Asia-Pacific and global population ageing

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Two themes:

Demographic picture of ageing in the region

Selected social consequences
The Asia-Pacific Region

“East and Southeast Asia”
Ageing in the Asia-Pacific (AP) region: a large and important area demographically
UNESCAP’s ‘Asia and the Pacific’ region 2015

- Asia-Pacific covers c. 4.19 billion (c. 57% of global population 7.35 billion) mainly through inclusion of South Asia
- In ageing, UNESCAP area has about 535m (59.3%) of the world’s 901m persons aged 60+
- Majority aged 60+ (UN ‘criterion’) live in a few countries: China (210m), India (117m), Japan (42m) and Indonesia (21m)
- Several other countries have around 10 million persons 60+, including Thailand, Vietnam, the Republic of Korea, and Bangladesh (11m), Pakistan (12m)
Ageing in the Asia-Pacific (AP) region:

- Population over 2,220 million, c.31% of the world’s population (2014)
- AP has about 35% of the world’s 65+
- People aged 65+: approx. 6% in Southeast Asia and 11% in East Asia
- The majority of the OP are in East Asia, especially in China and Japan, Indonesia
- Demographic ageing occurring at various rates/stages in almost all AP countries
Ageing in the Asia-Pacific region: notable successes — but can we generalize?

- Life expectancy increases, but huge ranges: for females, 67 to 87 years (2015): Laos, Pakistan, Cambodia, Myanmar to Hong Kong, Japan
- 65+ range from 3-26%: PNG (3%), Laos (3.8%), Cambodia, Pakistan, Philippines (4-5%), Brunei, Myanmar, Cambodia (5-6%), Thailand, China (c.10%), HK, Australia, New Zealand (15%) and Japan (26%)
- Significant emerging demographic feature: increasing “oldest old” cohorts (aged 80/85+)

Dada source: UNESCAP 2015
• Spectacular epidemiological transition seen especially in East Asia/Singapore/Indo-China

• Population policies often now addressing demographic ageing rather than family planning
Major social/health aspects of ageing and implications for costs, retirement, etc

- Changing population structures: variety of demographic ageing and epidemiological transition
- Longer life but health status? Will tomorrow’s older persons be healthier?
- Health, welfare, and family-related challenges of demographic ageing; elderly poverty
- Living environments: suitability and threats
- Care: responsibility of the individual, family, state, or combination?
Key qu.: Longer life and worse or better health?

**Fig. 2.2. Three hypothetical trajectories of physical capacity**

- **A.** Optimal trajectory, intrinsic capacity remains high until the end of life.
- **B.** Interrupted trajectory, an event causes a decrease in capacity with some recovery.
- **C.** Declining trajectory, capacity declines steadily until death. The dashed lines represent alternative trajectories.

Personal and population trajectories are crucial

- Increasing attention to ‘trajectories of ageing’
- Huge implications for OPs’ long-term activities, ability to live independently, social care costs, LTC costs, etc
- Trajectories affected by physical health (major AP emphasis?) but also psychological/mental issues esp. dementias (c. 37% global total in A-P)
- Major effect: age-friendliness of social and physical environments (AFC movement)
Demographic ageing in A-P: the background
Population aged 65+ (%) 1990, 2010, 2025

Japan
Hong Kong
Singapore
Taiwan
South Korea
Thailand
China (PRC)
Population aged 65+ (%) 1990, 2010, 2025

<table>
<thead>
<tr>
<th>Country</th>
<th>1990</th>
<th>2010</th>
<th>2025</th>
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<tbody>
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1.13.1. Share of the population aged over 65 and 80 years, 2012 and 2050

Expectation of Life at Birth – a longevity boom

- China
- South Korea
- North Korea
- South Korea
- Japan
- Thailand
- Hong Kong
- Taiwan
- Myanmar
- Laos
- Thailand
- Cambodia
- Vietnam
- Malaysia
- Brunei
- Singapore
- Vietnam

ELB (years)

Males
Females
But not everywhere in the Asia-Pacific

- Laos
- Cambodia
- North Korea
- South Korea
- Japan
- Philippines
- Burma (Myanmar)
- Thailand
- Vietnam
- Malaysia
- Singapore
- Indonesia

ELB (years)
- Males
- Females
Very low fertility rates: Underlie much demographic ageing
A-P region: Total Fertility Rates changes 1970-2015

TFR = average number of children born per woman

Data UNESCAP 2015

Hong Kong
Japan
South Korea
Taiwan
Singapore
China (PRC)
Thailand
Indonesia
Malaysia
Philippines

1970
1980
2000
2008
2015
Percentage of older (60+) and younger (<15) age groups of the total in Asia 1950-2050: a “scissor” pattern

Source: United Nations (2007a)
A quick look at the evolution of population structures in selected AP countries

Source: U.S. Census Bureau, International Data Base.
Population Structure - Philippines (2025)

Source: U.S. Census Bureau, International Data Base.
Population Structure - Philippines (2050)

Source: U.S. Census Bureau, International Data Base.
Population Structure - China (2010)

Source: U.S. Census Bureau, International Data Base.
Population Structure - China (2025)

Source: U.S. Census Bureau, International Data Base.
Population Structure - China (2050)

Source: U.S. Census Bureau, International Data Base.

Source: U.S. Census Bureau, International Data Base.
Population Structure - Japan (2025)

Source: U.S. Census Bureau, International Data Base.
Population Structure - Japan (2050)

Source: U.S. Census Bureau, International Data Base.

Source: U.S. Census Bureau, International Data Base.
Population Structure - Hong Kong (2025)

Hong Kong: 2025

Source: U.S. Census Bureau, International Data Base.
Population Structure - Hong Kong (2050)

Source: U.S. Census Bureau, International Data Base.

Source: U.S. Census Bureau, International Data Base.
Population Structure – Singapore (2025)

Source: U.S. Census Bureau, International Data Base.
Population Structure – Singapore (2050)

Source: U.S. Census Bureau, International Data Base.
Selected social issues influencing OP’s health/welfare

1. Environmental issues, age friendliness
2. Social and family impacts:
   - decline in family support and filial piety?
   - longevity, feminization of ageing,
   - increasing dementias, etc
3. Elderly poverty: a pervasive issue
4. Growing need for quality end of life care, hospices and services
5. Community support to avoid hospitalization
6. The pensions gap and <LTC cover in many
Why are these issues so important to health?
Older persons in the Asia-Pacific today:
diversity and uncertainty - an interim generation

- Minimal state provision;
- Elderly poverty?
- Uncertain family & community support; smaller family size
- Unfriendly Environments urban & rural? AFCs/policies?
Bearing in mind that in ageing populations, especially “oldest old” cohorts:

Multi-morbidity is common - older persons need health care that “can count beyond one” (Banerjee, 2015, Lancet).

Multimorbidities often undiagnosed or untreated (esp. in patients with dementia, many have undiagnosed but treatable conditions).

Multi-morbidity (UK) affects 65% of people aged 65–84 years and 82% aged 85+

We need data for this region; morbidity data are rare.

Enormous implications for appropriate services, family and financial costs
Dementias (millions): Asia-Pacific has about 37% 2015 to 2050 (HIC and LMICs)  
(based on *World Alzheimer’s Report 2015*)
1. OP’s health, environmental issues and climate change: age friendliness?

- International studies: OP often *disproportionately* affected by local and wider environment and climate (but regional evidence scanty). Extreme climate events in the AP may expose older people to health risks.
- Four main sources of climate stress: excess heat, low temperatures, atmospheric pollution, natural events (storms, winds, floods).
- OP more subject to local environment (shops/services, social services, security, topography).
- And internal environment in OPs’ homes (livability; QoL).
These all underpin ageing and environment research and policies (relatively new in this region)

- WHO Age-friendly Cities (AFC) project has some regional partners though more needs to be done

- AFCs eight domains: community & health care; transport; housing; social participation; outdoor spaces & buildings; respect & social inclusion; civic participation & employment; communication & information. Improvements and coordination of these will make cities and environments more ‘liveable’ for all ages. HK study found food & diet an extra domain.

- Audits and research – some are under way
• *If we get the environments right, people can be more independent, less need for formal and informal care;*

• Lower demands reduce costs associated with care

• WHO: health systems need to be “aligned to older populations”
2. Social change, filial piety and ageing in the Asia-Pacific region

- A-P leads many global demographic trends
- Falling fertility rates; steadily increasing longevity
- Many countries have enormous economic, industrial development and urbanization.
- Trends profoundly linked with (mostly) improving health status
- ET is at an advanced stage in many/some
- Concomitant changes in family sizes + composition, and in intergeneration relations occurring almost everywhere

Source: *World Report on Ageing and Health* (WHO, 2015) Box 1.4 by Phillips
Trends are especially marked in Japan, China, Taiwan, Korea, Singapore, Thailand

Across the region, especially in the Chinese-based societies, have traditional attributes eg filial piety weakened or changed in form?

Filial piety (孝, xiào): complex reciprocal emotional and practical relations and *duties* between parents and children

Respect, obedience, loyalty and practical support important components; may extend beyond immediate generations to encompass reverence of ancestors (eg ancestor worship, grave cleaning)
Tensions arising? Do younger generations feel lesser obligation or reduced ability to fulfill filial duties/responsibilities?

Some places, eg Singapore (1996), China (2013) and Taiwan (2012), introduced or expanded legislation/rules for children’s support, visit and/or care for elderly parents (enforcement is debatable)

Oct 2015, Weibo: “forced filial piety” - a company in Baiyun district took 10% of unmarried staff wages (5% if married) and deposited it into their parents' bank accounts
Why is potential demise/change of FP so important?

Implicit/explicit reliance on FP as a source of financial support and LTC in absence of social security

Is it also a social cohesion cement?

Vulnerable groups with effectively no filial supporters can be neglected: eg elderly spinsters with no children; migrant children may have emigrated and lost contact; families with divorces and remarriages

Social trends, smaller families, migration for work, fewer children available at home to share physical, emotional and financial responsibilities for ageing parents and grandparents.

Issues: Social exclusion, isolation, poverty, neglect/abuse of OP?

Also: Intergenerational mismatch of expectations?
More positively – FP remains a resource? We need better understanding of its implications for policy and financial planning

Filial norms remaining strong? Families and states are accepting this.

“FP Substitution” via modern expression and contacts (eg money remittances; phone and text calls; whatsapp)

Even when care is delegated to others (eg in care homes) it can be seen as a mark of pride that children can afford such care

Debates on future role of families: does care place a heavy burden on females? Is family care good enough eg for dementias? Some OP want to live independently and not bother their children
3. Elderly poverty

- Throughout the AP: low incomes/lack of formal incomes and pensions throughout today’s older cohorts
- Many countries have quite severe problems, eg China, HK, Philippines, Thailand, Malaysia, etc
- Same especially vulnerable groups, eg older women, esp. spinsters and widows with no children
- This issue affects all areas – housing, nutrition, access to services, facilities, and health
HK Commission on Poverty Summit October 2015

- Overall poverty slightly fell: 1.336 million (2013) to 1.325 (2014)
- “Extremely fast” population ageing: elderly poverty increased 19% from 366,500 (2009) to 436,400 (2014)
- Elderly population in 2014 increased by 44,000 over 2013. Most OP did not have income from work, likely to be classified as poor (limited definition poverty line)
- Guesstimates: one-third in poverty; perhaps >50% on low incomes. Very few are “well off”.
- HK government: OP poverty over-estimated due to public subsidies (CSSA, public health and housing)?
- In-depth analysis required to identify those in need
Conclusion: Policy can be positive – rebalance and inter-sectoral collaboration

Diagram:

- Improved state support
- Active Ageing
- Assistance for family support
- Elderly friendly environments