Chapter 12

On the Socio-Economic Impacts of the Difference Between Healthy and Sick Aging

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ABSTRACT

Population aging is a phenomenon that has characterized most countries in the world for many years now. Also, for some time now, the literature has shown some social and economic impacts of this phenomenon. This chapter intends to address an impact of a social nature, namely gender inequality, and an impact of an economic nature, namely the global burden of diseases, to which the literature on population aging has not yet given the necessary attention. For these impacts it is important to distinguish healthy aging from unhealthy aging. In fact, healthy aging not only reduces the global burden of disease but also contributes to a reduction in gender inequalities with regard to quality-adjusted years of life.

INTRODUCTION

In very general terms, it can be said that the phenomenon of aging has become more evident since the end of the Second World War. The gains in life expectancy, associated with a generalized decrease in birth rates – with the exception of the so-called «baby boom», which took place from the late 1940s to the early 1960s – profoundly changed the usual pyramidal format – so usual that the very name of the figure indicates that – of the population pyramid, for an inverted U-shape, or even for an urn-shape, particularly in certain countries.

Figure 1 shows how has life expectancy evolved over the most recent years across (almost all) countries around the world.² Its visualization confirms that, in global terms, life expectancy at birth (LEB) has been gradually increasing, currently standing at around 73 years of age. In addition, it also shows that the dispersion in the values of this variable has been decreasing, albeit in a somewhat tenuous way.

DOI: 10.4018/978-1-7998-7327-3.ch012

Still, there is a persistent bias to the left of the value distribution, i.e. a larger tail associated with lower LEB values.

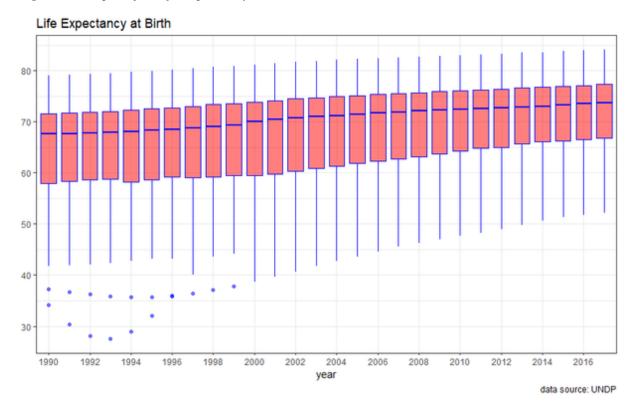


Figure 1. Box-plots for Life Expectancy, at birth in the world

This aging is associated with the fourth phase of the so-called demographic transition model, which characterizes many countries for having low mortality rates and low birth rates.³ According to this model, the socio-economic development that countries are experiencing results in a shift from high birth and death rates (phase 1) to low birth and death rates (phase 4). Thus, it is not surprising that, even today, underdeveloped countries can be characterized by being in phase 1 or, at most, in phase 2 (high birth rates and mortality rates decreasing rapidly).

This also means that it is to be expected that Figure 1 does not allow to disclose the differences that will certainly exist if the data for life expectancy at birth are broken down, according to the level of development of each country. Being true that some countries are exceptions to the rule, as is known, the different continents present, in general terms, different levels of development. Thus, in order to clarify the eventual differences in the evolution of life expectancy at birth, across different continents, consider Figure 2.

Naturally, with all the care that is required, since it is acknowledged that the continents are heterogeneous groups of countries – see the cases of the Americas and Oceania, which Figure 2 itself highlights – it can certainly be said that the growing trend in life expectancy at birth is common to all continents,

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