The forgotten generation: the lost potential of older women

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Abstract

In a capitalist market economy like Singapore, old people are considered a burden as they are not recognized as being functionally useful to society. But the hard truths are:

(1) The so-called ageing problem is caused not by longer life spans and decreased fertility but by inappropriate institutions and behaviours.
(2) Appropriate and adequate investments in the health of older people are positively co-related with their increased contribution to the economy and to society.
(3) Singapore is ageing fast and accompanied by the feminization of ageing.
(4) Sex and gender both contribute to women's vulnerability in old age.

Special attention has to be paid to older women's health and well-being so that older women's untapped potential can be realized and the human capital provided can be utilized fully to reap the longevity dividend.

Today as we gather here to celebrate 25 years of AWARE and being aware, let us turn our mind's eye to the women who were 30 to 40 years old when AWARE was born—the same age as many of you in this audience. Those women were young and strong and hopeful of the future as you are today. Those same younger women are our present day older women. Let us see how these women have fared after 25 years especially in the area of health and well-being.

Before we go there, let me sketch a few salient facts that shaped the socio-economic fate of these women and of our country. In 1970, the FLFPR was 30%. About one-third of the female work force was in labour intensive and low wage manufacturing, and another 20% worked as secretaries, clerks and saleswomen. Many other women worked in informal industry including family businesses where they were hardly paid.

Many women in the 1960s, 1970s and 1980s were poorly educated. In 1970, the female literacy rate was 54% compared to 83% for men. It is these women, poorly educated, poorly paid or not at all who greatly contributed to the country's initial labour intensive industrialization phase and it was partially on the backs of these pioneer citizens that the subsequent success of Singapore has been based. Now while Singapore has become richer and stronger with a very

high GDP, the young women of the 1960s, 70s and 80s have grown older and poorer and have developed chronic diseases and ailments.

Let us look deeper into the state of ageing and of older women in Singapore. In fast ageing present Singapore, we have the feminisation of ageing—this refers to the phenomenon of women outliving men, resulting in a predominance of women among the older population. As of 2005, 4.6% of the total population in Singapore was elderly women while 3.7% was elderly men (MCYS, 2006). In 2004, the life expectancy was 81 years for women and 77 years for men (Department of Statistics (DOS), 2005). The feminisation of ageing is a global trend. After the age of 85, there are twice as many women as men in Singapore. This is also a global trend (globally, at age 80, there are 189 women for every 100 men --WHO, 2007). Hence, the socio-economic and health issues of the elderly are, to a large extent the issues of older women.

Besides the feminization of ageing there are other factors related to sex and gender that make our present older women particularly vulnerable in their old age. There are 5 times as many widows as widowers in Singapore. Nearly 60% of women between the ages of 70 to 79 are widows and rising to 80% with women over the age of 80. (*AWARE-TSAO* report 2005). According to the General Household Survey 2005, the majority of widowed women move in to live with their adult children. But at the same time, the trend of elderly Singaporean women staying in smaller housing units (1-2) room flats—11.8% for ages 40-59 and 22.8% for ages 60+ has been increasing. Large numbers of households in the 1-2 room flats are headed by older women, who are likely to be single, widowed, divorced or separated and this is nearly always associated with relative poverty.

Let us now look at the status of health of our older population. It is true that some diseases are far more common among older people than among younger people and that the risk of developing these diseases and disabilities increases, as people grow older. However, this does not mean that these diseases are either a natural or an inevitable part of ageing.

About 85.5% of people between 65-74 years old are suffering from diabetes, hypertension and high cholesterol. We have poor outcomes for diabetes and hypertension. Singapore loses a higher percentage of life expectancy to ill-health as compared to other developed countries.

Percentage of total life expectancy lost to ill-health/disability

	Men	***Women***
Singapore	11.4	14.1
New Zealand	8.5	11.0
Australia	9.1	10.7
Japan	8.1	9.9

Source: *Men, ageing and health: achieving health across the life span*. Geneva, World Health Organization, 2001

Functional disability is on the increase in the elderly here and this is in sharp contrast to the experience of the US and some other Western countries. (Ng et al, 2006:26). Why is this so? We are a developed country with a very high GDP.

It is known that increased health care expenditure is not necessarily related to better health. But both over consumption and under consumption of health care can pose problems.

Singapore holds 30th place in the WHO table of disease free days and this suggests that underconsumption of health care here is a problem that should be addressed (David Reisman--*Social policy in an Ageing Society*). The downside of financial stringency is that as many as one patient in five with a chronic condition may be failing to keep up her or his medication because he or she cannot afford to do so. Needles, swabs, syringes and insulin can cost a diabetic $300 a month. Medisave caps an individual's withdrawal at $300 per year. Some diabetics respond by cutting down on the tests and injections. (David Reisman—*Social policy in an Ageing Society*). It is a false economy where it leads to worse health and bigger bills several years down the road (J. Tan, 2007: H6)

Treena Wu and Angelique Chan in an article written recently have said that –"While longer life amongst women in Singapore is a human success story, this current generation of older women aged 65 and above face declines in health status and well being as they age. Their vulnerability is in terms of the higher risk of suffering from chronic illnesses as they live longer and the lower likelihood of being able to access the appropriate health and social care which tends to be paid out-of-pocket." The 1995 National Survey of Senior Citizens found that 88% of people over 55 had not made financial provision for their old age and health needs. Only 7% of older women and 30% of older men in this survey of the over 55s felt that they could depend primarily on their Medisave (MOH, 1996:47). What about the remaining 93% of older women—who or what do they depend on? In 1999, the Inter-Ministerial Committee reported that only 30% of the over 65s had any Medishield cover (MCD 1999:115). Since then how many of these over 65s have been able to continue to pay for the premiums for Medishield? One thing is certain however – that even for those who managed to scrimp and save for the premiums and survive to age 85, they found that their Medishield cover ceased at age 85. There was no protection for the remainder of their life. Do these older women and men (and most of the are women) deserve this injustice of having the rug pulled out from beneath their feet when they are most in need? There are 26,000 Singaporeans over the age of 85 who are definitely not covered by Medishield and many younger than that who are in a similar plight.

Now let us look at some hard truths about the provision and financing of our health care system. We have our much vaunted 3M system—Medisave, Medishield and Medifund. However, the 3Ms only represent 10% of the total healthcare expenditure. The rest is from employer benefits 35%, government subsidies 25% (mostly to cover part of B and C class charges), out of pocket expenses 25% and private insurance 5% (Lim 2004:86). The 3Ms are thus not a major source of payment for health. For those not covered by employer benefits and private insurance and this includes nearly all older women, the lion's share of hospital bills is settled through out of pocket expenses which really means their children's pockets as many of the older women have minimal or no savings. The census of 2000 showed that 78% of women in their 60s and 91% of women in their 90s were dependent on transfers from their adult children. Thus, older women depend heavily on their family to pay for the cost of their acute care and often these older women forego treatment and medication in favour of younger family members.

Thus it comes as no surprise that WHO ranked the effectiveness of Singapore's health care system sixth among its 191 member states but where fairness of financing was concerned, Singapore ranked 101 (WHO 2000:154). This measurement is based on the fraction of a household's capacity to spend (income minus expenditure on food) that goes on health care. This poor ranking is because Singapore relies heavily on out-of-pocket fees and the burden is heaviest on older women who have minimal savings.

In spite of higher morbidity in old age as compared to men, the majority of older women play a crucial care-giving role in their families caring for both younger and older family members. Women are the carers – this profamily arrangement in Singapore is only possible if women stay at home without a wage to look after the young, the old and the disabled. Without a wage means no CPF, no workfare and no savings for health and well-being. Society depends on these women to be the carers for the family and thus save the country from shouldering this responsibility and the accompanying financial outlay. Who then cares for these women? Why have we forgotten this generation? Why have we not ensured that their health and security have been adequately provided for? Don't they deserve better as old but useful citizens of Singapore?

At this stage let us confront another hard truth and this is that the ageing problem is not just one of longer life spans and falling fertility rates but of inappropriate values, institutions and behaviour. Health care and retirement systems have to be redesigned so that older people are not relegated to a life of ill health and poverty but instead can continue to make active economic and social contributions to their families and society as a whole. The fact that the Minister Mentor continues to be economically active at the age of 86 is living proof of what older people can contribute to society. Foreign talent is not the only talent that we should concentrate on – we also have talent and human capital where our old are concerned.

Poverty or relative poverty is a strong predictor of poor health: the poorer people are, the more likely they are to suffer from ill-health at any stage in the life course, including later life. Human capital has for long been recognised as a contributor to economic wealth, but it is forgotten that people can only accumulate and provide human capital if they are healthy, both physically and mentally. We need to pay attention to older people and capture the longevity dividend. Many studies have shown that better health is positively correlated with actively being at work, especially at later ages. A key message to policy makers is that better health can have a positive impact on various economic outcomes, and is not merely an automatic by-product of economic progress. Resources spent on health throughout the life course and into old age are an investment and should not be considered as expenditure. About 25% of the total government budget is allocated to defence and only about 5% to health. It seems to me that our lives and limbs are well protected from outside threats but older citizens especially older women are left vulnerable to threats of disease and disability inside our borders. This seems a strange paradox to me.

Our healthcare and retirement systems have forgotten the elderly of today especially the women, but some people are hopeful of the future. Treena Wu and Angelique Chan have recently said: "Optimistically, the future generations of women in Singapore who are better educated and have a higher occupational status will be able to better insulate themselves against the risks faced as women in old age." I am not so sanguine. The AXA survey in 2007 produced some surprising results. In the UK, 42% of working women expected their living standards to decline after retirement. In Singapore, women were not afraid of a decline but instead they feared a void. About half the women in Singapore were hoping that someone would provide for their old age (AXA 2007:28). Here we are talking about working women in Singapore and yet they feared a void after retirement. Do you think this pessimistic outlook is justified? This gives you young people a lot of food for thought.

Five recommendations that I would like to make are:

1. Government to increase its portion of health care expenditure so that out of pocket expenses are less heavy especially for older people

2. Health Promotion Board to finance or provide more health literacy and education for chronic diseases
3. Providing all Singaporeans over 85 with Medishield cover for life
4. All widows to get free medical care in the B2 or C class wards
5. Carers of old people to be provided with health insurance cover