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# Ageing in the Asia-Pacific region : trends and policy implications

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AGEING IN THE ASIA-PACIFIC REGION:  
TRENDS AND POLICY IMPLICATIONS

by

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**Ageing in the Asia-Pacific region:  
trends and policy implications**

by

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Sixteen selected countries in Asia-Pacific



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## Ageing in the Asia-Pacific region: trends and policy implications

### Summary

This paper reviews the background to demographic ageing in the Asia-Pacific region and discusses some of the economic and cultural features associated with it. The region includes countries exhibiting a variety of experience in demographic ageing and percentages aged 65 years or more range from 3% to 16%. Fairly distinct sub-regional ageing groupings are emerging. At the demographically older extreme lie Japan, Hong Kong, Singapore, Taiwan and Korea. With somewhat smaller percentages of elderly people come China (with huge numbers of elderly people but low per capita income), Thailand and Indonesia and which are likely to have above the sub-regional average elderly people by 2010. Finally, in Burma, Malaysia, the Philippines, Vietnam, Cambodia and Laos, ageing is not yet numerically a major policy issue although in certain of them it is becoming so. In policy terms, high percentages of older people can be very significant for social and health care and for the economies of the countries generally. The demographic and epidemiological features associated with population ageing are discussed, including increasing expectation of life at birth, declining total fertility rates, increasing elderly support ratios, smaller completed family size, low birth rates and low death rates. Several countries have also experienced very rapid shifts in mortality and morbidity away from infectious diseases towards chronic and degenerative diseases. This, too, is very significant for health services and social care systems. Potentially, the major impacts of demographic ageing and epidemiological transition will come from the combined effects of smaller total family sizes, greater longevity and changes in household structure, with changing attitudes to family support and families' abilities to maintain it. The paper questions whether it will be reasonable to expect families to care for older old members and to deal with often complex medical and social conditions including dementias and terminal states. Traditional Asian values of family care and filial piety are likely to come under severe strain in many of the countries. However, it is doubtful whether care in the community will be sufficiently developed or receive sufficient resources to bolster or replace traditional support networks. It is also highly questionable whether the public sector will be able to meet the challenges of demographic ageing in many Asia-Pacific countries.

### Note

An earlier version of this paper was presented at the 8<sup>th</sup> International Symposium in Medical Geography, Towson University, Maryland, USA, in July 1998. Professor David R Phillips is pleased to acknowledge the support of the Staff Development Fund of Lingnan College for his attendance at the symposium.

### Data sources

Unless noted otherwise, the principal source of data for tables and diagrams is the United States Bureau of the Census International Data Base.

### The Asia-Pacific region: key policy issues

- Rapid demographic ageing but with a range of experience across the region
- Social change and elderly support: changing status of elderly – potential impacts of modernization: reduced status, trapped in less rewarding jobs; separation from families; loss of roles and social status
- Family care and Asian traditions; filial piety – strengths and weaknesses: High emotional value placed on family care and filial piety - reduces overt pressure on public sector to become involved. BUT overall social and economic trends tend to increase the need for it
- Dilemmas regarding role of long-term or community care and types of accommodation
- Finance and pensions: difficult issues; lack of Asian welfare state tradition; China loses its collective responsibility; lack of financial sector involvement in retirement funds (personal and family support for retirement; continued working by elderly)

### A wide range of population ageing experience

Rapid ageing (hyper-ageing in some countries by 2025)

Moderate demographic ageing in others

Modest ageing prospects in a group

*Rapid ageing countries:* Japan, HK, Singapore; Taiwan, S Korea – equalling and exceeding Western percentages and certainly numbers elderly in early 21<sup>st</sup> century

*Moderate ageing:* Thailand, China; but numbers are large and change is rapid

*Modest ageing:* Malaysia, Indonesia, Philippines, Vietnam, Cambodia, Laos, Burma: differing reasons – socio-cultural, religious; demographic history eg in Cambodia, Laos, Vietnam

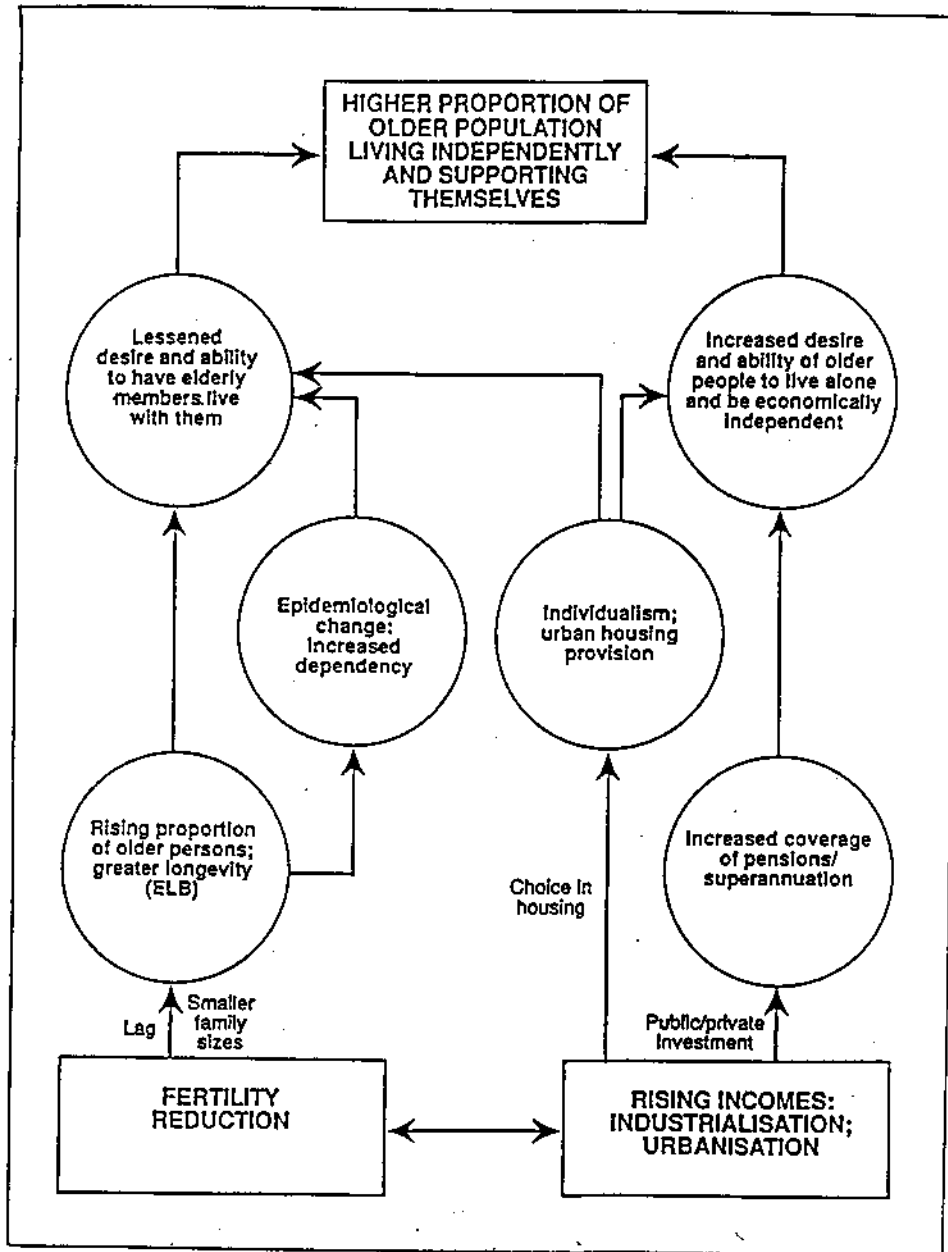
### Introduction: key policy issues in the Asia-Pacific region (Summary Box I)

The Asia-Pacific Region includes several countries that are among the most rapidly ageing demographically anywhere (Phillips, 1995a; ESCAP, 1996; United Nations, 1996; Hull, 1998). However, the region shows considerable variety of demographic experience and there are also countries in which the proportions of older people are relatively smaller and in which the process of population ageing is still not particularly advanced (WHO, 1998). The main policy and practice consequences for health, social and family care form a focus of this paper, which extends and updates the discussion in Phillips (1995a). The size of the world's elderly population has, of course, been increasing steadily for centuries; what is new is the rapid pace of ageing. Many countries in the East Asian area of the Asia-Pacific region are now at a stage in which ageing has been so rapid - occurring principally in the last twenty years or so - that it is posing major questions for caring policies and economic prospects.

The process of population ageing is determined primarily by fertility rates and secondarily by mortality rates. This is widely acknowledged by demographers and population researchers (Tout, 1989; Haupt and Kane, 1991; Jones, 1993; Kinsella and Tacuber, 1993; McFalls, 1998) but perhaps not so readily recognised by the public. Many countries of the Asia-Pacific Region have had substantial increases in the proportions and numbers of elderly people as many of these countries have witnessed the most successful population and family planning programmes. Changes in reproductive behaviour have often been spectacular, moving away from high and relatively uncontrolled fertility to a current situation in which most couples control their fertility at low levels. This has been widely hailed as a revolution in Asia fertility and an exemplar for other parts of the world (Leete and Alam, 1993). Alongside this revolution in fertility rates have been increasing economic development and accompanying improvements in health care, nutrition and social care that have collectively led to increases in life expectancy. The combined effects have been crucial in increasing the proportions of older old people in the populations and have also made the assessment and meeting of their needs essential (Phillips, 1992). This has raised a number of important issues for policy and practice.

Accelerated fertility transition has led in many Asia-Pacific countries to an accelerated process of population ageing as compared with the West. However, this may require different policy and individual responses to those developed in the West since, in most countries, the economic and support systems are still to a large extent based on the family and the collective, sometimes reciprocal relationships this entails. Care for elderly people is regarded by many in the public and by most governments as principally a family responsibility. At one stage, China, for example, did attempt to enhance the role of the state and communist party in this respect. A particular issue relates to the role of filial piety (孝道) - the duty of care owed by children to their parents (Chow, 1997; Ingersoll-Dayton and Saengtienchai, 1997). A belief in its existence and strength underpins many official policies that have neglected to develop extensive public social care and support systems for elderly people. It is sometimes held, although widely debated, that modernization has stripped today's elderly people of many of their former roles (Cowgill and Holmes, 1972; Palmore and Manton, 19744;

Figure 1 : Some links between economic growth, fertility decline, ageing, epidemiological transition and changes in old age support and residential patterns  
 Source : Phillips (1995), based on a diagram in Jones (1993)



Cowgill, 1986; Novak, 1996). They often have less education than the young; many are illiterate and have had hard lives, their experience spanning the period in which many countries of the region have been involved in war and more recently in rapid industrial and economic development. Those who have to rely on their own financial resources may be trapped into working well after normal retirement age or else rely on family support, if available, or even lesser state support.

In particular, public or private pension schemes are often deficient or immature, with the exception of Japan, and many elderly people have to survive on their savings or with family financial support. By contrast, many countries in the West have, over the years, evolved whole or partial public and private pension and support schemes and a network of caring facilities and professions to enable older people to live more or less independently from their children. To date, few Asia-Pacific countries have evolved comprehensive and effective public social care networks. However, features such as much reduced family sizes and diverse social changes, sometimes said to be associated with modernization, have to an extent reduced the ability and desire of some families to support their older persons. It is this rather than the simple facts and figures of demographic ageing that make study of the Asia-Pacific region so important. It may be that the current generations of older people in the region may become an interim generation, in some countries not yet formally supported by public or private resources but neither well supported by diminishing family care (Hugo, 1992).

In the West, during and after economic modernization, there was often a combination of circumstances in which, at a time when numbers of older persons were increasing, the older generations were also increasingly able to support themselves financially because of public and private pension provision and services. This to an extent reduced the impact of the rise in individualism and the disinclination of nuclear families to become multigenerational. However, this same fortuitous combination of circumstances (which are nevertheless placing great burdens on Western economies and caring systems) will not evolve fast enough in the Asia-Pacific, due in part to the rapidity of demographic ageing. Figure 1, a modification by Phillips (1995) of a diagram by Jones (1993), shows an important confounding feature which is returned to below: *rapid epidemiological change* and potentially increased dependency. This might actually become almost a negative feature which means that higher proportions of older population will not, in fact, be able to support themselves (even if financial support and care in the community systems are strongly in place). The prevalence of disability among elderly populations is one of the key concerns identified by ESCAP (1996) because of the growing elderly populations and the need to develop sufficient preventive and curative services and programmes.

A review of guidelines for national policies and programme development for health of older persons in the Western Pacific Region of the WHO provides a clear statement of principles, policy formulation and the elements of a comprehensive health care programme for older persons (WHO, 1998). It provides an overview of the range of policy and programmes and the variety of health infrastructure development in the region. It makes the very important point that there is no need for the increases in

Table 1  
Asia-Pacific countries: percentages of elderly population, 1990, 2000, 2010 and 2025

|             | 55-64 |      |      |      | 65+  |      |      |      | 75+  |      |      |      |
|-------------|-------|------|------|------|------|------|------|------|------|------|------|------|
|             | 1990  | 2000 | 2010 | 2025 | 1990 | 2000 | 2010 | 2025 | 1990 | 2000 | 2010 | 2025 |
| JAPAN       | 11.7  | 12.9 | 14.4 | 13.1 | 12.0 | 17.0 | 21.5 | 26.8 | 4.8  | 7.0  | 10.0 | 15.1 |
| HONG KONG   | 8.8   | 7.3  | 12.2 | 17.4 | 9.1  | 10.6 | 11.4 | 21.3 | 3.2  | 4.1  | 5.5  | 7.7  |
| SINGAPORE   | 6.0   | 7.5  | 12.1 | 16.4 | 5.7  | 9.9  | 9.9  | 20.1 | 2.0  | 3.8  | 3.9  | 7.2  |
| TAIWAN      | 7.3   | 7.2  | 10.3 | 13.8 | 6.1  | 8.6  | 10.5 | 17.9 | 1.8  | 3.0  | 4.7  | 6.8  |
| S. KOREA    | 6.4   | 8.1  | 9.6  | 14.2 | 5.0  | 6.9  | 9.8  | 16.5 | 1.5  | 2.2  | 3.5  | 6.2  |
| THAILAND    | 6.0   | 7.2  | 5.6  | 12.8 | 4.8  | 6.4  | 8.7  | 14.1 | 1.6  | 2.1  | 3.2  | 5.2  |
| CHINA       | 6.7   | 6.9  | 10.1 | 14.7 | 5.5  | 7.0  | 8.2  | 13.3 | 1.6  | 2.2  | 2.9  | 4.2  |
| MALAYSIA    | 4.6   | 5.3  | 6.6  | 8.3  | 3.7  | 4.0  | 5.1  | 7.8  | 1.1  | 1.2  | 1.6  | 2.6  |
| INDONESIA   | 5.3   | 5.8  | 6.8  | 9.9  | 3.0  | 4.3  | 5.4  | 8.6  | 0.7  | 1.1  | 1.7  | 2.5  |
| VIETNAM     | 5.4   | 4.4  | 5.8  | 9.9  | 4.7  | 5.4  | 5.4  | 8.5  | 1.6  | 1.8  | 2.3  | 2.6  |
| PHILIPPINES | 4.2   | 4.6  | 5.6  | 7.4  | 3.4  | 3.6  | 4.3  | 6.4  | 1.0  | 1.1  | 1.3  | 1.9  |
| BURMA       | 5.2   | 5.0  | 5.4  | 7.5  | 2.2  | 4.2  | 4.5  | 5.9  | 1.1  | 1.2  | 1.4  | 1.8  |
| CAMBODIA    | 4.0   | 3.4  | 4.0  | 5.4  | 3.3  | 3.0  | 2.8  | 3.5  | 0.8  | 0.9  | 0.9  | 1.0  |
| LAOS        | 4.5   | 3.7  | 3.9  | 4.9  | 3.6  | 3.2  | 2.9  | 5.6  | 1.1  | 0.9  | 0.9  | 1.1  |

number and longevity of older people to constitute a burden if systematic investment is made now in improving, maintaining and restoring health and the productivity of older persons. The need for review of policies and appropriate, timely interventions is stressed.

#### A wide range of population ageing experience (Box 1)

A wide range of indicators and measures can be used to illustrate population ageing. However, to be able to compare the countries clearly across the region, this paper focuses on some more readily available summary measures. These include percentages aged 60 or 65; percentages in 'older old' age groups; the evolution of fertility rates (Total Fertility Rate, TFR); life expectancy (Expectation of Life at Birth, ELB); sex ratios (the numbers of older males per 100 older females) and elderly dependency ratios. Many of these indicators have direct relevance in terms of care requirements and potential for family support. It may be argued that years of life expectancy at, say, 60 years of age is becoming a yet more important measure for the rapidly ageing region than simple proportions of older persons and years of life expectancy at birth. What is clear is that, from a variety of starting points, there will be a general and sometimes rapid ageing of the population across the countries of the Asia-Pacific region. Within this general trend, there is a considerable range of 'ageing experiences' likely.

All of the countries in the region are on aggregate already experiencing reduced fertility and increasing expectation of life at birth although they are starting from very different levels and the populations will continue to grow at substantial rates in some countries. Some, such as North Korea, might even experience temporary setbacks. As a result of the decreasing fertility and increasing ELB, the countries are concomitantly showing increases in the proportion of elderly people. Table 1 shows two main groups: those aged over 65 years and the cohort aged 55-64, the 'coming decade' of elderly people. Projections to the year 2025 show that the range in proportions of older persons among countries of the region is, if anything, going to be yet greater than in the 1990s. Figure 2 shows a number of countries will by 2025 have over 20% of their populations aged 65 or more and a number between 13 and 20 per cent but a few will have relatively smaller proportions, Malaysia, Indonesia, Vietnam and, more notably, the Philippines, Burma, Cambodia and Laos. In a number of these countries, there will still be substantial numbers of elderly people but the continuation of relatively high fertility will reduce the percentage of elderly population. Projections are, of course, notoriously difficult to make with great confidence as they are influenced by future trends in fertility, mortality and migration, all of which are strongly influenced by economic development and human behaviour! Nevertheless, these comparative data do show that the Asia-Pacific Region, whilst acknowledged to be rapidly ageing, will experience great variety over the next thirty years or so. Table 1 also shows that in the 55-64 age group projections in the respective countries; it is evident in virtually all that the momentum of population ageing is still to be seen. The exception may be Japan, where this age group will be smaller in the year 2025 than in 2010. The increases in the numbers and proportions of 'older old' (aged 75 years and over) and the significance for support ratios are discussed below Figure 3 shows that, by 2025, most East Asian countries will have over 5 per cent (and often substantially more) aged 75-plus. By contrast, most of the Southeast Asian



Figure 2

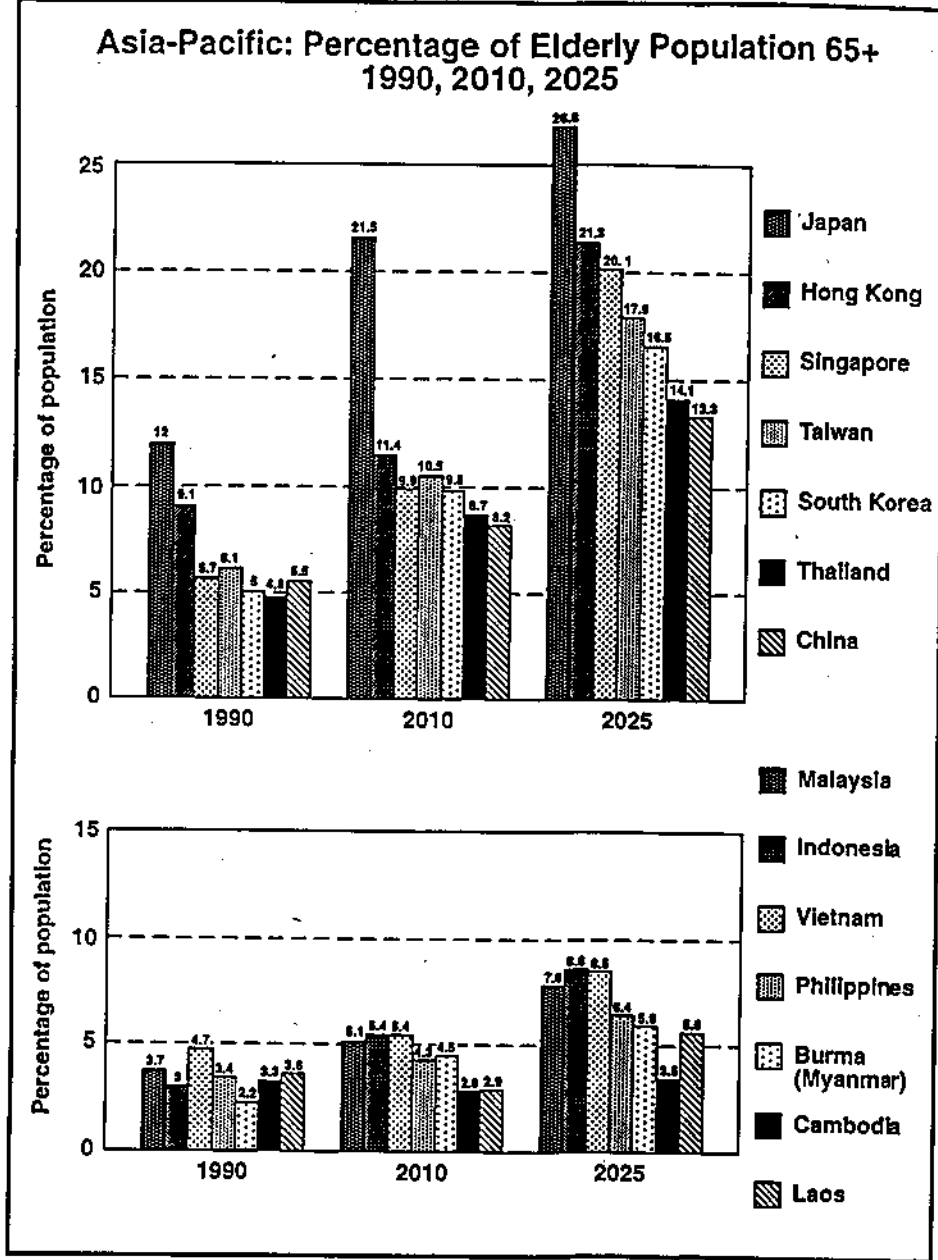


Figure 3

