Policy Brief

Older Women in Singapore: Changes and Challenges between 2005-2015

PUBLISHER

International Longevity Centre Singapore

The International Longevity Centre Singapore (ILC Singapore) aims to promote the well-being of older people and contribute to national development through supporting policy, practice and capacity building. It facilitates a "connecting of the dots" between community, practitioners, academia, policymakers and the private sector through the creation of relevant stakeholder platforms, as well as high impact research that strives to inform policy, facilitate cogent policy-action translation, and promote quality, effective practice in Singapore and internationally.

ILC Singapore is a member of the ILC Global Alliance, a multinational research and education consortium which aims to address longevity and population ageing in positive and productive ways, typically using a life course approach, highlighting older people's productivity and contributions to family and society as a whole.

As an initiative of the Tsao Foundation, ILC Singapore's mission is to strive for constructive change in how society approaches and responds to ageing.

In 2005, the Tsao Foundation commissioned a report together with AWARE, on the status of older women in Singapore, highlighting key disparities between men and women at older ages, pointing towards the need for gender mainstreaming in aging policy.

Ten years later, the population of Singapore continues to age rapidly. In 2004, the old-age support ratio (the ratio of persons aged 20-64 years to persons aged 65 years and over) was 7.6. Ten years later, this ratio has fallen to 5.2, with the proportion of elderly (65+) increasing from 8.1% to 10.5% between 2005 and 2013 alone. At the same time, supported by the Ministerial Committee on Ageing (MCA), Singapore has been working to realize the vision of Successful Ageing as first proposed in the 1990s, through reforms aimed at improving the employment and financial security of older persons, providing holistic and affordable healthcare and eldercare, enabling aging in place and promoting active aging.

In this brief, we reflect on the present status of older women in Singapore and ask—

- What has changed for older women in Singapore over the last 10 years, both in terms of status and policy environment?
- What challenges for older women remain and what new issues have surfaced?

Three Key Issues for the Next Ten Years

Health and Healthcare

Overall, Singaporean women are living longer than ever before. Between 2005 and 2013, life-expectancy at birth for women rose from 82.5 to 84.6. Singaporean women continue to outlive men (for whom life-expectancy also rose, but from 77.8 to 80.2).

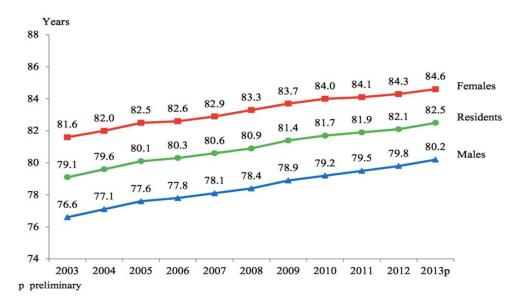


Figure 1: Life Expectancy at Birth of Singapore's Resident Population

Source: Department of Statistics (2014)

In general, older women have experienced absolute and relative increases in general health: in 2004, the Singapore Global Burden of Disease (SGBoD) study reported health-adjusted life expectancy (HALE) age 60 of 15.8 for men and 18.1 for women respectively. By 2010, HALE at 60 was 18.6 for men and 21.9 for women respectively.

However, these positive developments are not the end of the story, as **firstly, older women** still spend more years in disability than men (partly as a consequence of living longer), with higher reported rates of morbidity and lower mobility. In 2010, the expectation of years lost to poor health for women was 6.3, compared to 5.9 for men. Adults aged 65 and older shouldered 35% of the disease burden for the entire population, as measured in disability-adjusted life years, but 5.5% more of this burden fell on women as compared to men. Older

I HALE expands on the concept of life expectancy by providing an estimate of the average number of "healthy years" a person can expect to live, by reducing the estimate of years lived by the proportion of time spent at each age in states of less than full health, weighted by the severity of those states.

women are more likely than men to report having difficulty carrying out typical activities of daily living (ADLs) (48% of versus less than 20%), and older men are more likely to report carrying out daily sporting activities (33% versus 28%).²

Secondly, some relative gains in health status reflect men's outcomes becoming worse, rather than improvements for women. For instance, the National Health Survey found that in 2004, women were slightly more likely than men to be obese or suffer from diabetes, but in 2010, this trend has reversed. However, obesity rates for women have still risen from 6.4 to 9.5% (while men's rates have doubled), and obesity rates among seniors are second only to rising obesity rates among the young.³

Thirdly, differences in the nature of disease are significant: while heart disease and stroke are the leading causes for both genders, the third most important source of disability for older women is Alzheimer's disease and other dementia. For men, the next most significant issue is lung cancer, which may reflect gender differences in smoking behavior and other risk factors. Notably, older women have also been found to have higher rates of depression, especially among those living alone or with people to whom they are not related, or having weak social networks outside the household.⁴

Over the last ten years, healthcare costs have outstripped general inflation, resulting in a growing financial burden that could disproportionately affect older women, due to their greater morbidity over a longer period of time. Recognizing the needs of the older generation, in October 2006, the government instituted the Chronic Disease Management Programme (CDMP), allowing Medisave balances to be applied to outpatient costs for many chronic diseases. In 2006, Eldershield, the national disability insurance scheme for older adults increased both payouts and payout periods, and additional supplemental insurance was introduced. In 2009 and 2012, the government also expanded the Community Health Assist Scheme (first initiated in 2000 to provide needy elderly/disabled individuals with access to subsidized private GP and dental care near their homes) to broaden the eligibility criteria and to cover more chronic conditions.⁵

While these measures have been welcome, gaps in financial protection remain. Surveys of the State of the Elderly by the Ministry of Social and Family Development show that between 2005 and 20116, more elderly women report being able to be able to finance their healthcare on their own. However, a considerable fraction remain dependent on their children (and more women remain dependent than men).

² Wu and Chan, 2011

³ Lim, Zheng, Yang, Cook, Chia and Lim 2013

⁴ Chan, Malhotra, Malhotra and Østbye 2010; Tsao Foundation 2011.

⁵ CHAS

⁶ Report on the State of the Elderly, MSF 2014

Employment and CPF Savings

For older women, the last ten years have seen large steps towards parity with men as well as with international benchmarks, in terms of labor force participation. Gender disparities still exist prominently among the oldest cohorts: in 2013, almost a quarter of men but fewer than 10% of women above 70 were formally employed. However, these gaps are closing with time. In 2013, 81.9% of men aged 55 to 64 were employed compared with 52.4% of women, a significant narrowing compared to 66.6% and 28.5% respectively in 2003. Unlike ten years ago, these figures now compare well to the current OECD average of 51% for women aged 55-64.

Some of these gains for older women may be attributed to the shift in educational attainment over Singapore's history of development - in 2000, 90% of women ages 60+ reported having less than secondary education compared to 77% of men of the same age⁷, but in 2012, 67.6% of women aged 55+ had below secondary education in 2012 compared to 54.2% of men.8

However, they also reflect a pro-active labor policy. Since 2005, the Tripartite Committee on Employability of Older Workers has been working to enhance the employability of older workers of both genders, and to change society's perceptions and mindsets. The Retirement and Re-employment Act (RRA) of January 2012 now obliges employers to offer re-employment to eligible employees who turn 62, up to the age of 65, contingent upon prior job performance and medical fitness.

At the same time, older women continue to earn less than men. In 2013, 70.03% of women aged 60-69 earned a gross monthly income of \$2,000 or less (excluding employer CPF) compared to 50.9% of men. The 2011 State of the Elderly report observed that older women are more likely than men to be in what may be seen as lower-quality blue-collar work, which may be in part due to remaining differences in education among the older cohorts However, the wage gap for women and men persists in almost every educational category (except secondary) and has remained virtually unchanged over the last ten years.

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⁷ Department of Statistics, Census Report 2000.

⁸ Teo, 2013

10,000 8,000 6,000 4,000 2,000 0 **Total** Primary & below Secondary Post-secondary Diploma & Degree Lower Secondary (Non-tertiary) Professional Qualification ■ Male ■ Female

Figure 2: Median Gross Monthly Income from Work (Excluding Employer CPF) of Full-Time Employed Male and Female Residents Aged 60+, June 2013

Source: Ministry of Manpower

Old-Age Financial Security

Gaps in employer-based social security for old age are narrowing, but remain critical for older cohorts. As Singapore's mandatory old-age savings scheme, the Central Provident Fund (CPF), is primarily funded by both employer and employee contributions, older women (who are more likely to be previously homemakers or informal workers) are at a disadvantage. Women's average total CPF balances (\$68,000) remain significantly lower than men's (\$78,000)^{9,10}

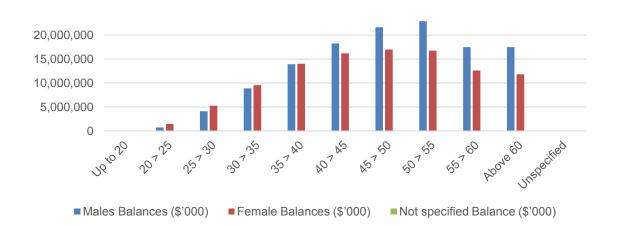


Figure 3: CPF Members' Balances by Age Group and Sex, December 2012

Source: CPF Annual Report 2012 Annex H

⁹ Central Provident Fund, 2014.

¹⁰ Central Provident Fund, 2014.

Older cohorts of women remain more likely to lack the financial capability to manage other developments related to long-term financial security. For instance, in the past decade, many elderly in Singapore have committed large amounts of their CPF savings towards housing, leaving themselves asset-rich but income-poor, and vulnerable to housing price fluctuations. Financial planning and money management for retirement is hence critical. However, in 2008, the Housing and Development Board reported that just over half of the elderly residents of public housing planned financially for their old age, ¹¹ and women in particular were significantly less likely to plan for their old age than men. Among women, the least likely to plan were also most likely to be vulnerable in the future - primarily housewives who depended on their spouses or children for support. ¹²

The expansion of social safety nets in old age may implicitly help older women to offset longer life-expectancies, greater disability and lower income earning potential. This includes the introduction of CPF Life (an annuity scheme which ensures a lifelong monthly payout at the paydown eligibility age¹³ for those with certain CPF Retirement Account balances), and updates made to Eldershield. In 2015, the Silver Support Scheme was announced to provide additional income transfers to the elderly poor to support daily expenses. Recently the Silver Housing Bonus (SHB) was introduced in 2013 to help lower-income elderly to supplement their retirement income when downsizing their flats.¹⁴

Eldercare and Social Support

Singapore has maintained a policy on ageing that places the family at the heart of eldercare, based on evidence that living with a spouse or children has a protective effect on elderly health, care and financial well-being. Housing and health policies over the last ten years have also been aligned with this, in what has become known as the "many helping hands" approach. Policy responses to bolster family support include the ability to use Medisave funds to care for dependent parents; recently reinforced home-buyers' incentives to purchase homes in close proximity to one's parents; income tax relief for elderly dependents as well as incentives to promote co-residence with parents and support schemes for caregivers at home. More daycare and home care support services for the elderly have also been provided in HDB apartment blocks.

Yet, the number of older adults living alone has increased rapidly, with the majority being women. Between 2005 and 2011, the average household size of senior citizens fell from 3.7 to 3.315. Higher life expectancy as well as falling fertility rates among the younger population have led to a decrease in the old-age support ratio and shrinking family sizes. Also, as women tend to marry older men and then live longer, more elderly women than

¹¹ Housing and Development Board, 2010b

¹² Housing and Development Board, 2010b

¹³ Central Provident Fund

¹⁴ HDB InfoWEB, 2014

¹⁵ NCSC, 2013

men are widowed - in 2005, the majority of older men, regardless of age, were married. In contrast, up to 70% of women aged 75+ were widowed. 16 As a result of these trends, the fraction of adults aged 75+ living alone more than doubled from 7% to 17%, between 2005 and 2011, and most of the those living alone were female (64%) widowed and economically inactive.

At the same time, most elderly women remain in their community. Only a very small number of elderly people in Singapore live in institutional care facilities. While the trend is increasing rapidly (from 5,203 in 1997 to 9,278 in 2008) and women make up a slight majority of the elderly in institutional care the numbers remain relatively modest.¹⁷

Steps have been taken to adapt the physical and social infrastructure to become more elder-friendly. Since 2006, Housing and Development Board (HDB) projects have incorporated Universal Design features to improve accessibility and address the mobility constraints of the elderly. Public transportation has also been adapted to be elder-friendly. An increasing number of state-subsidized senior activity centres have also been opened.

¹⁶ General Household Survey, 2005.

¹⁷ Ministry of Social and Family Development, 2009

¹⁸ Wu and Chan, 2011

Three Key Issues for the Next Ten Years

By 2030, 18.7% of the Singaporean resident population is projected to be 65 or older¹⁹, while by 2050, this figure will jump to 32 %²⁰. In the (near) future, older women in Singapore will be more educated, more empowered and more financially self-reliant than ever before. Gender gaps between women and men on these dimensions appear to be narrowing or even reversing. Indeed women under 40 are now more highly educated and saving more for old age than their male peers.

However, the extent to which these trends translate into improved well-being for future generations cannot be taken for granted. Furthermore, existing cohorts of older women will continue to remain at a disadvantage.

For the next ten years, therefore, we highlight three key priorities to consider:

Continue to address health disparities for older women, especially in mental well-being

Given that women continue to live longer but remain in worse health, complacency is not warranted. Most recently, in 2015, the government has announced the expansion of health insurance to lifetime coverage under Medishield Life, as well as the introduction of the Pioneer Generation Package, a set of subsidies to further support healthcare spending for the "pioneer generation" in recognition of their contribution to building Singapore. For older women in particular, these subsidy packages enhance access to key services such as breast and cervical cancer screening.

Other aspects of preventive and continuing care should not be neglected, including support for general health promotion initiatives as well as long-term care policies. For older women in particular, issues related to dementia and mental health remain relatively underexplored, although the burden of disease is relatively high.

Strengthen older women's financial capability across all groups

Aging policies since 2005 have made strides in targeting the poorer elderly in Singapore, but have been critiqued for not reaching out enough to the lower-middle class group whose incomes have been stagnant for over a decade. The need for financial capability and economic empowerment in fact exists across a wide socioeconomic spectrum. For instance, in recent years, there have been increased calls for extending non-contributory old age savings provisions to non-working women. In addition, however, this needs to be coupled with

¹⁹ Ministry of Social and Family Development, 2014

²⁰ Reisman, 2009

stronger action to support employment of women at older ages at all skill levels, including appropriate training and work preparation. For older women, it may be useful to build or reinforce positive personal financial behaviors related to budgeting on a limited income, managing investments and scam avoidance, while younger women may need education and encouragement to initiate early retirement planning.

Support a holistic vision of independent aging-in-place

Population projections up to 2030 predict that co-residence will continue to decline sharply for individuals of both genders.²¹ Firstly, support to families that are providing eldercare should be reinforced, especially in terms of alleviating rising caregiver burden on the ever-shrinking younger generation. Secondly, efforts should continue to adapt community living for the growing proportion of elderly (especially women) who will be living alone. This includes not just modification of physical infrastructure but also strengthening and leveraging the non-familial networks that surround older women. Such networks should be viewed as a two-way street: providing channels for social support and service delivery targeting older women, but also creating opportunities for older women to continue actively contributing through volunteerism, community activism or other forms of service.

Conclusions

The demographic and social landscape in Singapore has changed substantially over the course of the last decade. In spite of the important strides women, including elderly women, are making in Singaporean society and economy, significant challenges to economic and social vulnerability remain. Women's life-expectancy and general health has improved compared to men, but they continue to spend significantly more years in poor health relative to men, and many end up also living alone. Even as women in general join the labor force in growing numbers, the participation and remuneration of older women is still significantly lower than men's. Lower CPF balances, increased dependency and lower levels financial capability compound older women's disadvantage.

The evidence presented above supports the case for integrated policy approaches to ageing that take these emerging trends and gender disparities into account. Singapore's policy on ageing has been active and multi-faceted but still relies heavily on private care and support. There remains considerable scope for a gender framework that considers ways to support the specific needs of older women.

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