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Social policy on ageing in select asian countries

Keywords: Asian countries, population ageing, social policies, programs, long-term responses

Abstract

Most Asian countries have experienced rapid socioeconomic changes along with the demographic and epidemiological transition which has necessitated policies on ageing. The policies and programs initiated in many of the Asian countries are similar in their response to address the challenges of ageing, yet they vary in terms of care and service provisions. There is an attempt to strengthen and sustain family and community networks, social security measures, health care facilities, and enhance opportunities for older people. Many countries have shown political will and adopted legislative mechanisms to meet the needs of growing number of older people as well of the adult population caring for parents. There is greater emphasis in policy response to provide for adequate quality and quantity of health, economic and social care. Governments have adopted a development approach as well as a welfare orientation to address the needs of their ageing population based on Madrid International Plan of Action on Ageing guidelines. But some of the Asian countries, depending on the proportion and absolute numbers of their ageing population, have developed comprehensive plans for policy and action with a long term view to improve the quality of life of the growing and emergent groups of older people, while some other countries are still struggling with their resources to respond to their young and ageing population simultaneously. In this paper I reflect, based on analysis of literature, reports and documents review, on the social policy initiatives on ageing of select Asian countries, namely China, Japan, Malaysia, Singapore and Thailand, and emphasise that countries have an opportunity to learn from

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each other. The extant policies, practices and models of services and programmes developed by some of the countries can serve as models for others to adopt, given their own resources and political will. How countries respond will of course depend on their demographic and epidemiological transition.

Introduction

Signs of ageing can be observed in many of the countries of Asia, with the process most advanced in Japan, although China and India with their large population base take a lead in having the largest numbers of older persons. The fastest growing among the older people are those aged 80 years and above. The population of older persons defined as 60 year and above, is projected to increase in many of the Asian countries, by twofold or even threefold by 2025 from the latter part of the twentieth century. Ageing of the population provides special development challenges and opportunities for policies, programs and services in both rural and urban areas. While existent facilities and provisions need expansion and enhancement of capacities and entitlements, there is growing need for providing new services and programs to meet the growing needs of the ageing population (United Nations, 2006).

Some of the Asian countries became conscious of developing policy on ageing by participating in the First World Assembly on Ageing held in Vienna in 1982. Subsequently the 1992 Proclamation on Ageing of the United Nations, and various other internationally agreed principles helped concretise their action plans, but these did not lead to any long term perspectives. Also many Asian countries did not have any clear cut policy on older people. It was just before the turn of the twenty first century, that the signatory countries from Asia to the *Macau Plan of Action on Ageing for Asia and the Pacific* (Macau POA, ESCAP 1999) began setting concise policy recommendations and attempted to have goals and targets. However, it was the *Madrid International Plan of Action on Ageing* (MIPAA) adopted at the Second World Assembly on Ageing held in Madrid in 2002, which outlined a precise policy response and an action plan for meeting the growing and expanding needs of the ageing population in many of the Asian countries (United Nations, 2002).

Consequently, many countries in Asia framed their policies and programmes in line with MIPAA which outlined three Priority Directions: (i) Older Persons and Development; (ii) Advancing Health and Well-Being into Old Age; and (iii) Ensuring Enabling and Supportive Environments for Older Persons (United Nations, 2002). However, all of the countries have not been able to implement the policies effectively, mainly due to limited resource allocation and lack of strong administrative will. Based on MIPAA guidelines respective countries recognize the need to have policies for improving the situation and circumstances of older persons by empowering them. Governments take note that

older population like the younger age groups is a heterogeneous segment with special needs based on age and gender. And, importantly that older people are to be made part of the development process of the country. The first Priority Direction of MIPAA which deals with older persons and development, states in Article 16, that 'older persons must be full participants in the development process and also share in its benefits'. For persons to continue to be a resource in later years it is important that they enjoy equality of opportunity throughout life. This means that there should be opportunities for continuing education, training and retraining as well as vocational guidance and placement services. Taking lead from MIPAA many Asian governments initiated programs which can fully utilize the potential and expertise of older persons in all the fields possible. MIPAA also suggests to governments to explore the possibility of benefitting from the varied resources of older persons. As well as recognize that older people have the right to live a life of dignity and this right must be given to them.

Some countries in Asia, namely China, Japan, Malaysia, Singapore and Thailand have taken the population ageing challenge seriously and have put policies on ageing and older persons in place in line with the priority directions of MIPAA. Broadly these include health care and long-term care, social protection and security, older workers and labour force participation, housing, ageing-in-place and enabling environments, intergenerational relationships, guarding against age discrimination, reducing old age poverty, etc., to anticipate and head off future problems (Shankardass, 2014). While some of these countries have common issues and policy priorities in population ageing, they also show diversity in policy development and implementation (United Nations, 2008). Nonetheless, respective governments have allocated funds for the programs to be realized and implemented.

Given below are policy responses of the five Asian countries mentioned above, namely, China, Japan, Malaysia, Singapore and Thailand. The data given below is based on analysis of literature, reports and documents review over the last few years as a consultant to United Nations and also because of my professional interest and work on ageing. I have analyzed policy and programmatic responses in different countries to the ageing of their populations.

People's Republic of China

China, with maximum number of older people in the world, has managed, since the beginning of this century, to bring ageing issues into the overall strategy of national economy and social development and is trying to perfect the framework of its ageing institutions, and improve the well-being of older persons by promoting affordable medical care and services for older people (Shankardass, 2014). China has set up an inter-agency/inter-ministerial committee on ageing to monitor and implement policies and programmes for older people. The Chinese State Council has established the China National

Committee on Ageing (CNCA) consisting of 26 government ministries and national NGOs to plan, coordinate and guide work on ageing nationwide. CNCA has established committees on ageing and offices at all levels throughout the country which works as a complete system, all the way from the central government down to the grassroots level. The State has established a supervision and evaluation system to conduct mid-term and final checks on the implementation of plans, to ensure that they are properly put into practice. It has also established a statistical work system which will provide basic data on older people to help the formulation of plans, monitoring and evaluation through appropriate indicators (ESCAP, 2007a; 2007b).

The government has strengthened formulation of laws, regulations and policies regarding older people, covering such areas as social security, welfare, services, hygiene, culture, education and sports, as well as the protection of the rights and interests of older people and related industries. There is a medical subsidy program which reduces the burden of medical costs for older persons. Further, for ailing and older people with special needs, daily care at home and hospice care is being provided efficiently by grassroots medical institutions empowered to do so. Social service amenities and mobile services provide care and housekeeping services, emergency aid and other free or reduced-payment services to older people as part of the "Starlight Program". Construction of senior citizens' lodging houses, elderly people's homes and nursing homes for the aged have been promoted to provide institutional services for seniors with different financial and physical conditions, especially, for those over 80, who are sick and disabled.

China has established a new three-pillar system of social pooling, individual accounts and voluntary supplementary corporate schemes, which is a worthy step in providing safety net to its retired workers (Yan, 2011). It has encouraged development plans for older persons by involving the whole society in elder care. However, despite government and community efforts, there is delay in implementation plans due to lack of incentives and inability of beneficiaries to pay for contributions (Beland and Yu, 2004; Williamson and Deitelbaum, 2005). The vulnerable older people enjoy the State's "five guarantees" system, which means that their food, clothing, housing, medical care and burial expenses are taken care of and subsidised by the government. The State encourages people to sign a "family support agreement", which stipulates how the older person is to be provided for and what level of livelihood he/she will have. Village (neighbourhood) committees or other relevant organisations supervise the implementation of the agreement.

China has taken concrete steps to promote a positive image of ageing and there are plans at various stages for older people to participate in social development. Government allocates special funds every year for large-scale activities for older people, such as cultural, educational, social and economic. Through a range of promulgations on barrier-free design codes, the government has enhanced barrier-free facilities for older people. The basic laws of China all clarify the rights of senior citizens and stipulate the legal

punishments for acts infringing on their rights. All provinces, autonomous regions and municipalities directly under the central government promulgate policies and regulations on the protection of the rights and interests of senior citizens.

Japan

Japan, with high life expectancy and large proportion of older people, has a sound legal policy framework for improving the health and welfare of older persons, including the issue of health promotion and well-being throughout life and of universal and equal access to health-care services. There is regular revision of socioeconomic systems and practices that treat older people differently because of their age and infringe on their rights. There are programs which strengthen intergenerational solidarity and promote participation in the local community with barrier-free living environment, based on universal design concepts. There are provisions for subsidising Senior Citizens' Clubs engaged in a comprehensive range of social activities in local communities which increase the social participation of older persons, as well as for volunteer activities for older people (Shankardass, 2014).

Legal reforms have facilitated economic participation of older people. Steps have been taken to ease or eliminate age restrictions on jobs and to secure equal employment opportunities for all, regardless of age. Anti-age discrimination legislation protects the rights of older people in employment and in service accessibility. The Law to Partially Amend the Law Concerning Stabilization of Employment of Older Persons (Law No. 103, 2004) has provisions where employers are obliged to take measures to ensure employment up to age 65. Subsidies are provided to employers for 'Promoting Continued Employment' as well as to employers having more than a pre-determined proportion of older workers (Naohiro, 2008). These efforts have helped to expand employment opportunities for middle-aged and older job seekers. Japan demonstrates the value of the continuing participation of older workers as part-timers or in positions that permit their wisdom to remain in the system and provide support for younger workers. This helps in mitigating intergenerational work conflict which is becoming significant in urbanising and industrialising developing countries. Japan is also the only country in the region that has provided social insurance to homemakers that ensures access to financial security in later life to women who have no occupational history (United Nations, 2008).

Comprehensive plans to target people from 40 years onwards are being implemented by the municipality, based on the Law for Health and Medical Services for the Elderly. The policy "Healthy Japan 21" contains 70 specific measures to ensure that people live healthy lives when they grow old. In May 2004, the government announced the Health Frontier Strategy for promoting measures to combat lifestyle-related diseases and prevent the need for nursing care with the objective to further extend healthy life expec-

tancy. There is development of advanced medical and assistive devices to support healthy and active participation of older people in the activities of society. Social welfare and medical facilities have been strengthened in residential areas as well in nursing homes for older people. Long-term Care Insurance Plan has been implemented and systematic improvements have been made to ensure a high-quality care service infrastructure that responds to the needs of older persons who require care.

In Japan by various initiatives, such as putting in place standards for barrier-free environments in existing residential sites and new public housing projects, and prioritizing housing for older people, the living environments of older persons has been improved. Also significant efforts to address the issue of emergency situations for older people have been made. Priority is given to older people in disaster preparedness and management. Age-friendly plans are in place to protect hospitals, residential homes for older people and areas with a high percentage of older people from disasters. In addition, special measures have been outlined to be taken up by municipalities to support the evacuation of older people requiring assistance during disasters.

Malaysia

Malaysia, a small country, has a strong political commitment in favour of older persons and has achieved a lot in the last 5–8 years. It has adopted a development approach with greater attention to active and productive ageing. NGOs with membership of older people such as National Council of Senior Citizens Organizations and Golden Age Welfare Association are getting actively involved in the decision-making process by participating in dialogues and forums of relevant ministries, especially in preparation of national plans and in pre-budget dialogues reflecting on and expressing their needs. Re-training and skill up gradation of older workers is an important exercise undertaken by the Ministry. It has initiated establishment of six sub-committees under a National Senior Citizens Policy Technical Committee set up by the Social Welfare Department to address respectively social and recreational; health; education, religion and training; housing; research, and publicity concerns.

Malaysia has introduced specific programs to increase community participation of older people and in social and recreation activities as part of the strategy to promote healthy lifestyles. Many initiatives are now being taken up to encourage intergenerational activities, establish lifelong learning programs especially for developing learning skills in ICT, with flexible entry requirements in the private and public institutions of higher learning and expand volunteerism among older people. Hospital care and health clinics have been made 'elderly friendly' by giving older persons priority in waiting lines and comfort in treatment. Along with training in geriatrics, specialized training in rehabilitation medicine, palliative care and nursing care management is also being encouraged and provisions being made for their delivery. Government provides specific privileges

to older persons, concessions for travel and special considerations in housing to enable ageing in place and in community and to promote independent living. Government has created standards for maintaining barrier-free environment and has given special attention to developing assistive devices to reduce dependence of older persons on others (Malaysia, Department of Social Welfare).

Through the design, implementation and expansion of preventive, supportive and rehabilitative programs, a culture of mutual respect, caring and sharing of resources and responsibilities among the family members is fostering intergenerational solidarity between older people and the younger generation. Yet, the country continues to face organisational and resource limitations in meeting the severe challenges of the current old-age security system, adjusting the current medical care security system and service system to meet the medical and social needs of the huge rapidly growing older population. There are implementation hurdles in diffusing central policies to local authorities at the village and grass root levels to increase awareness for the need to respect older people and create a favourable environment for care and support to the seniors. Nonetheless, specific programmes, innovative initiatives, planned processes and legislative enactments of this country can be good learning model for other countries in the region (Shankardass, 2014).

Singapore

Singapore has an integrated policy response to ageing and older persons with adequate allocation of funds (Loong, 2009). The political will to strengthen these programmes is visible in the appointment of a Minister in the Prime Minister's office to drive and coordinate policies that "give elders opportunities to stay active, healthy, and engaged" and to oversee policy implementation across various government agencies. There is a comprehensive multidisciplinary approach to address the well-being, health and social care needs of older persons, which is coordinated by integrating inter-ministerial level of the government with prominent NGOs in the country and seniors themselves. It is part of the "Many Helping Hands" approach which involves collective responsibility from all sectors (Shankardass, 2014). The role of the State is to enable the individual, the family, the community and the government to each play its part in providing support for the well-being of older persons.

There are provisions in the Singapore Penal Code that pertain to protecting seniors from financial, physical and sexual abuse. Also, the Women's Charter which deals with family violence has expanded its scope to include older adults, and protects them against psychological or emotional abuse as well as physical. Through legislative reforms, Singapore has revitalised traditional family values in care of older persons along with support to caregivers. Tax exemption is given to adult children caring for ageing parents when they live with them or provide financial assistance. Children's obligation to support their

parents and/or provide them with financial assistance has been legally mandated. Also, encouraging informal social networks for care of the aged is a significant policy initiative on ageing.

There is focus on strengthening the health-care infrastructure, training of family physicians and allied health-care workers in chronic disease management and care of older persons. Funds from the national budget are set aside to keep seniors in the community healthy and socially engaged. The government has made adequate provisions for barrier-free and accessible environment, especially with regard to housing and public spaces, as well as through public transport system of buses and rails which enables older persons to participate in economic and community activities. The government has embarked on large-scale exercise of public education on ageing and there are special funds marked for promoting intergenerational bonding, active ageing and for community programs to take these initiatives forward (Meng, 2010). The establishment of Council for Third Age, an independent civic group, in 2007, is to oversee these activities and also organize special programs for maintaining greater mental and physical well-being of older citizens by encouraging practices for independent living, lifelong learning, healthy lifestyles and sports, leisure, recreational and voluntary activities. The government has earmarked special funds to be administered by the Council for Third Age.

Thailand

The government has shown great political will to face the challenges of ageing in Thailand since the last few years (Shankardass, 2014). It issued the 2nd National Plan for Older Persons (2002–2021), which is an indicative master plan identifying integrated strategic framework and actions covering five sections, namely, (i) Preparation for quality ageing; (ii) Promotion of well-being in older persons; (iii) Social security for older persons; (iv) Development of management systems and personnel at the national level; (v) Conducting research for policy and programme development support, monitoring and evaluation of the 2nd National Plan for Older Persons (Thailand, 2001).

Act on Older Persons in force since 1 January 2004 covers significant issues on elderly rights, national mechanism on the elderly, tax privilege for children who take care of their parents and the elderly fund. Tax exemptions are given to income-earning children who take care of their older parents and parents-in-law and tax deduction entitlements for health insurance policies purchased by any children for their older parents and parents-in-law. It serves as an incentive for children to look after their parents and parents-in-law and promotes healthiness of older people.

Government promotes the skill development of older persons after their retirement (ESCAP, 2007a). The establishment of Brain Banks throughout the country facilitates coordination of use of skills of older persons as per their requirement and gender. This promotes their well- being, employment in later years and postponement of retirement.

Government has also shown special consideration to older persons affected by emergencies and disasters by providing assistance in various forms. There is emphasis on establishment of elderly clubs in every sub-district of all provinces of the country. Government has developed Minimum Standard of Housing and Environment for Older Persons including accessibility of prototype public toilet and physical environment and facilities in primary care units. Government has also established 'An Appropriate Environment for Elderly Research Unit'.

Proclamation of "Healthy Thailand" as a national issue has ensured quality of life at all ages. It has brought special attention to seminars on orientation for retirement, on sports, recreations and health promotion for older people and has led to setting up of Standards of Welfare, Promotion and Protection for Older Persons. There is special budgetary support for the promotion of health of older people. The Health Security Project of the Ministry of Public Health ensures access of older populations to healthcare services for prevention, promotion, treatment and rehabilitation. Government has established special clinics for older people in hospitals and arranged Green Channel/ fast lane for older persons in using the medical services of the out-patients section, as well as made provision of mobile services. In addition, there is promotion of mental health for older people by disseminating relevant documents, manuals and knowledge through older persons' clubs and organisations. Thailand's Bureau of Empowerment for Older Persons has launched a national campaign called, 'Sunday, the Family Day' for strengthening love, relations and care among family members of all ages. This has initiated a caring system for older people at the community level, whereby trained Community Volunteer Caregivers in collaboration with the public agencies involved, and local administration organisations, provide care to older persons especially those who have no caregiver but need assistance to perform their daily activities.

Since 2005 there is law concerning the facilities within buildings so that they are accessible and usable by disabled persons and older persons (Thailand, 2001). 'Standards of Practice for Institutional Care for the Elderly' have been developed which includes care and support for caregivers, training of caregivers and of health personnel. Protection of the rights of older persons is given due consideration by dissemination and distribution of the Act on Older Persons, 2003. There is a Committee to monitor and appraise the implementation of the Act on Older Persons.

Conclusion

All the countries mentioned above have taken strong initiatives in this century to meet the challenges of ageing by allocating specific resources. China, through policy action, has been pushing forward healthy sustainable development of undertakings for its ageing population since the adoption of MIPAA in 2002 (United Nations, 2006). The government has attached importance to publicising and popularising laws, regulations and

policies concerning senior citizens. Japan has been constantly revising the socio-economic system to ensure its suitability for the coming ageing of society as well as supporting individual independence in addition to sustaining a secure lifestyle for older people through an appropriate combination of self, mutual and public support. Malaysia, which until 1995 had no specific policy for older persons, now has a national policy which guides several action plans. The approach of the government is to empower older persons, families and community with knowledge, skills and an enabling environment to promote healthy, active and productive ageing along with providing optimal health care services at all levels and by all sectors. Singapore has developed its principles in policy for ensuring holistic well-being of older persons into four strategic thrust areas, primarily – employability and financial security; holistic and affordable health care and elder care; ageing-in-place; and active ageing. Thailand formatted formal national policy on ageing based on MIPAA guidelines and the government has imperatively set indicators to appraise its implementation and development. Each of these countries, in facing the challenges of population ageing, indicates commitment of the government towards formulation of policies that reflect the developmental aspects and needs of older persons in the country (Shankardass, 2014). How countries are responding depends on their demographic and epidemiological transition.

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