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**Current State of Research on Social Inclusion in Asia and the
Pacific: Focus on Ageing, Gender and Social Innovation**



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Executive Summary

Introduction

Countries in the Asia Pacific are undergoing population ageing accompanied by declines in both fertility rates and mortality rates. Population ageing has several significant consequences. An ageing population places a greater burden on the country's resources and the healthcare system. In addition, the old-age dependency ratio rises, resulting in greater pressure on the younger generation to provide for the growing older population.

Older persons continue to face various forms of discrimination in different sectors in society. That they tend to have less savings and more health issues compared with younger persons reinforces their vulnerability. Because they are a vulnerable group in many societies, it is imperative for governments to ensure that older persons are included in policymaking. Social inclusion of the elderly is critical in communities as it facilitates equal opportunity to financial security, appropriate and affordable healthcare, and active ageing as older persons engage in activities of their choice.

This report provides a review and analysis of the current state of research on ageing, gender and social inclusion in the five sub-regions of the Asia Pacific. It also provides a review on how countries in the region have through social innovation adopted social inclusiveness at the national and sub-regional policymaking levels. Social innovation in this case refers to new ideas (products, services and models) that meet social needs and create new social relationships or collaborations that enhance society's capacity to act for the benefit of every individual.

The objective of reviewing the current state of literature on ageing, gender and social innovation is to alert policymakers to the research gaps to be filled in order to inform relevant policies to facilitate the social inclusion of older persons at every level in society and, in turn, engender inclusive development. In this regard, building inclusive societies calls for social innovation in knowledge and policies.

The research covered in the chapters in this report includes published literature and documents produced by academics, multilateral and international organizations, and non-governmental organizations (NGOs) made available in printed format and on the Internet.

Findings from Current Research

Research which explicitly deals with cross-cutting issues related to ageing, gender and social innovation in the Asia Pacific countries tends to be largely fragmented. The

lack of research attention on the connecting threads across the areas of ageing, gender and social innovation is mostly a result of the lack of funding. In particular, multilateral organizations have been actively engaged in collecting data at the regional and country levels. However research on ageing, gender and social innovations has not had a decisive influence on policymaking.

The research on ageing and gender tends to be fairly rich and comprehensive, some of which examines social inclusion although not necessarily explicitly. The research on social pensions in South Asia and Southeast Asia has found that coverage tends to be low or uneven, indicating the lack of social inclusiveness as well of older persons, especially women. The implications for women are particularly dire, especially among widows, as women tend to be financially dependent on their spouses. Education is also key to social inclusiveness but in reality that women have less education compared with older men reinforces their marginal status in society which becomes reinforced especially if they are unable to find employment because of the lack of relevant skills. The research in the Pacific found that as women over 60 years are less educated and mostly engage in livelihood activities in the informal sector, it is likely that they have little or no income. Additionally, without the support of family, community and government, women are more likely to fall into poverty.

The social inclusion of older women in policies and programmes related to care receiving are especially important especially because women are more likely to be in need of carers because of living longer than men as well as living longer years in disability. Rural older women were also found to be worse off than their urban counterparts in terms of their health outcomes, aside from tending to live alone and being socio-economically disadvantaged which increases their vulnerability. It was also found that women are less care-seeking because of having less savings. Disability and illness affect older women's capacity to be gainfully employed in livelihood activities. At the same time, they require healthcare services that can be costly, which in turn increases their dependence on family members. There is very little evidence to show that policies are gender-sensitive and are socially inclusive of older women and their healthcare needs, especially since being financially worse off than older men makes it more difficult for them to access appropriate healthcare.

The research also covers women's livelihood and the challenges they face. In spite of older women wanting to work, they continue to face several barriers such as the shortage of suitable work, lack of necessary educational and skill qualifications, and employer discrimination.

Research on the rural elderly in Southeast Asia shows their increasing vulnerability as children migrate for work in the cities/towns or abroad. Studies have found how older women are more likely to live alone since they outlive men and are more dependent on kin support structures for their wellbeing. There is some research to show their coping mechanisms, if no children are available to help them.

In the research from South Asia, “active ageing” has been recognized in research and policymaking as an important concept to meet the challenges and maximize the opportunities of living longer by improving the quality of life as people age. However, interventions to foster active ageing will need to focus on social inclusion and participation in all aspects of life by maximizing opportunities for health, participation and security.

There has been substantial research on women in relation to their employment status, educational level and urban/rural residential status with the aim of facilitating social inclusiveness among these groups. Much less is known about older women among ethnic minority groups and migrant communities.

The research has also highlighted the fiscal implications arising from population ageing such as healthcare spending and long-term care. Adaptive actions to support government policies on active, healthy and meaningful ageing are critical. These include reforming the healthcare system with a focus on preventative medicine, primary nursing and deeper diagnosis; reforming the education system to facilitate development of cognitive skills required for efficient work with a longer employment duration; and reforming labour market institutions so as to reduce older women’s vulnerability. Moreover, the establishment, implementation and sustainability of pension schemes to cover older women remains to be a major challenge.

Social Innovations to engender Social Inclusiveness

- Adjusting the pension system to account for longevity and inflation and instituting multiple health and long-term care reforms such as home- and community-based services. (Japan)
- Volunteer work schemes have given a new lease of life to some former teachers and other public servants who were retired early. (Fiji)
- Creation of ‘men’s sheds’ in neighbourhoods to facilitate elderly men’s interactions and relationship building based on socialization activities such as carpentry, joinery and other hobbies to prevent depression. (Australia)
- An innovative state-civil society model of care which utilizes volunteers from the local community trained to identify problems of the chronically ill and to intervene effectively with active support from a network of trained professionals (India)
- Legislating family care to make it legally binding for children and heirs to provide monthly maintenance to older parents. (India)
- In cases of physical and mental abuse, a platform to which the elderly can reach out to was created to reach out to the elderly who do not have anyone else to turn to for help. (Philippines)

- Recognizing and facilitating the active involvement of older persons by raising awareness of the roles older persons and people with disabilities can play in their families and communities during emergency responses. (Philippines)
- Healthcare programmes for the destitute provided at all government hospitals and health centres so that older persons above 60 and above can access free medical services. (Thailand)
- Tax incentives and subsidies have been enforced to encourage families to care for the elderly. (Singapore)
- Legislating family care so as to prevent older men from abandonment by their children since they have weaker social networks than older women. (Singapore)

Recommendations

General

- Member States of the Asia Pacific will support a two-year pilot research project as well as related knowledge brokering activities on the themes of ageing, gender, social inclusion and social innovation.
- At least US\$ 300,000 need to be mobilized to support MOST research on ageing, gender and social inclusion over a period of two years.
- Governments, corporates and civil society organizations should aim to bridge the gap between research and policymaking in the areas of ageing, gender and social inclusion in the next two years.
- A culture of evidence-informed policymaking and advocacy in the areas of ageing, gender and social inclusiveness should evolve.
- National and regional level data bases and analysis should include practices that represent the best fit in social innovations.
- Member States should aim to develop cross-national, multidisciplinary and longitudinal research on the long-term interrelationships among changing family structures, work, health and economic status for evidence-informed policy responses and policy choices on ageing by building the capacity of research centres and institutes through collaboration and the collection of comparative, harmonized, standardized and readily accessible data over the next two years.

Sub-regional based

- Research has found that the rural elderly, female and the oldest old tend to suffer from poverty much more than their urban counterparts. Studies should be conducted among these groups to inform policies on pension, medical and long term care services and insurance, and investment and social security coverage to bolster policies and programmes. (East Asia)

- Research on social care funding, sustainable home- and community-based long-term care systems, and improved services for the elderly, and the role of tele-care in services for older people to meet the needs of the elderly should be supported. (East Asia)
- Research to empower younger people and women in early life stages so that they are better protected in old age should be strengthened. Specifically in the next two years, research on the following areas should be stepped up: women in the workforce, pension schemes, and a focus on healthcare from hospital care to primary care. (East Asia)
- Member States should conduct a study on the reliability and comparability of national data with international standards and the obligations of governments to track the situation of the elderly with a focus on women, and the improvement of their living conditions, pensions, the elderly support programmes, including disabled older persons. (Central Asia)
- Research should extend to cover older women, in particular older women with disabilities and rural older women since these groups of women tend to have limited access to healthcare. (Central Asia)
- Member States should channel funds into building the research capacity of younger researchers specializing in social science degrees so that they can pursue research on ageing. (Pacific)
- Research on interventions to foster active ageing should focus on social inclusion and participation in all aspects of life by maximizing opportunities for health, participation and security. (South Asia)
- Research should explore women's need to engage in paid employment in old age in response to the growing numbers of women joining the old age cohort. (Southeast Asia)
- The role of pension systems should be researched further, especially how they would generate the social inclusion of older persons, especially older women who have worked in the informal sector. (Southeast Asia and South Asia)
- Research attention should be paid to how senior citizens' organizations and clubs might meet the needs of older women, especially the need of older persons from the rural areas because of rural-urban migration of female family members. (Southeast Asia)
- There should be research on how older women might benefit from medical health insurance schemes especially since older women have less education than older men and are more likely not to have engaged in paid employment and thus are left to struggle to have to pay for healthcare services because of inadequate savings. (Southeast Asia)
- There should be research on the prevalence of mental health issues including depression among the elderly, especially women since they make up a growing

proportion of the elderly and suffer greater morbidity compared with older men. (Southeast Asia)

CHAPTER 1: Dynamics of Social Inclusion in Asia and the Pacific:

Special Focus on Ageing, Gender Equality and Social Innovation

Introduction

The Asia Pacific has become a terrain of immense economic transformation in the recent decades. Japan's meteoric rise to economic prominence attaining the status of first world country captured the attention of countries worldwide. By the 1960s, Japan had become the second largest economy in the world. Soon to follow in displaying their economic prowess were the four Asian Tigers, namely Hong Kong, Taiwan, Singapore and South Korea.¹ In the last two decades, these countries have surpassed Japan in terms of GDP per capita.²

In tandem with the economic progress these countries have achieved in the recent decades are significant changes in social trends. A distinct change in social trends is women's engagement in the labour force. In the countries in the Asia Pacific, participation in the formal labour force has risen over the recent decades.³ Labour force participation is generally determined by wage rates, changing attitudes to women taking up wage employment and gender gaps in education closing with greater numbers of girls and women receiving an education as compared in the past. Also determining women's labour force participation are delayed marriage and low birthrates which have resulted in the family size shrinking.

In spite of the progress women in the region have achieved, challenges for them remain. Girls continue to face discrimination resulting in gender gaps in education because of cultural barriers. Global indicators for women's employment which include status, sector and wage earnings may also be applied to women in the Asia Pacific with men more likely than women to be employed in formal, salaried work, aside from women's labour participation levels being much lower than that of men's. Moreover, women continue to be caught in a bind because their engagement in the labour market has mostly been regarded as complimentary to the work men do and thus accorded secondary economic value, leading to an income gap with women receiving less wages than men for the same kind of work undertaken.⁴

Yet the Asia Pacific region is no stranger to statements of and international agreements for gender equality. Most countries in the Asia-Pacific region have ratified CEDAW and are committed to putting in place policies to ensure gender equality. The region witnessed the 1995 Fifth World Congress on Women which led to the Beijing Declaration and Platform for Action leading to decades of discussion on gender

equality, however, which have met with too few actions and resources to bring to fruition any real change in gender inequality.

Population Ageing

One of the most striking demographic shifts of the 21st century is population ageing. As much as it has become a global phenomenon, countries in the Asia Pacific are showing trends in population ageing. Currently, around 60 percent of the world's elderly are from the Asia Pacific.⁵ From 2016 to 2050, the number of older persons in the region is expected to more than double from 547 million to 1.3 billion.⁶ By 2050, it is expected that one in four people are expected to be over 60 years old and the proportion of the “oldest-old”, that is, those in the 80+ cohort, is expected to comprise one-fifth of the elderly population.

The speed of ageing among the different regions in the Asia Pacific, however, differs. According to ESCAP estimates, the two sub-regions in the Asia Pacific region which is ageing at the fastest rate are Southeast Asia followed by Northeast and East Asia and South and Southwest Asia. The Southeast Asia region is expected to take 23 years to move from an ageing to an aged population while Northeast and East Asia and South and Southwest Asia will take 25 years and 27 years, respectively.⁷ In contrast, the old age population 65 and above in the regions of North and Central Asia and the Pacific will take 58 years and 74 years, respectively, to double.⁸

Ageing is a result of the twin factors of declining fertility and decreasing mortality. Some countries in the Asia Pacific have seen one of the most dramatic declines in fertility. In East Asia, fertility rates declined to such an extent that by the late 1990s, not one country in the region except for Mongolia, had a total fertility rate of more than the replacement rate of 2.1.⁹ South and South West Asia and Southeast Asia have had fertility rates falling as well; over 40 years, fertility rates fell by 50 percent.¹⁰ There has also been a steady rise in life expectancy in the countries in the Asia Pacific. Life expectancy has consistently displayed an upward trend in the last 30 years, increasing steadily from 63.8 years for males and 67.1 for females in 1990 to 70.3 years for males and 74.5 years for females in 2016.¹¹

Gender and Population Ageing

In the Asia Pacific, as in most parts of the world, demographic trends have shown a feminization of ageing as greater numbers of women than men join the old age cohorts. On average, women outlive men by at least four years.¹² Because women continue to face economic and cultural barriers to fully participate in society, the inequalities they face in their younger years remain into their old age and, thus, are more likely than older men to face various challenges because of their gender.

Moreover because women's labour force participation is much lower than that of men's, women have less savings and end up being financially more vulnerable than men in old age.¹³ Women are also more likely than men to lack adequate savings because of having taken on lower-paid jobs compared with men which have differing implications for men and women in old age. Moreover, the persistent education and employment gaps as women have less education and less resources than men often form barriers for women in old age to receive appropriate healthcare and social protection—a situation which is dire should they be left without a spouse because of death or have been unmarried all their lives.

In the Asia Pacific, the rural areas are also witnessing ageing populations which suggests that growing numbers of elderly are also living in poverty. This has gender implications. Because of the persistence of gender inequalities women face during their life time, elderly women, especially the oldest among the elderly (those aged 80+) from the rural areas, are more vulnerable to poverty and deprivation, social insecurity, neglect, and physical and psychological violence.

Challenges related to Population Ageing

Public policy in promoting healthy and active ageing in the countries of the Asia Pacific have largely been uneven across the region. Some countries have been more proactive about implementing public policies to meet the needs of the elderly while others have been much slower in their response because of limited resources and the demands placed on governments to prioritise other areas.

Population ageing is a cause for concern by policymakers and individuals alike because of the economic, social and political implications. An ageing population is seen as a burden on the healthcare system and having the potential of bleeding government resources and stymying economic development because of a shrinking and ageing labour force.¹⁴ Moreover because of the persistence of (old age) poverty in a growing number of countries in the region, governments have to generate new approaches to dealing with old-age security in order to ensure social inclusiveness. At the individual level, growing old means a greater need for healthcare services as the causes of death and disability shift from infectious to non-communicable diseases and long-term care, coupled with an increase in dependence on others, both financially and in terms of receiving care.

Moreover, changing family structures as a result of falling fertility rates raises questions about the locus of responsibility for the provision of care towards the elderly since it implies a reduction in potential carers for the elderly and an increase in solitary living among the elderly.¹⁵ Population ageing also presents a challenge to health policy in terms of the adequacy of public provision and financial sustainability.¹⁶

Because population ageing is occurring at an unprecedented pace, there is an urgent need to put in place appropriate policies and interventions to address the specific rights and needs of the elderly by calling for swift and relevant policy responses in the areas of fiscal management, income support, the labour market, healthcare, housing, and social support services.¹⁷ For countries in the Asia Pacific, two broad challenges lie ahead for the governments in the region. First, there is the challenge of being able to generate economic growth in a social climate with growing numbers of elderly and declining numbers of younger persons. Second, there lies the challenge of delivering accessible healthcare and old-age support structures in order that none is left behind.

Population Ageing, Social Inclusion and Social Innovation

Population ageing has implications for income security, access to affordable and appropriate healthcare and long term care as the proportion of older persons grows and life expectancies increase. In many countries in the Asia Pacific, older persons continue to be a vulnerable group as they tend to have less savings and are less healthy than younger people. Their labour force participation rates are much lower than the younger cohorts because of employer discrimination. Moreover, older persons are more likely to be denied medical treatment or might end up receiving poorer or insufficient healthcare. They also face various kinds of stigmatization and discrimination often based on misconceptions, stereotypes, and fears about their being a burden to society.

This report argues for an under-recognized dimension of discrimination faced especially by older persons. Because older persons are not a homogenous group but rather are divided along gender, ethnic, residential (rural/urban), and socioeconomic lines, social inclusion is critical as it facilitates equal opportunity to financial security, appropriate and affordable healthcare, and active ageing as older persons engage in activities of their choice. In the context of ageing, social inclusion is also linked to civil engagement, an ageing workforce, age-friendly communities, and civic involvement.¹⁸ In addition, social inclusion assumes poverty reduction and strengthening capabilities among older persons. In a nutshell, social inclusion closes socio-economic gaps to ensure that all are included and none are left behind.

This report provides a review and analysis of the current state of research on ageing, gender and social innovation in the five sub-regions of the Asia Pacific: East Asia, Central Asia, the Pacific, South Asia and Southeast Asia and how the region has adopted through social innovation social inclusiveness at the national and sub-regional policymaking levels. The report is premised on the notion that social innovation is integral to countering the challenges of ageing populations and central to the design and delivery of inclusive policies for older persons in the Asia-Pacific region.

By social innovation, we mean “new ideas (products, services and models) that simultaneously meet social needs (more effectively than alternatives) and create new

social relationships or collaborations ... [including] innovations that are both good for society and enhance society's capacity to act".¹⁹ In other words, the concept refers to a knowledge-based development, which "blurs traditional boundaries between institutional sectors, public and private, types of innovations, and their creators and users".²⁰ Most often, while social innovations are formed in local contexts, they tend not to go beyond developing into a wider movement across countries.²¹

The objective of reviewing the current state of literature on ageing, gender and social innovation is to alert policymakers to the research gaps to be filled in order to inform relevant policies to facilitate the social inclusion of older persons at every level in society and, in turn, engender inclusive development. In this regard, building inclusive societies calls for social innovation in knowledge and policies.

The research covered in the chapters includes published literature and documents produced by academics, international and multilateral organizations, and NGOs made available in printed format and on the Internet.

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CHAPTER 2: Social Inclusion on Ageing, Gender and Social Innovation in East Asia – Status, Challenges and Way Forward

Juhua Yang

Introduction

East Asia (EA thereafter) has undergone dramatic demographic changes accompanied by rapid economic growth in recent years. While development has significantly improved living standards of all groups in society, the most rapid pace of ageing and deeply rooted cultural practices with regards to gender relationship render the elderly and women excluded in many dimensions of social life. Despite governments having committed to promoting a more inclusive society for all, the intersecting and coexisting of new and old demographic profiles present enduring challenges to such efforts.

This chapter provides an overview of the current state of research on social inclusion in EA, China, DPRK, Japan, Mongolia, and Republic of Korea (ROK). It focuses on ageing, gender and social innovation, assesses and identifies the challenges of policy uptake, and suggests ways to address these issues in the region.

Ageing

The overlap of low fertility rates and enhanced longevity in EA jointly contributed to an unprecedented pace of ageing in all countries, except Mongolia.

The pace of ageing has accelerated but varies by level of development. Japan and ROK have 33.08 and 18.54 percent of their population over 60 years old.¹ DPRK and China risk “getting old before getting rich.” In 1990, those 65 or above in China accounted for only 4.36 percent of total population, but it exceeded 10 percent in 2016²; in 2015, those aged 60+ accounted for 16.1 percent. The DPRK has also experienced rapid growth in ageing population in the recent two decades, about 7, 10 and 13 percent in 1990, 2000 and 2015, respectively. Conversely, the share of the elderly population in Mongolia has remained stable or slightly declined, from about 7 percent in 1980 to 6.37 percent in 2015.³

The consequences of ageing are multifaceted and multi-leveled. They concern pension and health expenditure, long-term care system and daily living support at the individual, community and government levels. An ageing demographic breaks the traditional model for success that some countries have previously relied on in its socio-economic structure. Currently, Japan’s economy faces a demographic crisis because of the rising proportion of elderly in its population, imposing rising healthcare and social welfare costs on the government budget.

Female elderly, the oldest among the elderly (those aged 80+), and rural elderly are more vulnerable to poverty, face greater health problems and need more daily care and psychological comfort.⁴ Poverty increases with age and higher in the countryside. Japan, ROK and Mongolia all have low elderly poverty rates, 2-3 percent in Mongolia,⁵ but in China, it was as high as 22.9 percent in 2013, most notably among rural citizens, where the poverty rate stood at 28.9 percent compared to 9.5 percent of urban citizens'.⁶ Women generally live longer but retire earlier, which, together with unpaid maternity leave, implies that they have less pension and income savings to live on because of shorter working years, and face more economic and financial strains than their male counterparts.

As people get older, they are more likely to suffer from physical and psychological health problems. Functional limitations increase with age, especially among the oldest of the old, women and the poor. In Japan and ROK, difficulties with physical functions are more pronounced among men than women.⁷ In China, old women have a much higher prevalence of difficulty.⁸ It has been predicted that, in China, the disabled elderly will reach 42 million, and those aged 80 or over will be 29 million by 2020.⁹ Similarly, rates of depression tend to increase with age and poverty, especially among women in China and ROK, leading some rural elderly to commit suicide.

Gender equality

Historically EA has been well known for its unequal gender relationship. Nowadays, governments in this region have made formal commitments to promote gender equality. Such efforts, together with structure forces (e.g. higher education and better opportunities of wage work) have largely reshaped gender relationship, leading to the rising age of marriage and divorce rate, changing family values, and sub-replacement fertility, the phenomenon termed as “second demographic transition (SDT)”.¹⁰ Nevertheless, women still encounter significant cultural and economic barriers inside and outside the home; they spend much time on unpaid work to take care of children and the elderly.

Many single and composite indicators are drawn to measure gender equality such as the Gender Development Index, Gender Empowerment Measure, Gender Inequality Index and Global Gender Gap (GGG). Since the GGG is more comprehensive, covering economic participation and opportunities, educational attainment, health, survival and political empowerment, this report mostly draws evidence from this measure. Based on the four dimensions of gender equality, the World Economic Forum reported that the gender gap has been largely reduced in formal education and health, but it has been worsened in the labour market.¹¹ Even now, women are less active than their male counterparts politically, socially and economically.

China ranks 99 of 144 countries. What pulls China down most is its very low ranking in health and survival—it remains the world’s lowest-ranked country because of its sex ratio at birth (SRB). Both ROK and China have suffered from a severely skewed

SRB, but ROK has successfully brought its numbers into normal range since 2005. In China, a reduction has been observed in the past several years because of strenuous government efforts to promote gender equality practices, and the crackdown of the “two-illegalities (non-medical need of sex check of fetus and sex-selective abortion).” Since the high SRB implies the elimination of many female fetuses, it is perhaps the most important indicator among all types of gender inequality—many girls lose their opportunity to be born. China used to have high female labour force participation (FLFP), 79.1 percent in 1990, but it has dropped to 70.4 percent in 2014 in the process of marketization¹²; the gender wage gap in income has also been enlarged.¹³

Japan, in the 2016 report of the GGG, ranked 111th, the lowest in EA countries. Women do not gain equal access to the labour force, are unequally paid in wages for similar work, and are underrepresented for occupation sectors such as legislators, senior officials, management, professional and technical workers in which women are far behind men in most OECD countries. ROK is similar to Japan, ranked 116th in 2016. The reason behind this low ranking is that women’s participation in the labour market only ranks 123rd. However, ROK has had a large improvement on its gender gap in professional and technical workers, and in political empowerment. These efforts have almost completely offset a decrease in women’s share of estimated earned income and worsening perceptions of wage inequality for similar work by the country’s business community.¹⁴ Mongolia ranks higher (58th) than the other three countries. The fundamental reason lies in its No. 1 ranking in the health and survival and 23rd ranking in the economic dimension. Nevertheless, women’s political participation ranks rather low, 119th, suggesting that the gender gap in legislators, senior officials, and management level has reduced its overall ranking.

While the GGG provides no data on DPRK, it ranks 27th in the Gender Development Index. It has a SRB of 1.05 and a 1.03 in the working age population in 2014.¹⁵ There is evidence to suggest that DPRK is a country of low incidence of missing women given the elevated sex ratios at birth. Also, labour force participation rate in DPRK is far ahead of other countries.

Social Innovations

Building inclusive societies for all is not simply a matter of business as usual or a better implementation of existing policy frameworks. Such an agenda calls for social innovation in knowledge and policies, among others.

What knowledge have we gained? Understanding long-term trends and policy effects of ageing has been facilitated by scientific studies. We have realized that our society is shifting away from young to old age structure, and ageing has or will become the new normal in this region. Increasing knowledge has been acquired on the consequences of ageing at all levels in the context of ultralow fertility, rapid pace of urbanization and economic growth, and changing family. Meanwhile, it has been increasingly realized that gender equality is not simply a private issue but also a public issue, and

consensus has been reached that gender equality, especially in the economic and political sectors, may maintain peace, democracy and stability in society, and facilitate the progress of inclusive social development. Improved women's status in the early life stages will better empower their later years.

What policies have been adopted and implemented? Building an inclusive society necessitates integrated methods involving in governments, civil society and the private sector.

Long-term care systems have been established or are being established to cope with ageing. Japan, ROK and China have recognized challenges of an ageing population and established national ageing commissions to promote more holistic thinking on ageing. Mongolia has a good coverage of public expenditure for the elderly.¹⁶ Japan has been successful in health and long-term-care systems. It has consolidated the health, labour, and welfare ministries to bring a critical mass of age-related policies and programmes under a single body. In recent decades, it has instituted multiple health and long-term care reforms aimed at the elderly. The greatest growth has been in home- and community-based services, a 203 percent increase in usage over the past 10 years. The Abe government has also adjusted the pension system to account for longevity.¹⁷

Holistic approaches have brought high SRB back to normal in ROK. ROK has adopted holistic approaches to promote gender equality since the early 1980s. In 1983, it has established an institution for women's development, which has evolved into the Ministry of Gender Equality in 2001, the first, independent institution to promote gender equality. Institutional mechanisms for the efficient management of gender mainstreaming has also been further strengthened by the establishment of the Women's Policy Coordination Committee in 2002 and the National Assembly Committee on Gender Equality in 2003. Gender equality has also been taken into account in new policymaking and gender budgeting in 2010, subsequent to the enactment of the National Finance Act. ROK has also issued laws in 1987 to prohibit using modern medical technologies to determine the sex of the fetus and made great progress in dealing with violence against women and advancing the human rights of women.

Anti-Domestic Violence Law has been implemented in China in 2016. Although marketization has challenged women's rights protection, reducing poverty of mothers and alleviating violence towards women has continuously been a challenge for government efforts. Progress has been made at the institutional level to combat domestic violence. According to the All-China Women's Federation, about one-fourth of all married women have suffered in-marriage violence. In 2016, China took a significant step forward and passed its first-ever national law against domestic violence by legally defining domestic violence as physical and psychological abuse of family members and cohabitating non-family members. While there are still gaps in the legislation, it is groundbreaking for addressing a problem that has long been deemed a private matter in China.

Family-friendly policies have been adopted in various countries to facilitate women's work and family balance. To address the SDT and extremely low fertility, family-friendly policies have been made to encourage women to balance work and family. ROK and Japan have made preschool education free in 2016¹⁸ and started to build more preschools. The expectation is to take in all preschool children by 2017, as well as to extend maternal leave, increase the maternity allowance, encourage the husbands to share childcare work, and train women who desire to return to the labor market.¹⁹ China replaced the One-Child Policy, which was implemented in 1980, with a Universal Two-Child Policy to boost its ageing demographics. This policy innovation is expected to alleviate the extent of ageing, and make female fetus more welcome.

Cross-cutting Challenges

While most EA countries have made noticeable progress in promoting gender equality and policy framework dealing with ageing, many challenges remain salient.

The roles of public policy in promoting healthy and productive ageing and gender equality are uncertain. As populations become top heavy, retired elderly drain pension and social security funds, placing stresses on the healthcare system, and putting pressure on the working-age population. Proactive public policies are needed to deal with ageing issues, but they will not necessarily be the correct response to every challenge in every country. Japan and China, for example, have delayed their retirement ages, but this may reduce family support for the oldest elderly and for grandchildren—as a common practice, grandparents' assistance in childcare largely alleviates work-family conflicts for working women. Also, policies encouraging FLFP in the context of insufficient public childcare support may exacerbate work-family conflicts of women.

The rapid pace of ageing comes from two sources in EA: longer lifespan and fewer births. Work-family life balance for women, conflicting norms of “ideal employee” versus “ideal motherhood” contribute to the “double losses”. Gender-based discrimination in the workplace creates high incidences of wage discrepancies, demotion, dismissal and sexual harassment for women. Some women will have to either give up childbearing or be active in the labour market. Family-friendly policies implemented in Japan and ROK have yielded only minimal effect on increased fertility. How to achieve a work-family life “win-win” situation and cost-effective solution to ageing remains unclear.

Changing family structures reduces family support for daily care and generates greater demand of public support for the elderly. Japan, ROK and China have the lowest total fertility rate (TFR) in the world. This, together with structural forces, have fundamentally reshaped fertility norms, family size and living arrangements, leading to aged population. Parent-child co-residence was an effective means for the elderly to be taken care of in twilight years, but this practice has declined. In China, for those aged 65 to 70, co-residence fell from nearly 66 percent in the early 1980s to

roughly 43 percent in 2011; in ROK, for those ages 65 and above, it decreased from over 80 percent in 1980 to well under 30 percent by 2010.²⁰ Since the elderly tend to face disabilities, parents and children living apart from one another makes it less convenient for daily care and family support. In such context with inadequate public support, this particular trend may lead to a big challenge for living a decent life in later years.

Each country has unique challenges in response to ageing and gender equality. In China, for example, urbanization because of rural-urban migration complicates ageing issues. Since migrants tend to be younger in age and migrate from middle and western areas to the eastern industrial and metropolitan areas, they leave the elderly residing in less developed areas where they are more vulnerable because of the lack of public and private support structures in monetary terms and in daily care. The universal two-child policy may exacerbate gender discrimination in the labour market, and put a heavier burden on grandmothers when pro-family policies are lacking. Employers prefer to hire men to avoid the expenses of maternity leave and childcare; the arrival of the second child would place a greater burden on grandmothers in caring for the third generation because of the lack of public childcare support. Many men in low socioeconomic status will have no chance to find a wife because of the high SRB and sky-high cost of marriage.

Policy Implications and Research Recommendations

Demographic transition and STD have reshaped and will further reshape EA societies and economies, presenting tremendous challenges for policymakers, communities, and citizens. However, “demography is a powerful force in development, but it is not destiny”.²¹ Policymakers in the region have the potential to promote a society for all. This will require more integrated methods of approaching public policy and service delivery systems supported by robust research.

Be prepared for an ageing society through research. Research has shown that the proportion of the elderly is expected to increase further. Being prepared for an ageing society would require holistic approaches: increasing pensions and welfare, ensuring social care funding, building sustainable home- and community-based long-term care systems, providing collaborative working to improve services for the elderly, and promoting the role of tele-care in services for older people, etc. There is a need, however, for more research to inform how policies and provisions in these areas should be extended.

Research to prioritize the needs of the most vulnerable population, rural, female and the oldest old. The rural, female and the oldest old are more likely to suffer from poverty on the economic, medical and social fronts. Currently, these groups are not targeted in pension policy, insurance, social security and medical services. In China, the share of reimbursement of medical service and nursing home care for the elderly should also be increased, as well as the provision of long-term care services and extra

stipends distributed to the elderly in rural areas. There is a need for research on pension, insurance, social security and medical services to be bolstered so as to establish and strengthen, if need be, policies and programmes in these areas.

More research is needed to empower younger people and women in early life stages so that they are better protected in old age. Vulnerability of the elderly and older women may be reduced if women are able to lead better lives in their early days. It is not just the elderly who should be the only focus. There should be research on how governments should more effectively empower women from early childhood, childbearing age, working age, right through to older ages. Research on the following areas should also be stepped up with the aim of empowering women: the implications of encouraging more women to join the workforce, the outcomes of reforming existing pension schemes, and the results of shifting healthcare focus from hospital care to primary care are demands which need to be heard and acted upon.

Conduct cross-national research for evidence-informed policymaking and policy responses. EA nations should recognize the essential importance of cross-national research in policymaking. They should develop multidisciplinary and longitudinal research, and collaborate in collecting data that are comparative, harmonized and standardized, and readily accessible for communities of scientists. Such data can best reflect the long-term interrelationships among changing family structures, work, health and economic status, and enhance the ability of policymakers to evaluate the institutional and programmatic features of ageing policy to maximize policy choices.

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CHAPTER 3: Ageing, Gender Equality and Social Innovations in

Central Asia

Aliya Ilyassova

Introduction

Enabling successful application of social justice and universal equality mechanisms is known to foster the formation of an inclusive society. Social inclusion and economic inclusion are inextricably entwined and are today recognized in most countries of the world to be one of key drivers of social integration process. Such an approach charges the governments with a task to develop socially inclusive policies to integrate in the national development strategies a special focus on the improvement of level and quality of life, particularly for vulnerable population groups. The latter usually include: elderly people, persons with disabilities, and women and children, all of whom are considered vulnerable.

It is worth mentioning that successful implementation of socially inclusive strategies depends, *inter alia*, on the degree of the population's awareness of their rights and obligations and the level of governments' accountability and commitment to the principles of social justice, which is not very well traced in the countries of Central Asia.

Equalization of opportunities for everyone and reduction of all forms of inequality are the key priorities, even for the developed countries. In the countries of Central Asia (CA), some progress has been achieved in social and economic development and the implementation of the Millennium Development Goals. However, inequality remains a problem faced by the most vulnerable groups of population like migrants, refugees and displaced persons, representatives of ethnic minorities, persons with disabilities and those living in the rural or deprived urban areas who have been disadvantaged for the past decades. These groups as well as children, youth, women and elderly people have particularly suffered after 2008 as a result of loss of incomes and restriction of access to basic social services.

This chapter is based on desk research on published literature and documents available on the internet.

Ageing, Gender and Social Innovations

Populations in the countries of Central Asia are ageing although people do not necessarily live longer. This demographic trend stems primarily from decline in the birth rate rather than from increase in life expectancy, as suggested by the recent World Bank report entitled *Golden Ageing: Prospects for Healthy, Active and Prosperous Ageing in Europe and Central Asia*.¹

Population dynamics in Central Asia contrast with those in other parts of the region. Fertility levels are higher: in Kazakhstan and Kyrgyzstan fertility has increased since 2000, and while Uzbekistan has witnessed a consistent decline, its fertility rate remains higher than Western Europe. Because this is coupled with relatively high mortality, the populations are significantly younger than in the other parts of the region—more than half of Central Asia's population is under age 25 years, with the exception of Kazakhstan, where around half of the population is under age 30. Kazakhstan is also a country of destination for international migration within Central Asia, while the other countries are generally countries of origin. Kyrgyzstan and Tajikistan experience particularly significant emigration and are among the biggest remittance-receiving countries in the world.²

After the countries of Central Asia declared their independence, the population growth rates dropped compared to the past (between 1990 and 2004). This was because of three reasons:

1. First, out-migration occurred, especially in the early years after independence.
2. Second, each country's birth rate has fallen by at least 25 percent since 1992. There has been a significant decline in the number of children under five. For example, in Tajikistan in 1990, this group was 18 per cent of the population, but it was only 13.5 percent in 1998.
3. Third, with the steady dissolution of national health coverage and a significant decrease in expenditures on social infrastructure, all countries in Central Asia have experienced a sharp decrease in life expectancy at birth since 1990.

This comes at a time when the Central Asian nations are still very young despite declining birth rates: the share of people under age 17 ranges from 32 percent of the total population in Kazakhstan to almost 48 percent in Tajikistan.

According to UNDP's 2005 Central Asia Human Development Report, the newly independent Central Asian nations—Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan—were home to almost 60 million people.

According to UNFPA figures, in 2010, Central Asia was home to 61.5 million people with 45 percent of them living in Uzbekistan, 26 percent in Kazakhstan, 12 percent in Tajikistan, 9 percent in Kyrgyzstan and 8 percent in Turkmenistan. Kazakhstan shows the lowest level of average population growth rate in 2005-2010 equal to 0.7 and is followed by Uzbekistan—1.1, Kyrgyzstan—1.2 and Turkmenistan—1.3. Tajikistan has the highest rate which is 1.6. Among the Central Asian countries, Tajikistan exhausted by civil war and economic problems shows the highest birth rate while Kazakhstan has the lowest birth rate (0.7).

Generally, decline in the birth rate observed over the past 20 years in Central Asia can be accounted for by effect of a number of factors. During the first years of reforms, considerable proportion of population witnessed a decrease in the quality of life which affected wellbeing of families and their reproductive plans. Increase in labour migration effectively resulted in reduction of the number of marriages and disturbance of habitual pattern of family life (because of prolonged absence of one of the spouses). It is also noteworthy that expert assessments suggest that labour migration in Central Asia began to acquire the ‘female face’ over recent years, *i.e.* it increasingly absorbs women.³

Despite a positive trend reported by the United Nations, the ageing index⁴ in Kazakhstan, in general and by regions, remains virtually unchanged over recent years (Table 3.1).

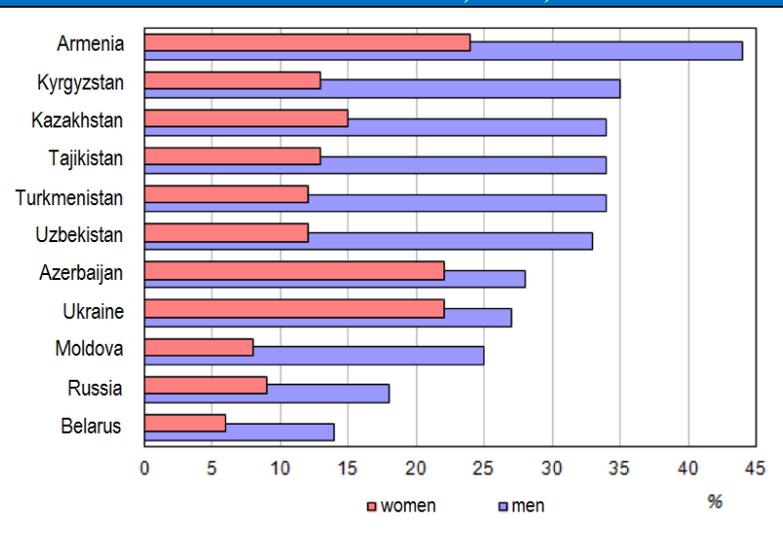
Table 3.1. Ageing Index in the Republic of Kazakhstan regions per 100 children					
	2011	2012	2013	2014	2015
Republic of Kazakhstan	26.7	26.2	25.9	25.7	25.7
Akmola region	38.4	38.0	37.9	38.1	38.4
Aktobe region	23.3	23.1	22.9	22.7	22.6
Almaty region	23.2	22.8	22.5	22.2	22.1
Atyrau region	16.5	16.0	15.6	15.3	15.2
West Kazakhstan region	34.7	33.9	33.2	32.6	32.1
Zhambyl region	18.0	17.8	17.8	17.8	17.9
Karaganda region	40.5	40.1	39.9	40.0	40.4
Kostanay region	51.3	50.7	50.5	50.7	51.1
Kyzylorda region	14.3	14.4	14.5	14.6	14.9
Mangistau region	10.9	11.0	11.1	11.2	11.4
South Kazakhstan region	12.2	12.0	12.0	12.0	12.1
Pavlodar region	43.8	43.3	43.1	43.1	43.3
North Kazakhstan region	53.2	52.7	52.3	52.5	53.1
East Kazakhstan region	46.9	46.2	46.1	46.0	46.2
Astana city	17.7	17.2	16.9	16.5	16.3
Almaty city	39.7	39.0	38.5	37.8	37.4

In many countries of the region, people adapt to demographic changes although it raises a strong concern within the society. It is a general opinion that pension and healthcare systems will experience pressure as a growing number of elderly people will come to depend on contributions of the decreasing number of working people. However, the report suggests that the demographic pressure can be effectively kept to a stable level if the governments allow people to continue to be active in the labour market for a longer period. Ageing communities are not necessarily doomed to witness stagnation or a fall in living standards. Yet behavioural changes which can be conducive to the recession of dependence level and supportive to the productivity do

not happen by themselves. To secure such transition, an enabling environment must be created including the provision of the right stimuli and adoption of a proper policy.⁵

It should be mentioned out that the region needs adaptive actions in multiple areas of government policy to support active, healthy and meaningful ageing. These include not only reforming of intergenerational transfers and pension systems but also include, among others: reforming of healthcare system with a focus on preventative medicine, primary nursing and deeper diagnosis; reforming of education system to facilitate development of cognitive skills required for efficient work with a longer employment duration; and reforming of labour market institutions so as to enable women to better balance family and career goals and the elderly to work under a more flexible schedule.

Figure 3.1. Economic activity of men and women of age 60 and more in the CIS countries, 2012, Percent



Source: URL:<<http://kg.one.un.org/content/unct/kyrgyzstan/en/home/we/fao/>>

Population ageing is linked to the issue of intergenerational equity. Low and delayed fertility, as well as increasing life expectancy, result in changes in cohort succession, which undermine the existing intergenerational contract; young generations in most countries of the region are relatively small and need to shoulder higher per capita support for older generations.

As put by Russian Economist Ekaterina Scherbakova, a

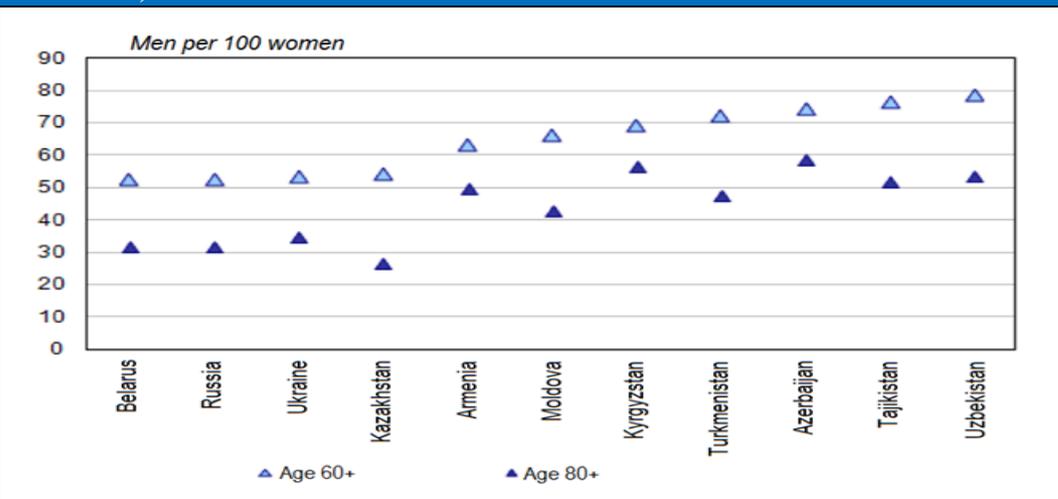
demographic pressure increase by the elderly population has important consequences for social security schemes, and particularly pension schemes where the beneficiaries are paid out of contributions of the working population. It entails the need for changes in economic activity of the population including the eldest people. In 2012, the economic activity of the population age 60 and above was relatively low in the developed countries—26 percent among men and 15 percent among women of age 60 and above. In the developing countries, elderly people are forced to continue to work because of limited pension schemes coverage and relatively small amounts of pension payments (Figure 3.1).

In the CIS economies, a considerable portion of retired population continue to be in

employment after their retirement. According to official population social protection reports, in early 2011 there were 40,000 (6 percent and 2 percent) retired people working in Kyrgyzstan and 37,000 (6 percent and 2 percent) in Tajikistan. According to sample population employment survey, 162,000 people continued to work after retirement in 2010 in Kazakhstan which amounted to 10 percent of all old-age pensioners and 2 percent of total workforce; additional 5,700 people (0.3 percent of old-age pensioners) were in search of a job.⁶

As women’s life expectancy is higher than that of men’s, women represent the majority of the older persons. A 2012 assessment shows that sex ratio among those age 60 and above varies from 53 men per 100 women in Belarus and Russia to 79 men per 100 women in Uzbekistan and among those above 80 years—from 32 to 54 men per 100 women in the same countries (Figure 3.2). Generally on a global scale, the sex ratio among older aged people is more balanced: on average, there are 84 men aged 60 and above per 100 women of the same age, and 61 men aged 80 and above per 100 women of the same age.⁷

Figure 3.2. Number of men per 100 women in senior age groups in the CIS countries, 2012



Source: United Nations, Department of Economic and Social Affairs, Population Division (2012) Population Ageing and Development 2012 / Wallchart ST/ESA/SER.A/323.

As a result of a gender imbalance that grows with the seniority of age groups, it is way more often that the elderly men live with their wives than women of the same age with their husbands. This is due to a number of factors, and not only because of a higher female life expectancy but also because men predominantly elect to marry women younger than themselves and are more likely to remarry once widowed or divorced.

According to the United Nations’ estimates, 81 percent of men aged 60 and older are currently in a marriage including consensual marriage, while only 50 percent of women of the same age are married. Among the CIS countries, this indicator for men is close to the world average and varies between 76 percent for men over 60 in

Kyrgyzstan and 83 percent in Uzbekistan, but slightly lower for women varying from 35 percent for women over 60 in Kyrgyzstan to 46 percent in Tajikistan. The largest gap between marital status of the aged men and women – 46 percentage points – is observed in Uzbekistan and the smallest – 35 percentage points – in Tajikistan.

In the first half of the 21st century, the population in Central Asia will continue to grow because of a considerable number of young people, relatively low level of urbanization and traditions of having many children in Muslim families. However, growth rates will slow down resulting in a gradual stabilization of the region’s population. The first to experience this process will be Kazakhstan whose population will stabilize in the 2020s at the level of 19-20 million people. Main drivers of such stabilization in Kazakhstan include the highest share of urban population in the region (55 percent), active urbanization of the Kazakhs, considerable share of the “Europeans” (26 percent)—predominantly Slavonians and Germans, and a gradual transition to families with lesser children.⁸

After Kazakhstan, the populations in Uzbekistan, Turkmenistan and Kyrgyzstan will stabilize. Tajikistan will see the longest population explosion although it will also stop growing in the second half of the 21st century. This is not, however, to say that population will stop growing across the region or in any given country at the same time. In rural areas, it will last longer, while in industrial regions with a high urban population presence a demographic transition will complete more quickly (Figure 3.3).⁹

Figure 3.3. Population of Major Cities in Central Asia (1989-2030), million people

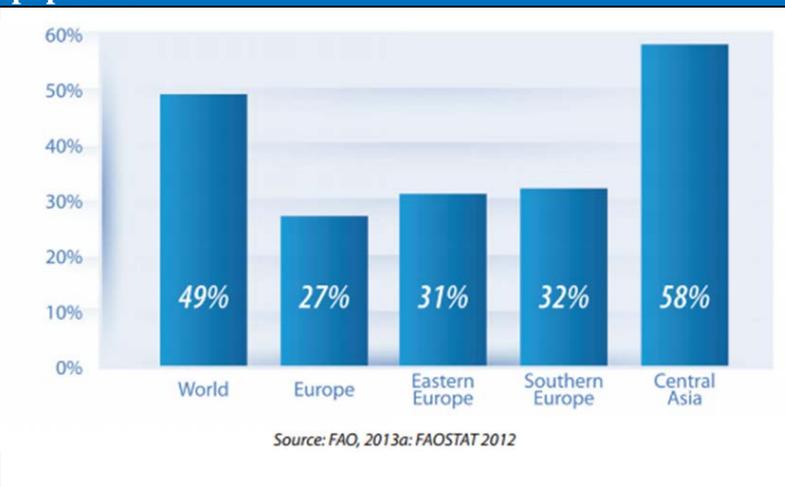
City	1989	1999	2009	2014	2030 (forecast)
Tashkent	2.07	2.14*	2.21*	2.35*	3.00
Almaty	1.07	1.13	1.36	1.54*	2.20
Astana	0.28	0.32	0.61	0.81*	1.40
Shymkent	0.39	0.44	0.62	0.85*	1.50
Bishkek	0.62	0.76	0.84	0.92*	1.20
Dushanbe	0.59	0.58**	0.73**	0.78*	1.00
Ashgabat	0.40	0.60***	0.85*	0.95*	1.30

* current population statistics
 ** data for 2000 and 2010, respectively
 *** data for 1995

A large portion of the population in the region live in urban areas as a result of intense urbanization, yet the rural population continues to be significant. Compared to the world share of the rural population at 49 percent, Central Asia has a greater proportion at 58 percent (Figure 3.4). This is mainly because of the prominence of the

agricultural sector as a major source of employment and lower rural-urban migration—even though there are prominent migration flows to Russia and Western Europe. As a consequence of high levels of urbanization, Europe’s rural population is below the world average.¹⁰ However, there are considerable variations among the countries (Table 3.2).¹¹

Figure 3.4. Rural population as percentage of total population



Policymakers and other key stakeholders have made the collection and analysis of sex-disaggregated data of rural populations a priority in recent years. In particular, they have focused on assessing differences in ageing between women and men, the gendered causes and impacts of rural-urban migration, and the structure of the agricultural labour force.¹²

Table 3.3 provides an overview of rural employment data by sex and employment status in Eastern Europe and Central Asia. Data show that non-agricultural activities are the main source of employment for both rural men and women, particularly as wage employees. However, the high percentage of non-active and not-reported status might confirm the pervasive phenomenon of ageing of women in rural areas (i.e. non-active respondents) as well as the prevalence of informal or unpaid work (i.e. not reported respondents). In this regard, there is also under-reporting of women’s work, as women tend to classify and report themselves as not-employed, particularly when undertaking unpaid agricultural work. In fact, “women provide a large proportion of the labour of agricultural production, even though official statistics based on census and survey instruments often underestimate women’s work and its

Table 3.2. Total population (thousands) and rural share of population (percentage) in 1980, 1995 and 2010

	Population					
	Total (000)			Rural share (%)		
	1980	1995	2010	1980	1995	2010
Albania	2,671	3,134	3,169	66.2	61.1	52.0
Armenia		3,223	3,090		33.7	36.3
Azerbaijan		7,784	8,934		47.8	47.8
Belarus		10,270	9,588		32.1	25.7
Bosnia and Herzegovina		3,332	3,760		58.9	51.4
Bulgaria	8,862	8,357	7,497	37.9	32.2	28.3
Georgia		5,069	4,219		46.1	47.0
Kazakhstan		15,926	15,753		44.1	41.5
Kyrgyzstan		4,592	5,550		63.7	63.4
Montenegro			626			40.4
Republic of Moldova		4,339	3,576		53.7	58.8
Russian Federation		148,497	140,367		26.6	27.2
Serbia			9,856			47.6
Tajikistan		5,775	7,075		71.1	73.5
Turkey	46,161	61,206	75,705	56.2	37.9	30.4
Turkmenistan		4,187	5,177		54.7	50.5
Ukraine		51,063	45,433		33.0	31.9
Uzbekistan		22,919	27,794		61.6	63.1

Source: FAO, 2011a

contribution to national wealth. Problems persist in the collection of reliable and comprehensive data on rural women’s work in agriculture and other productive sectors because of: (1) invisibility of women’s work; (2) seasonal and part-time nature of women’s work, and; (3) unremunerated family (mostly women and children) labour” (Lastarria-Cornhiel, 2006).¹³

Social protection as a social institution represents a body of legal rules designed to address certain social and economic problems both at the governmental level and in the international context. Social and legal protection issues addressed by the state are attributed to social categories having insufficient resources to satisfy theirs and their family members’ survival needs because of family reasons, loss of earning capacity, unemployment or for other reasons. This is why social protection is intended to provide certain level of access to vital benefits and wellbeing to citizens who cannot be economically active because of unfavourable circumstances (e.g. age, health condition, loss of breadwinner or job) and are unable to secure income by doing a decent paying job. As part of the social protection scheme, such individuals receive compensatory aid in monetary and natural form of various services when they face statutory adverse events. In addition, preventive measures are taken under social protection scheme to avoid such adverse events.

Table 3.3. Rural employment status by gender in Europe and Central Asia in 2000

Employment Status	Female (%)	Male (%)
Agriculture	12.3	18.6
Self-employed	6.9	8.5
Wage earner	5.4	10.1
Non-agriculture	19.7	38.7
Self-employed	1.6	7.4
Wage earner	18.1	31.3
Non-active or not reported	46.9	27.5
Total	78.9	84.8
Residual	21.1	15.2

Source: World Bank, 2007c

Note: The omitted group includes individuals out of the labour force and individuals whose economic activity is not defined. Activity refers to the individual's reported principal activity.

Social protection, specifically social protection floors, are essential for recovery, inclusive development and social justice, and must be part of the post-2015 development agenda.¹⁴ Thus, for example, the Employment Law of the Republic of Kazakhstan dated April 6, 2016¹⁵ requires that each type of active employment assistance measures be provided to certain category of persons including that “social workplaces (Section 20) shall be

specifically created for unemployed persons among whom preference shall be given to: alumni of children’s villages and orphan asylums, orphan boarding schools and boarding schools for children without parental support aged sixteen to twenty three; persons of pre-retirement age (within two years of retirement); disabled people; returned convicts; persons on file with probation service; single parents with many children bringing up underage children; caregivers of children under seven years, disabled child, disabled persons of group 1 and 2, or almans (repatriates); and persons affected by an act of terrorism and persons involved in its suppression”.

The sustainability of social security systems, particularly pension schemes, has

therefore become a major challenge for the region and is increasingly relevant for other countries in the world. Ageing societies must pay special attention to provision of care for the elderly. This has important gender dimensions as the care burden falls largely on women. At the same time, older persons, when in good health, are important providers of services to younger generations and society at large.

There are a number of fiscal implications on ageing which include implications for healthcare spending, long-term care, pension expenditures, and labour force participation. Under the central planning with a small or non-existent private sector, the vast majority of pension and old-age health benefits were publically funded. Under market conditions and faced with new demographic realities, many of the ECA economies are instating privately financed second and third pillars to relieve some of the fiscal pressure on the public finance. There are a range of policy options available to countries when trying to balance the trade-off between fiscal sustainability and adequate income for seniors: reduction of public pension expenditures, reduction of health-care cost growth, extension of working lives, increasing funded pension savings, strengthening poverty floors, increasing fertility rates or increasing immigration. Usually some combination of these was needed.¹⁶

As part of ESCAP's Economic and Social Survey of Asia and the Pacific 2015, the experts of the Center for Economic Research (Tashkent, Uzbekistan) see the inclusive economic growth prospects in Uzbekistan in expansion of effective employment involving creation of decent, good paying jobs. Creation of decent jobs means an effective employment in the formal sector, access to social support, decent salary above subsistence minimum and safe working environment. According to analysts, social inclusion (access and accessibility of education and health services) requires high level of investment in education and healthcare. Public social expenditure has grown significantly over the past 13 years—from 47.6 percent to 58.6 percent, in particular: for education—from 25.5 percent to 35 percent; for healthcare—from 9.8 percent to 14.4 percent; for social services and social benefits for families—from 6.5 percent to 6.7 percent.¹⁷

To strengthen the efficiency of the social protection system, the Government and the UN System have agreed to work jointly under the UNDAF 2016-2020 on the following outcome: by 2020, vulnerable groups benefit more from an inclusive, financially sustainable and efficient social protection system; and children and women in need of protection are covered by comprehensive support in line with human rights standards.

This outcome particularly contributes to the global SDGs focused on reducing inequalities within and among countries (SDG10) and on achieving gender equality and empowering all women and girls (SDG5). Collaboration toward this result encompasses the following areas:

- Strengthening the effectiveness and sustainability of the system of social allowances and the pension system: The UN System will focus on building capacity of national stakeholders and providing policy recommendations based on evidence and international best practices.
- Further improving social services for children deprived of parental care, the elderly, and people with disabilities: This will include support to the development and implementation of evidence-informed policies and strategies on improved social service delivery for these most vulnerable groups of the population.
- Providing comprehensive support to children and women in need of protection.¹⁸

Assistance in Kyrgyzstan is shaped by the 2015-2017 FAO Country Programming Framework (CPF), which focuses on four priority areas:

- Enhancing capacities to assess, plan and implement action for achieving sustainable food and nutrition security;
- Strengthening professional and institutional capacities, legal frameworks and support services for sustainable use of natural resources for agricultural productivity growth, effective inclusive agricultural value chains, and increased rural income, with emphasis on the fisheries and livestock sectors;
- Improving resilience to climate change, crises and disasters, through the elaboration of ad hoc strategies for disaster risk reduction and emergency response, including support to vulnerable rural populations;
- Enhancing capacities for strengthening a socially-sensitive market economy to reduce rural poverty, especially among women-headed households.¹⁹

The Government of Tajikistan has set ambitious goals to be reached by 2020: to double GDP, reduce poverty to 20 percent, and expand the middle class. Also, the new National Development Strategy 2016-2030 has been adopted that envisages Tajikistan's transition from the land economy to an industrial one.

To achieve these goals, Tajikistan needs to implement a deeper structural reform agenda designed to: (a) reduce the role of the state and enlarge that of the private sector in the economy through a more enabling business climate, while attracting more private investments and creating more efficient jobs; (b) modernize and improve the efficiency and social inclusiveness of basic public services predominantly benefitting the elderly people and women as a result of the current migration situation prevailing over the past decades; and (c) enhance the country's connectivity to regional and global markets and knowledge.

Research Recommendations

Considering that the key principle of inclusion is to foster gender equality and include vulnerable groups, it appears to be important to initiate the process with the promotion of gender policy to implement an integrated gender approach and its toolkit with a special focus on gender budgeting which is downplayed in the Central Asian region. To this end, the following research recommendations are put forth:

- Study the regional budget (incomes and expenditures) from a gender-specific perspective to identify gender disparities to be addressed;
- in preparation of regional budgets, studies should consider its possible aggregation in terms of gender-based impact with a special focus on socially vulnerable population groups including socially vulnerable women;
- initiate research on inclusion of female employment level indicators in the socio-economic indicators which are used to determine regional management ratings; and
- conduct research on the application of gender laws, for example, to facilitate awareness raising among populations about “On state guarantees of equal rights and equal opportunities of men and women” and “On prevention [of] domestic violence”.

Based on the fact that women make up a significant proportion of the labour force in agricultural production, although official statistics, obtained by statistical census and household survey instruments, often underestimates women’s work and its contribution to national wealth, research should focus on the collection of statistics related to female labour in agriculture and other productive sectors. In this connection, it is necessary to conduct a study on the subject of reliability and comparability of national data with international standards and obligations of governments in the region. In the study, it is necessary to track the situation of the elderly, with a focus on women, and the improvement of their living conditions, pensions, the elderly support programmes, including disabled older persons.

There is a supportive legal framework for gender equality in most of the countries in the Central Asian region, although in practice women’s access to finance, employment and services remains influenced by traditional norms and stereotypes regarding gender roles, according to which women are expected to retain primary responsibility for family care and unpaid domestic work. Women are more likely than men to be engaged as workers in the informal economy or as unpaid family workers. Primary and secondary enrolment rates are the same for boys and girls. Strong gender patterns persist in tertiary education that contribute to labour market segregation: women remain concentrated in traditionally “female” fields of study (humanities, education, health) and are less likely than men to study in technical fields that would lead to higher wages (energy, transport, construction). Women generally make their own decisions about healthcare, but some women, especially adolescent girls, face obstacles in access

to sexual and reproductive health services. Research, however, should extend to cover older women, in particular women with disabilities and rural older women since they tend to have limited access to healthcare although men's health is significantly poorer than women's. Moreover, women in rural areas are more likely to lack access to water, electricity, gas and public transport, which limits their opportunities for employment and increases their burden of unpaid work. In rural areas, women have raised concerns about the energy efficiency of buildings.

All of the noted are the parts of the subject of social inclusion. In order to achieve stability in solving these problems requires the use of, for example, social innovation technologies, forming the basis of social policies embedded in the EU. Also, ensuring social inclusiveness will require the active integration and support of the MOST Programme in Central Asia in order to improve decision-making processes and strengthen the capacity of researchers and expanding pool of scientists to implement conducting the Forum of the Social Innovations in the Central Asian countries.

Endnotes for Chapter 3

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CHAPTER 4: Ageing, Gender and Social Innovations in the Pacific

Vijay Naidu

Introduction

The chapter focuses on the current state of research on social inclusion in the Pacific, particularly on the thematic issue of ageing, women and social innovation and how the existing body of research has been reflected in policy making in the Pacific Island countries and territories.

Overview of Research on Ageing, Women and Social Innovation in the Pacific

Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia (FSM), Nauru, New Zealand, Niue, Palau, Papua New Guinea (PNG), Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu comprise the 16 countries for which the research literature was reviewed. It became apparent that published research on these countries and, by extension, policy uptake based on evidence gathered from research are very variable. Australia and New Zealand have the largest number of national level scholarly work on ageing, gender and social innovations.¹ These studies have been done by individual researchers, government agencies² (in the case of Australia at federal and state levels), and civil society organizations.³ The tradition of evidence-informed policymaking is more established in these two developed countries of the sub-region.

Lagging some distance behind are Fiji, PNG, Samoa and Tonga with fewer national level research based outputs by individuals, CSOs and government agencies. There is no consistent tradition of government commissioned research activities by nationals of these countries, with the possible exception of population censuses. However, MDGs reports, national development and/or strategic plans, and policy documents are available.⁴ Certain NGOs have been active in publishing research regarding gender in Fiji. Countries with the least research output regarding social inclusion of the elderly and gender comprise the largest number namely, Kiribati, Marshall Islands, FSM, Nauru, Niue, Palau, Solomon Islands, Tonga, Tuvalu and Vanuatu. These countries have produced national reports on progress towards MDGs.

Filling the gap in country-level research on ageing, gender and social innovations are multi-country reports on the subject of ageing and gender by UNFPA,⁵ UNWOMEN, UNDP, UNESCAP, UNICEF,⁶ ADB,⁷ World Bank, ILO and International Monetary Fund. These reports examine demographic dynamics based on national censuses and produce population projections (UNFPA), the situation of girl children and women as well as social indicators relating to gender (UNICEF, UNWOMEN, and UNDP), economic growth and social development (UNESCAP), Human Development Index

and poverty analysis by country (UNDP), gender and ageing trends and their implications (ADB, World Bank, IMF and UNESCAP).

There is little or no tradition of evidence-informed policymaking in nearly all the PICs. National level research capacity in social sciences (and more generally) is either lacking or non-existent. Commissioned research by multilateral organizations and bilateral donor agencies conducted by developed country researchers serves as important basis for gathering information on socio-economic trends in PICs.

Research methods used for gathering data are largely quantitative and based on government documents such as national plans, policies, data sets, and budgets. There are very few qualitative research, and nearly absent are participatory forms of research.

Findings of the Review on Demographic Trends on Ageing

The literature maintains that demographic transition has been occurring at different rates in the countries of the Pacific sub-region. Population growth rate has generally declined and people live much longer because of improved nutrition, sanitation and health care.⁸ UNFPA estimates that the number of older people in the Pacific increases by 3.7 percent per annum between 2014 and 2020 starting from around 512 thousand to 2 million. Among all the countries, Australia and New Zealand have the largest number of elderly. The ageing rate in Fiji exceeds that of the Solomon Islands and PNG (Table 4.1).

Table 4.1. Ageing Population Trends in the 16 PICs

COUNTRY	Total Population	Population structure				Life expectancy at birth (years)
		Age <15yrs	Age 15-59yrs	Age 60+ yrs	Median Age	
1. Australia	24.2m	18.8	66.2	15.0%	37.4	83.0 (2016)
2. Cook Islands	14,730	4332 (29%)	8720 (58%)	1922 (13%)	29	61.2 (2009-13)
3. Federated States of Micronesia	102,800	36,697	60,545	5601	22	70 (2010)
4. Fiji	867,000	29.8%	74.1%	9.7%	25.1	67.5 (2007)
5. Kiribati	113,400	38%	50%	12%	-	62.2 (2010)
6. Nauru	10,840	39%	59.2%	1.8%	-	61.2 (2011-13)
7. New Zealand	4,677,190	20.2	64.9	14.9%	38.0	82.4 (2016)
8. Niue	1,788	529	999	260	29	73.2 (2007-11)
9. Palau	19,907	4798	13467	1642	35	69 (2001-05)
10. Papua New Guinea	8.1m	43.2%	54.4%	2.4%	21	54.2 (2000)
11. Republic of the Marshall Islands	54,880	50.8%	40.7%	7.1%	19	71.8 (2011)
12. Samoa	187,300	39%	54%	6%	-	74.2 (2011)
13. Solomon Islands	642,000	43.9%	50.7%	5.5%	20	70.2 (2009)
14. Tonga	103,300	39%	45%	16%	-	70.6 (2008-11)
15. Tuvalu	11,010	34.1%	60%	5.7%	-	69.6 (2010)
16. Vanuatu	277,500	90,973	129,244	13,806	20.5	71.1 (2009)

Source: Secretariat of the Pacific Community- www.spc.int

Life expectancy varies among PICs. While that of Australia and New Zealand stood at 82 years, highest regionally, life expectancy of several other Pacific Island Countries (PICs) including Marshall Islands, Niue, Tonga, Samoa, Solomon Islands and Vanuatu

is over 70 years. Those countries with life expectancy of between 60 and 70 years include Cook Islands, Fiji, Kiribati, FSM, Nauru, Palau and Tuvalu. PNG's life expectancy is 54 years. The quality of data regarding life expectancies in some PICs is questionable.

Dependency ratios are likely to grow steadily relative to the proportion of economically active people in the total population.

Published research materials show that there is a feminization of ageing in nearly all countries. Women on average live 4 years more than men. In the Solomon Islands and PNG they may be widowed for more than 10 years. As women over 60 years are less educated and mostly engage in livelihoods activities in the informal sector, it is likely that they have little or no income. Additionally, without the support of family, community and government, these women may fall into poverty.

Similar to other parts of the world, the elderly in the Pacific has become more prone to disability and chronic illness, which applies especially to those over 80 years old. Disabilities include mobility issues, vision and/or hearing impairments, diabetes and diabetic complications, cardiovascular diseases, memory loss, and increasingly, cancer. Disability and illness affect their capacity to be gainfully employed or engage in livelihood activities. At the same time, they require health care services that can be costly, which in turn increases their dependence.

Considerable research has been done on demographics, ageing and the impact of ageing on social security, labour market and services to the elderly in Australia and New Zealand, which have served as inputs for the formulations of policies. However, hardly any national level research has been done on these significant matters pertaining to the elderly in PICs. The Secretariat of the Pacific Community (SPC) has maintained a database on populations and projections for PICs based on their national censuses. In Fiji, two papers were published in the early 1990s on older workers and work-life balance and attitudes and concerns of caregivers of the elderly; two more papers were published more recently in 2014 and 2015 on living arrangements of the elderly⁹ and their health status, respectively.¹⁰ Although the study samples were relatively small, the findings of the research were pertinent. However, none of them has been employed in policymaking. Policy decisions on elderly support are not based on research and any elderly support by the state is a response to political processes including lobbying. Consequently, there is a significant lacuna in policy research and a very large gap between research and policy making.

Elderly Support and Care

Published sources indicate that the nature and extent of support for those over the age of 60 varies in the 16 UNESCO Member States in the sub-region. Australia and New Zealand have a range of contributory and non-contributory financial support for the elderly. Private life insurance schemes have existed for a long time as well as state-

funded social security benefits. There are beneficiary schemes for people with disabilities and/or chronically ill. Specialist health care facilities and services are available.¹¹

There has also been a history of institutionalizing the elderly in ‘rest homes’ and similar institutions which are generally run by private corporate groups and individuals in Australia and New Zealand. In these countries there is an established tradition of social development research including research on demographic and trends in caring for the elderly. Such bodies of research and media coverage of the situation of eldercare institutions have been reflected in policymaking. Standards are defined for “rest homes” and health service providers. There is an established and critical literature on the privatization of institutional care for the elderly.

In PICs, the majority of the elderly have worked in the informal sector as semi-subsistence small holder farmers (peasants) and fishermen and fisherwomen. Until recently, in most PICs there was no pension scheme or formal support for them. They were and are reliant on their immediate and extended family for support and care. There is very little or no institutionalized support for the elderly in PICs. The cultural norm is that the family looks after the elderly. As women live longer, they become dependent on such caregivers who in most cases are younger women themselves. There has been very little research on the implications of an ageing population on informal support services for them.

The impacts of urbanization and the increase in nuclear families on the family structure have been explored by a number of studies in PICs. However as the cultural tradition of family caregiving to elderly remains strong, there have yet to be significant policy discussions on the pros and cons of informal elderly care.

In a number of PICs there is literature and documentation regarding pension schemes. Prominent among such schemes are ‘national provident funds’ which exist in different names in a number of PICs such as Fiji, Kiribati, Samoa, Solomon Islands, Tuvalu, Vanuatu, Marshall Islands, Palau, PNG and Tonga. These schemes serve the minority of the elderly who have worked for government and/or large private companies. The policy framework for pension support was not based on systematic research on national level demographic trends and on existing support mechanisms for retirees. Instead, it was based on regional studies by multilateral agency emulating pension initiatives in neighbouring countries, particularly Fiji.

However, it is noteworthy that not all of them are actual providers of pensions as in many instances the retiring elderly receives a lump sum payment instead of a monthly payment, except for the Fiji National Provident Fund which includes a pension scheme of both lump sum payout and pension.¹²

Most recently, some governments have moved towards non-contributory income

security for the elderly not covered by pension schemes such as Fiji, Samoa¹³, Kiribati and Tuvalu. These governments have responded to international frameworks for elderly support which, to a certain extent, are lobbied by the elderly themselves and NGOs such as the Fiji Council of Social Services. There is no evidence of research or research uptake in policymaking in the implementation of such income security system. Some PICs have a long history of credit unions and thrift societies which have provided support for their members.

As pointed out earlier the body of research at the national level in PICs on the elderly generally is very sparse and to some extent this gap is filled by regional and sub-regional overview studies that may have contributed to policy making. However, there is very limited or no evidence of policy uptake from research. National level research are more likely to provide the evidence for context specific policy regarding elderly support.

Gender

As in the case of ageing, published materials on gender and related issues are numerous and readily available in Australia and New Zealand. With the support of UNICEF, ADB and Australian Aid, situational analysis of women, youth and children had been undertaken in individual PICs. There are also publications on women's reproductive health, gender division of labour, formal sector employment, women's economic role and empowerment, women in politics, violence against women, and gender parity indices.

All governments with the exception of Tonga are signatories to CEDAW and are committed to gender equality. Pacific political leaders adopted in 2012 a regional declaration on gender equality for the sub-region. However the literature emphasizes the prevalence of gender inequality within countries. The 2012 Pacific Leaders Gender Equality Declaration committed leaders to six priority areas namely gender responsive government policies and programmes, improving women's participation in decision-making, economic empowerment, ending violence against women, and improving health and education outcomes for women and girls.¹⁴ It is noteworthy gender budgeting analysis is not available in any countries in the sub-region.

Girls and women fare much better in Australia and New Zealand, and in Polynesian island countries in terms of education, formal employment, holding decision-making positions, and addressing domestic violence compared to Melanesia and Micronesia. The situation of women varies between rural and urban areas and depending on their ethnicity, level of education and employment status.

Increasing urbanization, educational attainment and the continuing shift away from subsistence farming are significant factors in changing the dynamics of gender relations in PICs. Changes are observed in customary practices based on semi-subsistence agriculture, the division of labour between men and women, the

practice of bride price, and systems of gift exchange and reciprocity. Urbanization has many consequences which include the decline of extended family mutuality, changed gender relations with both men and women engaged in paid employment, the pressures of urban living, changing life styles and the availability of alcohol and drugs.

Gender Equality in Education

Publications including MDGs country reports maintain that rapid progress has been made regarding gender parity in education (Table 4.2). Enrolment of school-aged children is generally high and relatively equal between boys and girls. In PNG and Solomon Islands, gender disparity remains in education for girls. In some countries such as Samoa, Tonga and Fiji girls have overtaken boys in terms of school attendance and pass rates at secondary and tertiary levels. There is concern that boys are not motivated sufficiently to continue schools and have a higher drop-out rate.

Table 4.2. Gender Equality in Education Statistics		
Country	Gender Parity Index at primary level	Gender Parity Index at secondary level
Cook Islands	97.3 (2014)	99.1 (2014)
FSM	100.0 (2011)	100.9 (2011)
Fiji	94.0 (2012)	104.0 (2012)
Kiribati	103.0 (2013)	153.0 (2013)
Nauru	102.0 (2013)	106.0 (2013)
Niue	90.0 (2013)	97.0 (2013)
Palau	87.7 (2013-14)	103.0 (2013-14)
PNG	92.0 (2013)	71.0 (2013)
RMI	100.0 (2010-11)	103.0 (2010-11)
Samoa	103.0 (2012)	113.0 (2012)
Solomon Islands	99.0 (2013)	105.0 (2013)
Tonga	90.0 (2011)	99.0 (2011)
Tuvalu	100.0 (2011)	152.0 (2011)
Vanuatu	97.0 (2011)	110.0 (2011)
Source: PIFS 2015 MDGs Tracking Report		

There has been a tendency to push for universal education that emerges from international frameworks and conventions including UNESCO's 'education for all', the MDGs, and the recent SDGs. There remain cultural barriers to girls' education which have been slowly addressed. Cultural barriers, particularly in Melanesia are related to the ascriptive gender roles which assigns women and girls to domestic work, raising children and care-giving.

Although there are increasing numbers of girls in sciences, medicine and IT, they are

absent in other areas of the economy such as engineering and trade. There has been limited research in gender inequality regarding education and labour market and certainly very little policy uptake regarding addressing gender inequality in various fields. Strong studies on women and employment exist in Fiji¹⁵ but there is little evidence of policy uptake of their findings.

Women's Livelihoods

However, published research show that success in education does not necessarily lead to improved employment prospects for women. Formal sector employment in both public and private sector is disproportionately in favour of men. More women tend to predominate in certain types of employment such as teaching, nursing and factory work, they are often employed in lowly paid work. Gradually in some PICs it has been reported that women have participated in industries which are male dominated such as journalism and engineering. The issue of equal pay for equal work remains in nearly all countries of the sub-region.

However, women are mainly found in informal sector employment. Many are engaged in on-farm work, or are self-employed as hawkers, road-side vendors, or are 'market women'.

Research has focused on what activities and sources of income comprise the informal sector and related safety issues. There is little research on strengthening the informal sector's absorptive capacity although agriculture is important for job creation and income generation for those who cannot find employment in the formal sector.

Women are seen as carrying multiple burdens that include their reproductive and care-giving roles, domestic work, and their productive work. Women work for longer hours than men. Women's contributions to economy and society are not recognized in national accounts and remain unpaid.

Research on poverty has indicated the phenomenon of feminization of poverty. While this understanding is based on the increasing proportion of households in poverty that are headed by women, a few researchers have pointed to intra-household poverty meaning that because of cultural norms, girl children and women having their meals last, when not much food is left. They also do not have access to money and assets that men have. Many of the unbanked in the PICs are women. Intra-household distribution of food and income is perceived by at least two researchers as a relatively un-researched dimension of feminization of poverty. It is partly for this reason that financial literacy programmes and micro-finance projects target them.

Gender and Decision-Making

The published materials also maintain that women are relatively absent from decision making positions. With most PICs being patriarchal, and even matrilineal systems in

some countries, men have emerged as dominant in public life. It has been reported that in women make 3 percent of MPs in PICs' parliaments while the world average for women's representation in national parliaments is 20 percent. Under pressure from women's organizations and international community, some PICs have taken steps to rectify this situation. Samoa has passed legislation to reserve 10 percent or 5 seats in the 49 seat legislature for women. PNG and Solomon Islands are contemplating similar measures. A significant increase in women MPs have been elected in Fiji following the adoption of the single nation-wide constituency and open list proportional electoral system. The Fijian government has also ruled that 30 percent of all statutory board members shall be women. In other PICs, such as Tuvalu, action is being taken to enable women's participation in local government (Table 4.3).

Table 4.3. Women's Participation in Economic and Political Life		
Country	Seats held by women in Parliament	Women in non-agricultural sector
Cook Islands	16.7% (2014)	47.3% (2011)
FSM	0% (2014)	37.9% (2010)
Fiji	16.0% (2014)	34.0% (2007)
Kiribati	8.7% (2014)	47.4% (2010)
Nauru	5.3% (2014)	37.6% (2011)
Niue	15.0% (2014)	46.0% (2011)
Palau	0% (2014)	39.6% (2005)
PNG	2.7% (2014)	N/A
RMI	3.0% (2014)	36.7% (2011)
Samoa	4.1% (2014)	39.3% (2011)
Solomon Islands	2.0% (2014)	33.2% (2009)
Tonga	3.6% (2014)	47.9% (2011)
Tuvalu	6.7% (2014)	43.5% (2012)
Vanuatu	0.0% (2014)	41.3% (2009)
Source: PIFS 2015 MDGs Tracking Report.		

There has been UN agency commissioned research into political participation of women in the Solomon Islands and barriers to their participation, as well as an Australian funded study on women's representation and empowerment in Samoa conducted by the Centre for Samoan Studies, National University of Samoa. Cultural barriers which assigns men to prerogative role in the political life and activities while limits women to domestic and church tasks have been identified. The Solomon Islands research was based on a questionnaire survey of both men and women. As the report was not published it is unclear what the policy implications/uptake were, if any.

The Samoan research has found that although there are no overtly discriminatory laws at the national level on women's political participation, in 33 villages women either cannot become *matai* or are not allowed to sit in the *fono* or village council. This then

means that they are not qualified for parliamentary election. Given that the Samoan government has recently adopted a 10 percent gender quota for women in the parliament, it is unclear if the research findings contributed to this decision.¹⁶

Women's organizations have increased in nearly all countries of the sub-region, and they have been actively engaged in social, cultural, economic and political arenas.

Violence against Women

A subject that has been widely researched and publicized is violence against women. Intimate partner violence is widespread in the sub-region, and remains an issue even in Australia and New Zealand. In a number of PICs such as Fiji and PNG more than two thirds of women have been subject to intimate partner violence. Violence against children and women has been highlighted by governments, women's NGOs and donor partners. Nearly all countries have adopted legislation to address this problem, and some authorities take a 'zero tolerance' to domestic violence.

The policies against violence against women have changed and progressed rapidly in the recent years in the Pacific. Country and multi-country studies conducted by women's organizations and/or donor agencies such as DFAT together with advocacy efforts have led to policy action. Ample evidence for violence against women have been documented in PICs. There is still some scope for researching the root causes of gender violence.

Climate Change and Gender

In the context of climate change and extreme weather events (droughts, destructive cyclones, frosts and sea-level rise) researchers have indicated that these natural calamities affect men and women differently, with the latter being more vulnerable. Based on the existing gender division of labour it is pointed out that as women are more likely to home-bound, they are more exposed to disaster risk. Commentaries have been made on their sanitary needs and their role as providers of food for the family.

Relocation and conflict situations may also intensify their vulnerability. Currently research in each of the PICs is limited, and there are regional overview papers including one by UNWOMEN.

The recent UNWOMEN publication on gender and climate change, however, is more an advocacy document than a study with contextual findings from PICs. Recommendations from the report emphasizes having women actively participate in discussions about addressing the impacts of natural hazards and disaster risk so that their knowledge and concerns are reflected in decision-making.

There is a need for country specific research as there are significant differences in the

nature of climate change and more broadly, environmental change impacts on individual PICs.

Social Innovations

Innovative ideas and practices of social inclusion have emerged from within the sub-region but also from elsewhere in the global village. Social innovations are about new forms of knowledge, new kinds of policy processes and new societal dynamics. They are seen as central to the MOST programme and to the implementation of Agenda 2030. Issues regarding the elderly and gender, especially the situation of women have been the subject of several international conferences and firm declarations and commitments. These have been taken up in the SDGs.

Indigenous research methodology that take into account Pacific islands' cultural world view, and a holistic approach together with conversations and dialogue or '*talanoa*', paying due regard to traditional protocols while collecting information from indigenous people has become increasingly used in PICs research. The combination of traditional research approach and methods with modern modes of gathering data is innovative, bringing with it new perspectives and knowledge.

As people live longer, new knowledge is being generated about their capabilities to engage with gainful employment and livelihood activities, volunteerism, and mentoring younger people. In a number of countries retirement age has been moved to later years. Research is required in countries of the sub-region with regards to the implications of ageing to employment and livelihoods. This particularly applies to women as they live longer than men.

There is a literature on women entrepreneurs, financial literacy, mentoring of indigenous entrepreneurs, as well as the diversification of livelihoods. However, there is no national or regional data base for 'good practices' regarding women's economic empowerment or livelihood security in PICs.

Research is required on the existing formal support systems for the elderly as countries have moved towards universalizing pension support so that all senior citizens are entitled to a monthly stipend. Fiji, Kiribati and Samoa have followed this pathway. In this regard, there is increasing acknowledgement that families need to be supported by governments and civil society organizations if they are to look after the elderly to reduce the pressure to institutionalize them.

The policy of retiring public servants at the age of 55 in Fiji that includes teachers and health workers has been accompanied by volunteer work schemes in other PICs. This initiative has given a new lease of life to some former teachers and other public servants.

In Australia and to a lesser extent New Zealand, 'men's sheds' have been created in

various neighbourhoods to facilitate elderly men's interactions and relationship building based on socialization activities such as carpentry, joinery and other hobbies. The men shed movement in Australia did not emerge out of either research or a policy initiative by government at the federal or state level, it emerged following a conference in 1995 on older men's health and wellbeing. It was felt that men's sheds will promote greater social interaction and reduce depression among older men. There are more than 900 men's sheds with thousands of members throughout Australia.

In some cities of Australia and New Zealand, the elderly are encouraged to pursue collective activities such as ballroom dancing and *taichi* in order to alleviate the feeling of isolation and loneliness among old people. Additionally, they have become well aware of their voting rights as 'grey power' has been politically active. While it is important that beneficiaries of ageing policy such as the elderly, and women are included in policy making, this is not the case in most PICs.

Experience of disappointment in losing at the national level polls in some of the Melanesian countries has made women pay more attention at participating at the local government level. Recent reports suggest that women are being better represented in local government councils. This experience will help build capacity among them. Both grassroots movement and central government have responded to local government engagement by women in Vanuatu.¹⁷

A regional network against violence against women has been established to generate awareness about gender violence, and to advocate strengthen legal remedies and processes to address this serious problem. The economic costs of gender violence have been part of the advocacy campaign.

Male advocates have been inducted and trained by the Fiji Women's Crisis Centre to share with other youth and men ways to improve relations with women, and to deal with issues in relationships without resorting to violence.

Women's groups have worked with the police and judiciary to enhance gender awareness, and promote greater sensitivity to legal procedures and court processes regarding gender violence, sexual abuse and rape. Australian Aid and Fiji Women's Crisis Centre have commissioned research on violence against women in PICs and in Fiji respectively. Emerging from the research findings were recommendations that have contributed to greater cooperation between government and civil society on reducing and eliminating gender violence.

In short, participatory qualitative research, bottom-up approaches to policymaking, and the use of mobile phone technology and social media are possible social innovations towards social inclusion in the sub-region.

Recommendations based on published research on Ageing, Gender and Social

Innovations in the Pacific

General

In the sub-region there is uneven collection of data relevant to ageing, gender and social innovations (research is uneven on a country by country basis, and within countries there are regional variations, and both qualitative and quantitative research is sparse) that can inform policy making.

Recommendation 1: That efforts to collect data by using both quantitative and qualitative research especially in Pacific Island Countries be encouraged, and supported. This is an area that calls for urgent cooperation between governments, donor partners, and research institutions in the sub-region. This will also enable research capacity development in PICs.

Outside of Australia and New Zealand there is limited evidence of policy uptake based on research, there is little linkage between research findings and policymaking.

Recommendation 2: Governments in PICs need to make policy based on evidence provided by rigorous research. Collaboration with research institutions should be a priority for policy makers.

Elderly

Life expectancy in the sub-region varies considerably between developed countries and developing countries. There are issues in the latter regarding nutrition, sanitation and provision of health services. NCDs are rampant in a number of PICs contributing to early deaths.

Recommendation 3: Research regarding the situation of the elderly is generally scarce in PICs and therefore as a first step there is room for research on a range of elderly issues including income security, nutrition, sanitation, healthcare and elderly support. The findings of such research should be used to inform policymaking. There is considerable scope for policymakers and researchers working together so that evidence based policymaking on the elderly increasingly become a new approach.

People are living longer in the sub-region, and women generally live longest.

Recommendation 4: Research is required on existing government policy on retirement and its impact on the elderly. The findings of such research are likely to provide new policy directions.

The elderly are more prone to chronic sickness and disabilities.

Recommendation 5: There is scope for more research on how the quality of lives of the elderly can be enhanced by social interaction and physical activities as well as 'elderly friendly' facilities. The findings of such research together with inclusion of the elderly in decision-making processes by government are likely to

provide policy frameworks that are appropriate to address the challenges faced by the elderly.

Income security and other forms of support are extremely variable in the sub-region with government and institutional support for the elderly at the most developed level in Australia and New Zealand, and virtually non-existent in some PICs. In most PICs the family is responsible for eldercare, and this is valued culturally. Families also carry the burden of support for unemployed youths, and family members who are disable.

Recommendation 6: Research is needed in PICs on elderly support and particularly how families care for the elderly and whether they are coping or not. Specific areas of research will include the resources available to the family/household to care for the elderly, the level of awareness of health and nutritional needs of the elderly of family members, and the extent of satisfaction of the elderly about family support. The findings of such research can be incorporated into policymaking and support services by government and civil society organizations.

Older persons can be isolated and lonely.

Recommendation 7: More research is needed in PICs on the enabling environment of existing policy regarding the elderly with respect to facilities for the elderly. The findings of such research will provide more realistic bases for policy making.

Income security for the elderly is extremely uneven in the sub-region, although all countries appear to be committed to providing income support.

Recommendation 8: National level research on income security, contributory and non-contributory pension schemes need to be undertaken, with a view to informing policymaking. Sub-regional level dialogue in Melanesia, Micronesia and Polynesia is required to increase understanding about the importance of income security based on contributory and non-contributory schemes, and how best to find resources to provide it.

Gender

Governments of the region are committed to gender equality but there are social, cultural, economic and political barriers. The 2012 Pacific Leaders Gender Equality Declaration committed leaders to six priority areas namely gender-responsive government policies and programmes, improving women's participation in decision-making, economic empowerment, ending violence against women, and improving health and education outcomes for women and girls.

Recommendation 9: At the sub-regional level namely in Melanesia, Micronesia and Polynesia, indicators of progress in the six priority areas should be identified and measured at regular intervals, and reported to the leaders.

Gender parity in education has been largely achieved in the sub-region.

Recommendation 10: There needs to be on-going research on gender equality in education, and that the findings of such research direct policy with regards to shortfalls in facilities, recruitment and retention of girls and boys in schools, and addressing structural inequalities in education. That the momentum be maintained at all levels of education for girls and young women, and research be conducted in countries where there is higher attrition of the number of boys attending school, and suitable remedies be found to reverse this trend.

Women's employment, livelihoods and economic empowerment.

Recommendation 11: There is considerable scope for policy research with regard to specific areas of life affecting the elderly. Limited research in PICs show that formal sector employment is dominated by men, and that women's access to land and other resources are constrained. There is considerable potential for more research on elderly, particularly female elderly livelihoods to inform policymaking. Efforts at enabling women to enter formal sector employment must be reviewed and actively promoted.

Women live longer and may find themselves in poverty, and there is feminization of poverty in PICs.

Recommendation 12: Research and policy targeting older women and female headed households need to be prioritized in terms of livelihoods, sources of income, level of education, and health. Findings should inform policymaking in the area of poverty reduction, especially in setting national priorities.

Women in decision-making.

Recommendation 13: Existing research in a number of PICs indicate limited women's representation and participation in decision-making positions and bodies. There is scope for more research on barriers to women's participation in local and national representative bodies and the incorporation of existing research findings, and new research.

Recommendation 14: That an enabling environment for Women's CSOs and NGOs be established.

Violence against women.

Recommendation 15: Both sub-region wide and national level research on gender violence have shown that there is very high level of violence against women. This research has informed policy making processes that have included stakeholders like the police, judiciary, NGOs and public at large. There is more scope of linking the findings of gender violence research and policymaking regarding legislation proscribing violence against women, police practices, coverage of incidents of violence against women by the media, judicial processes, and support for victims, and the prevention of gender violence.

Women and natural disasters including extreme weather events.

Recommendation 16: That research on how natural hazards impact men, women, children, the elderly and people with disabilities in PICs, and how have they coped with natural disasters this far be undertaken in the countries of the sub-region. From the research findings targeted actions can be taken to build resilience among women as well as other vulnerable groups.

Social Innovations

International conventions, declaration and frameworks such as SDGs, Beijing Platform for action on gender equality, and the Madrid International Plan of Action on Ageing provide most useful principles, guidelines and even directions on how best to address issues regarding gender, and ageing. The international deliberations on ‘social protection floor’ are also pertinent.

Social innovations are about new forms of knowledge, new kinds of policy processes and new societal dynamics.

Recommendation 17: That qualitative research be promoted to identify good practices including those that use mobile technology that promote social inclusiveness and gender equality as well as improved information sharing for the elderly.

In this regard, there is scope for using Pacific epistemology and ‘*talanoa*’ as research approach and instrument for collecting data.

New Kinds of Policy Processes.

Recommendation 18: That evidence-informed policies be given the highest priority and that a partnership (of government and civil society organization) approach to policymaking be adopted in the sub-region.

New Societal Dynamics.

Recommendation 19: There is considerable scope for improving research on changing demographics, urbanization, monetization, IT revolution, increased literacy, increased social inequality, and the extent of commitment to Agenda 2030 at national and regional levels.

Research-driven policymaking requires resourcing with funds and trained researchers and appropriate policy framework that promote research and processes that facilitate policy uptake of research findings. The gaps in research, research findings and research capacity building, and processes that promote synergy between research and policy require the attention of all stakeholders.

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CHAPTER 5: Social Policies for Inclusion in South Asia: Ageing,

Gender Equality and Social Innovation

Lekha Subaiya

Ageing Populations

Declining fertility and increasing longevity have resulted in larger proportions of older persons aged 60 years and above. Although the proportions of older persons are small in developing countries when compared to developed countries, the ageing of populations has become an important issue for these countries as well since the proportions amount to large numbers of persons. In South Asia, the percentage of persons in the 60 years and over age group in 2015 was about 8 percent of the total population amounting to about 153 million persons. Across the countries in the region the proportion of older persons ranged from 4 percent in Afghanistan to about 9 percent in India and about 14 percent in Sri Lanka (Table 1). It is estimated that the size of this age group will increase in all South Asian countries, resulting in the region having about a fifth of the world's total population of older persons by 2050.¹ The opportunities and challenges of having a changing age structure with an increased median age and larger numbers of older persons will have to be faced by societies in South Asia as well as the more developed regions of the world.

Table 5.1. Proportion of older persons aged 60 and above by country in South Asia

	Population aged 60 or over (thousands)			Percentage aged 60 or over			Median age (years)		
	2015	2030	2050	2015	2030	2050	2015	2030	2050
Afghanistan	1,300	2,232	5,038	4.0	5.1	9.0	17.5	22.5	29.8
Bangladesh	11,235	21,526	43,491	7.0	11.5	21.5	25.6	31.5	39.6
Bhutan	57	102	233	7.4	11.6	24.5	26.7	33.7	41.9
India	116,553	190,730	330,043	8.9	12.5	19.4	26.6	31.2	37.3
Maldives	25	51	125	6.8	11.7	25.3	26.4	33.9	41.4
Nepal	2,456	3,572	6,491	8.6	10.8	17.9	23.1	29.3	38.9
Pakistan	12,476	20,671	39,970	6.6	8.4	12.9	22.5	25.5	30.9
Sri Lanka	2,887	4,524	5,951	13.9	21.0	28.6	32.3	37.0	42.5

Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Ageing 2015 (ST/ESA/SER.A/390)

The major demographic driver of ageing in the region has been the dramatic declines in fertility over the latter half of the 20th century. Currently, the total fertility rate in South Asia is 2.6 children per woman and most countries have achieved replacement levels or are nearing it. Declining fertility levels have important implications for the care of vulnerable older persons belonging to the societies in this region as the family

has been the major source of support during old age. In all countries but Maldives and Nepal, pension coverage is narrow in reach. It is apparent that majority of persons in the older ages are dependent on informal means of support during old age. At the same time, labour force participation is fairly high among those aged over 65 years in these countries (Table 2). A recent study found that low levels of earnings during working age and thus low levels of savings to be one of the reasons for the elderly continuing to work in India.² Therefore while potential support ratio (that is persons aged 20-64 per person aged 65 or over) is high in the countries of South Asia unlike more developed countries, and is likely to remain so over the next few decades given the population momentum in these countries, the economic independence of older persons in South Asia is likely to be weak.

Table 5.2. Dependency Ratio, Potential Support Ratio, Pension Coverage and Labour Force Participation and Statutory Retirement Age in Countries in South Asia

	Total dependency ratio (persons aged 0-19 and aged 65 or over per 100 persons aged 20-64)		Potential support ratio (persons aged 20-64 per person aged 65 or over)		Pension coverage (per cent of persons of statutory pensionable age)	Labour force participation of persons aged 65 years or over (percentage)		Statutory retirement age (years)	
	2015	2030	2015	2030	2010	2015		latest available	
						Males	Females	Males	Females
Afghanistan	139.8	92.0	16.9	16.4	10.7	43.5	7.5	60	55
Bangladesh	80.0	62.4	11.2	8.3	39.5	49.4	15.9	65	62
Bhutan	70.8	56.2	11.6	8.3	3.2	46.4	30.6	60	60
India	78.0	67.5	10.0	7.0	24.1	43.2	11.4	55	55
Maldives	69.7	61.6	12.5	8.0	99.7	50.6	24.9	65	65
Nepal	98.5	67.3	9.1	8.1	62.5	67.6	41.6	58	58
Pakistan	98.9	85.1	11.2	9.8	2.3	40.6	9.9	60	55
Sri Lanka	71.0	73.4	6.3	3.7	17.1	35.0	8.2	55	50

Developments in science and medicine have meant that the number of years that an average person can be expected to live has increased over time. On average in South Asia, a male child can be expected to live for about 66 years and a female child for about 69 years. Improved survival means that currently a South Asian person aged 60 years can expect to live for an added seventeen more years. While the increased life span is a triumph for society it has important economic and social implications—most immediately for health and social care. Healthy life expectancy is about 8 to 10 years shorter across countries and sexes, suggesting that total life expectancy is not disability free and that health complications is a prospect that most elderly will have to face in their later years.

Women and Ageing

Worldwide there are more numbers of women than men in the older age groups because of the higher male mortality over the life course. Women represent 54 percent of the population aged 60 and over and 62 percent of those aged 80 and over.³ Although there are variations within the region (notably Sri Lanka's longer life expectancies), the same female advantage in the older ages is not yet as apparent in South Asia given that most countries in the region have not achieved the longevity that is found in the more developed countries. On average, South Asian women are 51 percent of the population aged 60 and over and only 54 percent of those aged 80 and over.⁴ The number of years lived as a person aged 60 and over is higher for women than for men by about three years, however women spend more years with disability compared to men. Thus the healthcare system has to provide for the differential health needs of men and women, and for the fact that more women than men will need health care as life expectancies increase.

An important sex difference in South Asia is that in the older age groups women are much more likely than men of the same ages to be widowed (Table 3). Older women from this region are more at risk of widowhood due to the fact that women tend to marry early, and nearly always marry men much older than them. Also, while there are restrictions on re-marriage based on caste, religion and region for women, the same restrictions do not apply to men. These demographic trends have implications for older women's health and economic and social wellbeing. Longer life expectancies for women mean that they are likely to spend more of those years without a spouse and with compromised health. In general, women in Bangladesh, India and Pakistan are financially dependent on their fathers, husbands or sons. Thus, loss of a spouse is a transition point in their lives that could place women in situations of increased insecurity. Widows in northern India have been found to suffer from economic deprivation, social isolation, and higher morbidity and mortality rates compared with married women in the same age groups.⁵

Social Policies for Older Persons

The governments of the countries in the region have been putting in place and reforming a number of policies in the social sector addressing various issues such as poverty, lack of food, housing and employment. These have included access to primary education and nutrition, low cost housing, universalization of healthcare, various forms of social assistance, and employment guarantee in a few countries. The main intent of social initiatives targeted at persons in the older age groups has been that of social protection in the form of pensions and assistance.

Table 5.3. Total Fertility, Life Expectancy, Healthy Life Expectancy and Proportion of Persons Widowed by Sex in Countries in South Asia

	Total fertility (children per woman)	Life expectancy at birth (years)		Life expectancy at age 60 (years)		Healthy life expectancy (years)		Proportion of persons widowed, by sex at age 60 to 64 (percent)	
		2010-2015		2010-2015		2013		2001	
		Males	Females	Males	Females	Males	Females	Females	Males
Afghanistan	5.1	58.7	61.1	14.9	16.5	50	50
Bangladesh	2.2	69.9	72.3	18.2	19.1	60	62	38.5	2.1
Bhutan	2.1	68.6	69.1	20.2	20.1	59	60	23.3	8.8
India	2.5	66.1	68.9	17.0	18.4	56	59	40.0	9.8
Maldives	2.2	75.4	77.4	19.0	20.1	67	68	26.5	7.0
Nepal	2.3	67.6	70.5	16.4	18.1	58	60	19.2	5.9
Pakistan	3.7	65.0	66.8	17.5	18.0	56	57	49.1	17.7
Sri Lanka	2.1	71.2	78.0	19.1	21.6	63	68	23.5	3.6

Sources: Estimates of total fertility, life expectancy at birth and life expectancy at age 60 are from United Nations (2015). World Population Prospects: The 2015 Revision. Estimates of healthy life expectancy are from WHO (2014). Global Health Estimates. Available via the WHO Global Health Observatory data repository:

URL: <http://www.who.int/gho/mortality_burden_disease/life_tables/hale/en/> (accessed 2 December 2015) Per cent widowed are from United Nations, 2015. The World's Women 2015: Trends and Statistics. New York: United Nations, Department of Economic and Social Affairs, Statistics Division. Sales No. E.15.XVII.8.

In Bangladesh the pension system first began in the 1970s with the country's independence, and the country now has a universal pension programme for civil servants and a means-tested social pension for persons below the poverty line separately for men and women. The assistance to older persons, called the 'Old Age Allowance', began in 1998 and is administered by the Ministry of Social Welfare. This scheme currently provides a monthly allowance of BDT 500 to about 3.15 million poor older persons. A separate scheme for widows or women whose husbands have deserted them provides BDT 500 per month for 1.15 million women.

India's social protection system also began at the time of the country's independence in 1947 with poverty alleviation schemes. Old age pensions for persons below the poverty line was introduced as a constitutional right in 1995. Under the National Social Assistance Programme (NSAP), pensions are provided to poor elderly, widows and severely disabled persons. As well, a one-time transfer of Rs 20,000 is made to families which have lost their main breadwinner. The programme is centrally-funded but implemented at the state-level, with several states supplementing pension amounts from their own budgets. Approximately 32.6 million elderly persons, widowed

women and disabled people are currently covered by the NSAP which is administered by the Ministry of Family Welfare.

Social protection was introduced in Nepal as a right in the 1990s and in 1995 the country's Oldage Allowance Programme (OAP) was established as a universal social protection intervention for senior citizens. Almost 80 percent of those aged 60 years and over receive a monthly allowance of Rs. 500.

Social protection in Sri Lanka is extensive with a pension system for public sector employees and schemes providing income support and healthcare for older persons, widows and the disabled providing coverage for both formal and some informal sector workers. While the formal and informal social insurance schemes for income support cover about 25 percent of the working age population, the coverage rates for the elderly and disabled were found to be below average in Asia with overall expenditure biased toward the non-poor.⁶

The success of the social protection schemes have varied across countries and regions. The most effective in financing and delivering various types of social protection policies has been Sri Lanka.⁷ Within India the southern states—Kerala, Karnataka, Tamil Nadu and Andhra Pradesh—have been more effective at implementing social policies than the north and north-eastern states.⁸

The pension programmes have generally been criticized for the amount being meager, a cumbersome application process, problematic criterion and the lack of ease in the transfer of the benefit. The study from Nepal also suggests that the amount is not enough to bring about a change in the circumstances of the vulnerable older person, such as by helping his/her avoid the local credit system or even to overcome health expenditures.⁹ It has also been argued that the programmes were less effective as they are mainly administered by welfare ministries rather than finance ministries.¹⁰

Although the amounts are small the studies in India and Nepal have found that social pensions have considerable value for the recipients. Older persons, widows and the disabled are vulnerable and the old age or widow pension serves to fund basic expenses and medicine as well as giving them a greater degree of respectability within their homes.¹¹ Further, micro-level studies have found that the programme performs reasonably well with the benefits reaching the intended targets and little leakage in the programme.¹² As such there have been calls by activists and academics in these countries to scale up the social pension programme and governments are responding. For example, a Task Force set up in India in 2013 has made recommendations to increase the amount and move toward near universal coverage.

Besides the pension system, governments are implementing various programmes and schemes in recognition of the vulnerability of the elderly population and to improve their welfare. These include setting up national committees on ageing, formulating

national policies on ageing, partnering with non-governmental organizations to deliver services, legislating for the elderly, setting up daycare centres and homes for the elderly, providing concessions in public transportation, etc.

Innovations in Social Inclusion Policies

Social inclusion policies are necessary to empower groups of people who have been systematically discriminated against or denied access to specific aspects of social engagement. Various groups identified by their gender, ethnic group, disability, sexual orientation, religion, marital and civil status, migration and/minority status can and have been excluded. The main domains along which groups are excluded are economic, social (in the provision of services such as education and health), political (organization and representation at all levels) and within communities and families. South Asia has a number of policy interventions in recent years that are aimed at inclusion. A few are discussed below, which though not targeted at older persons, can address the needs of older persons.

Three countries have put into place employment-related schemes based on the notion of ‘right to work’ which entitle rural citizens to a defined number of days of paid work on public works schemes at a guaranteed minimum wage. In 2005, India introduced an act which created the justiciable ‘right to work’ for all households in rural India; in Nepal, it is a part of the Three Year Interim Development Plan for food-insecure regions; and in Bangladesh it is contained in the PRSP 2010.

In India, the scheme, subsequently called the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) in 2009, promises 100 days of work per year to all households for adults, men and women, to perform unskilled manual labour at a minimum wage. If the state government does not provide work to those who demand it within 15 days, the government will have to pay an allowance for unemployment. By providing employment and income for the very poor in rural areas the scheme aims to reduce poverty and also prevent dependency as the nature of the work is such that people will readily opt for better employment when the opportunities arise. Since the only eligibility criterion is ‘willingness to work’, it is unnecessary to have targeting mechanisms. Studies have found that the households that are in the work guarantee programme are indeed from deprived sections of society—the poor and marginalized social groups,¹³ suggesting that the programme is reaching the intended target. The programme has also been found to benefit women,¹⁴ with women’s share of the NREGS work now at 58 percent. Since the programme hires women in supervisory roles, it provides opportunities for women where in many areas there are none. Further, the MGNREGS is justiciable: the right to work as well as the right to minimum wages and payment within 15 days is legally protected providing workers with a foothold for collective action. A second scheme is targeted at informal workers in urban areas. In 2007, the Unorganised Sector Worker’s Social Security Bill (USWSS) was tabled, the aim of which is to bring informal urban workers under the coverage of a basic social insurance scheme.

Since majority of India's workforce is in the informal sector, these two schemes will substantially reduce economic insecurity in the region for those who are able to work. Another important dimension on which inclusive policies are required is in the provision of healthcare services for the older population.

Ageing in South Asia is taking place in an environment of chronic poverty for a large section of the population. The government expenditure on health is inadequate in this region and patients rely on out-of-pocket financing for healthcare resulting in a heavy burden on the elderly and their families. As a result the primary healthcare system for the older population is not well-established. An innovative model of care that is being developed in the South Indian state of Kerala has useful lessons for interventions in long-term care for older persons. Kerala's social experiment in community-based palliative care has been trying to address the issue of providing long-term care in a culturally and socioeconomically appropriate way so that it is accessible to most of those who need it. In the Neighbourhood Network in Palliative Care (NNPC), volunteers from the local community are trained to identify problems of the chronically ill in their area and to intervene effectively with active support from a network of trained professionals.¹⁵ In this programme, the state partners with civil society to address social problems by identifying and prioritizing local health needs. Another important outcome of the programme is that it bring individuals and groups from different social, religious and political perspectives together to work for marginalized people in the community.¹⁶

Affirmative action is being used in India and Nepal as an intervention in political inclusion. In India, a reservation system has long been in place as an instrument to advance groups via education, and employment in government institutions that were conventionally excluded. There are also provisions to ensure representation of women in local governing bodies at the community level. In Nepal, the Constituent Assembly has one-third women and a representation of social groups that are identified as being disadvantaged.

One initiative that is directly targeted at the older population is a legislation in India to provide legally for their welfare. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in 2007 by Government of India and makes it legally binding for children and heirs to provide monthly maintenance to senior citizens and parents. Under the Act mechanisms for the protection of life and property of the older persons have also been provided. While the Act does recognize children's obligations and provides legal protection of parent's property, as of date few cases have been brought to filed in the courts.

Active Ageing, the Life Course and Challenges for Social Policy on Ageing

Population ageing is an important demographic phenomenon that impacts all major institutions of society including labour markets, health and education systems, social security and intergenerational relations. *Active Ageing* has been recognized in

research and policy making as an important concept to meet the challenges and maximize the opportunities of living longer by improving the quality of life as people age. Interventions to foster active ageing will need to focus on social inclusion and participation in all aspects of life by maximizing opportunities for health, participation and security.

Gerontological research highlights the importance of a life course perspective when studying issues related to ageing. This is a multi-disciplinary approach which takes into account the historical and socio-economic context which influence individual lives.¹⁷ Two insights which are important considerations for long-term policy intervention are the idea that an individual's past influences their future outcomes and that there is diversity in the ageing process.

Factors in childhood such as nutrition and education will influence health and employment during the middle years and ultimately show in health and economic status during the older years. Thus ageing well begins with childhood. Investments in early life will determine outcomes in older ages as the ageing process builds cumulative advantage or disadvantage over the life course.

Further, as each stage in a person's life cycle, such as education, marriage, work, retirement and so on, has implications for their situation and wellbeing during old age peoples trajectories will vary based on the way they have experienced a certain stage, and ultimately their outcomes in older age will vary. The needs and situations of people are different. For example, economic independence in older age is an outcome of the economic opportunities over the lifecycle which in general tend to be lower for women than men. Majority of women work in the informal sector throughout their lives which impacts their economic independence, pension rights and entitlements making them vulnerable to poverty as they age. Thus there is diversity in the ageing process and the intersection of gender and disability, sexual orientation, religion, education and economic situation, marital and civil status, migration and belonging to ethnic minorities all influence how people experience old age. Policy responses need to address the linkages between ageing and structural factors which cause inequalities between genders, castes, religions, and socio-economic statuses.

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CHAPTER 6: Ageing, Gender Equality and Social Inclusion in Southeast Asia

Theresa W. Devasahayam

Overview of Ageing in Southeast Asia

Countries in Southeast Asia have shown trends towards an increasingly ageing population. In Southeast Asia, the trends are similar: in 2016, 9.6 percent of its total population of 640 million was 60 and above; in 2050, the elderly population is expected to be 21.1 percent of the total population of 792 million.¹ Life expectancy has been rising owing to enhanced healthcare services, medical technologies and better nutrition. In Cambodia, the Lao PDR, and Myanmar, data collected over 29 years (1980-2008) showed that socioeconomic status and healthcare resources were critical in the rise in life expectancy.² Factors for a shift in the demographic transition also include increasing educational levels.³ On the downside, an ageing population means that the dependency ratio increases, placing a greater burden on the working population as well as on the healthcare system of the respective countries in the region.

Gender and Ageing: Key Facts and Figures

On life expectancy at birth, clear upward trends were recorded in all the countries in Southeast Asia from 2000-2005 to 2016 for both men and women, although how each country ranks in relative to others in the region has differed (Table 6.1).

Table 6.1. Life Expectancy by Gender, 2000-2005 and 2016				
Year	2000-2005		2016	
Sex	Male	Female	Male	Female
Country				
Brunei Darussalam	74.21	77.45	77.5	81.1
Cambodia	58.51	62.96	67.1	71.2
Indonesia	64.87	68.54	67.2	71.4
Lao PDR	58.95	61.71	65.6	68.4
Malaysia	71.26	75.43	72.7	77.4
Myanmar	60.90	64.95	64.2	68.3
Philippines	63.93	70.18	65.2	72.1
Singapore	76.69	81.76	80.3	86.4
Thailand	67.70	74.90	71.5	78.2

Timor-Leste	60.00	63.0	67.1	70.7
Vietnam	68.90	78.69	71.4	80.7
Sources: <i>World Population Prospects: The 2015 Revision</i> . July 2015. United Nations. Department of Economic and Social Affairs, Population Division; 2016 ESCAP Population Data Sheet. Population and Development Indicators for Asia and the Pacific, 2016. (Accessed 2 February 2017).				

As in other parts of the world, women in Southeast Asia live longer than their male counterparts, indicating a “feminization of ageing” in the region.⁴ Relative to global rankings, Singapore, in particular, has done comparably well in terms of life expectancy: it took sixth spot for males and ninth for females.⁵

Research on Ageing, Gender and Social Inclusion

The research on ageing and gender in Southeast Asia has covered more broadly the following areas: (a) economic wellbeing and financial security, (b) healthcare access and health outcomes, and (c) emerging demographic shift. The studies have used both qualitative and quantitative methods of data collection and have been conducted by academics, international and multilateral organizations and non-governmental organizations (NGOs). In the research on ageing and gender, the bulk of the studies speaks to the theme of social inclusion implicitly to the extent that they highlight how older women as a group are disadvantaged and whether policies have been put in place to meet their needs. Although there has been substantial research on older women and men in relation to their educational level, health outcomes, socio-economic status and urban/rural residential status with the aim of facilitating social inclusiveness among these sub-groups, studies on older women from ethnic minority groups and migrant communities are virtually non-existent.

Economic Wellbeing and Financial Security

While women in Southeast Asia live longer lives than men, it has been frequently argued that they experience a greater number of vulnerabilities more than men on different fronts. One of the obvious vulnerabilities singled out for older women is their economic position.⁶ Older men tend to be financially more secure compared with older women while older women tend to be dependent on social sources for income. Men have been found to have more sources of income in old age than women. Work income is one such source; in this respect, older men face a clear advantage over older women because they are more likely to be able to find work. However, in rural areas, older men can be equally vulnerable in terms of financial security and thus are more likely to continue working on their farms.

That men are more likely to engage in the formal labour force and to find employment in old age is associated with their higher levels of education, especially in the urban areas. A gender gap in education continues to be prevalent in the countries in Southeast Asia although the gaps are closing in a few countries such as Singapore, Philippines and Thailand because of education policies which have made education

compulsory. Having lower levels of education among women has resulted in their financial insecurity in old age as they end up in lower-paid jobs compared with men.⁷ In Thailand, females have lower achievement of primary education compared with males and a lower percentage among them have completed upper secondary or higher education compared with males who have upper secondary or higher education.⁸ In the Philippines, the gender gap in education is not as wide as in Thailand.⁹

Having less education compared with older men reinforces the financial vulnerability of older women. Because of less education, there is a greater likelihood for women to end up in low-paid jobs or the informal sector which leads them to being poor in old age. In a study of the Malaysian elderly, 88 percent of male respondents compared with 71 percent of female respondents of the sample of 1841 elderly have savings or assets.¹⁰ But it was found that the percentage of females with negative or zero net worth was twice that of the percentage of males, suggesting that older women were more likely than older men to have less protection. Although women form a greater proportion of the older persons' cohort than men because of longer life expectancy, they are also more likely to be poorer than older men.

Among older women, financial insecurity was found to be a push factor to secure employment. By and large, women's labour force participation is relatively high in countries such as the Philippines, Singapore and Vietnam in contrast to Brunei Darussalam, Indonesia and Malaysia. Older women were also found to be employed in these countries. Among them, being unmarried was also associated with financial instability and labour force engagement. Conversely, being married proved to be a source of financial security. In Thailand, older married women benefited from their spouses' income compared to unmarried women who do not have a spouse to depend on.¹¹ In contrast, unmarried older women were more likely to work compared with their married counterparts. In a study in Vietnam, it was found that widowed female elderly were employed compared to married women and poverty was a critical factor for their decision to work.¹² In another study in Vietnam, it was found that 60 per cent of the elderly were married and that among them, poverty rates were much lower than their non-married counterparts who were mostly widows.¹³

In spite of older women wanting to work, they continue to face several barriers such as the shortage of suitable work, lack of necessary educational and skill qualifications, and employer discrimination.¹⁴ The research shows that countries in Southeast Asia have not advocated for strong policies to help women stay in the labour force nor help them secure employment in their old age.

Social Pensions

Studies have found that women are more vulnerable than men in terms of old age social protection since old age protection is linked to employment.¹⁵ The gender difference in this regard stems from women moving in and out of the labour force because of social norms reinforcing their primary role as caregiver and nurturer in the

family. It has been argued before that widows, in particular, benefit from pensions regardless of the amounts they receive.¹⁶ Because of inflation which reduces their purchasing power, older persons are forced to change their consumption patterns to make ends meet. Moreover, securing work and a regular income is difficult for many older women because of the lack of marketable skills, a pension becomes critical to their survival.

Formal pension or retirement schemes facilitate social inclusiveness.¹⁷ But policy take up on old-age provision in the countries in Southeast Asia have been uneven provision. Universal pensions have several advantages for the social inclusion of older persons, especially those who are poor and the low-income informal sector workers. In the Philippines levels of widowhood were found to be high among the elderly, at over 80 percent for both recipient and non-recipient females, and 57 and 37 percent respectively for recipient and non-recipient males based on a study of the social pension, which was introduced under the Expanded Senior Citizens Act of 2010.¹⁸ Prior to the initiative, over half of older persons (at least 54 percent) were found to have no pension at all. In Indonesia, widows have reported that they perceive themselves to be better off than those not receiving a pension.¹⁹

In Thailand, the formal pension scheme covers all older persons. In addition, the *Quality of Life Promotion and Development for People With Disability Act* (2010) provides an additional 500 baht per month for disabled older persons.²⁰ However, the pay-out for the formal pension scheme is around two-thirds below the national poverty line and, thus, it does not serve to lift those at the lower socio-economic group out of poverty.²¹ In other countries such as Myanmar, although a pension scheme exists for civil servants, permanent employees of state boards, state corporations and municipal authorities and armed forces personnel only, the state is yet to provide a statutory old-age benefit for all.²²

Healthcare Access and Health Outcomes

Illnesses in old age tend to vary for men and women. While women are more prone to some diseases, men are more likely to contract a different set of ailments, although the likelihood of suffering from hypertension, heart disease, and some cancers increases for both.²³ Moreover, women spend greater number of years in disability compared with men. Older women tend to report chronic conditions or disability more than older men in regards to instrumental activities of daily living (ADLs) and mobility difficulties.²⁴

Gender differences show up in another way: women are more likely to report poorer health, as it was found in Thailand and Singapore.²⁵ In addition, Thai older women are more likely to seek medical attention by way of routine medical check-ups in the last twelve months compared with Thai older men.²⁶ This might have a bearing on their awareness and, as such, are more likely to report health problems.

Because of living longer lives, women who suffer from disability in old age experience greater dependency on family members. They also face greater likelihood of not being able to receive adequate medical attention because of not having adequate financial resources which may impact negatively on their own psychological wellbeing. In another study in Cambodia, older women from the rural areas spent significantly less on healthcare than their male counterparts who were financially better off, indicating less care-seeking among women because of not having enough savings.²⁷

Women's vulnerability needs to be understood within the larger problem of access to healthcare. In this regard, rural older women were found to be worse off than their urban counterparts. Research in Indonesia has shown that the rural elderly are predominantly female, are significantly older than the urban elderly, tend to live alone, and are socio-economically disadvantaged. Moreover, they experience various morbidities including chronic illnesses and degenerative diseases such as rheumatoid arthritis, hypertension, eye complaints and impaired vision, and stomach problems.²⁸ Among them, securing appropriate and timely healthcare services tends to be more difficult because of accessibility and affordability issues.

Policy take up to help rural women access affordable and appropriate healthcare has been largely weak in Southeast Asia with the exception of Thailand. In Indonesia, it was virtually impossible for those aged 65 years and above to receive health insurance coverage although vulnerability to serious medical complications tends to arise among older persons in this age cohort. There have been calls for the government to step in to undertake the premium for the existing Jaminan Kesehatan Nasional (Universal Health Care) among older persons who cannot afford to pay for insurance.²⁹

As the population of elderly in countries in the region increases, long-term care becomes a critical issue to be addressed of which policy take up could be enhanced. In most of the countries in Southeast Asia, meeting the long-term care needs of the elderly relies heavily on the unpaid work and substantial sacrifices of mostly female family members.³⁰ Calls have been made by women's organizations for the government to "budget for care as a social good, rather than leaving its cost to families to address on their own".³¹ In another research project on Singapore, in assessing the functioning and financing of the health and social care system, the authors highlight the need for the government to work towards developing a strong community-based care management service; adopting a national care needs assessment framework to ensure appropriate allocation of resources; scaling up services (such as the number of hospital beds and caretakers) to meet demand; and increasing the income security of older persons.³²

Emerging Demographic Shifts

Migration and the Left-Behind Elderly

There has been considerable discussion on whether the family would be in a position to meet the needs of the elderly, especially as fertility rates continue to decline with economic development, leading to the reduction of potential carers.³³ Yet, it was found that filial piety continues to be strong albeit benefiting older women more than older men, since women have stronger social networks and have more contact with kin and friends compared with men. In a study in Singapore, it was found that maintaining active ties with kin proved to be a protective measure against financial hardship, especially among older women.³⁴

In the rural areas, older women are more likely to be vulnerable to neglect and social isolation as a result of their adult children migrating to the urban areas for employment. Studies have found how older women are more likely to live alone since they outlive men.³⁵ The isolation older women from the rural areas feel is most pronounced when adult daughters migrate for wage work, since daughters would help out in the household on a daily basis more than sons. In Thailand, it was found that women are more likely to live alone and are less likely to live only with a spouse than men, reflecting the higher levels of widowhood among women.³⁶ Living alone has implications for mental health especially if they are socially isolated and do not engage in community activities.

Migration has also produced the ‘skip generation’ marked by the absence of parents whose caregiving roles are undertaken by the grandparents instead, placing a greater burden on the older generation. In households with both grandparents, the trend continues to be marked by a gender division of labour in which older women more than older men take on the role of childrearing for grandchildren. Grandparents are not only important in providing childcare and undertaking domestic tasks, but also in playing the role of “economic pillars” in families, as it was found in Thailand and Indonesia.³⁷ Government assistance towards this group of elderly is unknown—the assumption being that remittances sent home are adequate for the maintenance of the household.

Social Innovations to Meet Ageing, Gender and Social Inclusion Challenges

Rapid urbanization and shrinking family size have resulted in the erosion of family and social support for the elderly in some countries in Southeast Asia. Structural interventions such as legal and institutional frameworks have been found to strengthen the role of the family. In Singapore, tax incentives and subsidies have been enforced to encourage families to care for the elderly.³⁸ These initiatives have been found to help women, in particular, since they undertake the bulk of providing care towards the elderly.

Older men were more likely to experience greater emotional and social isolation and thus are more likely to be vulnerable to neglect by their own children although women were more dependent on others for their survival compared with men.³⁹ In order to ensure a safety net for the older men and that they are not abandoned by their own children, Singapore legislated family care.⁴⁰ Although this legal policy applies both to older men and older women, it was found that most applicants who filed for maintenance under the Maintenance of Parents Act 1996 tended to be men of Chinese descent, and were divorced or widowed.

In Singapore, Seniors' Activity Centres (SACs) and Neighbourhood Links (NLs) were established to provide welfare services targeting the elderly. These centres act as a focal point for senior residents and help to enhance their well-being through socio-recreational programmes and activities and promote 'active ageing'. The aim in establishing these SACs and NLs is to minimize isolation among the elderly and promote their physical and emotional health in a safe and friendly environment.

In cases of physical and mental abuse, a platform to which the elderly can reach out to becomes critical especially when they do not have anyone else to turn to for help. In the Philippines, a radio programme called the Senior Citizen hour was set up to receive calls and letters asking for advice on elder abuse. Often the abusers are the children of the elderly who extort money from their aged parents to support their needs or expenses. The elderly person who refuses to give money is vulnerable to physical abuse. Another type of abuse the elderly have voiced is when their children demand that the older person takes care of their children even though the elderly person does not wish to do so.⁴¹

Older persons are disproportionately affected in disasters. In the Philippines, there is an overt attempt to be inclusive of older persons as well as persons with disabilities in humanitarian responses, including government relief and recovery strategies.⁴² To facilitate the active involvement of older persons, the Ageing and Disability Task Force (ADTF) was set up to raise awareness of the roles older persons and people with disabilities play in their families and communities during emergency responses.

Because of struggling to find gainful employment in the rural areas which is a prevalent problem in many countries in Southeast Asia, there have been programmes implemented by HelpAge International to provide skills upgrading among older persons. Small start-up grants and vocational training provided by HelpAge International have helped some of the poorest older people living in the rural areas, including women, in the province of Battambang, Cambodia.⁴³ Through older people's associations (OPA), members have been trained in new skills in livestock raising or starting up food stalls and small shops.

Some countries have healthcare programmes for the destitute. In Thailand, all government hospitals and health centres provide free medical services to persons aged

60 and above who own an 'elderly card'.⁴⁴ This scheme was retained in spite of the fact that universal health coverage was introduced in 2001.

Recommendations for Research on Ageing, Gender and Social Inclusion

Widening disparities in old age raises concerns about the ways in which older persons might experience forms of social exclusion.⁴⁵ To date, there are several areas requiring greater research attention that could be critical for policymakers to formulate evidence-informed policies to ensure the social inclusiveness of older women and other vulnerable groups among the elderly.

- Research should explore women's need to engage in paid employment in old age in response to the growing numbers of women joining the old age cohort especially since they are more likely not to have worked or would have had their careers interrupted by their caregiver role during their life course. The possibility of older women wanting to engage in paid employment increases especially among those who might have lost their husbands through death who would have been the breadwinners in the family as well as unmarried women.
- The role of pensions systems should be researched further, especially how they would generate social inclusion of older persons, especially older women who have worked in the informal sector. The research should also delve into the design of pensions, taking into account the social and cultural norms of women's primary responsibility as caregiver since most formal pension schemes only apply to those who engage in formal employment. Moreover, research should focus on studying the gender implications of pension systems, in particular those which award flat-rate pensions, whether universally or following means-testing, and to what extent these schemes would benefit women and lift those of the lower socioeconomic group out of poverty.
- Older women more than older men tend to live alone because of the loss of spouse through death and because a family member(s) have migrated to the cities. Since living alone has implications for mental wellbeing, research should delve into how senior citizens' clubs might be instrumental in helping older women cope with living alone and manage their households and achieve their daily needs on a day-to-day basis.
- Research attention should be paid to how senior citizen organizations or community-based clubs might meet the needs of older women, especially the needs of older persons from the rural areas because of rural-urban migration of female family members.
- There should be research on how older women might benefit from medical health insurance schemes especially since older women have less education than older men and are less likely to have engaged in paid employment and thus are left to struggle to have to pay for healthcare services because of inadequate savings.

- There should also be greater research focus on the long-term care needs of the elderly
- Research on the prevalence of mental health issues including depression among the elderly, especially women since they make up a growing proportion of the elderly and suffer greater morbidity compared with older men.
- Because a majority of current cohorts of older women tend to be less educated, research should be targeted at this group to enhance an understanding of their level of health literacy and their care-seeking behaviour especially since they live longer years in disability and they are more likely to end up living alone and would need to take care of themselves.

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