Chapter 1

Introduction

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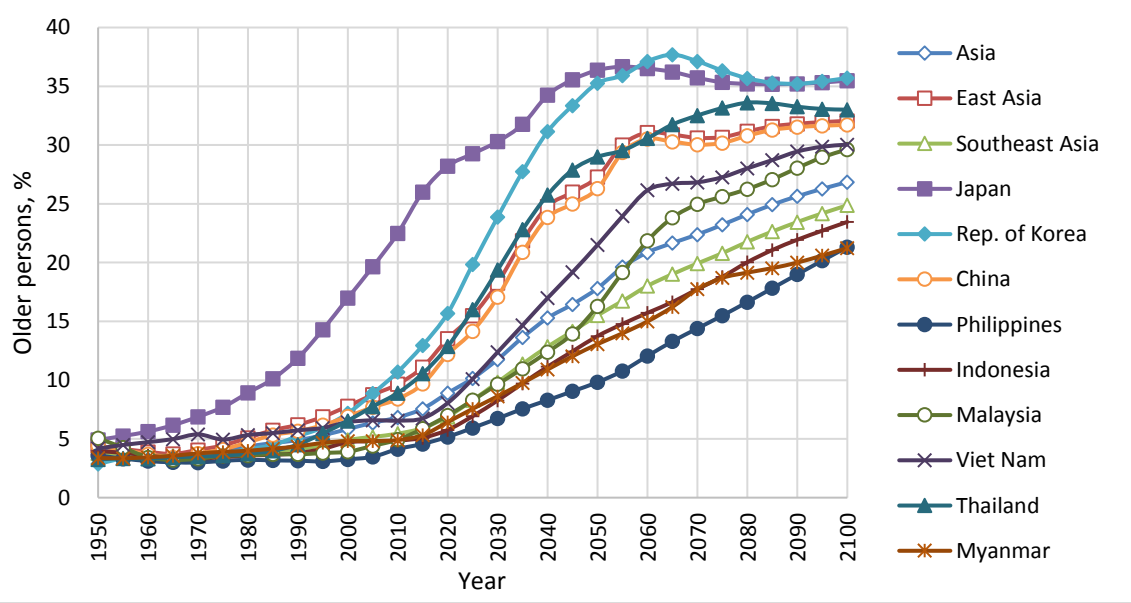
Chapter 1

Introduction

Asia is ageing. The proportion of older persons, defined throughout this report as those 65 years old and over, are increasing in all Asian countries (Figure 1.1). The number of older persons in Asia will double within 20 years from 2015, except for Japan (Figure 1.2). How to sustain active ageing[1] is a policy priority but inevitably the burden of long-term care for older persons will increase. The need is urgent, as the speed of ageing in Asia is much quicker than in Europe and Northern America (Figure 1.3). Japan used to be the outlier in the speed of ageing, which took only 24 years for the proportion of older persons to increase from 7% to 14%. However, now the speed of ageing in emerging countries is even quicker: in the Republic of Korea, it is 18 years; Thailand, 20 years; China, 23 years; and Viet Nam, 18 years. Since population ageing proceeds simultaneously with economic development, the former poses challenges to coping with the increasing cost of social security, such as pension or health insurance. The change in family values as well as strong internal and international migration leaves aged parents behind and alone. This will make family care more difficult and increase the demand for social care offered by the community and the government.

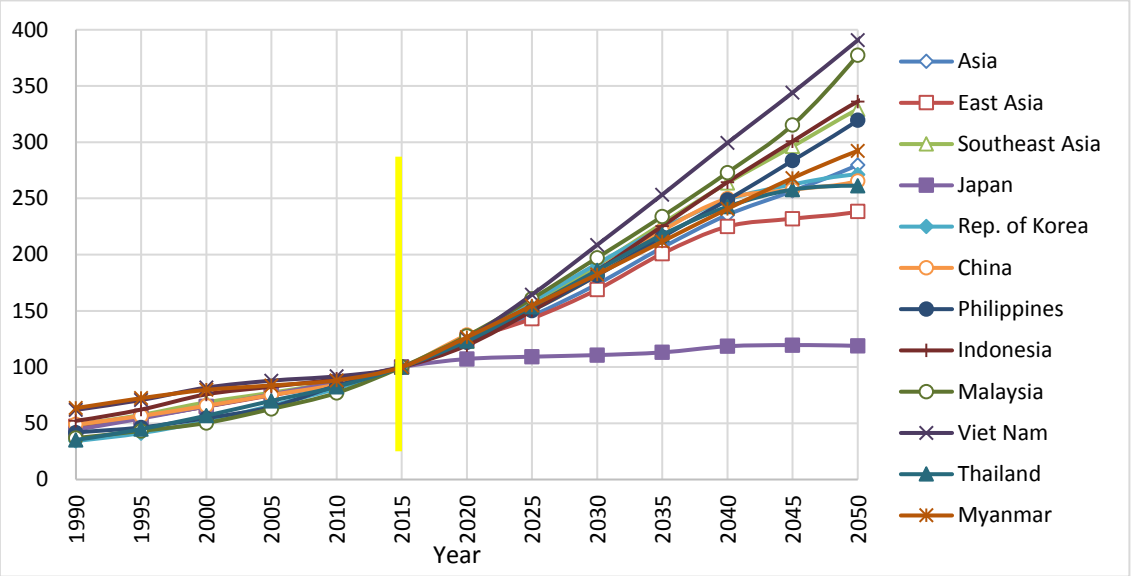
Figure 1.1: The Proportion of Older Persons in Asia



Source: United Nations (2017a), compiled by Authors.

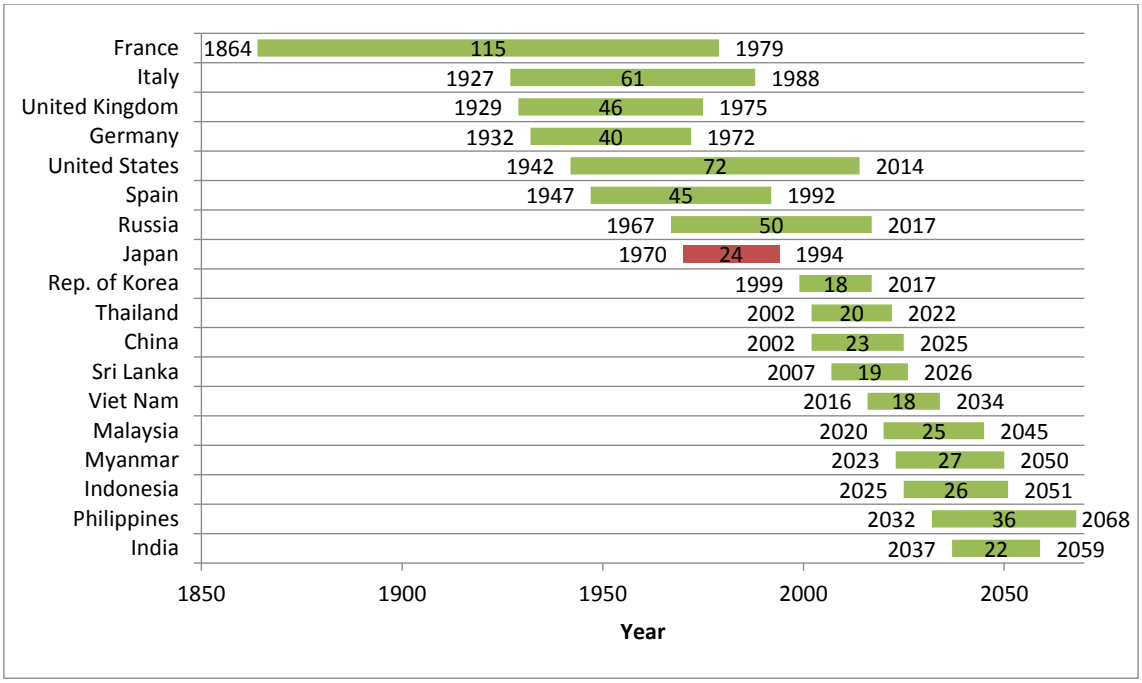
[1] Active ageing is a concept that delaying retirement and engaging in activities as in the younger age would fulfil the life of older persons based on the activity theory first framed by Havighurst (1961).

Figure 1.2: Relative Increase in the Number of Older Persons in Asia (2015 = 100)



Source: UN (2017a), compiled by Authors.

Figure 1.3: Speed of Ageing (Number of Years for the Proportion of Older Persons to Increase from 7% to 14%)



Source: UN (2017a), compiled by Authors.

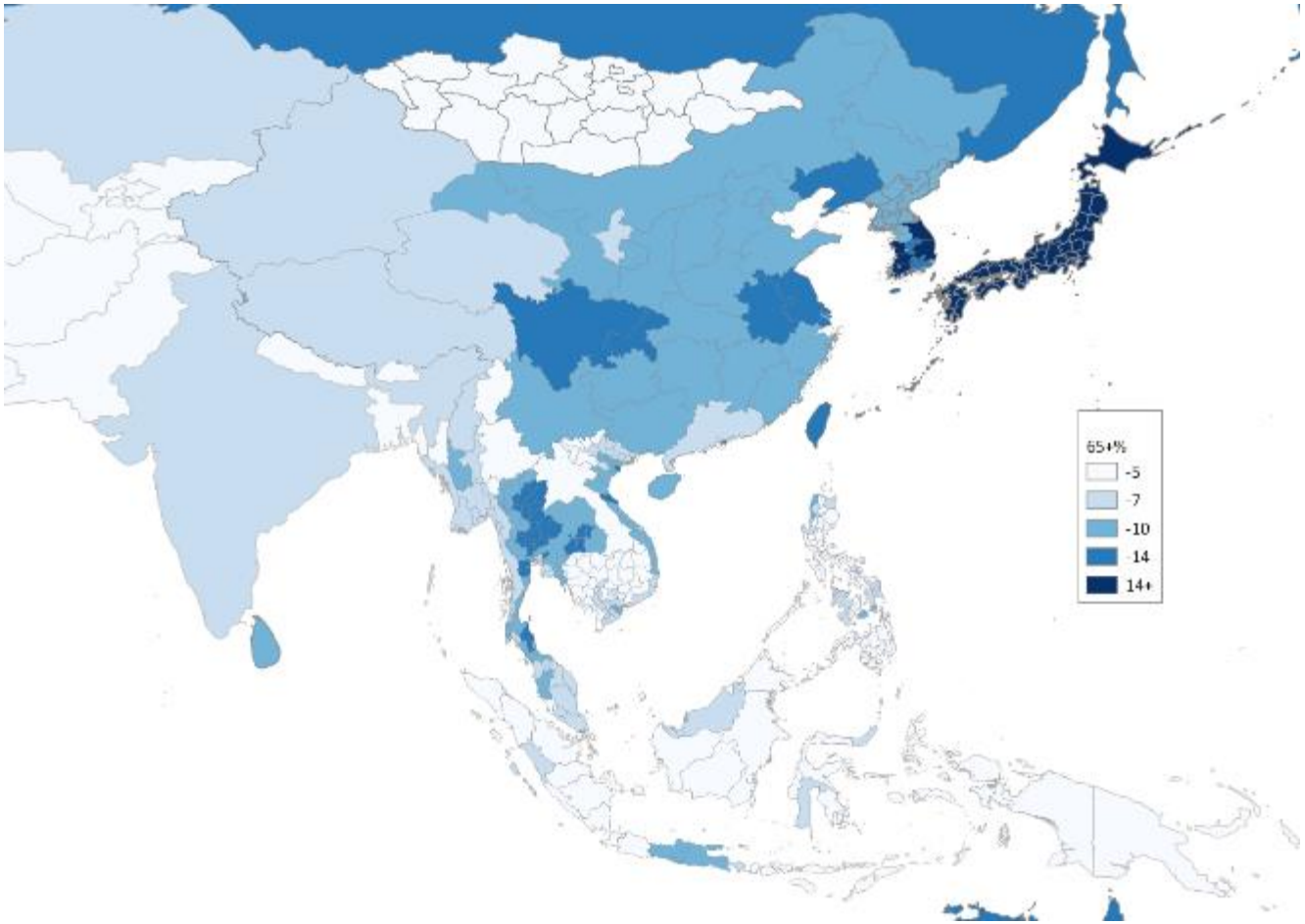
Considering these contexts, this research project focuses on the present status and future trend of demand and supply of long-term care for older persons in Asia, notably in East and Southeast Asia, particularly the Republic of Korea, China, Philippines, Indonesia, Malaysia, Viet Nam,

Thailand, and Myanmar. Demand is measured by the number of older persons who need care and their living arrangement, notably those living alone. Supply is measured by the people who provide long-term care and long-term care facilities. The macro-level data, mainly based on the population census, is compared among countries.

Along with national level measurement and international comparison, this research also addresses the importance of subnational difference. This is important as the size of countries vary. Comparing China of 1.4 billion people with Japan of 128 million or Thailand of 69 million might give a wrong conclusion. Also, it is important to observe the subnational level due to internal migration where some rural areas experience severe depopulation of the youth, thus resulting in a high proportion of older persons, much higher than the national average (Figure 1.4). For example, in countries with a lower proportion of older persons, there are some provincial 'pockets' with a much higher ageing rate, such as Chongqing in China (11.7% in 2010), Chai Nat in Thailand (13.7% in 2010), or Thai Binh in Viet Nam (10.5% in 2009). Also, because of cultural diversity in Asia, ageing issues might vary according to the ethnic or religious groups within a country (Box 1).

As stated in paragraph 27 of the Chairman's Statement of the 20th ASEAN Plus Three Commemorative Summit (ASEAN, 2017), the ASEAN region has various ageing-related challenges which should be solved through bilateral and regional cooperation. This research tries to push forward this recommendation and aims to provide the information base for the Asia Health and Wellbeing Initiative.

Figure 1.4: Proportion of Older Persons, National and Subnational Levels, around 2010

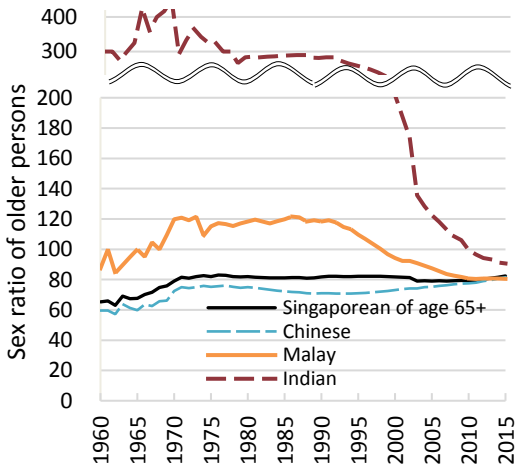


Note: The map was created using QGIS (https://www.qgis.org). Subnational boundary data is by gadm.org.
Sources: Population census data of Cambodia (2008), Indonesia (2010), Philippines (2010), Viet Nam (2009) through IPUMS International; China (2010), Japan (2010), North Korea (2014), Mongolia (2010), Malaysia (2010), Myanmar (2014), South Korea (2010), Thailand (2010) through each Statistics Bureau. Country-level data by the UN (2017). Compiled by Authors.

Box 1: Sex Ratios of Population of Older Persons in Singapore, by Ethnic Group

Total fertility rates (TFRs) of three major ethnic groups, namely, Chinese, Malays and Indians in Singapore became less than 2.0 by 1977. While Malay TFR maintained the replacement level from 1980 to the early 2000s, the TFRs of Chinese and Indians did not recover to achieve the replacement level and further declined since 1990s to the historical low level of 1.0 in 2017 (Statistics Singapore, 2019). Forty years of below-replacement fertility has been decaying the age structure of Singapore's population. The proportion of older persons were 2.3% nationally in 1960 and increased to 13.7% in 2018. By ethnic groups, they were 2.6% for Chinese, 1.3% for Malays, and 0.9% for Indians then increased to 15.5%, 9.1%, and 8.9%, respectively, in 2018. Singapore is facing a fundamental change in her intergenerational care system for older persons

Throughout the years, the older population structure went through a drastic change in terms of gender balance. The sex ratio (males per 100 females) of the older population of Chinese increased from 60 in 1960 to around 75 in the 1970s, then stayed at around 70–80 until 2015. As for Malays, the sex ratio recorded 120 from the 1970s to the 1980s, then decreased in the 1990s and reached around 80 in the 2010s. Indian sex ratio was 200–400 before the year 2000 then began to decline and settled at around 90 by 2015. Malay and Indian sex ratios drastically declined because of imbalances in sex ratios of cohort born before 1925–1930 (age 85–89 years and over in 2015) who immigrated before the establishment of the Republic of Singapore. Since sex ratios of cohort born after 1930 fit in the range of regular sex ratios at birth (100–110), the sex ratios of elderly population of all ethnicities are expected to stay around the same level.



In 1960s–1990s, the sex ratios of elderly population in Singapore were high, especially for Indians and Malays, which would imply a higher prevalence of lone elderly males without the spouse, thus, causing serious caregiving issues for them. After the 2010s, this gender balance irregularities would cease. Older population structure reflects their life history, and long-term care system should consider these facts.

Note: Data prior to 1980 refer total population which include foreigners, while data from 1980 onwards refer to Singapore residents which are composed of citizens and permanent residents.
Source: Singapore Census of Population (1970) and SingStat Table Builder, https://www.tablebuilder.singstat.gov.sg/. Department of Statistics Singapore. Compiled by Authors.