



ASEAN-wide Research Network on Ageing Report



SERIES 1: POPULATION AGEING & POLICY RESPONSES

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National Population and Family Development Board (NPFDB)

No. 12B, Bangunan LPPKN,

Jalan Raja Laut, 50350 Kuala Lumpur

TEL : 603-2613 7555

FAX : 603-2693 7250

EMAIL : penduduk@lppkn.gov.my

<https://www.lppkn.gov.my/>

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Advisor / Editors

ADVISORS

Abdul Shukur Abdullah

Regional Project Director of ARNA
Director General, NPFDB

Hairil Fadzly Md. Akir

Deputy Director General (Policy), NPFDB

CHIEF EDITOR

Prof. Ir. Dr. Siti Anom Ahmad

Malaysian Research Institute on Ageing (MyAgeing), UPM

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Foreword

Research has been conducted in several ASEAN member states (AMS) to identify the major challenges of ageing such as health, housing, financial support, and care for older persons. Based on these in-country research findings, policies and programs have been developed to harness the energies of older persons, increase their productivity, and integrate them into the nation's development process. However, there are still a few AMS that are lagging due to financial constraints and lack of expertise to conduct research on ageing.

Problems of in-country research findings and best practices on ageing are not widely shared among ASEAN member states due to limited networking among researchers, lack of standardization in research protocols and limited regional forums to facilitate the sharing of research findings and best practices. Due to this, ASEAN-wide Research Networking on Ageing or ARNA has been established in 2019, initiated by the National Population and Family Development Board (NPFDB), under the purview of the Ministry of Women, Family and Community Development, Malaysia. This project was sponsored by Japan-ASEAN Integration Fund (JAIF).

The objectives of ARNA are to establish a common, cohesive and sustainable ASEAN research agenda on issues pertaining to ageing through exchanges of knowledge, experiences, best practices; identify priority research area on ageing in Southeast Asian region; the development of a standardized research protocol in ASEAN and the establishment of a network of ASEAN experts and researchers on ageing. By end of this project, NPFDB commissioned three main outputs as follows:

- i. Population Ageing Statistics & Ageing-related Policies / Laws and Programs / Service
- ii. Research, Priority on Research Area & List of Experts on Ageing
- iii. Standardized Research Protocol on Ageing demographic in ASEAN countries.

Each output is documented in an individual document that presents the findings of the activities conducted. Additional work is needed to review the implementation and impact on ageing across the region.

NPFDB and JAIF would like to thank respective ASEAN Country Directors and associates for their support in providing information and giving advice on this project.

Thank you.

Abdul Shukur Abdullah

Regional Project Director of ARNA

Director General

National Population and Family Development Board

Ministry of Women, Family and Community Development

Population Ageing in ASEAN

Older persons in the South-east Asian sub-region are expected to grow by over two-fold from 74.5 million in 2020 to 176.2 million in 2050. The share of older population (60+) in ASEAN Member States will increase from 1 in 10 persons to 1 in 5 persons over the next 30 years.

South-east Asian countries, like many other developing nations around the world, are experiencing rapid population ageing with the convergence of lowered fertility and mortality rates. As early as 1989 itself, Chen and Jones predicted that:

“Irrespective of what will happen to the proportion of elderly people in the population, the absolute numbers of old people will grow very rapidly in ASEAN countries over the remainder of this century.

- Chen & Jones, 1989, p. 15

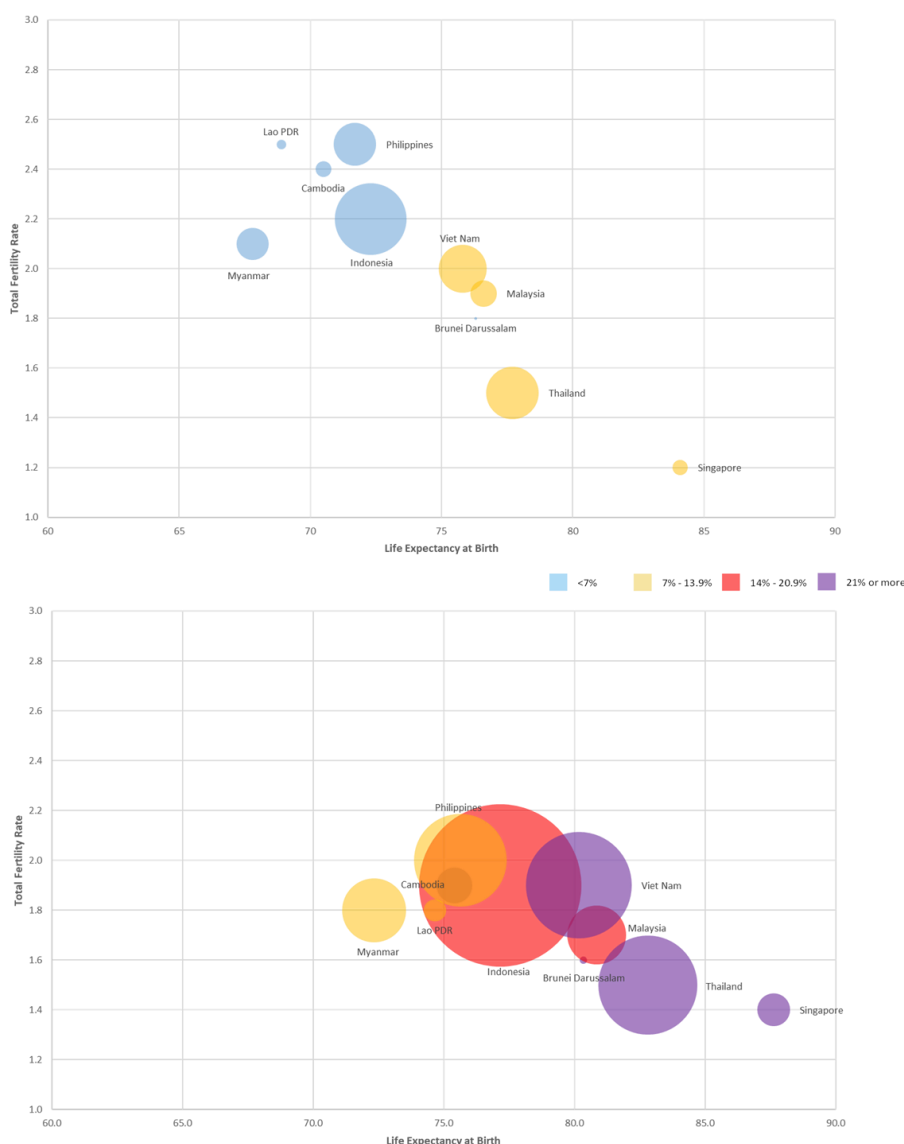


Modern societies are simply taking less and less time to make the demographic transition from young to old. As a case in point, it took France 114 years to double its elderly population (65 years or over) from 7% to 14%. Japan only took 24 years to do the same (Mirkin & Weinberger, 2000). Many third world countries are ageing faster at lower development levels and there is less time for the countries to adjust and react to the rapid demographic transition of their population. The pressing need for prioritization of limited resources would often result in short-term policy measures that are unsustainable in the long-run. This forms a serious challenge to the governments of developing nations around the world, including the Southeast Asian region in ensuring the well being and quality of life of their elderly population.

Table 1.1: Distribution of Older Persons around the World, 2020 & 2050

Region / Sub-region	2020		2050	
	N ₆₀₊ ('000)	% ₆₀₊	N ₆₀₊ ('000)	% ₆₀₊
World	1,049,748	13.5	2,079,639	21.4
Africa	73,898	5.5	216,003	8.7
Asia	606,543	13.1	1,290,931	24.4
Western Asia	24,699	8.8	73,892	19.3
Central Asia	6,633	8.9	17,209	17.2
Southern Asia	184,034	9.5	449,953	18.8
Eastern Asia	316,715	18.9	573,669	35.5
South-eastern Asia	74,460	11.1	176,208	22.2
Europe	191,806	25.7	248,323	35.0
Latin America & the Caribbean	84,878	13.0	189,985	24.9
Northern America	85,143	23.1	121,170	28.5
Oceania	7,480	17.5	13,228	23.1

Figure 1.1: Rate of Ageing among ASEAN Member States, 2020 & 2050



South-east Asian countries, like many other developing nations around the world, are experiencing rapid population ageing with the convergence of low fertility and mortality rates. As shown in Figure 1.1, five (5) AMS have a fertility level lower than 2.1 children per woman in 2020. By 2050, all ASEAN countries would have fallen below replacement level Total Fertility Rate (TFR). During the same period, life expectancy at birth amongst AMS rises steadily as longevity increases. The bubbles indicate the relative size of the population aged 65 years or older in the respective countries, with the colours blue, yellow, red and purple representing the different stages of demographic ageing (Coulmas, 2007).

The growth of the older population aged 60 years or over in absolute number and percentage from 1960 to 2040 is unprecedented. Taken together, the Southeast Asia region is ageing rapidly although there are significant variations from one country to another (Table 1.1). Among the AMS, Lao PDR is the youngest (6.8%) country while Singapore is the oldest (20.9%) in 2020. Of the 74.5 million older persons living in ASEAN countries, nearly 37% are found in Indonesia, followed by Thailand (18%) and Vietnam (16.1%). What is evident, however, is the fact that a majority of AMS are ageing at lower levels of development. Except for Brunei Darussalam and Singapore, the remaining AMS are middle-income and lower-income countries (Table 1.2).

Table 1.2: Population Ageing in Southeast Asia: By the Numbers

Countries	Area	1960		1980		2000		2020		2040	
		N ₆₀₊ '000	% ₆₀₊	N ₆₀₊ '000	% ₆₀₊	N ₆₀₊ '000	% ₆₀₊	N ₆₀₊ '000	% ₆₀₊	N ₆₀₊ '000	% ₆₀₊
Brunei	5,765 km ²	5	6.1	9	4.6	13	3.9	40	9.2	110	22.6
Cambodia	181,035 km ²	243	4.2	313	4.7	598	4.9	1,265	7.6	2,274	11.1
Indonesia	1,904,569 km ²	4,844	5.5	8,201	5.6	15,547	7.4	27,525	10.1	57,416	18.0
Lao PDR	237,955 km ²	97	4.6	184	5.7	290	5.4	494	6.8	1,041	11.6
Malaysia	330,803 km ²	432	5.3	777	5.6	1,458	6.3	3,549	11.0	6,909	17.8
Myanmar	676,578 km ²	1,208	5.6	2,035	5.9	3,160	6.8	5,443	10.0	9,862	16.1
Philippines	300,000 km ²	1,277	4.9	2,327	4.9	3,998	5.1	9,433	8.6	18,614	13.7
Singapore	729 km ²	60	3.7	175	7.3	401	10.0	1,224	20.9	2,343	36.4
Thailand	513,120 km ²	1,448	5.3	2,662	5.6	6,194	9.8	13,413	19.2	22,866	33.1
Vietnam	331,699 km ²	2,486	7.6	4,233	7.8	6,905	8.6	11,989	12.3	23,808	22.1
ASEAN	4,522,518 km²	12,124	5.7	20,943	5.9	38,617	7.4	74,460	11.1	145,393	18.9

Countries	Median Age	OADR (65+/20-64*100)	CBR	CDR	LE at Birth		LE at 60		Broad Age Groups ('000)			GNI per capita, PPP\$
					Male	Female	Male	Female	0-19	20-64	65+	
Brunei	32.3	8.7	13.3	5.0	75.2	77.6	20.6	21.6	132	280	23	66,460*
Cambodia	25.6	8.7	20.4	6.1	68.2	72.7	16.8	18.6	6,631	9,277	811	4,250
Indonesia	29.7	10.6	16.8	6.8	70.1	74.6	17.2	20.1	94,259	162,134	17,130	11,750
Lao PDR	24.4	7.9	21.4	6.2	67.0	70.8	16.3	18.2	3,034	3,934	310	7,790
Malaysia	30.3	11.8	15.9	5.5	74.7	78.8	20.3	21.9	10,259	19,783	2,325	27,370
Myanmar	29.0	10.6	16.8	8.4	64.7	70.8	15.6	18.2	18,938	32,079	3,393	4,650
Philippines	25.7	10.0	19.6	6.2	67.7	75.9	16.9	22.3	43,384	60,157	6,040	9,040
Singapore	42.2	19.1	8.3	5.2	82.1	86.2	24.2	27.6	985	4,086	780	86,480
Thailand	40.1	20.2	9.5	8.3	74.2	81.3	21.4	24.9	15,933	44,823	9,045	17,730
Vietnam	32.5	12.6	15.1	6.6	71.7	79.9	19.7	24.2	29,077	60,604	7,658	8,200
ASEAN	30.2	12.0	16.3	6.8	70.3	76.4	18.3	21.8	223,270	397,779	47,571	n/a

Source: Author Tabulations from World Population Prospects 2019 (United Nations, 2020) & World Development Indicators (WB, 2021) *2019

The situation of population ageing in ASEAN Member States is noted for its rapidity. Unlike other regions such as Europe, the countries in Southeast Asia will see their aged population (65+) double from 7% to 14% on an average of 22 years. For comparison, France (115 years), Sweden (85 years) and the United Kingdoms (45 years) took many decades to achieve the same milestone (Kinsella & Gist, 1995). This rapid transition will have significant impacts on economic growth, as well as shifting needs and demands for healthcare and social protection systems. As more and more people survive into older ages, the longevity of the ASEAN population will lead to changes in intergenerational relationships and care expectations. As indicated by the Old Age Dependency Ratio (OADR) in the Table above, the working age population will have to support an increasing number of older persons. New policies and programmes are needed to effectively address the rise of new generations in an increasingly urbanized and modern ASEAN community.

According to United Nations, the Southeast Asia region was projected to record a 15% hike in its proportion of older persons from 7% in 2002 to 22% in 2050 (UN, 2002). The absolute number of older persons in South-Eastern Asia had grown by almost 250% since 1950, charting a meteoric rise from 10.7 million to 37.3 million in 2000. Come 2050, the figure is expected to reach a new high of 176 million, making a further 370% increase. As stated earlier, ageing trends among ASEAN countries are not dissimilar to the aging phenomenon elsewhere as increased life expectancy and lowered fertility rates were largely responsible for the shift in population demographics. As it is, some member countries are beginning to approach or have already fallen below replacement levels of fertility. With a high projected growth for persons age 60 years and over in the coming half of the century, ASEAN countries are ageing exponentially - raising greater demands for health care and old age security.

References

1. Chen, Ai Ju, & Jones, G. (1989). Ageing in ASEAN: its Socio-Economic Consequences. Singapore: Institute of Southeast Asian Studies.
2. Mirkin, B. and Weinberger, M. B. (2000) The Demography of Population Ageing Paper presented at the Technical Meeting on Population Ageing and Living Arrangement of Older Persons: Critical Issues and Policy Responses Population Division, United Nations, New York, 8-10 February 2000.
3. Coulmas, Florian. (2007). Population Decline and Ageing in Japan - The Social Consequences. Population Decline and Ageing in Japan - The Social Consequences. 1-167. 10.4324/9780203962022.
4. United Nations (2020). World Population Prospects 2019.
5. World Bank (2021). World Bank Databank: World Development Indicators.
6. Kinsella, K. , & Gist, Y. J. (1995). Older workers, retirement, and pensions. A comparative international chartbook. Washington, DC: United States Census Bureau.

1. Brunei Darussalam



Demography

Brunei is a developed country under a Malay Islamic monarchy. His Majesty Paduka Seri Baginda Sultan Haji Hassanal Bolkiah is the Head of State with full executive authority, including emergency powers. Consisting of two unconnected parts with a total areas of 5,765 square kilometers, Brunei has an estimated total population of 0.44 million in 2020¹. With a GDP (current USD) of USD12 billion in 2020, Brunei is a high-income economy with an estimated GNI per capita (PPP, current international \$) of \$66,460 in 2019².

Fertility, Mortality & Life Expectancy

The number of live births in Brunei has declined from 7,481 in 2000³ to 6,451 in 2017⁴. Total fertility rate (TFR) of women of child-bearing age (15 - 49) has fallen below replacement levels since 2005 (Figure 1.1). Prevalence of non-communicable diseases is on the rise. The leading causes of death for elderly population aged 60 years and above in 2017 is cancer (19.5%), heart diseases (13.9%), diabetes mellitus (11.2%), cerebrovascular diseases (9.4%), hypertensive diseases (5.8%), followed by influenza and pneumonia (5%) (Ministry of Health, 2019). Bruneians are living longer as the average life expectancy at birth increased from 68.3 years in 1980 to 76.3 years in 2020 (Figure 1.2)¹. Similarly, an older person aged 60 in 2020 can look forward to another 21.1 years of life compared to an average of 15.6 years for the 1980 elderly cohort.

Figure 1.1 Crude Birth and Death Rates and Total Fertility Rate, Brunei, 1950 - 2100

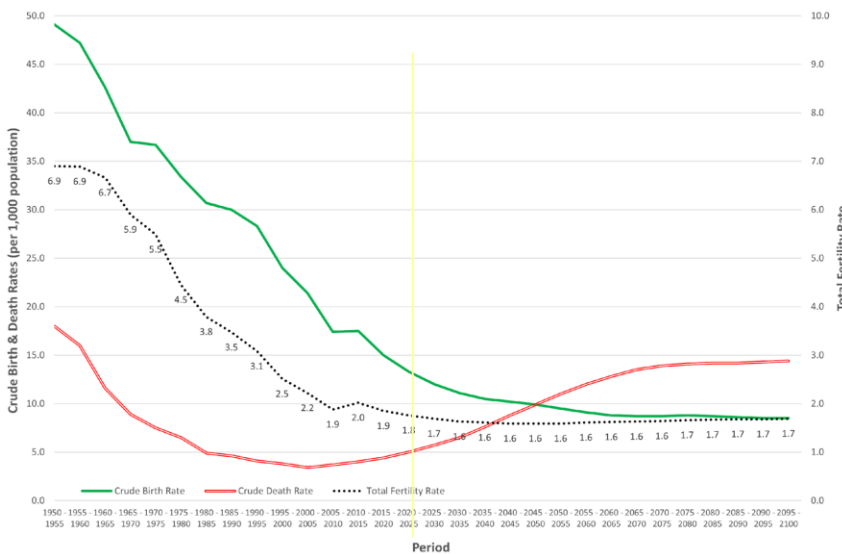
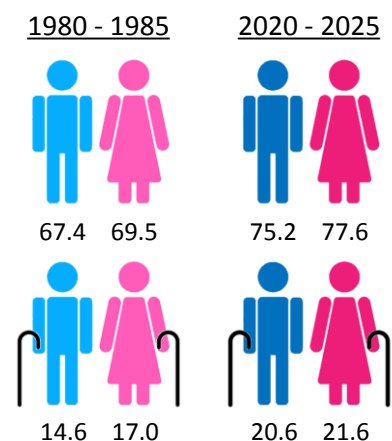


Figure 1.2 Life Expectancy at Birth and at 60 by Sex, Brunei, 1980 & 2020



Population Ageing Indicators

The older population aged 60 years or over in Brunei has been increasing steadily from 4,969 in 1960 to 41,556 in 2020, representing a concomitant rise in proportions from 6.1% to 9.5% in the same period¹. It was projected that the older population will reach 141,209 persons in 2050, or over one-quarter (28.7%) of the total population then. The percentage of older population aged 65 years or over is expected to double from 7% to 14% in just 13 years (2024 - 2037)¹. As shown in the population pyramids to the right, Brunei is ageing rapidly from the bottom as the median age increases quickly, crossing the 30-year mark in 2015 (Figure 1.3). The small population bump between the mid-80s till mid-90s could not reverse the trends in old age dependency ratio, potential support ratio and ageing index (Table 1.1).

Table 1.1: Selected Population Ageing Statistics, Brunei, 1960 - 2050

Brunei	1960	1990	2020	2050
Total Pop. ('000)	81.7	258.7	437.5	492.4
N 60+ ('000)	5.0	10.3	41.6	141.2
% 60+	6.1	4.0	9.5	28.7
% 65+	3.9	2.6	5.6	21.7
Median Age	19.4	23.1	32.3	43.9
OADR _{65+/15-64} *100	7.4	4.2	7.7	34.4
PSR _{15-64/65+}	13.6	24.0	12.9	2.9
AI _{60+/0-14} *100	14.0	11.5	42.5	189.8

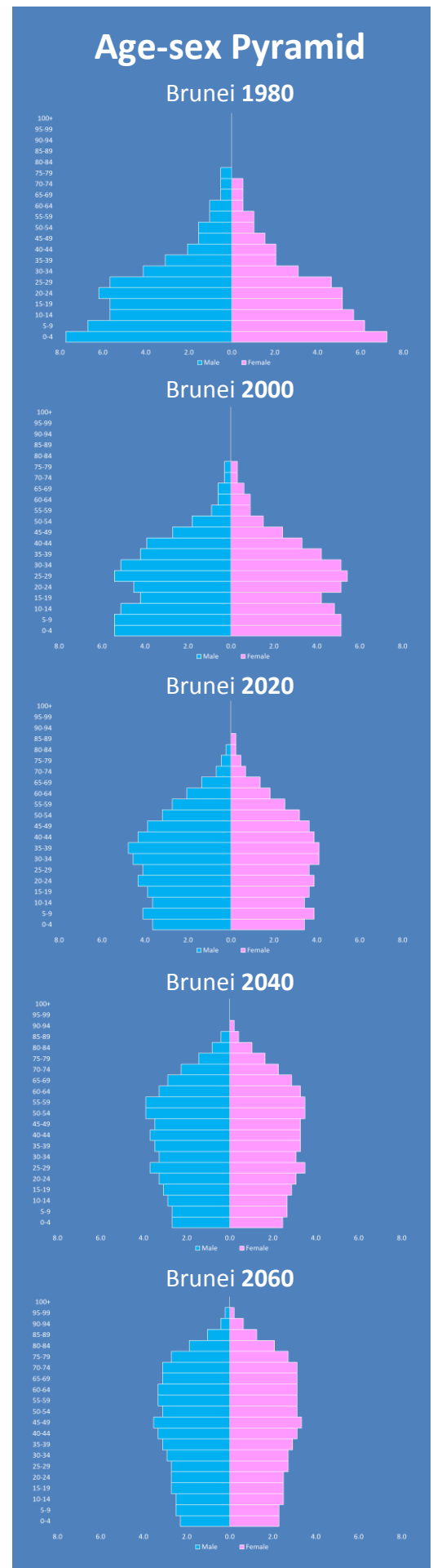
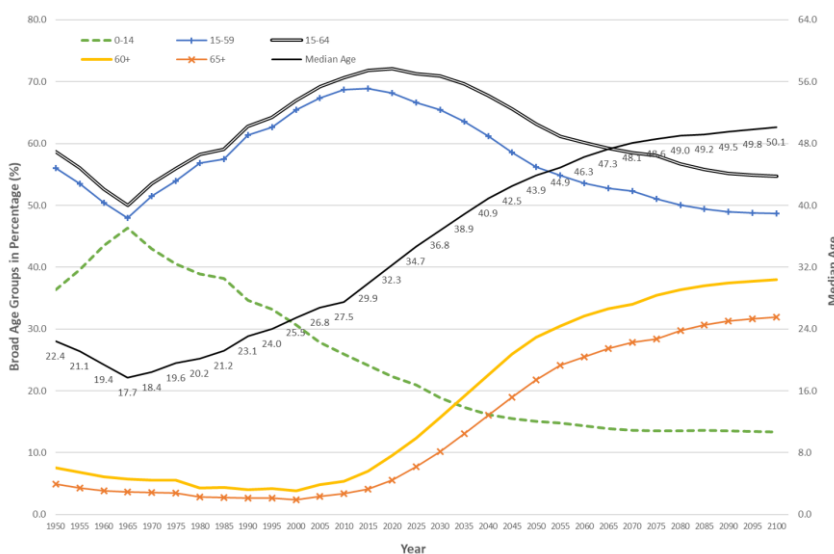


Figure 1.3: Population by Broad Age Groups and Median Age, Brunei, 1950 - 2100



Profile of Older Persons

According to the Department of Economic Planning and Statistics, the mid-year population estimates of Brunei for 2020 was 453,600 persons, with 45,200 or nearly 10% older persons aged 60 years or over⁵. From that figure, 79.4% of the older population are Brunei citizens, followed by permanent (16.8%) and temporary (3.8%) residents. The Population and Housing Census Update in 2016 provided a breakdown of the older population by religion and sex⁶ (Table 1.2). It was estimated that 76.3% of the older population (60+) in Brunei live in urban areas⁷.

Work Status

Patterns of labour force participation rate (LFPR) in Brunei has shown remarkable changes⁸ (Figure 1.4). Due to better opportunities for tertiary education, labour force entry was delayed. More women are working, and this has affected broader marriage and childbearing trends, especially in the provision of child and elder care. In 2010, the Retirement Age Order (No. S4) stipulated that the minimum retirement age shall be not less than 60 years, but this did not check the LFPR decline for older persons. The elderly literacy rate has also grown significantly in the between 2001 and 2018 from 37.6 to 78.2%⁹ (Figure 1.5).

Table 1.2 Demographic Profile of Older Bruneians, 2016

Brunei	N	%	% 60+
60+ Pop.	36,190	100.0	8.7
Religion			
Islam ₆₀₊	25,924	71.6	7.7
Christian ₆₀₊	2,555	7.1	8.7
Buddhist ₆₀₊	5,199	14.4	17.6
Others ₆₀₊	2,512	6.9	12.0
Sex			
Male ₆₀₊	17,329	47.9	8.1
Female ₆₀₊	18,861	52.1	9.3

Figure 1.5 Elderly (65+) Literacy Rate, Brunei, 2001 & 2018

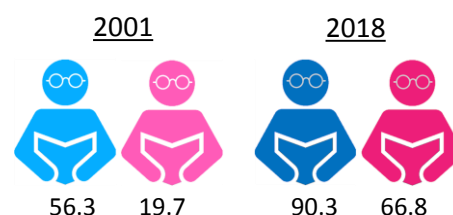
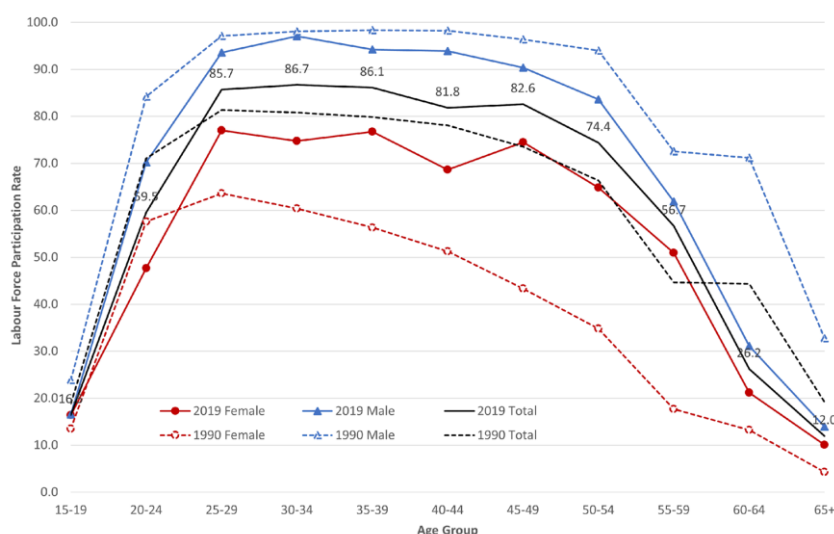


Figure 1.4 Labour Force Participation Rate by Age Group and Sex, Brunei, 1990 & 2019



Health Status

The first National Study on Elderly Persons (NSEP) in Brunei was carried out by researchers from Universiti Brunei Darussalam in 2019. Out of the 429 respondents (50+), a majority (75.8%) consider their current health to be good or very good, although there are significant differences between males (82.8%) and females (68.7%)^{10,11}. The survey also found that older women are more likely to suffer from musculoskeletal discomfort as well as mental and emotional issues.

Issues & Challenges

Geography

Administratively, Brunei is divided into four (4) districts (*daerah*). Each district is divided into several *Mukims* (39), and the towns are governed as Municipal Board areas. Almost 70% of the country's population is concentrated in the Brunei-Muara area in 2020, followed by Belait (16.5%), Tutong (11.4%) and Temburong (2.5%)⁵. Data from the Population and Housing Census Update in 2016 showed that while a majority or 63.3% of the total older population of the country are found in Brunei-Muara⁶, the other three districts are ageing more rapidly (Table 1.3).

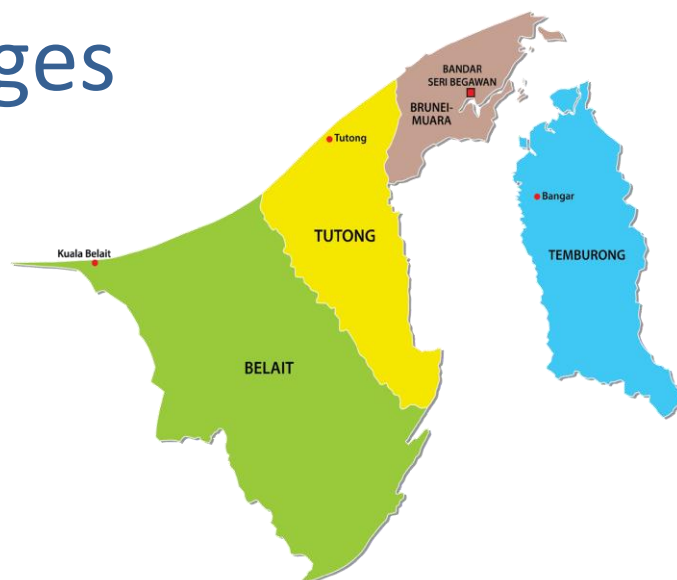


Table 1.3 Distribution of Older Persons (60+) by District, Brunei, 2016

District		Male	Female	Total
Brunei-Muara	n	10,882	12,030	22,912
	% ₆₀ ⁺	7.4	8.5	7.9
Belait	n	3,361	3,849	7,480
	% ₆₀ ⁺	10.1	11.7	10.8
Tutong	n	2,264	2,449	4,713
	% ₆₀ ⁺	9.1	10.5	9.8
Temburong	n	552	533	1,085
	% ₆₀ ⁺	10.3	10.9	10.6
Total	N	17,329	18,861	36,190
	% ₆₀ ⁺	8.1	9.3	8.7

Social Protection

Brunei is highly dependent on revenue from its oil and gas sector (56.7% of GDP in 2019) to fund development projects and social programs. With no personal income tax, free health care, state-funded education that extends to tertiary levels, subsidized housing and universal old-age and disability pensions, Brunei's social protection system is primarily a matter of coverage or accessibility, adequacy and sustainability¹². Brunei's defined-contribution retirement benefits (Employees Trust Fund scheme & Supplemental Contributory Pension scheme) and non-means-tested Old Age Pension benefit have in effect guaranteed income security in later life. The government also supports the activities of community volunteers to help seniors and the disabled, as well as promoting *Pusat Kegiatan Warga Emas* (PKWE) for active ageing.

Long-term Care

Older Bruneians live with their children and extended families as aged care facilities or nursing homes are widely discouraged because it is considered a form of abandonment^{13,14}. The Seria Old Folks' Home, for example, was started in 1957 for homeless elderly. Geriatric medicine is a relatively new medical sub-specialty in Brunei but there are calls for a dedicated geriatric ward¹⁵. In recent years, private home and community nursing services are becoming more common to help families care for their elderly kin.

Policy Responses

Brunei has celebrated the International Day of Older Persons since 1999. The country has established a universal old-age pension since 1955 under the Old Age and Disability Pensions Enactment No. 10 (1954). The *Pencen Umur Tua* (PUT) has been revised several times and it was last increased to B\$250 a month on 1st October 2006 (Table 1.4). The number of PUT recipients have increased in tandem with the size of the older population with a coverage of over 92.1% in 2019¹⁶.

Table 1.4 Number of PUT Recipients, Brunei, 2005 - 2020

PUT	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
N	15,880	16,596	17,698	18,644	19,757	21,010	22,414	24,027	25,665	27,496	29,186	31,273	32,850	35,138	35,786	38,290

The Department of Community Development (JAPEM) under the Ministry of Culture, Youth and Sports introduced a project (*Projek Memeduli Warga Emas*) in 2005 to care for the welfare and well-being of poor, destitute and sickly older persons without familial support. The project, modelled after the ROK-ASEAN Home Care Programme, provided volunteers with opportunities for community service for the aged, especially elderly living alone¹⁷.

The first Senior Citizen Activity Center (*Pusat Kegiatan Warga Emas*, PKWE) in Brunei was established in Lambak Kanan, Muara-Brunei in 2012 to promote healthy and active ageing among those aged 55 years or over. At present, there are PKWEs in every district including Temburong, Belait and Tutong with a PKWE Guideline published in 2020¹⁸.



An action plan to address senior citizen issues (*Pelan Tindakan bagi Menangani Isu Warga Emas*) outlined nine (9) focus areas namely on 1) policy and legislation, 2) health, 3) social participation, 4) education, 5) employment, 6) transportation, 7) building or infrastructure, 8) social and recreation, and 9) research to ensure healthy and active citizens. A special committee (*Jawatankuasa Khas Bagi Menangani Isu Warga Emas dan Orang Berkeperluan Khas*) under the National Council on Social Issues (*Majlis Kebangsaan Isu Sosial*, MKIS) is tasked with its implementation.



The action plan (short, medium and long-term), subsequently reviewed and approved by the MKIS in 2017, has three (3) objectives, namely developing productive and independent senior citizens, ensuring the welfare and wellbeing of senior citizens and providing friendly support systems for senior citizens in a friendly environment and encourage them to be actively involved in the community¹⁹. The Senior Citizens and Pensions Division (*Bahagian Warga Emas dan Pencen-pencen*) under JAPEM serves as secretariat to the action plan committee, administration of the old-age pension and fund for senior citizen activity centers, amongst other tasks and responsibilities. Under the Ministry of Health, the *Pusat Amal Cerah Sejahtera* (PACS) started in 2015 provides rehabilitation and nursing services for home-bound elderly patients needing critical care.

References

1. United Nations (2020). World Population Prospects 2019.
2. World Bank (2021). World Bank Databank: World Development Indicators ,
3. Planning open data gov.
4. Ministry of Health (2019).
5. Department of Economic Planning and Statistics (2021). *Social Statistics: Population - Latest Highlights*. Data accessed from <http://www.deps.gov.bn/SitePages/Population.aspx>.
6. Department of Statistics (2018). *Population and Housing Census Update Final Report 2016*. Brunei: Department of Economic Planning and Development, Ministry of Finance and Economy.
7. ILO Urban.
8. ILO LFPR.
9. World Bank Elderly Literacy.
10. Abdul Rahman, H., Tengah, A., Mohd Yusof, Y., Slesman, L., Hoon, C. Y. & Abdul-Mumin, K. H. (2021). Predictors of life satisfaction and healthy ageing in Brunei: A gender comparative study. PREPRINT (Version 1) at *Research Square* [<https://doi.org/10.21203/rs.3.rs-668936/v1>].
11. Hong, R. Q., Abdul Rahman, H., Ali, M., Hoon, C. Y., Slesman, L., Tengah, A., Mohd Yusof, Y. & Abdul-Mumin, K. H. (2020). Health determinants of life satisfaction among elderly persons: A multivariate analysis. PREPRINT (Version 1) at *Research Square* [<https://doi.org/10.21203/rs.3.rs-113770/v1>].
12. Saim, S. (2010). Social protection in Brunei Darussalam - Current state and challenges. In (eds.) dd (Pp.). ERIA .
13. Hashim, N. S. (2018). Chapter 2: Brunei Darussalam. In Loichinger, E. & Pothisiri, W. (eds.), *Research Project on Care for the Elderly in ASEAN+3: The Role of Families and Local and National Support Systems* (Pp. 17-32). Bangkok: Department of Older Persons, Ministry of Social Development and Human Security, Thailand.
14. Cleary, M & Ali Malicar, H. M. (2000). Ageing, Islam and care for older persons in Brunei Darussalam. In (ed.) David R Philips.
15. Teo, S. P. (2017).
16. Jabatan Pembangunan Masyarakat (JAPEM).
17. Abdul Ghani, S. (2014, August 16). Kesejahteraan warga emas tidak diabaikan, Rencana. *Pelita Brunei*, 20.
18. Ministry of Culture, Youth and Sports (2020). *Garis Panduan Pusat Kegiatan Warga Emas*. Brunei: Bahagian Warga Emas dan Pencen-pencen, JAPEM, MCYS.
19. Ministry of Finance and Economy (2020). *Voluntary National Review Report of Brunei Darussalam, 2020 United Nations High-level Political Forum on Sustainable Development*. Bandar Seri Begawan: MoFE.

2. Cambodia

Demography



The Kingdom of Cambodia is a lower middle-income economy with a predominantly Buddhist population of 16.72 million in 2020¹. With an area of 181,035 square kilometers, modern Cambodia is a young democracy under a constitutional monarchy. His Majesty King Norodom Sihamoni succeeded his father in October 2004 and Prime Minister Hun Sen has been in power since 1985. The parliament consists of an upper house Senate and lower house National Assembly. Cambodia recorded a GDP (current USD) of USD25.3 billion in 2020, with a GNI per capita (PPP, current international \$) of \$4,250 in the same year².

Fertility, Mortality & Life Expectancy

Between the Khmer Rouge insurgency, civil genocide and subsequent decade-long Cambodian-Vietnamese War, the country achieved stability after the 1991 Paris Peace Accords³. Life expectancy at birth improved significantly from 45.1 years in 1980 to 70.5 years in 2020 (Figure 2.2). While agriculture remains the dominant economic activity, Cambodia is one of the fastest-growing economies in the past decade with strong growth in textiles, construction and tourism. After a post-conflict baby boom, total fertility rate has steadily declined to 2.4 in 2020, although Cambodia's TFR still ranks among the top three in Southeast Asia, apart from Lao PDR and the Philippines (Figure 2.1). Population growth has slowed but there is a growing emphasis on quality of life⁴.

Figure 2.1 Crude Birth and Death Rates and Total Fertility Rate, Cambodia, 1950 - 2100

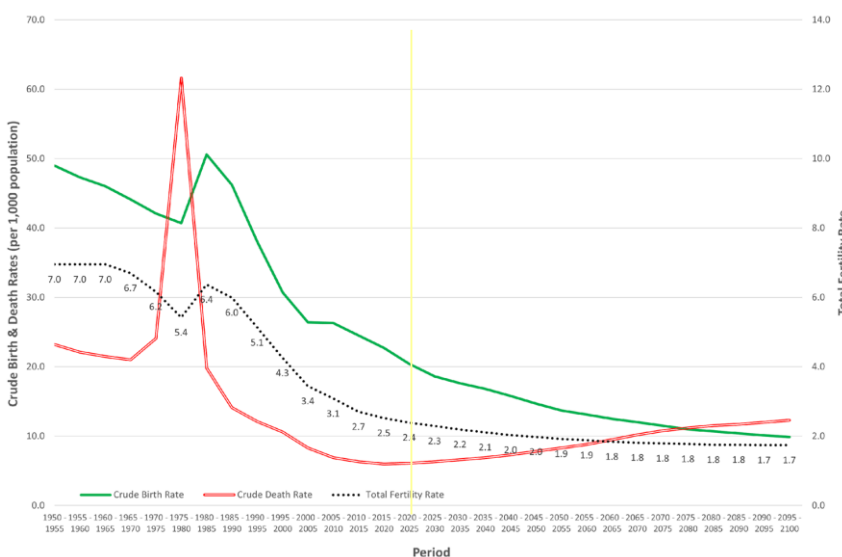
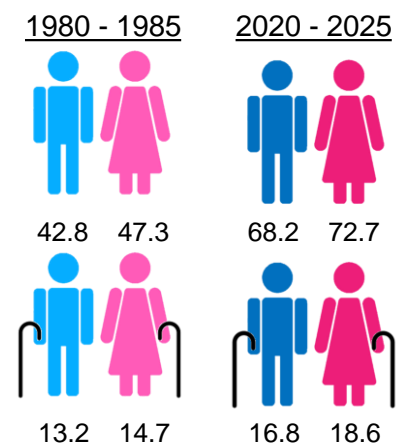


Figure 2.2 Life Expectancy at Birth and at 60 by Sex, Cambodia, 1980 & 2020



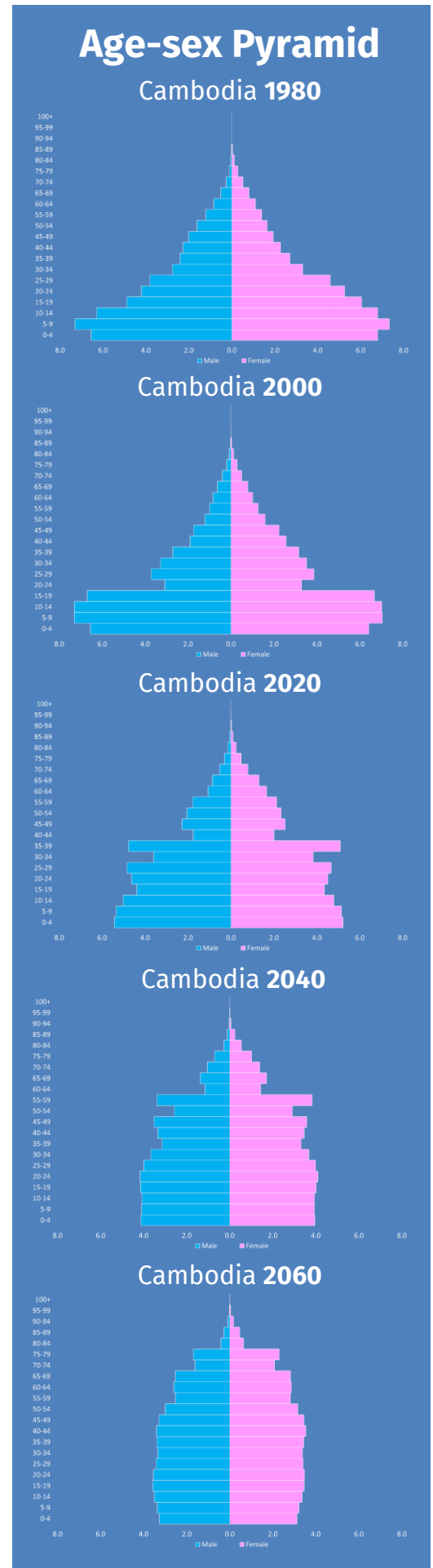
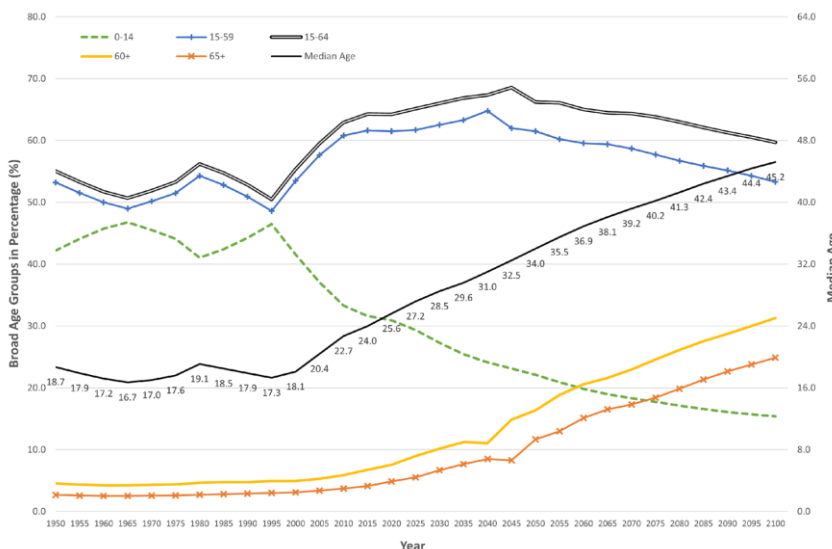
Population Ageing Indicators

The number of the aged population in Cambodia increased rapidly from 848,911 in the 2008 Census⁵ to about 1.3 million in 2019⁶, an increase in proportions from 6.3% to 8.9%. It was projected that share of the population aged 60 years or over will reach 11.5% or 2 million by 2030. Compared to other ASEAN Member States, Cambodia is relatively young with a median age of 25.6 years in 2020. The share of the working age population is still increasing and will not peak until 2045 - 2050 (Table 2.1). Nevertheless, Cambodia is also expected to age rapidly like other countries in the region as the population aged 65 years or over will take 25 years (2032 - 2057) to double from 7% to 14% (Figure 2.3)¹.

Table 2.1 :Selected Population Ageing Statistics, Cambodia, 1960 - 2050

Cambodia	1960	1990	2020	2050
Total Pop. ('000)	5,722.4	8,975.6	16,719.0	21,860.9
N 60+ ('000)	242.8	429.5	1,264.9	3,583.9
% 60+	4.2	4.8	7.6	16.4
% 65+	2.5	2.9	4.9	11.7
Median Age	17.2	17.9	25.6	34.0
OADR _{65+/15-64} *100	4.9	5.5	7.6	17.6
PSR _{15-64/65+}	20.5	18.2	13.2	5.7
AI _{60+/0-14} *100	9.3	10.8	24.5	74.2

Figure 2.3 :Population by Broad Age Groups and Median Age, Cambodia, 1950 - 2100



Profile of Older Persons

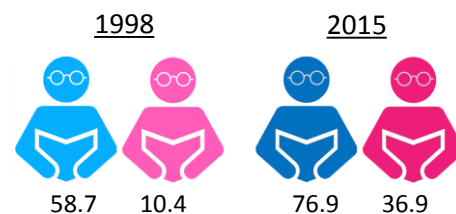
Sex Ratio and Literacy Rate

The number of older persons in Cambodia is growing. Currently, about 8% of the total population are aged over 60. The growth of population ageing is due two factors – declining fertility rate and improving in life expectancy. Female outnumber men at older ages due to longer life spans. The literacy rate among older persons are increasing between 1998 and 2015. However, the literacy rate among women is much low by more than half compared to male (Figure 2.4).

Work Status

Patterns of labour force participation rate in Cambodia has shown remarkable changes (Figure 2.5). The labor force entry was delayed due to better opportunities is tertiary education. The retirement age in Cambodia is 60 and this sees a decline in LFPR in older persons. Between 1990 and 2019, it shows opposite trend of LFPR in female, where a higher rate in later year, then it continues to decline. This is may due to increasing commitment to marriage and childbearing.

Figure 2.4 : Elderly (65+) Literacy Rate, Cambodia, 1998 & 2015

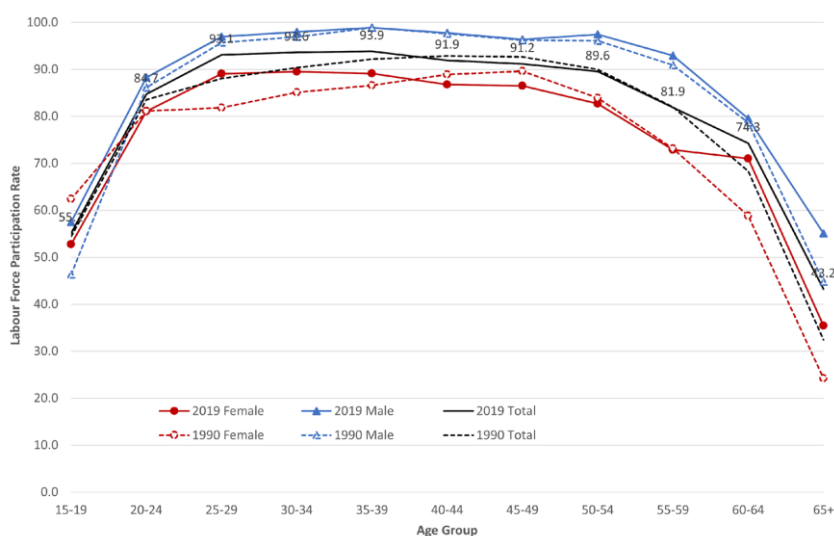


Living Arrangement

Based on United Nations data from 2000 – 2018, the average household size in Cambodia is 4.8 (2014). About 71% of older persons (60+) living with extended family. Then followed by nuclear living arrangement (15%). Only 14% of them either living alone or living with spouse. The rest is living with non-relatives.

Between 1990 and 2015, the percentage of older persons (60+) living in urban areas has shown gradually increase trend. In 1990, about 14% older persons lived in urban areas and then increased to 18% in 2015. More than 80% of older persons are still living in rural areas.

Figure 2.5 Labour Force Participation Rate by Age Group and Sex, Cambodia, 1990 & 2019



Issues & Challenges

The elderly population in Cambodia are considered vulnerable for their frailty and poverty. The growing ageing population has raised concern among government, civil societies, policy makers and population planners.

Social Protection/ Welfare

More than 80% of the older persons are still living in rural areas, particularly female. Most of them are illiterate and about 25% live below the poverty line (\$1,25 per day). Unfortunately, there is no social benefit system for them. Four supports for older population in Cambodia have been lined out 1) programs to enhance traditional systems of family support; 2) policy reform to encourage the economically-active elderly to remain in the workforce; 3) supportive institutions and systems to assure high levels of personal savings; and 4) public programs for instance pension schemes and national healthcare systems. The government has introduced ID Poor for the vulnerable groups. The assessment is based the household characteristics. The recipients are able to receive a free and subsidized health care services from the state medical universities or agents in their vicinities.

Health

Health is the priority due to declining physical and mental functionalities. The challenges in achieving better health care for older persons in Cambodia are:

1. Income poverty – majority of the older persons have no income and depends on the support from their children. Due to insufficient or limited income, they have issues in getting health care.
2. Disease – nutrient – Inadequate or inappropriate nutrient intake causing deterioration in the immune system.
3. Limited access to services and service quality – The health services in the localities have limited access and quality. The health centers are not able to diagnose serious illness and the province hospitals are far and the cost treatment are high.
4. Availability of skilled caregivers – The older persons depend on caregiver, and they don't have skill on how to give good caregiving service. They are using traditional method which was passed through generations. This drive abuse cases in older persons.

Policy Responses

Cambodia committed to the implementation of Second World Assembly on Ageing (Madrid 2002) and Madrid International Plan of Action on Ageing (MIPAA2002) to ensure their older persons live a life with dignity as younger persons.

Policy for Elderly 2003

The Policy for Elderly started in 2003 with the main objective to ensure the older persons are provided access to opportunities that contribute to and a share in the benefits of the country's development. The policy has 5 parts: 1) Social 2) Health 3) Economic 4) Participation and 5) Research.

National Ageing Policy 2017 – 2030

The Policy for Elderly 2003 was reviewed and the revised been renamed to National Ageing Policy 2017 – 2030. The policy was formulated to address the wide range of issues emerging from the evolving ageing situation that include national development framework – Rectangular Strategy Phase III, National Strategic Development Plan 2014 – 2018 and National Population Policy 2016 – 2030. The goals of the policy are 1) To ensure that older persons are enabled to fully participate with freedom and dignity for as long as they wish to in family, community, economic, social, religious and political activities, and 2) To ensure that younger persons are better equipped with knowledge that enables them to lead a more productive, healthy, active and dignified life in old age. It prioritize on 9 areas: 1) Ensuring Financial Security 2) Health and Well-being 3) Living Arrangement 4) Enabling Environment 5) Older People's Association and Active Ageing, 6) Intergenerational Relations, 7) Elder Abuse and Violence, 8) Emergency Situation and 9) Preparing the Younger Population.

Laws

- **Sub-Decree on Establishment Cambodian National Committee for Elderly** - Responsible in preparing National Policy, Elderly's Day every years, cooperate with other organizations, National Budget for support process of CNCE, Promoting and supporting Older People's Association (OPA).
- **Royal Constitution of Cambodia** - Article 47: Mother and father shall have the obligation to take care of their children, to bring them up and to educate them in order to become good citizens. Children shall have the duty to attend to the needs of their aged parents and to take good care of them in accordance with Khmer custom.

Programs

- **National Social Protection for Phnom Penh Elderly Care Center** – Provide training technical care for 1) Training Government officer 2) Training Caregiver and 3) Training Social Workers. This program's benefits are 1) Make new job for Cambodian people and 2) Improve care for the elderly.
- **Sub-National Committee for Elderly** – The committee is formed in all provinces
- ID Poor card – cash transfer assistance to poor people and vulnerable groups during Covid-19. The affected people can check their names at the local Commune Offices.

References

1. United Nations (2020). World Population Prospects 2019.
2. World Bank (2021). World Bank Databank: World Development Indicators ,
3. Planning open data gov
4. Ministry of Health (2019).
5. ILO Urban.
6. ILO LFPR.
7. World Bank Elderly Literacy.

3. Indonesia



Demography

Indonesia is the largest country in Southeast Asia with an estimated total population of 273.5 million in 2020¹ living in a total area of 1,904,569 square kilometers, consisting of over 17,000 islands such as Sumatra, Java, Sulawesi, and parts of Borneo and New Guinea. Indonesia is a middle-income country with a GDP (current USD) of USD1.06 trillion in 2020 - a GNI per capita (PPP, current international \$) of \$11,940 in 2019². Indonesia is a constitutional republic with a President as Head of State and Head of Government with an elected legislature under the People’s Consultative Assembly which comprises of two houses, the People’s Representative Council and Regional Representative Council.

Fertility, Mortality & Life Expectancy

The number of live births in Indonesia has declined from 22,000 in 2000³ to 18,000 in 2020⁴. Total fertility rate (TFR) of women of child-bearing age (15 - 49) is projected to fall below replacement levels in 2025 (Figure 3.1). Indonesians are living longer as the average life expectancy at birth increased from 59.3 years in 1980 to 72.4 years in 2020¹. Similarly, an older person aged 60 in 2020 can look forward to another 18.7 years of life compared to an average of 14.5 years for the 1980 elderly cohort. Like other ASEAN countries, female has longer life expectancy compared to male (Figure 3.2).

Figure 3.1 Crude Birth and Death Rates and Total Fertility Rate, Indonesia, 1950 - 2100

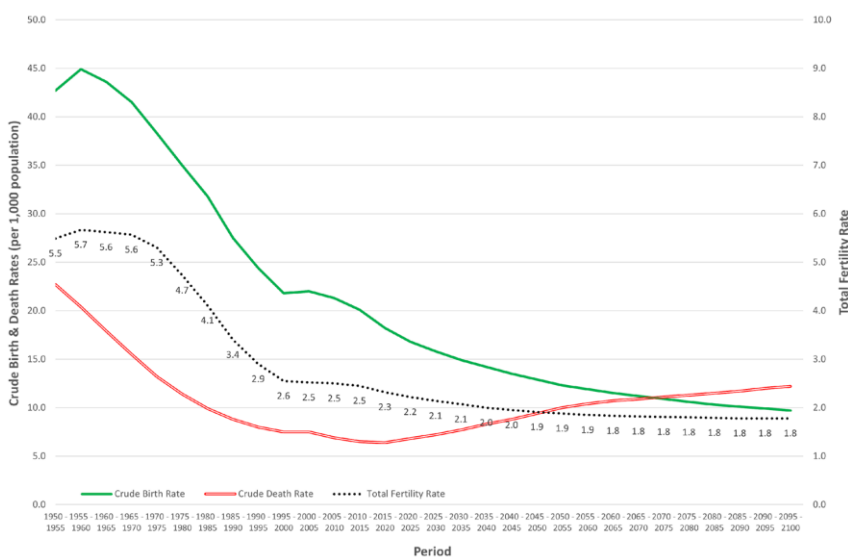
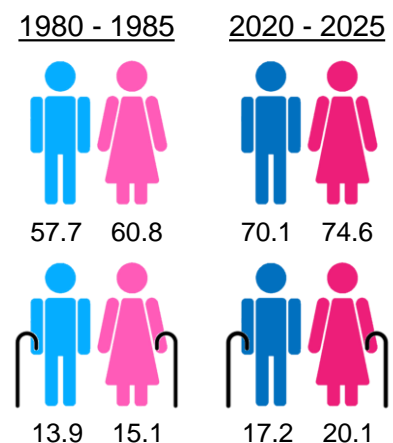


Figure 3.2 Life Expectancy at Birth and at 60 by Sex, Indonesia, 1980 & 2020



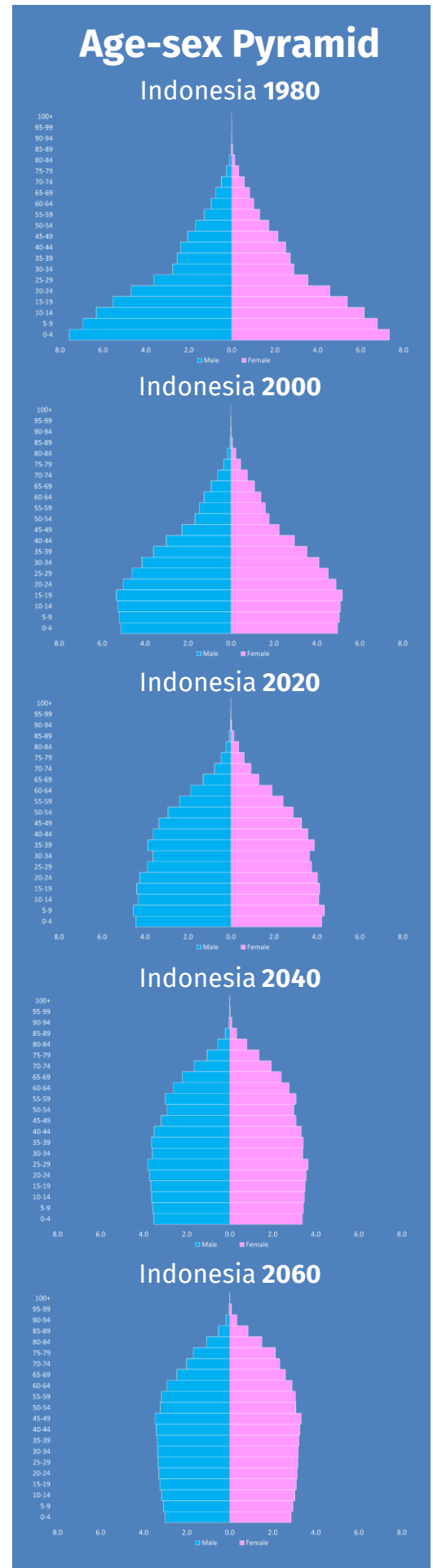
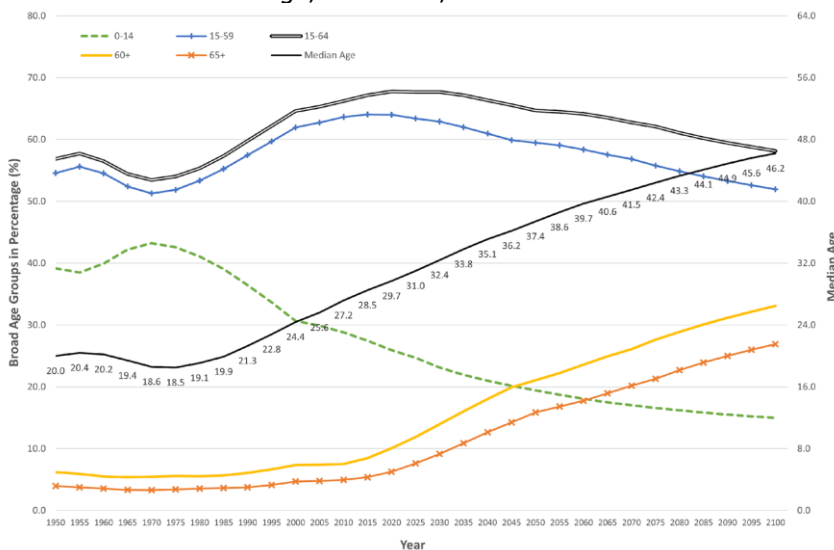
Population Ageing Indicators

The older population in Indonesia has increased steadily from 4.84 million in 1960 to 27.52 million in 2020, representing a concomitant rise in proportions from 5.5% to 10.1% in the same period¹. It was projected that the older population will reach 69.79 million in 2050, or about 21.1% of the total population then. As shown in the population pyramid on the right, Indonesia is ageing rapidly, as the median age increases quickly (Figure 3.3), crossing the 30-year mark in 2020. The small population bump between 1970 to 1980 could not reverse the trends in old age dependency ratio, potential support ratio and ageing index (Table 3.1).

Table 3.1 Selected Population Ageing Statistics, Indonesia, 1960 - 2050

Indonesia	1960	1990	2020	2050
Total Pop. (mil.)	87.75	181.41	273.52	330.90
N 60+ (million)	4.84	11.04	27.52	69.79
% 60+	5.5	6.1	10.1	21.1
% 65+	3.6	3.8	6.3	15.9
Median Age	20.2	21.3	29.7	37.4
OADR _{65+/15-64*100}	6.3	6.3	9.2	24.5
PSR _{15-64/65+}	15.9	15.8	10.8	4.1
AI _{60+/0-14*100}	13.8	16.7	38.8	108.6

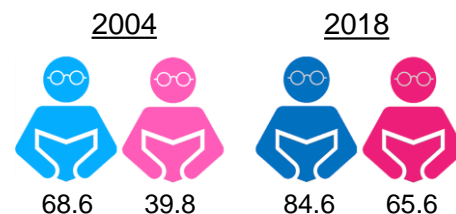
Figure 3.3 Population by Broad Age Groups and Median Age, Indonesia, 1950 - 2100



Profile of Older Persons

The population estimates of Indonesia for 2022 was 273.52 million, with 10% older persons aged 60 years or over. It was estimated that 52% of the older population (60+) in Indonesia live in urban areas⁷. The elderly (65+) literacy rate shows an increase between 2004 and 2018. Male is more literate compared to female (Figure 3.4).

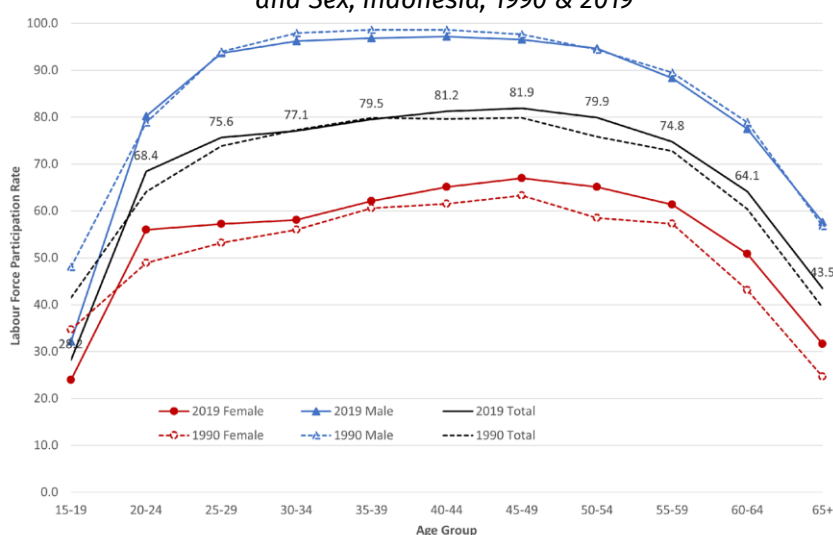
Figure 3.4 Elderly (65+) Literacy Rate, Indonesia, 2004 & 2018



Work Status

Pattern of the labour force participation rate (LFPR) in Indonesia shows consistent change between 1990 and 2019. The labour force started at the age of 20. The retirement age in Indonesia is 57 years old and it will gradually increase by one year every three years (Figure 3.5).

Figure 3.5 Labour Force Participation Rate by Age Group and Sex, Indonesia, 1990 & 2019



Living Arrangement

According to United Nations¹, the average household size in Indonesia is 3.9. About 57% of older persons (60+) lived with extended family, 16.3% lived in nuclear arrangement and 17% lived with spouse only. About 8.5% of older persons live alone in Indonesia.



Table 3.2 Distribution of Older Persons (60+) by Province, Indonesia, 2020

Province	N ('000) 60+	% 60+
Aceh	382.4	7.25
Sumatera Utara	1,212.1	8.19
Sumatera Barat	557.3	10.07
Riau	381.1	5.96
Jambi	280.3	7.90
Sumatera Selatan	702.8	8.30
Bengkulu	162.1	8.06
Lampung	826.9	9.18
Kepulauan Bangka Belitung	116.9	8.03
Kepulauan Riau	101.8	4.93
DKI Jakarta	867.1	8.21
Jawa Barat	4,629.5	9.59
Jawa Tengah	5,042.9	13.81
DI Yogyakarta	539.7	14.71
Jawa Timur	5,441.1	13.38
Banten	785.7	6.60
Bali	500.0	11.58
Nusa Tenggara Barat	463.4	8.71
Nusa Tenggara Timur	440.4	8.27
Kalimantan Barat	438.6	8.10
Kalimantan Tengah	167.4	6.27
Kalimantan Selatan	318.6	7.82
Kalimantan Timur	249.3	6.62
Kalimantan Utara	48.8	6.95
Sulawesi Utara	301.8	11.51
Sulawesi Tengah	249.9	8.37
Sulawesi Selatan	894.6	9.86
Sulawesi Tenggara	188.2	7.17
Gorontalo	97.6	8.33
Sulawesi Barat	97.5	6.87
Maluku	137.0	7.41
Maluku Utara	85.2	6.64
Papua Barat	56.4	4.97
Papua	156.2	3.63
INDONESIA	26,920.4	9.92

Source: Badan Pusat Statistik, 2020

Issues & Challenges

Geography

Administratively, Indonesia is divided into more than 30 provinces. About 50% of the country's population is concentrated in Jawa Island in 2020. The older population of the country are found in Yogyakarta (14.71%), followed by Jawa Tengah (13.81%) and Jawa Timur (13.38%) (Table 3.2).

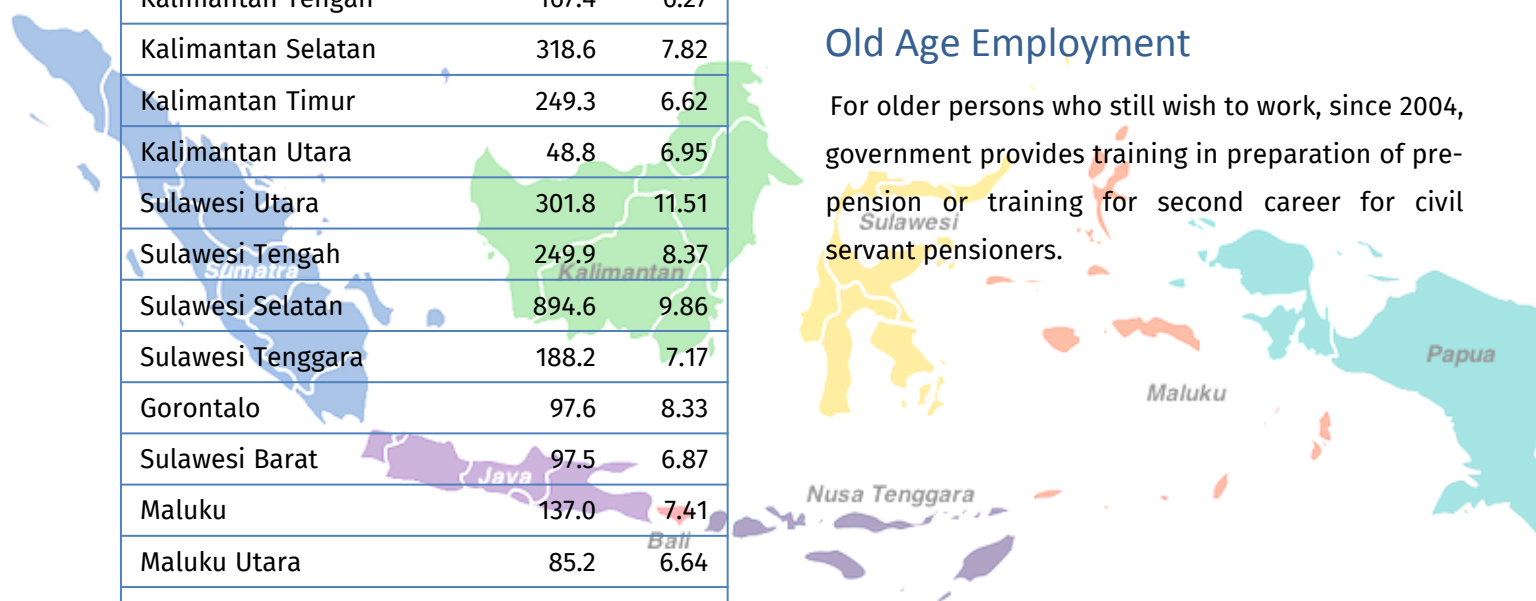
Social Protection

Asistensi Sosial Lanjut Usia Terlantar (ASLUT) or Older Person Social Assistance is the effort to provide permanent social assistance to older persons given Rp. 200,000.-/month until they die. ASLUT was implemented in 2012 in 33 provinces, 38 regencies/cities. Additional support was given through Social Welfare Institutions.

Usaha Ekonomi Produktif (UEP) or Economic Productive Efforts and *Kelompok Usaha Bersama* (KUBE) or Economic Groups are monetary assistance to older person with no other means of support.

Old Age Employment

For older persons who still wish to work, since 2004, government provides training in preparation of pre-pension or training for second career for civil servant pensioners.



Policy Responses

National Plan of Action (NPA) on Ageing 2009 -2014

The objective of this NPA is to improve older persons' welfare by creating formal support for older persons by increasing improvement in health services and development of system in protection and social security for them.

The actions are implemented through:

- Education of skills or courses in line with older persons before entering pension;
- Economic productive activities based on older person capabilities;
- Increase professional capacity of older persons that is non-discriminative and based on his/her profession through formal and informal institutions;
- Increase social function through relations between older persons and between generations through various forums such as religious, traditional and others;
- Preparation of mental-spiritual through comprehensive understanding of religious beliefs entering old age

Laws Number 13 of 1998 on Elderly Welfare

It's been mentioned in three article as follows:

Article 5 – Elderly people have the equal right in the life of society, nation and state

Article 11 – Efforts to improve social welfare for the potential elderly

- in 2209, been revised by improving social welfare related to labor

Article 15 – employment opportunities services for potential elderly by providing opportunities to utilize their knowledge, expertise, abilities, skills and experience.

Ministerial Regulation

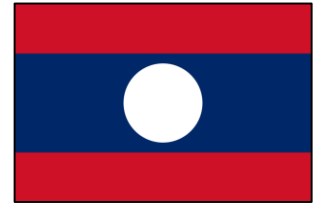
Different ministries have developed regulations related to care services:

1. Ministry of Home Affairs
 - Regulation Number 54 of 2007: The Guideline of the Establishment of the Working Group on Integrated Services Centre
 - Regulation number 19 of 2011 on the Guideline of Basic Services Integration in the Service Center
2. Ministry of Health
 - Minister of Health's Regulation Number 67 of 2015 on the implementation of Elderly Health Services at Community Health Centers.
3. Ministry of Social Affairs
 - Regulation Number 16 of 2020 on Social Rehabilitation Assistance

References

1. United Nations (2020). World Population Prospects 2019.
2. World Bank (2021). World Bank Databank: World Development Indicators.
3. Planning open data gov.
4. Ministry of Health (2019).
5. Badan Pusat Statistik (2020).
6. ILO Urban.
7. ILO LFPR.
8. World Bank Elderly Literacy.

4. Lao People's Democratic Republic



Demography

Lao PDR is the only landlocked country in ASEAN with an estimated total population of 7.28 million in 2020¹ living in a total area of 237,955 square kilometers. It is a lower middle-income country with a GNI per capita (PPP, current international \$) of \$7,990 in 2019². One of the two socialist states in Southeast Asia, Lao PDR is one of the fastest growing economy in the region with a GDP (current USD) of USD19.1 billion in 2020. The General Secretary of the Lao People's Revolutionary Party (LPRP) is the President of Lao PDR and government policies are influenced by the LPRP Politburo and Central Committee. Laos has an elected unicameral parliament known as the National Assembly, while local legislature is made through the Provincial People's Councils.

Fertility, Mortality & Life Expectancy

Lao PDR is still a relatively young country with a median age of 24.4 years in 2020 although its fertility levels are falling rapidly. Total fertility rate dropped from a peak of 6.4 in 1980 to about 2.5 in 2020 (Figure 4.1). In the same period, life expectancy at birth and at 60 increased significantly (Figure 4.2). However, public spending on health remain low compared to other countries and out-of-pocket health expenditure is high³. Lao PDR has set up the National Health Insurance Bureau to address universal health coverage issues with a growing focus to improve quality of care and health outcomes.

Figure 4.1 Crude Birth and Death Rates and Total Fertility Rate, Lao PDR, 1950 - 2100

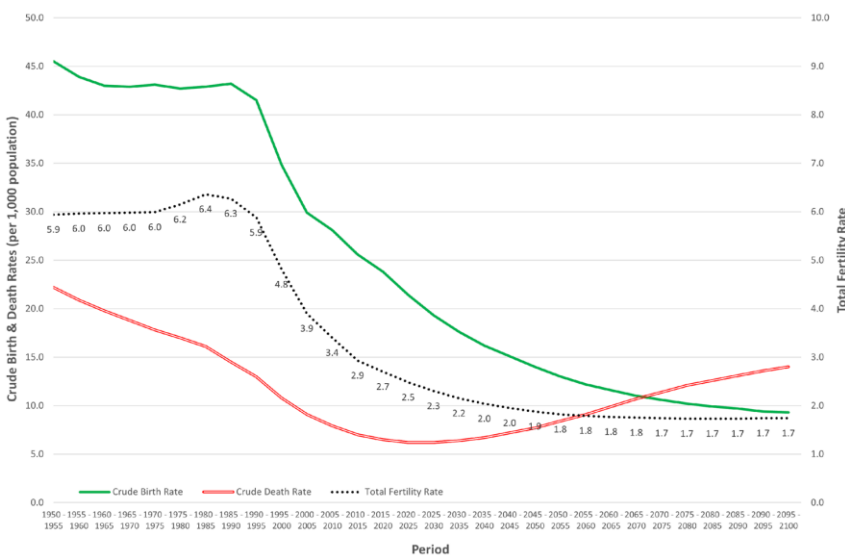
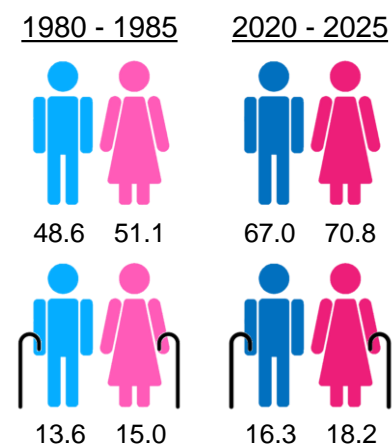


Figure 4.2 Life Expectancy at Birth and at 60 by Sex, Lao PDR, 1980 & 2020



Population Ageing Indicators

Current population of Lao PDR is 7,275,600. The older population aged 60 years or over in Lao PDR has been increasing steadily from 96,800 in 1960 to 494,100 in 2020, representing a concomitant rise in proportions from 4.6% to 6.8% in the same period¹. It was projected that older population will reach 1,487,200 persons in 2050, or about 16% of the total population then. As shown in the population pyramids to the right, Lao PDR is ageing steadily as the median age crossing the 30-year mark in 2050. Table 4.1 shows the trend in old dependency ratio, potential support ratio and ageing index. The population by age groups 0 – 14 shows declining trend started in 2000 but increasing for 60+ and 65+ groups (Figure 4.3).

Table 4.1 Selected Population Ageing Statistics, Lao PDR, 1960 - 2050

Lao PDR	1960	1990	2020	2050
Total Pop. ('000)	2,120.9	4,258.5	7,275.6	9,479.8
N 60+ ('000)	96.8	238.1	494.1	1,487.2
% 60+	4.6	5.6	6.8	15.7
% 65+	2.6	3.5	4.3	10.4
Median Age	19.0	17.6	24.4	34.5
OADR _{65+/15-64*100}	4.7	6.8	6.7	15.2
PSR _{15-64/65+}	21.2	14.8	15.0	6.6
AI _{60+/0-14*100}	10.8	12.6	21.3	74.8

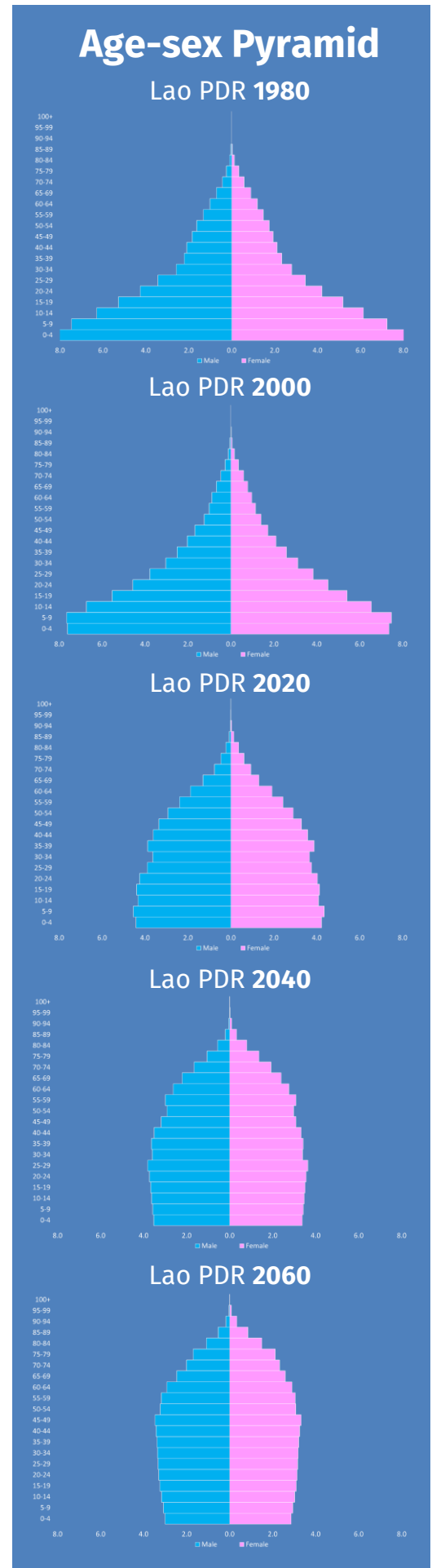
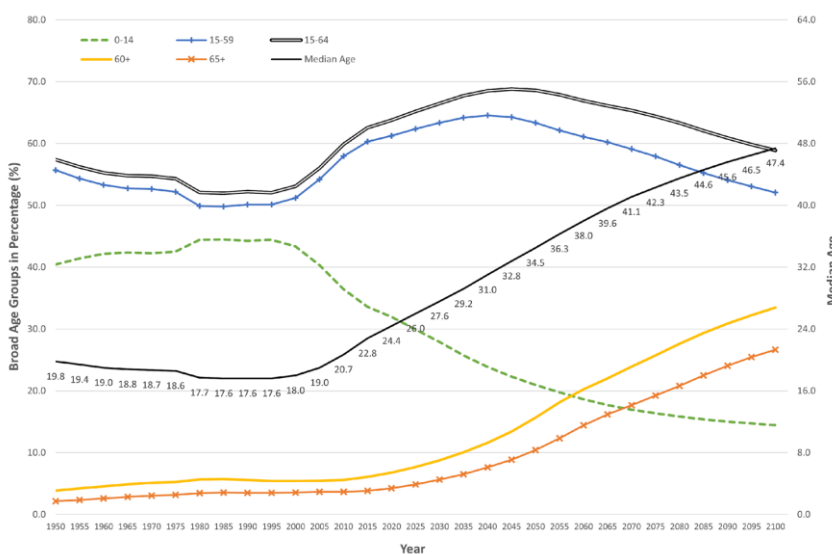


Figure 4.3 Population by Broad Age Groups and Median Age, Lao PDR, 1950 - 2100

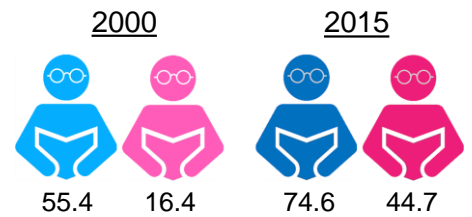


Profile of Older Persons

Sex Ratio and Literacy Rate

Sex ratio for older persons aged 65 years or over is 98.5 males per 100 females. The literacy rate among older persons in Lao PDR are increasing between 2000 and 2015. The literacy rate in female increased more than half from 16.4 in 2000 to 44.7 in 2015. However, the literacy rate among women is much low compared to male (Figure 4.4).

Figure 4.4 Elderly (65+) Literacy Rate, Lao PDR, 2000 & 2015

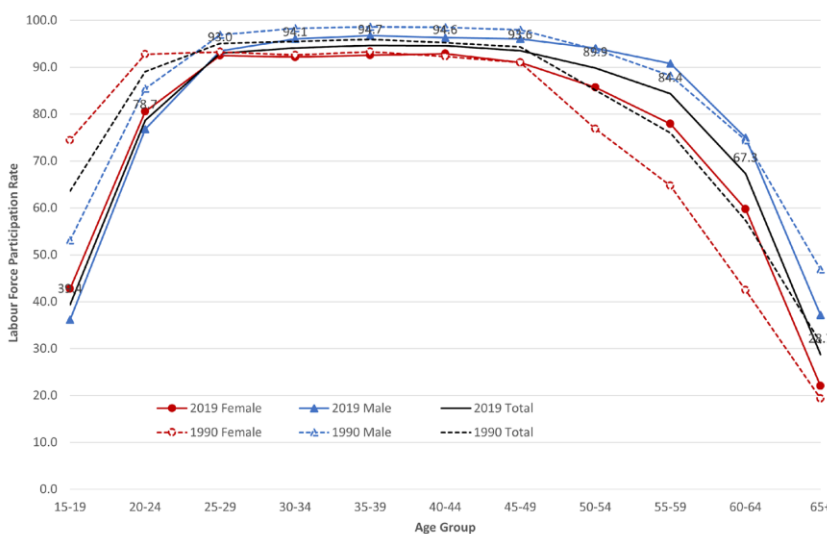


Work Status

Pattern on labour force participation rate (LFPR) in Lao PDR has some drastic changes in age group and sex (Figure 4.5). Labour force entry started to increase between 20 – 24 and 25 – 29 age groups due to more opportunities for tertiary education. In comparison of 2019 LFPR in female, they're still working until 50 – 59, where in 1990, they stopped working earlier. In general, the LFPR for both male and female are increased compared to in 1990.



Figure 4.5 Labour Force Participation Rate by Age Group and Sex, Lao PDR, 1990 & 2019



Living Arrangement

Based on United Nations, 2019, the average household size between 2000 and 2018 is 6.5. Almost 80% of the older persons (60+) lived with extended families and non-relatives. About 16% in nuclear living arrangement and only about 5% that live alone with live with spouse only. Most of older persons are still live in rural areas. It shows some increment in older persons live in urban areas, but low percentage where 16% in 1990 and 38% in 2015.

Policy Responses

Lao PDR have formed few committees to look into elderly issues that will be translated into policy. They are still lacking comprehensive legislation on ageing.

Laws

There is limited legislation that support rights of older persons.

- In 2003, the National Committee for Disabled People and the Elderly(NCDE) (Prime Minister's Decree) Decree No. 232/PM was formed. The committee is responsible in translating the decree to policy. This committee responsible in drafting the national policy on the elderly. Among the actions that had taken place ere establishment of elder people association and setting up groups of elderly at the villages,
- The National Policy towards the Elderly in the Lao PDR (Prime Minister's Decree) Decree No. 156/PM, 2004. It focused on medical treatment, rehabilitation, welfare, prevention, Education and data information, facilitating and transferring knowledge and experience of older persons to young generation.

Programs

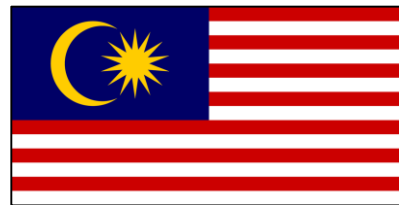
- Annual celebration of international for older persons. Among the activities are providing health care education, singing and dancing, promoting physical activities such as walking for health.
- Programs on livelihood improvement. Saving funds were set up to give credit to villagers/ older persons who want to run small businesses at home. For example handicrafts. The fund also to assist older persons who have health problems.

References

1. United Nations (2020). World Population Prospects 2019.
2. World Bank (2021). World Bank Databank: World Development Indicators ,
3. Planning open data gov
4. Ministry of Health (2019).
5. ILO Urban.
6. ILO LFPR.
7. World Bank Elderly Literacy.

5. Malaysia

Demography



Malaysia is a federal constitutional elective monarchy with Westminster system of parliamentary democracy. The Head of State or *Yang di-Pertuan Agong* is elected from among nine (9) hereditary rulers while the Cabinet is led by the Prime Minister as Head of Government. A bicameral federal parliament consists of the House of Representatives and the Senate, while each State has a unicameral State Legislative Assembly. An upper middle-income country with a total area of 330,803 square kilometers and a population of 32.37 million in 2020¹, Malaysia's GNI per capita (PPP, current international \$) reached \$28,790 in 2019 with a GDP (current USD) of USD336.66 billion in 2020².

Fertility, Mortality & Life Expectancy

Malaysia's total fertility rate has steadily declined since Independence and has fallen below replacement level in 2010 (Figure 5.1). The country is entering stage four (4) of the demographic transition where population growth is slow but stabilizing as birth rates continue to drop while death rates are expected to rise slightly. Lifestyle diseases such as hypertension (51.1%), diabetes (27.7%) and hypercholesterolemia (41.8%) is becoming more and more prevalent in the older population³. Nevertheless, life expectancy at birth and at 60 have increased for both males and females and on average an older Malaysian can look forward to another 18.6 to 21.4 years of life on average in 2020⁴ according to their sex (Figure 5.2).

Figure 5.1 Crude Birth and Death Rates and Total Fertility Rate, Malaysia, 1950 - 2100

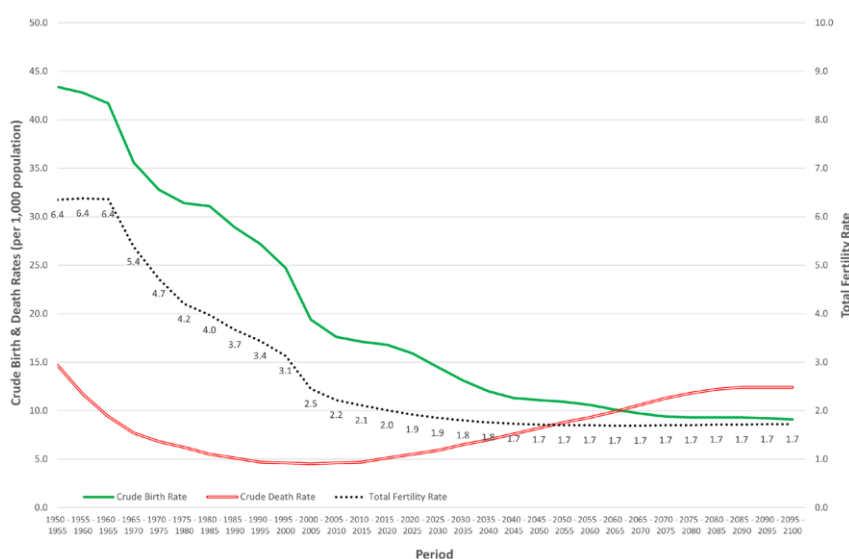
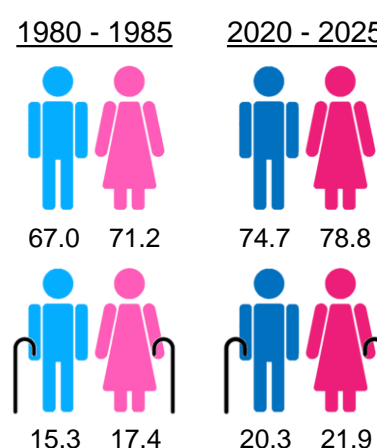


Figure 5.2 Birth and Malaysia,

Life Expectancy at at 60 by Sex, 1980 & 2020



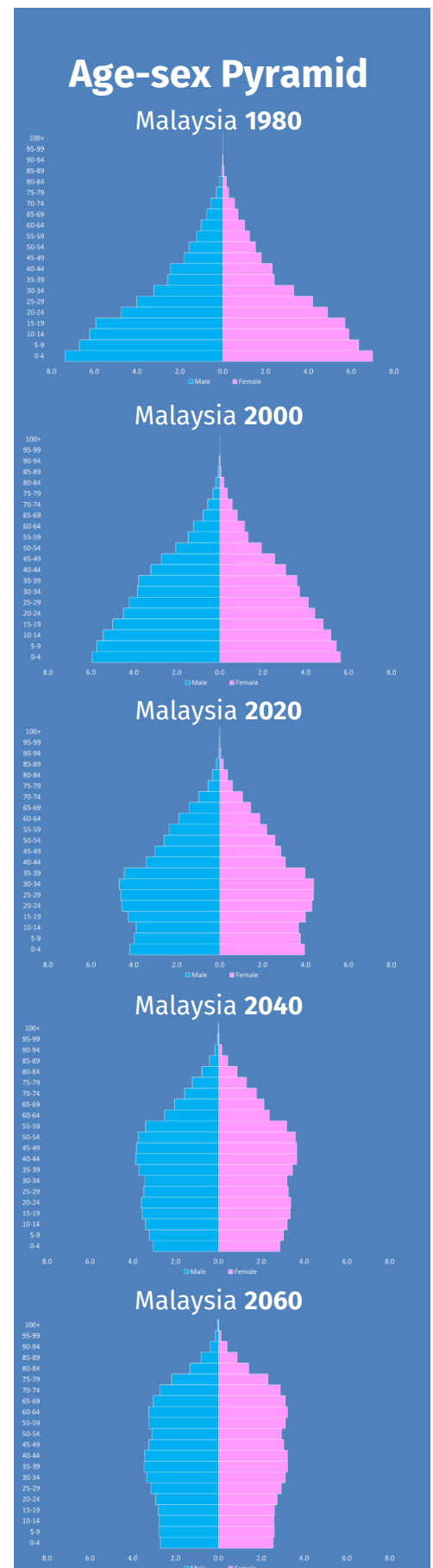
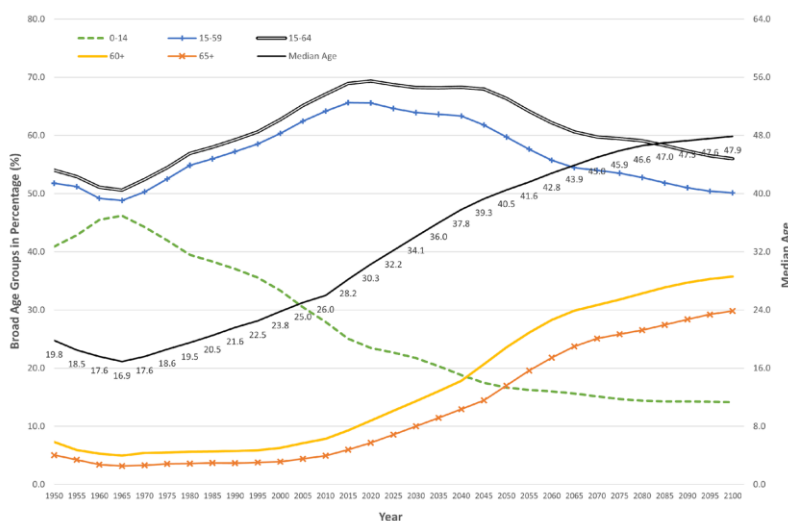
Population Ageing Indicators

The older population aged 60 years and over recorded less than 0.5 million in 1960 (Table 5.1)⁴ and within 3 decades (1960-1990), there was 141 percent increased. Further, there was a triple increase in amount from 1990-2020. This is reflected in the percentage increased from 5.7% in 1990 to 11% in 2020. In addition, older persons aged 65 years and over also showed more than double increased in percentage from 1990-2020. Consequently, Malaysia can be labelled as ageing nation in 2020 where more than 7% of her population comprised people aged 65 years and over. Another indicator of population is the median aged and the cut-off median age to classify a country as ageing is 30 years old and Malaysia achieved this cut-off age in 2020. All indicators in Table 5.1 showed ageing and aged nation trend, such as Old Age Dependency Ratio (OADR), Potential support Ratio and Ageing Index (AI). This trend is also reflected in the population pyramid shape. The age structure is also shown in Figure 5.3.

Table 5.1 Selected Population Ageing Statistics, Malaysia, 1960 - 2050

Malaysia	1960	1990	2020	2050
Total Pop. (mil.)	8.16	18.03	32.37	40.55
N 60+ (million)	0.43	1.04	3.55	9.57
% 60+	5.3	5.7	11.0	23.6
% 65+	3.4	3.7	7.2	17.0
Median Age	17.6	21.6	30.3	40.5
OADR _{65+/15-64} *100	6.7	6.2	10.4	25.6
PSR _{15-64/65+}	15.0	16.1	9.7	3.9
AI _{60+/0-14} *100	11.7	15.5	46.8	141.4

Figure 5.3 Population by Broad Age Groups and Median Age, Malaysia, 1950 - 2100

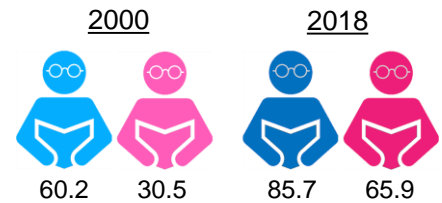


Profile of Older Persons

Literacy Rate

Elderly literacy rate is showed in Figure 5.4. In 2000, the literacy rate for Malaysian males was 60.2% and 30.5% for female and there were sharp improve in rates in 2019, where males recorded 85.7% and female showed more than double improvement from 30.5% to 65.9%.

Figure 5.4 Elderly (65+) Literacy Rate, Malaysia, 2000 & 2018



Sex Ratio

In general, the male population outnumbered the female with 16.8 million and 15.9 million respectively in 2021⁶ and the sex ratio was 106 males for very 100 females. Nevertheless, at age 60 years and over, females outnumbered males (Table 5.2). There is peculiarity in 2010 for ethnic Chinese which might be due to immigration

Table 5.2: Sex ratio at age 60 years old⁷

Sex ratio at age 60 years old		
Ethnic Groups	2000	2010
Malay and Bumiputera	90.69	91.91
Chinese	91.45	104.18
Indians	86.80	87.02
Total	90.92	95.75

Table 5.3: Population aged 60 years old and over by stratum and year ⁷

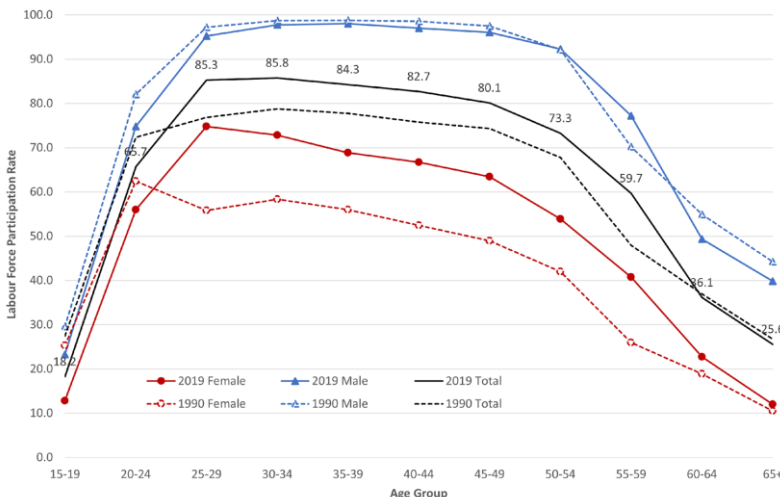
Year	Urban			Rural		
	N ('000)	Percent (%)	% in Urban	N ('000)	Percent (%)	% in Rural
1970	146.9	26.9	5.2	399.2	73.1	5.2
1980	245.2	32.9	5.5	500.0	87.1	5.8
1991	470.7	45.6	5.3	561.6	54.4	6.5
2000	785.3	54.1	5.4	686.4	45.9	7.5
2010	1,478.1	65.7	7.3	773.2	34.3	9.4

Table 5.3 show geographical dispersion of older population aged 60 years and over. Before 2000 the ageing was a rural

occurrence but after the year 2000, more older persons (60+) are found in urban areas. This is partially due to the reclassification on rural areas to urban centers as development picks up. Further, the rural areas are also ageing rapidly because of inter-state migration.

Figure 5.4 shows the labour force participation rate (LFPR) by age group and sex in 1990 and 2019. In 1990, the LFPR for female peaked at an early age (20-24) and decline around age 25-29 years old. A slight increased was noted in 30-34 years old but gradually dropped at older ages. However, in 2019, female participation peaked between the ages of 25-29 years old, indicating enrolment in tertiary education and late entry into the labour force compared to 1990. Nevertheless, the rate showed downward trends from then on much below the national trend for that year. This is worrisome as female has longer life expectancy and they might not have resources to support life in old age. Obviously male LFPR are much higher than women for both years and showed sharp decline at retirement age (within 55-59 age group and (60-64 age group).

Figure 5.4 Labour Force Participation Rate by Age Group and Sex, Malaysia, 1990 & 2019



Issues & Challenges

Social Protection

The terms "social security" and "social welfare" are more commonly used in Malaysia instead of "social protection" (Asian Development Bank, 2012). The Government provided a number of public programs that are universal and other programs that cover specific target groups. The foundation of social protection in Malaysia is provided by the social security system.

Five-Pillar Model		Major Social Protection Bodies
0	Zero Pillar	Zakat, Other poverty and welfare assistance programs, Older Persons' Assistance Scheme, Amanah Ikhtiar Malaysia
1	First Pillar	Civil service pension and Retirement Fund Incorporated
2	Second Pillar	Employees Provident Fund, SOCSO, Armed Forces Fund Board
3	Third Pillar	Voluntary saving schemes, Life / Health insurance, Bond, savings & stocks, PNB, BNM, Securities Commission
4	Fourth Pillar	Informal intra-family or intergenerational sources: financial/non-financial, healthcare and housing

Social Assistance

Older persons above the age of 60 years who are destitute, not able-bodied and do not have any relatives to depend on for support are eligible to apply for Financial Aid for Older Persons or *Bantuan Orang Tua* (BOT) administered by the Department of Social Welfare Malaysia (DSWM).

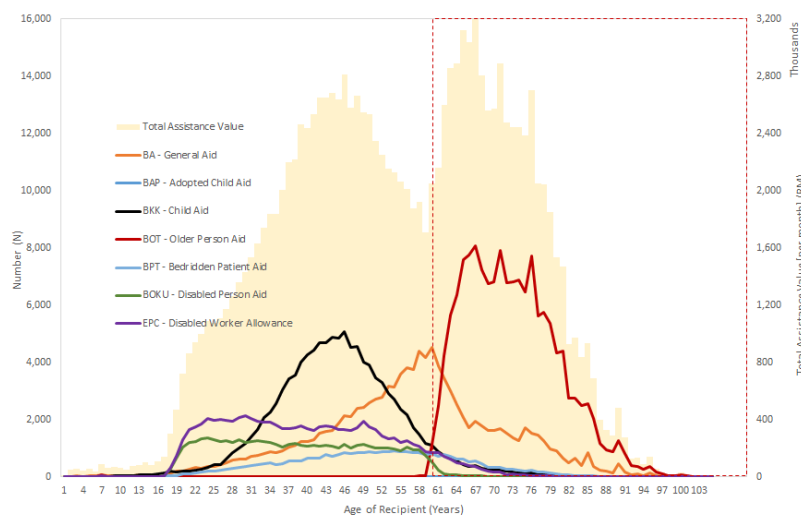
- 43.7% of the total value of DSWM cash assistance is for senior citizens aged 60+.
- 41.9% of all recipients of DSWM cash assistance are senior citizens.

Long-term Care

Long-term care is currently provided by government welfare homes (public sector), private nursing homes and care centres (for-profit), and voluntary aged care organisations and centres (non-profit, charitable).

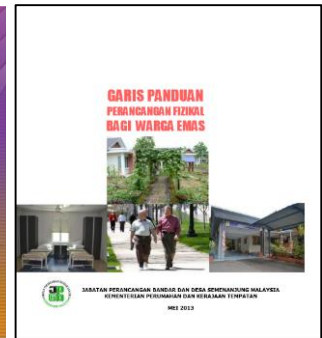
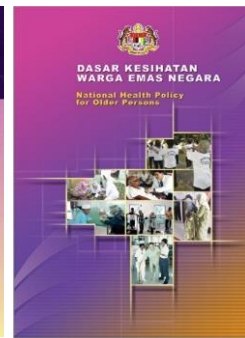
Types of coverage	Public Programs and Facilities
Institutional care	<ul style="list-style-type: none"> • Rumah Seri Kenangan • Rumah Ehsan
Home care	<ul style="list-style-type: none"> • "Home Help" program • Respite care • Senior Citizen Activity Centres - PAWE

Figure 5.5 Number of Recipients by Assistance Type and Total Assistance Value (Department of Social Welfare Malaysia, 2014)



Policy Responses

1. National Policy for Older Person (MNUSD, 1995; MWFC, 2011)
2. National Health Policy for Older Person (MOH, 2008)
3. Physical Planning Guidelines for the Elderly (MHLG, 2013)



NPOPs acknowledges the older persons as citizens with varied background and experiences, have the rights to enjoy a comfortable and respected life and contribute to the development of the nation.

The Government implemented the National Policy for Older Persons in 1995. The National Advisory and Consultative Council for Older Persons, chaired by the Minister for Women, Family and Community Development, was formed under the policy. A Plan of Action for the Older Persons was drawn up as a result of the formation of the Council. The Department of Social Welfare under the Ministry of Women, Family and Community Development is the secretariat for the Council and acts as the focal point for all issues relevant to older persons in Malaysia. The new National Policy for Older Persons and Plan of Action for Older Persons were approved by the Cabinet in 2011. It was formulated based on the review made to the earlier National Policy and Plan of Action for Older Persons. The review was carried out to re-look into incorporating the developmental and reintegration of the older persons in the society, in order to empower older persons with a strong sense of self-worth and dignity. The new policy recognizes the older persons as individuals of different backgrounds and experiences, as well as have the rights to enjoy a comfortable and respected life and contribute to the development of the nation. This policy is the government's commitment to create a conducive environment for older persons who are independent, with dignity, high sense of self-worth, and respected by optimizing their self potential through healthy, positive, active, productive and supportive ageing to lead a well-being life. Concomitant to the National Policy for Older Persons 1995, the Ministry of Health has also developed the National Health Policy for Older Persons in 2008. In view of the need for a more effective, coordinated and comprehensive geriatric health care system, the policy has outlined and implemented an action plan to increase the number of geriatricians and aged care health professionals.

References

1. World Bank (2021).
2. DOSM (2021). Vital Statistics, Malaysia 2021.
3. DOSM (2015). Population and Housing Census 2010.
4. United Nations (2020). World Population Prospects 2019.
5. World Bank (2021). World Bank Databank: World Development Indicators ,
6. DOSM (2021). Current Population Estimates, Malaysia, 2021
7. Hamid, T. A (2019). Ageing in Malaysia.
Session 3: Using Different Measures of Ageing: Country Case Studies, 25 February 2019,
Expert Group Meeting on Measuring Population Ageing: Bridging Research and Policy, 25 -2
6 February 2019, Mandarin Hotel, Bangkok, Thailand.
8. ILO Urban.
9. ILO LFPR.
10. World Bank Elderly Literacy.

6. Myanmar

Demography



The Republic of the Union of Myanmar is a lower-middle income economy with a GNI per capita (PPP, current international \$) of \$5,210 in 2019 and a total GDP (current USD) of USD76.19 billion in 2020¹. Myanmar is a unitary assembly-independent republic with a population of 54.4 million² with a total area of 676,578 square kilometers. The President is the Head of State and the Chairman of the State Administration Council is the de facto Head of Government. The bicameral Assembly of the Union is made up of the upper House of Nationalities and lower House of Representatives.

Fertility, Mortality & Life Expectancy

Plagued by internal conflicts and natural disasters since its Independence in 1948, Myanmar has the lowest life expectancy at birth in the Southeast Asian region (Figure 6.2). Years of military rule and over a decade of liberalization did not lead to democratic political stability, but Myanmar’s economy is growing rapidly despite repeated sanctions by the United States. Due to limitations caused by incomplete or unreliable civil registry and vital registration system, historical trends in fertility, mortality and migration in Myanmar can only be estimated³. There is strong evidence that fertility and mortality levels have been falling but infectious diseases such as tuberculosis, malaria and malnutrition remain serious problems (Figure 6.1).

Figure 6.1 :Crude Birth and Death Rates and Total Fertility Rate, Myanmar, 1950 - 2100

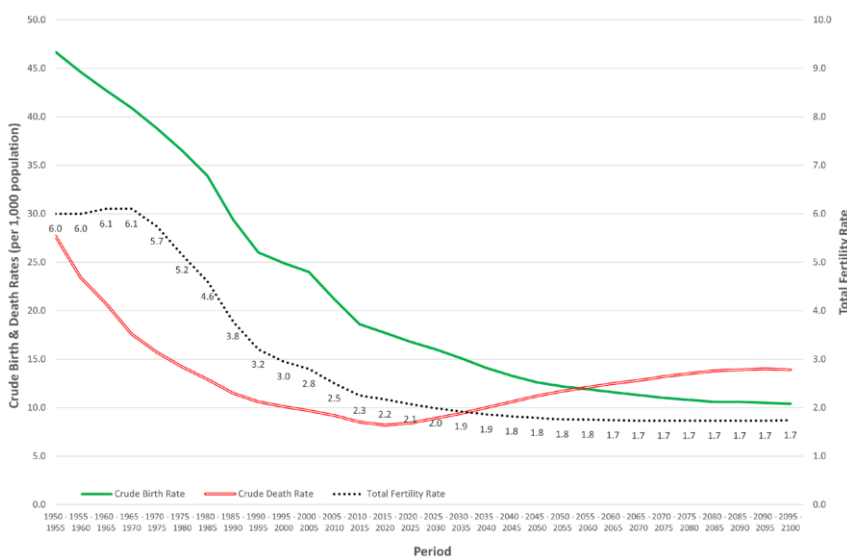
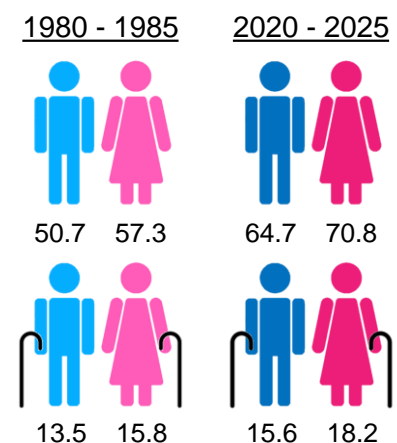


Figure 6.2 : Life Expectancy at Birth and at 60 by Sex, Myanmar, 1980 & 2020



Population Ageing Indicators

As evidenced by the absolute number and relative proportion of older persons in past censuses of 1973, 1983 and 2014, the elderly Burmese population has been growing much faster than the general population³. One in ten persons in Myanmar is an elderly in 2020 and the median age was 29 years. The old age dependency ratio (OADR) or the number of persons aged 65 and over per 100 persons aged 15 to 64 years has increased from about 6 in 1960 to 9 in 2020 (Table 6.1). Although it will take 30 years for Myanmar's population aged 65 years or over to double from 7% to 14%, the country will enter ageing nation status by 2024. Older persons aged 60 years or over will outnumber the under 15 population between 2050 and 2055 (Figure 6.3).

Table 6.1 Selected Population Ageing Statistics, Myanmar, 1960 - 2050

Myanmar	1960	1990	2020	2050
Total Pop. (mil.)	21.74	41.34	54.41	62.25
N 60+ (million)	1.21	2.61	5.44	11.57
% 60+	5.6	6.3	10.0	18.6
% 65+	3.3	4.0	6.2	13.2
Median Age	20.5	20.7	29.0	37.3
OADR _{65+/15-64} *100	5.9	6.8	9.1	19.5
PSR _{15-64/65+}	17.0	14.7	10.9	5.1
AI _{60+/0-14} *100	13.7	16.8	39.2	97.0

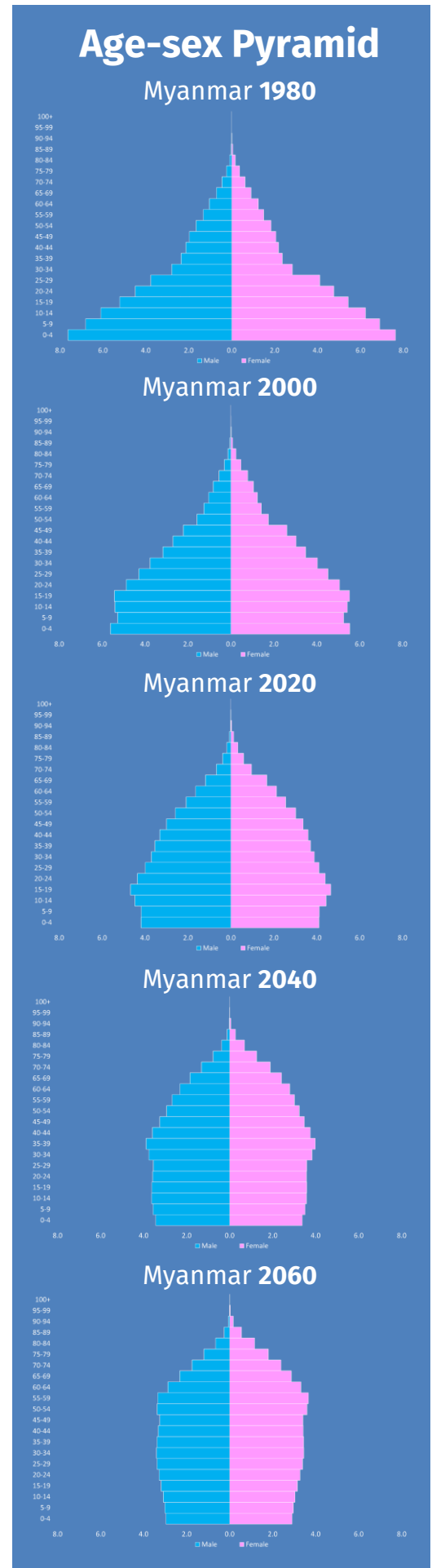
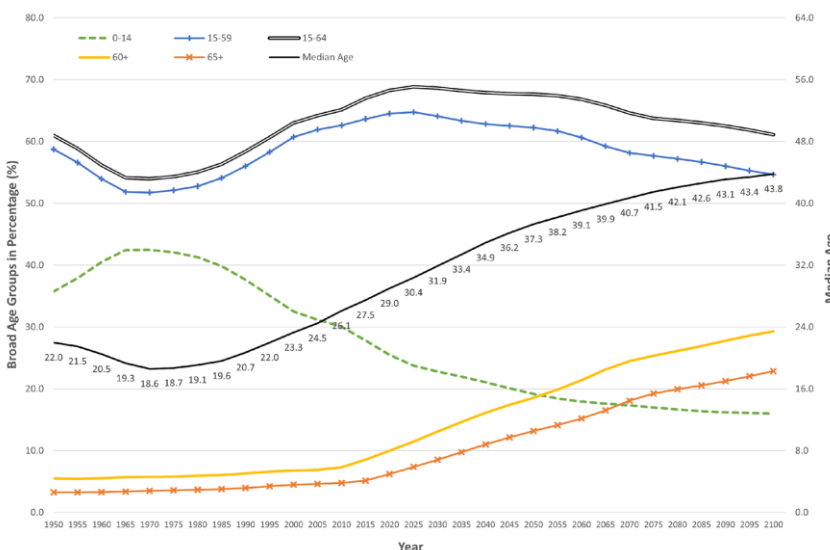


Figure 6.3 Population by Broad Age Groups and Median Age, Myanmar, 1950 - 2100



Profile of Older Persons

In the 2014 Census, 73.9% of older men in Myanmar are married, compared to older women at 44.1%. As females are more likely to marry older males, and men in general have shorter life expectancy, older women are also more likely to be widows in later life (Figure 6.4). Sex ratio for older persons aged 60 years or over is 75 males per 100 females.

The literacy rate among older persons are declining between 2000 and 2016. The literacy rate is higher in male compared to female (Figure 6.5).

Work Status

Pattern of labour force participation rate (LFPR) in Myanmar has shown remarkable changes (Figure 6.6) between 1990 and 2019. The total LFPR for both male and female shows declining trend in both years. In 2019, both sex joined labour force at the age of 20, due to the improvement of the tertiary education. However, for female, drastic drop in LPFR can be seen in 2019,

Figure 6.4 Marital Status of Older Persons by Sex, Myanmar, 2014

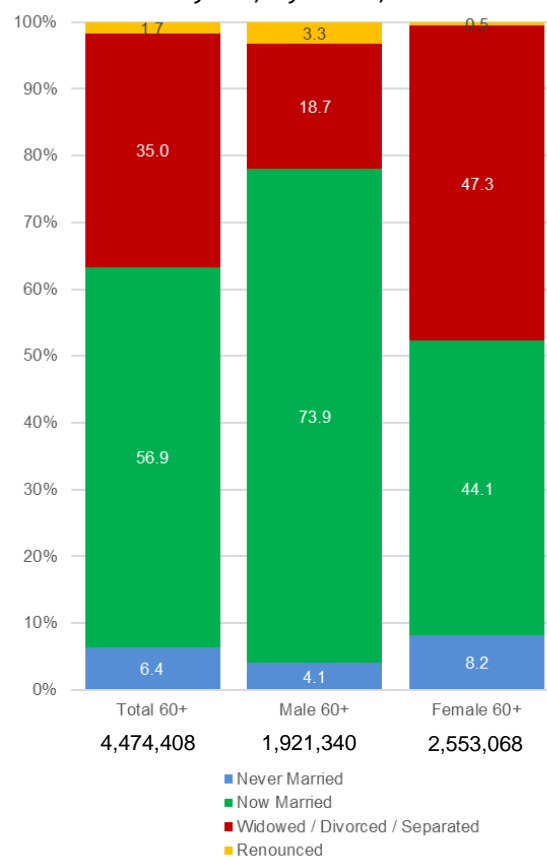


Figure 6.5 Elderly (65+) Literacy Rate, Myanmar, 2000 & 2016

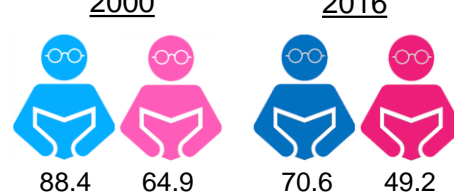
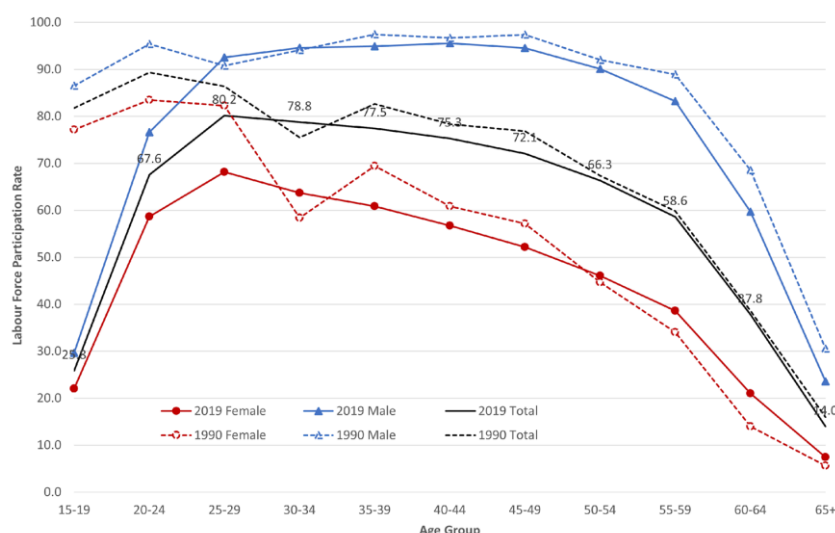


Figure 6.6 Labour Force Participation Rate by Age Group and Sex, Myanmar, 1990 & 2019



Living Arrangement

In 2016, the average household size in Myanmar is 4.5. About 64% of older persons (60+) lived with extended families, 21% lived in nuclear arrangement and about 13% lived alone or with spouse only. Very small percentage (1.7%) lived with non-relatives.

Issues & Challenges

Fertility decline has been more rapid in urban areas but there has been a steady migration of younger population to towns and cities. As a result, urban areas (8.2%) are ageing more slowly than rural areas (8.7%)⁵. The share of urban population in Myanmar is about 34% in 2015, and 32.7% of the total elderly aged 60 years or over live in urban areas.

The older persons lived in all regions in Myanmar with the highest lived in Magway which is about 11% (Table 6.2). The lowest percentage lived in Kayah (6%).

Table 6.2 *Distribution of Older Persons (60+) by State / Region, Myanmar, 2014*

State / Region	N ('000) 60+	% 60+
Magway	423.0	10.8
Mon	203.4	9.9
Rakhine	205.7	9.8
Bago	472.1	9.7
Mandalay	579.6	9.4
Sagaing	495.3	9.3
Ayeyawady	569.0	9.2
Yangon	647.7	8.8
Kayin	121.9	8.1
Tanintharyi	108.4	7.7
Chin	35.9	7.5
Nay Pyi Taw	83.5	7.2
Shan	407.7	7.0
Kachin	101.9	6.2
Kayah	17.2	6.0
MYANMAR	4,474.9	8.9



Social Protection

- Government pension – for government staff (civil servants, military personnel, political personnel) aged 60 and above.
- Social Pension – for qualifying older persons aged 85 and above. The government will pay K10,000 per month.

Policy Responses

Currently there are no specific policy for older persons in Myanmar. There are several laws or programs that been conducted. However, there is lack of awareness among the elderly on the laws/ programs that have been conducted.

National Plan of Action on Ageing was approved by Cabinet in July 2014 to encourages incentives for employers to hire older people, as well as creating incentives to allow older people to gain access to low interest loans for their homes and renovation. It focuses on income security, enhancing access to resources and elderly participation within communities. In the same year, the government also launched National Social Protection Strategic Plan. The Myanmar Social Protection Strategic Plan addresses four key dimensions. They are protective social protection, preventive social protection, promotive social protection and transformative social protection.

Elderly People Act 2016 was implemented to provide for the rights of the older people, the responsibility and obligation of families, social services, health services, regular income, transportation, age-friendly environment, participation, registration for older people and regulation of services for the elderly. Myanmar's first national social pension was launched in 2017. The ministry of social welfare, relief, and resettlement is in charge of the Social Protection scheme. As of 2018, the edibility age is 85.

To extend access to health service to all population group, The National Health Plans (2017-2021) was developed under Ministry of Health and Sports (MOHS). It is aimed to strengthen the country's health system and pave the way towards universal health coverage, choosing a path that is explicitly pro-poor and elderly.

Laws

- Senior Citizens Law was enacted by the Pyidaungsu Hluttaw in 2016. – to protect older persons right and promoting their welfare.

Programs

- Myanmar National Committee on Ageing – responsible in looking at the needs of older persons by planning and proposing services for them, such as healthcare.

References

1. United Nations (2020). World Population Prospects 2019.
2. World Bank (2021). World Bank Databank: World Development Indicators ,
3. Department of Population (2017). Thematic Report on the Older Population. Census Report Vol. 4-L, The 2014 Myanmar Population and Housing Census. Nay Pyi Taw: DP, Ministry of Labour, Immigration and Population.
4. Ministry of Health (2019).
5. ILO Urban.
6. ILO LFPR.
7. World Bank Elderly Literacy.

7. Philippines

Demography



Philippines is an island country of Southeast Asia in the western Pacific Ocean. It is an archipelago consisting of more than 7,000 islands and islets. The largest island is Luzon and Manila is the capital city, located at this island. The second largest island is Mindanao, located in the southeast. The total population of Philippines is about 110 million in 2020¹. The country has GDP per capita amounted to around USD3,300 in 2020.

Fertility, Mortality & Life Expectancy

The birth rate in Philippines has declined from over the years since 1950 and the trend is expected to continue. Over the last 50 years, the fertility rate was declining at a moderate rate at from 5.5 children per woman in 1975 to 2.5 children per woman in 2020. Most death are caused by non communicable diseases and followed by communicable diseases. The top three causes are ischemic heart diseases (17.1%), neoplasms (10.8%) and cerebrovascular diseases (10.5%). The death rate in Philippines is increasing since 2005 (Figure 7.1). Filipinos are living longer as the average life expectancy at birth increased from 61.3 years in 1980 to 67.7 years in 2020¹. Similarly, an older person aged 60 in 2020 can look forward to another 16.9 years of life compared to an average of 15.1 years for the 1980 elderly cohort (Figure 7.2).

Figure 7.1 Crude Birth and Death Rates and Total Fertility Rate, Philippines, 1950 - 2100

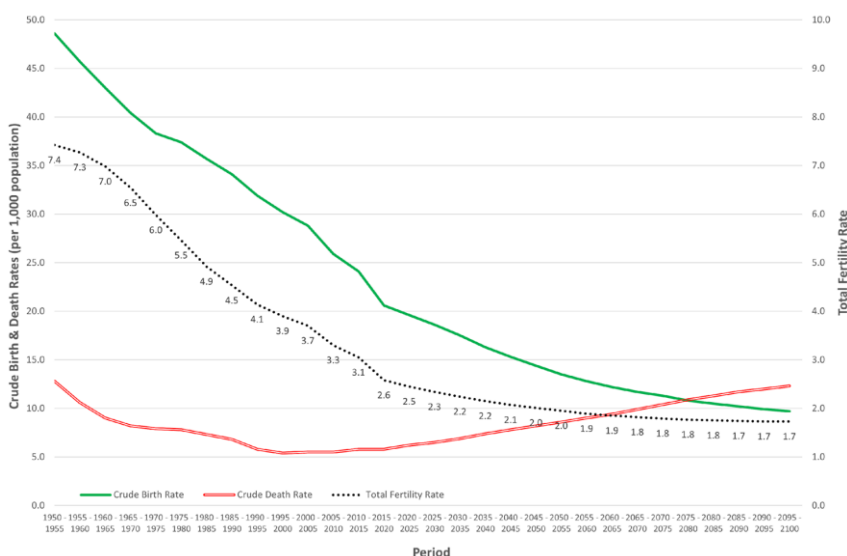
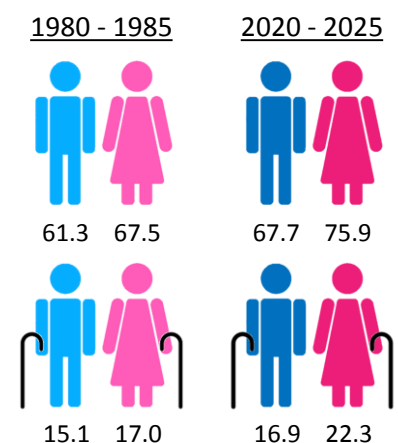


Figure 7.2 Life Expectancy at Birth and at 60 by Sex, Philippines, 1980 & 2020



Population Ageing Indicators

The older population aged 60 years over in Philippines has been increasing steadily from 1.28 million in 1960 to 9.43 million in 2020, representing a concomitant rise in proportions from 4.9% to 8.6% in the same period¹. It was projected that the older population will reach 23.86 million people in 2050, or about 16.5% of the total population. The percentage of older population aged 65 years and above is expected to double from 5% to 10% in 20 years (2020 – 2040)¹. As shown in the population pyramid to the right, Philippines is ageing steadily from the bottom as the median age increases, is expected to cross the 30-year mark in 2035 (Figure 7.3). The trends in old age dependency ratio, potential support ratio and ageing index is shown in Table 7.1.

Table 7.1 Selected Population Ageing Statistics, Philippines, 1960 - 2050

Philippines	1960	1990	2020	2050
Total Pop. (mil.)	26.27	61.90	109.58	144.49
N 60+ (million)	1.28	2.93	9.43	23.86
% 60+	4.9	4.7	8.6	16.5
% 65+	3.1	3.1	5.5	11.8
Median Age	16.5	19.2	25.7	34.7
OADR $_{65+}/_{15-64} \times 100$	6.2	5.6	8.6	17.7
PSR $_{15-64}/_{65+}$	16.1	17.8	11.7	5.7
AI $_{60+}/_{0-14} \times 100$	10.3	11.6	28.7	77.1

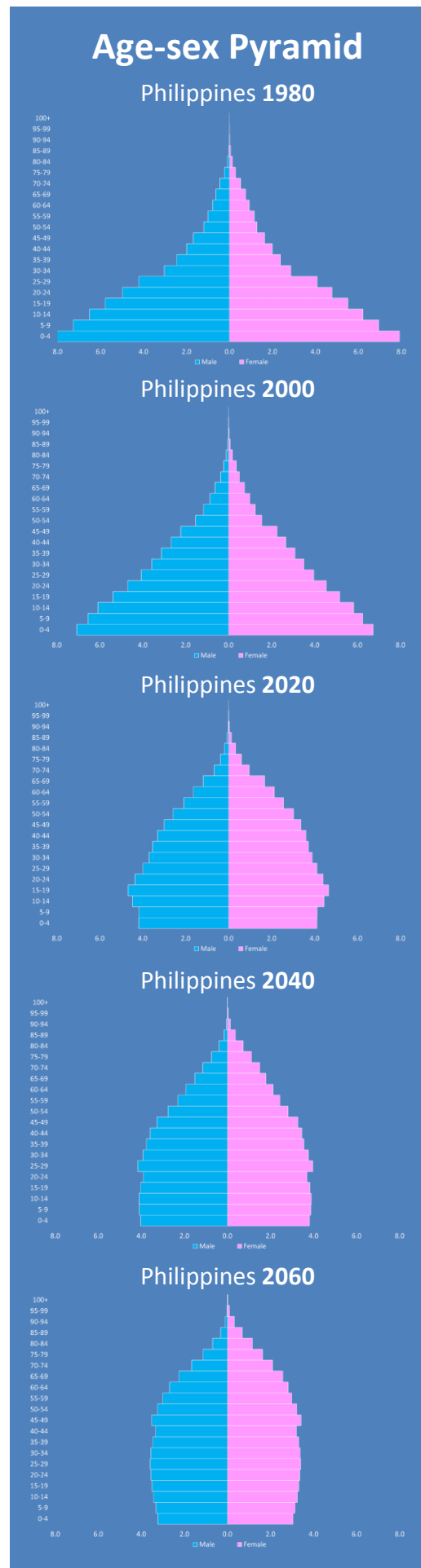
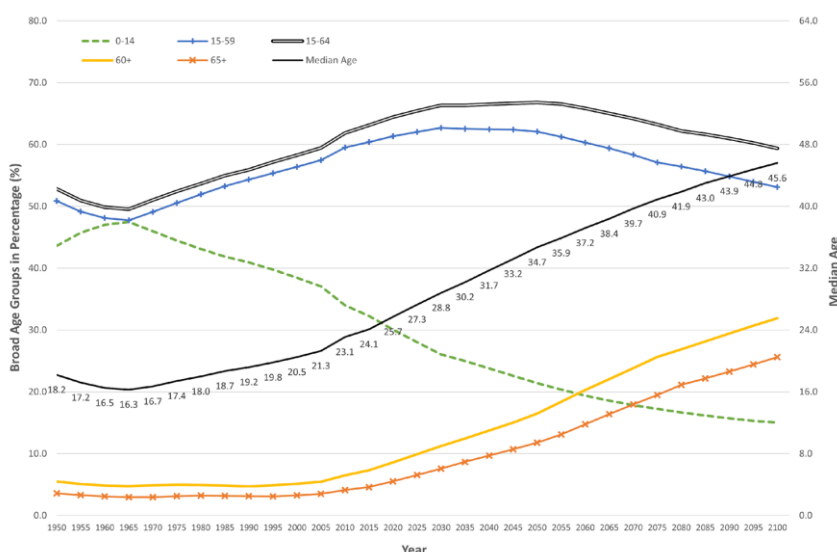


Figure 7.3 Population by Broad Age Groups and Median Age, Philippines, 1950 - 2100



Profile of Older Persons

According to the Department of Social Welfare and Development (DSWD), nearly one third of the older populations are living in poverty. In 2015, 42.5% of older person 60 years and above live in urban area. There is evidence of decreasing trend of older persons in urban area from 1990 to 2015. The average household size in Philippine is 4.2 and almost 60% are living with extended household. This is a widespread living arrangement where in addition to a nuclear family, other coresident relatives are staying together. About 20% older persons living alone or living with spouse only.

Work Status

Patterns of labor force participation rate (LFPR) in Philippines has shown some changes between 2019 and 1990 (Figure 7.4). Due to better opportunities for tertiary education, labour force entry was delayed. In 2019, more female are working. Overall, the LFPR decline for older persons. Even though the optional and compulsory retirement age is 60 and 65 years old respectively, 2019 saw lower rate of LFPR, especially in male. The elderly literacy rate has also grown significantly between 2000 and 2015 for both male and female (Figure 7.5).

Figure 7.4 Labour Force Participation Rate by Age Group and Sex, Philippines, 1990 & 2019

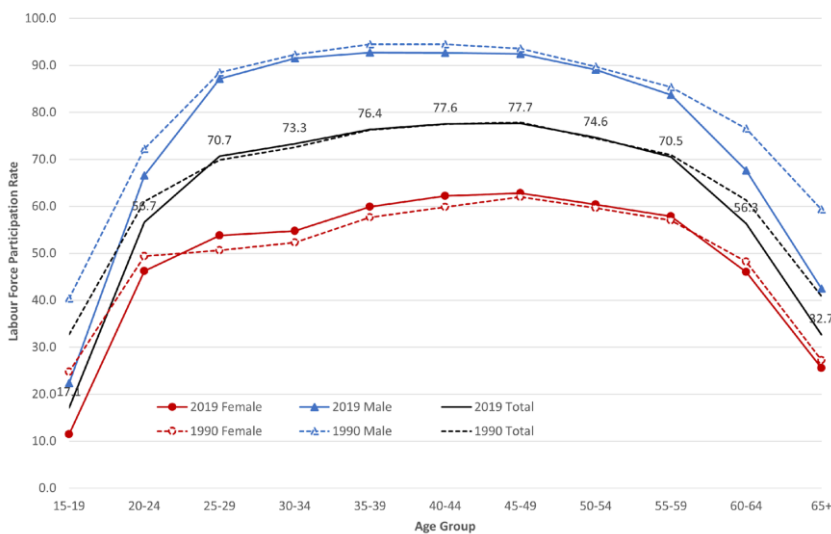
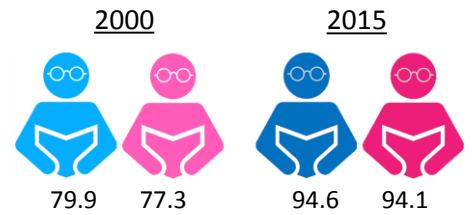


Figure 7.5 Elderly (65+) Literacy Rate, Philippines, 2000 & 2015



Health Status

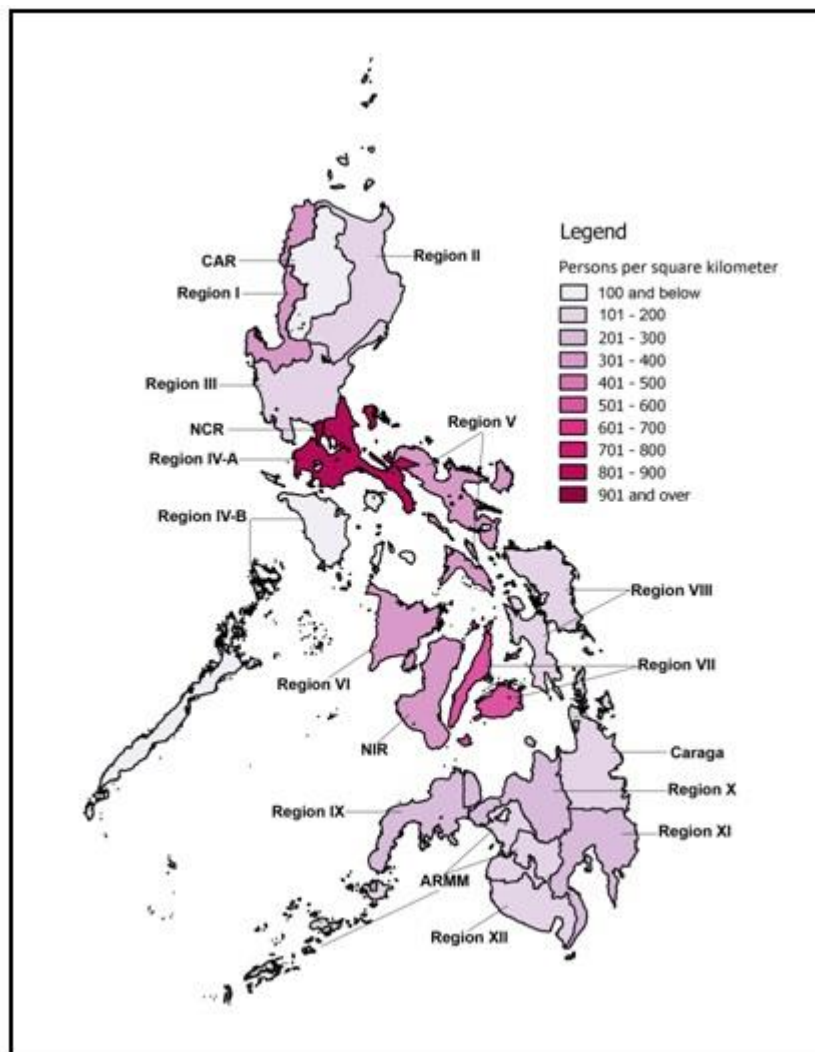
An ageing population increases the demand for health services. The leading causes of morbidity are infections, while visual impairment, difficulty in walking, chewing, hearing, osteoporosis, arthritis and incontinence are other common health-related problems. Philippine Health Agenda (2017 - 2022), guarantees that centralize health services for care in all life stages, service delivery networks, and financial risk protection, and geriatric health is mentioned as an area of concern. All senior citizens are mandatorily covered by the Philippine Health Insurance Corporation by virtue of Republic Act No. 10642. The National Health Insurance program called PhilHealth is to provide health insurance coverage and affordable health care services for all citizens.

Issues & Challenges

Geography

Philippines is an archipelago, or a string of over 7,100 islands in southeastern Asia between South China Sea and the Pacific Ocean. The two largest islands are Luzon and Mindanao, and one third of the islands are inhabited (Figure 7.6). The country was divided into 18 regions as follows: National Capital Region (NCR), Cordillera Administrative Region (CAR), Region 1 – Ilocos, Region 2 – Cagayan Valley, Region 3 – Central Luzon, Region 4 (A and B) – Southern Tagalog, Region 5 – Bicol, Region 6 – Western Visayas, Region 7 – Central Visayas, Region 8 – Eastern Visayas, Region 9 – Western Mindanao, Region 10 – Northern Mindanao, Region 11 – Southern Mindanao, Region 12 – Central Mindanao, Caraga and Autonomous Region in Muslim Mindanao (ARMM). The next lower administrative units are provinces/ sub provinces, cities and municipalities, and barangays. The most densely populated is NCR and CAR is the most sparsely populated.

Figure 7.6 Philippines Population Density



Social Protection

The Department of Social Welfare and Development (DSWD) is the lead agency tasked with identifying and reviewing social pension beneficiaries. In 2011, Social Pension for Indigent Senior Citizens was introduced. where older persons aged 60 years and above who are identified as poor can receive Php 500.00 per month. Their economic status is determined by DSWD National Household Targeting for Poverty Reduction and not receiving any pensions, insurance and without permanent source of income.

Long Term Care

In 2010, the DSWD developed a comprehensive Long Term Program for Senior Citizens (LTCSC) with the main objective to address the needs of growing numbers of senior citizens in terms of human development and service delivery. The program focuses on four components which are residential, community, home care and volunteer-based care services.

Policy Responses

In 1994, Presidential Proclamation No. (PP) 470, Series of 1994, declaring the first week of October of every year as “Elderly Filipino Week”. It is celebration to give tribute to the senior Citizens. Then, PP 1048, Series of 1999, declaring a “Nationwide Observance in the Philippines of the International Year of Older Persons”.

The Philippine first implemented the Philippine Plan of Action for Older Persons (PPAOP) covering the period 1999 – 2004 to ensure the senior citizen’s rights are upheld through appropriate policies, strategies, mechanisms and programs/projects. Then, the Philippine Plan of Action for Senior Citizens (PPASC) 2006 -2010, a successor plan of PPAOP was developed with the same objectives that would contribute to the attainment of action plans for older persons outlined in the Medium-Term Philippine Development Plan 2004 – 2010. PPASC 2011 – 2016 focused community-based approaches which are gender-responsive, with effective leadership and meaningful participation of senior citizens in decision-making processes, both in the context of family and community. This plan aimed to promote financial security and financial independence of senior citizens by developing community-based local delivery systems to address their needs. PPASC 2017 – 2022 looks into ensuring proper efforts to address challenges brought about population ageing.

National Policy on the Health and Wellness Program for Senior Citizens (HWPSC) which then was renamed to Healthy and Productive Ageing in 2018 focused on service delivery packages (health promotion, disease prevention, curative and long-term care) and integrated continuum of quality care. The coordination and collaboration with stakeholders were strengthened in the implementation.

The government of Philippine has worked effortlessly with the non-governmental organizations, senior citizen associations and other organizations in initiating and facilitating efforts for the welfare of the senior citizens. The establishment of the Federation of Senior Citizens Association of the Philippine and the Offices of Senior Citizen Affairs around the country are some of the achievements. The programs’ main domain are 1. older persons and development, 2. advancing health and wellbeing into old age, 3. ensuring enabling and supportive environment.

References

1. United Nations (2020). World Population Prospects 2019.
2. World Bank (2021). World Bank Databank: World Development Indicators
3. Philippine Statistics Authority. <https://psa.gov.ph>
4. Economic Research Institute for ASEAN and East Asia (ERIA).
5. Department of Economic and Social Affairs Social Inclusion (UNDESA)
6. Ministry of Health (2019).
7. ILO Urban.
8. ILO LFPR.
9. World Bank Elderly Literacy.

8. Singapore



Demography

The Republic of Singapore is a sovereign island city state that is headed by a President. The Prime Minister is the head of government, and the government adopts the Westminster system. Singapore has a total land area of 724.2 square kilometres consisting of mainland and other islands and has an estimated total population of 5.850 thousand in 2020¹. The urban city state is divided into five (5) community development councils (CDC) headed by five mayors. The CDC is further subdivided into electoral constituencies and town councils. Singapore also adopt administrative boundaries developed by Urban Development Authority which divide the city state into regions and planning areas which are static compared to electoral constituencies². Singapore is a high-income economy with a GDP (current USD) of 339.9 billion in 2002 and an estimated GNI per capita (PPP, current international dollar \$) of 90.32³

Fertility, Mortality & Life Expectancy

The total number of live births in Singapore has declined from 46997 in 2000 to 39615⁴. Total fertility rate(TFR) of women of child-bearing age (15-49) has fallen since the 1960s (Figure 8.1) and achieve replacement rate in 1975⁴ Singaporeans are living longer as the life expectancy at birth increased from 71.77 in 1980 to 83.66 in 2020. Similarly, an older person aged 60 in 2020 can look forward to another 25.9years of life compared to an average of 17.8 years for the 1980 elderly cohort. (Figure 8.2). Prevalence of non-communicable disease is on the rise. The Global Burden of Disease (GBD) 1990-2017³, noted Singapore's disability adjusted life years (DALY) were attributed to cardiovascular diseases (14.2% of total DALYs), cancers (13.4%), musculoskeletal disorders (12.6%), and mental disorders (10.2%). The percentage increase in DALYs between 1990-2017, were noted in sense organ disease (such as hearing loss and vision impairments (124.5%), neurological disorders, which includes Alzheimer's disease and other dementias (104.6%), and musculoskeletal disorders (99.8%). These increases were pushed mainly by Singapore's ageing population.. Further year life with disability (YLD) in Singapore were caused by non-communicable diseases. The four leading causes of YLDs were, musculoskeletal disorders (20.7% of YLDs in 2017), mental disorders (17%), unintentional injuries (8.7%), and neurological disorders (7.7%). The pattern is similar in 1990 and 2017. The leading risk factors affecting health in Singapore in 2017 were dietary risks, tobacco, high blood pressure, and high blood sugar which are modifiable risk factors.

Figure 8.1 Crude Birth and Death Rates and Total Fertility Rate, Singapore, 1950 - 2100

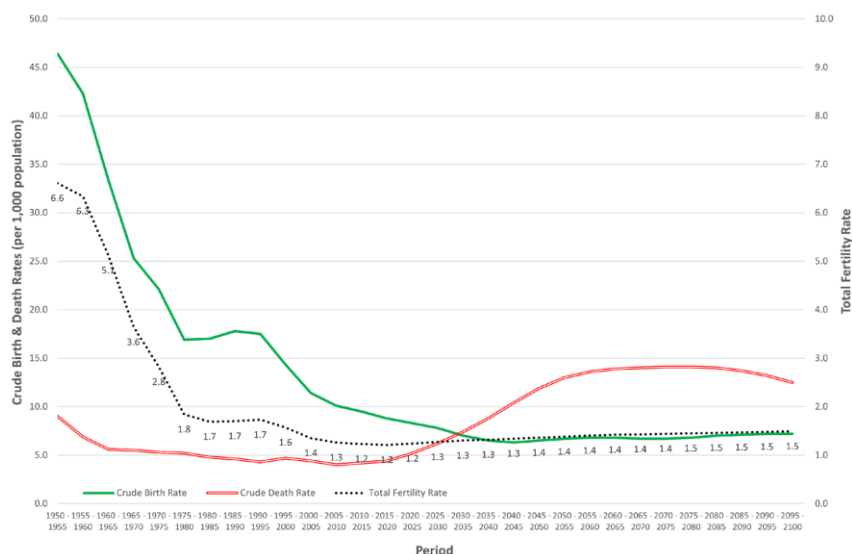
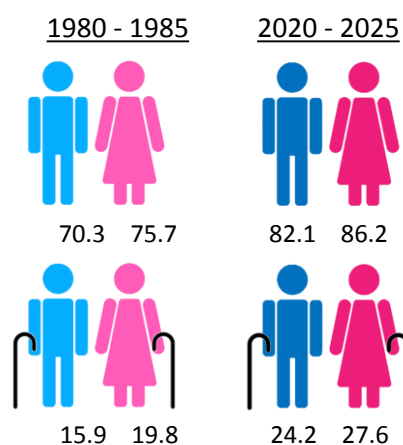


Figure 8.2 Life Expectancy at Birth and at 60 by Sex, Singapore, 1980 & 2020

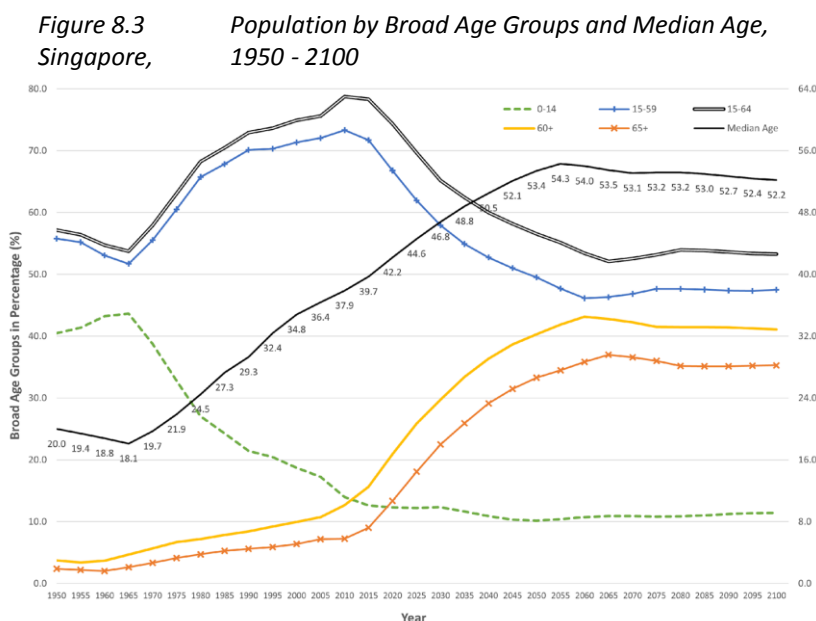
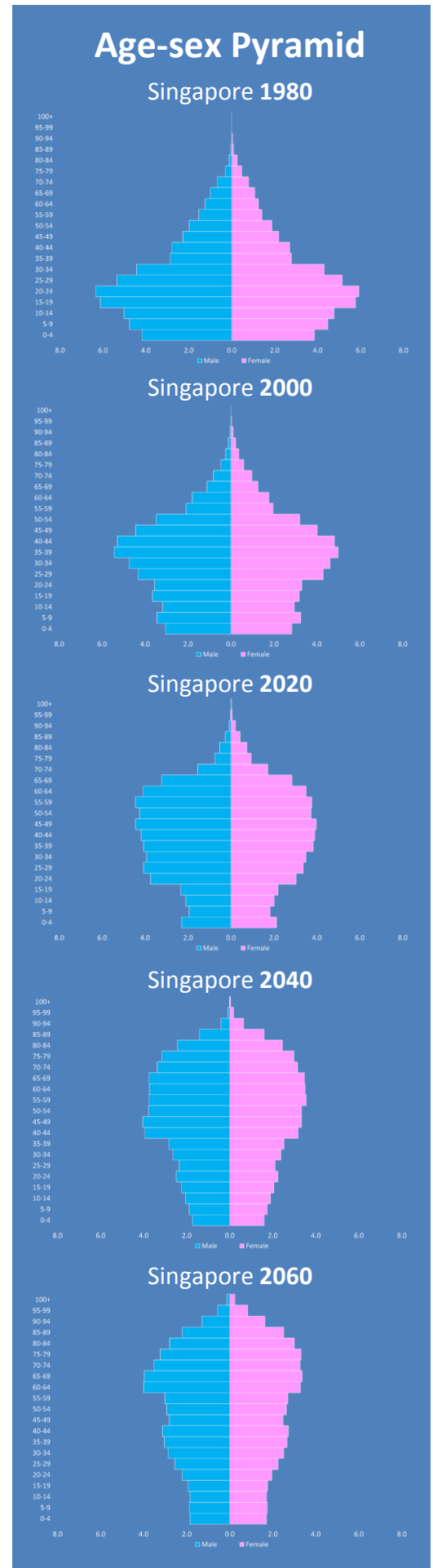


Population Ageing Indicators

The older population aged 60 years and over in Singapore has been increasing rapidly from 60.6 in 1960 to 1,224.7 in 2020, i.e., over 1920% increase in 6 decades. The velocity of population ageing is rapid as it takes 17 years to double from 7% in 2004 to 14%, in 2021¹. Population ageing in Singapore as shown in the population pyramid on the right is due to low fertility since the 1980s and increase in longevity. The median age of Singaporean in 2020 surpassed the median age benchmark of 30 years. Within the last 3 decades, the old age dependency ratio more than doubled from 7.75 in 1990 to 18.0% in 2020, while the potential support ratio reduced to about 56.9% within the same decades (1990-2020). Consequently, the ageing index exceeded 170% in 2020 (Table 8.1). In fact, around year 2010 and 2019, the aged population 60 years and over and 65 years and over intersect the young population aged 0-14 respectively (Figure 8.3). This indicates the closure of the 1st demographic dividend and entering the 2nd demographic window. The velocity of ageing has implications for the short time frame to address the challenges of ageing across every aspect of life in Singapore.

Table 8.1 Selected Population Ageing Statistics, Singapore, 1960 - 2050

Singapore	1960	1990	2020	2050
Total Pop. ('000)	1,633.1	3,013.0	5,850.3	6,407.5
N 60+ ('000)	60.6	253.9	1,224.7	2,582.3
% 60+	3.7	8.4	20.9	40.3
% 65+	2.0	5.6	13.4	33.3
Median Age	18.8	29.3	42.2	53.4
OADR _{65+/15-64} *100	3.7	7.7	18.0	58.8
PSR _{15-64/65+}	26.8	13.0	5.6	1.7
AI _{60+/0-14} *100	8.6	39.3	170.2	396.2



Profile of Older Persons

Literacy Rate

Elderly literacy rate in 2000 was 84.5 % in male and women recorded less than half of the rate for men (Figure 8.5). Hence, a high percentage of elderly women cannot read and write. Nonetheless, 2018 both male and female elderly literacy rates improved further, and elderly women’s rate improved tremendously. Close to double the rate in 2000. This is supported by the increase in mean years of schooling for adults 25 years and over in 2000 and 2010 (Table 8.2) ⁵.

Elderly sex ratio.

Elderly sex ratio indicate there were only 848 males per thousand female age 65 years and over in 2020 but higher than 2010 and 2000, indicating improved in life expectancy for males and females. Table 8.2 also show selected diseases inflicted by the elderly. The diseases showed reducing trend indicating better health status of the elderly over the years. In term of marital status, singlehood double din 2020 compared to 2010 and 2000. Lower incidence of widowhood was note din 2020 compared to 2010 and 200. Contrary, divorced and separation n showed increasing trend.

Figure 8.5 Elderly (65+) Literacy Rate, Singapore, 2000 & 2018

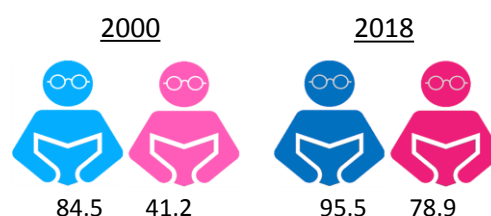


Table 8.2 Elderly sex ratio, years of schooling and selected disease by years

items	2020	2010	2000
Sex ratio of elderly residents (male per thousand female)	848	792	818
Martital status of total aged population 70 years and over			
Single	5.7	2.7	2.7
Married	58.6	52.2	50.6
Widowed	31.9	41.3	45.4
Divorced/Separated	3.8	2.4	1.3
Mean years of schooling (25 years & over) - Males	na	10.6	9.2
Mean years of schooling (25 years & over) - Females	na	9.7	8.1
Proportion of employed elderly residents (65 years & over)	7.9	3	1.6
Heart and hypertension ('000 elderly residents)	6.6	8.1	11.6
Cancer (Malignant Neoplasms) ('000 elderly residents)	7	8.7	10.6

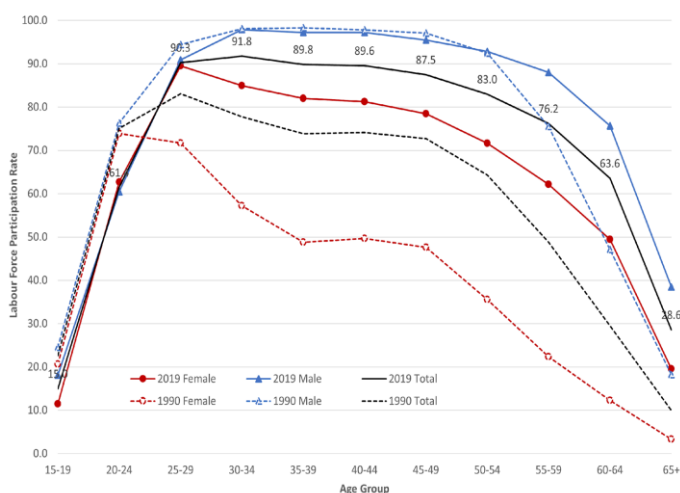


Figure 8.4 Labour Force Participation Rate by Age Group and Sex, Singapore, 1990 & 2019

Labour Force Participation Rate (LPFR)

The total labour force participation rates for both male and female has improved from 1990 to 2019, albeit females lower than males. Contrary, youth labour force (ages 15-19) has declined, indicating enrolment in tertiary education. This can be seen in the steep increase in labour force between the ages of 25-29 years old. For both male and female in 2019, it reaches close to 90%. Male participation rate is much higher than total LPFR in 2019, and slightly higher than 1990 male rate. The pattern for male participation rate reflect the influence of new retirement age reemployment policy in 2019 compared to 1990. Female pattern follow suite, although much lower than male rate. The proportion of elderly 65 years and over in the labour force have more than double in 2020 compared to 2010 and 6 times more than 2000 (Figure 8.4).

Policy Responses

Philosophy on social policy



Singapore social protection model is based on Confucius model of welfare, where the focus is on self reliance, family, community, then the state as shown in the hierarchy figure above⁷. This philosophy permeates in all social policy responses in Singapore. In summary the philosophy of Singapore are as follows⁸:

- Each generation should pay its own way.
- Each family should pay its own way.
- Each individual should pay his own way.
- Only after passing through these three filters should anyone turn to the government for help.

National Policy on Older Persons (NAP)1989

Singapore population age structural change was known in the early late 70s and the state recognises that this development can contribute to fiscal strain on the government for health and social care services. In 1982, the Singapore government appointed a Committee on the Problems of the Aged to address the attendant social, economic, and political challenges of future population ageing (Teo et al 2006). Consequently, the government designed a national policy on older which create structural and social conditions conducive to the sharing of the costs of caring for elderly persons (teo) which echo the philosophy of self reliance and productive welfarism based on Confucius welfarism.

NAP focus on four issues: employment of elderly persons in the workforce; attitudes toward elderly people; community care; and residential care. The implementation of the above policy shaped the future ageing agenda in Singapore.

As Singaporeans are living longer, their retirement and health care need will also increase with age. Several policy changes have been put in place to cater for new demands between 2012-2015. The approach shifted from totally personal responsibility to shared assistance from government.

A new **Action Plan for Successful Ageing** was launched in 2015 to address the elderly needs in Singapore (MOH, 2016) as the nation has already entered the ageing nation status in 2000. The PLAN has total of 78 recommendations in six key areas, viz. Social Integration of the Elderly, Healthcare, Financial Security, Employment and Employability, Housing and Land Use Policies, and Cohesion and Conflict in an Ageing Society.

To implement the Action Plan, new governance structure and social institutions were created. There is a central agency task with planning for population ageing issues, interministerial committees and new agencies were created. The Action Plan adopt age friendly approach where all eight aspect of WHO age friendly dimensions were adapted and adopted in all aspect of planning and service delivery and created Singapore as a city for all ages.

Policy Response

Retirement and Re-employment Act, ACT 14 1993

An Act to provide for a minimum retirement age for employees, for the re-employment of employees and for matters connected therewith.

- the retirement age of an employee shall be not less than 62 years or such other age, up to 67 years, as may be prescribed by the Minister.
- **Eligibility criteria**
 - (a) Employee born on or after 1 July 1952;
 - (b) the employer assesses the employee as
 - (i) having at least satisfactory work performance; and
 - (ii) being medically fit to continue working.

Central Provident Fund Board (CPF)

Social protection is set of policies and programmes designed to reduce and prevent poverty and vulnerability during our lifetime. Central Provident Fund Board (CPF) is the main social security pillar in Singapore. CPF is a defined contribution compulsory comprehensive savings and pension plan for working Singaporeans and permanent residents primarily to fund their retirement, healthcare, and housing needs in Singapore. Since its inception, several liberalizations of CPF were adopted such as in 1968 CPF withdrawal to purchase government housing and in 1986 the government allow withdrawal for individual to invest in Approved Investment Scheme. Before 1984 withdrawals were related to housing⁹. Further, in the 1984, Medisave scheme was introduced and a third account was created as part of the National Health Plan in government hospital and later extended to university hospitals and selected private hospitals. In 1992, Medishield was introduced to cater for catastrophic illnesses. More expanded use of CPF fund was allowed and the required minimum savings sum also increased with time. MediFund, an endowment fund was created in 1993 to help needy Singaporeans who are unable to pay for their medical expenses. Eldercare Fund established 2001, to subsidise step-down healthcare services to the needy. Less well-off Singaporeans have their Medisave accounts topped up when the national budget permits. Through a public assistance scheme, destitute persons also receive a monthly allowance and free medical services during occasions of illness. ElderShield established in 2002 as an insurance scheme to cover severe disabilities, especially at old age.

Elder-Friendly Housing, Transport and Land Use

- 1990, The Code on Barrier-Free Accessibility in Buildings enacted.
- Since 2000, the Land Transport Authority (LTA) has been retrofitting existing Mass Rapid Transit (MRT) subway stations to ensure elder accessibility. In addition, low-floor, step-free and wheelchair-accessible buses have been introduced. These features will eventually be available on all public buses.
- 2005, CPF Family Housing Grant to allow family to purchase HDB housing closer together.

Expanding Support for the Vulnerable, the Elderly and Their Families

Community Care Endowment Fund (ComCare) in 2005 and Workfare schemes in 2007 to meet the specific needs of low-wage workers and vulnerable families who were most affected by the volatility of the global economy and restructuring of Singapore's domestic.

Policy Responses

Special Employment Credit

• **Hire older workers**

This scheme was introduced in 2012-2016 to encourage employers to hire Singaporean older workers aged above 50 years and earning \$4000 a month will receive up to 8% credit of employee's monthly wages. From 2017-2019, the scheme include Singaporean workers aged 55 and above, and earning up to \$4,000. This has been extended to dec 2020.

Employers who reemployed worker above the reemployment age will get Additional Special Employment Credit up to 3% introduce din 2015.

Hire Persons with Disability (PWDs)

- Employers that hire PWDs of all ages in 2012.
- The SEC and ASEC are set at 16% and 22% of the employee's monthly income respectively, up to \$240 and \$330 per month respectively.
- SEC and ASEC extend until end-2020.
- SEC and ASEC will be replaced by Enabling Environment Credit after expiration of SEC and ASEC in 2020.
- The EEC will be paid to employers of Singaporean PwDs aged 13 and above and earning below \$4,000/month. In addition, employers who hire a PwD who have not been in employment for the past six months will receive an additional wage offset for the first six months of employment¹³.
- EEC will be available for five years from 2021 to 2025¹³ and subject to review.
- The person with disabilities must be supported by SG Enable to qualify. Disabilities covered by SG Enable are autism spectrum disorder, intellectual disability, physical impairment, hearing impairment and visual impairment.

Enhance Savings in Retirement

CPF savings amongst older workers are low and to increase their savings, the government has been contributing to their CPF savings since 2012. CPF members aged 55 and above will receive an additional Extra Interest of 1% on the first \$30,000 of their CPF balances in addition to the 1% interest to all CPF members having \$60,00 balance. These Extra Interest rates will take effect on 1 January 2016. For members with lower CPF balances, the additional 1% Extra Interest adds up to a 20% increase in their monthly payouts, or about \$40 more each month, for the rest of their lives, which injects an element of progressivity to the CPF system. Further to assist lower wage earners, Workfare Income Supplement (WIS) Scheme was introduced. The eligibility criteria are a Singapore Citizen; are 35 years old or above on 31 December of the work year (all persons with disabilities would qualify for WIS); and earn a gross monthly income of not more than \$2,300 for the month worked² (previously \$2,000)¹¹.

Support for the Elderly in Low-income Households

Silver Support Scheme¹⁴

Implement in 2016 and will be a permanent feature of the social security landscape going forward. Supplement the incomes of the bottom 20% to 30% of seniors aged 65 and above in their retirement years.. The scheme will provide \$300 to \$750 every quarter to eligible seniors, with more support given to seniors living in smaller flats, for as long as they live and remain eligible.

Supporting Middle-income Families

- To mitigate their risks from wage depression and unemployment, while they work to provide for their elderly parents and children.
- Educational subsidies for pre-school and tertiary education, as well as subsidies for healthcare and social care services (for example, day care for the elderly or early intervention for children with special needs.
- Financial assistance for student care and childcare for children from lower- income families have also been extended to a larger group beyond the bottom 20% of households.
- CPF LIFE and MediShield Life offer further relief for Singaporeans who are caring for elderly parents.

Policy Responses

Intergenerational Relationships

2002, Family Matters! Singapore Taskforce on Grandparenting and Inter-generational Bonding.

2003, Retired Senior Volunteer Program Intergenerational Strategy Committee gather local leaders and association representing child, youth, adults and older persons and provider to create inclusive community. This later were turn into active ageing platform by the government aa a channel to fund activities. This initiative adopted a new name called Golden Opportunity Fund to pursue active ageing (GO! Fund) and it is managed by the Council For the Third Age, when it was established in 2007.

Long Term Care

Singapore adopt multifaceted integrated approach to LTC. The focus is on home and community- based care. the government's strategy is for non-governmental voluntary welfare organizations (VWOs) to be service providers, while the government plays the role of direction setting, financing and regulation (ADB, ?). Family is the basis for elder care and the government enacted in 1995, the Maintenance of Parent Act (MPA). MPA provides for indigent elderly parents to sue their adult children for financial maintenance in a special tribunal. The long-term care in Singapore provide a variety of services categorised as home-based care services, day care services, community-based care services, and Community Mental Health Services (Chan 2021). The government establish the Agency for Integrated Care in 2009 to enhance access to care, and to support patients and their caregivers while developing the primary and community care sectors (AIC) The Ministry of Health is also piloting new Community of Care models (CoC) in the community for high risk clients in underprivileged communities. Hospital to Home programme (H2H) is a CoC model which i integrate health and social care to meet the medical and social needs of high-risk older clients in underprivileged communities. H2H aims to minimise unnecessary hospital utilisation and readmission amongst discharged complex patients and long-stayers (SingHealth, 2017).. The programme connects patients with the wider network of primary care providers, social services, and community health partners, and helps patients and caregivers manage medical conditions at home. In the CoC model, nurses are embedded in the community as patient navigators, helping patients find their way around the healthcare system and coordinate care transitions through the entire care continuum to keep patients in the community (Chan, 2021) e Care Close to Home programme (C2H), which provides home personal care services to older adults (Agency for Integrated Care, 2014).

Policy Responses

The programme began in 2014 to promote quality of ageing-in-place support and care for low-income older adults living in one- or two-room rental flats with little or no caregiver support. The care team comprises a registered nurse, a programme coordinator, and 4 or 5 healthcare assistants, all of whom are based in senior activity centres in the rental blocks.

The government is also strengthening the LTCL. A range of financing sources support LTC needs, including ElderShield (disability insurance), ElderShield supplements, private disability insurance, private cash savings, central provident fund pay-outs, charity donations, and family support. There are also means-tested subsidies for services, government assistance schemes, and charity and donations. The main LTC insurance programme, ElderShield, was tweaked in 2018 into a new programme, CareShield Life, under which payouts increase over time, starting at SGD600 per month in 2020 (Ministry of Health, 2018). Pay-outs are increased by 2% each year and begin when an individual has three activity of daily living limitations. Singaporeans and permanent residents can pay for their LTC needs through . (i) CareShield Life is a universal plan for all future cohorts, regardless of disability or financial status. . (ii) MediSave, an individual savings scheme for healthcare needs based on a percentage of employee and employer contributions, and (iii) ElderFund, targeted at those who need further support beyond CareShield and MediSave withdrawals. . The LTC financing system takes a whole-of-society approach to diversify risk and maintain sustainability.

Conclusion

Singapore has developed very comprehensive strategies to address population ageing faced by the nation. The philosophy of self reliance and the government as the last resort for assistance. As such the policy direction mirror of the two policies, the National policy on Ageing (1989) and Plan of Action on Successful Ageing (2016) catered for multidimensional aspect of ageing from a life span perspective. Moreover, there was clear governance structure and establishment of new or revamp institutions to accommodate new needs. The top-down planning by one central agency enable the government address the heterogenous needs of older Singaporean.

References

1. United Nations (2020). World Population Prospects 2019.
2. https://en.wikipedia.org/wiki/Administrative_divisions_of_Singapore. Access August 20th 2021
3. World Bank (2021). World Bank Databank: World Development Indicators ,
4. Epidemiology & Disease Control Division, Ministry of Health, Singapore; Institute for Health Metrics and Evaluation (2019). The Burden of Disease in Singapore, 1990–2017: An overview of the Global Burden of Disease Study 2017 results. Seattle, WA: IHME, R2019.
5. Asher, M & Rajan, R (2021). Social Protection in Singapore.
6. <https://tablebuilder.singstat.gov.sg/table?TS/M810611>
<https://www.singstat.gov.sg/find-data/search-by-theme/population/population-and-population-structure/latest-data>
- 7 Choon, C. N. (2010), 'Social Protection in Singapore: Targeted Welfare and Asset-based Social Security', in Asher, M. G., S. Oum and F. Parulian (eds.), Social Protection in East Asia – Current State and Challenges. ERIA Research Project Report 2009-9, Jakarta: ERIA. pp.90-123..
8. Goodman, J.C. (2015). **Singapore: A Fascinating Alternative To The Welfare State. Forbes, march** Mar 31, 2015, 11:24am EDT
9. Ng, E (nd) Central Provident Fund in Singapore A Capital Market Boost or a Drag? Department of Finance and Accounting, National University of Singapore
10. <https://www.psd.gov.sg/heartofpublicservice/our-institutions/supporting-singaporeans-and-ensuring-no-one-is-left-behind/> 2015 Public Service Division, Prime Minister's Office
11. <https://www.workfare.gov.sg/Pages/WIS-Eligibility-Criteria.aspx>
12. <https://www.sec.gov.sg/>
- 13 <https://www.mom.gov.sg/-/media/mom/documents/budget2020/factsheet-enabling-employment-credit.pdf>
14. <https://www.silversupport.gov.sg/>
- 15 Quah, S T (2008) 'Why Singapore works: five secrets of Singapore'. Public Administration and Policy Vol. 21 No. 1, 2018 pp. 5-21
16. Teo, P (1994). The National Policy on Elderly People in Singapore. Ageing and Society, 14, pp 405-427
doi:10.1017/S0144686X00001653
- 17 . Teo, P., Mehta, K., Thang, L. L., & Chan, A. (2006). Ageing in Singapore: Service needs and the state. London, UK: Routledge
18. Chin, CWW & Kai-Hong Phua, KH (2016): Long-Term Care Policy: Singapore's Experience, Journal of Aging & Social Policy, DOI: 10.1080/08959420.2016.1145534
19. Chan, A (2021) An Overview of Singapore's Long-term Care System: Towards a Community Model Care. In Kamazawa, O and Saito, H (edited)
20. Chan, A. (2021), 'An Overview of Singapore's Long-term Care System: Towards a Community Model Care', in Komazawa, O. and Y. Saito (eds.), Coping with Rapid Population Ageing in Asia. Jakarta: ERIA, pp.28-35.
21. Rozario, P.A & Rosetti, A.L. (2012) "Many Helping Hands": A Review and Analysis of Long-term Care Policies, Programs, and Practices in Singapore, Journal of Gerontological Social Work, 55:7, 641-658, DOI: 10.1080/01634372.2012.667524
22. <https://www.aic.sg>

9. Thailand

Demography



Thailand is located in the centre of mainland Southeast Asia with total land areas of 513,120 square kilometers. Bangkok is the capital and largest city in Thailand. The country administration are divided into three administration which are Central Provincial and Local. The total population of Thailand is about 69.8 million in 2021. The country GDP is 501.6 billion and has estimated GDP per capita amounted to USD7, 216 in 2020.

Fertility, Mortality & Life Expectancy

Over the last 50 years, birth rate of Thailand was declining at a moderating rate to shrink from 36 per 1,000 people in 1971 to 10 per 1,000 people in 2020. Total fertility rate (TFR) of women of child-bearing age (15 - 49) in 2020 is 1.5 births per woman (Figure 9.1). Fertility rate of Thailand fell gradually since 1965, and have reached below replacement level of 1.8 births in 1995 while the crude death rate has increased since the year 2015. Stroke is the leading cause of death in Thailand (10.7%), followed by ischemic heart disease (7.8%) and HIV/AIDS (7.4%). The Thais are living longer as the average life expectancy at birth increased from 62.8 years in 1980 to 68.9 years in 2020. Similarly, an older person aged 60 in 2020 can look forward to another 21.4 years of life compared to an average of 16.9 years for the 1980 elderly cohort (Figure 9.2).

Figure 9.1 Crude Birth and Death Rates and Total Fertility Rate, Thailand, 1950 - 2100

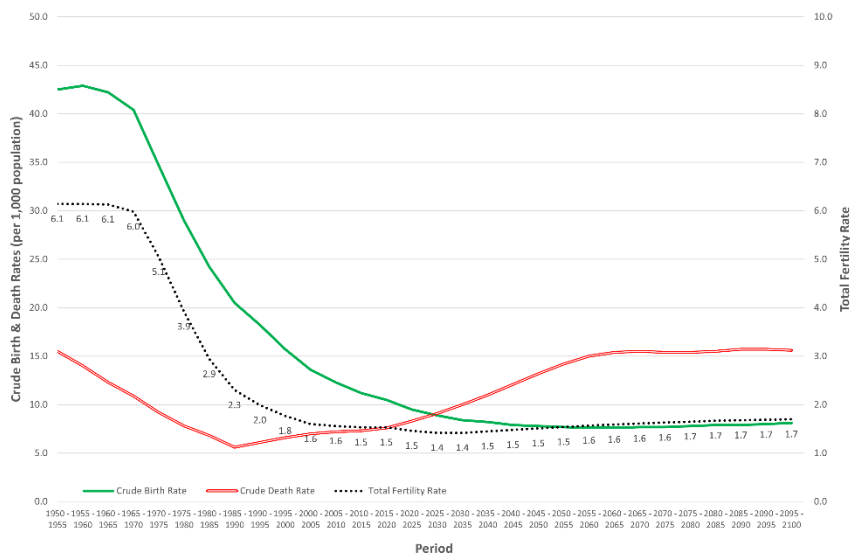
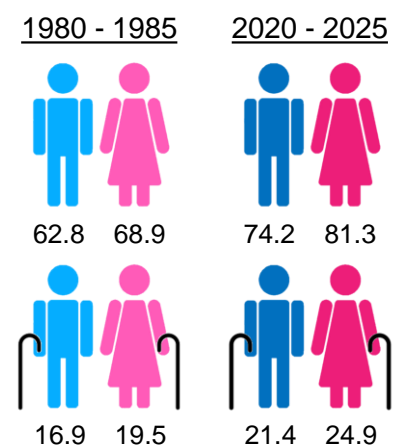


Figure 9.2 Life Expectancy at Birth and Life Expectancy at 60 by Sex, Thailand, 1980 & 2020



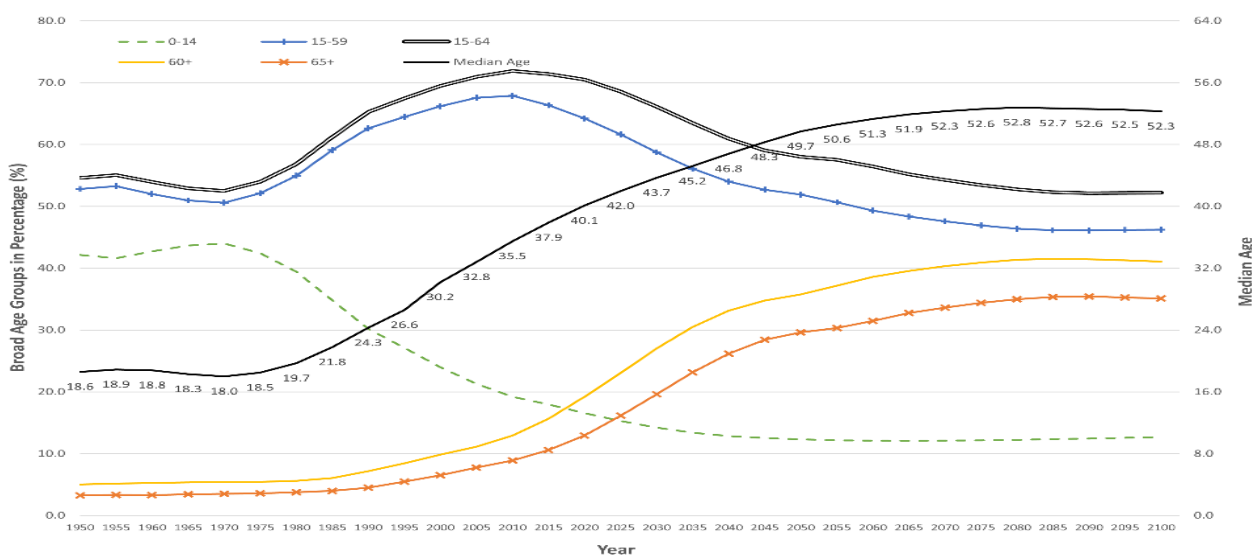
Population Ageing Indicators

The older population aged 60 years over in Thailand has been increasing steadily from 1.45 million in 1960 to 13.41 million in 2020, representing a concomitant rise in proportions from 5.3% to 19.2% in the same period (Table 9.1). It was projected that the older population will reach 23.58 million people in 2050, or about 35.8% of the total population. The percentage of older population aged 65 years and above is expected to double from 7% to 14% in just 22 years (2020 – 2040). For the past 30 years, the old age dependency ratio more than doubled from 6.9 in 1990 to 18.4 % in 2020, while the potential support ratio reduced from 14.4% to 5.4% during the same period. The ageing index is at 116.1% in 2020 (Figure 9.3).

Table 9.1 Selected Population Ageing Statistics, Thailand, 1960 - 2050

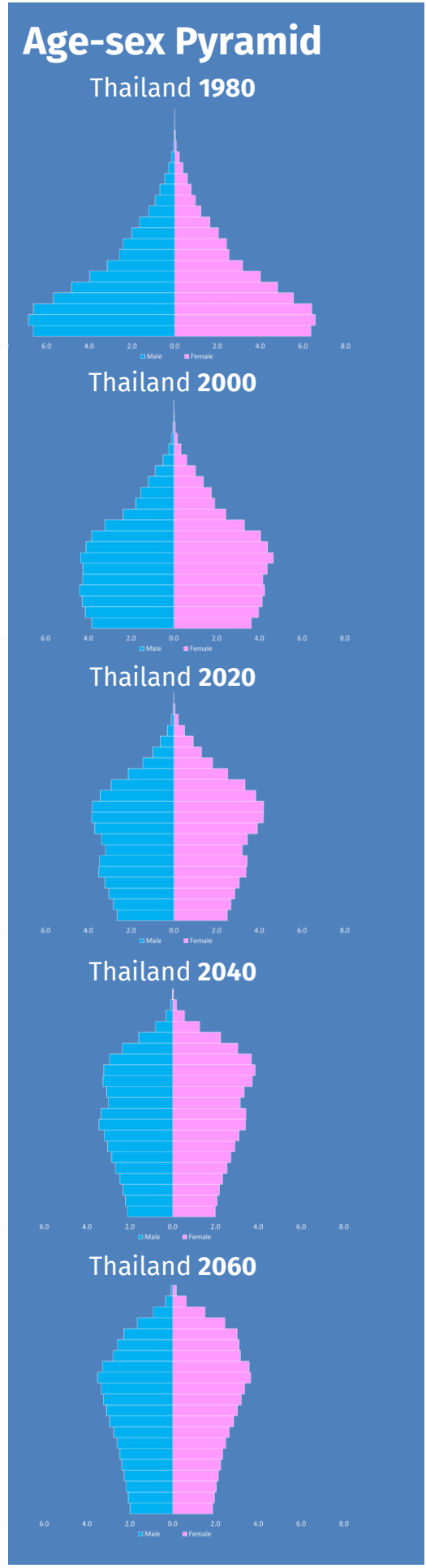
Thailand	1960	1990	2020	2050
Total Pop. (mil.)	27.40	56.56	69.80	65.94
N 60+ (million)	1.45	4.06	13.41	23.58
% 60+	5.3	7.2	19.2	35.8
% 65+	3.3	4.5	13.0	29.6
Median Age	18.8	24.3	40.1	49.7
OADR $_{65+}/_{15-64} \times 100$	6.1	6.9	18.4	51.1
PSR $_{15-64}/_{65+}$	16.3	14.4	5.4	2.0
AI $_{60+}/_{0-14} \times 100$	12.4	23.8	116.1	290.1

Figure 9.3 Population by Broad Age Groups and Median Age, Thailand, 1950 - 2100



The interplay between birth and death rates in a society can be clearly presented in the form of population pyramid as the birth cohort can be observed by looking as the changes in the shape of the cohort distribution.

As shown in the population pyramid to the right, Thailand is ageing steadily from the bottom as the median age increases and has cross the 30-year median age benchmark in 2020. Up to the year 2000, the shape of the pyramid representing the distribution (in percent) of the population by age group had remained wide-based, indicating the continuing predominance of the young population. By 2020, however, the shape of the population pyramid is projected to become constrictive (lower proportions of young population) with significant bulging out at the older ages.

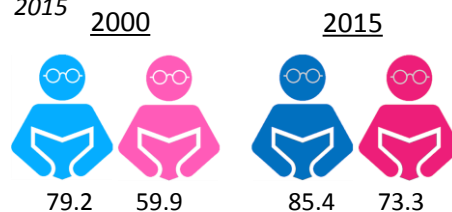


Profile of Older Persons

More than half (51.4%) of the population in Thailand reside in urban area. Rural older people (% of total population) are 16.86% while urban elderly 14.71%. In 2019, 6.4% of Thai elderly is living alone (UNESCAP, 2020). About 50% of older people do not have a child living in the same village/municipality and 16% have no living children (AgingAsia, 2019).

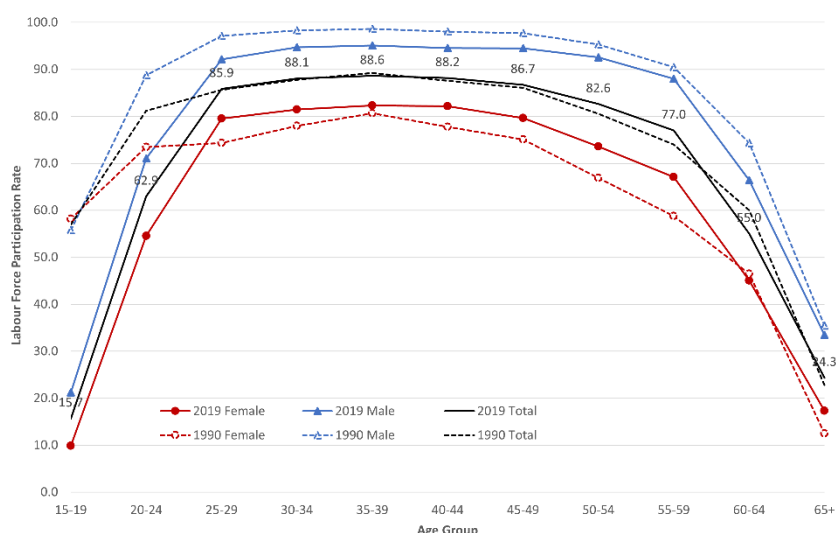
Patterns of labour force participation rate (LFPR) in Thailand has shown remarkable changes (Figure 9.4). Due to better opportunities for tertiary education, labour force entry was delayed. Youth labour force (age 15-19) has drop. More older men than women are participating in the labour force. Almost 70% older men age 60-64 are working in 2019 compared to less than 50% older women from the same age group. The elderly literacy rate has also grown significantly in the between 2000 and 2015 for both male and female (Figure 9.5).

Figure 9.5 Elderly (65+) Literacy Rate, Thailand, 2000 & 2015



Older Thai have chronic diseases 4 times more than other groups (hypertension, cardiovascular diseases, stroke, hypercholesterolemia and cancer.) (2014). Based on 2017 Survey of Older Persons in Thailand, the proportion of people reporting excellent health drops consistently with age, whereas the proportion of those reporting poor or very bad health rises steadily with age. Psychological well-being declines with age and is greater in old men than in women, as well as in urban if compared to rural elderly. (HelpAge International 2019).

Figure 9.4 Labour Force Participation Rate by Age Group and Sex, Thailand, 1990 & 2019



Issues & Challenges

Thailand's demographic makeup is rapidly shifting. It is now the second-oldest nation in ASEAN, after only Singapore. It is expected that by 2030, more than one in every three Thais will be above the age of 65. Thailand will have less time to react and to plan for the aging population due to shorter time it will take to become aged nation. This fast shift brings with it both obstacles and opportunity.

Families in Thailand are becoming smaller and more disperse. This poses problems to older people who have traditionally relied on family members for support and source of income. In 2017, only 52% older people stay with their children. Number of older person living alone or only with a spouse increased steadily. Thailand must also address inequalities in human capital investment. Different levels of education are significantly linked to differences in productive and healthy ageing.

Financing old age and income security in later life are major concerns for both the Government as well as the individual elderly. In 2017, 8.2 million Thais over 60 years old received the monthly welfare subsidy for senior citizens. Those who had income from employment declined from 35% in 2011 to 31% in 2017 and about 1/3 living in under poverty level. Government need to promote re-employment and extend retirement age to ensure adequacy of income in old age.

Healthcare providers and policymakers, face numerous issues as a result of an ageing population. It is important for formulating policies and arranging healthcare services to ensure people's quality of life and well-being in an ageing society. In Thailand, most long-term care is provided informally by unpaid caregivers, such as family members or relatives. Thailand's conceptual framework for LTC is contained in the concept of "active aging." For older persons with a degree of dependency, aging in place remains the priority, and care services and other measures either already exist or are being developed to enable that.

Policy Responses

National Plan on the Elderly (NPE)

The government and policymakers have paid increased attention to this issue, indicating concern for modifying systems to meet changing demands. In 2002, The 2nd National Plan on the Elderly, NPE (2002 – 2021, revised 2009) was implemented to enhance the elderly to achieve their well-being by means of means of their leading a valuable life with dignity, autonomy and security. This policy has 5 strategies that touch on elderly promotion and development, social safe guard, promotion and development. It also includes strategy on management of developing the national comprehensive system for undertaking and developing the personnel for the elderly involving missions and strategy on processing, upgrading and disseminating knowledge on the elderly and the national monitoring of implementation of NPE. An upgraded Department of Older Persons was established in 2015 with expanded authority to carry out programs to support older persons. The Thai Government has also launched the National Agenda on Aged Society for active ageing and to improving elderly and all generation quality of life. It includes 2 Key Measures: 6 Sustainable (6S) and 4 Change (4C) as shown below:

6 Sustainable (6S) aims to improving elder and all generation quality of life

S1 Establish System of Welfare and Social Protection for Elderly

S2 Promote Elder Employment and Sustainable Income
S3 Develop Health System for Aged Society

S4 Modify Housing and Public Spaces for Elder Safety

S5 Set-up Time Bank System

S6 Educate Young Generation for Preparation in All Aspects

4 Change (4C) aims to improving Capacity to achieve public sector management 4.0

C1 Recognize Aged Society as National Agenda

C2 Revise Laws and Regulations to Support Elder Employment

C3 Reform Data System to facilitate implementation on aging issues

C4 Invent Innovation on minimizing inequality in aged society

Apart from policies, Thailand also has related law for the elderly for example;

1. The Act on the Elderly of 2003:

It provides that Thai people over the age of 60 are entitled to social, health, and economic protection and assistance, as well as access to public services and facilities. Its amendment in 2017 expands the Senior Fund's role as a source of funds for elderly protection and assistance programmes, as well as a source of loan finance for vocational development. Includes additional help for low-income senior people who have enrolled for government assistance (3.7 million persons as of 2017).

Policy Responses

2. Labor Protections Act (v.6) on August 31, 2017:

This clause specifies that the terms of retirement are either agreed upon by the employer or established by the employer. This law also requires employers to provide reasonable compensation for workers aged 60 and up, as well as severance pay, in accordance with the 1998 Labor Protections Act. For example, an employee who has been with the company for more than ten years is entitled to compensation equivalent to the amount of the most recent monthly wage payment for ten months. Alternatively, an old person who has worked for the company for at least one year but no more than three years is entitled to compensation equal to the final monthly salary payment for a period of 90 days. The statute was revised in 2017 to make it more appealing to employ and retain older individuals in the labour force. Directs the Payroll Committee to examine raising the minimum wage/salary for senior workers (aged 60 years or older). This clause, which went into effect on September 1, 2017, permits firms to keep older staff but pay them by the hour when they reach the age of 60. The provision's primary purpose is to keep low-wage employees out of poverty.

References

1. HelpAge Asia (2019). Thailand Older Persons and Their Well Being. An update base on 2017 Survey of Older Persons in Thailand.
2. United Nations (2020). World Population Prospects 2019.
3. United Nations, Economic and Social Commission for Asia and the Pacific (2020). ASEAN Ageing Data Sheet 2020.
4. <https://www.bangkokpost.com/business/2087527/uncertainty-for-the-elderly>
5. <https://ageingasia.org/ageing-population-thailand/>
6. <http://www.nso.go.th/sites/2014en>
7. Ministry of Health (2019).
8. ILO Urban.
9. ILO LFPR.
10. World Bank Elderly Literacy.

10. Vietnam



Demography

Vietnam is located on the Indochina Peninsula in Southeast Asia, bordering China to the North; Laos and Cambodia to the West; and Eastern Sea to the East with total land areas of 331,000 square kilometers. Hanoi is the capital and largest city is Ho Chi Minh. System of government: is divided into 4 levels including: central, provincial, district and commune levels. The total population of Vietnam is about 97.34 million in 2020. The country GDP is 271.2 billion and has estimated GDP per capita amounted to USD2,786 in 2020.

Fertility, Mortality & Life Expectancy

Over the last 50 years, birth rate of Vietnam was declining at a moderating rate to shrink from 35.5 per 1,000 people in 1970 to 15.1 per 1,000 people in 2020. Total fertility rate (TFR) of women of child-bearing age (15 - 49) in 2020 is 2.04 births per woman. Fertility rate of Vietnam fell gradually since 1973, and have reached below replacement level of 1.9 births in 2002. However, the TFR rate increase again starting in 2004 and in 2008, the TFR is 2.05 before start to decreasing again. The crude death rate has increased since the year 2005. Cardiovascular disease (CVD), which includes strokes and ischemic heart disease, is responsible for 31% of deaths in Vietnam followed by cancer 19% (Figure 10.1). The Vietnamese are living longer as the average life expectancy at birth increased from 68.05 years in 1980 to 75.77 years in 2020. Similarly, an older person aged 60 in 2020 can look forward to another 21.2 years of life compared to an average of 15.07 years for the 1980 elderly cohort (Figure 10.2).

Figure 10.1 Crude Birth and Death Rates and Total Fertility Rate, Vietnam, 1950 - 2100

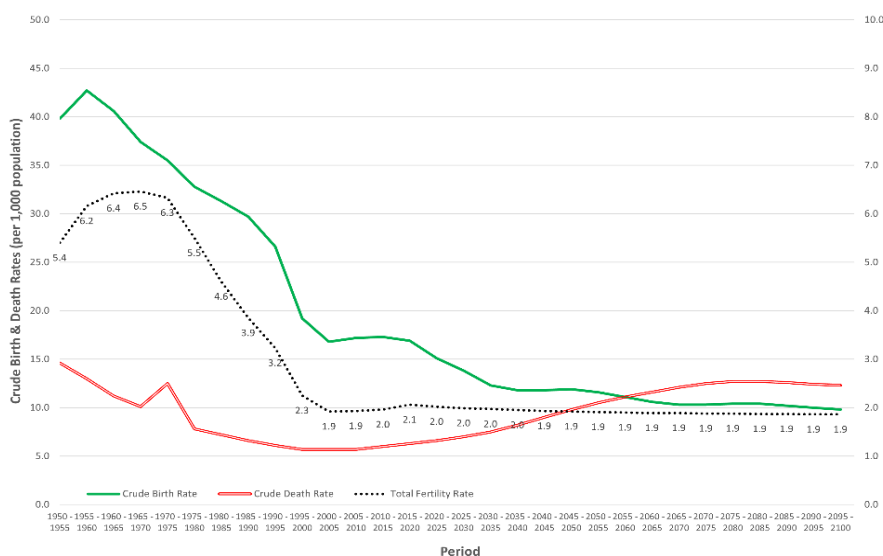
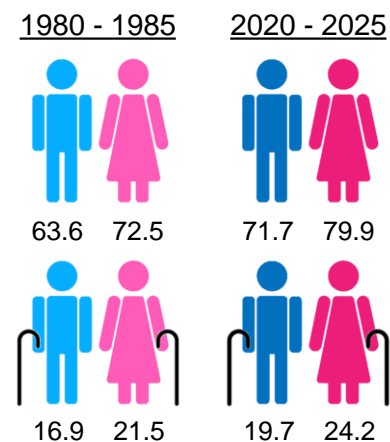


Figure 10.2 Life Expectancy at Birth and at 60 by Sex, Vietnam, 1980 & 2020



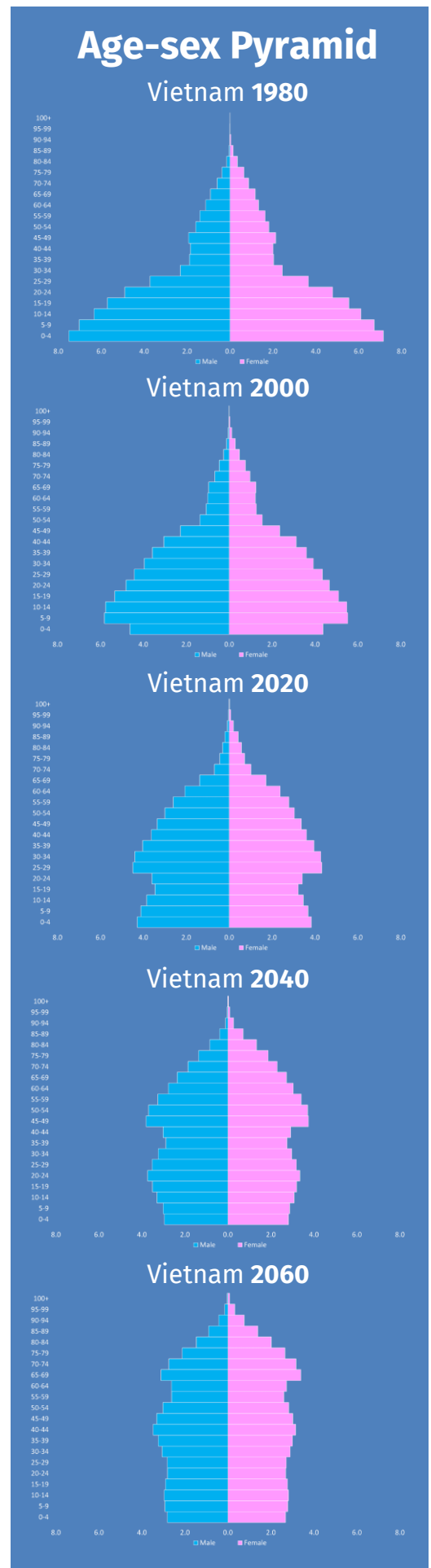
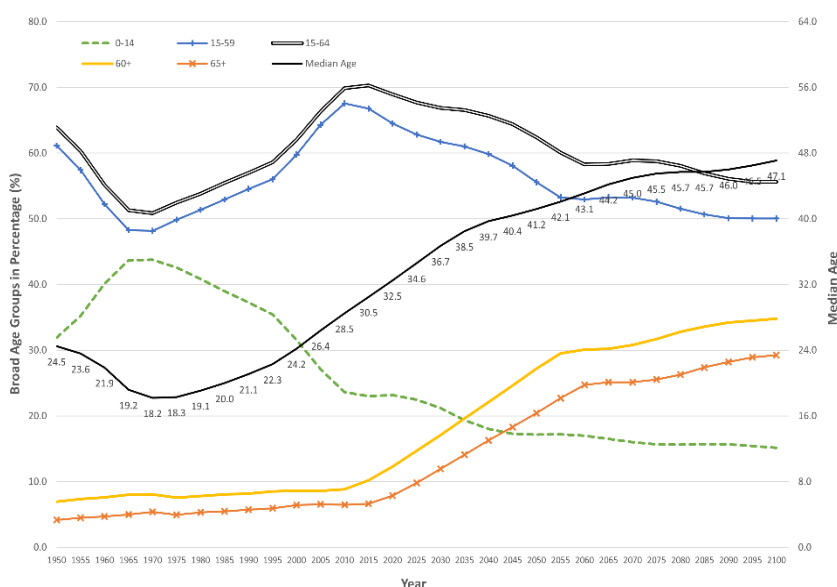
Population Ageing Indicators

The older population aged 60 years over in Vietnam has been increasing steadily from 2.49 million in 1960 to 11.99 million in 2020, representing a concomitant rise in proportions from 7.6% to 12.3% in the same period. It was projected that the older population will reach 29.84 million people in 2050, or about 27.2% of the total population (Table 10.1). The percentage of older population aged 65 years and above is expected to double from 7% to 14% in just 22 years (2020 – 2040). For the past 30 years, the old age dependency ratio increased from 10.1 in 1990 to 11.4% in 2020, while the potential support ratio reduced from 9.9% to 8.8% during the same period. The ageing index is at 53.1% in 2020 (Figure 10.3). Vietnam's population pyramids in recent years has marginally transformed to have narrower bottom and expand in the center which represents increased in proportion of people between 15- 64 years old and over-65 years old.

Table 10.1 Selected Population Ageing Statistics, Vietnam, 1960 - 2050

Vietnam	1960	1990	2020	2050
Total Pop. (mil.)	32.67	67.99	97.34	109.61
N 60+ (million)	2.49	5.56	11.99	29.84
% 60+	7.6	8.2	12.3	27.2
% 65+	4.7	5.7	7.9	20.4
Median Age	21.9	21.1	32.5	41.2
OADR $_{65+}/_{15-64} \times 100$	8.6	10.1	11.4	32.8
PSR $_{15-64}/_{65+}$	11.7	9.9	8.8	3.1
AI $_{60+}/_{0-14} \times 100$	19.0	22.0	53.1	158.4

Figure 10.3 Population by Broad Age Groups and Median Age, Vietnam, 1950 - 2100



Profile of Older Persons

Due to urbanization, the proportion of older persons living in rural areas decreased. In 2019, 32.84% of older Vietnamese lived in urban areas. The proportion of currently married older persons is 67.65% and 13.74% are living alone in 2019.

Patterns of labour force participation rate (LFPR) in Thailand has shown remarkable changes (Figure 9.4). Due to better opportunities for tertiary education, labour force entry was delayed. Youth labour force (age 15-19) has drop. More older men than women are participating in the labour force. Almost 62% older men age 60-64 are working in 2019 compared to 54% older women from the same age group. The elderly literacy rate has also grown significantly in the between 2000 and 2015 for both male and female (Figure 10.5).

Figure 10.4 Labour Force Participation Rate by Age Group and Sex, Vietnam, 1990 & 2019

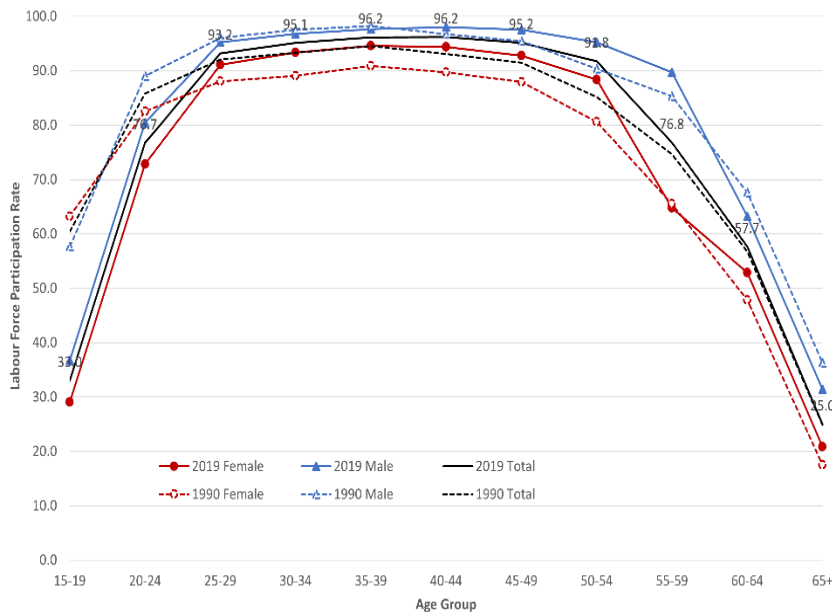
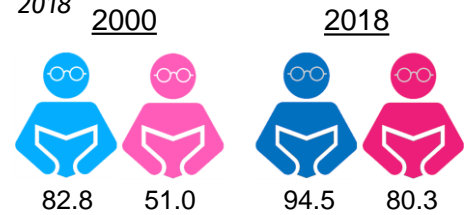


Figure 10.5 Elderly (65+) Literacy Rate, Vietnam, 2000 & 2018



In Vietnam, the elderly have a high burden of non-communicable diseases (NCDs). Cardiovascular diseases (mainly stroke and ischemic heart disease), cancers (mainly lung, tracheal, liver, stomach, colon, with burden rising with age) and chronic obstructive pulmonary diseases (COPD) are the first, the second and the third leading causes of mortality and mortality among the older people, respectively.

Policy Responses

Population ageing and older people's well-being are important increasing concerns for families, communities, and governments. The Vietnamese government is actively formulating appropriate policies for the country's ageing population. In 2009, the government enacted the Law on the Elderly. It includes 6 chapters and 31 articles that define the rights and obligations of individuals and organizations in caring for and supporting older people. Other related law include the Labour Law which defines the retirement age of older people and the Marital Act that state children and grandchildren aged 18+ have to respect and take care of OPs in the household.

In 2012, the government have approved the National Action For the Elderly for the period of 2012 – 2020. The aims is to promote the role of the elderly, enhance the quality of elderly care in the period of 2012-2020, promote socialization of elderly care activities and promote the roles of the elderly in accordance with national socio-economic development.

The project of Intergenerational Self-Help Club Model (ISHC) was implemented in 2016, with the aim of addressing rapid ageing in Vietnam, with the hopes of establishing at least 1 ISHC or equivalent in each commune in Vietnam by 2020 – 3,200 ISHCs across the country. ISHCs can provide annual health checks and home care for disadvantaged elderly in Vietnam. Tasks of the care assistants provided by ISHCs can oversee medication intake, aid personal hygiene, share health knowledge with communes and practice simple exercises with the elderly*. Health Care for the Elderly Project for the period 2017-2025 was also introduced with the objective “to meet older people’s needs for health care in accordance with population aging, contributing to the implementation of the Vietnam National Action Program for the Elderly. Furthermore, the Ministry of Health published Circular No. 2248/BYT-KCB in 2018 on the establishment of geriatrics departments and healthcare for OPs in provincial hospitals to meet the growing demand for protection of the health of OPs in accordance with the Law on the Elderly of 2009 (No. 39/2009/QH12).

References

1. Tran, M.T., L.T. Dang and N.C. Vu (2020), 'Services for Older Persons', in Vu,N.C., M.T. Tran, L.T. Dang, C.L. Chei, and Y. Saito (eds.), Ageing and Health in Viet Nam, Jakarta: ERIA, pp.125-134.
2. United Nations (2020). World Population Prospects 2019.
3. World Bank (2021). World Bank Databank: World Development Indicators .
4. <https://www.macrotrends.net/countries/VNM/vietnam/fertility-rate>
5. <https://www.gso.gov.vn/en/homepage/>
6. <https://ageingasia.org/ageing-population-vietnam/>
7. Vietnam Ministry of Health, Health Partnership Group. Joint annual health review 2016: towards healthy aging in Vietnam. Medical Publishing House, Hanoi: MOH, 2018. Vietnam Ministry of Health, Health Partnership Group. Joint annual health review 2016: towards healthy aging in Vietnam. Medical Publishing House, Hanoi: MOH, 2018.
8. Ministry of Health (2019).
9. ILO Urban.
10. ILO LFPR.
11. World Bank Elderly Literacy.

Conclusion

The speed of ageing in Southeast Asian countries is very rapid and the time to prepare is rather comparatively shorter than countries in the west. Nevertheless, AMS have already developed national policies on population ageing, albeit at different stages of implementations. Hence, transformative and comprehensive approach to policy making is very crucial as the future aged is already born and ageing is a life-long process and the cumulative advantages and disadvantages across the life space will determine the situations of older persons in later life. Hence addressing ageing should adopt a life course perspective as an older person was once a child, youth, adult and old age. The demographic dividend experienced by AMS countries can be harnessed to promote economic growth and the longevity dividend can promote new growth and development for member countries. Population ageing provide opportunities for new innovations and technological development that are occurring in unison with ageing can be harness to develop new services modalities and social innovation.

The demographic and policy analyses in this report reflect the stage of population ageing and development of the country. ASEAN countries that recorded more advanced ageing situations indicated greater number of policies and programs to address the needs of the older population. The situation analysis in this report provide opportunities for learning from AMS in addressing population ageing issues.

This report presents the state of population ageing scenarios in AMS. It includes information for each country on the demography, ageing indicators, profile of older persons, issues and challenges, and policy responses.

This study adopting a scoping methodology in gathering information, using standard databases, official website of relevant ministries in all AMS. The latest information were viewed on population demography, policies and programs related to the study. The mixed ageing rates among the countries could create opportunities for learning and collaboration between countries. Best practices in member state could be referred and adopted to suit local needs.