



# ILC Singapore

International Longevity Centre

*A Tsao Foundation Initiative*

## A PROFILE OF OLDER MEN AND WOMEN IN SINGAPORE 2014



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OLDER MEN AND  
WOMEN IN  
SINGAPORE 2014**

## Preface

Singapore is rapidly ageing as a society. In 2013, the resident population in Singapore aged 65 and over comprised more than 10% of the population. As a result of declines in fertility and increases in life expectancy, the proportion of older adults will increase to 19% by 2030. Within the older adult group (65+), the proportion of the oldest-old (80+) is the fastest growing population. As the Singapore population grows older we are faced with the need to re-conceptualize “ageing”. What does it mean to grow old in an advanced economy and a completely urban environment; what are the roles of older persons; and how do we ensure intergenerational solidarity? The answers to these issues are beyond the scope of this report. However, we believe that in addressing these issues we should start with foundational information on the profile of older men and women in Singapore today. This is our aim and we hope that the information provided in this report will generate countless conversations and future research amongst policymakers, researchers, those working in the age care sector and other civil society organisations. In these conversations and future research, we also hope that our elders and their families will be included and will be active participants.

This report “[A Profile of Older Men and Women in Singapore 2014](#)”, prepared by the Tsao-NUS Ageing Research Initiative, National University of Singapore, and the International Longevity Centre Singapore, is a compilation of data from the Panel on Health and Aging of Older Singaporeans (PHASE, Duke-NUS, NUS), Singapore Department of Statistics Census of Population 2000 and 2010; Singapore Registry of Births and Deaths 2006; Singapore Department of Statistics General Household Survey 2005; Singapore Ministry of Manpower Report on the Labor Force in Singapore 2010; and the Population Division, Department of Economic and Social Affairs of the United Nations Secretariat along with brief analyses of key patterns.

This report is organized into six sections: “The Aging Population”, “Living Arrangements”, “Intergenerational Transfers”, “Health Status”, “Mental Health” and “Social Participation”.

We would like to thank Ms Jane Lim Mingjie at the Tsao-NUS Ageing Research Initiative, NUS for her valuable contributions in compiling this report.

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# I. The Aging Population

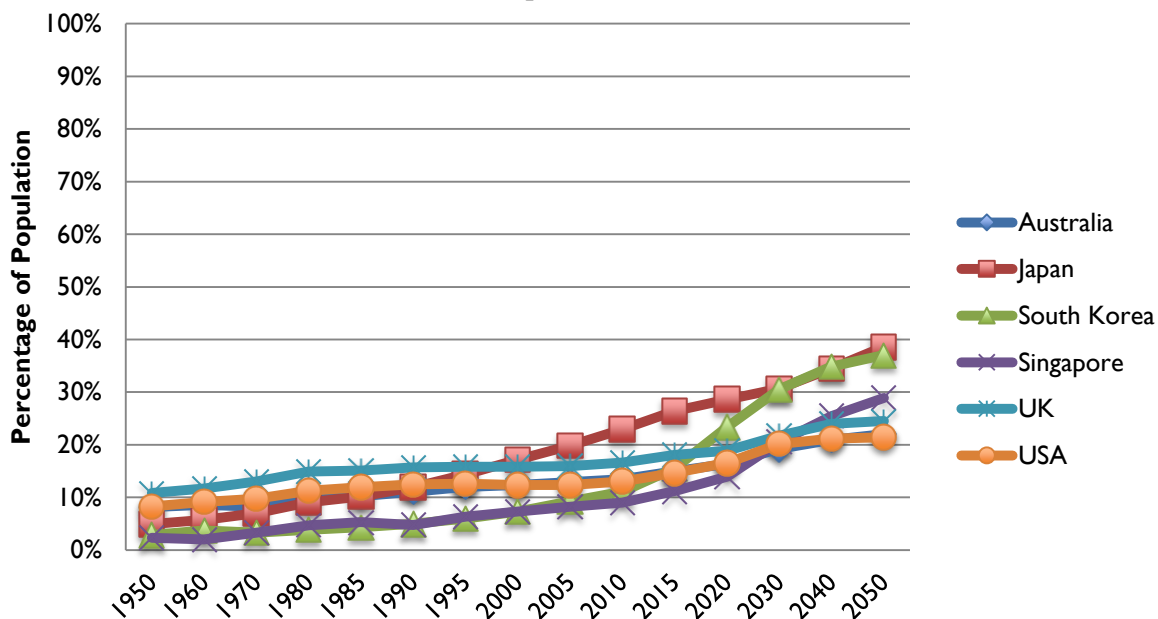
## From Aging to Aged

Along with its development into an industrialized nation and economic powerhouse, Singapore's population has been graying with astonishing speed, with at least 7% of its population over 65 years of age by year 2000. By 2013, the resident population in Singapore aged 65 and above made up more than 10% of the population.

The World Health Organization (WHO) defines an aged society as one where 14% or more of the population is aged 65 years and above. As a rapidly aging society, it is estimated that Singapore will become an aged one in less than five years (See Graph I-1).

As projected in Graph I-1, Singapore is expected to age at a much quicker rate in the coming years than other first-world countries, such as Australia, South Korea, the United Kingdom, and the United States of America.

### I-1. Percentage of Population Aged 65 and Above, by Countries\*



\*Medium variant

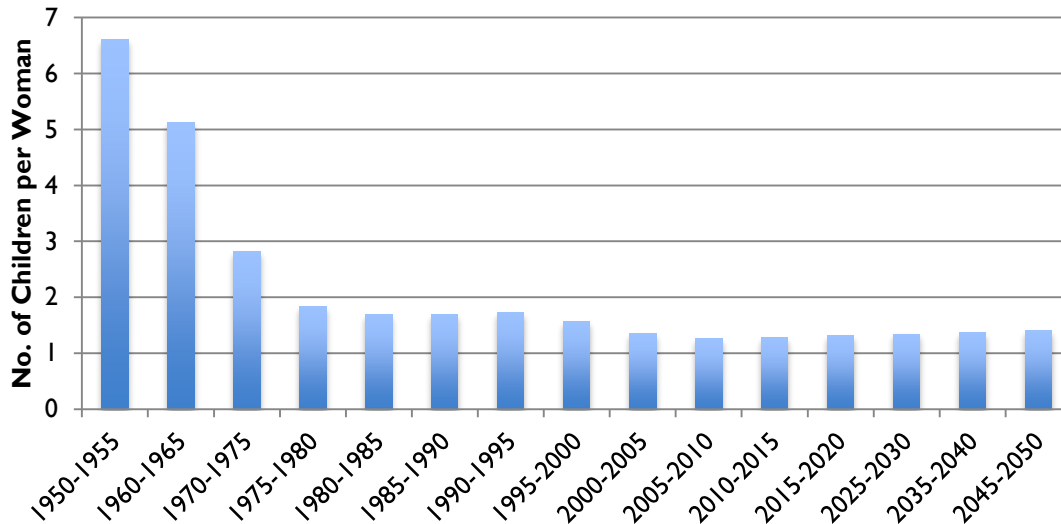
Source: Population Division, Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2012 Revision*

## Fewer Births, Lower Fertility

Although not a problem unique to Singapore, the declining number of births each year (See Graph I-2) is one of the contributing factors to the rapid aging trend in Singaporean society. The decline to below 1.3 births per woman has been an unparalleled development, and places Singapore with the "lowest-low" fertility countries, according to Kohler et al, 2002 (Yap, 2009). This could be due to a conglomeration of choices, such as remaining single longer, marrying later, or having fewer babies, thus creating a larger disparity in the proportion of older persons to births in Singapore (See Graph I-3).

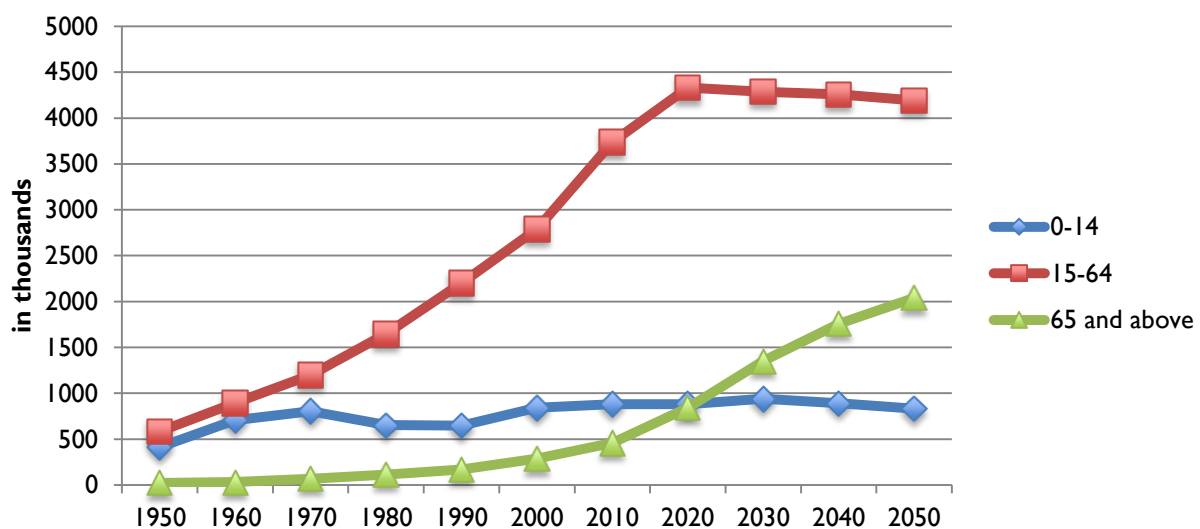
According to Straughan, Chan, and Jones (2009), the declining total fertility rate (TFR) in Singapore has its roots in the country’s post-independence years (1965-1975). As an emerging economy, the government believed that it was important to curb population expansion and to channel all available resources on economic advancements. Population-control initiatives were put in place, and family policies were imposed to discourage families from having more than two children. In addition, as Singapore grew economically, there were also tremendous opportunities for women to work outside the home, leading to devastating decreases in both marriage rates and fertility trends.

### I-2. Trends in Average Number of Births per Woman in Singapore



Source: Population Division, Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2012 Revision*

### I-3. Trends in the Age Group Composition in Singapore



Source: Population Division, Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2012 Revision*

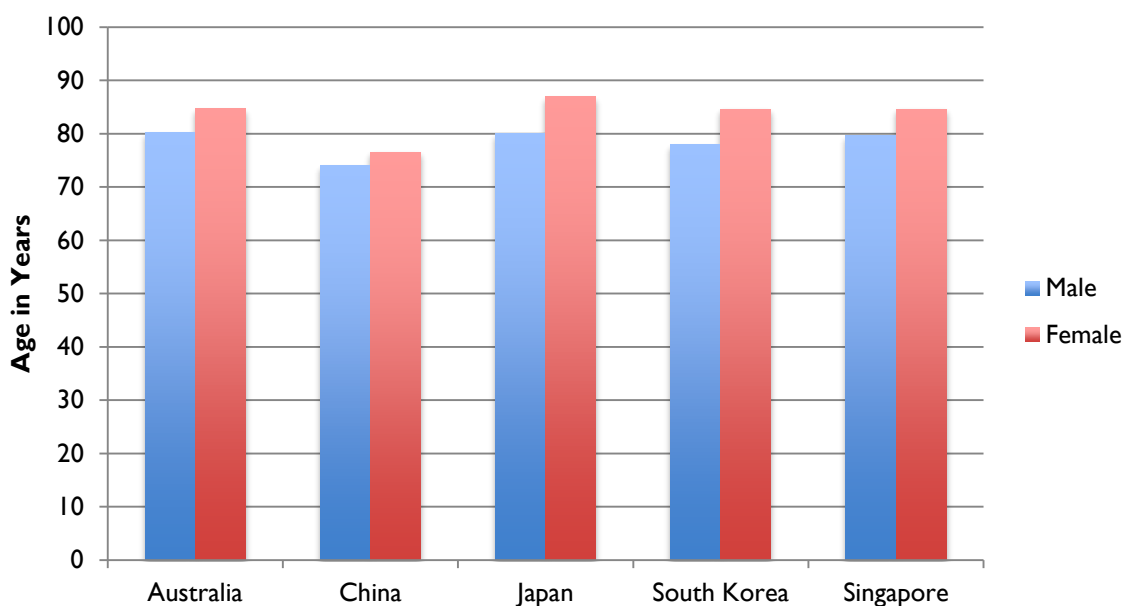
### **Increases in Life Expectancy**

In tandem with Singapore’s economic growth and advancements, the basic tenets of quality living— nutrition, living conditions, public health—were also much improved. This was also in addition to the substantial progress in international medical and pharmacological technology that decreased the threat of diseases. According to Lim et al. (2013), all three of Singapore’s main ethnic groups and both genders experienced increases in life expectancy from 1965 to 2009. However, females continue to have a higher life expectancy at birth and at 65 years.

Being consistent with other rich, industrialized nations in the Asia Pacific region, Singapore has become a country conducive for longer living and higher life expectancies at birth (See Graph I-4), rivaling countries like South Korea and Japan.

Although both men and women are now leading longer lives in Singapore, women are living longer than men, with their average life expectancy at 84.6 years, compared to the average life expectancy of men at 79.7 years.

### **I-4. Life Expectancy at Birth: International Comparison, by Gender (2010-2015)**



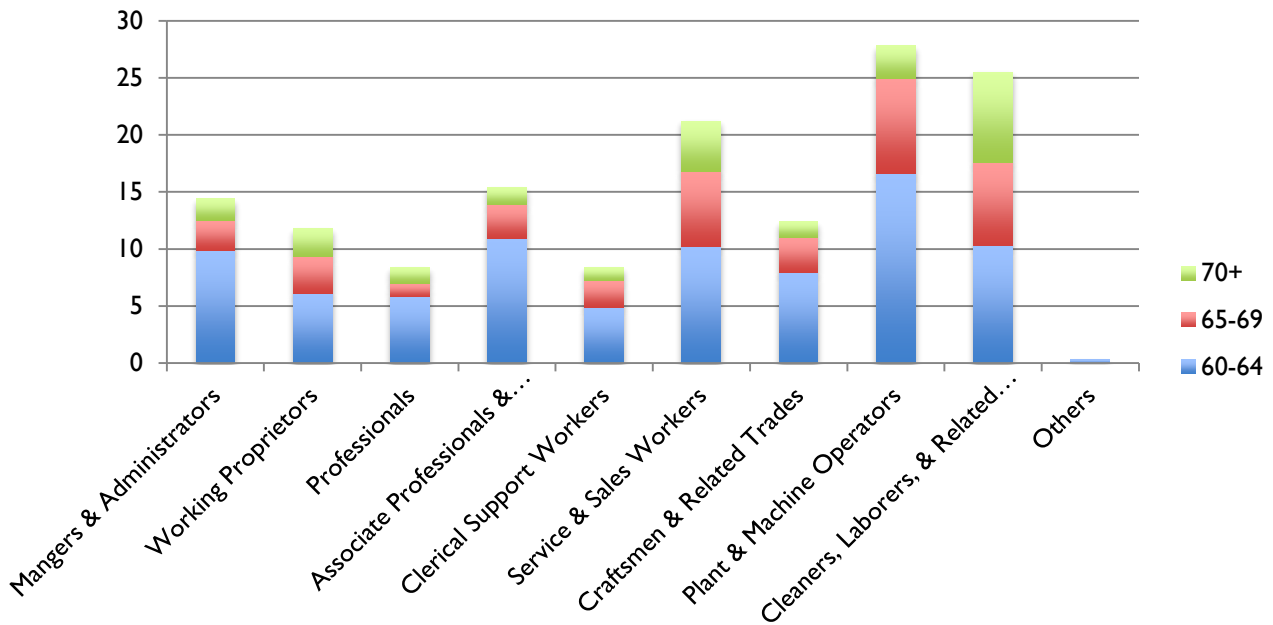
Source: Population Division, Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2012 Revision*

### **ECONOMIC STATUS**

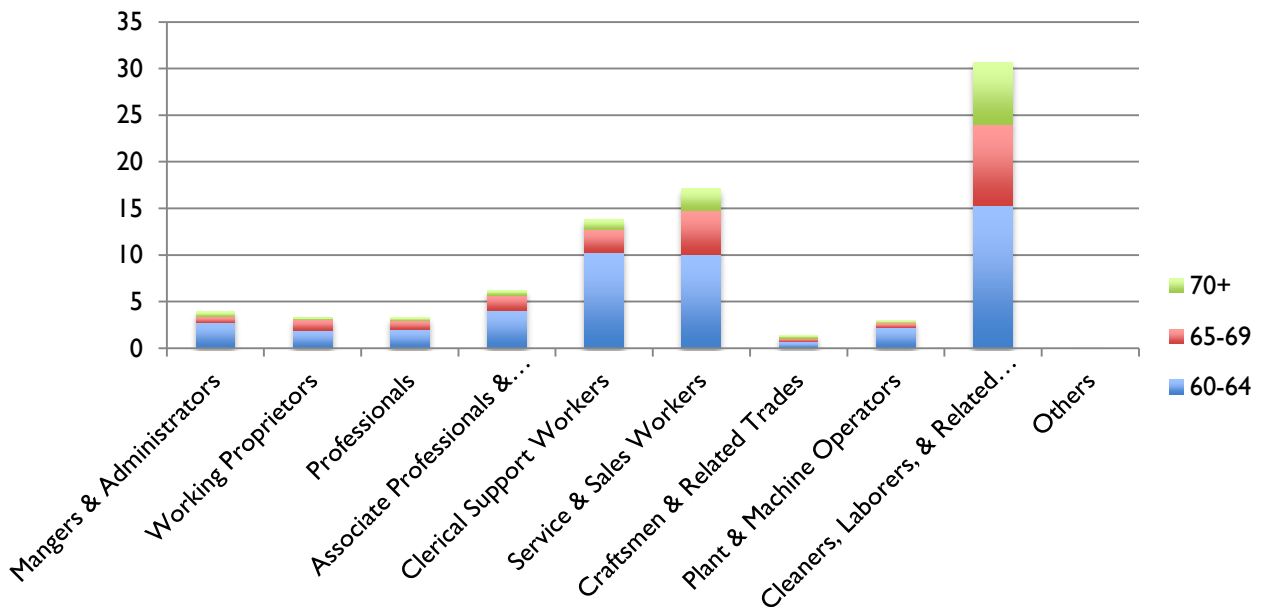
#### **Gender divide in older adult employment**

Based on the Ministry of Manpower’s (MOM) population level labor survey of 2013, there were approximately 228,300 older workers aged 60 and above in Singapore, of which a substantially higher proportion were men compared to women. (See Graphs I-5, I-6).

### I-5. Occupation Type for Older Males, by Age Group



### I-6. Occupation Type for Older Females, by Age



Notes: For Graph I-5, n = 145,600, For Graph I-6, n = 82,700

Source: Singapore Ministry of Manpower Report on the Labor Force in Singapore 2013

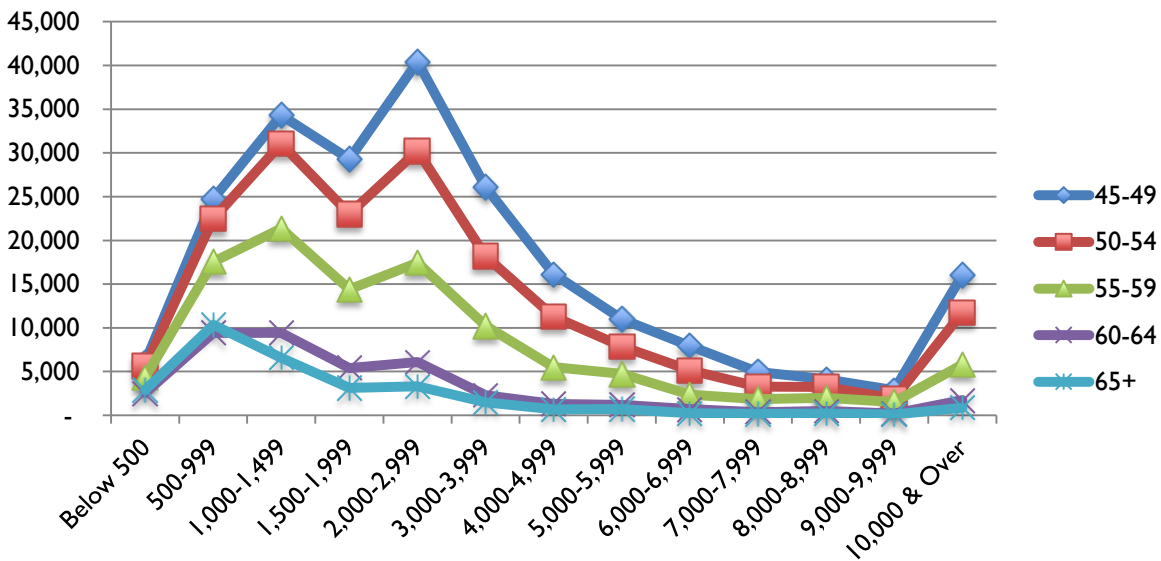
The majority of older men who are employed work as plant and machine operators and the majority of employed older women are cleaners and laborers. The distribution of type of employment is highly skewed for older women but not men.



**Older people earn less**

With age, the amount of earned income tends to decrease as productivity declines. According to the 2005 General Household Survey, which contains detailed information on monthly per capita income of Singaporeans up to the age of 65, the highest income earners are the late baby boomers in the 45-49 year range, who were born in the 1955-1964 period. In comparison, the early baby boomers (born between 1947 and 1954) earn comparatively less (See Graph I-7).

**I-7. Monthly Income Per Capita, by Age Group (in 2005 prices)**



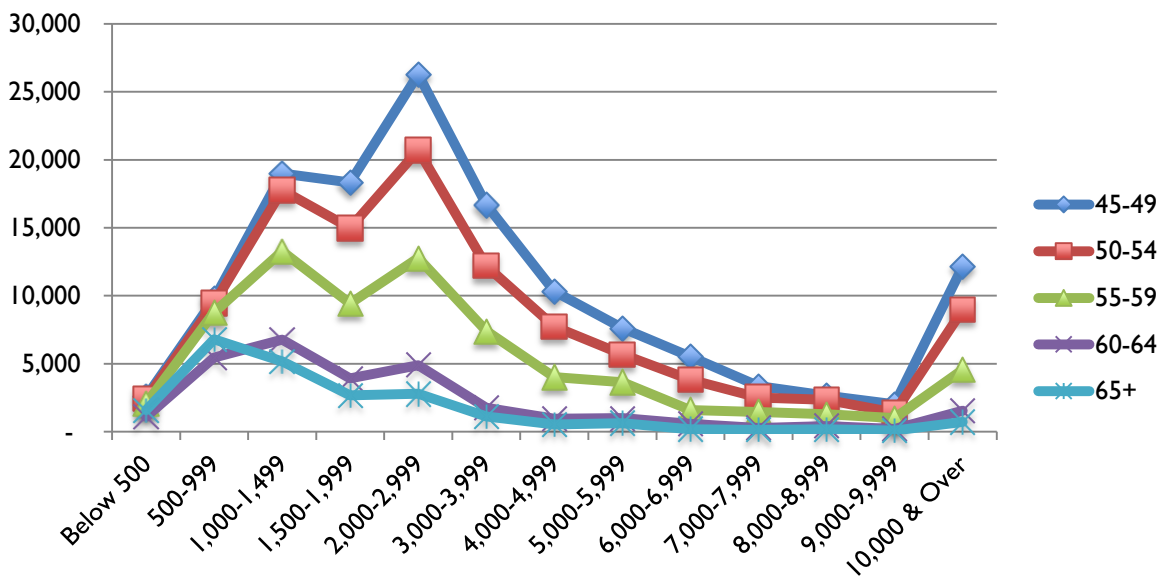
Notes: For Graph I-7, n = 580,207

Source: Singapore Department of Statistics General Household Survey 2005

**Men earn more than women**

According to the General Household Survey (2005), men do earn more than women, but this gap narrows after 60. When the income distribution is segmented according to gender, men are found to earn more than women. Below the age of 60, the income gap between men and women is wide. However, this difference narrows after the age of 60. Older men aged 60 and above tend to earn in the range of \$1,500 – \$2,999 while older women aged 60 and above tend to earn in the range of \$500 - \$1,499 a month (See Graphs I-8 and I-9).

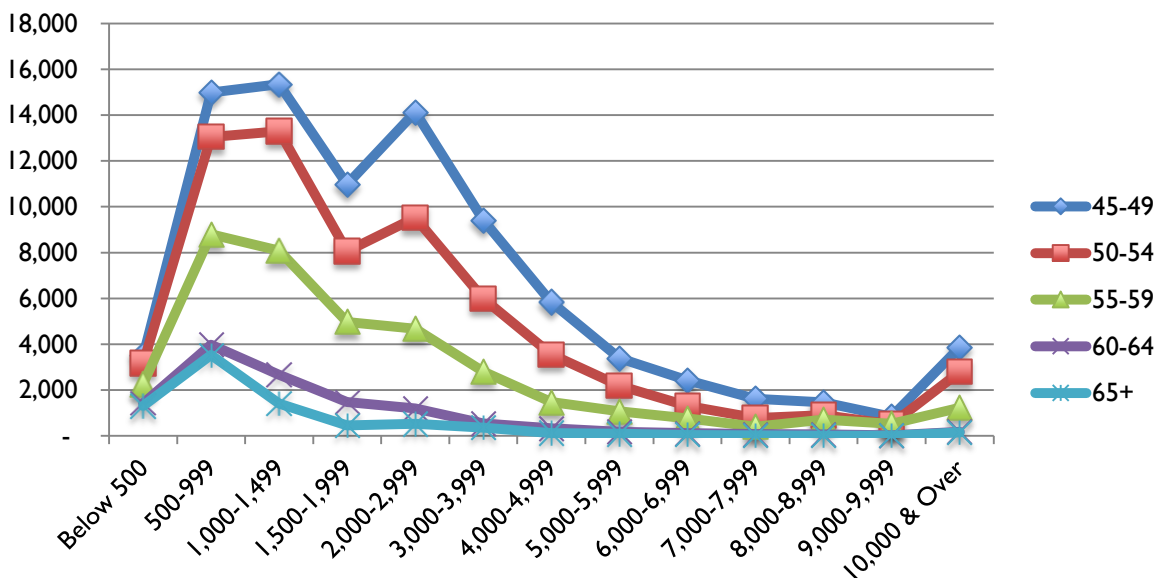
### I-8. Monthly Income Per Capita for Males, by Age Group (in 2005 prices)



Notes: For Graph I-8, n = 369,255

Source: Singapore Department of Statistics General Household Survey 2005

### I-9. Monthly Income Per Capita for Females, by Age Group (in 2005 prices)



Notes: For Graph I-9, n = 210,953

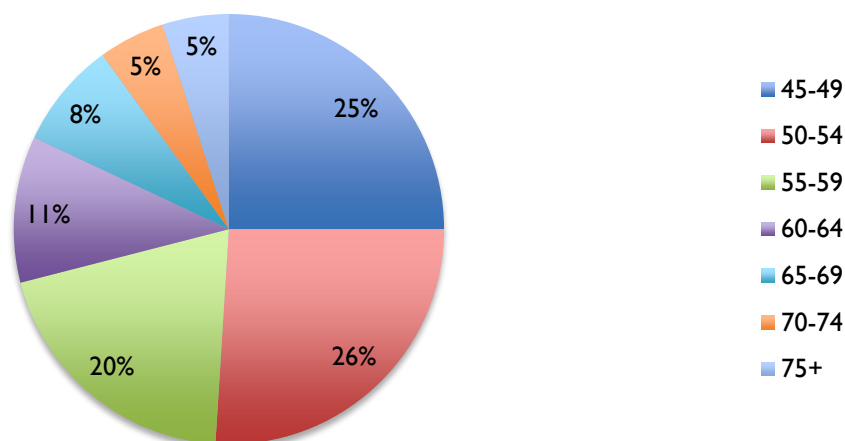
Source: Singapore Department of Statistics General Household Survey 2005

#### Lack of resources for older women

On account of their often limited work history in the labor market and a lifetime of being homemakers, older women tend to earn very low incomes. Graph I-10 shows that 51% of late baby boomer women, aged 45-49, are homemakers and do not work. The lack of earned income will have serious implications for older women living longer, particularly since those who have not

worked will have to depend more on different types of resources such as family and community support (Wu and Chan, 2011), rather than on the Central Provident Fund (CPF), the mandatory savings plan for employees' retirement.

## I-10. Women as Homemakers, by Age Group



Notes: For Graph I-10, n = 181,543

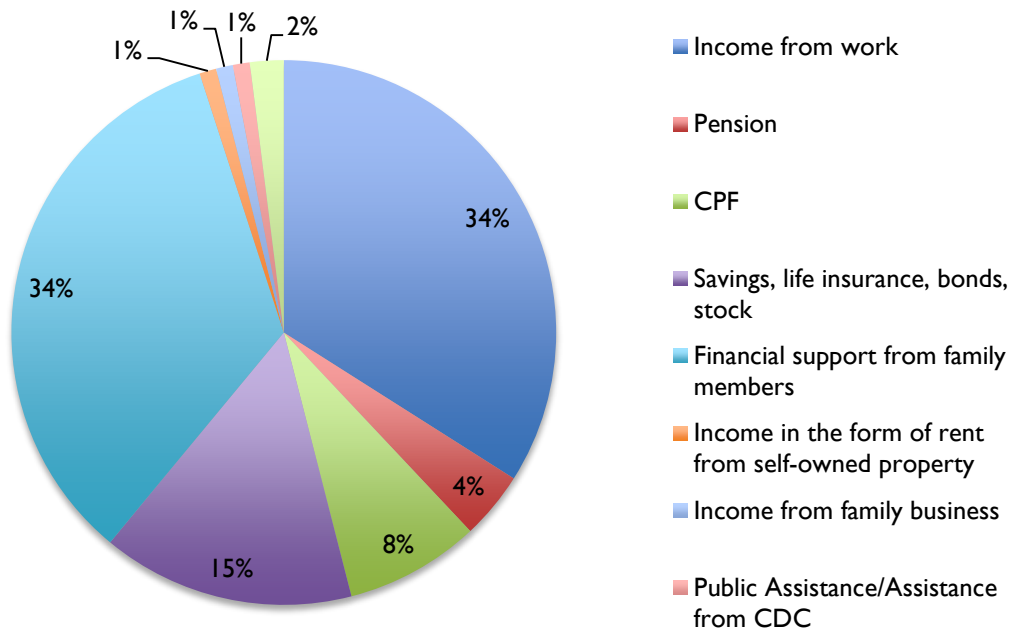
Source: Singapore Department of Statistics General Household Survey 2005

### Alternative income sources for older adults

Given the lower earned income for older men and women and the substantial number of women aged 45 and above, alternative sources of income for old age support will be rather beneficial. For older people with children, financial support from children and grandchildren is the first source of income for 43% of men and 75% of women. For 28% of older men and 12% of older women, the main source of income is from work (See Graphs I-11 and I-12).

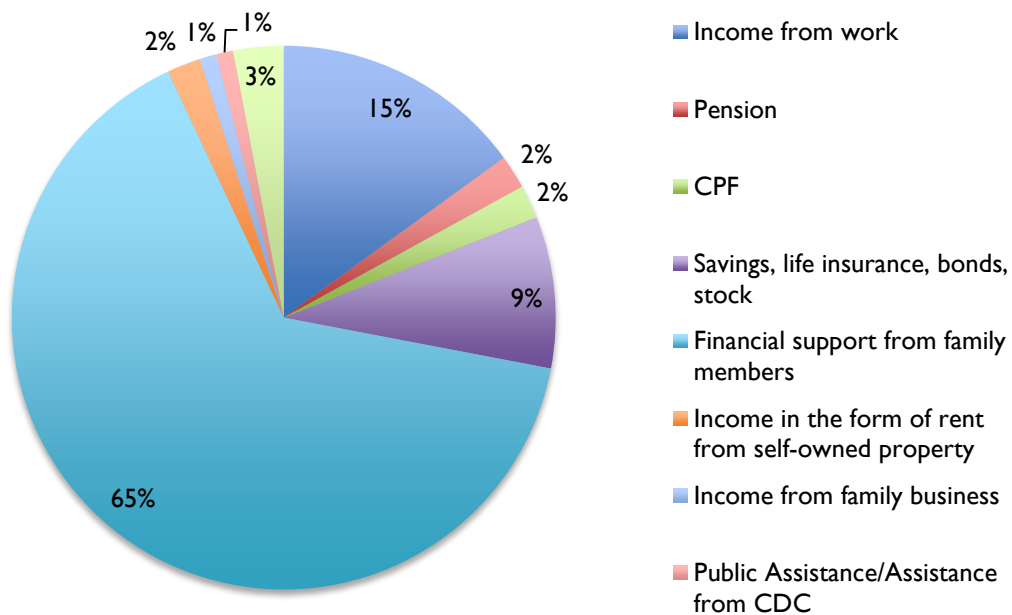
The majority of older men derive financial support from income earned from work (34%) and from financial support provided by the family (34%). In contrast, 65% of older women are financially supported by their family members. The proportion of older adults relying on CPF is low; only 8% of men and 2% of women depend on CPF funds.

### I-11. Source of Income, Older Males



Notes: For Graph I-11, n = 1,411  
 Source: PHASE 2011

### I-12. Source of Income, Older Females



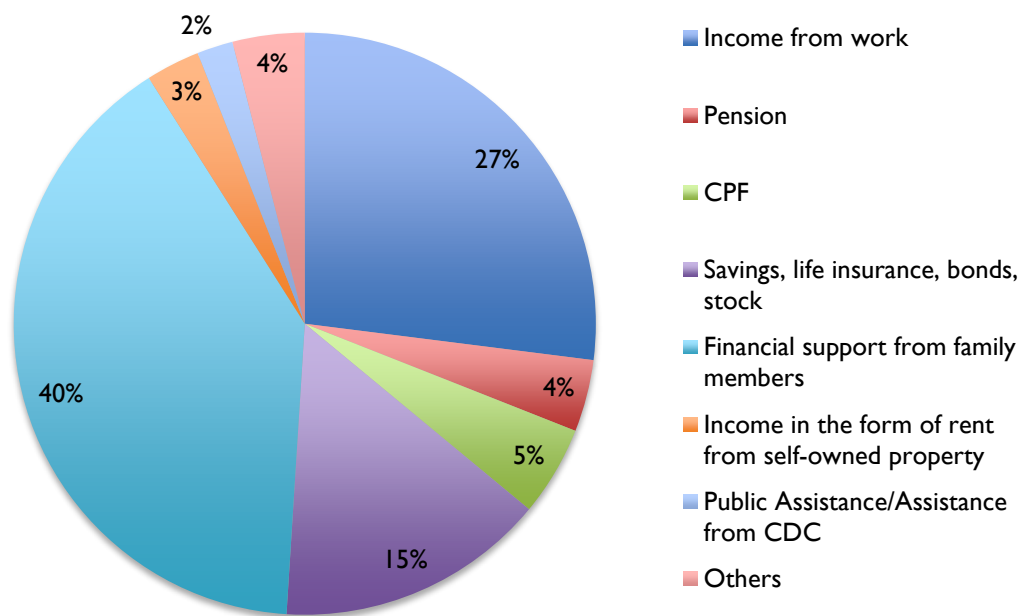
Notes: For Graph I-12, n = 1,691  
 Source: PHASE 2011

### Public assistance for older adults without children

For older people without children, public assistance plays an important role as a substitute family financial support. Public assistance covers older adults who are unable to work, have little or no family support, and those who receive small monthly payouts from the CPF Minimum Sum or CPF Life schemes.

40% of older adults without children listed family support as their primary source of income and 27% depend on earned income from work, significantly higher compared to those who have children.

## I-13. Sources of Income, Older Persons without Children

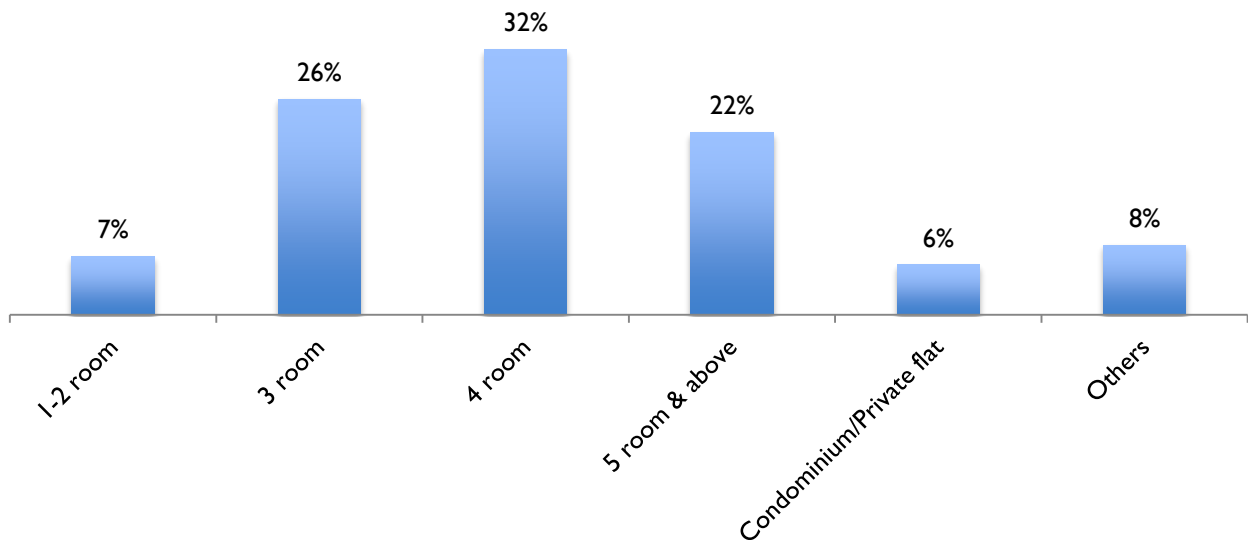


Notes: For Graph I-13, n = 2,988  
Source: PHASE 2011

## 2. Living Arrangements

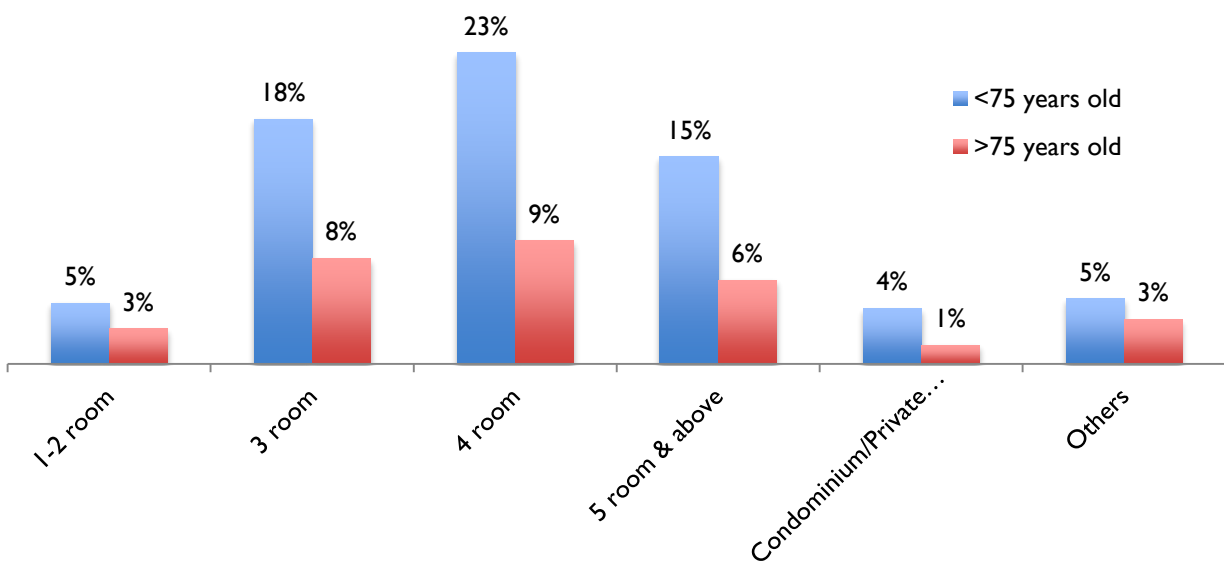
As one of the world's most densely populated countries, it is no surprise that high-density living is rather common in Singapore. A significant number (58%) of older persons (aged above or below 75 years) live in either 3-room or 4-room public housing flats built by the Housing Development Board (HDB) (See Graph 2-1, 2-2).

### 2-1. Housing Type



Notes: For Graph 2-1, n = 3,103  
Source: PHASE 2011

### 2-2. Housing Type by Age Group



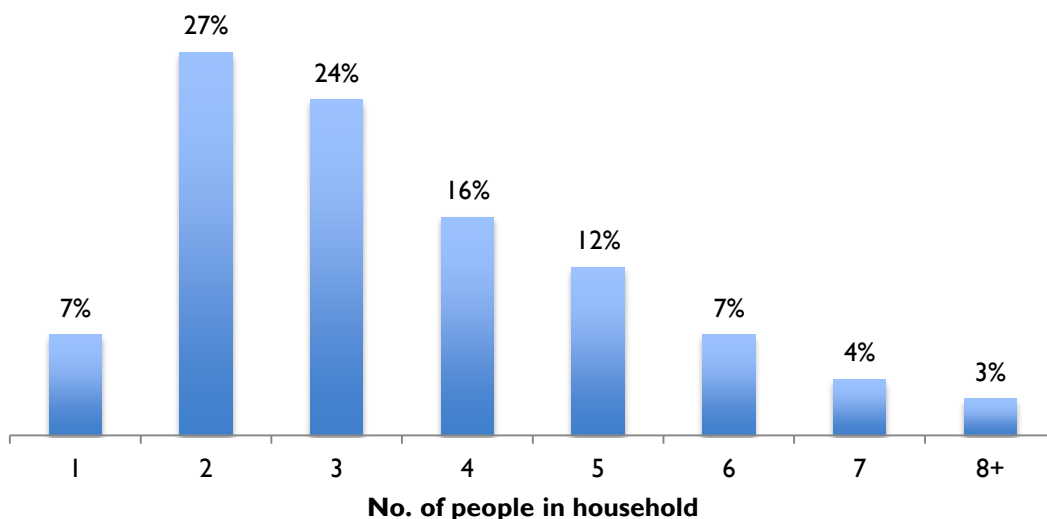
Notes: For Graphs 2-2, n = 3,103  
Source: PHASE 2011

### Household Size

A small household size seems to be the norm for a sizeable portion of older persons in Singapore, with 7% of older persons living alone, 27% of older persons living in two-person households, and 24% in three-person households (See Graph 2-3).

Similarly, the number of adult children living together with their older parents is relatively low (See Graphs 2-4, 2-5). When segmented by gender, 42% of older men live with at least one child, while significantly more older women (51%) live with at least one child (See Graphs 2-4, 2-5).

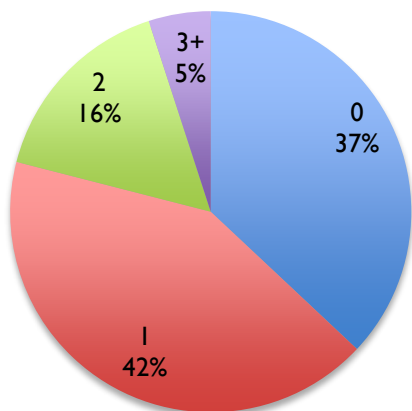
### 2-3. Size of Older Person Household



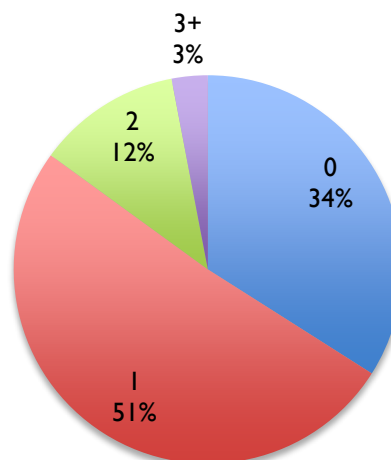
Notes: For Graph 2-3, n = 3,103

Source: PHASE 2011

### 2-4. Number of Adult Children in an Older Male Household



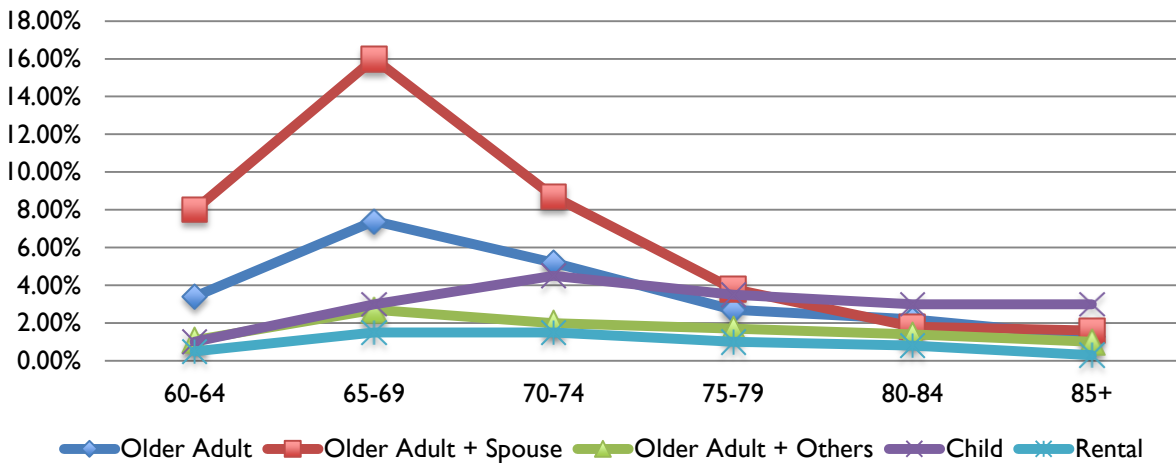
### 2-5. Number of Adult Children in an Older Female Household



Notes: For Graph 2-4, n = 1,411. For Graph 2-5, n = 1,691

Source: PHASE 2011

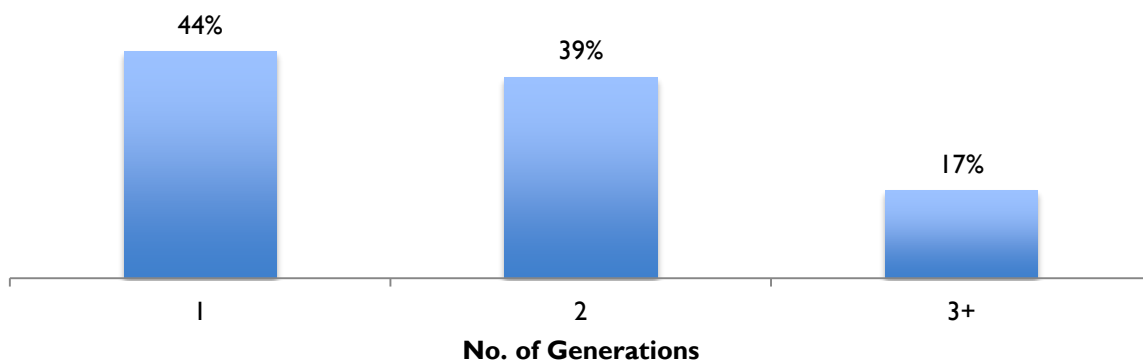
## 2-6. Housing Ownership



Notes: For Graph 2-6, n = 3,103  
 Source: PHASE 2011

In housing owned by the older person, 39% live in two-generation households, while only 17% live in households consisting of three generations or more (often made up by the older person, adult child, and the grandchild). However, it is imperative to point out that a large majority (44%) of households owned by older persons consist of only one generation—often the older person and spouse, siblings, companions, friends, and/or relatives (See Graph 2-7).

## 2-7. Percentage of Older Persons Co-Residing, by Generations (older person owns home)

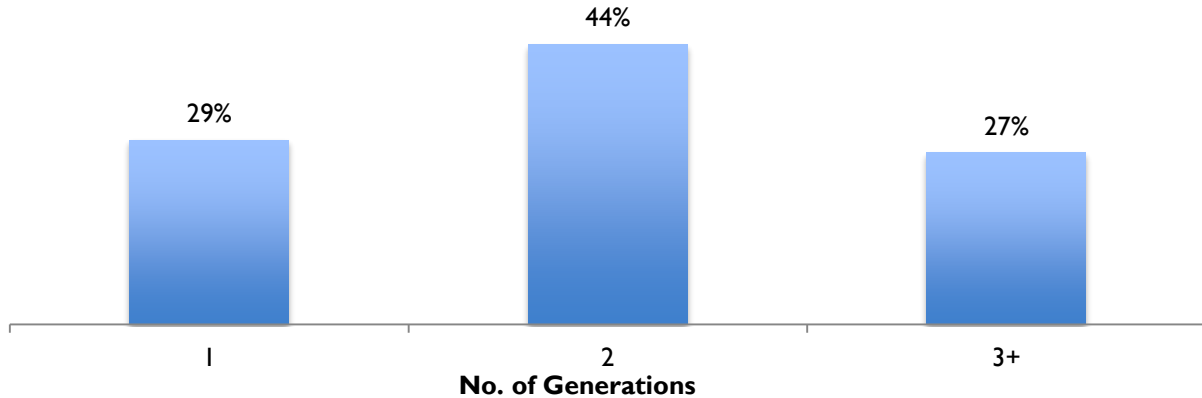


Notes: For Graph 2-7, n = 2,001  
 Source: PHASE 2011

In housing not owned by the older persons, a greater proportion of them live in households with two or more generations—44% live in two-generation households, while 27% live in households consisting of three or more generations. 29% of older persons live in single generation households when they do not own the home (See Graph 2-8).



## 2-8. Percentage of Older Persons Co-Residing, by Generations (older person does not own home)



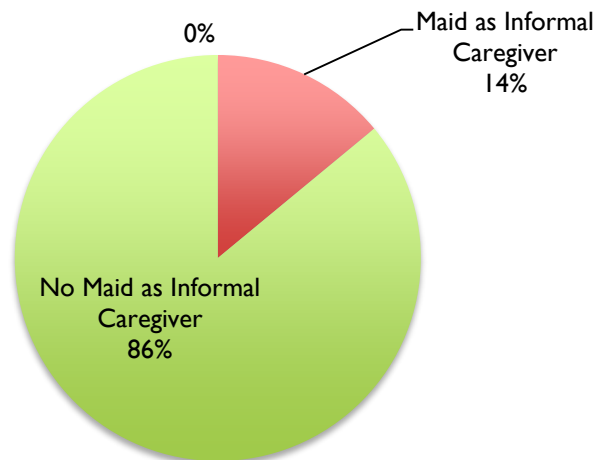
Notes: For Graph 2-8, n = 1,099  
Source: PHASE 2011

### Foreign Domestic Workers Hired as Informal Caregivers

In Singapore, foreign domestic workers are commonly employed as live-in maids to provide caregiving and support for older persons. Based on the PHASE 2011 data, 14% of households do employ them as informal caregivers for older persons in the home.

According to Østbye (2013), a national survey of 1,190 older Singaporeans found that the instrumental support provided by foreign domestic workers is associated with better caregiving outcomes. In addition, they predicted an increase in the number of foreign domestic workers in Singapore as families try to cope with caregiving for their older members in this rapidly ageing country.

## 2-9. Maid as Caregiver for Older People



Notes: For Graph 2-9, n = 3,103  
Source: PHASE 2011

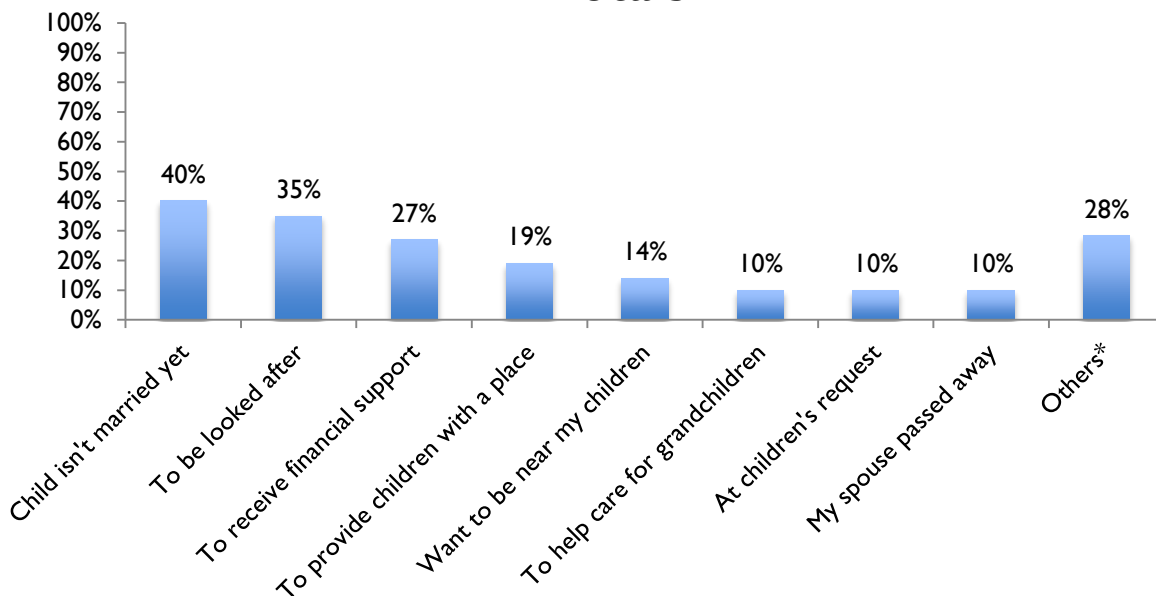
### Reasons for Living with Children

In a study done by DaVanzo and Chan (1994), they looked at coresidence of older people with their adult children in Malaysia, and found that coresidence was very much influenced by the costs, benefits, opportunities, as well as preferences. For instance, many married parents and adult children lived together in order to either economize on living costs or to receive help with household services. They also found that unmarried older persons who were better off financially tended to live separate from their adult children, using their income to “purchase privacy”.

In another study by Teo and Mehta (2001), they found widowhood and isolation to be other catalysts for reasons to live with children, where a third of the respondents lived with unmarried children, and another third with married children and/or grandchildren. This then enables them to contribute through their involvement in the the household, securing an important value in their presence.

Likewise, in PHASE (2011), for older persons who live with their children, 40% do so because their child is not married yet, 35% do so to be looked after, and 27% do so to receive financial support. Other than these select three reasons, older persons also live together with their children when they are asked to, to care for grandchildren, to be near their children, and sometimes to provide their children with a place (See Graph 2-10).

### 2-10. Reasons for Living with Children, Totals

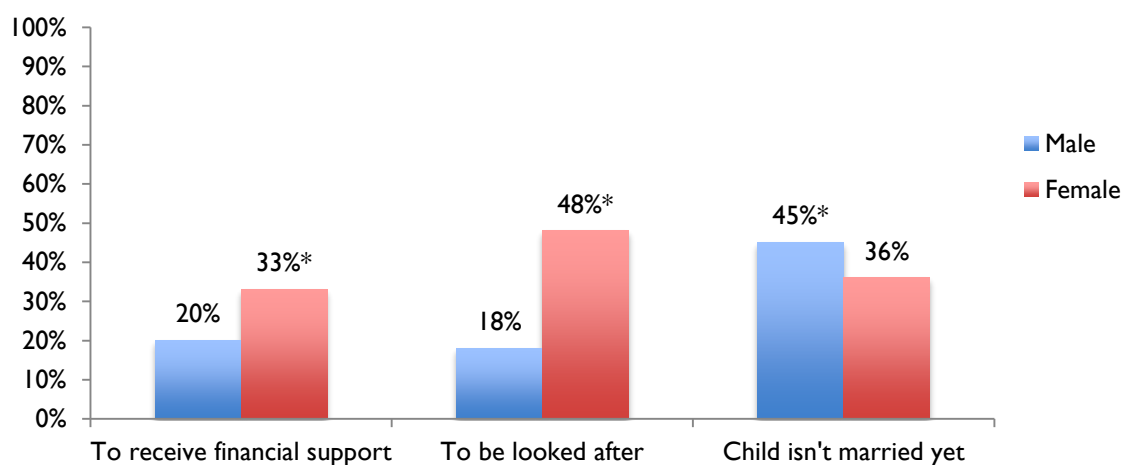


Notes: For Graph 2-10, n = 3,103; \*includes other reasons such as “To provide financial support”, “To help with housework”, “Own request”, “Children provide emotional support”, “To provide advice”, “To receive advice”, “Child not ready to be independent” etc.

Source: PHASE 2011

When segmented by gender, a significantly greater number of older women live with their children to receive financial support (33%) and to be looked after (48%) as compared to older men (See Graph 2-11). When segmented by age group, significantly more older persons below 75 years old live with their children because their child is not yet married. For older persons above 75 years old, they are more likely to live with their children to be looked after (51%) (See Graph 2-12).

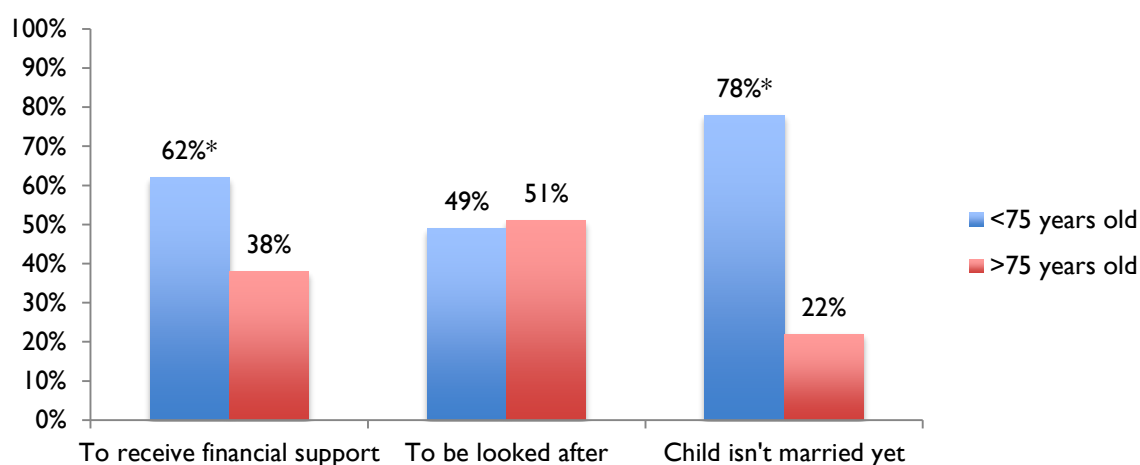
## 2-11. Main Reasons for Living with Children, by Gender



Notes: For Graph 2-11, n = 3,103

Source: PHASE 2011

## 2-12. Main Reasons for Living with Children, by Age



Notes: For Graph 2-12, n = 3,103

Source: PHASE 2011

When older persons were asked about their most preferred living arrangements if they were no longer capable of living independently, more than half overwhelmingly indicated that they would much rather stay in their own homes or move in with families as they advance in age. And although trends of housing ownerships seem to decline with age, most older persons in Singapore are equally likely to live in their own homes as they are to live in homes owned by their children (See Graph 2-6). Rental of homes amongst older persons remain low in Singapore.

### 3. Intergenerational Transfers

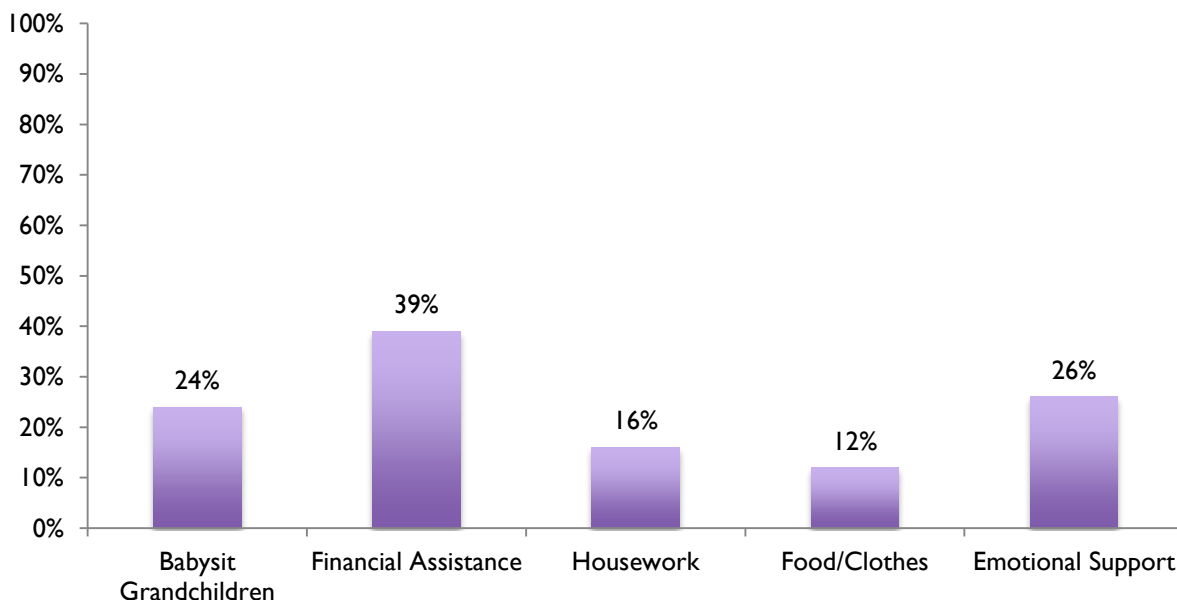
#### PROVISION OF TRANSFERS

Transfers of money, goods, time, and emotional support within the family unit are key to an older adult’s well-being. Older adults feel needed and less lonely when they can contribute to family welfare by providing babysitting assistance and emotional support. Conversely, receiving financial and material support from family members can help older adults cope with financial problems during old age. Providing assistance with housework and self-care for older adults with mobility problems and Activities of Daily Living (ADL) limitations will allow elderly to age in place for as long as possible.

#### Financial assistance, babysitting, and emotional support

In Singapore, 33% of older adults surveyed reported providing financial assistance to family members, 22% provided emotional support, and 21% babysat their grandchildren (Graph 3-1).

#### 3-1. Provision of Transfers, Totals



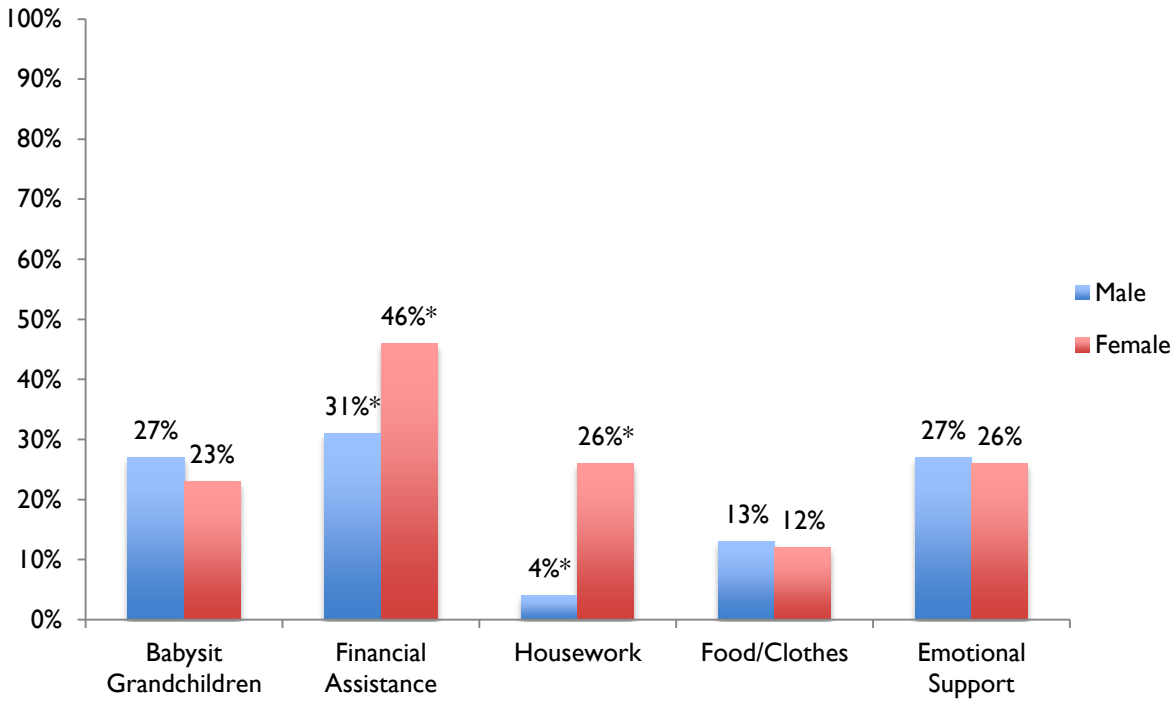
Notes: For Graph 3-1, n = 3,103

Source: PHASE 2011

#### Gender and age differences in provision of transfers

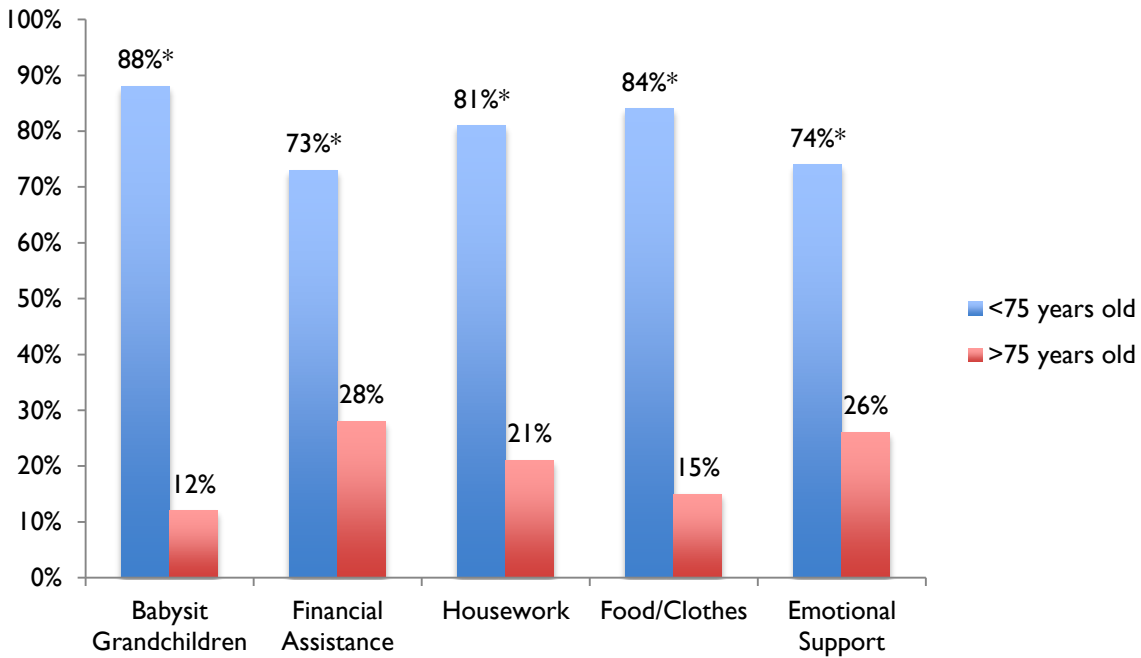
Older women provided more financial assistance and housework compared to older men. Those under the age of 75 provided more transfers across the board compared to those over 75. Since those over 75 are more likely to have serious health problems and mobility issues, this trend is not unexpected (Graphs 3-2 and 3-3).

### 3-2. Provision of Transfers, by Gender



Notes: For Graph 3-2, n = 3,103; \*indicates significant different (p<0.05)  
 Source: PHASE 2011

### 3-3. Provision of Transfers, by Age Group

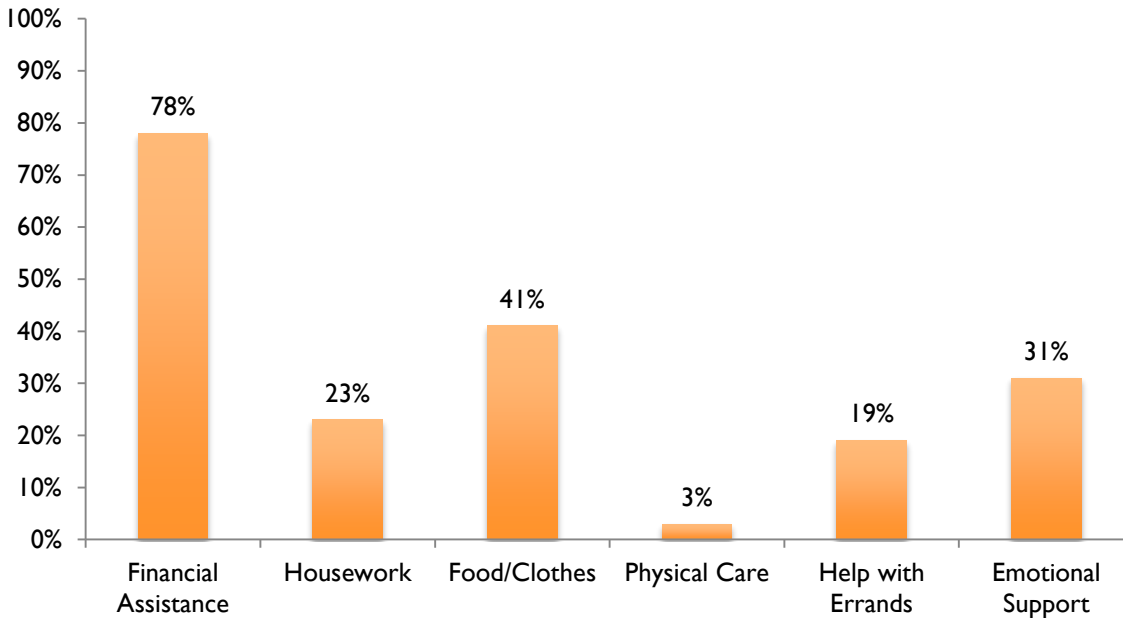


Notes: For Graph 3-3, n = 3,103  
 Source: PHASE 2011

### RECEIPT OF TRANSFERS

40% of older adults received financial assistance from family members and 21% received food and clothes. Only 16% reported receiving emotional support, compared to 22% who reported providing emotional support (Graph 3-4).

### 3-4. Receipt of Transfers, Totals



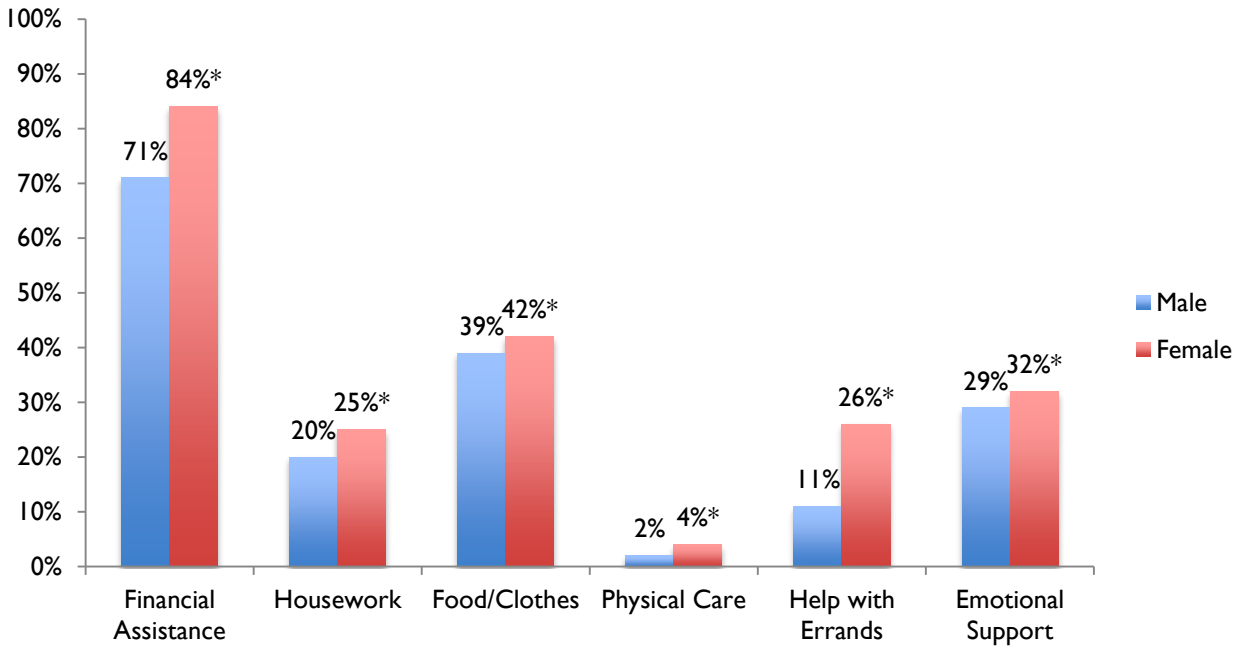
Notes: For Graph 3-4, n = 3,103

Source: PHASE 2011

#### Gender and age differences in receipt of support

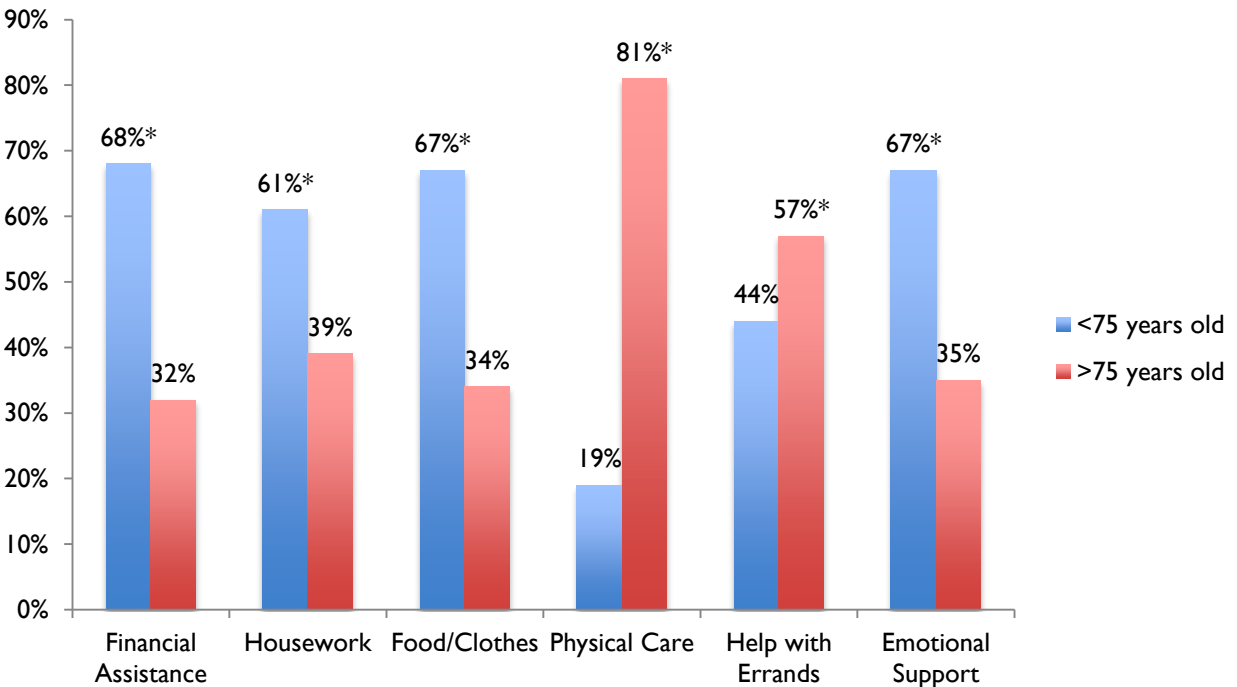
Older women reported receiving more financial assistance and help with errands compared to older men. Since women live longer than men, this trend is not unusual. Those younger than 75 years reported receiving **more** financial assistance, housework help, food/clothes, and emotional support than those older than 75 years. However, those younger than 75 years received **less** physical care and help with errands compared to those who are older than 75.

### 3-5. Receipt of Transfers, by Gender



Notes: For Graph 3-5, n = 3,103  
 Source: PHASE 2011

### 3-6. Receipt of Transfers, by Age Group



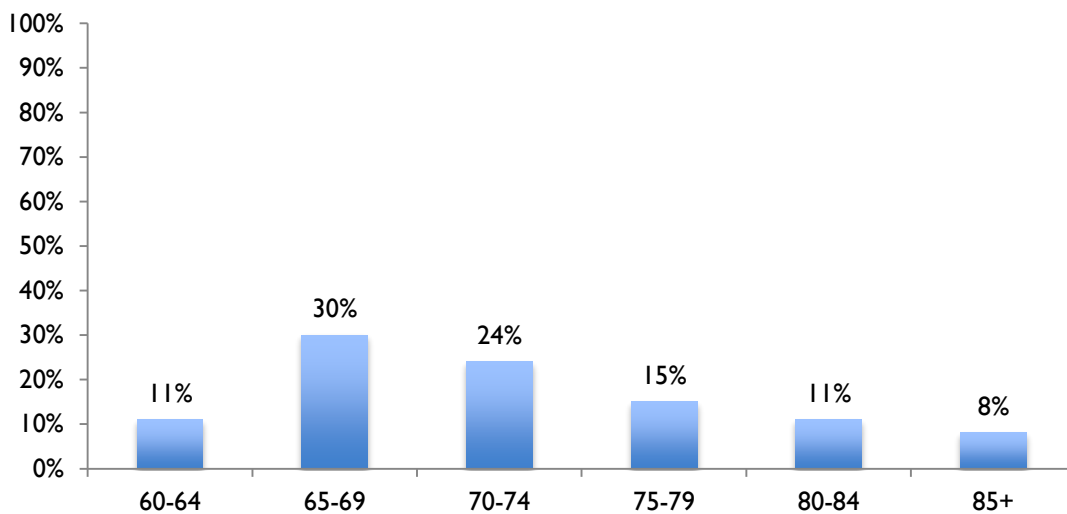
Notes: For Graph 3-6, n = 3,103  
 Source: PHASE 2011

## 4. Health Status

### Chronic Conditions in Singapore

According to the Ministry of Health (MOH) in Singapore, older persons in Singapore tend to suffer most from high blood pressure—approximately 56% of older persons aged 60 and above report having high blood pressure. Other chronic illnesses include diabetes (affecting 23% of older persons), respiratory illnesses (affecting 3% of older persons 60 years and above), cardiovascular diseases (affecting 12% of older persons 60 years and above), and joint pains (affecting 25% of older persons 60 years and above) (See Graphs 4-1 to 4-5).

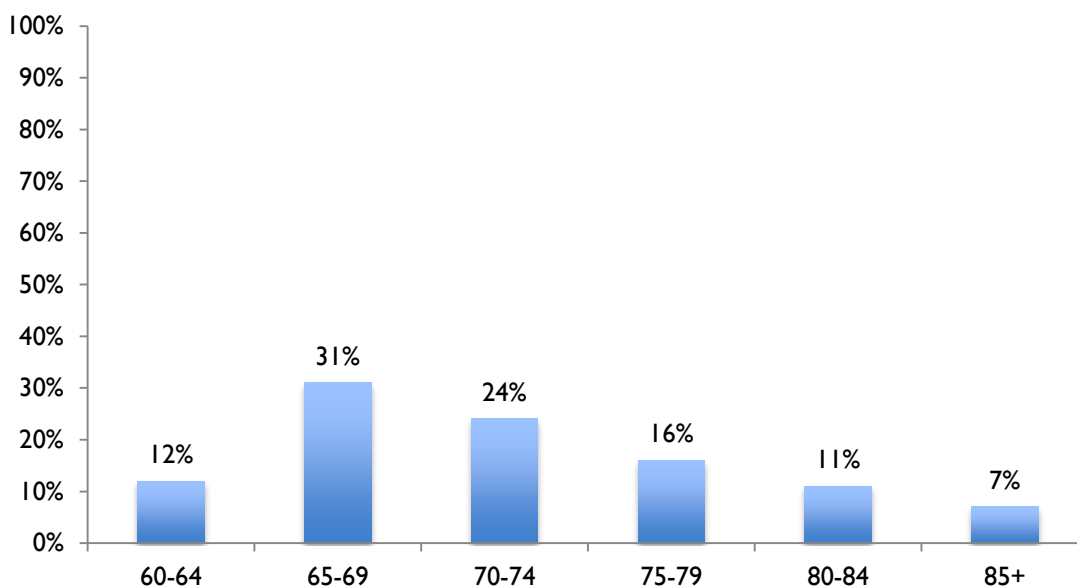
### 4-1. High Blood Pressure Prevalence, by Age



Notes: For Graph 4-1, n = 1,794

Source: PHASE 2011

### 4-2. Diabetes Prevalence, by Age

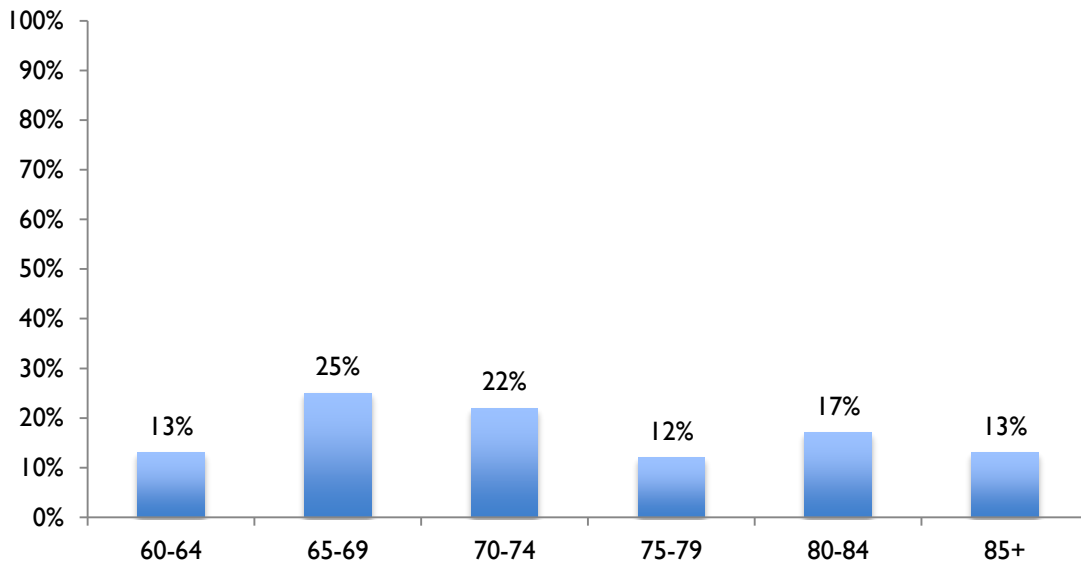


Notes: For Graph 4-2, n = 775

Source: PHASE 2011

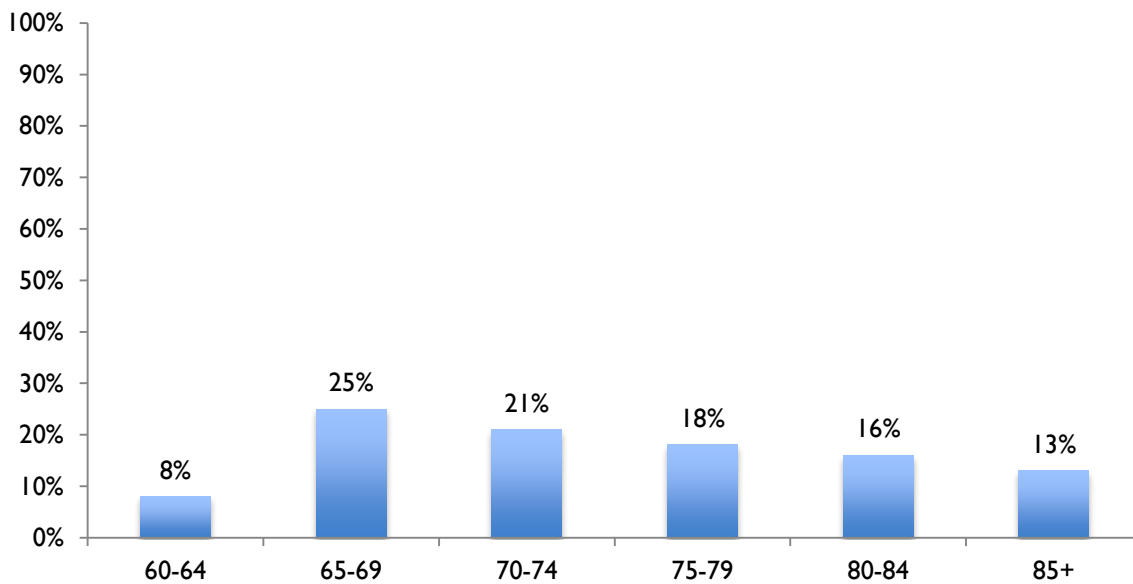


### 4-3. Respiratory Illness Prevalence, by Age



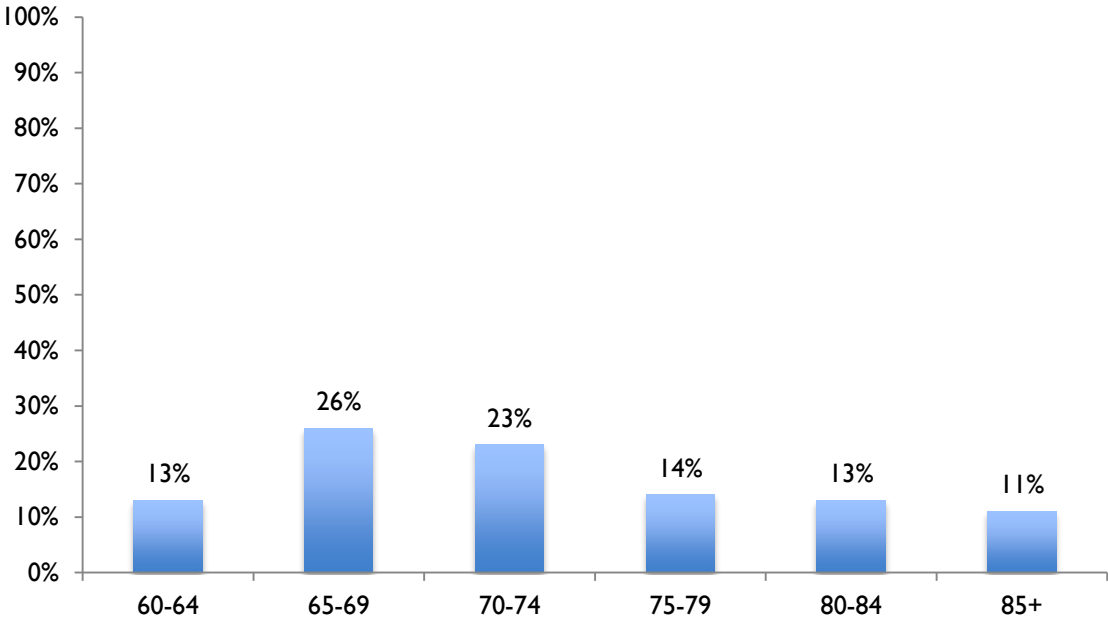
Notes: For Graph 4-3, n = 151  
Source: PHASE 2011

### 4-4. Cardiovascular Disease Prevalence, by Age



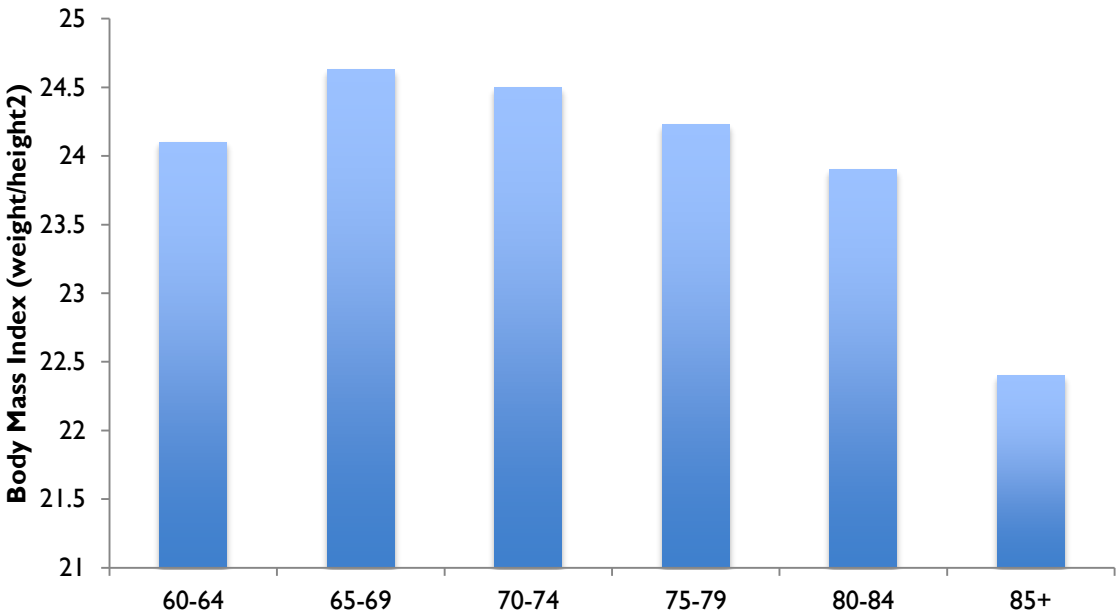
Notes: For Graph 4-4, n = 462  
Source: PHASE 2011

### 4-5. Joint Pain Prevalence, by Age



Notes: For Graph 4-5, n = 818  
Source: PHASE 2011

### 4-6. Mean Body Mass Index (BMI), by Age



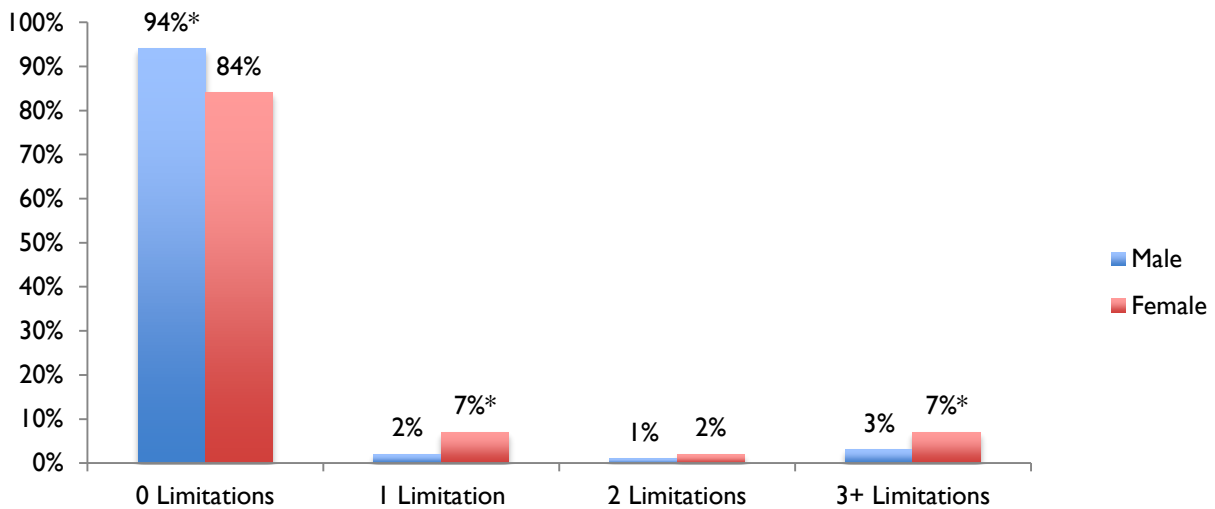
Notes: For Graph 4-6, n = 2,883  
Source: PHASE 2011

#### Activities of Daily Living (ADLs) and Disability

As a measurement of the functional status of a person, the Activities of Daily Living (ADL) scale is a tool used widely to assess the extent of disabilities in an older person. Some of these activities include washing, dressing, feeding, using the toilet, mobility, and the ability to transfer oneself from a bed to a chair or wheelchair.

When differentiated by gender, we see that a larger percentage of older men—94% compared to 84% of older women—self-report that they are able to carry out their daily activities free of any physical limitations. Likewise, a smaller number of older men (6%) report one or more limitations in performing their daily activities, compared to 16% of older women (See Graph 4-7).

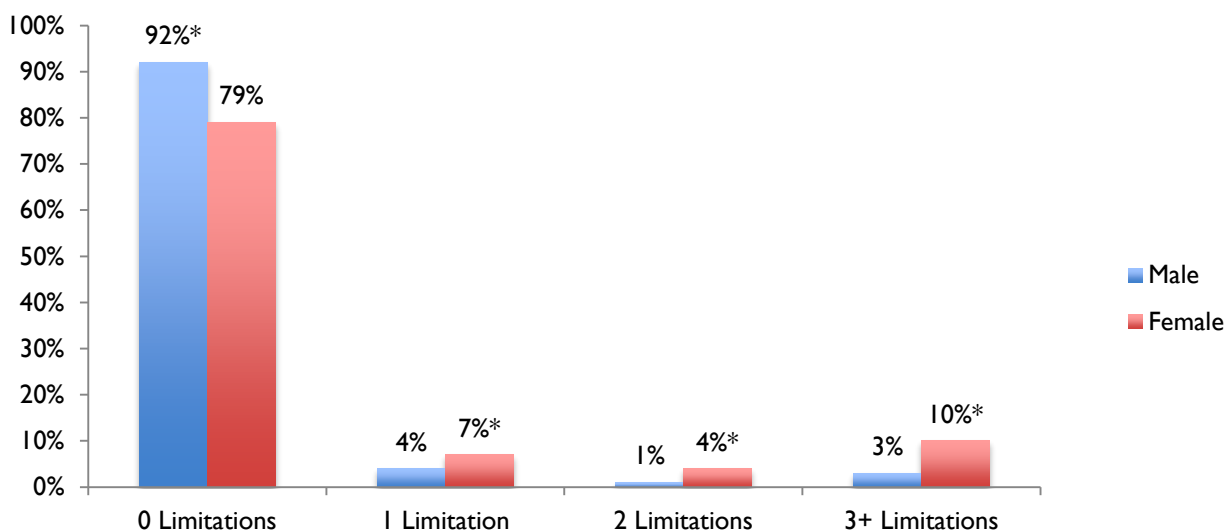
### 4-7. Number of ADL Limitations, by Gender



### Instrumental Activities of Daily Living (IADLs)

While Instrumental Activities of Daily Living (IADLs) are not necessary for an older person’s fundamental functioning, they allow an individual to live independently in a community. These activities include preparing meals, using the phone, taking medication, taking public transport, taking care of financial matters, and some light housework. Similar to ADL limitation trends, we see again that a larger percentage of older men—92% compared to 79% of older women—self-report that they are able to carry out IADLs without any physical limitations. A significantly lesser number of men (8%) report one or more limitations, compared to 21% of older women (See Graph 4-8).

### 4-8. Number of IADL Limitations, by Gender

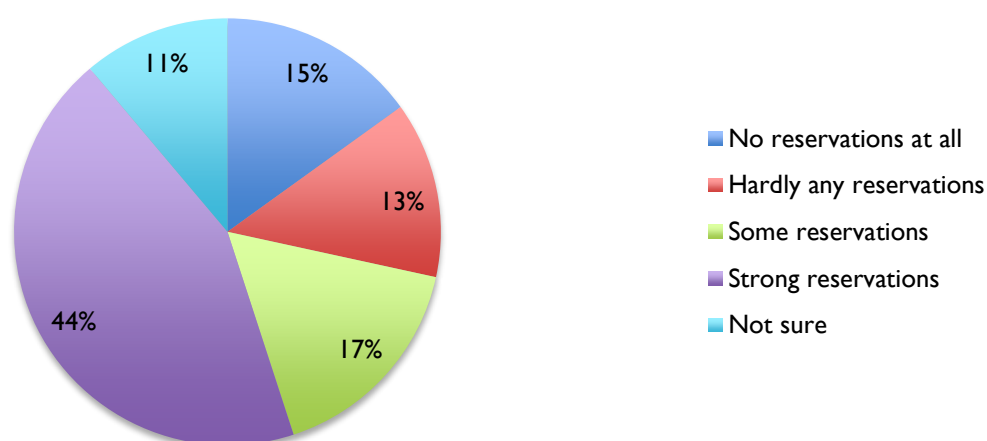


Notes: For Graph 4-7 and 4-8, n = 3,103  
 Source: PHASE 2011

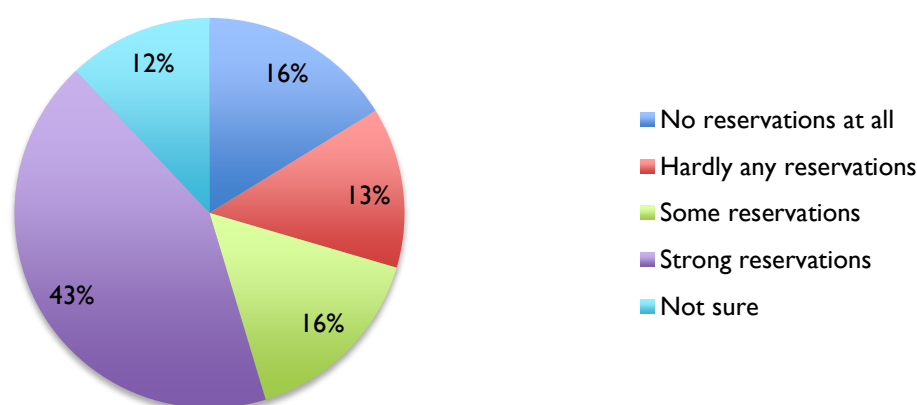
### Out-of-Home and In-Home Services

To meet the anticipated rapid increase in elder care needs, Singapore currently aims to locate aged care and support facilities within each community so that seniors can “age in place” close to their loved ones, for as long as possible. With this ongoing initiative, it is then crucial to gauge older persons’ feelings and responses to both out-of-home and in-home services. From PHASE 2011 data, we find that the greater part older persons (44% for out-of-home services; 43% for in-home services) in Singapore still hold strong reservations towards these services, regardless of whether they are out-of-home or in-home (See Graphs 4-9, 4-10).

#### 4-9. Feelings about Out-of-Home Services, Totals



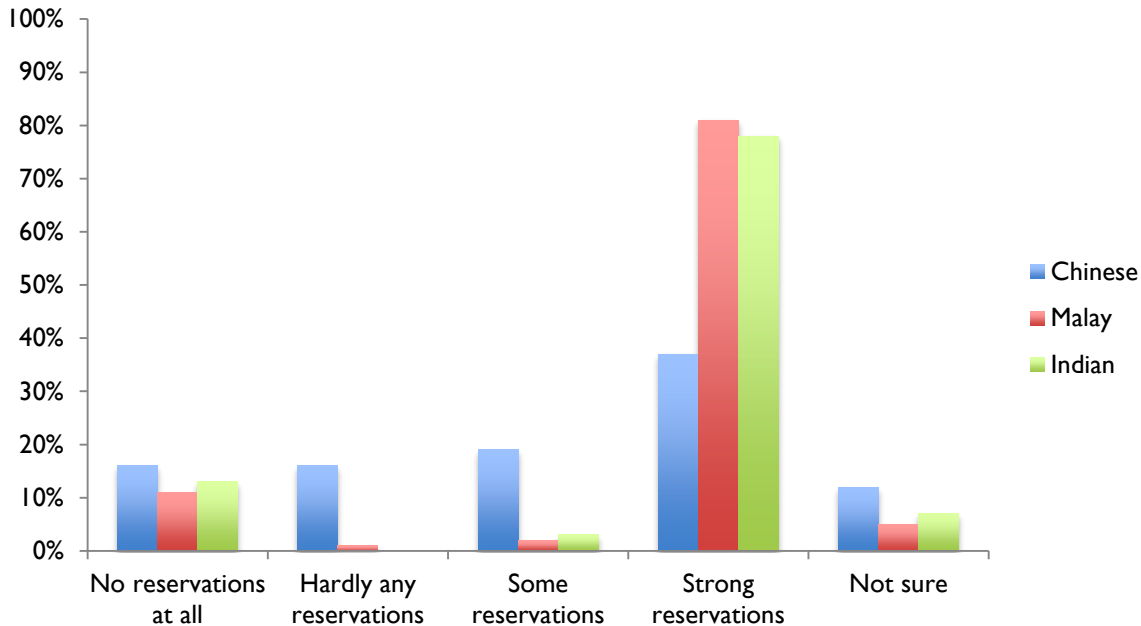
#### 4-10. Feelings about In-Home Services, Totals



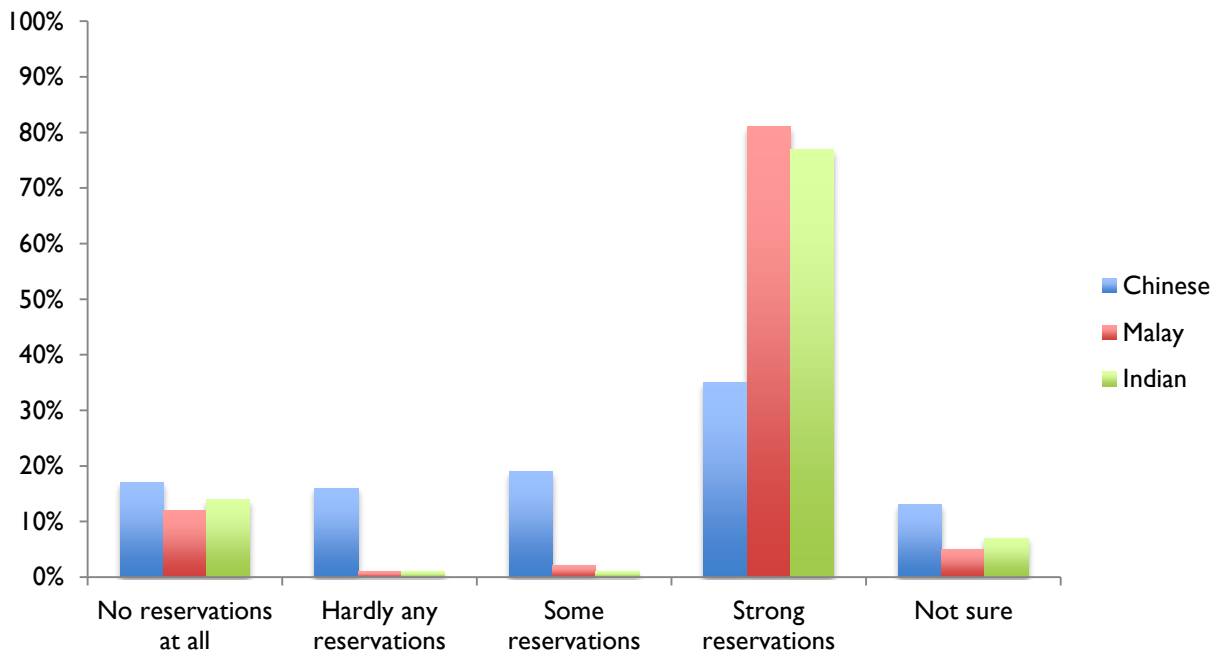
Notes: For Graph 4-9 and 4-10, n = 3,103  
Source: PHASE 2011

When divided by ethnicity, older Malays and older Indians in particular have significantly stronger reservations towards both out-of-home and in-home services as compared to the older Chinese population (See Graph 4-11, 4-12).

### 4-11. Feelings about Out-of-Home Services, by Ethnicity



### 4-12. Feelings about In-Home Services, by Ethnicity



Notes: For Graph 4-11 and 4-12, n = 3,071  
 Source: PHASE 2011

### Leading Causes of Death in Singapore

Based on the 2011 data from the Singapore Registry of Birth and Death, approximately 30% of all deaths in 2011 were caused by cancer, closely followed by both Pneumonia (16.8%) and Ischaemic Heart Diseases (16.1%). Cerebrovascular Diseases (including stroke) accounted for 9.3% of all deaths that year (See Table 4-13).

## 4-13. Leading Causes of Death

| Causes of Death                                | Percentage of Deaths |
|--|----------------------|
| Cancer [ICD 10: C00-C97]                       | 30.1%                |
| Pneumonia [ICD10: J12-J18]                     | 16.8%                |
| Ischaemic Heart Diseases [ICD 10: I20-I25]     | 16.1%                |
| Stroke [ICD10: I60-I69]                        | 9.3%                 |
| Hypertensive Diseases [ICD10: I10-I15]         | 2.8%                 |
| Other Heart Diseases [ICD10: I00-I09, I26-I51] | 1.9%                 |
| Others*  | 23%                  |

Notes: For Table 4-13, n = 18,481.

\*Includes External causes of morbidity and mortality [ICD10: V01-Y89]; Nephritis, Nephrotic Syndrome & Nephrosis [ICD10: N00-N07, N17-N19, N25-N27]; Urinary Tract Infection [ICD10: N39.0]; Chronic Obstructive Lung Disease [ICD10: J40-J44].

Source: Singapore Registry of Birth and Deaths, 2011

## 5. Mental Health

It is a well-known fact that both physical and mental health are key to healthy ageing, enabling older persons to enjoy longer lives at a higher quality. However, while the detriments of poor physical health are well documented, the disadvantages of poor mental health for older persons are not always common knowledge. Without a stable, thriving mental capacity, older persons are sometimes unable to manage life changes (i.e. retirement, departure of grown up children etc.), and depressive symptoms may start to surface. This may sometimes then lead to declining physical health, changing family dynamics, and loneliness.

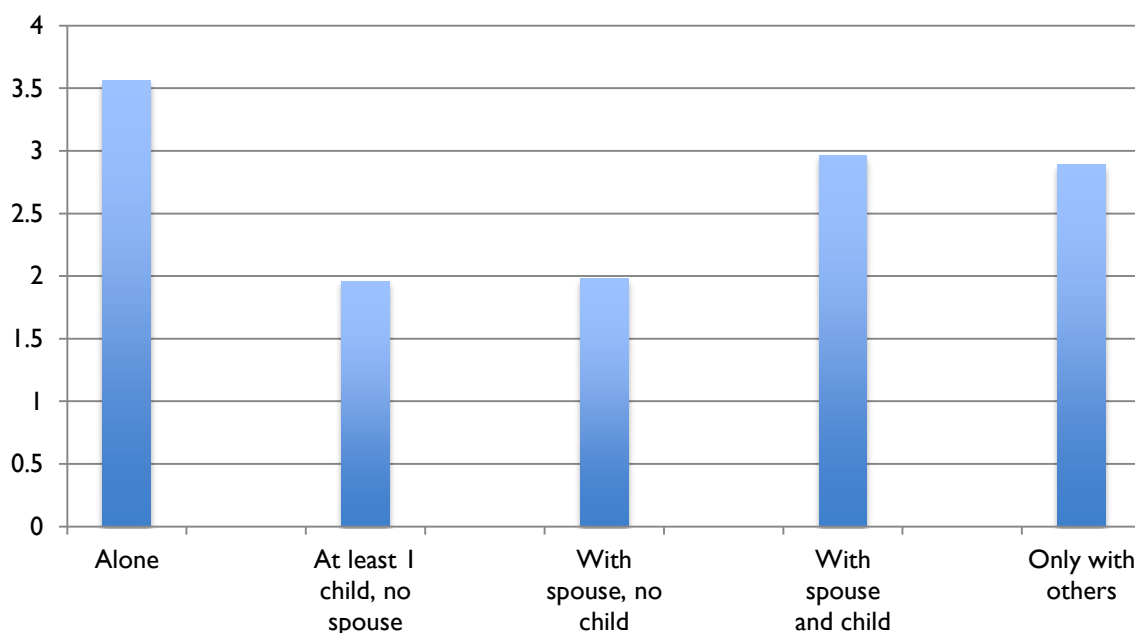
### Relationships within the household

In Singapore, relationships within the household and beyond the household are related to depressive symptoms. Older men and women who live alone report more depressive symptoms compared to those who live with someone.

### Relationships beyond the household

Further, those with weak social networks report more depressive symptoms compared to those who have strong social networks (See Graphs 5-1, 5-2, 5-3, and 5-4). Correspondingly, in a 2010 study, Chan, Malhotra, Malhotra and Østbye found that older men and older women tended to have a lower incidence of depression when they had strong social networks.

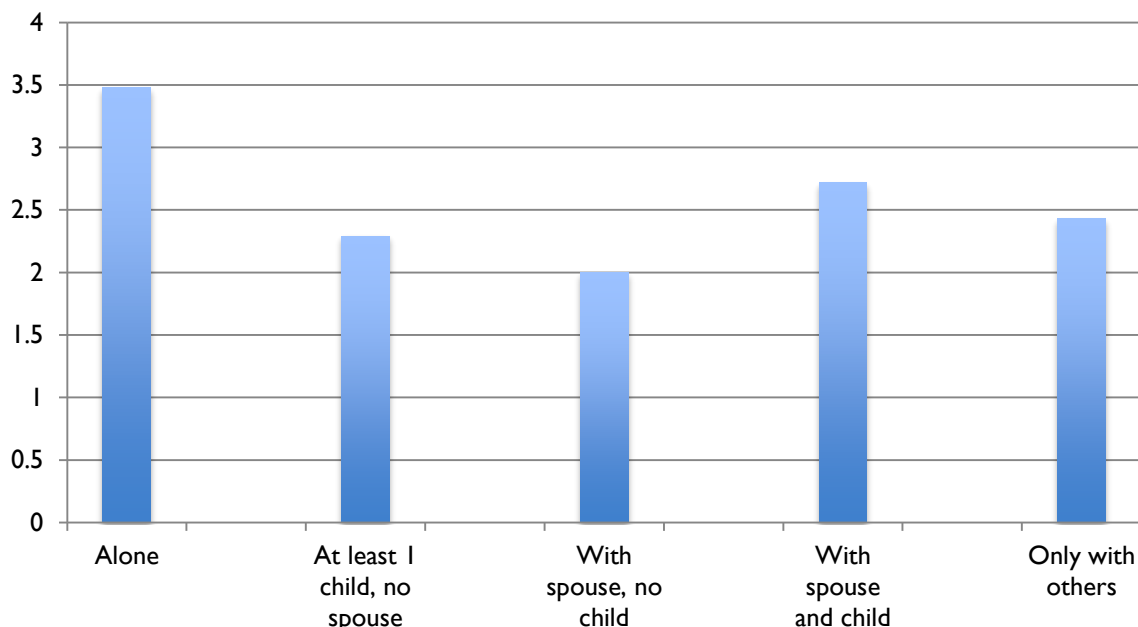
### 5-1. Mean Depressive Symptoms Score for Older Men, by Living Arrangement



Notes: For Graph 5-1, n = 1,411. This graph shows the mean depressive symptom scores for older men in Singapore using the Center for Epidemiologic Studies Depression (CES-D) scale. A score 7 points or higher requires clinical attention; Information on living arrangements was derived from the household roster. The “others” category includes in-laws, siblings, other relatives, and domestic helpers.

Source: PHASE 2011

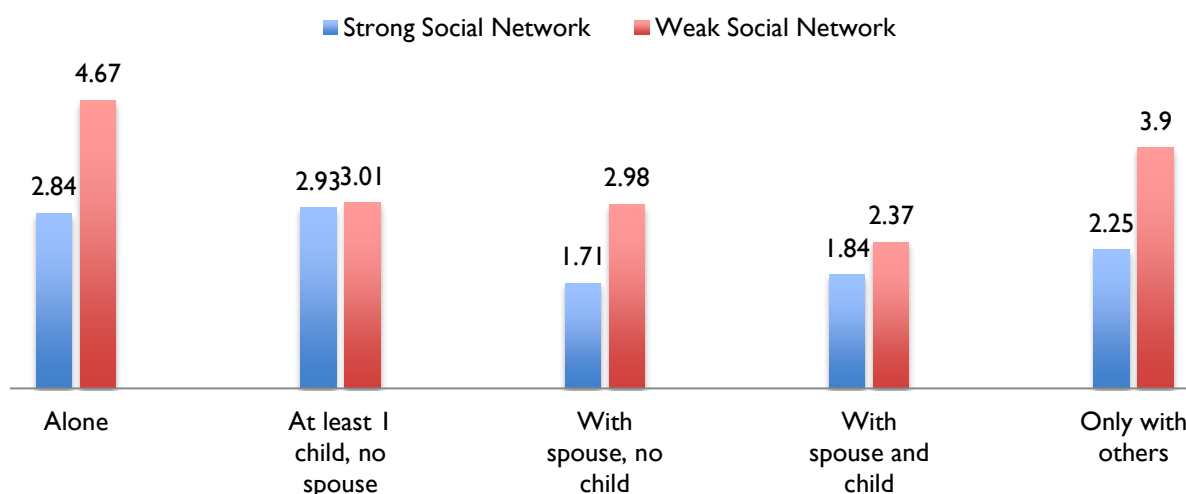
## 5-2. Mean Depressive Symptoms Score for Older Women, by Living Arrangement



Notes: For Graph 5-2, n = 1,691. This graph shows the mean depressive symptom scores for older men in Singapore using the Center for Epidemiologic Studies Depression (CES-D) scale. A score 7 points or higher requires clinical attention.

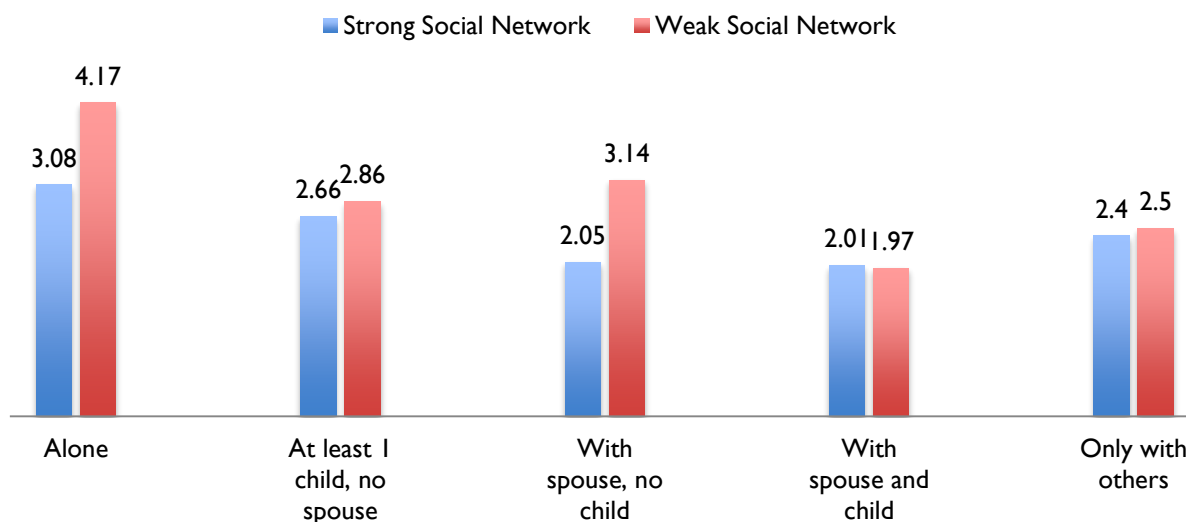
Source: PHASE 2011

## 5-3. Mean Depressive Symptom Scores for Older Men, by Living Arrangements and Social Network





## 5-4. Mean Depressive Symptom Scores for Older Women, by Living Arrangements and Social Network



Note: For Graph 5-3, n = 1,411. For Graph 5-4, n = 1,691.

Strength of social networks outside the household was assessed by the Lubben Social Network Scale—the higher the score on this scale, the stronger the network (range: 0-60 points). Those in the first quartile were categorized as having weak social networks compared to the other three quartiles in the strong social networks category.

Source: PHASE 2011

### Addressing depressive symptoms in the elderly

More attention needs to be paid to the mental health of the elderly in Singapore. General practitioners and polyclinic doctors need to be trained to identify and help older adults experiencing depressive symptoms. In addition, the resources and reach of Senior Activity Centers should be expanded to keep older adults engaged in community life.

## 6. Social Participation

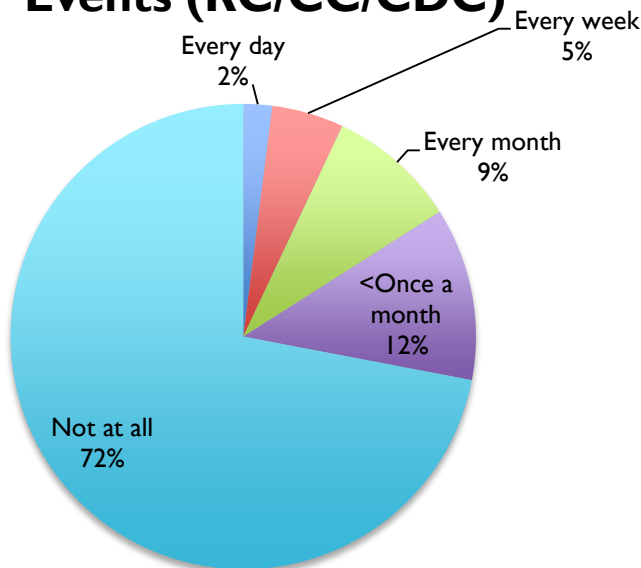
### Community life and healthy ageing

Older adults lose touch with their community as they age for a variety of reasons: children become independent, retirement, diseases and disability in older age poses mobility problems. They may feel alienated and disconnected from community life. Developing their recreational interests and joining in elder-friendly community events goes a long way in helping older adults feel connected and occupied as they age.

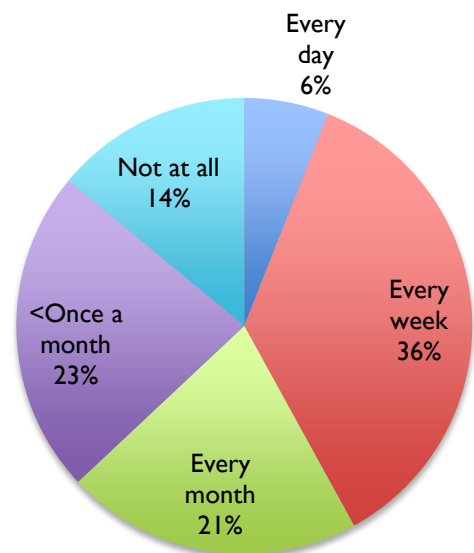
### Food and religion are focal points in community life

72% of participants in PHASE 2011 do not attend community center or neighborhood activities. However, 63% go out to eat and 43% attend weekly religious services at least once a month.

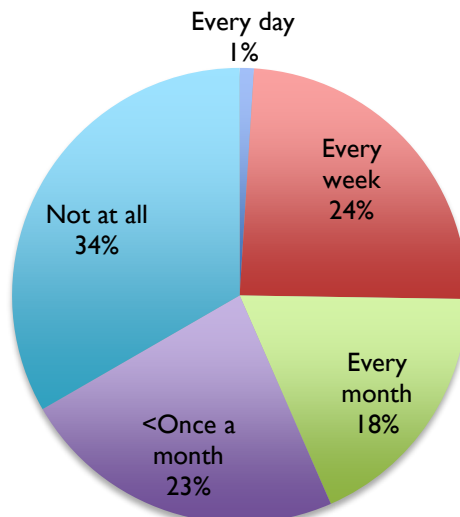
#### 6-1. Attends Neighborhood Events (RC/CC/CDC)



#### 6-2. Goes Out to Eat



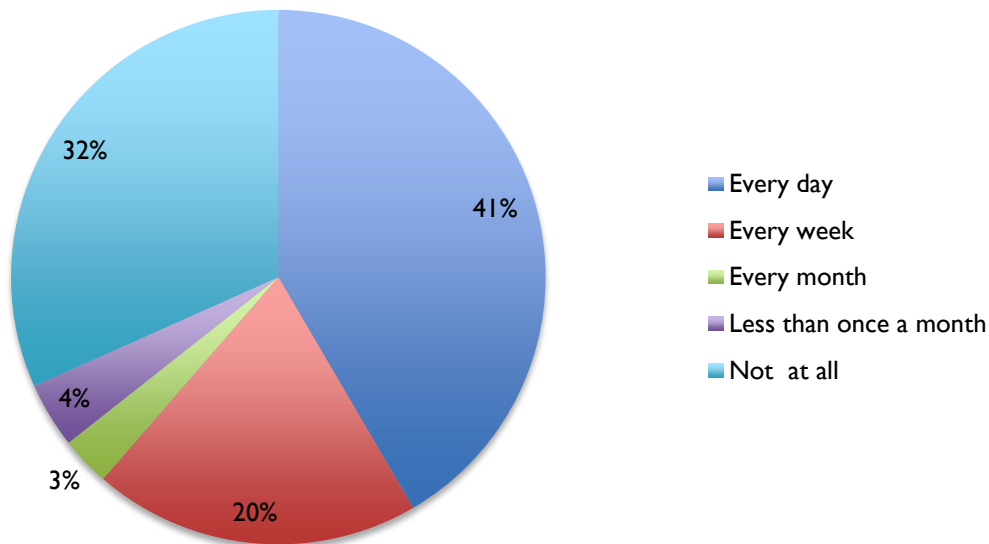
#### 6-3. Attends Religious Services



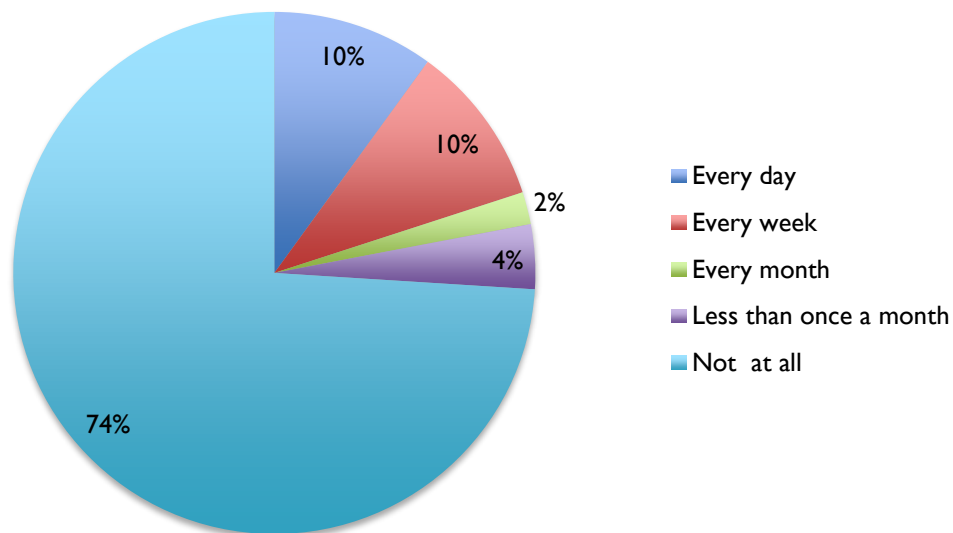
### A nation of avid walkers

Remaining engaged in the community is also an opportunity for exercise, an activity essential for physical and mental health. 61% went for a walk at least once a week for exercise. Sports involvement is not popular in the elderly – 74% did not play a sport.

## 6-4. Goes Walking for Exercise



## 6-5. Plays a Game of Sport



Notes: For Graphs 6-1, 6-2, 6-3, 6-4, & 6-5, n = 3,103  
Source: PHASE 2011

## 7. Conclusion

This report serves to provide an overall description and snapshot of the status of older persons in Singapore. It is apparent that the current generation of older persons faces various challenges related to both their health and financial status, and these difficulties often vary in intensity with regard to different groups of older persons.

For instance, when segmented by age groups, there are significant differences suggesting that policies and programs for older persons should be targeting specific groups—the young-old (60-69 years), the middle-old (70-79 years), and the oldest-old (80+ years). In addition, gender differences in the report data point to a crucial need for more gender specific policy making in the area of aging, as we see that older women tend to be more dependent—financially and physically—on their children compared to older men. This dependency is also often exacerbated by the presence of chronic disease conditions and multiple ADL and IADL limitations.

Moving forward, we need to recognize that this current generation of older persons has faced diverse life course events that will differentiate them from the upcoming baby boomer cohort. With higher levels of education, smaller nuclear families, as well as contrasting work histories, it is inevitable that these differences will impact sources of both acute and long-term care in older age. This then highlights the need to address issues like intergenerational transfers and healthcare utilization issues in a more innovative manner.

It is imperative to note that data in this report is reflective of the current aging situation in Singapore today. Future reports will include additional and more comprehensive information on the baby boomer cohort and their experiences as they age in a high-paced society like Singapore.

## 8. Appendix

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