LONG-TERM CARE FOR ELDERLY IN ASEAN PLUS THREE
1-2 MAR 2016

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LONG-TERM CARE FOR ELDERLY IN ASEAN PLUS THREE: RESEARCH AND POLICY CHALLENGES
1-2 March 2016
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The organizing committee gratefully acknowledges:

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Conveners:

Provost’s Chair Professor Wei-Jun Jean Yeung
Asia Research Institute, Centre for Family and Population Research, and Department of Sociology, National University of Singapore

Associate Professor Thang Leng Leng
Asia Research Institute, Centre for Family and Population Research, and Department of Japanese Studies, National University of Singapore
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INTRODUCTION AND OVERVIEW

As countries face population ageing, long-term care becomes a pivotal concern; with expectations that the demand for the provision of health and supportive services increases with a growing elderly population. It is near universal that the family plays an intrinsic role in long-term care for the elderly, however, long-term care has increasingly been examined with relation to institutionalization. On the one hand formal long-term care institutions are criticized to have disruptive effects on kin relations and social networks (Mold et al. 2005), while on the other hand there are contrastive findings highlighting positive effects of institutionalization such as greater independence and a revalued lifestyle in the concept of the “third age” on the part of the elderly (Henrard 1996: 668). Nonetheless, majority of older persons are shown to prefer to live in the community rather than in formal care institutions in later life (Feder, Komisar, and Niefeld 2000; Costa-Font 2009).

The preference of ageing in place has long been a feature of Asia. Long-term care for the elderly has been bolstered by cultural values such as filial piety which has placed demands on children to provide care towards ageing parents. In some countries, governments have reinforced this care pattern through old-age policies which have reinscribed the family as the primary site of eldercare. In this context, the organisation of care, including care for the elderly, is largely left in the hands of women in the family. Economic and social changes, however, have lent to shifts in the organisation of care in the family. In the more affluent countries in Asia, long-term care has increasingly become transferred to paid workers, especially with growing numbers of women joining the labour force. Falling fertility rates in the Asian region would also signal fewer caregivers for the elderly. The quality of long-term care provisions, encompassing a broad range of support services from personal care, healthcare and social services and rehabilitative care, however, is complicated by a range of other factors from eligibility, payment/insurance schemes, and regulatory mechanisms to the individuals’ supportive and palliative care needs. Much less is known about how the state has ensured quality long-term care for the elderly in the family.
It is in this context that the conference on “Long Term Care for Elderly in ASEAN Plus Three: Research and Policy Challenges” was convened. Organised by the Changing Families in Asia Cluster at the Asia Research Institute (ARI) with support from the Ministry of Foreign Affairs (MFA) and the Centre for Family and Population Research (CFPR), this international conference aimed to explore issues relating to the ensuring of quality and adequacy of long-term care in the familial context. For 1.5 days, scholars, students, practitioners and government officials from the 13 member countries of APT came together to NUS to better understand the long-term care situation in the region, with special attention on identifying what the needs are and where most help is needed.

Focusing on different aspects of care, fourteen papers explored the long-term care environment in countries such as Indonesia, South Korea, China, Thailand, Philippines, Myanmar, Japan, Vietnam, and Singapore. Panels looked at the role of community efforts in supporting seniors, identified long-term care needs and support, explored care patterns and typologies, and assessed social policies related to long-term care for the elderly. Representatives from Brunei Cambodia candidly shared the elderly-care situation in their respective countries. A representative from the ASEAN Secretariat based in Jakarta also shared what has been and is currently being done at the regional level in terms of strengthening policies and programmes intended for the social protection of the elderly.
In her introduction, Prof Jean Yeung, Research Leader of the Changing Families in Asia Cluster at ARI and CFPR Director, elucidated on the various reasons why policy making for long-term is a complex issue. Her presentation called conference participants to direct their attention on several research, policy challenges and cooperation components of long-term care in APT.

First, the number of elderly has been increasing and will continue to increase in the future. Figure 1 below shows that the percentage of people who are aged 65 and above has consistently risen from 2000 to 2015 in several APT counties, most noticeably in Japan, South Korea and Singapore. Other APT counties such as Thailand and China are also showing the same trend.

Family has been a constant source of care for the elderly in APT but with the rise in the number of elderly, the question on whether the family is still a sustainable source of care in the future becomes a central issue. Aside from the family, the role and capacity of the state, market, and voluntary sectors to provide care also need to be examined.

Second, APT both regionally and between individual countries are going through rapid changes. An example is the change in family structures. Three-generation households have been declining, while couples who are empty nesting, or households who have dual earners are increasing. It is therefore important to understand how such changes redefine care. Longer life expectancy and declining fertility rate also spell a larger volume of elderly people in the society hence a higher demand for long-term care. Other social changes such as urbanisation, family values, and care practices and policies also influence the provision of long-term care.
Third, cultural and religious diversity in the region influence what are considered acceptable and ideal forms of care and therefore needs to be taken into context also.

Professor Yeung hoped that the conference would be a productive platform to discuss significant questions on long-term care such as:

- How have sociodemographic changes in the family impacted on the government’s role in long-term care?
- What are the current practices and policies in each country?
- What are the barriers that older men and women face in accessing long-term care in the family?
- What barriers do caregivers face in providing long-term care for the elderly?
- To what extent does the cultural value of filial piety impact differently on men and women as ‘carers’ and the kind of quality of care they provide to their elderly?
- How do the cultural meaning and social practice of filial cohabitation express themselves in urban areas versus rural areas and in different religious/ethnic groups, and impact on the quality of long-term care provided to the elderly?
- To what extent does the patrilocal principle of filial obligation impact similarly or differently on intergenerational support and long-term care in different societies?
- How can the family, state, non-profit and business partner play a role in ensuring quality and adequacy of long-term care in the familial context?

MEANWHILE, ON BEHALF OF THE SINGAPORE MINISTRY OF FOREIGN AFFAIRS, MR THAM BORG TSIEN, DEPUTY DIRECTOR, ASEAN DIRECTORATE thanked the Asia Research Institute and the Centre for Family and Population Research for agreeing to work with the government on this endeavour. Recognising that population dynamics is an important issue in a small country such as Singapore, he explained that the conference was based on Singapore’s agreement to implement, together with the Philippines, the recommendation of the East Asia Vision Group II to the APT Commemorative Summit in 2012, which is the “strengthening of demographic policy cooperation including information sharing and joint
research in response to demographic problems”. He reiterated Singapore’s aim to enforce the exchange of views and best practices on issues related to population dynamics such as ageing and elderly care so that countries can learn from one another. Finally, he pointed out that government officials could learn from practitioners and academics on the most recent ideas on these issues while the latter could learn from government officials on which ideas are feasible and those that are less so.
The first panel looked at the various ways by which the community is tapped to support the provision of long-term care for the elderly. Benny Baskara shared the concept of an integrated service centre in Indonesia while Yang Yunjeong discussed the case of the Silver Wings in South Korea. Tang Bei Bei talked about community-led efforts in China while Ko Pei-Chun investigated if the physical environment influences the elderly’s participation in productive activities.

Associate Professor Corinne Ghoh, faculty member at the NUS Department of Social Work and Co-Director of the Next Age Institute, chaired the first panel.

**INTEGRATED SERVICE CENTRE FOR ELDERS: THE NEW PATHWAYS FOR COMMUNITY-BASED ELDERLY CARE IN INDONESIA**

The Integrated Service Care for Elders (*posyandu lansia*) is a form of community-based elderly care in Indonesia. Baskara conducted a study on three Centres in Yogyakarta whose operations are managed by both unpaid volunteers (Nusa Indah and Srikani) and private foundations (Roemah Kita). Among the three, Nusah Indah is the oldest, having been established in the 1990s, followed by Srikandi in 2002 and Romah Kita in 2003. These Centres provide “standard activities” on a monthly basis such as basic health services which include health consultation, basic health screening and distributing basic medicines. Nusa Indah and Srikani’s schedules are dependent on the availability of their volunteer doctors and health professionals. In comparison, Romah Kita, being funded by a private corporation, provides other services as well such as early childhood education, sanitation and public health
counseling. On special occasions such as Idul Fitri or Christmas, the elders are given basic grocery items, clothes and financial gifts.

Baskara’s study highlighted several points:

First is the gendered role in care provision. In the three Centres, all the volunteers are women reflecting the cultural expectation that the work of elderly care lies with women. Men’s responsibilities on the other hand are limited to the provision of support through financial means. He also observed that the number of women elders who join the Centre’s activities is higher compared to men.

Second, Baskara argued that the establishment of these Centres is a manifestation of the strength of social bond in a community. People in the community share the collective feeling of responsibility to care for the elders as an expression of their respect.

Third, Baskara pointed out that the establishment of the Integrated Service Centre can bridge the gap between formal and informal elderly care since the maintenance of these centers transcend informal and formal care systems. It can also reconcile the debate on whether the issue of elderly care is a private or public matter, and may even pave the way for state and civil society partnership. Before the establishment of the Nusa Indah, elderly care in Indonesia was dichotomized according to informal care or those provided by the families, and formal care or those conducted at nursing homes. But after its establishment, the government founded the National and Local Commissions for Elderly Care which are tasked to monitor both formal and informal care facilities.

AGEING IN COMMUNITIES IN SOUTH KOREA: A CASE STUDY OF SILVER WINGS, HELPAGE KOREA’S OLDER PEOPLE SELF HELP GROUP INITIATIVE IN BUCHEON

Yang’s case study of Silver Wings questions the true nature and the extent of the success of HelpAge Korea (HAK), a community-based elder care initiative, in empowering low-income elderly women and integrating them into society. Yang conducted interviews with Silver Wings members, representatives and staff of the partner non-governmental organizations (NGOs), focus group discussions with members of the Silver Wings activity subgroup, and observations of its regular meetings. To contextualise the situation of older people in Korea, Yang presented the following information: 1) older persons are among the least happy members of the nation, 2) about a third of persons aged 65 and above have depression symptoms (based on 2014 Survey on Actual Conditions of Older Persons in Korea), 3) one in every tenth person has seriously thought about committing suicide and 12% of them actually attempted it, 4) finances are the main reason why they feel like ending their lives, and 5) loneliness (13.3%) and conflicts with and/or disconnection from families and friends (11.5%) turn out to be the second reason. Essentially, income security and loneliness, or social isolation, are the two most serious challenges faced by older persons in Korea.

Silver Wings, HAK’s self-help group initiative for older people in Bucheon aims to address marginalization of low-income older people by empowering them to develop neighborhood self-help coalitions. Part of its empowerment initiative is teaching members to read and write, two seemingly basic skills but considering the lifelong marginalization experience of these women due to their generation, gender and class, reading and writing were deprived from them. As such, learning these skills at this point in time were seen as a critical initial step towards empowerment (It is important to note here that Silver Wings is exclusive to older women). Some members also volunteer in Silver Wings’
other activities, with their roles shifting from recipients to providers of care. To redefine the roles and image of the elderly in the community, they also have various activities that are not typical and exclusive to the elderly such as radio theatre clubs, journalist and debating clubs, music clubs, and food stands for teenagers. These activities are aimed at reaching out to members of the local community of all ages.

In terms of meeting its aim to address social isolation among the elderly, Yang recognised that Silver Wings seems to offer a space for marginalised older women of the same age to meet and fight social isolation in old age but argued that this does not equate to social integration. She proposed that there should be opportunities for older people to mingle with other age groups. For Silver Wings to be contributive to integration, she pointed out the need for a paradigm shift, from considering the elderly as passive recipients of care to accepting them as equal members and partners who can keep contributing to the community.

Yang also stressed the critical role of community-based NGOs in Silver Wings, and in other community-based initiatives’ effectiveness. She stressed that NGOs such as HAK could expand its role from being a fund-raiser to a politically-active promoter of older persons’ human rights.

Lastly, Yang raised the crucial role of financial support in these initiatives. HAK’s reduction of financial support to Silver Wings is seen by Silver Wings as a manifestation of disconnect between HAK’s expressed versus actual support to the group. Given these, Yang believed that mutual understanding of goals and objectives of the initiatives seem weak and there is a large room for improvement.

NEIGHBOURHOOD AGED CARE IN URBAN CHINA

Employing an ethnographic approach, Tang explored what she termed as the growing crisis in aged care in contemporary China and the local programmes put in place to address this issue. Specifically, she looked at elderly care services and programmes in three types of urban and rural neighborhoods in Shenyang and Guangzhou at the local level: who operates elderly care services, how are they being managed, what services are provided, how funds are secured and how they are being assessed. These aspects are important in examining the key mechanisms of the local interactions and coordination on aged care between the state, market, community organizations and individuals, and eventually, its implications for the elderly in China. Tang carried out case studies in 9 communities and approximately 56 in-depth interviews with local government officials, neighbourhood-level organisations, non-profit associations and market service providers, neighbourhood associations and elderly residents.

Tang found several main actors in the provision of community-based care for the aged in China. One of these is the Resident’s Committees (RC). RCs are agents assigned by the state to “monitor” citizens at the local level but are not officially designed as a government office. RCs’ important role in aged care provision is very prominent in Shenyang. RCs keep in touch with the elderly by home visits or phone calls. They also organise recreational activities, including hobby groups such as Chinese calligraphy, painting classes, choirs, group dances and field trips. Some RCs also facilitate the operation of community-based clinics and rehabilitation centres which are subsidized by the state and catered for the elderly with disabilities.

Another main actor are the NGOs. In Guangzhou, NGOs are considered as partners of local governments in providing aged care. NGOs bid to manage the daily operation of Elderly Care Service Centre - a neighbourhood-based facility open to elderly residents in the neighborhood and its adjacent
residential communities. Funds to operate these Centres are raised by the NGOs through their own activities, with subsidies from the government. Elderly Care Service Centres offer programmes for the elderly such as cards, painting and knitting. They also provide spaces for elderlies to watch TV or browse the internet. Facilities for physiotherapy and rehabilitation are also provided, as well as counselling services. For the aged in the neighborhood who need special attention, i.e. living alone and disabled, the Centre’s services include home visits. In some Centres, subsidised canteens with menus designed for the elderly are available. Day Care services for the elderly which operate from 9am to 430pm are also provided by the Centres for a fee.

Village collectives, peculiar to urbanised villages, is another main mover in aged care provision. Urbanised villages are villages which have been granted urban administrative status but have maintained their village collective economy organisations. Some profitable village collectives provide pension systems. Usually, the village collectives provide the Minimum Livelihood Guarantee (social welfare provided by the state to low-income residents) for the elderly who can no longer make a living, offer a monthly livelihood subsidy of 150 yuan to all villages who have reached the age of 60, and subsidize the elderly’s medical insurance. Village collectives also organize home visits, recreational activities, and day trips to the city or surrounding areas for the aged in their villages. Contrary to the services provided by RCs and Elderly Care Service Centres by the NGOs, services by the village collectives are exclusive to original village members only, i.e. elderly who were members of the village before land expropriation.

Last is the local government. The local government serves as the central government’s arm to monitor and coordinate the works of RCs, NGOs and village collectives with the elderly care centres. In Guangzhou, they administer the bidding process for NGOs who want to manage Elderly Care Service Centres. They also act as the conduit of the central government when implementing its programmes hence an assessment of the central government’s effectiveness in terms of governance is based on their performance.

Given all these actors and services, the author highlighted the variations in aged care provision in urban residential communities in different regions – dominance of RCs in Shenyang, village collectives in urban villages, and NGOs in others. Tang also stressed that urbanised villages’ complete reliance on the profitability of the village economy makes neighbourhood aged care seem fragmented. Meanwhile, RCs’ lack of budget and other resources hinders them to provide systematic and consistent support for the elderly. Lastly, she pointed out the importance of diversity and flexibility of local governance mechanisms in developing a functional welfare system in a socialist market economy like China.

AN ECOLOGICAL FRAMEWORK FOR ACTIVE AGEING IN CHINA

Drawing on the first wave of the 2011 China Health and Retirement Longitudinal Study (CHARLS), Ko investigated the relationship between the elderly’s community environment and their participation in productive activities. Ko looked at three dimensions of community: institutional dimension, demographic dimension and economic dimension. Institutional dimension was operationalised through the existence of paved roads and ratio of public facilities; demographic dimension was indicated by the percentage of population aged 65 and over; while the economic dimension was based on urban vs rural communities. To measure engagement in productive activities, Ko looked at the respondents’ participation in: doing farm or non-farm work, caring for grandchild below age 16,
providing help to family, friends or neighbours who neither lived with the respondent nor paid him/her for help, doing voluntary or charitable work, and caring for a sick or disabled adult who neither lived with the respondent nor paid him/her for help. Activities such as farming, forestry, fishing, or husbandry were also included as a measure for productive activities. Two-level random-intercept multilevel models for binary data are employed for analysis. A total of 7,304 respondents from 321 communities (125 urban communities and 196 rural communities) were analyzed in the study.

Ko’s analysis reported that on average, older Chinese from both rural and urban communities engage in productive activities by 33.0%. In terms of the relationship between community dimensions and productive activities, Ko found that the institutional dimension in relation to productive activities is partially supported: paved roads is statistically significant (Odds ratio = 1.25, \( p < 0.05 \)) while ratio of public facilities is not statistically significant. Demographic environment on the other hand is not supported since older adults living in a community with higher percentage of population aged 65 and above is not significant. In terms economic environment, older adults living in urban areas are found to be more likely to participate in productive activities than those living in rural areas (Odds ratio = 1.55, \( p < 0.001 \)), supporting the hypothesis that economic environment is related to active ageing.

When agricultural activities was included as a productive activity by older adults, the activity engagement increased to 71.1%. Results of tests of relationship between the community dimensions and productive activities also changed. A community with paved roads has a lower likelihood of activity engagement (Odds ratio = 0.78, \( p < 0.05 \)). A community with higher percentage of older adults (25% above) has a higher likelihood of activity engagement than does a community with a lower percentage of older adults (Odds ratio = 1.36, \( p < 0.05 \)). Moreover, urban communities with paved roads have a lower likelihood of activity engagement by their older adults (Odds ratio = 0.63, \( p < 0.05 \)). Rural communities with a higher percentage of adult population are also more likely to participate in productive activities than rural communities with a lower percentage of older population (Odds ratio = 1.67, \( p < 0.05 \)). Ko argued that these results indicate a close relationship between less-developed communities and the inclusion of agricultural work in productive activities.

Ko pointed out that these findings suggest four main points. First is the importance of the institutional characteristics of the environment in facilitating the engagement of older Chinese adults in productive activities. Public facilities are essential for urban communities, while paved roads are critical to rural communities, in enabling older adults to participate in productive activities. This therefore implies the government’s vital role, as indicated by the construction of roads and facilities, in allowing older adults to have a productive lifestyle. Second is that, older adults living in areas with higher numbers of older residents are less likely to be active in their communities. Ko said that this may be due to the feeling of isolation from younger people in their communities which reduces their motivation to participate in productive activities. Third is the variation in participation between adults living in urban and rural communities which may be connected to the level economic development of their environment. Last is the relevance of agricultural work as a productive activity particularly in rural communities signifying its importance as a source of financial means. The inclusion of agricultural activity raises the question as to how productive activities are defined.
PANEL 2: LONG-TERM CARE NEEDS AND SUPPORT

The papers discussed long-term care needs of older persons in terms of physical difficulties experienced with age, as well as caregiver characteristics within the familial context. Knodel, Teerawichitchainan and Pothisiri addressed the unmet long-term care (LTC) needs of the elderly in Thailand, while Abalos investigated the exchange of support between elderly and their children in the Philippines, and finally Teerawichitchainan and Knodel explored the effects of socioeconomic differences and ageing towards identifying long-term care needs in Myanmar.

Associate Professor Thang Leng Leng from NUS Department of Japanese Studies, and Deputy Director for the Centre for Family and Population Research, chaired this panel.

CARING FOR THAI OLDER PERSONS WITH LONG-TERM CARE NEEDS

Knodel, Teerawichitchainan and Pothisiri studied long-term care (LTC) needs of Thai elderly above 60. The authors contextualised that Thailand has been experiencing demographic changes that pose challenges for the role that family members and particularly adult children play in providing care to older persons and fulfilling their care needs. The declining family size of older persons and increased migration of adult children have led to changes in living arrangements of the elderly, with a decreasing percentage of elderly co-residing with a child and increasingly more elderly who live alone.

The authors mentioned that state and private long-term care services are currently at the early stages of development. They pointed out the lack of empirical evidence to support the government’s policy
planning towards a comprehensive LTC system that incorporates family-based care with community-based and institutional care. Based primarily on the 2014 Survey of Older Persons in Thailand, the study focused on older persons above 60 who received assistance from caregivers, and assessed their LTC needs according to specific difficulties they experienced: 1) 4 physical functional difficulties, 2) 8 activities of daily living (ADL) and 3) 3 instrumental activities of daily living (IADL). The authors found that those with ADL difficulties have a higher probability of receiving assistance than having either functional limitations or IADL difficulties, suggesting that ADL problems may be particularly relevant for creating a need for a caregiver. Another finding is that spouses as main providers of care appear to decline with increasing need and age. In contrast, children and children-in-law as primary caregivers become increasingly common with age and greater needs of the elderly. Additionally, the most common main caregiver was found to be daughters of older persons, and they were associated with the highest average happiness scores.

The authors delineated on unmet LTC needs of Thai elderly, referring to those who needed or desired assistance but did not receive it. Their results indicated that the proportion of respondents who needed assistance increased with the number of total functional, ADL and IADL difficulties. On the other hand, the proportion of those with unmet needs decreased with an increasing number of difficulties experienced. Unmet need was highest among those who live alone and lowest for those living with children but not a spouse. The authors noted that increased age had a higher likelihood of meeting the elderly’s needs, but women were slightly disadvantaged as compared to men. Moreover, the knowledge of caregiving was greater depending on several characteristics such as living in urban areas, being middle aged, having a secondary education and being the main caregiver.

The authors stressed that the similarities of caregiving across socioeconomic situations reflect a strong normative basis for family care of elderly. They pointed out the strong gender dimension to long-term care with daughters and wives as more likely to be the main care provider compared to sons or husbands, underscoring the uncertain role of sons in taking on the responsibility of caregiving. Finally, the authors highlighted that these nuances in family-based care, coupled with demographic changes in Thailand, will pose future challenges that state-supported community programmes will need to address.

**PROVISION OF CARE AND EXCHANGE OF SUPPORT AMONG OLDER PERSONS IN THE PHILIPPINES**

Using a nationally representative sample of 3105 older persons above 60 in the 2007 Philippine Study on Ageing (PSOA), Abalos’ study focused on the health care needs of older Filipinos within the family and had three objectives: 1) to investigate the provision of care amongst those with functional difficulties, ADL and IADL difficulties, and are in need of assistance, 2) find out who was the main caregiver in the family when the elderly experienced any form of sickness, and 3) determine the exchange of support between the elderly and their children. He categorised respondents who experienced difficulty according to: 1) those who experience difficulty but do not need assistance, 2) those with difficulty and in need of assistance, and 3) those who are unable to perform the activity.

The results indicated that the prevalence of ADL difficulty and those in need of assistance varies significantly across demographic and socioeconomic characteristics. Abalos found that a higher proportion of older women than older men have the following: 1) difficulty in ADL but do not need
assistance, 2) have difficulty and need assistance, and 3) are unable to perform the activity. Furthermore, the proportion of older Filipinos with ADL difficulties and need assistance consistently increases with advancing age, most notably among the ‘oldest old’ above age 80. He noted that the health advantage conferred by marriage is also apparent among older persons, whereby the proportion of unmarried elderly that need assistance and are unable to perform ADL are almost twice compared to their married counterparts. Those elderly who live in rural areas reported higher prevalence of difficulty, regardless of whether they need assistance. Additionally, older persons with higher income was associated with lower ADL difficulty.

Abalos raised the point that a significant proportion of older Filipinos reported ADL and IADL difficulty (15.9% and 19.0% respectively), but an overwhelming proportion of those with the latter require assistance as compared to the former (11.5% vs 6.6%). He also highlighted the gendered role of caregiving, whereby aged women depend on their daughters for care provision while older men rely on their spouse. Almost all elderly received some form of support from their children (93.3%), with the flow of support increasing as the health status of the older person worsened. In terms of the type of support, non-coresident children were found to provide more financial support than coresident children, whereas more coresident children provided greater emotional, instrumental and material support to their aged parents compared to non-coresident children. He concluded that the elderly are not solely passive recipients of support as they have previously supported their children, even if they have experienced some form of physical difficulty.

LONG-TERM CARE NEEDS IN THE CONTEXT OF POVERTY AND POPULATION AGEING: THE CASE OF OLDER PERSONS IN MYANMAR

Teerawichitchainan and Knodel highlight the issue of an absence of long-term care policies in Myanmar due to the recent political reforms and the implications of a severely underfunded health system. Hence, the role of the family remains pivotal in providing financial and instrumental support for frail elderly. The authors do however acknowledge that there are policy developments underway to address the issues faced by an ageing population. Their study aimed to provide a better understanding of long-term care needs among the Myanmar elderly and the roles that their families play as long-term providers of care. The sample comprised 4080 persons aged 60 and above who were interviewed in the 2012 Myanmar Ageing Survey. Similarly to other papers in the panel, the authors classified physical difficulties according to functional limitations, as well as ADL and IADL difficulties.

Firstly, the authors found that the prevalence of physical difficulties and LTC needs increases significantly with age, with a significant majority of elders aged 80 and above experiencing any difficulty (88%), as compared to those ranging from 60-64 years old (39%). The results indicated a general trend where older persons are more likely to receive regular assistance in daily activities as the number of physical difficulties increased.

The authors explored the patterns of primary and secondary caregivers and results reveal a gendered dimension to the role of aged care provision. Children are the most common primary caregivers, with daughters accounting for a significantly higher proportion (47%) compared to sons (9%), followed by female spouses as the second most common provider of care. Moreover, when daughters are primary caregivers, grandchildren had the highest proportion of secondary caregivers to elderly (37%). The
authors highlighted the existence of strong intergenerational support spanning multiple generations among Myanmar families.

Teerawichitchainan and Knodel stressed living arrangement as an important avenue in providing support for older persons as those who live alone are more likely to have unmet long-term care needs. Interestingly, the authors found that elderly are more likely to receive inadequate care if the primary caregiver was a son. They suggest that the evident gendered preferences for living arrangement and old-age support are consistent with the bilateral kinship system, whereby daughters are perceived to be emotionally close to parents and more skilled in providing personal care.

Finally, the study found that elderly from the poorest households are more likely to experience unmet need for care and experience higher odds of inadequate care, revealing the role of socioeconomic inequality in addressing LTC needs. The authors suggested that this would be an area where communities and state can focus on to improve the LTC system, that puts emphasis on family/home-based care as well as community-based care, in order to strengthen the existing structure of traditional family-based care.
PANEL 3: CARE PATTERNS AND TYPOLOGIES

In this panel, different patterns and types of care provided and exchanged between elderly and caregivers in China, South Korea, Taiwan, Japan, Vietnam, Malaysia, Thailand and Singapore were explored.

Tan did a comparative study of the care patterns of sandwiched couples in China, Taiwan, South Korea and Japan to determine the prevalence of sandwiched couples, understand who they will prioritize between parents and children, and know their state of well-being. Similarly, Tran and Tran conducted a comparative study between Thailand, Malaysia and Vietnam focusing on the frequency and type of care exchanged between non-coresident children and parents, to include parents and children-in-law. Tomomatsu’s study on Japan on the other hand presented a mechanism by which countries in APT could cooperate to address the need for elderly care in their countries. Lastly, Suen and Thang’s qualitative study provided a nuanced perspective of the situation of caregivers from low-income households in Singapore.

Dr. Kim Hye-Won, Erin from the Lee Kuan Yew School of Public Policy at National University of Singapore chaired this panel.

DUAL BURDENS OF CARE: “SANDWICHED GENERATIONS” IN EAST ASIA

Tan investigated the care patterns of the so-called “sandwiched” couples in East Asia, by focusing on three main areas of inquiry: 1) number of sandwiched couples from the 30-50 age group, 2) sense of priority if they have to choose between parents and children, and 3) state of well-being of sandwiched
couples. She used the East Asian Social Survey 2006 to analyse data from China, Taiwan, Japan and Korea. She used logistic regression analysis to explore inquiries 2 and 3, using a total sample of 4,225 respondents (44% are from China). As a matter of definition, she used the following to operationalise who are considered as sandwiched couples: 1) co-residence with both parents and children, 2) co-residence or nearby residence with parents and children, 3) co-residence or transfers to parents and children.

Tan found that among married couples in their 30s-50s, 8%-24% are co-residing with both children and parents, 18%-41% are co-residing or residing nearby their parents and children, and 28%-53% are co-residing or transferring resources to parents and children. Among the countries, Taiwan is consistently the most sandwiched, Korea is the least likely to experience co-residence but very likely to give transfers while Japan is the opposite of Korea. Generally, obligations to give are highest for couples aged 30s, who are in their childbearing years while in Japan, obligations are highest for couples aged 40s. However, couples are also more likely to receive help from parents in their 30s. Couples are also more likely to give to husband’s parents in all countries but in Japan and Korea, the wife’s parents are as likely to provide help.

With regard to the question of who do couples prioritize, Tan restricted the analysis to couples who have data on exchanges with children (age 18+). The author found that couples who send help to children are more likely to send help to parents (Odds ratio = 1.32 to 2.41). However, those living with at least one child are less likely to do so (Odds ratio = 0.43 to 0.64). Hence, she said that this is an indication that priority is given to young/dependent children.

In terms of sandwiched couples’ well-being, life satisfaction was found to be higher in Taiwan (75%) and Japan (55%). Marital satisfaction is also higher in Taiwan and China (over 80%). Generally, Tan found that co-residing with or near both children and parents is associated with lower marital happiness, but only among women which is contrary to Western literature which finds that there is no effect of co-residence on well-being.

Tan opined that these figures suggest that intergenerational transfers of care are likely to continue to play a major role in supporting the population ageing of East Asia. The challenge therefore is for governments to complement the efforts of adult children in supporting their ageing parents, while reducing the strain on adult children, particularly younger couples in their childbearing years.

INTERGENERATIONAL CARE RELATIONSHIP AMONG NONCORESIDENCE FAMILY MEMBERS

Based from a survey of Thailand, Malaysia and Vietnam conducted in 2010-2011, Tran and Tran investigated the frequency and type of support exchanged between parents and children, who are not residing in the same household. Parents include parents in-law. Frequency of support was indicated by “very and often”, “sometimes”, and “rare and never”. Type of support was classified according to financial, emotional and household chores. Two directions of support were measured: 1) flow of support from children to parents, and 2) flow of support from parents to children. The independent variables include individual level variables: sex, country, education level, health status, cohort and whether parent is still alive or not; family level variables: proximity of household; and, societal level: family culture and Asian culture.
At the individual level, Tran and Tran demonstrated that intergenerational support between non-coresident parents and children are powerful in all three countries. Their results also suggested that a number of factors such as age, education level, living proximity, health status of respondents or respondents’ parents do have an influence on the frequency of care support that is being exchanged from children to parents and vice versa. In terms of sex, Tran and Tran showed that daughters bear greater responsibility for caring for their parents compared to sons. For education level, children with high level of education report the highest percentage of providing care to their parents as well as receiving care support. Meanwhile living proximity is not a significant variable for males when providing support but for females, a higher frequency of support is provided when living proximity is closer. Comparing association by consanguinity with in-laws, the study showed that parents in-law and children in-law have care support at a lower extent than consanguine parents and children.

**The Global Movement of Care Workers and the Social Impacts of the “Integrated Community Care Model” for the Ageing Society in Japan**

Tomomatsu’s presentation focused on one potential way by which countries can cooperate to overcome issues in an ageing society. Among the APT countries, Japan has the largest share of elderly in its population and also has the fastest ageing speed. Along with ageing, people’s physical condition gets weaker therefore increasing the demands for medical and care services. She also mentioned the increasing medicalization of death in Japan where more and more people are dying in hospitals (78.4%) as compared to their homes (12.4%) thereby influencing health insurance costs and the need for hospital beds and/or services.

While population is decreasing, Tomomatsu raised important problems that need to be addressed by an ageing society: 1) how to overcome the cost for social welfare, and 2) how to support an ageing generation? For the Japanese government, they developed an integrated community care system where three key services such as medical services, care services, and everyday life support and preventive medicine are provided. However, one glaring problem is the lack of human resources hence they opted to recruit foreign nurses and caregivers and set up a training course for foreign candidates.

Foreign nurses and caregivers are recruited under an Economic Partnership Agreement (EPA) with Indonesia (2008), The Philippines (2009), and Vietnam (2014). Nurses or care workers recruited under this agreement go through a process of professional and language training both in their country of origin and in Japan. Since its establishment, around 3,000 nurses and care workers have moved to Japan. Tomomatsu stressed that care worker candidates under the EPA have many advantages because care work under the agreement is considered as a professional job, earns moderate income and other benefits, and provides opportunities for career progression, i.e. move to other countries.

Tomomatsu suggested that the EPA system can be viewed as a model by other countries which also lack human resources for their elder care services. She proposed that benefits through the EPA system can be expanded so that immigrant nurses and care workers can serve as intermediators between Japan and their home countries. The EPA can also be seen as an opportunity for nurses and care workers to make substantial contribution in the development of an integrated community care system in their respective home countries after working in Japan. She also called for stronger cooperation among countries to support care workers and nurses in order for them to play an important role in overcoming problems presented by an ageing society.
WHO CARES FOR THE CAREGIVERS? CONTEXTUALIZING CARE AND THE PARADOX OF CAREGIVING FOR DEPENDENT ELDERLY IN LOW-INCOME HOUSEHOLDS IN SINGAPORE

In discussions about long term care for the elderly, the focus is mostly on the needs of the elderly. Suen and Thang wanted to expand this view by directing our attention to the needs of caregivers from low-income households, who are looking after their elderly family members. Through in-depth interviews, the authors looked at the caregivers coping strategies, obstacles faced, and post-care concerns in the context of their residential environment, socio-familial circumstances, experiences with social welfare institutions and personal value systems. Suen and Thang conducted in-depth interviews of 16 caregivers, 12 female and 4 male, currently in theirs 40s to 80s, and with education ranging from none to secondary school. Of the 16 caregivers, 6 were caring for their parents, 2 for their siblings and 8 were caring for their spouses.

To cover their daily finances, caregivers mostly rely on the Central Provident Fund (CPF), personal savings, rent and inheritance. In several instances, they also get various kinds of help from family members such as small sums of money, limited food and groceries, emotional support, and occasional physical assistance for ADLs. When crisis strikes, they seek assistance from both government and non-governmental welfare organisations, neighbours for emergencies, and even colleagues especially for short-term loans.

In terms of performing their daily caregiving routines, one of the most common challenges that they face is the lack of physical strength to assist with the recipient’s ADL due to the fact that some caregivers are themselves elderly and have their own health issues. The caregivers also find it difficult to provide constant care and attention to the recipients. Transportation issues are also a big concern causing them to miss medical checks, including their own.

Another common challenge is the existence of family tensions arising from fractured and antagonistic relationships among family members or in-laws. Competing demands between children and elderly parents contribute a lot to these family tensions raising questions of priorities, and so are undefined expectations and responsibilities between siblings as to who should provide care to their elderly parents.

Post-caregiving anxiety is also another big concern for caregivers especially those who are afraid that they are going to lose their home particularly for cases where the house is owned by the dependent elderly. The feeling of anxiety also roots from deterioration of health both of the caregiver and the dependent elderly, and death or relocation of the dependent elderly which would mean a departure from the caregiver’s daily routines.

While caregivers from low-income households face a lot of challenges to perform their caregiving roles, they are reluctant to seek assistance from social welfare organizations. Part of it is from the perception that 1) there are other recipients who are more deserving than them, or 2) that asking help from such organizations make them feel that they are begging. For those who actually do seek assistance, they do prefer non-government organisations than government welfare agencies.

Based from the narratives, Suen and Thang identified two main strategies of caregiving employed by caregivers from low-income households: ‘integrated-diffused’ (ID) and ‘isolated-focused’ (IF). ID caregiving tends to be informal, and receives more support from other sources. The relationship with
personal networks where the support is coming from also tends to be more permanent hence the caregiver is able to share the caregiving burden. IF caregiving on the other hand tends to be more formal but there is little or no long-term source of support. The caregiving burden is borne almost totally by the primary caregiver, and IF caregivers tend to be more vulnerable to post-caregiving challenges due to the breakdown of relationships within the support network.

Suen and Thang therefore stressed the need for greater support for caregivers. The authors mentioned that it is commonly perceived that a network of help is primarily available for the low income group. However, they argued that their findings indicate that factors such as role conflict, fractured familial relations, poor experiences of means-testing procedures, and the overall paradoxical nature of caregiving, serve to complicate the process of receiving formal assistance. Hence, they suggested that initiatives to assist low-income households can be improved such as by reaching out to caregivers, provision of transport assistance, and direct assistance to facilitate ADLs in their own homes. Support groups for caregivers should also be encouraged to assist caregivers with their emotional state.
PANEL 4: POLICY

This panel was chaired by Assistant Professor Feng Qiushi from the NUS Department of Sociology. The papers in this panel discussed the current gaps in long-term care policies in APT countries. Wu and Peng drew attention to unmet needs of LTC in their review of programme development in China, while Vu Ngoh looked at the difficulties that elderly face in Vietnam and actions that should be taken in policy making. Chin looked at Singapore’s experience with LTC policy and the challenges maintaining long-term sustainability in the LTC system.

LONG-TERM CARE POLICY AND PROGRAMME DEVELOPMENT IN CHINA: MEETING THE NEEDS OF OLDER ADULTS AND THEIR FAMILY

Wu and Peng explored the impact of long-term policy development in China since 2000, on elder care services, institutionalization of the elderly and unmet needs of aged care. They used several recent systematic reviews of long-term care policy development, informal care intervention studies, and workforce characteristics and care development in nursing homes.

The authors elaborated on the LTC policy development by the state, which was implemented in three phases from 2000 to 2015. Phase 1 promoted the establishment of community-based LTC, and is mainly targeted to older adults who receive social assistance. An important issue highlighted was that social assistance only covers those with the 3 ‘No’s – those who have no immediate family members, no income, and no ability to work. Phase 2 was to establish a formal LTC system with particular focus
on building infrastructure such as geriatric hospitals and hospice care. The LTC system also transitioned from a social assistance programme to a universal social welfare programme. Phase 3 was to encourage the development of rehabilitation services for elderly, as well as promote private sector investment in LTC through private LTC insurance.

On the issue of the development of long-term care facilities, Wu and Peng noted that the number of LTC facilities from 2000 to 2012 has not increased greatly although there has been a steady increase in the number of beds over time. Interestingly, the authors found that there were consistently more available beds than older adults that were admitted into the facilities. Therefore, meeting the demand for long-term care services involves underlying issues other than developing infrastructure, such as the quality of care provided and location of these facilities. Findings from the 2015 Chinese Longitudinal Healthy Longevity Survey also showed an increased rate of institutionalization among older adults, due to their ailing health in a rapidly ageing population.

The authors conducted a systematic review of care development in nursing homes revealed that staff were in their 40s and 50s, and had low education levels. Most of these facilities declined to accept older adults with cognitive impairment, owing to the lack of qualified staff knowledgeable in providing care. They also lamented that there are few qualification standards for staff training and little consistency between facilities and regions in how staff were prepared for their roles.

Wu and Peng stressed that these growing health concerns and eroding traditional family elder care, in addition to an underprepared workforce and regional disparities on the quality of LTC have contributed to the unmet aged care needs of elderlies in China. Nevertheless, the authors did point out a positive trend whereby these unmet needs are decreasing as a result of the state’s development of LTC policy.

The authors suggested that the government funding mechanism has to be reformed to address unmet elder care needs. One way would be to allow a greater proportion of the vulnerable elderly population access to LTC services that go beyond the current eligibility criteria of the 3 ‘No’s. An integration of LTC with the Acute Health Care system would expand the function of community-based health centres to deliver both medical and home care services for frail elderly at home. Other limitations that should be addressed by the state are creating innovative care delivery models and testing the efficacy of interventions for frail elders and caregivers to improve LTC services and caregiver well-being.

**LONG-TERM CARE FOR OLDER PERSONS IN VIET NAM**

Vu Ngoh examined the issue of LTC policy in Vietnam. As one of the fastest ageing countries in Asia, by 2050 Vietnam will have more elderly than children under 15 and the number of oldest old will triple from 2015. He noted that the government has been taking steps to address the ageing issue by implementing laws pertaining to older persons as well as establishing organisations that focus on this population. However, there are still many challenges facing older persons that have yet to be addressed.

Based on data from the 2009 Population Housing Census in Vietnam, Vu Ngoh found that a majority of older people (72.5%) live in rural and mountainous areas, with elderly women outnumbering men. Older women are especially vulnerable as most tend to be poor, and have greater care responsibilities as compared to their male counterparts. He highlighted that these women are also subject to
discrimination due to support systems that are based on patriarchal social constructs, such as son preference in families. Hence, he stressed that more efforts are needed to incorporate a gender perspective into future policy decisions on ageing.

Vu Ngoh shared that the health system in Vietnam has not sufficiently adapted to meet the needs of its ageing population and coordination among various actors should be improved throughout the continuum of care. Currently, institutional care for the elderly only extends to sheltering destitute and abandoned elders. In order to adequately address the needs of aged care, he said that more research is required to obtain reliable statistics and information on the elderly.

The author pointed out that older persons in multigenerational households are net providers of care and support for the younger generation. In particular, he found that skipped-generation households tend to be poor and located in rural areas. Many elderly continue to work in the informal sector with little or no safety net due to insufficient pension and caring for their grandchildren whose parents have migrated. Therefore, he raised the issue of age-based discrimination and mandatory work retirement ages which pose as challenges for elderlies to remain active in working life. He stressed that policymakers in Vietnam have to respond to the growing need for LTC beyond what the family can provide.

LONG-TERM CARE POLICY: SINGAPORE’S EXPERIENCE

Chin and Phua discussed the current challenges facing LTC policy in Singapore, which faces a rapidly ageing population like many other developed countries in the world. The elderly population has unique health needs that include high prevalence of chronic disease and consequent and functional cognitive impairment. These specific health issues have necessitated a shift away from episodic, hospital-centric care towards a ‘continuum of care’ services, whereby LTC is at the tail-end of the spectrum that includes community/home care and palliative care.

The authors compared LTC systems and policy in other Asian developed countries, primarily Japan. In terms of how LTC services are organised in Singapore, the bulk of services is provided by voluntary welfare organisations (VWOs), and the government provides funding and has a regulatory role overseeing quality of the service provided. The private sector plays a smaller role in providing LTC services as they are not subsidised by the government. The authors remarked on the pitfalls of over-reliance on VWOs as they face difficulties in recruiting and retaining skilled manpower partly caused by the existing salary gap between acute hospitals and VWOs. There is also significant under-utilisation of costly LTC services by private organisations due to the lack of subsidies.

The authors highlight the presence of perverse financial incentives for hospitalization in Singapore due to the high individual means-tested subsidies for acute care services vis-à-vis the low household means-tested subsidies for long-term care services. Furthermore, this is exacerbated by the fact that implemented Medishield and Medisave schemes do not cover LTC expenses, with the exception of home palliative care services.

Chin and Phua pointed out the hidden segment of informal caregivers that also play a role in providing LTC, such as family members and foreign domestic workers (FDWs). They stressed this crucial issue as caregivers have been found to be the most important protective factor against institutionalisation. Under-developed caregiver support services as well as caregiver burden have led to a heavy reliance
on FDWs as informal caregivers in the family. The authors said that there lies significant risk of abuse and exploitation of FDWs as they are not covered by the Employment Act.

The authors suggested that employing a standardized assessment tool used in the Japanese LTC insurance programme is a progressive step as all elderly are eligible for this assessment and the care received will be proportional to the level of need, allowing for better utilization of scarce LTC resources. They also suggested that the Agency for Integrated Care in Singapore could look into the role of care coordination.

Chin and Phua raised the issue that private LTC insurance plays a small role in Singapore compared to the public sector. Insurers are unable to pool inter-temporal risk due to the significant uncertainty surrounding costs of LTC in the elderly’s future. The authors noted that challenges facing the review of the private insurance scheme Eldershield is that there may be a potential “crowd-out” phenomenon from the presence of substantial government subsidies, and the difficulty in ensuring that payouts are in pace with service costs, without having substantial increases in premiums. Finally, the authors stressed the importance of LTC financing for long-term sustainability, citing Japan’s LTC programme as expensive due to the liberal eligibility criteria and 10% co-payment fee for LTC services. They noted that cutting coverage or benefits to contain costs would be difficult politically, and no country to date has adequately solved this problem of sustainability.
SUMMARY

Overall, the 1.5-day conference proved to be a helpful platform for understanding the current situation of long-term care for the elderly in APT. The fourteen papers and candid sharing of representatives from Cambodia, Laos, Brunei and the ASEAN Secretariat gave an overview of the needs and/or support available at the family, community and state levels. Some of the recurring themes at the conference were:

- In the APT context, except for Japan where institutionalization is a commonly-accepted practice, family is still the main source of long term care for the elderly. This is evident in the studies made in Thailand where children and children in-law where found to be the most common primary caregiver and in the Philippines where the elderly’s source of support still comes mainly from their children. Similar points were also found in studies made in Thailand, Vietnam, Malaysia and Singapore. These results suggest that despite the changing notions of filial piety and other traditional family values, there is still a normative basis for family care of the elderly in the region.

- Gender roles are very prominent in the practice of long-term care, with women taking most of the role of care provider and men as care recipient. At the family level, the task of looking after the elderly is commonly assigned to daughters or daughters in-law. Even in cultures where the responsibility of taking care of the elderly parent is traditionally assumed by the son, the actual support provided in terms of ADL, household chores, and emotional support are still provided by the women in the household. Men’s support are still commonly limited to the provision of financial resources.

At the community level, Yang’s study on the case of the Silver Wings in Korea demonstrates that caregiving tends to be dominated by women as manifested by the gender of their volunteers. As such, the Silver Wings became a haven for women elderly and unintentionally became a facility that caters exclusively to women.

These situations manifest the risks associated with the perpetuation of gender stereotypes. Considering the physically-demanding nature of elderly care, as well the shortage of care workers who are typically women, it is therefore important to question conventional assumptions about the gender component of long-term care and start roping in more men in the exercise of care provision, whether in the context of the family or in formal institutions.

- Unmet needs of the elderly are greater with poverty. Several of the presentations demonstrated that elderly from poorer households are more prone to emotional distress and physical challenges hindering them from achieving an active and productive lifestyle. In the Korean case for example, 40% of older adults feel like ending their lives due to financial reasons. Considering that most of the countries in APT belong to the low-income group, having a holistic approach to the provision of elderly care therefore becomes much more complicated since programs tend to cater only to the destitute leaving other segments of the elderly population with no support.
• Countries in APT are not yet ready to provide systematic long-term care for the elderly. Individual countries know very little about long-term care which could be problematic since APT has a very short preparation time before a significant portion of its population becomes aged and will therefore need long-term care. It is therefore important to have a more integrated data collection efforts, not only in needs assessment, but also in terms of program evaluation. It will also be beneficial if countries could collaborate with the ASEAN Secretariat to address long-term care at the regional level.

• Central to the provision of adequate and effective long-term care is the coordination of efforts among various sectors in the society and at different levels of care provision starting from needs assessment, policy formulation and program implementation. On the side of the government, different aspects of elder care are commonly managed by different government ministries hence implementation of a holistic program requires a tremendous amount of integrated effort from all agencies concerned.

The urgent nature of aging also requires countries within the APT region to leverage on each other’s experiences and research resources. Enhancing demographic data sharing and dialogue not only within the academic community or within the government itself, but also among the academe and the government, between countries, will greatly promote understanding of what is available and what the needs are.

• Lastly, financial support is very important for any initiative to take off, flourish and become sustainable.

**To conclude,** Associate Professor Thang Leng Leng, co-convenor of the conference has put it nicely when she said that long-term care for the elderly cuts across the personal and professional aspects of life. Equally important with the results of the empirical studies done were the personal anecdotes shared by some of the presenters about their own experiences from caring for their elders. Anecdotes such as those add value to the arguments for they incorporate a human touch to the otherwise conceptual discussions, thereby creating a sense of personal cause about the issues being scrutinized. The issue of long term care for the elderly should therefore be treated not only with urgency but also with a comprehensive understanding that long term care for the elderly does not only refer to the sufficiency of care facilities, health workers and money, but also involves complex issues such as quality of care to ensure that our elderly could continue to live with dignity in their twilight years.
# Programme

**Tuesday, 1 March 2016**

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TRAN MINH XUAN, Vietnam Academy of Social Sciences                                                  |
| 16:00      | Who Cares for the Caregivers?: Contextualizing Care and the Paradox of Caregiving for Dependent Elderly in Low-Income Households in Singapore | SUEN JOHAN, University of Cambridge, UK  
THANG LENG LENG, National University of Singapore                                                    |
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*WEDNESDAY, 2 MARCH 2016*
Integrated Service Center for Elders: The New Pathways for Community-Based Elderly Care in Indonesia

Benny Baskara
Department of Anthropology, Faculty of Cultural Science, Halu Oleo University, Indonesia
benbask@yahoo.co.uk; benbasku@gmail.com

The responsibility for elderly care in Indonesia mostly lies in the hand of the family. The family members who usually bear for this responsibility are the children of the elders. However, in recent years, the responsibility for caring the elders seems to be extended into community. This paper wants to describe the role of the Integrated Service Center for Elders (posyandu lansia) as the formal institution in paving the pathways for community-based elderly care in Indonesia.

The case for this research is based on the observation in some Integrated Service Centers for Elders located in Yogyakarta, Indonesia. The service provided by this center include providing health care service for elders, providing basic needs such as nutritious food materials and clothes, and giving financial aid for the elders who are considered unable to obtain proper basic needs and financial support. All of those services are given free. Formally, this center is managed by the community, in which the center’s members or cadres are the avant-garde for the operation of the center.

The present of the Integrated Service Center for Elders is mostly inspired by the existence of the Integrated Service Center for early childhood, particularly under five years (posyandu balita), which was initiated at the period of New Order regime in 1980’s. Both of them is founded based on the same idea, which is the consideration that both early childhood and old age is considered as crucial and susceptible age, which need more attention, care, and service. The main difference between two centers is that the Integrated Service Center for Elders is founded purely by the initiative of the community, while the Integrated Service Center for early childhood is founded as state-initiated center since the New Order era.

Benny BASKARA is currently working as lecturer in Department of Anthropology, Faculty of Cultural Science, Halu Oleo University, a provincial state university in Kendari, Southeast Sulawesi, Indonesia. He received his Bachelor degree in Philosophy from Faculty of Philosophy, Gadjah Mada University in 2004, and Master degree from Paramadina University, majoring in Islamic Philosophy, in 2007. He just recently received his PhD degree in 2014 from Indonesian Consortium for Religious Studies (ICRS), an international PhD program operated by a consortium of three universities: Gadjah Mada University (UGM), Sunan Kalijaga Islamic University (UIN Suka), and Duta Wacana Christian University (UKDW), located in Yogyakarta, Indonesia.
Aging in Communities in South Korea: A Case Study of Silver Wings, HelpAge Korea’s Older People Self Help Group Initiative in Bucheon

Yang Yunjeong
Department of International Development Studies, Graduate School of International and Area Studies, Hankuk University of Foreign Studies, South Korea
yunyang@hufs.ac.kr

While ageing in communities manifests a paradigm shift in the theories and practices of ageing in advanced societies, it is discussed only occasionally in South Korea, a rapidly ageing society.

The Older People Self Help Group (OPSHG) as initiated by HelpAge Korea (HAK) and implemented in partnership with local NGOs is thus among rare initiatives fostering ageing-friendly community changes in Korea. Helping poor and marginalized elderly people in selected (mostly deprived) sub-districts to form and organize a seniors’ community, or a ‘self-help group’, via participation and sharing, the ultimate goal of the OPSHG initiative is to assist older people to age in their community as active participants, not as dependents, contributing to community development as well, at least according to the claims of the HAK. This study questions the true nature and the extent of success of the claims, and reveals that it currently remains an empowering process for low-income elderly women in most deprived areas, though it is far from fostering genuine participation. It also discusses the challenges of the partnership as well as potential contribution to the movement of ageing in communities in general. This paper is based on a selected ‘best’ case of Silver Wings in Bucheon, among other local communities supported by the HAK-OPSHG initiative. Interviews with representatives and staff members of the relevant organizations concerned and older people involved in the initiative, as well as observations of their activities, are carried out.

This article focuses on the growing crisis in aged care in contemporary China and the local programs being put in place to deal with it. China’s long tradition of family-based aged care through intergenerational support has been seriously eroded as a consequence of marketization, urbanization, rural-to-urban migration, and the urban one-child policy. In response, China has begun building and expanding new institutions for funding and delivering aged care (State Council 2011). Due to continuing preference for home-based aged care, residential community services have become the backbone of the new aged care system. But this important shift has not yet been adequately examined, especially from a sociological perspective.

This article examines community-level practices for aged care in urban China, by exploring the interactions between the local state, non-profit organizations, business partners and civil groups within neighbourhoods, and how their services get coordinated with the local government programs for aged care. Based on ethnographic research in three types of urban residential communities (middle-class gated communities, traditional residential compounds and urban villages) in the cities of Guangzhou and Shenyang, this article examines different modes of community-level aged care in urban neighbourhoods. The findings illustrate state-dominant, collaborative and civil group-led practices that are provided to support the elderly of different socioeconomic backgrounds. The article argues that a few important factors, including senior residents’ socioeconomic status, local governance dynamics, growth of local civil groups and influences of non-state actors, altogether contribute to various modes of neighbourhood aged care in China. The findings shed light on China’s evolving state-society interface at the local level and the possible emergence of localized civil society.

TANG Beibei is a Lecturer of China Studies at Xi’an Jiaotong-Liverpool University (XJTLU). Before joining XJTLU, she studied and worked in China, UK and Australia. She obtained her PhD in Sociology from The Australian National University (ANU). From 2011 to 2015, she was working as a postdoctoral fellow at ANU. Since 2006, she has undertaken extensive ethnographic research across different localities in China, with particular focuses on local governance and social inequality and welfare in urban China. Since 2014, she has been working on a project of community-level solutions for aged care in urban China. She has published her research in high-impact journals such as The China Quarterly, The China Journal and Journal of Contemporary China.
An Ecological Framework for Active Aging in China

Ko Pei-Chun
Asia Research Institute, and Centre for Family and Population Research, National University of Singapore
arikp@nus.edu.sg

The study investigates the effects of community factors on the engagement in productive activities (gainful employment, caring for grandchildren, volunteering, informal help and care provision) by older Chinese. Based on an ecological approach which emphasizes that community environments shape opportunities for individuals to engage in social activities, this study derives indicators from three dimensions of community environments – institutional environment (measured by paved roads and public facilities), demographic environment (percentage of older population aged 65 and above) and economic environment (urban or rural communities) – to examine whether and the extent community factors explain engagement in productive activities.

The first wave of the China Health and Retirement Longitudinal Study (CHARLS) is used. It covered 28 Chinese provinces and surveyed a sample of 17,587 non-institutionalized Chinese (45+) in 450 villages/resident committees. The analytic sample includes respondents at 50 years old and above (n=7,304) from 321 communities. Random-intercept multilevel models for binary data are employed.

The results reveal that older adults in better institutional environment (paved roads) and economic environment (urban communities) would be more likely to engage in productive activities. When dividing samples in urban and rural communities, the results show that the institutional environment is significant to the increase of activity engagement in urban (public facilities) and rural communities (paved roads). Demographic environment in terms of percentage of older population is negatively correlated with the likelihood of activity engagement in urban communities. Additional analyses that include agricultural work as productive activities show that older adults are more likely to engage in such activities in less-developed communities.

Our analyses suggest that the institutional and the economic environment of a community are relevant to promote active aging in China. Furthermore, findings on community variations within urban and rural communities imply that older adults in urban and rural communities have different opportunity structures and constraints in activity engagement. Lastly, the additional findings on the inclusion of agricultural work suggest further research on expanding the definition of older adults’ productive activities in developing countries.

KO Pei-Chun is a Postdoctoral Fellow at the Asia Research Institute (ARI) and Centre for Family and Population Research (CFPR) at National University of Singapore. She received her PhD degree from University of Cologne in 2015. Her research interests include intergenerational relationships, grandparenting, social integration of older adults, social networks, and cross-country comparisons. During the appointment at ARI & CFPR, she conducts research related to social determinants of productive aging as well as the impacts of productive aging on health among older adults in East Asia.
Thailand is experiencing more acute population aging than most developing Asian countries. Its population aged 60 and older is anticipated to grow from 10% in 2000 to 38% by 2050. Meanwhile, the oldest-old population that is most likely to require long-term care (LTC) is estimated to increase tenfold during the first half of the 21st century. Family has remained a linchpin of support for Thai elders with LTC needs. Given population aging and other demographic trends such as smaller family size and migration of adult children, policy makers are concerned how such socio-demographic changes may have implications for familial support for older persons with LTC needs and in turn, the wellbeing of the elderly. The Thai government has thus far played a limited role in addressing LTC. While Thailand’s recent National Plan for Older Persons recognizes the importance of LTC management, empirical evidence to support such policy planning remains lacking. This study provides a situation analysis of recent LTC needs among older persons in Thailand based on nationally representative surveys. Specifically, we examine prevalence of self-care disability (i.e., elderly with difficulty in activities of daily living) and how such disability varies by socio-demographic characteristics of older persons. Moreover, we assess patterns of caregiving, whether care needs are met, and who primarily takes care of older Thais with LTC needs. We are particularly interested in whether older persons with ADL disability take care of him/herself, or whether they have family members (spouse, children, other relatives) or others (friends, paid carers) as the main caregiver. Furthermore, we plan to examine how types of familial and non-familial caregivers and the quality of caregiving (measured by caregiving knowledge) are associated with the wellbeing of older persons with self-care disability. Our analysis is based primarily on the 2014 Survey of Older Persons in Thailand (SOPT), which is the fifth in a series of Thai government surveys of older persons. The sample consists of 34,173 persons aged 60 and over, of which, 2,020 report having self-care disability. We plan to draw on the earlier SOPT surveys to assess LTC trends and changes over time.
John KNODEL is Research Professor Emeritus at the Population Studies Center, University of Michigan, USA, and international affiliate of the College of Population Studies at Chulalongkorn University in Bangkok. He obtained his PhD in sociology from Princeton University where he specialized in demography. His earlier work focused on European historical demography. During the last four decades he has conducted collaborative research on a wide range of social demographic topics in Southeast Asia, especially in Thailand but also in Cambodia and Vietnam and most recently in Myanmar. This included extensive studies of the fertility transition in Thailand, sexual behavior in relation to the Thai AIDS epidemic, family change in Vietnam, and the impact of the AIDS epidemic on older persons in their role as parents of HIV infected adults in Thailand and Cambodia including how the advent of widespread use of ART has altered the situation. More recently he has examined the impact of rural to urban migration of adult children on older age parents in both Thailand and Cambodia and the future of family support to older persons in Thailand. His current research involves broad assessments of the situation of older persons in Thailand and Myanmar and comparative studies involving Vietnam as well on several more focused issues related to ageing including the contribution of older persons to family and community.

Bussarawan TEERAWICHITCHAINAN is Associate Professor of Sociology at the School of Social Sciences, Singapore Management University. She is also affiliated with the Changing Family in Asia Cluster, Asia Research Institute, National University of Singapore. Her research interests include social demography, the life course and aging, population health, inequality, and sociology of family. She conducts research on these topics in the context of Southeast Asia, particularly Vietnam, Thailand, and Myanmar. She received a PhD from the University of Washington. She was a past fellowship recipient of Fulbright, the Social Science Research Council, RAND, and the Population Council.

Wiraporn POTHISIRI is Assistant Professor at College of Population Studies (CPS), Chulalongkorn University, Thailand. She received her Bachelor’s and Master’s degrees in Economics from Chulalongkorn University in 1998 and 2001. She also received a Master’s degree in Demography from University of California at Berkeley in 2003, and a PhD in Demography and Population Studies from London School of Economics and Political Science in 2010. Her main research interests are aging, fertility, fertility forecasting, abortion and other reproductive health related issues. Her recent research at CPS focuses on living arrangement and its association with older persons’ psychological well-being, the translation of the National Plan on Older Persons into practice, and the development of community capacity in response to needs of older population. She is also working with IIASA on population and climate change issues.
This paper aims to examine the availability of support and provision of care among older persons in the Philippines. Specifically, the paper will first describe the living arrangement of the Filipino elderly and map out the location and proximity of their children in order to assess the potential pool of caregivers available to them. It will then examine who actually provides care to the Filipino elderly when their health deteriorates. Two indicators of caregiving will be used in this study. The first indicator is a general question that asks who usually takes care of the elderly whenever they get sick. The second indicator comprises of a series of questions that asks who primarily provides assistance to the Filipino elderly when they need help in performing activities of daily living, such as eating, dressing and bathing, among other things. Factors associated with these indicators of support and caregiving; and the implications of these on the well-being of the Filipino elderly will also be explored in this study. Data for this research will be drawn from the 2007 Philippine Study on Aging, a nationally representative of Filipinos age 60 years old and over. Analysis will be stratified by sex and urban-rural status in order to assess whether the personal care and healthcare needs of the Filipino elderly differ across these key demographic variables.

Jeofrey ABALOS is a PhD Student in demography at the Australian Demographic and Social Research Institute (ADSRI) in Australian National University. His PhD thesis is on the influence of family support on the changing health status of the Filipino elderly.
Long-Term Care Needs in the Context of Poverty and Population Aging: The Case of Older Persons in Myanmar

Bussarawan Teerawichitchainan  
School of Social Sciences, Singapore Management University  
bteerawichit@smu.edu.sg

John Knodel  
Population Studies Center, University of Michigan, USA, and College of Population Studies, Chulalongkorn University, Thailand  
jknodel@umich.edu

Myanmar is one of the poorest and least healthy countries in Asia. Its health system is severely underfunded. The share of payments for health services that is out-of-pocket in Myanmar is among the world’s highest (81% of the total healthcare expenditure). Family is thus the mainstay of financial and instrumental support for those in poor health conditions, especially elderly with long-term care needs (i.e., those unable to independently perform activities of daily living and instrumental activities of daily living). While Myanmar’s ongoing political and structural reforms initiated since 2010 are accompanied by strong economic growth and increased public spending on health, the country is currently facing significant socio-demographic shifts, including rapid population aging and increased internal and international migration. These factors likely challenge the traditional form of family caregiving for frail older persons. There are also mounting concerns regarding health disparities among different segments of Myanmar’s population, including among older persons.

This study aims to provide empirical evidence for a better understanding of long-term care needs among Myanmar elderly from different socioeconomic statuses and the roles that their families play in long-term caregiving. Our analysis is based on the 2012 Myanmar Aging Survey, the country’s first nationally representative survey of 4,080 persons aged 60 and older. First, we examine prevalence and differentials in long-term care needs of Myanmar elderly. We also investigate the patterns of primary and secondary caregivers of elderly with long-term care needs in terms of their relation to the recipient. Furthermore, our analysis determines the prevalence and correlates of unmet need for personal assistance with ADLs and IADLs. Moreover, we address the extent to which types of caregivers and whether long-term care needs are met are associated with old-age psychological wellbeing. In the analysis, we pay particular attention to socioeconomic differences (e.g., poor versus non-poor) in long-term care needs, caregiving patterns, and met needs for care.

Bussarawan TEERAWICHITCHAINAN is Associate Professor of Sociology at the School of Social Sciences, Singapore Management University. She is also affiliated with the Changing Family in Asia Cluster, Asia Research Institute, National University of Singapore. Her research interests include social demography, the life course and aging, population health, inequality, and sociology of family. She conducts research on these topics in the context of Southeast Asia, particularly Vietnam, Thailand, and Myanmar. She received a PhD from the University of Washington. She was a past fellowship recipient of Fulbright, the Social Science Research Council, RAND, and the Population Council.
John KNODEL is Research Professor Emeritus at the Population Studies Center, University of Michigan, USA, and international affiliate of the College of Population Studies at Chulalongkorn University in Bangkok. He obtained his PhD in sociology from Princeton University where he specialized in demography. His earlier work focused on European historical demography. During the last four decades he has conducted collaborative research on a wide range of social demographic topics in Southeast Asia, especially in Thailand but also in Cambodia and Vietnam and most recently in Myanmar. This included extensive studies of the fertility transition in Thailand, sexual behavior in relation to the Thai AIDS epidemic, family change in Vietnam, and the impact of the AIDS epidemic on older persons in their role as parents of HIV infected adults in Thailand and Cambodia including how the advent of widespread use of ART has altered the situation. More recently he has examined the impact of rural to urban migration of adult children on older age parents in both Thailand and Cambodia and the future of family support to older persons in Thailand. His current research involves broad assessments of the situation of older persons in Thailand and Myanmar and comparative studies involving Vietnam as well on several more focused issues related to ageing including the contribution of older persons to family and community.
Dual Burdens of Care: “Sandwiched Generations” in East Asia

Tan Poh Lin  
Lee Kuan Yew School of Public Policy, National University of Singapore  
spptplj@nus.edu.sg

Elderly individuals are at risk of falling family support, due to smaller family sizes, rising female labor participation and value shifts among younger generations. Previous literature has examined how adult child characteristics and parental needs predict co-residence and caregiving. This paper considers the perspective of married couples who face simultaneous demands from elderly parents and children: so-called “sandwiched generations”. Following this perspective, the paper offers three insights into East Asian intergenerational families. First, it uses three different definitions of “sandwiched” to compare the prevalence of dual burdens in four East Asian states: China, Japan, South Korea and Taiwan. Despite having the lowest rates of intergenerational co-residence, Korean couples are more likely to provide concurrently for the younger and older generations than their Chinese or Japanese counterparts. Second, there is some evidence that having dependent children crowds out frequent transfers of financial help or caregiving to elderly parents. Third, the strain of providing for both elderly parents and children is associated with lower life and marital satisfaction, but only among women.

TAN Poh Lin studies the formation of new generations in Singapore and other Asian societies, both in terms of “quantity” (fertility) and “quality” (child education and development). Her research examines policy in the context of private decision making with regard to family formation, human capital investment and caring for elderly dependents. Currently, she is working on research which examines the impact of parental care obligations on fertility choices in Asian “sandwich” generations. Poh Lin joined the Lee Kuan Yew School of Public Policy at the National University of Singapore in 2015. She received her BA from Princeton University in 2008 and her PhD from Duke University in 2015. Prior to receiving her PhD, she served as a Population Policy Officer at the National Population Secretariat (now National Population and Talent Division) at the Prime Minister’s Office in Singapore.
Intergenerational Care Relationship among Noncoresidence Family Members

Tran Thi Minh Thi
Institute for Family and Gender Studies, Vietnam Academy of Social Sciences
thichuong@gmail.com

Tran Minh Xuan
Institute of Regional Sustainable Development, Vietnam Academy of Social Sciences
minhxuan@gmail.com

After nearly three decades of Renovation, besides remarkable achievements, Vietnam is now facing challenges such as increasing inequality and social stratification, fast demographic structural changes, namely population aging, yet not having a sufficient social security system. The State has enforced policies related to the social security system in order to better match with the market economy and socialism orientation, such as labor market policies, social insurance, health insurance, social safety net, which include policies for the elderly care. Meanwhile, family is significant for the the well-being of the elderly and is directly influenced by their marital status, living arrangement and conditions, and cultural and spiritual activities.

This paper aims to review the current elderly care provision and typologies in Vietnam using the care diamond model, which include the government/state, family, market, and community to provide the overall picture of care in the context of rapid modernization and urbanization. The paper first explores the structural changes in Vietnamese society, and reviews natures of the elderly in the forces of migration, structural changes in the family and gender roles. Second, the paper clarifies the development of elderly care policies and makes a snapshot on the care issues among the state, market, the family, and community in Vietnamese society at the present. Accordingly, the elderly care can be seen as a non-paid care, gender differential in care with emphasis on women roles, and cultural influences in the family ties under the interventions of state policies, increasing market involvement, while maintaining community solidarity.

TRAN THI Minh Thi is Vice Director at the Institute for Family and Gender Studies, Vietnam Academy of Social Sciences. He received his PhD of Sociology, from the Department of Sociology, Kyoto University, Japan in 2012, and Master of Sociology from Department of Sociology, University of Washington, United States in 2006.

TRAN Minh Xuan is Researcher at the Department of Sustainable Urban Studies, Institute of Regional Sustainable Development, Vietnam Academy of Social Sciences. She received her BA from Foreign Trade University, Vietnam in 2015 with high distinction. She has published her research in Vietnam Journal of Family and Gender Studies. Vol. 6, 2015, and Vietnam Journal of Social Sciences (forthcoming).
The Global Movement of Care Workers and the Social Impacts of the ‘Integrated Community Care Model’ for the Aging Society in Japan

Tomomatsu Ikuko
Independent Policy Consultant
tomomatsu@kbe.biglobe.ne.jp

In this presentation, the current issues and the future of care workers who move from other Asian countries to Japan will be discussed.

The aging population in Japan is increasing at the highest rate in the world due to developments in healthcare and medical technology. In contrast, Japan’s general population is decreasing because of the low birth-rate. It is expected that 2025 will be a turning point in terms of healthcare and social welfare planning, since more than 30 percent of the population will be 65 or older. This generation requires more medical care than any other generation, and the budget will be impacted accordingly.

As a result, there are two major issues:
How can we cover the cost of social welfare?
How can we best support the aging generation?

In order to solve these problems, the Japanese government has proposed the ‘Integrated Community Care System’. This system includes the provision of: (1) medical services, (2) care services, and (3) everyday life support, including preventive medicine.

In most places in Japan, this type of system has not been established. Until recently, most families tended to care for elderly people. Now, the number of elderly people who live alone or do not have any family members to care for them is increasing, and these people need more support.

One problem with this model is the lack of care workers in Japan. As a solution, the Japanese government has implemented policies to accept care professionals from other countries such as the Philippines and Indonesia. Thus, we Japanese are faced with the task of understanding the complexities of this situation and how it affects the provision of care.

By presenting what has happened and what will likely happen, the issues concerning the international exchange of care workers will be addressed.

TOMOMATSU Ikuko is an independent policy consultant in the field of medicine, welfare and healthcare. Ikuko has held leadership positions in order to support healthcare projects in numerous community and industry organizations. She has also experienced teaching experiences in universities in Japan and the UK and has presented around the world about medical big data, healthcare, social science research methods and the Japanese medical policy and healthcare planning. She connects experts to the finest healthcare and wellness professionals in terms of policy planning, social science research and business between Japan and other countries.
Who Cares for the Caregivers? Contextualizing Care, Aspirations, and Filial Piety among Caregivers of Dependent Elderly in Low-Income Households in Singapore

Suen Johan
University of Cambridge, UK
j@alumni.nus.edu.sg

Thang Leng Leng
National University of Singapore
lengthang@nus.edu.sg

This paper primarily seeks to establish a qualitative account of the mosaic of support and contextual challenges faced by primary caregivers of dependent elderly who reside in low income households in Singapore. Through an analysis of in-depth interview data featuring 20 male and female caregivers of Chinese and Malay ethnicities, this study will shed light on their coping strategies, obstacles, aspirations, and post-care concerns within the thematic domains of their residential environment, socio-familial circumstances, experiences with social welfare institutions, and personal value systems. The findings will provide a rich and nuanced understanding of the complex decision-making processes faced by caregivers as they negotiate emotional and economic resources on a daily, short- and long-term basis; in addition to their personal concerns and aspirations for health, family, and employment. Ultimately, caregiving strategies and arrangements are guided by not only the accessibility and feasibility of options, but also evaluated based on individual schemas of interpretation and meaning. Such schemas are shaped by socio-cultural values, and the caregivers’, ethnicity, gender, as well as lived experiences through important turning points in their life course. It will be argued that the notion of filial piety, which is strongly internalized by our respondents, may cause negative psychological consequences for low income caregivers as they tend to forego life goals and opportunities for personal development in order to assume almost total responsibility in care despite having a meagre amount of resources. Furthermore, the prevalence of fractured relationships with their own children and siblings have made it problematic for them to pass through means-testing procedures to obtain government assistance. Finally, a more contextualized and aspirational-based approach will be suggested for the formulation of relevant policies and programmes along with the identification of possible areas for intervention and further assistance.

Suen Johan is a PhD Candidate (Sociology) at the University of Cambridge, UK. For his doctoral dissertation, he will be focusing on the intersections between poverty, employment, and ageing in Singapore. Other related research interests include gender, ethnicity, and informal economic structures in urban spaces. His research is currently sponsored by the Cambridge Trust, Yayasan Mendaki, Lembaga Biasiswa Kenangan Maulud (LBKM), and Majlis Ugama Islam Singapura (MUIS).

THANG Leng Leng is socio-cultural anthropologist and Associate Professor at National University of Singapore (NUS). Her areas of research include aging, intergenerational programs and relationships, family and gender, with special focus on Japan and Singapore. She is currently Head of Department of Japanese Studies, and Deputy Director of Centre of Family and Population Research at NUS. She is co-editor in chief of Journal of Intergenerational Relationships (Taylor and Francis, USA).
Long-term Care Policy and Program Development in China: Meeting the Needs of Older Adults and Their Family

Wu Bei
School of Nursing, Global Health Institute, and Center for the Study of Aging and Human Development, Duke University, USA
bei.wu@duke.edu

Peng Rong
Guangdong University of Finance and Economics, China

As the increase of aging population, long-term care is undergoing significant development in China. This presentation includes findings from several recent systematic reviews of long-term care policy development, informal caregiver intervention studies, and workforce characteristics and care development in nursing homes. The impact of the policy development on elder care services abilities, institutionalization of the elderly, and unmet needs of long-term care were assessed by reviewing published policy papers and using the Chinese Longitudinal Healthy Longevity Survey. Based on the systematic review of published studies on caregiving interventions and nursing home workforces, these reviews clearly point out the need to build workforce capacity and support both formal and informal caregivers. The findings suggest that more caregiver interventions are needed to examine a broad range of caregiver and older adults’ health outcomes, their impact on health care, and society. It is also important to further develop innovative and person-centered interventions to address the needs of frail older adults and their families. Further, there is a need for development of programs that tailor for nursing home workforce and care needs of residents with widely varying levels in physical and cognitive function. This presentation also provides policy recommendations to help strengthen Chinese long-term care system development. Those suggestions included government’s role in designing, developing, and establishing strategies and policies, integration of long-term care with the acute health care system, and workforce training.

WU Bei is Professor and Director for International Research at the School of Nursing and a member of the Global Health Institute. She is also a Senior Fellow at the Center for the Study of Aging and Human Development. Dr Wu's areas of research expertise include aging and global health. Dr Wu received her MS and PhD in gerontology from the University of Massachusetts, Boston. She is a Fellow of the Gerontological Society of America (GSA) and the Association for Gerontology in Higher Education (AGHE). She is an internationally known expert on China's long-term care policy and system development. She has worked closely with several schools of public health and schools of nursing in China on educational and research initiatives, such as conducting joint research projects, providing lectures, making presentations, and organizing professional conferences/training workshops. As the Principal Investigator, Dr Wu has led many National Institutes of Health (NIH) and Center for Disease Control and Prevention (CDC) funded projects on aging and health related issues including long-term care, dementia, caregiving, oral health, and health services utilization. She is also the Methods Core Director for the recently NIH-funded center on Adaptive Leadership in Symptom Science.
Family has been the cornerstone of the Vietnamese society, and traditionally there are two main types of family in the country. One is the nuclear family, which consists of two elders and their children. It is often referred to as the immediate family. Everyone in the immediate family has a distinctive role, at least one adult child to stay with the parents as long as they are alive. Extended family is the other type as opposed to the western nuclear family, the Vietnamese family follows the extended multi-generational pattern consisting of two or three generations of relations. How about the life of older persons? Who are they? How are their living arrangements as old persons? How are they treated in the familial context and in institutions?

The paper focuses on the social and economic well-being of the ageing population, documenting the demographics of older age, reviewing the economic situation and social protection of older persons, exploring health-related issues, and examining the living arrangements of older persons, as well as discussing discrimination, violence, exploitation and abuse against them, and gender roles in older age. In each of these areas, the diversity of situations characterizing older persons in the familial context and across the society will be taken into account. An analysis of multigenerational relationships of the older persons in Viet Nam, including family support, and significance of co-residential living arrangements will be shared along with an overview of national laws and policies pertaining to older persons.

Older persons represent a large and growing segment of the population and they face particular human rights challenges. As the present paper argues, these challenges relate equally to civil, cultural, economic, political and social rights as it considers the human rights situation of older persons. In addition, this paper would be the first ever paper in the country so far that deals with this subject from a human rights perspective and gender lens. The paper is based on recent research and empirical data from various sources available to research institutions, government agencies, the United Nations and other development partners. It should be noted, however, that while some data and analysis are available on population ageing, data and information relating specifically to the lives and situations of older persons relatively in Viet Nam scarce and are seldom included in ageing-related publications.
VU NGOC Binh has been a leading human rights expert in Viet Nam for several decades now. He has published and lectured extensively on human rights, focusing on marginalized groups of populations, especially children, older persons, ethnic minorities, people with disabilities, women, etc in his country and at international forums. He has also provided training on human rights and rights-based approach to programming to parliamentarians in their legislative and oversight processes, government officials, policy makers, journalists, researchers, community leaders, prosecutors, judges, NGOs, university students, bilateral donors, and UN agencies for application in their daily operation. From a human rights and gender perspective, Vu Ngoc has provided substantive advisory and technical inputs to the National Assembly and government ministries in Viet Nam on development or amendment of related laws such as the Law on Older Persons, the Law on Marriage and Family, the Civil Code, the Law on Protection, Care and Education of Children, the Law on Gender Equality, the Labour Code, the Law on Prevention and Control of Domestic Violence, the Law on Social Assurance, etc and their guidelines for implementation. Vu Ngoc was a senior researcher for many years in government research institutions, United Nations agencies, and international NGOs in Viet Nam as a research manager since then until 2011. At present, he is Senior Adviser in the Institute for Population, Family and Children Studies (IPFCS) which is a national research institution in Ha Noi, Viet Nam. He has participated as a guest speaker/lecturer in the Master Programme on Human Rights Law (LLM) in Ha Noi National University School of Law, focusing issues related to children, older persons, ethnic minorities, people with disabilities, women, etc.
Long-Term Care Policy: Singapore’s Experience

Chin Chee Wei, Winston  
National University Health System, Singapore  
acs2206@gmail.com

Phua Kai-Hong  
Lee Kuan Yew School of Public Policy, National University of Singapore  
spppkh@nus.edu.sg

Singapore, like many developed countries, is facing the challenge of a rapidly ageing population and the increasing need to provide long-term care (LTC) services for elderly in the community. The Singapore Government’s philosophy on care for the elderly is that the family should be the first line of support, and has relied on voluntary welfare organizations (VWOs) or charities for the bulk of LTC service provision. For LTC financing, it has emphasized the principles of co-payment and targeting of state support to the low-income through means-tested government subsidies. It has also instituted ElderShield, a national severe disability insurance scheme. This paper discusses some of the challenges facing LTC policy in Singapore, particularly the presence of perverse financial incentives for hospitalization, the pitfalls of over-reliance on VWOs, and the challenges facing informal family caregivers. It discusses the role of private LTC insurance in LTC financing, bearing in mind demand- and supply-side failures that have plagued the private LTC insurance market. It suggests the need for more standardized needs assessment and portable LTC benefits, with reference to the Japanese Long-Term Care Insurance programme, and also discusses the need to provide more support to informal family caregivers.

CHIN Chee Wei Winston is a medical doctor and accredited specialist in Public Health. He has was previously an Assistant Director in the Ageing Planning Office, Ministry of Health (MOH), Singapore, and has also worked in the Office of Director of Medical Services, MOH, and various government hospitals and polyclinics. He is currently working in the Regional Health System Planning Office, National University Health System, where he oversees programmes in the intermediate and long-term care sector, as well as research into challenges faced by patients with high healthcare needs. He holds a Masters in Public Health from the Saw Swee Hock School of Public Health, National University of Singapore.

PHUA Kai-Hong holds a tenured appointment in Health and Social Policy at the Lee Kuan Yew School of Public Policy, National University of Singapore. He was previously Associate Professor and Head, Health Services Research at the Department of Community, Occupational & Family Medicine, Faculty of Medicine and an Adjunct Senior Fellow at the Institute of Policy Studies, Singapore. He has served on various boards of health care organizations and many national health policy and advisory committees in Singapore. He is also frequently consulted by governments within the region and international organizations, including the Red Cross, UNESCAP, WHO and World Bank. He has lectured and published widely on policy issues of population aging, health care management and comparative health systems in the emerging economics of Asia. He is current Chair of the Asia-Pacific Health Economics Network (APHEN), founder member of the Asian Health Systems Reform Network (DRAGONET), Editorial Advisory Board member of Research in Healthcare Financial Management, Associate Editor of Singapore Economic Review, and was a past Associate Editor of the Asia-Pacific Journal of Public Health and Vice-Chairman of the Singapore Red Cross.
CONVENORS AND CHAIRPERSONS

Corinne GHOH is an Associate Professor (Practice) of Social Work in the National University of Singapore. She holds concurrent appointments as Co-Director of the Next Age Institute at the Faculty of Arts and Social Sciences and Director of the Centre for Social Development Asia at the Department of Social Work. She is also an Associate Director with the Social Service Research Centre. Prior to joining the National University of Singapore in July 2012, Corinne held several key appointments at the previous Ministry of Community Development, Youth and Sports, Singapore. She was the Director of Social Welfare, responsible for the administration of statutory functions under various legislations pertaining to the protection and welfare of vulnerable children and individuals and the Director of Rehabilitation, Protection and Residential Services Division in charge of administration and delivery of social services for vulnerable families, children and youths. Over the last 25 years of her experience in the social work field, she has been greatly involved in policy planning and development as well as in direct practice in areas pertaining to family and child welfare, child protection, family and elder protection and juvenile delinquency.

FENG Qiushi is Assistant Professor at the Department of Sociology, National University of Singapore. He received his PhD degree at Duke University in 2009, and then worked as a Post-Doc Research Associate at the Duke University Medical Center from 2009 to 2011. His fields include aging and health, demography, and economic sociology. His research applies both qualitative and quantitative methods, and he teaches social research methods in the department. He published at Journal of American Geriatrics Society, Journal of Gerontology: Social Science, Journal of Public Health, Journal of Aging and Health, Stroke, Arthritis Care & Research, and International Journal of Market Research. He is currently working on a project of comparing successful aging in Singapore, Shanghai and Seoul, and a project of forecasting household structure and eldercare cost in China and India for the next forty years.

KIM Hye-Won, Erin is an Assistant Professor in the Lee Kuan Yew School of Public Policy at the National University of Singapore (NUS). Before joining the NUS faculty in 2012, she earned her master’s and doctoral degrees in Public Policy from Duke University, USA. Kim’s research examines the relationships among social policy, individual and family behaviors, and people’s well-being, particularly in the context of population aging. Her current projects focus on quantitative analysis of old-age pensions, intergenerational support, low fertility, and subjective well-being in Korea, Singapore, and Thailand.

THANG Leng Leng is socio-cultural anthropologist and Associate Professor at National University of Singapore (NUS). Her areas of research include aging, intergenerational programs and relationships, family and gender, with special focus on Japan and Singapore. She is currently Head of Department of Japanese Studies, and Deputy Director of Centre of Family and Population Research at NUS. She is co-editor in chief of Journal of Intergenerational Relationships (Taylor and Francis, USA).

YAP Mui Teng is a Principal Research Fellow at the Institute of Policy Studies, Lee Kuan Yew School of Public Policy, National University of Singapore where she heads the Demography and Family cluster.

YEUNG Wei-Jun, Jean is a Professor at the Department of Sociology and the Cluster Leader in the Changing Family in Asia research cluster in Asia Research Institute at the National University of
Singapore (NUS). She is the Founding Director for Centre for Family and Population Research at
the Faculty of Arts and Social Sciences in NUS. Professor Yeung is on the editorial boards of
Demography, Journal of Marriage and Family, and Journal of Family Issues, and has served on
numerous scientific review committees. Professor Yeung’s current research includes various
family demographic issues in Asia and in America. Her recent publications include edited special
issues on Asian Fatherhood, Transitioning to Adulthood in Asia, and Shifting Boundaries of Care in
Asia and a forthcoming volume on Economic Stress and Families in Asia.
LIST OF SPEAKERS AND CHAIRPERSONS

Abalos, Jeofrey
Australian National University
jfrybls@yahoo.com

Baskara, Benny
Halu Oleo University, Indonesia
benbask@yahoo.co.uk ;
benbasku@gmail.com

Chin, Winston Chee Wei
National University Health System, Singapore
acs2206@gmail.com

Feng Qiushi
National University of Singapore
socfq@nus.edu.sg

Ghoh, Corinne
National University of Singapore
swkgsnc@nus.edu.sg

Kim, Erin Hye-Won
National University of Singapore
sppkhw@nus.edu.sg

Knodel, John
University of Michigan, USA, & Chulalongkorn University, Thailand
jknodel@umich.edu

Ko, Pei-Chun
National University of Singapore
arikp@nus.edu.sg

Pothisiri, Wiraporn
Chulalongkorn University, Thailand
wiraporn.p@chula.ac.th

Suen Johan
University of Cambridge, UK
j@alumni.nus.edu.sg

Tan, Poh Lin
National University of Singapore
spptplj@nus.edu.sg

Tang, Beibei
Xi’an Jiaotong-Liverpool University, China
beibei.tang@xjtlu.edu.cn

Teerawichitchainan, Bussarawan
Singapore Management University
bteerawichit@smu.edu.sg

Thang, Leng Leng
National University of Singapore
lengthang@nus.edu.sg

Tomomatsu, Ikuko
Independent Policy Consultant
tomomatsu@kbe.biglobe.ne.jp

Tran, Minh Xuan
Vietnam Academy of Social Sciences
minhxuan@gmail.com

Vu Ngoc, Binh
Institute of Population, Family and Children Studies, Vietnam
ngocbinh55@gmail.com ;
ngocbinhvu@yahoo.com

Wu, Bei
Duke University, USA
bei.wu@duke.edu

Yang Yunjeong
Hankuk University of Foreign Studies, Korea
yunyang@hufs.ac.kr

Yap, Mui Teng
National University of Singapore
yap.muiteng@nus.edu.sg

Yeung, Jean Wei-Jun
National University of Singapore
ariywj@nus.edu.sg