Ageing trends of the Asia-Pacific region

Increasing longevity coupled with a low fertility rate has led to an ageing population worldwide. It is estimated that the proportion of persons aged 60 years and older in the world will double from 10 per cent to 21 per cent between 2000 and 2050 (i.e. from 600 million to 2,000 million in absolute numbers). In 2025, it is projected that 15 per cent of the world’s population will be aged 60 and older, and the number of older persons in the Asia-Pacific region is estimated to triple from 419 million in 2010 to more than 1.2 billion by 2050, which means that 59 per cent of the world’s population aged 60 years will live in Asia and the Pacific. Since overall population is projected to triple from 438 million in 2010 to 1.26 billion by 2050, one in every four persons in the region will be over 60 years old by then. In East and North-East Asia, which include China, Japan, Mongolia, Korea and the Russian Federation, more than one in every three persons will be older than 60 years (see Figure 55.1). This will signify one of the most important demographic transformations of the forthcoming century.

Various forces of modernization and rapid economic development over the past few decades have served to emphasize regionalization in the global economy, while others have tended to promote diversity. Demographic transition, urbanization and economic change have been major factors (Maidment and MacKerras, 1998, Phillips, 2000, UNESCAP, 2007). However, demographic change and ageing are by no means uniform across the Asia-Pacific region, which includes the demographically oldest country in the world, Japan, which is facing new challenges of slow or negative population growth, as well as others that are rapidly becoming demographically aged—such as China, Korea and Singapore. At the same time there are many countries in the region such as Cambodia, Laos People’s Democratic Republic and Indonesia that are still predominantly youthful, whose major population focus is on family planning and reproductive health.

Despite this diversity, countries in the Asia-Pacific region share some general characteristics in regard to age that are different from western, developed economies.
The Asia-Pacific region has countries with the largest aged populations and the highest longevities in the world

Despite widespread poverty (as defined by the United Nations as living on less than US$1/day), extreme geographic variations (rural versus urban environments, tropical rain forests versus dry deserts) and socio-political-religious diversities (such as languages, ethnicities, ideology), about 60 per cent of the world’s total aged population live in the Asia-Pacific region, and many will live into older ages beyond 70 years (e.g. Japan and Hong Kong, where average life expectancy is higher than 80 years of age). This means much greater demands on health care services in general and for specific health concerns associated with age such as dementia, osteoporosis, and arthritis.

The Asia-Pacific region ages faster than other places in the world

It took more than 100 years for the share of France’s population aged 65 or older to increase from 7 per cent to 14 per cent, yet countries such as China and Thailand will experience the same demographic shift in just over 20 years (see Figure 55.2). This gives them much less time to put in place infrastructures necessary to address the needs of this older population. For example, accumulation of assets through prefunded public pensions, or programs that mandate or encourage private savings for retirement or health care require a long time to mature. Workforce skill development through training in order to handle the future strain and demand of care support systems (including the paradigm shifts needed) also need time to build.
The Asia-Pacific region gets old before it gets rich

The Asia-Pacific region is an extraordinarily vast and heterogeneous region whose countries span the spectrums of wealth, economic development and urbanization. Unlike countries such as Britain and the United States, whose industrialization and urbanization came earlier than population ageing, most parts of Asia have only witnessed steady economic growth over the second half of the last century. While economic development in certain parts of the Asia-Pacific has transformed at a speed and on a scale never witnessed before, other parts of the region have had no significant economic development. Most parts of Asia (particularly agrarian countries) still experience resource restraints in putting ‘age-friendly’ institutions and financial systems such as pension and capital markets, healthcare programs and regulatory systems in place, and may simply not be able to afford a large dependent and ageing population.

The Asia-Pacific region has far more older women than older men

In most countries in Asia and the Pacific region, as in the rest of the world, older women outnumber older men, particularly in the oldest age groups. Women constitute the majority (60.7 per cent) of the population aged 60 or older in the region, and the proportion is expected to increase. Regarding overall population, UNESCAP (2007) found that the ratio of men to women stood at 89 (i.e. 89 men for every 100 women) in the Asia-Pacific region. The fastest growing group among older women is the oldest-old (aged 80 or above) with women generally outliving men by 4–5 years (World Health Organization (WHO), 2011) (see Table 55.1). By 2050 women will represent 65 per cent of the population older than 60 in the Asia-Pacific region.

Having more older women than older men poses additional challenges for ageing societies in the region. Traditional Asian values of patriarchal hierarchy serve to perpetuate the negative implication of being female. Illiteracy levels are higher among older females, and a lower proportion of them are remuneratively employed, as they often take up traditional roles as
housewives and/or are involved in informal low-wage occupations, for example, being a health care worker or even a family caregiver. Also, a higher proportion of older females are single or widowed. Women’s dependency on men for land and income often puts them at great financial risk when their husbands pass away. Low education level also limits their utilization of available services. Especially in rural areas, isolation and lack of formal support put widows at greater risk of health and cognitive deterioration. Most may have no or little national retirement protection as they age.

Ageing and the pattern of expectations as to family obligation for caregiving

Informal care provided by family, friends and neighbours is the main form of care for older people in the region. This is a result of the nations-states’ concerted effort to maintain the support network of families and ‘traditional Asian values’. Family care, as opposed to institutional care, is favoured by most elders in the region. This is partly a cultural tradition among Asians whereby younger members of the family are expected to respect and take care of their elders (referred to often as a filial responsibility), and partly a government policy shift to family responsibility where the welfare state is less supported politically (Phillips, Chan and Cheng, 2010). Because of this traditional value, older persons prefer to age at home for as long as possible, and governments tend to promote ‘ageing in place’, which encourages families to take care of the older persons at their familiar environment. This implies that at least part of the expenditure incurred is covered by the families and/or communities, and thus the concept of ageing in place is popular in Asian countries (Phillips, 2000; Phillips and Chan, 2002; Cheng, Phillips and Chan, 2009).

Despite the importance of the role of family in ageing societies of the Asia-Pacific, due to the drastic drop in birth rate, many Asian families now have two or fewer children, threatening the viability of the traditional family support system; nevertheless, compared to some western countries, Asian family values are still very strongly instilled in the culture. Perhaps a common socio-cultural characteristic through much of the region is the highest value placed on family integration and consensus in social relations to maintain harmony in groups, with an expectation of community welfare rising above individual interests. Also, with great diversities of the region in terms of geography, religion and faith, race and ethnicity, language and political stability, the region’s cultural heritage and contemporary cultural mosaic have been shaped under several different civilizations and religions, including Buddhism, Christianity, Confucianism,

### Table 55.1 Number of years lived beyond life expectancy at 60 years of age for male and female, by WHO Region

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>Male 2009 (years)</th>
<th>Female 2009 (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Africa</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Americas</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Europe</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>19</td>
<td>22</td>
</tr>
</tbody>
</table>

Hinduism and Islam. The region’s economies are also diverse, and socio-economic changes have great implications for care for older persons.

Features of policies and care services in the Asia-Pacific region for older people

Because of the unique ageing trends and characteristics of the Asia-Pacific region as outlined above, policies and services in the region also possess some common features that distinguish them from those of developed western countries.

First of all, service delivery in the region tends to take a hybrid mode, involving the government, the voluntary sector and the community, which includes friends, families and neighbours. In order to meet the demand of a larger number of longer living older population, and because of the Asian reliance on extended families and their neighbours anyway, many governments are advocating a change in mindset regarding older persons’ service delivery, encouraging acceptance that people in the community, including friends, relatives and neighbours, should provide care for older persons as much as they can, before seeking formal and professional care. This ‘ageing in place’—a policy developed earlier in the West—is becoming increasingly common. The ultimate goal is to encourage and facilitate elders to age at home as far as practicable, avoiding premature or unnecessary institutionalization and easing pressure on public budgets as a result.

Secondly, because of the fast-growing aged population and induced expenses, governments in the region tend to adopt financing policies that are based on affordability and emphasize shared responsibility. The former suggests that services and funding for them are provided based on needs rather than universally provided when attaining a certain age. Shared responsibility is usually achieved through co-payment systems between government, individuals and family. Also, the use of means tests to identify those in need has become a standard practice in many places. In other words, care of older people in many parts of the region adopts a many-helping-hands approach, in which caring for the old is primarily the responsibility of individuals and families, while neighbourhood and community assistance are a supplement, and public and institutional supports are the last safety net.

At the same time, governments have also come to realize that high old age dependency can mean a burden on the younger generation, in terms of both family and neighbourhood care obligations and financial contribution (mostly through taxation). In Japan, for example, the burden of caregiving has become so serious to many families that the situation has been called ‘caregiving hell’ (Nakane and Farevaag, 2004). As a result young people may exhibit anti-elders attitudes, resulting in inter-generational conflicts. Governments are eager to enact policies to promote harmony among different generations and/or filial responsibilities.

Thirdly, there is a focus on women both as the main care-receivers and carers. As mentioned above, older women constitute a larger proportion in the population of Asia-Pacific countries than they do elsewhere. In terms of threats, older women face double jeopardy: exclusion related to both sexism and ageism. Throughout the course of their lives many of them face gender inequality. Preference for male heirs brings Asian women many disadvantages. Examples include gender discrimination against girls leading to inequitable access to food and care as compared to their male counterparts, restrictions on education at all levels and childbirth without adequate health care and support. These treatments experienced by women result in many chronic conditions as they age. Most of all, women in Asia often do not enjoy equal right to family inheritance or are more likely to engage in the informal labour market and in household chores, leading them to less financial protection in later years. Services are beginning to address the unique
Ageing trends in the Asia-Pacific region

needs of female users, whose well-being still receives very little attention both from themselves and society in many parts of Asia-Pacific.

At the same time, women play key roles as carers in their families and communities, mainly because of the expectation of family obligation and gender roles described above. Involving the stronger and mobile ones in care services, especially elder care services, is considered to make much economic and social sense, especially in economies that are less wealthy. Engaging older women in the neighbourhood and community activities, especially with younger people, is also believed to enhance a better social support, greater physical activity and lower levels of stress for the women, ultimately reducing the costs of long-term care for chronic conditions as well as enhancing community harmony.

Implications of Asia-Pacific ageing trends for services for older people

The above discussion also gives some insights into the implications of the care services in the region, and the three domains proposed by WHO’s Active Ageing Policy Framework (2002)—namely health, security and social participation—would be good guidance for older people to practice active ageing.

Health domain

WHO (2002) defines health broadly as a state of complete physical, mental and social well-being and not solely as the absence of disease. Health promotion is seen as the responsibility of both the individual (e.g. self-health management) and the government (e.g. maintain a good health care system). Many non-communicable diseases (NCDs) could be avoided or delayed if individuals could form habits of healthy living (e.g. healthy dieting, refraining from smoking and frequent exercise) during their younger years of life. Since Asia’s lack of resources in building structures for curative and institutional services (e.g. large hospitals), health promotion including diseases prevention, health education and community-based care have become a key part of health policy in the region.

‘Prevention is better than cure’

Since the burden of premature mortality from NCDs (e.g. ischaemic heart disease) in older people is higher in low- and middle-income countries than high-income countries (WHO, 2012), health education and healthy lifestyle promotion become the best policies in preventing NCDs, as they can reduce the patient bills that are to be paid either by the individuals or the governments. The Hong Kong government’s ‘Stay Active: Exercise for Half an Hour Daily’ initiative and the Thai Health Promotion Foundation’s tobacco and alcohol consumption control campaigns are examples of states’ eagerness in promoting health among their people.

Although in many rural parts of the Asia-Pacific countries both primary care and primary prevention programmes are still inadequate, the adoption of healthy lifestyles and engaging in more physical activity are encouraging among individuals. Governments need to provide elder-friendly infrastructures (e.g. handrails and non-slip floorings in public facilities) in order to encourage older people to stay active. Most governments in Asia-Pacific (including China, which claims to be a socialist regime) adopt a mixed funding policy involving both public and private service providers. The underlying rationale is that public resources are limited and should therefore be used on those most in need, and those who can pay should pay, even for the health promotion programs.
Interface between formal and informal care

In order to promote healthy living, mobilizing and empowering informal carers (e.g. through training about elder diseases and caring skills/techniques) is also crucial for future sustainability. For example, Macao, China, has developed a web-learning program to enhance the caring ability of family carers in diagnosis, disease symptoms, patient behaviours and psychology. In Australia, carers, especially those from geographically isolated areas, are brought together for better support using teleconferencing (Shanley et al., 2004).

In addition, self-care management is also important, especially for those with NCDs. Learning how to manage their own health and be responsible for healthy behaviours (for example healthy diet and exercise) is one way to at least delay chronic diseases among older persons. In Singapore, Indonesia, Vietnam and India, older volunteers are trained to be health partners or watchers for other frail older persons. These volunteers are trained to be health-conscious and to ensure healthy living of their partners or neighbours. So, other than a formal care services provide by the government, informal care services are very important to bring a healthy living for older people.

Services geared towards women

Since women live longer, on a service level elder care needs to be geared towards women. As well as being the majority of the aged population, some health conditions are only seen or more pronounced among women. For example, it is important to help women adjust healthily to menopause as well as to prevent conditions such as depression and osteoporosis (which goes back to living in supportive communities and staying physically active).

Security domain

Social security net for all

Security includes both financial and environmental securities, and they are important elements in allowing citizens to stay active and productive even as they age. In terms of financial security, retirement protection policies in the region contain a basket of diverse arrangements, mainly due to differences in their socio-economic conditions. These range from the most comprehensive type covering all aspects of daily living, as seen in countries such as Australia, New Zealand and Japan, to institutions that are still taking shape and therefore of limited scope and generosity. It is fair to say that most Asia-Pacific countries have to date tended to have little in the way of comprehensive social security safety nets and provide cash benefits cautiously. Also, as mentioned, governments tend to try to strengthen family care in order to significantly reduce services spending.

Pension systems in developed economies have also recently been reformed to keep up with the increasing number of aged population with ever-changing needs, mostly through requiring people to save up for their own retirement. For example, the New Zealand government has embarked on a bold new reform to encourage savings for retirement called KiwiSaver (New Zealand Inland Revenue, 2012); all workers are automatically enrolled in a government-run savings scheme and contributions, at either 4 per cent or 8 per cent of salary, will be deducted from salaries by the Inland Revenue. In Japan, in 2004, the government announced that pension system contributions would rise every year until 2017, at which time they will be pegged at 18.3 per cent. Presently, the figure is 13.58 per cent of a person’s income (Kashiwase et al., 2012).
Creating a friendly environment for elders

In terms of environmental security, the WHO has encouraged a series of initiatives for environmentally friendly accreditations: healthy cities, barrier-free and universal designs for buildings and age-friendly cities. These are set protocols for governments to subscribe to for the benefits of their older people. Technical standards and codes of practice are clearly laid down for easy adoption. Many cities in the Asia-Pacific region have been accredited with the status, though unsurprisingly these tend to more developed cities such as Seoul and Sydney. Efforts seen in the Asia-Pacific region are not confined to the provision of the physical environment of housing but also the emotional security of a home and of a community that enables older persons to live independently in the community they prefer. This involves policies that promote quality community care as well as voluntary help in the neighbourhood.

Participation domain

Participation in social and community activities is important because it can keep older people active and enhance their sense of meaning and purpose. Participating in various inter-generational programmes can even generate harmonious relationships between young and old, but can also educate the young generation about the increasing aged population and the incurred cost in their own country.

Employment

The most straightforward way to encourage participation is through employment. In fact, data from the Survey of Health and Ageing in Europe indicated that poor health was strongly associated with non-participation in the labour force (Alavinia and Burdor, 2008). Some governments in the Asia-Pacific region are thus developing policies such as extending statutory retirement age, discouraging early retirement and providing retraining programs for retirees in order to encourage older persons to stay in the workforce, share their experiences and continue to play an active role in society. In China, research estimated that the number of employees older than 65 would increase from 3.08 per cent of the overall workforce in 2000 to 11.34 per cent in 2010 (Wang, 2006). This ageing workforce increases the level of age diversity in workplaces; younger employees may continue to see more older employees working with them rather than retiring.

Volunteering

Paid professional activities may not be possible for all older persons, but a good way to encourage their involvement in neighbourhood and community activities is through volunteering. Social groups and community-led networks are also deemed effective at reaching hard-to-reach elder groups (Chan and Liang, 2012). Apart from participating in general community services, older volunteers can be a crucial supply for home-based and community care in the region. On a policy level, volunteering should take a life-long approach, integrated into the education system. For example, Taiwan has fully integrated Service-Learning (S-L) into their education system, in which young people are trained to be responsible and caring citizens, e.g. to serve the older people or allow older people to become their life mentors. In some areas in the region, such as Hong Kong, China, and the Philippines, volunteering accreditation systems (e.g. National Qualification Framework [NQF]) are also in operation, providing a model of training and recognition that enables informal carers to become formal ones if they wish.
As an initiative for promoting family, neighbourhood and voluntary care, S-L is becoming a widespread feature in Asia’s higher education policies. In particular, the Service-Learning Asia Network (SLAN) encourages young people to serve their neighbours, local communities and the region. In many parts of the region this often takes the form of inter-generational collaborations, which is an effective means of re-instilling filial values into younger generations.

Lifelong learning

Another way to encourage active participation is to create life long learning opportunities. Elder Academies (EA) in Hong Kong is a good example. The project was launched in 2007 to promote continuous learning for all older people (including those well-educated or non-educated, from disadvantaged backgrounds or well off background) and young-old partnerships. EAs are established jointly by school sponsoring bodies and welfare organizations in the premises of primary, secondary and even tertiary institutions. In addition, as radio or television broadcasts are becoming common and more accessible in Asia, ‘courses-throgh-the air’ are becoming popular as well.

Conclusion

The Asia-Pacific region is experiencing tremendous changes. Economies are modernizing at a breathtaking pace. Living standards are constantly improving while birth rates continue to decline, causing the family size to shrink and a dramatic increase in the proportion of the aged population. It is unrealistic to expect all governments to attain an agreed standard amid the diversities experienced by different countries and areas in the region. A better approach is to lay down the broad principles for achieving well-being of older persons, as has been demonstrated in this chapter. Ageing policies in the region contain a basket of diverse arrangements arising as a result of country diversities in geography, politics and socio-economic conditions. They should be developed with reference to the governments’ preparedness and readiness, as there are no universal solutions to the complex array of retirement issues or a simple reform model that can be applied in all settings. Except for countries such as Australia, Japan and New Zealand, which are more advanced, most care institutions in the region are still taking shape. To help minimize the administration’s role and implied burden, governments in many countries in the region look to the individual, families and communities to provide for the older people themselves, in terms of health, security and participation domains. To conclude, the future direction for elder care in the region would be to further engage ordinary people in the community to provide a certain level of elder care, which however does require a change of mindset and training for both existing and potential carers.

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