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**A Gender Responsive Social Protection-Health Security with reference to Older Women in Hong Kong**

**Draft presented at  
The National Workshop on Gender Responsive Social Protection-Health Security  
for the Elderly  
Hanoi, Viet Nam, 12-14 March 2008**

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## **An Overview**

Ageing populations are the most challenging, demographic phenomenon worldwide in 21<sup>st</sup> century. According to UN, World Population Projection predicts that the world population will be increased from 6.5 billion to 9.1 billion in 2050. It is projected that the largest proportion of older persons will be in Asia and the Pacific region after 30 years. There will be more than 1 billion people age 60 and above by 2025, and nearly 2 billion by 2050, which is three-fourths of population in the less developing world. China, with the largest population in the region, the older persons, especially, the oldest old, are expected to reach 300 million by the middle of the next century with the major characteristics of the fastest speed of ageing, longevity and feminization (UNESCAP, 1999a). This causes tremendous concerns for the planning of public service. The changing ageing structure and the feminization also call for changes in social and fiscal strategies for addressing the social protection and health security for the older women.

This paper will

- 1) provide a background information of the active ageing policy and the relationship between Social Protection-Health Securities
- 2) review the ageing population in Asia Pacific Region indicating the feminization of the ageing population;
- 3) utilize the Shanghai Implementation Strategy (SIS) to discuss what aged women would need in Social Protection-Health Security in Hong Kong;
- 4) make a conclusion based on a HK experience and look ahead to build a sustainable system in a gender responsive.

## 1) The Background

Increasing longevity coupled with a low fertility rate leads to an ageing population worldwide, i.e. population ageing around the world today seems to be an unprecedented phenomenon. Looking into the future, by 2050, persons aged 60 or over will outnumber those aged below 15 in the world. The inverted population pyramid is already evident in some developed societies, such as Japan and Hong Kong, and is becoming visible in a number of Asian and northern European countries (United Nations Population Division, 2005a).

### *Policy on Global Ageing*

In view of the increasing number of the population ageing, the United Nations and World Health Organization (WHO) have engaged in visionary initiatives to understand and meet these challenges. WHO has suggested the three pillars (Security, Health, Participation) for an active ageing policy framework. These three pillars are inter-related and require inter-sectoral actions for their implementation.

The First World Assembly on Ageing, held in 1982 in Vienna, adopted the *International Plan of Action on Ageing* which included 62 action recommendations (United Nations, n.d.) and aimed at encouraging full social participation by all ages on the basis of an equitable distribution of resources. It provides the backdrop for later developments in the UN Programme on Ageing.

*The Madrid International Plan of Action on Ageing (MIPAA)* that emerged from the Second World Assembly on Ageing in 2002 and superseded the Vienna Plan, is widely regarded as the most important United Nations document on population ageing for 20 years. In a follow-up survey of the MIPAA, ESCAP produced a set of action recommendations tailor-made for countries in the region and grouped under the three Madrid priorities (1.Older Persons and Development; 2. Advancing Health and Well-being into Old Age; 3.Ensuring Enabling and Supportive Environment) followed by an Implementation and Follow-Up action by the government. These recommendations are known as the *Shanghai Implementation Strategy (SIS)* (or SIS; UNESCAP, 2003) for

providing guiding principles to different countries in Asia Pacific Region tackling with the aging issues. According to WHO (2007), document 'Women, Ageing and Health: A framework for Action, focus on gender', it is said that 'the rights and contributions of older women remain largely invisible in most settings' (p.2) though there were some UN meetings talking about the plan of action on ageing or Millennium Development Goals, etc.

The SIS has incorporated the trend of feminization in ageing with reference to aged women for their needs in social protection-health security from the government. Followed by WHO's active ageing framework, social protection, health security and participation are the three main pillars adopted for what are known as 'active ageing policy'. Social protection-health security are important for social participation (e.g. empowerment); these two important elements are related to the three priorities area in MIPAA, and thus should be part of any government's implementation plan as suggested in the SIS. This paper subscribes to WHO's Active ageing policy framework and the SIS in discussing a gender responsive policy in social protection-health security with reference to older women in Hong Kong.

## **2) Reasons for a gender-responsive policy: the feminization of the ageing population**

The populations of many countries in the Asia-Pacific region have moved from a state of high birth and death rates to one characterized by low birth and death rates, with rising longevity (Phillips, 2000a; ESCAP Population Data Sheets, annual; Yoon & Hendricks, 2006). The worldwide number of persons aged 60 or over in mid-2006 was 687,923,000, of whom 54.5% lived in Asia. Many of the developing countries in the Asia-Pacific Region are ageing much faster; whereas it took between 80 and 150 years to double the older population from 7 to 14 percent in most developed European countries and the United States (USA). Fuelled partly by the one-child policy, China, for example, is expected to double its older population from 10 to 20 percent in just 27 years, from 2000 to 2027 (UNESCAP, 2002a; see also Figure 1).

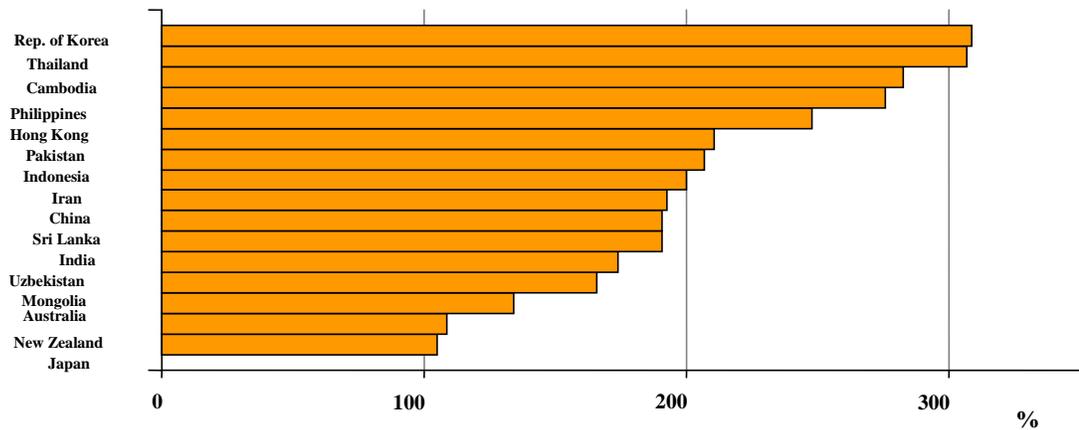


Figure 1. Percentage increase in population aged 60+ between 1990 and 2025 in selected developing and developed countries ; increase much faster in the former. Source: United Nations Population Division (2005)

Across Asia, persons aged 60 or over are expected to outnumber those aged below 15 before 2050 (Figure 2), but some countries in the region are predicted to face a population decline by 2050 (Japan, South Korea, Taiwan), a situation only widely seen elsewhere in the European region and in a few developing countries.

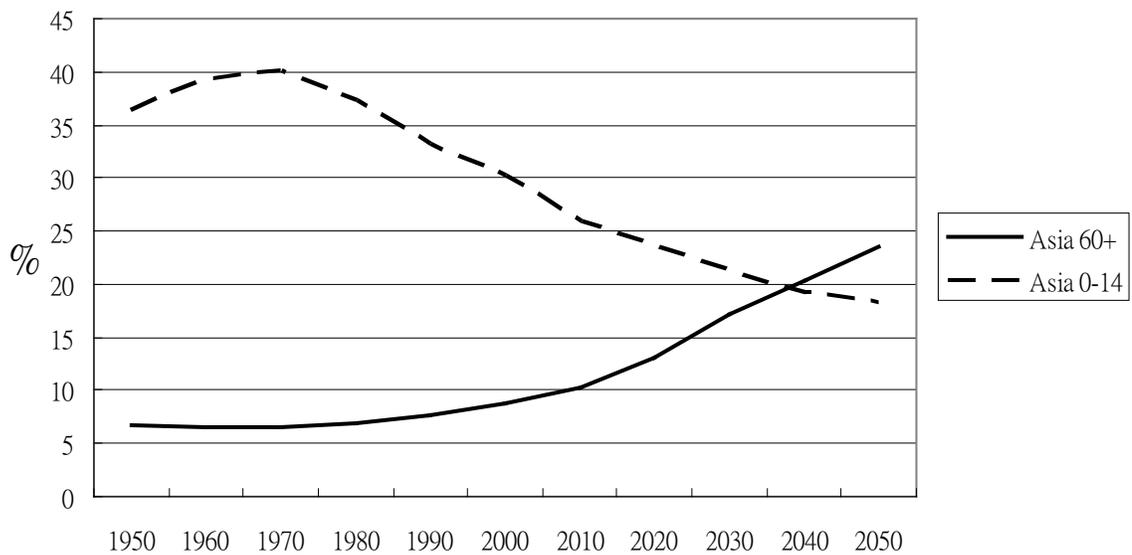


Figure 2. Percentage of Asian population by age group from 1950 to 2050. Source: United Nations Population Division (2005a)

Two other significant characteristics observed in the region are the ageing of the elderly and its feminization. The proportion of the old-olds among the elderly population is increasing. The percentage of people aged 75+ will increase from 23 per cent in 2000 to 38 per cent in 2050. By 2020, 48 per cent of the world's people aged 80+ will reside in Asia, compared to the present 39 per cent. Many of these older persons in the region are often without substantial personal resources. Few have participated in any pension schemes and a considerable proportion are living in the rural areas where social and welfare services are relatively underdeveloped even today, so they may well suffer if state and family resources are not available.

In many developed countries, like the USA, UK, their systems in terms of the social protection and health care service are not easy to be maintained due to 1) the increasing number of the aged people and 2) the insufficient labour forces in the markets. With an aging population, fewer taxable workers to support an increasing number of retired persons. The so called 'welfare state' could not easily be sustained in this circumstance and not to say for applying in different Asian countries. Thus, an alternative model, like a share-care system both government and the individual need to share the costs 'in cash' or 'in kind' need to be introduced.

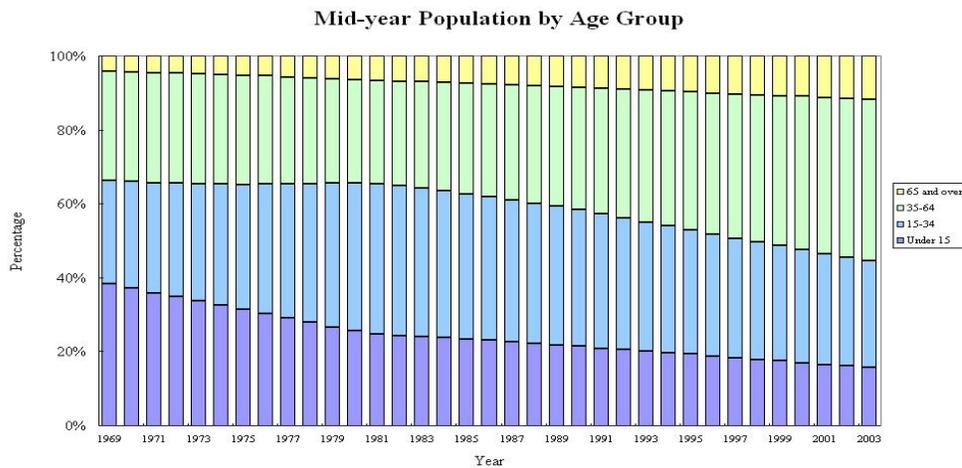
Hong Kong is a newly developed economic city with the principle of one country two systems under the governance of China. Though it has developed a share-care system, it is not fully responsive to a gender perspective. It is still instilled with the Asian culture traits that women, especially, the older women, need to depend on men and merely take care of the family matter. Obviously, HK has no ideology to provide a positive discrimination to any group, including for women, but it has made gradual changes on the gender policy issue. Over the year by persuaded for getting women a better deal through different women groups and women's commission. There are some policies starting to focus on gender, but not age specific.

### ***Population in Hong Kong***

The proportion of people aged 65 and above increased from 3.2% in 1961 to 11.7% in 2003, this was partly due to the baby boom in the 1950-60's and the influx of young

entrants from the Mainland during the 1970-80's (Figure 1). According to the Census conducted in 2001, there are over one million people aged 60 or above in Hong Kong, which is 15% of the total population. By 2029, it is forecast that about 20 – 25% of the total population will be aged 65 or above. By then, every three persons in the working force will have to support one older person.

Figure 1: Population ageing in Hong Kong 1969-2003



Source: Census and Statistics Department, 2002a

By 2001, 52% of people aged 60 or above were women, forecasted to increase to 53.7% by 2031. The life expectancy of women at birth in 2001 was 86; and in 2031, it is estimated to be 89.1. These figures certainly exist in all countries and in growing their male counterparts' 81.4 and 84.6 respectively. "Feminization" seems to be evident as these people age. Apart from the fact that women live longer than men, the increase of the female population is attributed to the presence of foreign domestic helpers comprised mostly of younger females, as well as the continued entry of One-way Permit Holders in the coming years who tend to be Mainland-born wives of Hong Kong men. If foreign domestic helpers are excluded, the sex ratio (per 1000 females) of the population will come down from 997 in 2003 to 749 in 2033.

### Older Women and Education

Older men have higher average level of education than older women. In 2001, 15.2% of men and 5.9% of women aged 65 and above had attended upper secondary or higher

education. On the other hand, 72.8% of older men and 89.2% of older women have had no schooling at all or just attained primary school education level. Among the older women, 58.9% had no schooling or are only up to kindergarten level (Table 1). Most women are housewives who rely on their husband for a living, and as a result, most older women are not covered by Mandatory Provident Fund (MPF) schemes.

Nine-year compulsory education began in 1972, in addition to the technological advancement and social and economic development in Hong Kong, more people attain higher levels of education. The Chief Executive also made a pledge in 1997 that 18% of the total population should have a tertiary level of education. This means that more people in the general population, including those will-be-65s, will be more well-educated in future decades. Thus, more educated women participate in the labour force.

Table 1: Older persons by sex and education attainments, 1991, 1996 and 2001

<b>Sex and education attainment of older adults</b>	<b>1991</b>	<b>1996</b>	<b>2001</b>
<b>Male</b>	<b>Older persons (%)</b>	<b>Older persons (%)</b>	<b>Older persons (%)</b>
No schooling	62,568 (29.5%)	68,279 (24.1%)	80,269 (23.3%)
Primary	99,084 (46.8%)	146,284 (51.7%)	170,878 (49.5%)
Lower Secondary	18,665 (8.8%)	29,585 (10.5%)	41,441 (12.0%)
Upper Secondary	16,725 (7.9%)	19,219 (6.8%)	22,368 (6.5%)
Matriculation	3,583 (1.7%)	4,935 (1.7%)	10,000 (2.9%)
Tertiary	11,250 (5.3%)	14,520 (5.1%)	20,228 (5.9%)
<b>Sub-Total</b>	<b>211,875 (100%)</b>	<b>282,822 (100%)</b>	<b>345,184 (100%)</b>
<b>Female</b>	<b>Older persons (%)</b>	<b>Older persons (%)</b>	<b>Older persons (%)</b>
No schooling	190,097 (70.4%)	206,949 (59.7%)	236,758 (58.9%)
Primary	57,845 (21.4%)	106,743 (30.8%)	121,714 (30.3%)
Lower Secondary	8,914 (3.3%)	15,196 (4.4%)	19,667 (4.9%)
Upper Secondary	7,915 (2.9%)	9,999 (2.9%)	10,440 (2.6%)
Matriculation	1,488 (0.6%)	2,174 (0.6%)	5,194 (1.3%)
Tertiary	3,906 (1.4%)	5,672 (1.6%)	8,095 (2.0%)
<b>Sub-Total</b>	<b>270,165 (100%)</b>	<b>346,733 (100%)</b>	<b>401,868 (100%)</b>

Source: Census and Statistics Department: Population Census 2001b: Thematic Report - Older people

### Older Women and Labour force participation

In the past ten years, the labour force participation rate of older people has been declining from 14.1% in 1991 to 7.2% in 2001. In 1991, participation rate of women aged over 65 was 14.5%; while in 2001, it was 5.4%; while for their male counterparts, it was 42.1% and 23.6% respectively. Older women have a lower participation rate than older men. (Table 2).

However, as discussed above, when the general public receives more education, it is forecast that more women and older people could enter and stay in the labour force longer as the economy becomes more knowledge-based and service orientated .

Table 2: Labour force participation rates of older persons by sex and age, 1991, 1996 and 2001

Sex	Age Group	Labour Force Participation Rate		
		1991	1996	2001
Male	65-74	28.1%	21.2%	17.0%
	75-84	9.6%	8.4%	4.4%
	85+	4.4%	3.9%	2.2%
Female	65-74	10.3%	5.3%	3.8%
	75-84	3.5%	1.8%	1.2%
	85+	0.7%	0.6%	0.4%
Both sexes	65-74	38.4%	26.5%	20.8%
	75-84	13.1%	10.2%	5.6%
	85+	5.1%	4.5%	2.6%

Source: Census and Statistics Department: Population Census 2001b: Thematic Report - Older people

### Older Women and Family support

About 12.1% of older people, i.e., 72,114, in domestic households are living alone. 81% are living with their spouses or children; 4.8% with relatives other than spouses and children; 2.1% with non relatives. At the same time, about 9% older people who live alone in domestic households/ senior housing/ residential care homes. Many older women therefore are living alone without children or relatives' support. According to the thematic household survey conducted by the Health, Welfare and Food Bureau, 2005 on

older people residing in domestic households<sup>1</sup> and residential care homes<sup>2</sup>, over 80% of them are aged 75 or above and two-thirds of them are women. About half of the older people in residential care homes are women aged 80 or above. For older people in domestic households, about 31% are aged 75 or above. 51 % of them are older women.

### **Older Women and Health conditions and suicide rate**

About 60% of older people suffer from one or more chronic illnesses, including high blood pressure, arthritis, diabetes, heart, and eye diseases. Almost all institutionalized older people have at least one diagnosed chronic disease; and 26% have four / five diseases. For those who live in domestic households, 72% have at least one diagnosed disease; while 11% have four or more diagnosed diseases.

Psychiatric illnesses like dementia and depression become prevalent in older people. The overall prevalence of moderate to severe dementia among people aged 65 or above is 4%. It is estimated that the rate of dementia increases with age and would double for every five years. (Stott, 2006)

About 25 – 50% of the older people suffer from depression of different severity particularly in older women. Depression has also been identified as a major psychological factor contributing to elderly suicide. It is reported that among patients who have depression, eventually 10 – 15% of them would commit suicide. The suicide rate among older people in Hong Kong is high when compared with the world's highest county, Japan, which records 24.1 / 100,000 in 2000. In Hong Kong, there are 14.7 / 100,000 in 2001.

It is worthy to note that the rate of suicide for older women in the age group of 65 – 75 is 26 / 100,000, which is among the highest in the world, excepting rural China and Hungary.

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<sup>1</sup> Domestic household is a unit of persons living together and operating as a non-commercial unit.

<sup>2</sup> Residential care homes note a range of residential institutions ranging from aged homes (able bodies with meals supported), care and attention homes (moderately frail bodies with limited nursing care) and nursing homes (frail bodies with 24-hours nursing care). There are also other types including hostels (like sheltered housing, with a warden living in) and infirmaries where medical doctors are available.

Owing to longer expectancy in particular female (on average 5 years longevity more than older men) it is expected that in the future decades, the majority of older persons will be older women which form the majority people in very old age (75 or over). They are more vulnerable and are more likely to lack income security and marketable skills and to be widowed. They are often disadvantaged socially and economically as result of gender discrimination and are primary family caregivers for much unpaid care giving work and without old age pensions. They don't have enough resources which increase their burden as a caregiver. The trend will remain unchanged if there is no government supporting policies, or (gender discrimination legislation) for female workers in the work force, or support in family caregiving. A lack of a family friendly policy regarding the organization of work can increase these difficulties. Poverty and low income during women's earning years often lead to poverty in old age.

### **3)Utilizing SIS to discuss what aged women would need in Social Protection- Health Security in Hong Kong**

The above demographic trends with feminization characteristics pose a challenge to the governments in Hong Kong. The SIS has provided an overview (See Appendix 1: Priority Areas, Action Areas and Key actions of SIS) for the elderly in Asia-Pacific Region on key policy actions under the four priority areas. As mentioned, population ageing has far-reaching consequences for different social issues, like social protection and health security; making it important for policy makers in all over the world to adopt a gender perspective in their formulation of policies and action plans in the future. Though Hong Kong is starting to incorporate the gender concept, it still needs to have a gradual change, especially, it is also instilled a very strong Chinese culture.

### **Four Policy Priorities**

A national strategy on how to meet the challenges of aging is essential to ensure that the goal of having an active older population is achieved by developing coordinated national and local policies and practices in a range of welfare, health and economic sub-fields. As mentioned, the Madrid Plan identifies four priorities for international efforts. What ESCAP did in formulating the Shanghai Implementation Strategy (SIS) was to adapt

these priorities for Asia with reference to special considerations such as economic and political diversity, geographical barriers to service accessibility, and social and cultural diversity, including differences in language. And the fourth priority is for monitoring and implementation. In view of the future feminized population, the following paragraphs will use SIS's framework reference to the active ageing policy for the discussion of what the government in HK has been done and could be done on social protection and health security for the aged women.

**Priority Area (PA)-I. Older Persons and Development & PA-III Enabling Supportive Environment in Social Protection Perspective**

*Social Protection- There is no universal benefits for the elderly women who are either workers or housewives*

An issue for most developing countries is that, unlike most Western countries, they have to deal with the challenge of aging before they have become relatively wealthy, modernized nations. In practical terms, high unemployment or low wages in these countries can render it impossible to provide a universal pension scheme.

In 1998, one-fifth of the world's population were living on less than a US dollar a day, two-thirds of whom were in South and East Asia. Many people living in poverty or extreme poverty are older persons, especially the older women, in rural areas. Because they earn so little during their working years, they find it difficult to accumulate enough savings to live decently when old. This has meant either continuing to work or relying on family or community in the absence of comprehensive social security, or even a basic safety net, in many countries. In Asia, only 9 to 30 percent of the older population receives any pension or social security benefits (UNESCAP, 2004). Due to financial constraints, some countries in the region (such as Bangladesh, India, and Korea) target their social security programs only at the very poor and disabled; there are simply no universal benefits for the elderly as a group.

China confronts tremendous challenges in providing a safety net for its retired workers, many of whom were formerly covered by state-owned enterprises. The transition to a market economy, which has effectively bankrupted the pay-as-you-go pension funds of many state-owned enterprises, has meant that by-and-large only civil servants and urban workers in some enterprises are covered. At the end of 2002, social security covered only 14 percent of the total workforce; almost all were urban workers. Since formal pension coverage in rural areas where 64 percent of the population lives is almost nil, a staggering 85 million older people in these areas do not receive pensions or medical insurance, adequate medical care or other social welfare benefits (*China Daily*, 25/2/2006). Although China has declared it a national priority to improve social protection in rural areas, it is extremely difficult to manage an effective pension system for such a large and populous country. Apart from the few developed countries in the region, others face more or less the same challenges.

#### *Public scheme in HK*

In Hong Kong, people aged over 60, 180,000, constituting 17% of them, receive Comprehensive Social Security Assistance (CSSA)<sup>3</sup> and some 65% receive a non-means tested Old Age Allowance (OAA)<sup>4</sup>. A typical older person living in public housing would receive HK\$2400 - 4000 per month, depending on their health conditions. Among the CSSA recipients, 40,000 of them live in institutions; 140,000 live in domestic households. Besides public assistance other sources of income include employment and children. Survey results show that the median monthly personal income of older people in domestic households is \$3,000; the median monthly personal expenses are \$2,600. However, there are older people who refuse to rely on public assistance because of the stigma attached and are not supported by anyone. These are the most vulnerable old to whom government has not offered any direct assistance; and most of them are women.

#### *Public Scheme: Key Actions should come from the HK Government*

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<sup>3</sup> CSSA :The CSSA Scheme provides a safety net for those who cannot support themselves financially. It is designed to bring their income up to a prescribed level to meet their basic needs.

<sup>4</sup> OAA: The Old Age Allowance is given to all people under Government's Social Security Allowance Scheme. For people aged 65-69, there is a means test, for 70 and above it is universally given. The amounts are HK\$625 and HK\$705 per month respectively.

- ✓ To establish mechanism to allocate CSSA to those in need (i.e. Means-tests on income, functional & ability tests, etc).
- ✓ To encourage people to save money for old age starting from young, especially women.
- ✓ To establish a poverty line to facilitate the proper allocation of CSSA and other forms of subsidies.
- ✓ To combine CSSA and OAA into one schemes with parallel assessments.
- ✓ To increase the qualifying age and encourage the need older women for CSSA
- ✓ To postpone the retirement age gradually from 65 to 75 or to no-age limits
- ✓ To promote optional and fractional employment in old age.

#### *Mandatory occupational scheme*

Public-private sector partnerships are becoming important in many countries for social protection (OECD, 2005). The need for the private sector to provide pensions for workers is increasingly being discussed in many Asian countries. For example, China is increasing its outsourcing of social security reserves to private industry and regulating private pension schemes in an attempt to achieve more adequate retirement benefits in an increasingly prosperous society. The Hong Kong MPF, which mandates contributions from employees earning over a certain threshold is, in effect, an outsourcing to private funds and investment managers of the government's compulsory retirement savings scheme. However, it will take many years to mature and actually benefit older people because as an individual savings scheme, it takes decades to accumulate sufficient funds. Over 60% of seven million populations are not entitled to any retirement protection and what is most serious is that over 90% of the old people do not receive any retirement payment. In addition, the MPF schemes do not protect any housewives of old age who are unpaid workers all along. Obviously, housewives' contribution does not yield financial rewards and they can merely depend on their family support.

#### *Mandatory occupational scheme: Key Actions from the HK Government Need to be Done*

- ✓ To reform the MPF scheme through (1) changing the lump-sum benefit to scheduled withdrawal; (2) widening the contributory wage to make employees save effectively

for their retirement projection, and; (3) raising the contribution rate to reach the target replacement rate; (4) *expand job opportunities to older women*

***Women as a caregiver, housewives are always suffered***

Although older women are often caregivers in the extended family, they receive less support for these roles, often being bound to them for life. For instance, among married older persons in Thailand, 71.2% of men, compared with 49.7% of women, nominated their spouse to be the main personal care provider (Knodel et al., 2005). Women are often disadvantaged due to a lack of education and their dependency on men for land and income. This puts them at great financial risk when their husbands pass away. Since education plays a major role in determining a person's utilization of available services, especially in rural areas, the isolation (Cheng & Chan, 2006c; Sorkin, Rook, & Lu, 2002) and lack of formal support places widows at increased risk for health and cognitive deterioration (UNESCAP, 2002b).

***Support for carer/housewives: Key Actions from the HK Government Need to be Done***

- ✓ To provide caregivers' allowances
- ✓ To provide social protection for the housewives

***Economic, Social and Political Participation: Need more job opportunities, skill training to the older women***

Older women with lower education do not always actively engage in economic participation. Older men with high economic participation which could improve the financial health of the economy and the individual, but it also provides meaningful roles and a sense of identity to elders (Heller, 1993). Men as a breadwinner can contribute directly in terms of economic earning or income generation and also indirectly, by providing family care, freeing younger people to work or by taking on a wide range of voluntary activities.

An important issue in the employment of older women is their lack of skills and training in the face of ever-changing job environments. A bias against older employees makes

training or retraining rare in developed countries in Asia. As a result, there is a tendency for many older persons, especially women to be relegated to unskilled or semi-skilled tasks if they wish to remain working, often due to seemingly outdated skills, or sometimes even basic literacy (Chan et al., 2003). Productive ageing will become a future employment trend only if older professionals maintain or upgrade their skills through working or volunteering.

The majority of the older women engage in unpaid volunteer work. With the future elderly being more educated, we are likely to see an increase in the number of older people who desire to engage in volunteer work or continue to contribute in other ways to society (Cheng et al., 2004; Chou, Chow, & Chi, 2003). This will include participation in civic and political affairs. We expect to see elderly women in the region become more politically active and influential, as they comprise a larger segment of the population.

*Labour Force Participation: Key Actions should come from the HK Government*

- ✓ To research into reasons for late marriage and avoiding to have children, as well as feasibility and consequences of importing young labour
- ✓ To encourage old age, especially elderly women or ageless employment through doing social enterprise or being as a carer.
- ✓ To encourage healthy middle-aged people not to retire early and to prepare well for old age.
- ✓ To implement preventive measures to deal with women poverty.
- ✓ To provide skill training, e.g. health care worker, for women or older women

**PA-III. Ensuring and Enabling a Supportive Environment in Social Protection Perspective**

One point made in the meetings that produced the Shanghai Implementation Strategy was that the elderly in the Asia-Pacific region are frequently relatively illiterate, politically passive and extremely obedient to authority. Thus, policies should aim at ensuring a supportive environment for frail persons, most likely older women, who do not make demands; and enabling a supportive network allowing them to live in places of their own

choice. As a result, the concepts of “aging in place” and enabling independent living have become the core basis of policy making which is the same in HK.

*Older women and the families and communities support*

Aging in place emphasizes the importance of strategies that make it possible to support older people in their homes and communities (Ball et al., 2004). At the same time, it should be a matter of choice for older people and should not be mandatory. In encouraging home-living, even with degrees of frailty, society must foster family-oriented care-giving, because home care is less expensive and safer than institutional nursing care. Since Asian family values remain strong in many countries, it has been observed that aging in place should become an explicit policy, as it is in Hong Kong, along with community care programs.

Governments have an important role in providing a conducive environment for elderly women. For example, the Elderly Commission promoted the active ageing (especially target for women caregiver’s) through different intergenerational and neighborhood support projects. Older women are the majority participants in the projects.

*Older Women & the Families: Key Actions should come from the HK Government*

- ✓ To provide a wider range of activities and choices to satisfy the wide range of needs of older women, e.g inter-generational project
- ✓ To develop an elderly abuse report mechanism
- ✓ To focus on major areas, namely safety (emphasis on family violence against women); nurturing family (emphasis on quality parenting education); gender awareness, amongst other on-going initiatives.
- ✓ To promote thematic (educational) travel for older persons.
- ✓ To encourage the design of games and recreation as a platform for intergeneration interactions.
- ✓ To encourage older women to take initiatives in planning and designing for their own recreational and cultural activities, rather than perceiving themselves as passive service recipients.

- ✓ To encourage and register older volunteers, making volunteering a fun activity.

#### Older women and caregiver

Informal caregivers are usually women who are family members, neighbors or friends who perform the tasks voluntarily. The level of care provided by these people is often viewed as basic and non-professional. However, in reality these people could be highly skilled and reliable (for example, capable of providing diabetes injections, or having the skills to care for demented parents). Using examples found in some Western countries, Australia and Singapore have begun to provide training for informal caregivers and to develop a system for recognizing their contributions, so that they can serve not only their relatives but also others when their skills are formally recognized. The obvious advantage of this approach is the development of a trained workforce that compliments chronically scarce and expensive formal caregivers such as nurses, and occupational and physiotherapists.

#### *Role and Support for the Carer: Key Actions should come from the HK Government*

- ✓ To provide measures to recognize the contribution of carers.
- ✓ To provide trainings at different levels to carers. Carers are required to learn and master different skills and knowledge necessary to provide quality care to older people at home; skills such as basic nursing, physiotherapeutic skills are required. These trained skills could be reference to the qualification framework.
- ✓ To provide financial aids to the carers in support of their daily activities and extra medical fees for their family members.

#### **PA-II. Advancing Health and Well-being into Old Age in Health Securities Perspective**

##### ***Provide free coverage of the Preventive and Primary Healthcare for the older women.***

It is widely recognized that preventive and primary healthcare are the best strategies for dealing with the health challenges of aging, especially in developing countries (World Health Organization, 2004). In the long run, a commitment to health care also means

extending free coverage to all generations, a goal that might be more distant for developing countries still coping with how to provide basic healthcare.

In HK, older women enjoy equal access to health facilities and services as any other person in the community. Though women live longer than men, they are the one who suffer much chronic illnesses. Gender-sensitive services geared to the presentation and management of chronic diseases such as heart disease, diabetes, arthritis and Alzheimer's disease. The department of Health set up elderly health services in 1998 to enhance primary health care for the elderly; improve their self-care ability, encourage healthy living and strengthen carers' support so as to minimize illness and disability. 18 Visiting Health Teams (VHT) were set up which to promote healthy ageing and offer professional advice to service providers, provide support and training to carers, and provide vaccinations for elderly people living in residential care homes and 18 Elderly Health Centre (EHC) address to tie in with the 18 administrative districts in HK. In 2001, a total of 42, 410 elderly were enrolled in EHC, of which 65% were women. Talks and support groups or skills training, addressing various health problems including those specific to, or more common among women such as 'breast and cervical cancer', 'osteoporosis' and 'urinary incontinence'.

*Health Care and Personal Care: Key Actions should come from the HK Government*

- ✓ To establish health promotion education programmes, specific for the older women, in all districts.
- ✓ To promote the importance of family care and the responsibilities of younger generations to take care of older people and vice versa.
- ✓ To develop the community-based integrated services through strengthening collaboration with other community-based health care providers, including Government, NGOs and private sector (e.g. estate doctors)
- ✓ To support carers in supporting those under their care.
- ✓ To eliminate discrimination against women in the field of healthcare in order to ensure, on a basis of equality of men and women, access to healthcare services, including those related to family planning

- ✓ States parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where

#### *Cost drivers in health and social welfare*

Rising costs, however, have created financial burdens for all healthcare systems. For example, in China, which was once regarded as having an exemplary healthcare system for a low-income agrarian society, access to healthcare has degenerated considerably since the early 1980s at the same time as costs have soared (Kaneda, 2006). A system that once relied heavily on public subsidies and provided egalitarian access to basic healthcare has shifted to a market-oriented system that depends heavily on private funding and is characterized by excessive fees and exorbitant costs charged by healthcare providers. Rising out-of-pocket costs prevent many Chinese from seeking care and have resulted in wide disparities in access to healthcare. These trends have been of particular concern to elderly women, who often have greater healthcare needs yet fewer means and who also make up a larger proportion of the rural population than do the young.

Financing healthcare is a major issue faced by all countries with an aging population. Elderly women who normally live longer are often suffering from general poor health or disabilities over long periods, increasing the overall need for healthcare. This, in turn, puts financial pressure on pensions and health-insurance systems. The problem in the region is that population aging often comes before enough wealth can be accumulated for public assistance. Thus, many governments are only able to provide acute hospital care in cities.

#### *Cost Drivers in Health and Social Welfare: Key Actions should come from the HK*

##### *Government*

- ✓ To manage effectively the costs of personal emoluments in the total healthcare budget.
- ✓ To reallocate the healthcare resources to strengthen the provision of preventive and rehabilitative care to older women.
- ✓ To use step-down care for low level needs.
- ✓ To upgrade the standard of the private residential homes by enforcing service quality

standards on the one hand, and by purchasing places from quality homes on the other.

- ✓ To promote public-private partnership in care, so that private sector could become providers for health and social care.
- ✓ To consider health and long-term-care insurance as means to raise revenue for long term care.
- ✓ To continue integrated and one-stop services in health and social care.
- ✓ To encourage older and younger persons to be volunteers in healthcare and social welfare settings.

#### *Older Women and Long Term Care*

A major challenge for Asia will be the huge number of older people, mostly women, with extreme dementia (Graham et al., 1997; Zhang, 2006), a condition that often requires institutionalization (Magaziner et al., 2000; Woo, Ho, Yu & Lau, 2000). Over 60% of residents in long-term care institutions suffer from dementia (Matthews & Denning, 2002), and research shows that early institutionalization is also associated with mortality for those with dementia: The earlier the institutionalization from onset, the shorter the survival time, except when the dementia has progressed to a very late stage (McClendon, Smyth, & Neundorfer, 2006). Nevertheless, care in the community is exceedingly demanding, an often round-the-clock task for family caregivers. In Hong Kong, about two-thirds of institutionalized older people have consulted a doctor once in the previous month of survey. 78% used public western medicine service. 42% of older people aged over 60 who live in domestic households have had one doctor consultation in the previous month, 72% used public western medicine service which is affordable at the point of entry. One-third of the institutionalized older people have been admitted to hospital at least once in the past 12 months. 15% of the older people who live in domestic households have been admitted to hospital at least once in the past months. Surveys show that women are less aware of age-related physical conditions, such as osteoporosis and other menopause linked illnesses.

Community-based long-term care for older people in China, both informal and supported by local governments, has begun to emerge, especially in urban areas (Wu et al., 2005;

Zhan et al., 2006). However, the lack of a trained workforce for elderly care is a crucial factor in the development of China's long-term care (LTC) system. While some local and other agencies are providing basic training for laid-off workers, there is a need for more in-depth training programs offering a broader range of care-giving skills. China also recognizes the need to develop undergraduate programs in geriatric medicine and plans to establish more geriatric hospital units (Kaneda, 2006). In Hong Kong, about 40%, i.e., 23,000, of institutionalized older people are unable to perform five to six items of Activities of Daily Living<sup>5</sup> (ADL – including transferring between a bed and a chair; mobility; dressing; eating; toileting and bathing) independently. About 94% of the older people who live in domestic households are able to perform all ADLs independently. Majority of them do not have Instrumental Activities of Daily Living (IADL – including meal preparation; ordinary house work; managing finance; managing medications; phone use; shopping and transportation) impairment.

When those who live alone are surveyed on the intention to move into institutions, 97% of the older people in the community indicate negative response. Similarly, old women express a wish to stay at their own homes for as long as possible.

In addition, over 70% of carers are women and a sizable proportion is either wives or daughters.

*Older Women and Long Term Care: Key Actions should come from the HK Government*

- ✓ To increase the number of private homes and residential homes for responding the demand of the elderly
- ✓ To conduct public consultation on health care financing, especially for older women

#### **PA-IV. Implementation: Appraising National Capacity**

As with any initiative, producing policy documents and forming national bodies for program coordination will not automatically guarantee success in implementing the Madrid Plan. A government needs to allocate sufficient resources and have the political will to see that policies are effectively implemented (United Nations, 2006). Given the

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<sup>5</sup> ADL: These are tasks performed every day by ordinary people, difficulty or disability in performing any one these predicts rapid decline in self-care ability.

fact that financial and human resources are major limitations, especially in developing countries, implementation of the Madrid Plan is at a rather preliminary stage in Asia.

According to the UNESCAP (2005) regional survey, four-fifths of the 20 respondent countries have established either a focal agency or a coordinating body to oversee issues related to aging. These agencies or bodies vary from more permanent government structures at the ministerial level to a single-agency or inter-agency committee on aging, or a branch/function of the social welfare department (for example, The Elderly Commission in Hong Kong, the Elderly Service Division of the Social Welfare Institute in Macao, and the National Working Committee on Aging in China). The wide range of coordinating bodies shows the different strategies used to tackle the needs of older people, but not specifically for the older women.

While most countries in the region have attached high priority to ageing issues at both national and international levels, a considerable number of countries have encountered difficulties in mainstreaming ageing into all relevant policy areas. Hong Kong has set up an Elderly Commission in 1997 and a Women Commission in 2001. Both Commissions are to provide advice to the Government of the HKSAR in the formulation of a comprehensive policy in caring for elders and women. For the Elderly Commission, the objective is to improve the quality of life of the elderly population and to provide them with a sense of security, a sense of belonging, a feeling of health awareness. For the Women Commission, it emphasized gender mainstreaming (See Appendix 2: Gender mainstreaming checklist in HK). The commission becomes a high level central body tasked with identifying women's needs and specifying, addressing all matters of concern to women. The commission plays a pivotal role by developing long term vision and important strategy for the development and advancement of women.

Though a set of accompanying guidance notes has been produced to familiarize officers with the concepts of gender mainstreaming, providing them with the necessary

background information for performing gender sensitive analysis, 13 policy areas<sup>6</sup> or programs have been applying with the gender mainstreaming checklist, among them, with one policy area focus on elderly merely, that is the enhanced home and community care service for the elderly. In addition, with the above discussion, the older women were the group who can live longer, but may live alone and to suffer from more health problems in the future.

*Implementation: Key Actions should come from the HK Government*

- ✓ Take population ageing and gender into account in relevant policy planning;
- ✓ Collect and utilize appropriate data to guide policy, in particular age- and gender-disaggregated data from censuses;
- ✓ Place emphasis on seeking ways to increase the efficiency of existing systems and open up new sources of revenue;
- ✓ Strengthen national capacity for policy making and implementation through the provision of training opportunities, technical assistance and advisory services on implementation;
- ✓ Promote inter-departmental collaboration within countries such that the policies in response to population ageing are able to adopt a holistic approach and be pursued in a coordinated way over a wide range of policy areas;
- ✓ Recognize and support the valuable contributions of older women, especially unpaid activities, such as care for family members, transmission of cultural values, household maintenance and voluntary services in the community, and view those as an integral part of national policies regarding resource mobilization;
- ✓ Promote the social, economic, political and cultural participation of older women through advocacy, educational activities, removing barriers, and encouraging representation of older persons and their representative organizations in decision-making processes on issues of their concern.

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<sup>6</sup> Including the health care reform, the enhanced home and community care service for the elderly, family education, the secondary school places allocation, the District Council review, the review of advisory and statutory bodies, IT education in the community, the design of facilities in public buildings, the provision of public toilets, major publicity campaigns of Information Services department, the publicity programme on electricity and gas safety, the review of composition of advisory committees of the Office of Telecommunications Authority (OFTA), and its consumer education programmes)

Three-way partnership, including the Government, NGO and the private sector, is encouraged:

- ✓ To provide a conducive environment for all services providers, including Government, NGOs and private, to work together for the maximum benefits for older people.
- ✓ To encourage constructive competition among services providers.
- ✓ To adopt service quality as more of a criterion than pricing in public services bidding
- ✓ To identify three-way partnership by setting up a district level committee consisting of Government, NGO and private sector representatives (e.g. Ageing Partnership Forum) for rolling out partnership programmes
- ✓ To partner with different sectors, including women's group, other non-governmental organizations (NGOs), schools, business sector and academics, in taking forward the various initiatives, for example, A Capacity Building Mileage Programme (CBMP)—Women Empowerment ) It is a large-scale, flexible learning programme tailored to the needs and interests of women, incubated by the women commission and developed in partnership with the Open University of HK and the HK Commerical Radio. The total number of enrolments is 3480, which exceeds the first year target of 2100.

When discussing about a gender responsive policy, the government should have an overall policy framework with both gender and ageing perspective.

***Overall***

- ✓ To instill among members of the community a shared responsibility to care for each other.
- ✓ To establish a partnership relationship between Government and citizens.
- ✓ Ensuring and enabling a supportive environment
- ✓ To establish an enabling and supportive environment for those who provide and require care.

***Social Protection: Developing older persons***

- ✓ To establish a focal point on ageing and gender issues (e.g. Elderly Commission and Women Commission) incorporated with the authority to co-ordinate all relevant departments and to mainstream ageing into all policy domains.
- ✓ To establish a better planning for integrated and coordinated services.
- ✓ To establish policy initiatives for active ageing.

***Health Securities: Advancing health and well-being into old age***

- ✓ To improve health and well-being throughout life and into old age in a gender perspective.
- ✓ To prevent ill-health and disability, encourage self responsibility and self-management in health.

***Monitoring, implementation and outcomes***

- ✓ To research into all areas least known about the impacts of a feminized ageing population.
- ✓ To build an evaluation mechanism in the service delivery process.
- ✓ To establish outcome indicators for services, and agreed by all stakeholders including users.
- ✓ To collect service data from a wide range of sources, establish a service data bank for monitoring of service consumption and utilization.
- ✓ To encourage a wide range of collaboration with three-ways partnership between Government, NGOs and private sector.
- ✓ To establish and promote channels for feedback on services especially for user advocates, practitioners and service users.

**4) Conclusion: Learning from the Example and Looking Ahead to Build a Better System**

In echoing the Chief Executive of HKSAR directives and strategies endorsed in UN ESCAP papers, the following principles are the backbone of the ageing policy, especially in Social Protection-Health Securities for older women in Hong Kong:

(1) *Ensuring and enabling a supportive environment in Social Protection Area:* Policy initiatives should address care for all ages rather than focusing separately on the issues of care for children, care for older persons, and care for those with disabilities; what is good for the older women should be also good for all ages. Policy should not just aim at those with disabilities; it should also enable and support those who are still able to fully contribute physically and mentally.

(2) *Developing older women in Social Protection Area:* As healthier and better educated older women become more prevalent in future decades, they shall be a valuable resource for the community. If they could continue to participate in all aspects of community life, paid or voluntary, they will contribute to their own active ageing, reducing the financial burden on service provision, allowing services to concentrate on benefiting those most in need; and also combat negative stereotypes of ageing. To help them become better volunteers or community participants, the government should encourage lifelong learning and facilitate older women in developing their potential.

A mainstreaming strategy is also mandatory to prevent age from having a negative impact on employment and other areas. It should encompass positive measures such as lifelong learning, training and job redesign as well as legislation. The government has to take a lead in the promotion of active ageing; for example, policies on gradual and flexible retirement, pensions, and social security, and educational campaigns against ageism.

The government should also improve better planning and delivery of services for older women; improve access to and sharing of information for planning purposes; increase community awareness of ageing issues; improve the planning process that supports the development of residential care homes; improve the capacity of service providers to identify areas for development.

(3) *Advancing health and well-being into old-age in Health Securities:* With people living to 90 years and beyond, locating health and well-being into old age is vital in added life years. Health and well-being should be maintained and improved as much as possible until the inevitable comes (i.e. compression of morbidity). Thus, having a conducive and active ageing environment is desirable. The policy should also include prevention of ill-health and disability. This strategy also means letting people take health and well-being into their own hands; thus, making them responsible for their own lifestyles. This idea is for all ages, to maximize their potential and quality of life by getting the best from human capital, extending community participation and solidarity, and creating a fairer, more inclusive society.

(4) *Monitoring, implementation and outcomes in both Social Protection-Health Securities:* A policy needs to be evaluated for its effects on the target users. The process of implementation and the outcomes are important. As discussed in preceding paragraphs, service quality indicators are controversial issues but can be done through consensus among the stakeholders including the service users. It is difficult for health and social care services to have an agreed standard, which is why involving a wide range of collaboration among the departments of government, non-government (non-profit making) organizations, and business sectors is desirable because it will ensure cross-checking. Fostering a closer relationship with relevant government departments and agencies and exploring opportunities for further collaborations should be high on future policy agendas. As a bottom up appraisal, it is desirable to invite user advocates, practitioners and competitors to give feedback on services.

Summating the four major limitations are:

- (1) Lack of vision on the role of older women in the society and limitations in defining service targets. For example, the family was once depicted as the key source of care-giving to the elderly in “community care”. However, there were not equally evident support services available for the family to fulfill its normative functions. Service target is limited to older persons alone, and in many instances limited to singleton and/or deprived elderly. Able older persons, caregivers, and younger people often

are not included in service programmes designed for the old. Likewise, services provided are fragmented and age segregated rather than holistic and age integrated.

- (2) The lack of integration and co-ordination of policy-making. This may be referred to as the lack of mainstreaming of ageing in all policy domains. Different bureaux and departments operate under a set of priority responsibilities for which inclusion of the older persons may be against its interests. For instance, Education and Manpower Bureau is not considered mindful about older people (Ming Pao, 27 July 2005). Thus, while the health and welfare personnel are working hard to make healthy and active ageing a thriving reality, education in schools does not do the same in its formal curricula, thereby failing to equip the young students with a positive attitude towards ageing.
- (3) The lack of integration of departmental policies and service delivery. Public policies are compartmentalised into respective domains, hence discouraging executive departments to work together for the common good for the older people. A consultative structure at service delivery levels involving the public should improve this situation.
- (4) The lack of comprehensive and operational plans for older women's development. The lack of longer term planning for the ageing population is itself a good illustration. It is however encouraging to see recent initiatives from some departments e.g. Women Commission, Elderly Commission and Commission on Youth could work together in respond to the increase feminized aging population.

All in all, Hong Kong has tried his best to promote active ageing in all ages, but not specific in gender. With the pressure from the women's group and the women commission, the government has considered to mainstreaming gender into different policies. But it still takes time to implement a gender responsiveness policy on social protection and health security as Hong Kong, like other countries in the Asia-Pacific region, still has an Asian value that male dominate the household.

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**Appendix 1: Priority Areas (PA), Action Areas (AA) and Key actions of SIS**

<b>PA-I. Ageing &amp; Development</b>	<b>PA-II. Health &amp; Well-being</b>	<b>PA-III. Enabling supportive Environments</b>	<b>PA-IV. Implementation &amp; Monitoring (National Capacity)</b>
AA-1: The challenges & mainstreaming ageing	AA-8: Quality of life at all ages AA-9: Quality health & Long-term	AA-10: Older Persons & the families AA-11: Social	AA-15: National Mechanisms AA-16: Regional & inter-gov't

AA-2: Protection & Security AA-3: Alleviation of Poverty AA-4: Older persons and emergencies AA-5: Positive attitudes towards ageing AA-6: Employability & workability AA-7: Gender specific issues: The concerns of older women	Care	services & Communities support AA-12: Housing & Living environment AA-13: Care and Support to Caregivers AA-14: Protection of the rights of Older Persons	cooperation
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*Reference: United Nations Economic and Social Commission for Asia and the Pacific. (2002) Shanghai Implementation Strategy Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002 and the Macao Plan of Action on Ageing for Asia and the Pacific 1999 Adopted by the Asia-Pacific Seminar on Regional Follow-up to the Second World Assembly on Ageing Shanghai, China*

**Appendix 2: Gender mainstreaming checklist in HK**

**I. Design**

Y / N / NA

Compilation and analysis of gender information

1. Prior to designing THIS, have sex-disaggregated data been collected and considered regarding those likely to be affected?

2. Do the data show gender differences or gender interactions with the following socio-economic variables:

● Age

● Education

● Ethnic

● Family status

● Income group

● Others (please specify: \_\_\_\_\_)

3. Please provide a summary of such data on the above

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Women’s Participation

4. Have any of the following been consulted about the gender impact of THIS:

(a) Gender specialists (e.g. Women’s Commission, gender research centres, individual gender experts and Women’s Division of HWFB)

(b) Relevant statutory bodies

(c) Non-governmental organizations

(d) Women’s associations

(e) Women<sup>2</sup> likely to be affected positively / negatively\* by THIS

<sup>2</sup> Unless stated otherwise, “women” used throughout the checklist refers to both women and girl

\* Please delete as appropriate

5. Please provide names of those consulted and a summary of their views.

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Considering women’s specific needs

6. Have specific needs of women and gender issues been identified, considered and integrated in designing THIS?

7. Does THIS require any specific reference to women?

Considering impact on women

8. Will women or any sub-groups of women be affected differently from men by THIS? In a positive or negative way?

P/N\*

9. Will THIS, in any way (directly and indirectly, in the short, medium

and long-term), promote and ensure the elimination of discrimination of women by:

- (a) improving upon any previous legislation/ public policy/ programme that was discriminatory or disadvantageous to women;
  - (b) establishing legal and other protection of the rights of women;
  - (c) strengthening women's decision-making role;
  - (d) increasing women's access to and control of resources; or
  - (e) contributing towards empowerment of women?
  - (f) any other way, e.g. \_\_\_\_\_
10. Will there be any restrictions or limitations, even of a temporary nature, imposed on women (or sub-groups of women) by THIS?

## II. Implementation

11. Has the promotional content of THIS been presented in a gender-sensitive manner?
12. Has the medium of promotion (e.g. venues, channels or time slots) effectively reached women?
- Impact on women
13. Have women or any sub-groups of women been affected differently from men during the implementation process of THIS, e.g. eligibility, level of benefits, accessibility, or availability of support facilities? In a positive or negative way?  P/N\*
14. Have there been any special measures to address women's needs during the implementation of THIS?

## III. Monitoring

Compilation and analysis of gender information

15. Have sex-disaggregated data and indicators (qualitative or quantitative) been compiled to monitor the process and outcome of THIS?
- Inclusion of gender issues
16. Have gender perspectives and women concerns been included in the monitoring mechanism?

## IV. Evaluation and Review

Gender analysis of the impact on women

17. Has gender analysis been conducted to evaluate and review the design, implementation and outcome of THIS?
18. Have the evaluation systematically identified and addressed gender issues?
19. Have any of the following been consulted during external evaluation (if applicable) of THIS:
- (a) Gender specialists (e.g. Women's Commission, gender research centres, individual gender experts and Women's Division of HWFB)
  - (b) Relevant statutory bodies
  - (c) Non-governmental organizations
  - (d) Women's associations

(e) Women being positively or negatively\* affected by THIS   
20. Has THIS, in any way (directly and indirectly, in the short , medium or long-term), result in:

(a) improving upon any previous legislation/ public / programme that was discriminatory or disadvantageous to women;

(b) establishing legal and other protection of the rights of women;

(c) strengthening women's decision-making role;

(d) increasing women's access to and control of resources; or

(e) contributing towards empowerment of women?

(f) any other way, e.g. \_\_\_\_\_

21. Have there been any restrictions or limitations imposed on women or sub-groups of women?

22. Have staff who are responsible for reviewing the evaluation reports ensured gender-related omissions and successes in THIS are reflected?

#### Future Planning

23. Have the evaluation findings been used to enhance gender-sensitivity in future planning, implementation and monitoring process of THIS and related legislation / public policy / programme?

### V. General

#### Staff sensitivity and capacity building

24. Is there a gender focal point (a designated person or team) for THIS?

25. Have relevant staff responsible for the following been briefed or given training on gender issues? If so, please specify or give details.

Design \_\_\_\_\_

Implementation \_\_\_\_\_

Monitoring \_\_\_\_\_

Evaluation \_\_\_\_\_

26. Will there be monitoring mechanism to appraise staff's gender sensitivity, e.g. self and other's evaluation or customer feedback?

#### Gender-sensitive language

27. Is gender neutral / sensitive language used throughout the legislation / public policy / programme / press releases or any other related official document?