal provisions. As Hoskins (1990) has argued in the introduction, that a viable economy is a prerequisite for effecting welfare programmes, some...
countries in this region with their viable economy have the potential to coordinate and establish housing, domiciliary and family support subsidies which can transform informal care to a feasible reality, without which this such informal pattern of care cannot be maintained. Such an opportunity will provide a model for other regions of the world.

The alternative of remaining on the sideline will ensure that the government will not be able to depend on the family to care for the elderly since what will remain, in size, of the family would have already utilised its combined resources to survive the economic realities of the day. For those elderly who have property to transfer and are compelled to execute such transfers to alleviate post-mortem transfer tax from their children, as Li & Lin (1992) have argued, "it may be in the government's interest to lower the inheritance tax... to mitigate incentives for the elderly to transfer properties prematurely". Where property or capital transference are not evident pawns in this contractual process, as Walker (1987) has already advocated, the government will need to promote circumstances in which informal care networks can be successfully stimulated, enhanced and reinforced without overburdening the carers or overpricing this support. If the pre-elderly working population are not provided with the opportunity to accumulate such implicit "old-age insurance" because of national economic imperatives at minimising labour costs, than this existing inter-generational symbiosis will be jeopardised, thus modifying the pattern of care from the informal to the formal. Such a scenario would not provide any solutions to viable care for the elderly.
Footnotes

1 Dependence is used in preference of the popular but ill-defined term 'burden', see Warnes (1993).

2 Such projected scenario is however not an accepted policy for all the countries within this region. For example, while some countries in this region have developed pro-natalist measures (Martin, 1991) others have applied a stringent and sometimes punitive population control measures. Singapore's pro-natalist measures are broad-ranging and also cover, since 1980, restrictive regulations on abortions. Democratic Kampuchea limits access to modern methods of contraception, while Mongolia levies a tax on unmarried adults and childless parents, with Myanmar controlling contraceptive availability and making abortion illegal. Malaysia, with its policy to reach a population of 70 million by 2100 has a wide range of economic incentives to increase the fertility rate. This is in contrast with China's one-child per family policy (restricted in practice to Urban areas), Viet Nam's two-child per family norm, and Indonesia's and Korea DPR's general policy to reduce population growth (United Nations, 1987 a,b,c). Whether their is a pro or anti-natalist policy the general trend is a decline in the Total Fertility Rate throughout this region.
References


Chow, N.W.S. (1992), Hong Kong: Community care for elderly people, In, D A. Phillips (ed), Ageing in East and South-East Asia, Edward Arnold, UK.


Filial Piety & Capital Transfer: Southeast and Eastern Asia


Hong Kong University (1982), A Study of the Welfare Needs of the Elderly in Hong Kong: The needs of the elderly living in the community. Department of Social Work, University of Hong Kong, Hong Kong.


Filial Piety & Capital Transfer: Southeast and Eastern Asia


Tracy, M.B (1991), Social Policies for the Elderly in the Third World. Contribution to the Study of


Unless otherwise stated, all figures and data have been obtained from the following publications: