

# National Survey of Senior Citizens 2011

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## EXECUTIVE SUMMARY

1. The National Survey of Senior Citizens (NSSC) has been conducted periodically since 1983. The survey serves to monitor and track changes in the situation and attitudes of the resident population aged 55 and older. The data collected also contribute to policy-making and programme planning processes.
2. The survey was conducted at an important time when the first baby boomers (born between 1947–1964) began reaching retirement age, with those born in 1947 reaching 62 earlier in 2009. In the following two decades, Singapore will see an increase in the number of baby boomers joining the ranks of the “aged” or elderly population, defined as those aged 65 and older.
3. A total of 10,000 households with at least one household member aged 55 or older were surveyed during this period. Of this, 15 per cent of these households were found to be ineligible as the household did not contain any member aged 55 or older. From this, 5,000 senior citizens were successfully interviewed. This gave a response rate of approximately 65 per cent. This is comparable to the response rate of approximately 64 per cent reported for the 2005 edition of the survey.

### Personal Characteristics

1. Among those aged 55 years and above, 47 per cent and 53 per cent were male and female, respectively. Chinese comprised 82 per cent, Malays 10 per cent and Indians 6 per cent. Approximately 58 per cent were in the age group 55–64 years, while 27 per cent were in the age group 65–74 years. Those aged 75 and above formed 16 per cent of the total sample.
2. The age structure of the elderly population saw an increase in the proportions of those aged 55–64 years. The percentage is higher compared with the 1995 and 2005 NSSC surveys. An increase of 5 percentage points was observed in 2011 compared with the previous survey in 2005. This points to the need to enhance facilities and services catering to the elderly population in anticipation of the increasing demand.
3. The elderly sex ratio — the number of males per 100 females — shows that there were more elderly females compared to males at the older age groups. There is a marked increase compared to the 1995 survey. There are increasingly more females even at the younger age band, 60 and above. This is clearly indicative of the feminisation of ageing as experienced in other developed parts of the world.
4. Widowhood remained higher among females. About four in 10 women aged 55 and above were widowed, compared to about one-fifth of the male respondents.
5. The majority (41 per cent) of male respondents have attained at least primary or lower secondary education. Respondents in younger age groups were better qualified than their older counterparts. Among female seniors citizens aged 55 and older, four in 10 had no formal education or had not completed primary school education.

### Household and Family Structure

1. The average household size of senior citizens aged 55 and older was 3.3 persons. This fell from an average household size of 4.4 reported for the NSSC in 1995 and was a further decline from 3.7 reported in 2005. Across the age groups, there seemed to be a downward trend in terms of household size as age increases.
2. Among the population aged 55 and older, it was observed that 15 per cent lived in one-person households. This is a marked increase from the reported proportion in the 2005 survey. At that time, it was observed that 6 per cent reported living in one-person households.

The proportion of two-person households had also increased since 2005 rising by 2 percentage points from 20.7 per cent.

3. For the oldest age group, aged 75 and older, there was also a marked increase in the proportion of one-person households as well as two- and three-person households. The former has been steadily increasing since the last survey in 2005, which saw an increase from 4 per cent to 7 per cent. In the 2011 survey, this proportion increased to 17 per cent.

4. Nine in 10 senior citizens aged 55 and above lived in public flats. Around 32 per cent resided in one- to three-room public flats, while 54 per cent lived in four-room or larger public flats.

5. The proportion of respondents who resided in one- to two-room public flats increased with age, from 6 per cent among those aged 55 to 64, to 11 per cent and 14 per cent among the older age groups of 65–74 years and 75 years and older, respectively.

6. Among the elderly aged 55 and older, almost 80 per cent either owned or were co-owners of the homes that they lived in. This is an increase in the percentage reported from the last two surveys in 2005 and earlier in 1995. This also applies to the older age groups, suggesting that the government's push for home ownership over the years has been largely successful.

7. Among the elderly, males were more likely to report that they either owned or co-owned their home.

8. The majority of respondents reported that they or their spouses were the head of the household that they lived in, at about 82 per cent. About 62 per cent reported that they were the head of the household. It should be highlighted that apart from these two responses, the rest of the elderly were living in households where their sons, sons-in-law, daughter or daughters-in-law were the head of the household.

9. Across the two surveys, 2011 and 2005, increases were observed in those who reported that either they or their spouses were the head of the household. There was a marked decrease for respondents reporting that their children, sons-in-law or daughters-in-law were the head of the household. One possible implication is that respondents might have viewed their current homes as assets that they could monetise especially if they did not have any children.

10. Living with family continued to be popular for the elderly in their old age; however, non-traditional living arrangements did exist. Living with their spouses and their children with no grandchildren was the common living arrangement for the elderly (33 per cent). Almost 29 per cent of the respondents were living in arrangements that were not considered traditional, for example, living with friends, other kin, for example, siblings, or with unrelated individuals. Living alone was the third most common living arrangement. Elderly in the middle and older age bands were more likely to be living on their own compared to those in the 55–64 age band.

11. There was still a large majority of dwelling types that did not include elderly-friendly features like non-slip tiles and grab bars in the toilets. Within public housing, a larger proportion of flats with elderly-friendly features tended to be the one- and two-room flats compared to the other flat types. Overall, 26 per cent of all dwelling types did contain elderly-friendly fixtures. There remains room for improvement to enable the elderly population to live independently within the community.

## Family and Social Support

1. The majority of the elderly aged 55 and older (69 per cent) were in daily contact with their children. It should be noted that this also included children who might not be staying with the respondent. The frequency of contact declined with age. Possible reasons for this development included adult children having other responsibilities such as having to take care of school-going children as well as being in employment, which meant less time for their elderly parents. Nevertheless, maintaining some contact with elderly parents was still the norm. Only a small percentage (0.4 per cent) reported not having any contact for the past year.

2. Elderly women were more likely to have daily contact with their children (72 per cent) as compared with elderly men (65 per cent). Moreover, elderly men reported speaking less often with their children and vice versa. This further reinforces the common understanding of women as kin keepers or managers of relationships within the household. In contrast, men were likely to spend more time outside of the household during the earlier part of the life course due to work, therefore not fostering ties with their children.

3. For the elderly aged 65 or older, 65 per cent reported that they had daily contact with their children. Although this is slightly lower than what was reported for the whole population survey, it suggests that daily interaction continued to take place for the majority of elderly in this age range. Further analysis by gender and ethnicity indicates that within group variations were present. Female elderly (69 per cent) were more likely to report having daily contact with their children compared to their male counterparts.

4. Compared with the last survey in 2005, a decline in daily contact with their children was observed. In 2005, 74 per cent reported that they had daily contact; however, this declined to 69 per cent in 2011. While daily contact declined across the two surveys, an increase in respondents reporting contact “once a week” and “2–3 times a month” was observed in the current survey compared with 2005. In 2005, 8 per cent of respondents reported contact at least once a week, but in 2011, this increased to 11 per cent. It should also be noted that the incidences of elderly reporting no contact for the past year decreased from 0.7 per cent in 2005 to 0.4 per cent in 2011.

5. The majority of the elderly (91 per cent) spent leisure time with their children. However, as they get older, the percentage of reported spending leisure time with their children decreases.

6. Around 49 per cent of the elderly respondents had grandchildren. Among those who had grandchildren, only 29 per cent reported that they helped their adult children to look after their grandchildren. Within this group, it was the younger elderly who reported helping their adult children to look after their children. The propensity declined with age: 35 per cent among those aged 55 to 64, 31 per cent among those aged 65 to 74, dropping to 14 per cent in respondents aged 75 or older.

7. Overall, 58 per cent of respondents had siblings with whom they were close. It was also observed that 72 per cent of the elderly aged 55 and older had friends with whom they were close.

8. Among those aged 55 and older, the average number of siblings or relatives with whom the elderly were close was three, and the average number of close friends that the elderly were in contact with was four. Nevertheless a decline was observed for all age ranges.

9. Among the elderly living on their own, further analysis of this group showed that they were not completely isolated. Slightly less than half had siblings with whom they were close. Among the group who lived alone, 77 per cent had close friends.

10. In 2005, the majority of the respondents aged 55 and older reported that they depended on the family for all aspects of support — when they were ill, required financial assistance or when they needed to talk to someone. Overall, compared with survey data from 2005, there has been an increasing reliance on the family by the elderly during times of illness (93 per cent) and when in financial need (88 per cent).

11. There has been a slight decline in the elderly going to their family when they needed to talk to someone. In 2005, the percentage of elderly aged 55 and older who reported speaking to their family members was 91 per cent, while that for 2011 was 89 per cent.

## **Finance**

1. Comparing the two survey editions (2005 and 2011), overall and across each of the age categories, total monthly income from all sources had risen over the last six years. These figures, however, did not take into consideration inflation.

2. Male respondents reported receiving higher income than female respondents, given that the former were likely to have more education and to be employed, and if so, more likely to hold higher status jobs. The same pattern and explanation may apply to the difference in income between younger and older seniors.

3. Most respondents, the younger and the older ones, as well as male and female, cited income transfers from children most frequently as one of their main sources of income. Not unexpectedly, those from the younger age group placed paid employment as their top main income source; female respondents cited income transfers from their spouse; while older and female respondents cited income transfers from children.

4. Between 1995 and 2011, the proportion of respondents citing income transfers from children as the top income source declined by about 20 per cent, while income from paid employment rose about 10 per cent. This corresponds to an increase in employment of older people, which eased their dependency on their children. Several other less cited income sources seemed to have increased somewhat: rental income, dividends and annuities, suggesting a diversification of income sources, as well as public assistance, perhaps reflecting a widening income gap and an ageing population.

5. On the expenditure side, it can be observed that younger seniors (aged 55 to 64) were likely to spend more than older seniors, probably because they still had school or university-going children, and if they belonged to the “sandwiched generation” they would also have to provide financial support to their parents.

6. The most highly cited expenditure items are food, followed by utilities, transport and healthcare. Between 2005 and 2011, the proportion citing healthcare as a main expenditure item rose 9 per cent, even as that of utilities increased by 30 per cent. Transport remained high on the expenditure list, though the proportion citing it declined by 5 per cent. These figures probably reflect rising costs of living, or, in the case of healthcare, a rapidly ageing population.

7. The survey found that one in five respondents had no balance after deducting expenditure from income. It is not known if this figure included respondents who incurred a deficit, which would entail getting into debt. The remaining 80 per cent had some savings, with above 40 per cent having savings in excess of \$500. However, for the oldest respondents (aged 75 and above), close to 40 per cent did not have any savings by the end of the month.

8. Most seniors reported owning one or more assets, namely, owner-occupied house, savings or fixed deposits, and CPF savings. While the ranking of these three assets were

similar across age groups, the younger respondents were more likely to consider owner-occupied house as their top asset, while older respondents cited personal savings. This probably suggests the greater likelihood of younger respondents owning a residential property, rather than that older respondents place more emphasis on personal savings.

9. Younger respondents were also likely to possess a more diversified portfolio of financial products, which include stocks and shares, annuities, and insurance policies. Female respondents were less likely to mention CPF savings as part of their assets, reflecting their lower labour force participation, compared to male seniors.

10. The five most frequently mentioned uses of CPF savings were deposits in banks or finance companies; use for overseas holidays; use for household expenses; financing of housing loan debts; and investment in life annuities. However, the five “most important” uses were bank deposits, household expenses, reducing bank loan debts, investment in life annuities, and children’s education. These figures indicate that most seniors were quite prudent in how they used their CPF savings.

11. Slightly more than one in four of respondents encountered some degree of financial inadequacy, while one in three of the oldest respondents perceived their financial situation to be so. The two most cited reasons for their financial inadequacy were “high cost of living” and “low or no income”. Interestingly, the percentages across age categories citing poor financial support from children were in the low single digits.

12. Almost 50 per cent of “financially inadequate” respondents said they would request more money from children or spouse, and slightly more than 40 per cent would turn to their own savings. Seeking help from charities figure featured rather low on the list of possible funding options.

13. Close to one in three anticipated future financial inadequacy. The proportion with this perception is very similar across gender and age groups. In terms of the possible funding options listed, most seniors showed an awareness of downgrading to a smaller flat or subletting of one or more rooms in their apartment. The proportion aware of the lease buyback option is somewhat lower, but, interestingly, a relatively higher proportion indicated a willingness to adopt this option.

14. Given the critical importance of financial support from children — as evidenced from the findings on the top three income sources and “most important” funding source to make up for financial shortfall — it would be interesting to find out if there is any statistical association between current financial inadequacy and quality of relationship with children. The survey indicates that poor relationship with adult children may result in financial inadequacy, or conversely, financial inadequacy may lead to poor relationship with adult children. Whichever interpretation one takes, the implication here is that good relationship with adult children could be a better basis for ensuring financial support for parents than obligation or duty. Until we have more robust data, this remains a hypothesis.

### **Employment and Retirement**

1. Between 2005 and 2011, there was an increase in the proportion of elderly who were employed. This statement holds true for both male and female seniors, as well as across age groups.

2. The growth in elderly labour force participation could be accounted for by rising educational attainment — as could be inferred from the education profile of employed respondents across the age groups. It could also be due to the necessity for respondents to supplement their retirement savings and other income sources, or due to government policies aimed at enhancing employment of the elderly.



3. The majority of employed respondents were on permanent contract, working full-time and not engaged in shift work. Elderly males, compared to females, were more likely to be working full-time, and to be engaged in shift work. Age can also account for the lower probability of being on permanent contract or working full-time, and the higher likelihood of being on regular hours.
4. The occupation profile of employed and previously employed respondents suggests that age had less impact on the categories of professionals and business owners. However, the proportions for the other white-collar categories declined across age categories. In the case of blue-collar workers, the pattern was reverse, with proportionally fewer younger respondents. These figures correspond to education profile; that is, the higher educational attainment of younger respondents relative to that of older respondents.
5. With regard to gender, it can be observed that female elderly were more likely to be found either doing clerical work or engaged in unskilled, blue-collar jobs, largely due to their having lower education, or, in the case of the latter type of jobs, even no formal education. Indeed, slightly more than 50 per cent of the employed or previously employed elderly aged 75 or older worked as labourers or, more likely, as cleaners.
6. There were no professionals and associate professionals among older female respondents. This again reflects the lower educational attainment of older female respondents.
7. Older female respondents were likely to be in lower status jobs, while younger male respondents were likely to be found on the higher end of the occupational ladder.
8. It was observed that the main reason for working or returning to work was money. Overall, only about 17 per cent had “active ageing” in mind. This is hardly surprising, given what we already know of the financial profile of the elderly, with the older respondents being in greater need of money.
9. Of those employed respondents, the main problems they faced related primarily to their physical capacity, which affected their ability to work faster, carry heavier things or even to process information. Some forms of workplace discrimination by supervisors or younger colleagues were also mentioned, but the percentages were on average in the single digits.
10. Of those who were working or had worked previously, 32.5 per cent had retired before, comprising 18.5 per cent who retired at official retirement age and 14 per cent who took early retirement.
11. Among the previously retired respondents, 5.3 per cent were still working. Slightly more than two-thirds of these former retirees indicated that they would continue working beyond the age of 65. Their reason for working was primarily financial (62 per cent), while the remaining 40 per cent had some form of active ageing in mind.
12. It is obvious that money remained a critical consideration in the decision to keep working; yet, interestingly, only a small minority (15.3 per cent) of those who were previously employed stopped working for reasons of having reliable financial sources, sufficient funds, or a desire for rest and relaxation. Perhaps, this has to do with the fact that, the income received for most post-retirement jobs was primarily lower than pre-retirement income, which to some extent may correspond to their working equal or shorter working hours than before.
13. The proportion of elderly job seekers in the sample was 2.7 per cent. Slightly more than half (55 per cent) of these had at least secondary education, and almost 80 per cent were aged between 55 and 64.

14. Like the employed respondents described above, three-quarters of the elderly job seekers were looking for employment for financial reasons, while the rest were doing so to lead an active life or just to have some activities to occupy their time. Their salary expectations were, however, quite modest — with a mean figure of \$1,111 and a median of \$1,000 — considering that median individual income in Singapore was \$2,925 in 2011. Most complained of encountering some form of ageism in the job search process (76 per cent), while about 20 per cent mentioned various negative features, such as low salary, long distance between home and workplace, and undesirable working hours.

15. About 23 per cent of employed respondents experienced some degree of financial inadequacy. Among those looking for work, almost 45 per cent indicated that they were in some financial difficulties. The extent of financial inadequacy was also significant among those not working.

16. There is clearly a need to enhance employment among those who are still able-bodied. This would entail skills training and efforts aimed at making the workplace more elder-friendly.

17. Seniors who are unable to work and experiencing poor financial health would require assistance from the community, if family members are unable to do so. The option of requiring their children to provide for them financially is legally enforceable through the Maintenance of Parents Act, but could lead to a worsening of relationship between them and their adult children.

### **Health and Healthcare**

1. Around three quarters of the respondents in the 2011 survey, or 76.4 per cent, rated their health as “good” or “very good”; only 2.7 per cent rated their health as “poor” and the remaining 20.9 per cent “fair”. Those aged 75 and older were more likely to rate their health as “poor” (5.2 per cent) compared to those aged 55 to 64 (2.1 per cent) and 65 to 74 (2.5 per cent).

2. The question on self-rated health was asked in the 1995 study but not the 2005 study. The results are strictly not comparable, however, due to the different response categories used. It may, however, be noted that the proportion who rated their health as “poor” increased in 2011 compared to 1995.

3. About 8.4 per cent had at least one episode of hospitalisation in the 12 months preceding the survey. The incidence ranged from 7.1 per cent among the youngest respondents aged 55–64 years; to 9.4 per cent among those aged 65–74; and 11.4 per cent among the oldest respondents aged 75 and older. Comparing age groups across 2005 and 2011, the incidence of hospitalisation was lower in 2011. However, they were higher than in 1995.

4. Around 86 per cent had obtained outpatient treatment in the 12 months before the survey as compared to 14 per cent who had not. The modal number of visits was three to four times a year, with one-third of the respondents who had outpatient treatment doing so in the preceding 12 months. About 40 per cent of the oldest respondents reported five or more visits.

5. Nearly four out of 10 claimed not to have any medical condition — this is about the same as in 2005. Nearly half, or 45 per cent, of the youngest respondents aged 55 to 64 years reported a clean bill of health while 29.5 per cent of the 65 to 74 age group and 19.4 per cent of those aged 75 and older reported likewise.

6. The most common medical condition reported in 2011 was high blood pressure (affecting 47 per cent of the respondents), followed by high blood cholesterol (39 per cent), diabetes (16 per cent), arthritis (11 per cent) and eye/vision problem (5 per cent). The top five medical conditions reported were not very different from those in 2005. However, the prevalence of high blood pressure rose among those aged 65 and older, perhaps the result of better detection.

7. Most of those who had a medical condition were receiving treatment (from western-trained medical physicians). These included nearly all respondents with high blood pressure (98.8 per cent), diabetes (98.6 per cent) and high blood cholesterol (97.4 per cent). However, more than 10 per cent of those with depression, osteoporosis, eyesight problem, dementia and hearing problem were not being treated. These are conditions typically considered normal for old age but which can be debilitating and affect participation in activities for active ageing. More were receiving treatment for each condition compared to 2005.

8. When sick, about half (51 per cent) usually sought treatment at government polyclinics. This was followed by visits to private general practitioners (39.1 per cent). The situation in 2011 was the reverse of that in 1995 where about 51 per cent sought treatment at private clinics and 38 per cent at government clinics.

9. Still, a small proportion of respondents (2.9 per cent) either self-medicated or did nothing when they fall ill. This is, however, lower than the 9 per cent in 1995 and 5 per cent in 2005.

10. The main reasons for not seeking treatment were mildness of their illness and their ability to self-medicate. Financial constraint was cited by about 10 per cent and mobility constraint by about 1 per cent.

11. About half (50.2 per cent) had participated in regular health screening. Participation declined with age, from 51.5 per cent among the youngest respondents, aged 55 to 64; to 49.5 per cent among those aged 65 to 74; and 46.8 per cent among those 75 and older.

12. Quite surprisingly, the proportions who reported having gone for regular health screening had declined since 2005 when 64 per cent were reported to having done so. The decline is apparent among all age groups and gender.

13. More than seven out of 10 respondents in 2011 (72 per cent) paid for their own expenses when they visited a doctor. This is an increase of 10 percentage points over 2005. Self-reliance increased across all age groups.

14. Reliance on family members declined although children remained the second most cited source of support (this is especially true among oldest respondents aged 75 and above, among whom 40 per cent had their bills paid by their children). "Employer" was the third most frequently cited source. The share of this source grew, especially among those aged 55 to 64, probably due to the higher proportion that remained employed in this age group. The role of health insurance remained minuscule (less than 1 per cent), although it rose among the youngest respondents aged 55 to 64.

15. As with visits to the doctor, the main sources of payment for hospitalisation were "own Medisave account" and "own cash" (29 per cent each). The proportions that paid for their hospitalisation using "family's Medisave" or "family's cash" were much lower, at 14 and 9 per cent respectively. Family members' Medisave and cash were the most important second sources.

## Mobility and Coping with Daily Living

1. Nearly 96 per cent of the respondents in 2011 were ambulant and physically independent. Including those who were ambulant with the help of walking aids, this proportion increased to 98 per cent. The remaining 2 per cent either required some (1.4 per cent) or total (0.4 per cent) physical assistance or were bedridden (0.2 per cent).
2. Nearly all of the respondents aged below 75 years (99 per cent) were able to move about independently or with the help of walking aids. Among those aged 75 and older, the proportion who were similarly ambulant declined to 92.7 per cent; the remaining 7.3 per cent required some or total physical assistance or were bedridden.
3. A total of 102 respondents in the study (2 per cent) reported themselves as having a disability. Of these, one quarter required total assistance or were bedridden. Including those who required some physical assistance, the proportion that required assistance had increased to almost 60 per cent.
4. Mobility status has improved since 2005. Compared to 1995, however, in 2011 more of the youngest respondents aged 55 to 64 and the oldest respondents aged 75 and above required physical assistance.
5. In terms of performance of activities of daily living (ADLs), almost all (98–99 per cent) of the respondents in 2011 claimed to be able to independently perform each of the six ADLs (bathing, dressing, toileting, transferring, continence and feeding) presented to them.
6. The oldest respondents aged 75 and over were significantly less likely to be able to perform ADLs independently than those below 75. Females were also less independent than males.
7. A summary indicator, the Katz score, was computed for each respondent by counting the number of activities that he or she could perform independently without assistance. Nearly 97 per cent had a score of 6 indicating that they were able to perform all six ADLs independently. More than 98 per cent were able to perform at least three ADLs on their own.
8. As expected, the oldest respondents aged 75 and older were the least independent — nearly 6 per cent in this age group were able to perform fewer than three ADLs compared to only 0.4–0.5 per cent among those below 75. There are also more female and Malay respondents who were unable to perform at least three ADLS compared to the other respondents.
9. As with ADLs, ability to perform Instrumental Activities of Daily Living (IADLs) independently declined sharply among respondents aged 75 years and older — this was true for all of the IADLs except in the use of telephones. Females were generally less IADL-independent than males except in food preparation, housekeeping and doing laundry, which are traditionally female spheres of activities.
10. Following Graf's recommendation in using the Lawton Instrumental Activities of Daily Living Scale<sup>1</sup>, the scale was computed for each respondent whereby he or she was given a score of 0 or 1 depending on functional level. The score ranged from 0 to 8, with 0 indicating low function or dependence and 8 indicating high function or independence.

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1. Carla Graf. 2013. "The Lawton Instrumental Activities of Daily Living (IADL) Scale", in *Try This: Best Practices in Nursing Care to Older Adults* 23. The Hartford Institute for Geriatric Nursing, New York University, College of Nursing. [http://consultgerirn.org/uploads/File/trythis/try\\_this\\_23.pdf](http://consultgerirn.org/uploads/File/trythis/try_this_23.pdf).

11. IADL scores varied by the age, gender, ethnicity and marital status of respondents. The oldest respondents, females, Malays and the widowed (who were generally older) scored lower on the independence scale than the other respondents.

12. About one in five respondents, or 21 per cent, had a caregiver. The oldest respondents aged 75 and over, females and in particular those who had a disability were more likely to have a caregiver than other respondents.

13. Spouses were the main caregivers for 41.4 per cent of the respondents who had one. This was followed by daughters (20 per cent), sons (15.2 per cent) and maids (14.4 per cent).

14. Awareness of the various types of facilities and services varied. For example, while awareness of nursing homes was almost universal (97 per cent), this dropped to 70–79 per cent for community-based centres and community hospitals, and 55 per cent for home-based services. Only about one in 10 were aware of the Centre for Enabled Living (13 per cent) and the Agency for Integrated Care (12 per cent).

15. Almost all had not used step-down care facilities and services. This was because they had not found any need to use them.

### **Consensus Solidarity and Value Orientation**

1. Overall, slightly over 60 per cent of the population agreed that the government had addressed the concerns of the elderly in Singapore. It was observed that females were more likely to agree that the government had addressed the concerns of the elderly compared with their male counterparts. Similarly, it was observed that those aged 75 and older were more likely to agree with the statement than their younger counterparts. Variations by educational attainment were also observed: those with secondary or higher education attainment were more likely to disagree that the government had addressed the concerns of the elderly. In fact more than 30 per cent were observed to disagree with the statement posed. Over 75 per cent of elderly Malays agreed with the statement that the government had addressed the concerns of the elderly compared with lower percentages among the Chinese (65 per cent) and Indians (68 per cent).

2. There were no visible differences observed among the population surveyed with regard to the statement on whether the government had addressed the concerns of the young. Overall, 59 per cent of those surveyed agreed to a certain degree that the government had addressed the concerns of the young.

3. Respondents were asked if they agreed that government benefits should be given on the basis of need instead of age. The statement sought to identify if inter-generational competition for resources existed within the elderly population. Based on the results, the level of inter-generational competition for resources — and thus the possibility of inter-generational conflict — was low. In fact, in most instances more than 70 per cent of the respondents, regardless of their characteristics, agreed to a certain extent that government benefits should be based on need instead of age.

4. The elderly respondents with children were also asked how similar they felt their opinions were to those of their children. About 66 per cent of the respondents felt that their opinions were either very similar or somewhat similar to their children's. It should be noted that 24 per cent felt that their children held either somewhat different opinions from them. This suggests possible differences in opinion that should be further examined in future research.

5. Elderly females (69 per cent) reported that their children had opinions either very similar or somewhat similar to theirs; conversely, a smaller percentage of men, 63 per cent, shared this sentiment. Further examination of those who responded in the same way through age groups shows that a smaller percentage in the youngest age group (aged 55 to 64) felt this way compared to their older counterparts when responding to this question. Among the different ethnic groups, the Malays had the highest percentage of elderly who felt they held opinions that were very similar or somewhat similar to their children (73 per cent), while that for the Chinese was 65 per cent, and the Indians 64 per cent.

6. Slight educational variations were observed among the elderly when they were asked if they held similar opinions with their children; nevertheless, there was no clear indication of a distance between the less-educated elderly and their children. In fact, 67 per cent of the elderly with no qualifications or lower primary education felt that their opinions were either very similar or somewhat similar with their children/child.

7. In general, the majority of the elderly agreed that parents should help adult children with housing costs if the latter faced financial problems. Nevertheless some variation was present when looking at age groups. Respondents in the younger age band (55–64) were more likely to respond positively on this as compared to those aged 75 and older. Although the percentages were still high, the slightly lower percentage responding in agreement to this could be due to their limited ability in providing such support. This was especially the case for those respondents had already stopped working for a variety of reasons.

8. There was a strong indication of the overarching belief in parental responsibility towards the well-being of adult children, as demonstrated by the agreement that parents should help children in paying for healthcare, housing costs or childcare should there be a need.

9. On filial piety, a large majority of the elderly population in society still believed in the societal norm. Thus, if they had children, they expected their children to support them.

### **Lifestyle and Volunteerism**

1. Around 67 per cent of respondents participated in regular sports activities. Here, the term “sports activities” was understood to include activities such as swimming, tai-chi/qigong, brisk walking, jogging and badminton. In fact, it should be noted that 31 per cent of the elderly reported participating in such sports activities on a daily basis.

2. More importantly, it should be noted that 33 per cent of elderly aged 65 and older also reported a similar frequency of sports activities. Home-based leisure activities that included playing computer games, internet surfing, cooking and playing mah-jong were also observed to occupy the daily routine of 40 per cent of those aged 55 and older. A slightly higher percentage of elderly aged 65 and older (42 per cent) reported participating in these activities on a daily basis. This suggests that the elderly cohort was fairly active in terms of their participation in leisure activities.

3. Gender differences were observed among the elderly population for sports activities, social cultural activity and home-based leisure activities. A higher proportion of males (33 per cent) were more likely to reported daily sports activities compared with their female counterparts (28 per cent). There were no clear gender differences observed for social cultural activities, although a higher proportion of females (45 per cent) reported daily home-based leisure activities compared to their male counterparts (37 per cent).

4. Volunteerism among the elderly was observed to be low. Among the population aged 55 and older, only 6 per cent reported volunteering in the preceding 12 months. The percentage declined further among those aged 65 and older where only 5 per cent reported

volunteering in the preceding 12 months. Across the two surveys, the percentages reported remained fairly constant both among the population aged 55 and older as well as the older cohort aged 65 and older.

5. Among the non-volunteers, those aged 55 to 64 (58 per cent) were more likely to be ambulant and physically independent. However, in the older age groups, they were more likely to require some form of physical assistance or even be bedridden. Thus, public education should target the younger group given their better mobility status.

6. Television was the primary source of information for the elderly when it came to finding out about government benefits. Apart from this information source, higher percentages were also observed for newspaper, friends and family members.

7. Among the resident elderly aged 55 and older, friends were also considered as their next most important source for information. Overall, it was observed that 31 per cent cited friends and the percentage was higher for those aged 65 and older, where 34 per cent mentioned friends as a source of information on government benefits.

8. Family members were also cited as another source of information. Among those aged 65 and older, family members were the third most commonly cited source with 23 per cent reporting this source. The percentage was lower when those aged 55 to 64 were included.

9. While one may assume that the newspapers would be an important source of information for government benefits for the elderly, this was not the case. It only ranked third behind friends as a source of information. Newspapers were also not the primary information source for those aged 65 and older, and rated behind friends and family members as a source of information on government benefits.

## Chapter 1 Introduction

### 1.1 Background

The National Survey of Senior Citizens (NSSC) has been conducted periodically since 1983. The survey serves to monitor and track changes in the situation and attitudes of the resident population aged 55 and older. The data collected also contribute to policy-making and programme planning processes.

The survey was conducted at an important time when the first baby boom cohorts, those born between 1947 and 1964 as defined by Singapore's Department of Statistics, began reaching the retirement age of 62 — with those born in 1947 reaching 62 earlier in 2009. In the following two decades, Singapore will see an increase in the number of baby boomers joining the ranks of the “aged” or elderly population, defined as those aged 65 and older.

The year 2012 saw significant restructuring in the policy framework with regard to how elderly Singaporeans would spend their old age. The Central Provident Fund (CPF) drawdown age would be raised gradually — from 62 to 63 in 2012 and eventually to 65 in 2018. The government has also enacted the Re-employment Legislation where employers will be required to offer re-employment opportunities to employees who have reached the retirement age so that they can work until the age of 65.<sup>1</sup> Compulsory CPF LIFE annuity will also come into effect for all CPF members turning 55 from 2013.<sup>2</sup>

The current survey looked at the basic demographic, social, economic, health and household characteristics of Singapore citizens and permanent residents aged 55 and older. At the same time, it aimed to capture their needs and expectations.

### 1.2 Objectives

The main objectives of the 2010/11 survey were to determine:

- i) Basic demographic profile of the elderly
- ii) Employment
- iii) Financial security
- iv) Health and mobility status
- v) Social integration
- vi) Active ageing
- vii) Housing and elder-friendly accessibility

The latest edition of the survey, as with previous surveys, included those aged 55–64. This was done to provide information on the needs of the future elderly cohort. It also provided a point of reference to the current cohort aged 55–64 with respect to how different or similar they are to previous cohorts.

Where appropriate, the descriptions presented will adopt the three main age bands: (i) 55–64 years, (ii) 65–74 years and (iii) 75 years and older.

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1. Re-employment of Older Employees Portal. Accessed on 1 June 2012. <http://www.re-employment.sg/web/contents/Contents.aspx?Yr=2011&ContId=255>.

2. CPF Life Scheme. Accessed on 1 June 2012. [http://mycpf.cpf.gov.sg/NR/rdonlyres/C4474C26-AB8B-46B6-A4A4-E51DFFAE3829/0/FAQs\\_SimplifiedCPFLIFEScheme.pdf](http://mycpf.cpf.gov.sg/NR/rdonlyres/C4474C26-AB8B-46B6-A4A4-E51DFFAE3829/0/FAQs_SimplifiedCPFLIFEScheme.pdf).



### 1.3 Survey Methodology

#### *Questionnaire design*

The questionnaire was drafted by consultants commissioned by the Ministry of Social and Family Development (formerly the Ministry of Community Development, Youth and Sports) for the survey, Dr Yap Mui Teng, Senior Research Fellow and Dr Kang Soon Hock, Research Fellow, both from the Institute of Policy Studies at the Lee Kuan Yew School of Policy Studies, and Associate Professor Tan Ern Ser from the Department of Sociology, National University of Singapore.

The questionnaire was designed to enable comparisons with earlier editions of the NSSC. More importantly, it sought to highlight and establish the major trends experienced by the resident elderly population in Singapore.

The final questionnaire covered the following areas:

- A) Household and family structure
- B) Elderly social interaction
- C) Perceived health and social support
- D) Health and healthcare
- E) Activities of daily living/care needs
- F) Elderly participation in leisure activities
- G) Work and retirement
- H) Financial status
- I) Consensus and value orientation
- J) Demographics

#### *Sample design and selection*

The sampling frame of residential dwelling units was obtained from the Department of Statistics. A sampling frame comprising residential dwelling units with at least one resident aged 55 or older was constructed. All dwelling units in the sampling frame were grouped into two non-overlapping strata. The first stratum consisted of dwelling units with at least one resident aged 65 and older. The second stratum consisted of dwelling units with at least one resident aged 55–64 and no resident aged 65 and older.

The sample from each stratum was selected based on a two-stage stratified design. This method of two-stage stratified design yields an overall equal probability and self-weighting sample that is representative of the national dwelling-type distribution.

The primary sampling units for the first stage consisted of Sampling Division (SD) based on the planning areas demarcated by the Urban Redevelopment Authority. The residential addresses themselves are the sampling units in the second stage of selection.

During the first stage selection, each SD was stratified into three predominant housing types: public flats, private houses and flats, and others. The latter group included attap/zinc-roofed house and shophouses. The list was then arranged by geographical location. From this master list, a certain number of SDs were systematically selected with probability proportionate to their size.

In the second stage, with each selected SD, the housing units were stratified by detailed housing types such as HDB dwelling units and other public flats, landed properties and private flats/apartments, attap/zinc-roofed houses, shophouses and others. For every chosen

SD, a fixed number of dwelling units were selected by systematic sampling procedure with a random start.

#### *Field survey and data collection*

MSF commissioned Degree Census Consultancy, a survey company to conduct the field survey. The survey company was also tasked with data processing as well as to generate general statistical tabulations.

Before conducting the fieldwork, the survey company mailed letters of introduction in the major languages (English, Chinese, Malay, and Tamil) to the selected households. The letters explained the purpose of the survey as well as to encourage participation. The letter provided contact details to allow the eligible households to make appointments for interviewers to carry out the survey. Interviewers for the survey were briefed, trained and provided with instructions for the fieldwork. They were issued with official authorisation letters from MSF as well as the participant information sheet as per the requirements of the National University of Singapore Institutional Review Board. Participation was voluntary and respondents were not pressured in any way to complete the survey.

The survey company used the structured questionnaire drawn up by the survey consultants and employed face-to-face interviews with the selected senior citizens at their homes. To ensure random selection of respondents, for each household the respondent who most recently celebrated his/her birthday and aged 55 and above would be selected for the interview. At least five visits (at different times of the day and days of the week) were made before a selected household was treated as a non-response case.

In the situation where the respondent had difficulties in understanding and answering interviewers, the interviews were completed with the assistance of caregivers or family members. In instances where more time was required by the respondent to complete the questionnaire, the survey was divided into two sessions with the interviewer making a second visit to the household to complete the questionnaire. All interviews were conducted in the language preferred by the respondent.

All respondents who successfully completed the survey were given a \$10 NTUC FairPrice voucher as a token of appreciation.

#### *Pilot study*

Prior to the survey exercise, the survey company conducted a pilot test on a convenience sample of 50 respondents (approximately 1 per cent of the final sample). Findings from the pilot study were reviewed by MSF and the consultants followed by refinements to the questionnaire where necessary. The questionnaire was also translated into the other three major languages, namely Chinese, Malay and Tamil.

### **1.4 Response Rate**

Fieldwork for the survey took approximately six months, from June to November 2011, to complete.

A total of 10,000 households that had at least one household member aged 55 or older were surveyed during this period. Of these, 15 per cent were found to be ineligible as the household did not contain any member aged 55 or older. From the eligible households, 5,000 senior citizens were successfully interviewed. This gave a response rate of approximately 65 per cent. This is comparable to the response rate of approximately 64 per cent that was reported for the 2005 survey.

### **1.5 Data Analysis**

All completed questionnaires were edited and checked for completeness, accuracy and consistency by the survey company before the required statistical tabulations were generated. The survey company also carried out quality control checks of the completed interviews through telephone callbacks.

As the sample of the target population was representative of the 2010 Singapore Census conducted by the Department of Statistics in terms of age, ethnicity and gender, no weights were applied to the final sample during the course of data analysis.

## Chapter 2 Personal Characteristics

### 2.1 Introduction

This chapter provides an overview of the personal characteristics of the elderly population studied. The areas covered include the basic demographic characteristics, education attainment and marital status. Overall, the population surveyed has displayed indications of the arrival of the baby boomers, those born between period 1947 and 1964 as well as those with better educational attainment.<sup>1</sup> Where appropriate, the analysis will include data from previous years' surveys to provide a sense of the changing trends.

### 2.2 Age, Gender and Ethnic Distribution

In the 2011 survey, the age structure of the elderly population saw an increase in the proportions of those aged 55 to 64. The percentage is higher compared with the 1995 and 2005 surveys. In 2011, this age group comprised 57% of the elderly population in Singapore. This is an increase of 5 percentage points from the previous survey in 2005. As the target population grows, there is an increasing need to enhance facilities and services catering to the elderly population in anticipation for the increased demand. In terms of the gender and ethnic distributions for the elderly population, there are some slight deviations between the proportions reported in the current survey and past surveys. Females continue to constitute more than half of the elderly population aged 55 and older. In 2011, of the population aged 55 and older, 47 per cent were male and 53 per cent female.

Table 2.1 Age, gender and ethnic distribution comparisons, 2011, 2005 and 1995 (%)

Characteristics	2011	2005	1995
<u>Gender</u>			
Male	46.7	47.4	47.4
Female	53.3	52.6	52.6
<u>Ethnic Group<sup>2</sup></u>			
Chinese	82.4	81.4	79.5
Malay	10.1	9.9	11.5
Indian	6.0	7.3	7.7
<u>Age Group</u>			
55 – 64 years	57.0	52.2	52.7
65 – 74 years	26.8	30.0	30.1
75 and older	16.2	17.8	17.2

The proportion of elderly persons in the broad age group has experienced fluctuations. On the whole, the “60 and above” group has seen an increase in their proportions within the target population taking into account figures reported in the 1983 and 1995 surveys. However, for the broad age group aged “65 and above”, there is a continually declining trend observed since the 1995 survey. Based on the current numbers, there has been a 4-percentage point decrease since the 1995 survey (Table 2.2).

Table 2.2 Proportion of broad age groups within target population, 2011, 1995 and 1983 (%)

Age group	2011	1995	1983
60 and above	74.3	71.2	71.7
65 and above	43.0	47.3	48.0

The elderly sex ratio, the number of males per 100 females<sup>3</sup>, show that there are more elderly females

1. Chan, A and M. T. Yap. 2009. *Babyboomers Survey*. [http://www.spp.nus.edu.sg/ips/docs/pub/pa\\_mt\\_baby-boomers\\_survey\\_2009.pdf](http://www.spp.nus.edu.sg/ips/docs/pub/pa_mt_baby-boomers_survey_2009.pdf). Accessed on 3 February 2012.

2. In light of the complex characteristic for the ethnic group “Others”, only the three major ethnic groups will be reported. The proportion for “Others” has not changed and has held steady at around 1.6%.

3. Hobbs, F. B. 2004. “Age and Sex Composition,” in *The Methods and Materials of Demography*, edited by Jacob S.

compared to males at the older age groups. This is represented by smaller ratios for the 80 and above age group. There is a marked increase compared to the 1995 survey. More importantly, the ratio also suggests there are increasingly more females even at the younger age band, 60 and above. This is indicative of the feminisation of ageing experienced in other developed parts of the world.<sup>4</sup>

Table 2.3. Elderly sex ratio comparisons, 2011 and 1995 (%)

Age group	2011	1995
60 and above	82.0	86.0
80 and above	64.0	60.0

### 2.3 Marital Status

Gender differences were observed with regard to the marital distribution of the elderly surveyed. Table 2.4 indicates that more elderly males aged 55 and older reported that they were married (around 70 per cent) compared to their female counterparts (around 47 per cent) at the time of the survey. This observation needs to take into account the presence of a larger proportion of females than males. The survey also shows that among the older age bands the proportion reporting that they are married has decreased. However, it is more pronounced among elderly females where there is a sharp difference between the 55–64 and 65–74 age bands. Reasons for this observation include shorter life expectancies experienced by males as well as women marrying men who are older than them.

Widows make up a larger proportion among the elderly compared with widowers. Among the male respondents, 20 per cent reported that they were widowers compared with 42 per cent who reported that they were widows. Within the marital category of widowhood, age was also a factor for both male and female respondents. As the age of the elderly increased so too the likelihood of widowhood. The proportion widowed increased to 37 per cent for males and 72.7 per cent for females among those aged 75 and older.

It should be highlighted that there was a higher percentage of females who reported being divorced/separated compared to their male counterparts. There was also an observable difference between the proportions of elderly males who reported that they were married over the 2011 and 2005 surveys.

Table 2.4 Marital distribution by gender and age group, 2011 (%)

Marital status	(%)	Age group		
		55–64	65–74	75 and above
<b>Male</b>				
Married	69.9	72.4	70.4	58.0
Widowed	20.2	16.3	20.4	37.0
Never married	6.7	7.7	6.0	3.4
Divorced/separated	3.3	3.6	3.3	1.5
<b>Female</b>				
Married	46.9	57.0	43.3	22.9
Widowed	42.3	27.9	49.8	72.7
Never married	6.0	7.5	4.6	3.9
Divorced/separated	4.8	7.6	2.3	0.4

Further examination of the marital distribution by gender and ethnicity is presented in Table 2.5. It was observed that among males aged 55 and older, there is a slightly higher proportion of elderly Malay males who reported that they were married or widowed compared to the other ethnic groups. Among the elderly

Siegel and David A. Swanson. Amsterdam, Boston, Heidelberg, London, New York, Oxford, Paris, San Diego, Singapore, Sydney, and Tokyo: Elsevier Academic Press, 125–73.

4. World Health Organization. 2002. *Health and Ageing: A Discussion Paper*. Switzerland: WHO. [http://whqlibdoc.who.int/hq/2001/WHO\\_NMH\\_HPS\\_01.1.pdf](http://whqlibdoc.who.int/hq/2001/WHO_NMH_HPS_01.1.pdf). Accessed on 28 March 2012

males who were never married, there were higher proportions in the Chinese (7.4 per cent) and Indians (5.8 per cent) compared with the Malays (2.2 per cent). For those who were divorced or separated, elderly Malay and Indian males made up a higher proportion compared to elderly Chinese males. Among the elderly females, there were some slight variations compared to their male counterparts. More elderly Chinese females (48 per cent) reported that they were married compared with the elderly Malay and Indian females. For those who were widowed, a higher proportion was observed among elderly Malay females (47 per cent). Among the females who never married, a larger proportion was either Chinese or Indian. Females who reported that they were divorced or separated were more likely to be Indian than Malay or Chinese.

Table 2.5 Marital distribution by gender and ethnicity, 2011

Marital status	(%)	Ethnic group		
		Chinese	Malay	Indian
<b>Male</b>				
Married	69.9	69.9	71.8	68.6
Widowed	20.2	19.9	21.5	19.7
Never married	6.7	7.4	2.2	5.8
Divorced/separated	3.3	2.9	4.5	5.8
<b>Female</b>				
Married	46.9	48.2	42.6	45.1
Widowed	42.3	40.9	47.2	45.1
Never married	6.0	6.4	5.7	3.1
Divorced/separated	4.8	4.5	4.6	6.8

Among the elderly male respondents, one possible hypothesis for the difference in marital distribution between the two surveys is that elderly males are less likely to remarry following the death of their spouses -- there was an increase in the proportion of widowed elderly males in 2011, 20 per cent compared to 11 per cent in 2005. Overall, there was no observable difference between the two female samples across time, as their proportions have remained fairly constant.

Table 2.6 Marital distribution comparisons, 2011 and 2005 (%)

Marital status	2011		2005	
	Male	Female	Male	Female
Married	69.9	46.9	81.1	48.8
Widowed	20.2	42.3	10.9	42.4
Never married	6.7	6.0	4.6	4.6
Divorced/separated	3.3	4.8	3.4	4.2
Total (%)	100.0	100.0	100.0	100.0

## 2.4 Educational Attainment

The proportions in Table 2.7 indicate that educational attainment differed not only by age but was also influenced by gender. Overall the results indicated that there were fewer respondents who reported having no qualification or lower primary education. Increasingly for elderly males, there were more who reported having attained primary or lower secondary education (41 per cent) and secondary education (25 per cent), with the former making up a higher proportion.

This is not as pronounced among the female respondents. In fact, among the females, about 40 per cent reported that they either had no qualification or lower primary education. Based on this, it was clear that some gender differences in terms of educational attainment remained within the elderly population. This is not so much for lack of educational opportunities for the female population but more a reflection of the

traditional views with regard to educating daughters.<sup>5</sup>

The proportions of males with no qualification or lower primary education as well as secondary education and above, is lower for males compared to their female counterparts. This could be attributed to the different education opportunities available to males and females during their earlier life course. Nevertheless, this gender gap will continue to narrow with succeeding elderly cohorts given the inroads made to improve enrolment of women in secondary and tertiary education since the 1970s.<sup>6</sup>

For both males and females with less educational attainment, the proportion within the older age bands that reported that they have no qualification or lower primary education has increased. In fact, this trend is more pronounced among the female population surveyed.

Table 2.7 Educational attainment by gender and age group, 2011 (%)

Educational attainment	(%)	Age group		
		55–64	65–74	75 and above
<b>Male</b>				
No qualification/lower primary	18.9	12.7	21.7	41.5
Primary/lower secondary	41.1	42.4	41.5	34.7
Secondary	25.1	28.4	23.4	13.6
Post secondary (non-tertiary)	5.7	6.1	5.3	4.3
Diploma and professional qualification	5.9	6.3	5.3	4.6
University	3.3	4.0	2.8	1.2
<b>Female</b>				
No qualification/lower primary	39.7	23.1	50.7	71.7
Primary/lower secondary	36.3	43.4	33.3	20.0
Secondary	16.9	24.0	11.1	5.2
Post secondary (non-tertiary)	3.4	4.4	2.9	1.3
Diploma and professional qualification	2.2	2.8	1.5	1.5
University	1.6	2.5	0.5	0.4

To get a better sense of this improvement in educational attainment, the distribution for 2011 was further analysed by ethnicity. Ethnic differences were observed among males and females aged 55 and older. Among elderly males with no qualifications, they were more likely to be Chinese than Malay or Indian. For elderly males with primary education or higher, they were more likely to be Malay or Indian. Specifically, a higher proportion of males with primary education tended to be Malay. It was also observed that a higher proportion of elderly Indian males reported having secondary education or higher. Among elderly females, those who reported that they had no qualifications tended to be Chinese or Malay. Elderly females with higher levels of educational attainment were more likely to be Indian.

5. Yap, M. T. 2009. *State of the Elderly in Singapore 2008/2009: Release 1: Trends in Population Ageing Profile of Singapore's Elderly Population* [http://app1.mcys.gov.sg/Portals/0/Summary/research/State%20of%20the%20Elderly\\_Release%201.pdf](http://app1.mcys.gov.sg/Portals/0/Summary/research/State%20of%20the%20Elderly_Release%201.pdf); Knodel, J., M. B. Ofstedal and A. I. Hermalin. 2002. "The Demographic, Socioeconomic, and Cultural Context of the Four Study Countries," in *The Well-being of the Elderly in Asia: A Four-Country Comparative Study*, edited by Albert I. Hermalin. Ann Arbor: The University of Michigan Press, 25-64.

6. Retherford, R., S. B. Westley, M. K. Choe, T. Brown, A. Mason, and V. K. Mishra. 2002. *The Future of Population in Asia*. Honolulu: East-West Center. <http://www.eastwestcenter.org/fileadmin/stored/misc/FuturePop05Women.pdf>.

Table 2.8 Educational attainment by gender and ethnicity, 2011 (%)

Marital status	(%)	Ethnic group		
		Chinese	Malay	Indian
<b>Male</b>				
No qualification	18.9	20.4	14.8	7.4
Primary	41.1	40.6	45.3	43.4
Secondary and above	39.9	39.0	39.9	49.3
<b>Female</b>				
No qualification	39.7	41.3	42.0	21.0
Primary	36.3	35.7	33.8	49.4
Secondary and above	24.0	23.1	24.2	29.6

## 2.5 Religion

Among the elderly respondents aged 55 and older, 7 per cent reported that they did not have any religion. By far, Buddhists comprised the majority of the respondents surveyed. This was followed by Chinese traditional beliefs/Taoism/Shenism (18 per cent), Islam (11 per cent), Christianity (13 per cent) and Hinduism (5 per cent). Among the younger respondents in the 55–64 age band, there was a smaller proportion who reported that they believed in Chinese traditional beliefs/Taoism/Shenism.

Table 2.9 Religious affiliation by age, 2011 (%)

Religion	Total 55 and older	Age group		
		55–64	65–74	75 and above
No religion	7.0	8.2	6.2	5.0
Buddhism	44.8	42.0	48.1	48.1
Chinese traditional beliefs/Taoism/Shenism	18.3	16.3	9.9	8.3
Islam	11.0	12.6	9.9	8.3
Hinduism	5.0	6.2	3.7	3.5
Sikhism	0.3	0.3	0.1	0.4
Christianity – Roman Catholic	6.0	5.8	6.2	6.2
Christianity – other denominations	7.3	8.5	4.9	7.4
Others	0.3	0.2	0.3	0.4

Further comparisons were made with respect to the elderly population's religious affiliations between the two surveys 2011 and 2005. Declines were observed among those who reported having no religion: from 11 per cent in 2005 to 7 per cent in 2011. Those who reported that they believed in Chinese traditional beliefs/Taoism/Shenism also decreased from 20 per cent in 2005 to 18 per cent in 2011. There was a notable increase in those who reported being Buddhists as well as those who reported they were Christians from denominations other than Roman Catholic. The percentage of Buddhists in the population aged 55 and older increased from 38 per cent in 2005 to 45 per cent in 2011. Among those who were Christians from denominations other than Roman Catholic, an increase from 6 per cent in 2005 to 7 per cent in 2011 was observed.

Further comparisons with the 1995 survey were not possible as the response categories for religious affiliations were vastly different from those available in the 2011 and 2005 surveys.



Table 2.10 Religious affiliation, 2011 and 2005 (%)

<b>Religion</b>	<b>2011</b>	<b>2005</b>
No religion	7.0	11.4
Buddhism	44.8	37.6
Chinese traditional beliefs/Taoism/Shenism	18.3	20.4
Islam	11.0	11.8
Hinduism	5.0	4.7
Sikhism	0.3	0.5
Christianity – Roman Catholic	6.0	7.5
Christianity – other denominations	7.3	5.7
Others	0.3	0.5

## 2.6 Summary

Overall, the population surveyed in 2011 was younger compared to previous survey exercises due to the entry of the baby boomer generation in this target population. Examination by marital status and educational attainment showed evidence of age, gender and ethnic differentials. Some variations in terms of religious affiliations across the 2011 and 2005 surveys were observed.

## Chapter 3 Household and Family Structure

### 3.1 Introduction

The demographic profile of the elderly is changing as noted in Chapter 2. In light of these changes, it is pertinent to further examine the household as well as the family structure of the elderly in Singapore. Given the variations seen in marital status and educational attainment, have these developments changed the household and family structure of the elderly? For example, would decisions that were made earlier in the life course influence family structure and household size of the elderly now? This chapter also examines important aspects of house type, home-ownership, head of household, and size of household. For the 2011 survey, questions on availability of elderly-friendly fixtures in homes as well as the safety of the neighbourhood have also been included.

### 3.2 Household Size

The average household size of the elderly aged 55 and older surveyed in 2011 was 3.3 persons. This fell from an average household size of 4.4 reported in the 1995 survey and is a further decline from 3.7 reported in the 2005 survey. This decline in household size may be due to a number of possible reasons, for instance, the deliberate decision by married couples to have fewer children as well as choices made by the elderly to live independently of their adult children. Across the age groups, there seems to be a decline in household size as age increases.

Among the elderly aged 55 and older, about 15 per cent lived in one-person households. This is a marked increase from the reported proportion in the 2005 survey. In the 2005 survey, it was observed that 6 per cent lived in one-person households. As stated, the reason could be that some in the elderly population may have opted to live independently by choice rather than circumstance. The proportion of two-person households has also increased since the 2005 survey, rising by 2 percentage points from 20.7 per cent in the 2005 survey to 22.7 per cent in the 2011 survey.

Table 3.1 Household size by age, 2011 (%)

Household size	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
1	14.9	13.2	17.5	16.6
2	22.7	19.3	26.4	28.7
3	22.4	23.3	20.7	22.0
4	18.2	22.3	13.7	11.3
5	10.8	12.4	9.0	8.3
6 and above	11.0	9.5	12.8	13.1
Average household size	3.3	3.4	3.2	3.1

Table 3.2 Household size, 2011, 2005 and 1995 (%)

Household size	Total 55 and above		
	2011	2005	1995
Total	100.0	100.0	100.0
1	14.9	5.6	3.1
2	22.7	20.7	14.6
3	22.4	23.2	17.7
4	18.2	20.6	20.3
5	10.8	15.0	19.4
6 and above	11.0	14.9	24.9
Average household size	3.3	3.7	4.3

For the oldest age group, 75 and older, there was a marked increase in the proportion of one-person households as well as two- and three-person households. The former has been steadily increasing since the 1995 survey, from 4.4 per cent to 7.4 per cent in 2005 and 16.6 per cent in 2011. This increase signals a salient need to provide available homecare services to cater to these elderly persons, to enable them to age within the community. Such benefits would extend to those who are staying in two and three-person households as well.

Table 3.3 Household size, 75 and older, 2011, 2005 and 1995 (%)

Household size	Total 75 and above		
	2011	2005	1995
Total	100.0	100.0	100.0
1	16.6	7.4	4.4
2	28.7	24.0	16.8
3	22.0	20.0	16.8
4	11.3	14.2	15.0
5	8.3	13.7	19.2
6 and above	13.1	20.6	27.8
Average household size	3.1	3.8	4.3

### 3.3 Type of Dwelling

Around 85 per cent of the elderly surveyed were living in public housing. The majority of these (33 per cent) were living in four-room public flats. The other common public housing dwelling type for the elderly was the three-room flat. The proportion living in public housing has declined slightly since 1995. Although there has been a decline in the proportion of elderly living in public housing, there is an increase in the proportion of elderly living in private housing. This has increased from 13 per cent in the 2005 survey to 15 per cent in the 2011 survey.

The type of dwelling was also dependent on the age group of the respondent. There were higher proportions of elderly aged 65 and older who reported living in one to two-room and three-room public flats. Among the

elderly persons in the 55–64 age group, there were higher proportions living in bigger flats and private flats or houses. One possibility for this observation being that elderly in the older age group may not have had the opportunities available to their younger counterparts, thus the differences in the types of dwellings observed.

Table 3.4 Type of dwelling by age, 2011 (%)

Type of dwelling	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Public flat	85.5	81.3	90.8	91.3
1–2 room	8.5	5.7	11.4	13.5
3 room	23.2	17.9	29.3	31.8
4 room	33.0	35.5	29.5	29.7
5 room or larger	20.8	22.2	20.7	16.3
Private flat/house	14.5	18.7	9.2	8.7

Overall, the proportions of the three main ethnic groups living in public housing did not differ much. However, among those living in private flats or houses, there was a slightly higher proportion of Indians compared to Chinese or Malays.

Further analysis of the elderly residing in public housing provided some variations that occurred among the different ethnic groups. There was a slightly higher proportion of Malays (14 per cent) living in one to two-room public flats. There were also slightly higher proportions of elderly Chinese and Indians living in five-room or larger public flats as opposed to elderly Malays.

Table 3.5 Type of dwelling by ethnicity, 2011 (%)

Type of dwelling	Total 55 and above	Ethnic group		
		Chinese	Malay	Indian
Total	100.0	100.0	100.0	100.0
Public flat	85.5	85.9	86.9	79.6
1–2 room	8.5	7.7	13.7	10.4
3 room	23.2	23.7	22.0	20.1
4 room	33.0	33.3	34.3	26.8
5 room or larger	20.8	21.2	17.0	22.4
Private flat/house	14.5	14.2	13.1	20.4

Overall, a higher proportion of elderly females (87 per cent) were living in public housing compared to their male counterparts (84 per cent) whereas a higher proportion of elderly males (17 per cent) were living in private flat/house compared to females (13 per cent).

Table 3.6 Type of dwelling by gender, 2011 (%)

Type of dwelling	Total 55 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Public flat	85.5	83.8	87.3
1–2 room	8.5	9.0	8.0
3 room	23.2	20.0	26.0
4 room	33.0	32.1	33.7
5 room or larger	20.8	22.2	19.6
Private flat/house	14.5	16.6	12.7

The educational attainment of the elderly was found to be related to the type of dwelling they lived in. The higher the educational attainment among the elderly, the less likely they were to live in public housing and the more likely they were to live in private flats or houses.

The relationship between educational attainment and types of public housing was also observed. The majority of elderly living in one- to two-room public flats were likely to have lower secondary qualifications or below. For bigger flat types — five-room or larger — the elderly were more likely to be better educated. In particular, their educational attainment was more likely to be secondary or higher. The findings support the view that educational attainment can be treated as a proxy for socio-economic status where higher educational levels translate into higher socio-economic status.<sup>1</sup>

Table 3.7 Type of dwelling by educational attainment, 2011 (%)

Type of dwelling	Total 55 and above	Educational attainment					
		No qualification/lower primary	Primary/lower secondary	Secondary	Post secondary (non-tertiary)	Diploma and professional qualification	University
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Public flat	85.6	87.9	97.9	84.1	75.2	76.7	62.7
1–2 room	8.5	12.3	9.5	4.2	1.8	4.2	1.7
3 room	23.2	29.2	25.7	16.8	9.0	11.9	6.8
4 room	33.0	30.8	37.2	33.9	27.0	17.6	20.3
5 room or larger	20.9	15.6	15.5	29.3	37.4	43.0	33.9
Private flat/house	14.5	12.1	12.2	15.9	24.8	23.3	37.3

### 3.4 Home Ownership

Almost 80 per cent of the elderly aged 55 and older either own or were co-owners of the homes they live in. This is an increase from the last two surveys in 2005 and 1995. This also applies to the older age groups (Table 3.8). This suggests that the government's push for home ownership over the years has been largely successful.

1. Braveman, P. A., C. Cubbin, S. Egerter, S. Chiyeda, K. S. Marchi, M. Metzler and S. Posner. 2005. "Socioeconomic Status in Health Research: One size does not fit all," in *The Journal of the American Medical Association*, 294(22): 2879–2888.

Table 3.8 Home ownership by age, 2011, 2005 and 1995 (%)

Home ownership	Total 55 and above			Age group								
				55–64			65–74			75 and above		
Year	2011	2005	1995	2011	2005	1995	2011	2005	1995	2011	2005	1995
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Yes (own/co-owned)	79.1	73.7	69.4	84.6	82.3	79.1	74.6	70.5	63.6	67.5	53.1	49.3
No	20.9	26.3	30.6	15.4	17.7	20.9	25.4	29.5	36.4	32.6	46.9	50.7

In the 2011 survey, differences were present in terms of home ownership by age, gender, ethnicity and educational attainment. Among home owners, the majority were from the “55–64” age group, gradually declining to 67.5 per cent for the “75 and above” age group. One possibility for this decline is that elderly home owners may have transferred the ownership of their homes to their children in view of their increasing age. However, some of these elderly aged 75 and older may never have been home owners, and this is an area where policy-makers should pay attention.

Table 3.9 Home ownership by age, 2011 (%)

Home ownership	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Yes (own/co-owned)	79.1	84.6	74.6	67.5
No	20.9	15.4	25.4	32.6

Among the elderly aged 55 and older, the larger proportion of home owners were males at 82.5 per cent as compared to the females at 76.1 per cent. Among the elderly who were not home owners, there was a larger proportion of females at 23.9 per cent as compared to males at 17.5 per cent.

Table 3.10 Home ownership by gender, 2011 (%)

Home ownership	Total 55 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Yes (own/co-owned)	79.1	82.5	76.1
No	20.9	17.5	23.9

Analysed by ethnic group, elderly Chinese were more likely than their Malay or Indian counterparts to own or co-own the homes they live in. Among the latter two groups, Indians were more likely to own or co-own their homes compared to the Malay elderly.

Table 3.11 Home ownership by ethnicity, 2011 (%)

Home ownership	Total 55 and above	Ethnic group		
		Chinese	Malay	Indian
Total	100.0	100.0	100.0	100.0
Yes (own/co-owned)	79.1	81.1	65.7	78.9
No	20.9	18.9	34.3	21.1

It was also observed that within the target population, there was a link between educational attainment and home ownership. The elderly with lower secondary education and below were less likely to be home owners. Those who were better-educated, with diploma, professional qualifications or higher, were more likely to own or co-own their homes. Thus, there is some indication of social economic difference in terms of home

ownership among the elderly surveyed. Nevertheless, there has been improvement with regard to home ownership among the elderly. However, there is still room for improvement on this situation with regard to certain areas.

Table 3.12 Home ownership by educational attainment, 2011 (%)

Type of dwelling	Total 55 and above	Educational attainment					
		No qualification/ lower primary	Primary/ lower secondary	Secondary	Post secondary (non-tertiary)	Diploma and professional qualification	University
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Yes (own/co- owned)	79.1	69.1	79.2	88.1	87.4	90.2	90.7
No	20.9	30.9	20.8	11.9	12.6	9.8	9.3

### 3.5 Head of Household

The majority of the current elderly surveyed reported that they or their spouses as head of their household. In total, 82 per cent of the elderly reported this status. About 62 per cent reported that they were the sole head of their household. It should be highlighted that apart from these two responses, the rest of the elderly were living in households where their sons, sons-in-law, daughters, or daughters-in-law were the head of the household.

Increases were observed for certain categories between the two surveys in 2011 and 2005, particularly for those who reported that they or their spouse were the head of their household. There was a marked decrease in respondents citing their children, sons-in-law or daughters-in-law as heads of household between the 2005 survey and the 2011 survey. This development may be due to the respondents not having children to whom they could transfer ownership of the homes or their adult married children choosing to maintain their own homes as opposed to living with their parents. The elderly may also be living independently by choice, viewing their homes as retirement assets that could be unlocked at a later stage especially given the various monetisation avenues that have been made available in recent years by the Singapore government — for example, the Lease Buyback Scheme (LBS) first launched in March 2009.

It should also be pointed out that 1 per cent of the elderly who cited “others” as heads of household was not captured in the 2005 survey.

Table 3.13 Head of household, 2011 and 2005 (%)

Head of household	Total 55 and above	
	2011	2005
Total	100.0	100.0
Myself	61.6	55.9
My spouse	20.3	19.0
My son	11.4	17.7
My daughter	4.0	5.7
My son-in-law	1.5	1.5
My daughter-in-law	0.04	0.2
Others	1.1	--

It is observed that being head of household was dependent on the age, gender and educational attainment of the respondents. There was not much ethnic variation with regard to being head of household. The elderly who cited themselves as heads of household declined as the age group increased. About 64 per cent of

respondents aged 55 to 64 years cited themselves as heads of household compared to 53.1 per cent of respondents aged 75 and above. This decline was more pronounced among those respondents who cited their spouse as the head of household. The proportion of elderly aged 55 to 64, 25.5 per cent, who cited their spouse as head of the household was higher, compared with, 7 per cent reported among, the elderly aged 75 and older. The inverse was observed when children were reported as head of household. As the age group increased, the proportion of elderly citing sons or daughters as head of household increased. The proportion of elderly citing sons-in-law and daughters-in-law as heads of households also increased as the age band increased but this was not as pronounced.

Table 3.14 Head of household by age, 2011 (%)

Head of household	Total 55 and above (%)	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Myself	61.6	63.7	62.5	53.1
My spouse	20.3	25.5	17.7	6.6
My son	11.4	6.2	14.3	25.0
My daughter	4.0	2.1	3.7	11.6
My son-in-law	1.5	1.0	1.1	3.6
My daughter-in-law	0.04	0.04	0.1	0.0
Others	1.1	1.6	0.7	0.1

Males were more likely than females to be the head of the household. Among those who cited their spouse as head of household, 33 per cent were females as compared to only 6 per cent who were males.

Table 3.15 Head of household by gender, 2011 (%)

Head of household	Total 55 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Myself	61.6	83.4	42.6
My spouse	20.3	5.9	33.0
My son	11.4	6.6	15.6
My daughter	4.0	2.4	5.5
My son-in-law	1.5	0.9	2.0
My daughter-in-law	0.04	0.0	0.1
Others	1.1	0.9	1.3

Respondents who were better educated with diploma, professional qualifications and above were more likely to cite themselves as heads of their household. Those who cited their spouses as the heads of household were more likely to have secondary qualifications or lower.



Table 3.16 Head of household by educational attainment, 2011 (%)

Type of dwelling	Total 55 and above	Educational Attainment					
		No qualification/ lower primary	Primary/ lower secondary	Secondary	Post secondary (non-tertiary)	Diploma and professional qualification	University
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Myself	61.6	52.0	61.0	68.0	73.9	80.8	83.1
My spouse	20.3	16.5	23.7	22.2	18.9	15.0	9.3
My son	11.4	20.2	9.9	5.8	3.2	3.1	1.7
My daughter	4.1	7.5	3.6	1.7	0.9	0.0	0.9
My son-in-law	1.5	2.6	0.9	1.2	0.0	1.0	2.5
My daughter-in-law	0.04	0.1	0.0	0.0	0.0	0.0	0.0
Others	1.1	1.0	1.0	1.1	3.2	0.0	2.5

Further analysis was also carried out to explore if being head of the household was tied to home ownership. The elderly surveyed who owned or co-owned their own flats were more likely to cite themselves or their spouse as head of household. Conversely, it was observed that elderly who were not home owners were more likely to cite their children or children's spouses as head of the household.

Table 3.17 Head of household by home ownership, 2011 (%)

Head of household	Total 55 and above	Gender	
		Yes	No
Total	100.0	100.0	100.0
Myself	61.6	64.4	51.2
My spouse	20.3	22.7	11.2
My son	11.4	8.7	21.6
My daughter	4.0	3.0	8.1
My son-in-law	1.5	0.7	4.4
My daughter-in-law	0.04	0.0	0.2
Others	1.1	0.5	3.5

### 3.6 Living Arrangement

Living with family continues to be popular for the elderly in their old age; however, some evidence does suggest alternative living arrangements exist. This section examines the living arrangements of the elderly in terms of household composition. It should be noted that past research have indicated an evolution of the family structure due to shrinking household sizes.<sup>2</sup> This has resulted in living arrangements that differ from the more traditional forms seen in past surveys. According to Vern Bengtson, as societies change, traditional family structures become less important<sup>3</sup>; instead, one should pay attention to the latent kin networks that the elderly are able to call on in times of need.

The majority of elderly surveyed were living with their spouses and their children with no grandchildren (33

2. National Family Council. 2005 & 2009. *State of the Family Report*. <http://app1.mcys.gov.sg/portals/0/Summary/research/NFC-StateoftheFamilyReport2009.pdf>; <http://www.nfc.org.sg/pdf/State%20of%20the%20Family%20in%20Singapore.pdf>.

3. Bengtson, V. L. 2001. "Beyond the Nuclear Family: The Increasing Importance of Multigenerational Bonds," in *Journal of Marriage and Family*, 63(1):1-17.

per cent). Almost 29 per cent of the respondents were living in arrangements that were not considered traditional. This included living with friends, other kin such as siblings, or with unrelated individuals. Living alone was the third most common living arrangement. Additional analysis by age group suggests that elderly in the middle and older age groups were more likely to be living on their own compared to the elderly in the 55–64 age group.

As mentioned earlier, the shift from traditional living arrangements was not unexpected. As it is the latent kin network of the elderly that would usually be more important, it should not be presumed that these elderly were abandoned. In fact the government’s push to cater for ageing-in-place may have encouraged independent living within the community. Age was a significant factor in the living arrangements. As the respondents aged, they were less likely to live with their spouses, children and grandchildren. A possible reason for this could be the life course transition of family members, such as children moving out of the family home and maintaining a separate household after marriage.

Table 3.18 Living arrangement by age, 2011 (%)

Living arrangement	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Living alone	14.9	13.2	17.5	16.6
Living with spouse only	12.2	10.8	15.4	11.8
Living with spouse and children, no grandchildren	32.6	42.3	24.2	12.5
Living with spouse and grandchildren or great-grandchildren, no children	0.7	0.6	1.0	0.4
Living with spouse and children and grandchildren	6.5	6.0	8.1	5.8
Living with children and/or grandchildren, no spouse	4.5	3.0	5.4	8.3
Other living arrangements	28.6	24.1	28.4	44.7

It should be noted that living alone was more common among the female elderly aged 55 and older as compared to male elderly. This is possibly a result of the differences in male and female life expectancies. Among those who reported that they were living with a spouse, 16 per cent of the male respondents reported this as compared to 9 per cent among the female respondents.

A similar pattern was also observed among those who reported “living with children and/or grandchildren” in that they were more likely to be female as opposed to males. It was observed that among the males, the majority (41 per cent) reported that their living arrangement was “living with spouse and children, no grandchildren” as compared with 25 per cent in the female population surveyed.

Table 3.19 Living arrangement by gender, 2011 (%)

Living arrangement	Total 55 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Living alone	14.9	13.3	16.3
Living with spouse only	12.2	15.8	9.0
Living with spouse and children, no grandchildren	32.6	41.2	25.1
Living with spouse and grandchildren or great-grandchildren, no children	0.7	0.8	0.6
Living with spouse and children and grandchildren	6.5	6.3	6.7
Living with children and/or grandchildren, no spouse	4.5	2.5	6.2
Other living arrangements	28.6	20.1	36.0

Some ethnic differentials were observed that were in line with earlier qualitative studies with regard to living arrangement.<sup>4</sup> In this instance, however, while the variations were present it was not too stark. Among the Malay sub-population, they were more likely than the Chinese and Indians to report living with grandchildren and great-grandchildren on top of living with their adult children and spouse.

Table 3.20 Living arrangement by ethnicity, 2011 (%)

Living arrangement	Total 55 and above	Ethnic group		
		Chinese	Malay	Indian
Total	100.0	100.0	100.0	100.0
Living alone	14.9	15.6	11.5	11.7
Living with spouse only	12.2	12.5	10.3	9.7
Living with spouse and children, no grandchildren	32.6	33.6	28.5	31.1
Living with spouse and grandchildren or great-grandchildren, no children	0.7	0.5	2.0	1.0
Living with spouse and children and grandchildren	6.5	6.1	9.9	7.7
Living with children and/or grandchildren, no spouse	4.5	4.3	5.2	6.0
Other living arrangements	28.6	27.4	32.7	32.8

Attention needs to be placed on individuals who reported that they were living alone. Based on the whole sample, 15 per cent reported this status. Further analysis by educational attainment indicated a slightly higher percentage among those with no qualifications or lower primary education living on their own. The next highest group within this status were those with university education. One could argue that for those who were better educated, the living arrangement could be due to choice as opposed to those with no qualification/lower primary. There are also those with no qualifications or lower primary education who were in other living arrangements who formed a higher proportion compared to the respondents with other educational levels. This is another area that warrants a more in-depth look by policy-makers.

4. Blake, M. 1992. *Growing Old in the Malay Community*. Singapore: Times Academic Press for the Centre for Advanced Studies, Faculty of Arts and Social Sciences, National University of Singapore.

Table 3.21 Living arrangement by educational attainment, 2011 (%)

Living arrangement	Total 55 and above	Educational attainment					
		No qualification/ lower primary	Primary/ lower secondary	Secondary	Post secondary (non-tertiary)	Diploma and professional qualification	University
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Living alone	14.9	17.2	15.1	12.3	9.5	13.5	15.3
Living with spouse only	12.2	9.2	13.3	13.2	16.7	14.5	9.3
Living with spouse and children, no grandchildren	32.7	17.5	35.9	42.6	42.8	47.2	44.9
Living with spouse and grandchildren or great-grandchildren, no children	0.7	0.5	0.7	1.1	0.5	0.0	1.7
Living with spouse and children and grandchildren	6.5	7.2	7.0	6.4	5.0	1.6	1.7
Living with children and/or grandchildren, no spouse	4.5	6.8	4.6	2.5	1.4	1.0	2.5
Other living arrangement	28.5	41.5	23.4	21.9	24.3	22.3	24.6

A number of trends were observed in the living arrangements of those aged 55 and older. In order to see the changing trend in living arrangements, a comparison was made with the 1995 and 2011 surveys. There has been an increase in the proportion of elderly living on their own, from 15 per cent in 2011 to 3 per cent in 1995. There has also been an increase in the proportion of elderly married couples living on their own without their children since 1995. There has been a marked decrease in the proportion of elderly living with their spouses, children and grandchildren. Further, a marked decrease was also observed for those who were living with their children, grandchildren or both, but without a spouse. Alternate living arrangements have also increased from 6 per cent in 1995 to 29 per cent in 2011. It was also observed that elderly were living with their spouse and grandchildren or great-grandchildren but without their children. This was not previously observed in 1995.

Table 3.22 Living arrangement, 2011 and 1995 (%)

<b>Living arrangement</b>	<b>2011</b>	<b>1995</b>
Total	100.0	100.0
Living alone	14.9	3.1
Living with spouse only	12.2	5.2
Living with spouse and children, no grandchildren	32.6	37.1
Living with spouse and grandchildren or great-grandchildren, no children	0.7	0.0
Living with spouse and children and grandchildren	6.5	12.1
Living with children and/or grandchildren, no spouse	4.5	37.0
Other living arrangements	28.6	5.6

### 3.6 Elderly-friendly Homes

In the 2011 survey, respondents were asked if their homes had elderly-friendly features. This question was pertinent given the efforts made by the government to encourage the elderly to age-in-place within the community. The results showed that there was still a large majority of dwelling types that did not include elderly-friendly features like non-slip tiles and grab bars in the toilets. Within public housing, a larger proportion of flats with elderly-friendly features were one to two-room flats as compared to the other housing types. Overall, 26 per cent of all dwelling types contained elderly-friendly fixtures. This suggests that there is room for improvement in enabling the elderly population to live independently in the community.

Table 3.23 Elderly-friendly fixtures by type of dwelling, 2011 (%)

<b>Contained elderly-friendly features</b>	<b>Total</b>	<b>Type of dwelling</b>					
		<b>Public flat</b>	<b>1–2 room flat</b>	<b>3 room flat</b>	<b>4 room flat</b>	<b>5 room or larger flat</b>	<b>Private flat/house</b>
Yes	25.9	26.0	48.5	25.5	20.7	26.0	24.8
No	74.2	74.0	51.5	74.5	79.3	74.0	75.2

### 3.7 Summary

The findings from the 2011 survey have further indicated a change in the ageing population in Singapore. In particular, changes were observed not only with reference to household size but also in other areas such as dwelling type and the living arrangements of the elderly in Singapore. The changes were also characterised by the different determinants such as age, gender and educational attainment. Lastly, elderly-friendly features in homes that were not common previously were observed in some homes in Singapore.

## Chapter 4 Family and Social Support

### 4.1 Introduction

Family continues to be the primary source of support for many elderly persons in Singapore despite smaller family sizes and the transition from more established forms of living arrangement. In the previous chapter, it was observed that 57 per cent of the elderly were living with either their spouse or their children or both. Apart from this, 60 per cent also had children who were maintaining separate households from them.

This chapter examines the different forms of support that were available to the elderly. This included family interactions and also interactions with friends. These social interactions are important indicators as to whether the elderly were experiencing any degree of social isolation.

### 4.2 Interaction with Children

Majority (68.7 per cent) of the elderly respondents kept daily contact with children to whom they were closest. It should also be noted that this included children who were not staying with the respondent. The frequency of contact declined with the age of the respondent. Possible reasons for this development could be that the adult children were going through their own life course transitions, for example, having school-going children or a full-time job, all of which were competing for their limited time resource — resulting in them having less time to be in frequent contact with their elderly parents. Nevertheless, one should not overlook that some degree of contact were still reported by the elderly. In fact, only a small proportion (0.4 per cent) reported not having any contact for the preceding year.

Table 4.1 Frequency of contact by age, 2011 (%)

Frequency of contact	Total 55 and above	Age group		
		55–64	65–74	75 and above
Every day	68.7	71.7	65.4	63.7
2–3 times a week	13.5	13.3	12.7	15.6
Once a week	10.8	8.8	14.7	10.8
2–3 times a month	4.2	4.1	3.8	5.6
Once a month	1.3	1.1	1.6	1.8
Less than once a month	1.2	0.7	1.4	2.1
No contact for the past year	0.4	0.3	0.4	0.6

Among the elderly surveyed, female respondents (72 per cent) were more likely to have daily contact with their children as compared with males (65 per cent). Further, males were speaking less with their children and vice versa. This reinforces the concept of women as kin-keepers or managers of relationships within the household. Thus, even in old age, the bonds remain strong. Men are more likely to spend time outside of the household working during the earlier part of their life course, thus they do not foster the type of close ties with their children often seen between mothers and children.<sup>1</sup>

1. Silverstein, M. and V. L. Bengtson. 1997. "Intergenerational Solidarity and the Structure of Adult Child-Parent Relationships in American Families," in *American Journal of Sociology* 103(2): 429–60.

Table 4.2 Frequency of contact by gender, 2011 (%)

Frequency of contact	Total 55 and above	Gender	
		Male	Female
Every day	68.7	64.8	71.9
2–3 times a week	13.5	15.4	11.9
Once a week	10.8	11.8	9.9
2–3 times a month	4.2	4.3	4.2
Once a month	1.3	1.8	0.9
Less than once a month	1.2	1.7	0.7
No contact for the past year	0.4	0.3	0.5

Some ethnic variation exists with regard to frequency of contact. Malay (81 per cent) and Indian (77 per cent) respondents were more likely to cite daily contact with their children as opposed to the Chinese (66 per cent). Chinese respondents were also more likely to cite contact frequency at twice, thrice or once a week.

Table 4.3 Frequency of contact by ethnicity, 2011 (%)

Frequency of contact	Total 55 and above	Ethnic group		
		Chinese	Malay	Indian
Every day	68.7	66.3	80.6	77.0
2–3 times a week	13.5	14.6	8.1	8.6
Once a week	10.8	11.6	6.3	8.2
2–3 times a month	4.3	4.6	2.4	3.1
Once a month	1.3	1.3	1.5	2.0
Less than once a month	1.2	1.2	0.7	1.2
No contact for the past year	0.4	0.4	0.4	0.0

For the elderly aged 65 and older, 65 per cent reported that they had daily contact with their children. Although this is slightly lower than what is reported for the whole population survey, daily interaction continued to take place for the majority of elderly in this age range. Further analysis by gender and ethnicity indicated that variations were present within age groups. Female respondents (69 per cent) were more likely to report having daily contact with their children compared to their male counterparts. Among the ethnic groups, Malay (80 per cent) and Indian (73 per cent) respondents reported daily contact with their children as well.

Table 4.4 Frequency of contact for respondents aged 65 and older, by gender, 2011 (%)

Frequency of contact	Total 65 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Every day	64.8	58.3	69.4
2–3 times a week	13.8	15.0	12.9
Once a week	13.2	15.5	11.6
2–3 times a month	4.5	5.2	3.9
Once a month	1.7	3.0	0.7
Less than once a month	1.7	2.7	0.9
No contact for the past year	0.5	0.3	0.6

Table 4.5 Frequency of contact for respondents aged 65 and older, by ethnicity, 2011 (%)

Frequency of contact	Total 65 and above	Ethnic group		
		Chinese	Malay	Indian
Total	100.0	100.0	100.0	100.0
Every day	64.7	62.6	79.6	72.9
2–3 times a week	13.9	15.1	5.1	7.1
Once a week	13.2	13.7	7.4	15.3
2–3 times a month	4.5	4.9	2.8	0.0
Once a month	1.6	1.4	3.4	2.4
Less than once a month	1.7	1.6	1.7	2.4
No contact for past year	0.5	0.6	0.0	0.0

Compared with the last survey in 2005, there was a decline in daily contact with children. In the 2005 survey, 74 per cent reported that they had daily contact; however, this declined to 69 per cent in the 2011 survey. While daily contact declined across the two surveys, respondents who had contact with their children once a week or two to three times a month increased in the 2011 survey when compared to the 2005 survey. In 2005, 8 per cent of respondents reported once a week contact, but in 2011, this has increased to 11 per cent. It should also be noted that the incidences of elderly reporting no contact for the past year has decreased from 0.7 per cent in 2005 to 0.4 per cent in 2011.

Table 4.6 Frequency of contact, 2011 and 2005 (%)

Frequency of contact	Survey year	
	2011	2005
Every day	68.7	73.7
2–3 times a week	13.5	13.5
Once a week	10.8	7.6
2–3 times a month	4.2	2.1
Once a month	1.3	0.9
Less than once a month	1.2	1.4
Not at all for past year	0.4	0.7



### 4.3 Activities with Family

Interactions with family were not confined to interactions with adult children but also with grandchildren. In this regard, the 2011 survey also collected information on the types of activities that the elderly did with their family. In terms of having meals together, no significant relationship was observed in terms of age, gender and ethnicity and will not be reported here.

The majority of the elderly (91 per cent) spent leisure time with their children. However, as they aged, the proportion of elderly spending leisure time with their children decreased.

Table 4.7 Spending leisure time with children, by age, 2011 (%)

Spending leisure time with children	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Yes	90.9	92.6	90.4	86.1
No	9.1	7.4	9.6	13.9

Overall, the frequency of leisure time spent with children was once a month. The next most cited frequency was less than once a month. Nevertheless, there was not much variation among the different age groups.

Table 4.8 Frequency of spending leisure time with children, by age, 2011 (%)

Spending leisure time with children	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Every day	15.2	15.5	15.1	14.1
2–3 times a week	9.3	10.1	8.5	7.6
Once a week	17.6	18.9	17.4	13.2
2–3 times a month	13.4	14.7	12.2	11.3
Once a month	20.8	20.8	19.9	21.9
Less than once a month	19.5	16.8	22.8	23.3
Not at all for past year	4.3	3.2	4.1	8.6

About 49 per cent of the elderly had grandchildren. Among those who had grandchildren, only 29 per cent helped their adult children look after their grandchildren. Within this group, age, gender and ethnic variations were observed. In particular, respondents from younger age groups were more likely help their adult children look after their grandchildren. The propensity declined with age, with 35 per cent in the 55–64 age group and 31 per cent in the 65–74 age group looking after grandchildren, compared to only 14 per cent in the 75 and above age band.

Table 4.9 Looking after grandchildren, by age, 2011 (%)

Looking after grandchildren	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Yes	28.6	35.2	30.8	13.5
No	71.4	64.8	69.2	86.5

Ethnic and gender differentials were also observed. Elderly Malays were more likely help their adult children look after their children. About 35 per cent carried out this activity compared with 28 per cent among the elderly Chinese and 27 per cent among the elderly Indians. Furthermore, elderly females were more likely to

carry out this activity compared to elderly males. About 34 per cent of females reported looking after their grandchildren compared to 21 per cent of the elderly males surveyed.

Table 4.10 Looking after grandchildren, by ethnicity, 2011 (%)

Looking after grandchildren	Total 55 and above	Ethnic group		
		Chinese	Malay	Indian
Total	100.0	100.0	100.0	100.0
Yes	28.9	28.1	34.5	27.3
No	71.2	71.9	65.5	72.7

Table 4.11 Looking after grandchildren, by gender, 2011 (%)

Looking after grandchildren	Total 55 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Yes	28.6	21.0	33.6
No	71.4	79.1	66.4

Although the proportion of respondents looking after their grandchildren was low, there was still much interaction between the elderly and their grandchildren. Of the many different activities that were available to both grandparents and grandchildren, three common activities are highlighted here. The first was having meals together; about 95 per cent had meals with their grandchildren. There was no significant difference observed by ethnic group and gender. The cross-tabulations will therefore not be reported in this instance.

Table 4.12 Having meals with grandchildren, by age, 2011 (%)

Having meals together with grandchildren	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Yes	95.4	94.6	97.2	94.3
No	4.6	5.4	2.8	5.7

For the other two activities, the proportions of respondents that participated in these activities were low. Among the elderly aged 55 and above, 16 per cent helped their grandchildren with their schoolwork and education-related activities. In this particular instance, it was also observed that the propensity to help decreased with age.

Table 4.13 Helping grandchildren with their schoolwork or education-related activities, by age, 2011 (%)

Helping grandchildren with their schoolwork or education-related activities	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Yes	16.1	18.8	16.4	10.9
No	83.9	81.2	83.7	89.1

About a quarter of the elderly discussed their personal lives with their grandchildren. It should be noted that a slightly higher proportion of respondents aged 65 to 74 were more likely do this as opposed to the younger and older age groups.

Table 4.14 Respondents who discussed their personal lives with grandchildren, by age, 2011 (%)

Discussing personal lives with grandchildren	Total 55 and above (%)	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Yes	25.2	25.5	28.6	19.9
No	74.8	74.6	71.4	80.1

For many of the elderly respondents with grandchildren, the most common activity as highlighted earlier was having meals. Almost 38 per cent of the respondents had meals with their grandchildren every day while slightly more than 29 per cent had meals together once a week. With regard to the other two activities, only 20.9 per cent and 24.2 per cent of the respondents with grandchildren carried out the two activities on a daily basis. The frequency of activity declined for all activities for respondents aged 65 and above. Nevertheless, it was observed that having meals continued to have the highest proportion of elderly partaking in the activity.

Table 4.15 Frequency of activity with grandchildren, 2011 (%)

Frequency	Activity 55 and above		
	Having meals together with grandchildren	Helping grandchildren with their schoolwork or education-related activities	Discussing personal lives with grandchildren
Total	100.0	100.0	100.0
Every day	37.9	20.9	24.2
2–3 times a week	6.0	12.9	11.0
Once a week	29.2	13.6	14.8
2–3 times a month	16.7	14.6	13.9
Once a month	3.2	6.3	7.7
Less than once a month	5.8	12.3	11.9
Not at all for past year	1.2	19.4	16.6

Table 4.16 Frequency of activities with grandchildren, 65 and older, 2011 (%)

Frequency	Activity 65 and above		
	Having meals together with grandchildren	Helping grandchildren with their schoolwork or education-related activities	Discussing personal lives with grandchildren
Total	100.0	100.0	100.0
Every day	35.5	16.1	20.1
2–3 times a week	6.2	11.1	10.8
Once a week	30.2	12.6	14.7
2–3 times a month	17.0	16.1	16.2
Once a month	3.2	5.5	7.4
Less than once a month	6.7	14.6	13.9
Not at all for past year	1.3	24.1	17.0

#### 4.4 Interactions with Siblings and Friends

Apart from having contact with their adult children, the elderly also had other sources of interactions. These other sources included contact with siblings and friends. About 58 per cent of the elderly aged 55 and older had siblings with whom they were close. Among the elderly aged 55 and older, about 72 per cent had friends with whom they were close. The average number of close siblings or relatives for those aged 55 and older was three and the average number of close friends that the elderly were in contact with was four. Nevertheless, across both sources of interaction, as the respondents grew older, a decline was observed.

Table 4.17 Having close siblings/relatives, by age, 2011 (%)

Do you have siblings/relatives with whom you are close?	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Yes	58.4	62.9	56.3	46.0
No	41.6	37.1	43.7	54.0

Table 4.17a Number of close siblings/relatives, by age, 2011 (%)

Number of siblings/relatives with whom you are close?	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
None	41.6	37.1	43.7	54.0
1–2	35.2	33.9	37.2	36.3
3–4	12.6	15.0	10.3	8.2
5 or more	10.6	14.0	8.8	1.6
Mean Number	2.9	3.3	2.7	2.0

Table 14.8 Having close friends, by age, 2011 (%)

Do you have friends with whom you are close?	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Yes	72.1	73.3	73.4	65.7
No	27.9	26.7	26.6	34.3

Table 4.18a Number of close friends, by age, 2011 (%)

Number of friends with whom you are close	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
None	27.9	26.7	26.6	34.3
1–2	40.8	40.1	40.5	43.9
3–4	13.5	13.1	15.4	11.8
5 or more	17.8	20.2	17.5	10.0
Mean Number	3.7	3.9	3.9	3.0

Earlier, it was reported that 15 per cent of the elderly were living on their own. Further analysis of this group showed that they were not completely isolated. Slightly less than half had siblings with whom they were close. Among the group who lived alone, 77 per cent had friends with whom they were close.

Table 4.19 Living alone and social network, 2011 (%)

Do you have siblings/relatives with whom you are close?	
Total (%)	100.0
Yes	49.4
No	50.6
Do you have friends who are close to you?	
Total (%)	100.0
Yes	76.9
No	23.1

Since the 2005 survey, the proportion of elderly aged 55 and older with close friends has increased 10 percentage points, from 62 per cent to 72 per cent in 2011.<sup>2</sup>

Among the elderly who had either close siblings, relatives or friends or all three, questions were also asked with regard to their frequency of contact with these sources of social support. In this instance, the analysis took into account the basic demographics of age, gender and ethnicity.

While contact was noted with siblings and relatives, it was not as frequent as compared with their children. The majority of contact among the elderly aged 55 and above tended to be once a month (20 per cent) or less than once a month (23 per cent). Frequency of contact in general decreased with age. Among the respondents who reported daily contact, the proportion declined at the older age groups. About 9 per cent reported daily contact among the 55–64 age group compared to 6 per cent among those aged 75 and above.

<sup>2</sup> Ministry of Community Development, Youth and Sports, 2005. *National Survey of Senior Citizens 2005*, pp. 59  
The National Survey of Senior Citizens in Singapore 2011

Table 4.20 Frequency of contact with siblings/relatives, by age, 2011 (%)

Frequency of contact with siblings/relatives	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Every day	8.2	9.3	7.0	5.7
2–3 times a week	13.7	16.2	10.7	7.8
Once a week	15.0	16.6	12.2	12.7
2–3 times a month	18.0	18.2	18.2	12.7
Once a month	20.2	20.0	18.7	23.7
Less than once a month	23.3	18.6	30.8	30.5
Not at all for past year	1.7	1.1	2.4	3.0

Ethnic differentials were observed with regard to frequency of contact. Elderly Malays and Indians (14.2 and 16.7 per cent, respectively) were more likely to be in daily contact with their siblings/relatives compared to elderly Chinese (7 per cent). Similarly, respondents who reported contact frequency of two to three times a week were more likely to be either Malay or Indian.

Table 4.21 Frequency of contact with siblings/relatives, by ethnicity, 2011 (%)

Frequency of contact with siblings/relatives	Total 55 and above	Ethnic group		
		Chinese	Malay	Indian
Total	100.0	100.0	100.0	100.0
Every day	8.3	7.0	14.2	16.7
2–3 times a week	13.7	12.8	17.2	19.4
Once a week	15.0	15.3	15.4	11.3
2–3 times a month	18.1	18.2	18.0	16.1
Once a month	20.2	20.8	17.2	16.1
Less than once a month	23.1	24.3	17.2	16.1
Not at all for past year	1.7	1.6	0.8	4.3

Elderly females tended to be in more frequent contact with sibling or relatives. Compared with their male counterparts, they were more likely to be in either daily contact or have contact two to three times a week with their siblings or relatives. This was in line with their role of being the kin-keeper in the family as noted earlier in this report.

Table 4.22 Frequency of contact with siblings/relatives, by gender, 2011 (%)

Frequency of contact with siblings/relatives	Total 55 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Every day	8.2	6.6	9.7
2–3 times a week	13.7	11.4	15.7
Once a week	15.0	15.5	14.5
2–3 times a month	18.0	18.1	17.9
Once a month	20.2	22.1	18.5
Less than once a month	23.3	24.7	21.9
Not at all for past year	1.7	1.6	1.7

There was no clear indication of much education variation in terms of frequency of contact. However, elderly respondents with university qualifications made up a higher proportion of those who reported daily contact and two to three times a week contact with their siblings or relatives.

Table 4.23 Frequency of contact with siblings/relatives, by educational attainment, 2011 (%)

Frequency of contact with siblings/relatives	Total 55 and above	Educational attainment					
		No qualification/lower primary	Primary/lower secondary	Secondary	Post secondary (non-tertiary)	Diploma and professional qualification	University
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Every day	8.3	10.2	6.4	9.4	6.7	7.5	15.9
2–3 times a week	13.7	10.9	12.4	18.8	14.1	10.8	20.6
Once a week	15.1	9.8	13.7	20.6	22.2	20.8	12.7
2–3 times a month	18.1	16.2	20.2	17.2	20.8	15.0	11.1
Once a month	20.0	22.1	21.8	14.5	20.8	20.8	19.1
Less than once a month	23.2	28.6	24.1	18.1	15.4	23.3	15.9
Not at all for past year	1.6	2.3	1.4	1.3	0.0	1.7	4.8

With regard to frequency of contact with friends, the older age groups were more likely to have daily contact with friends compared to the younger age bands. About 29 per cent respondents aged 75 and above had daily contact with friends compared to respondents aged 55 to 64 (19 per cent) and 65 to 74 (22 per cent). Nevertheless, it should be pointed out that in these latter two groups, 21 per cent of those aged 55 to 64 and 22 per cent of those aged 65 to 74 were more likely to contact with friends two to three times a week, compared to those aged 75 and above (14 per cent).

Table 4.24 Frequency of contact with friends, by age, 2011 (%)

Frequency of contact with friends	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Every day	21.3	19.2	21.5	29.4
2–3 times a week	20.5	21.3	22.3	13.9
Once a week	18.8	20.5	17.8	14.3
2–3 times a month	13.4	13.5	14.2	11.7
Once a month	12.9	12.6	12.1	15.3
Less than once a month	12.6	12.6	11.7	14.3
Not at all for past year	0.5	0.4	0.4	1.1

Ethnic variation was not observed with regard to frequency of contact. Among the major ethnic groups aged 55 and older, more respondents had contact with their friends on a daily basis (21 per cent), with 20 per cent who had contact two to three times a week.

Table 4.25 Frequency of contact with friends, by ethnicity, 2011 (%)

Frequency of contact with friends	Total 55 and above	Ethnic group		
		Chinese	Malay	Indian
Total	100.0	100.0	100.0	100.0
Every day	21.4	21.2	21.7	23.6
2–3 times a week	20.4	19.7	24.2	23.6
Once a week	18.7	19.2	17.8	14.2
2–3 times a month	13.5	13.6	14.2	10.7
Once a month	12.9	12.9	12.0	13.7
Less than once a month	12.6	13.0	10.0	12.0
Not at all for past year	0.5	0.5	0.0	2.2

As observed earlier with regard to frequency of contact with siblings or relatives, female respondents were more likely than their male counterparts to be in daily contact with their friends.

Table 4.26 Frequency of contact with friends, by gender, 2011 (%)

Frequency of contact with friends	Total 55 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Every day	21.3	18.6	23.7
2–3 times a week	20.5	21.3	19.7
Once a week	18.8	19.3	18.4
2–3 times a month	13.4	15.1	12.0
Once a month	12.9	13.2	12.6
Less than once a month	12.6	11.9	13.2
Not at all for past year	0.5	0.7	0.4

As observed earlier, most of the respondents either had daily or twice to thrice weekly contact with friends. Between these two groups, those who had daily contact with friends were more likely to have “no qualification/lower primary” or “primary/lower secondary” education. The proportions were lower among the diploma and professional qualifications as well as those with university qualifications. The reverse was observed among those who reported contact with friends two to three times a week.



Table 4.27 Frequency of contact with friends, by educational attainment, 2011

Frequency of contact with friends	Total 55 and above	Educational attainment					
		No qualification/lower primary	Primary/lower secondary	Secondary	Post secondary (non-tertiary)	Diploma and professional qualification	University
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Every day	21.3	29.8	21.8	16.0	12.0	9.2	8.7
2–3 times a week	20.4	17.9	22.6	18.7	19.8	22.9	25.0
Once a week	18.9	17.3	15.6	23.8	17.4	28.8	28.3
2–3 times a month	13.4	10.4	13.9	15.5	22.8	11.1	7.6
Once a month	12.9	13.6	13.6	11.4	11.4	11.8	12.0
Less than once a month	12.6	10.6	12.0	13.8	16.8	16.3	17.4
Not at all for past year	0.5	0.4	0.5	0.9	0.0	0.0	1.1

#### 4.5 Social Support of the Elderly

In the 2005 survey, the majority of elderly aged 55 and above depended on the family for all aspects of support. These included when they had fallen ill, needed financial assistance and when they needed to talk to someone. Overall, compared with similar data from the 2005 survey, there has been an increasing reliance on the family by the elderly during times of illness (93 per cent) and when they were in financial need (88 per cent). There has been a slight decline in the elderly going to their family when they needed to talk to someone. In the 2005 survey, the proportion of elderly aged 55 and above who reported speaking to their family members was 91 per cent, while that for the 2011 survey was 89 per cent.

Table 4.28 Sources of help for the elderly, 2011 (%)

Sources of help	Total 55 and above	Age group		
		55–64	65–74	75 and above
When ill				
Family	92.6	92.8	92.9	91.3
Friends	3.6	4.4	2.8	2.0
None	5.4	5.4	5.1	5.8
When in need of financial help				
Family	88.3	87.9	88.5	89.4
Friends	3.2	4.0	2.5	1.5
None	9.2	9.8	8.5	8.4
When in need of someone to talk to				
Family	88.5	88.6	88.7	88.0
Friends	14.8	16.1	15.3	9.4
None	6.6	6.8	5.5	8.0

Further, marked declines were observed among the elderly who turned to their friends when they needed to talk to someone. There was a sharp decline with some age groups reporting declines of 20 percentage points. One possibility for this could be due to them seeking alternative sources like care centre staff or volunteers.

Table 4.29 Sources of help for the elderly, 2005 (%)<sup>3</sup>

Sources of help	Total 55 and above	Age group		
		55–64	65–74	75 and above
When ill				
Family	92.1	93.0	91.3	90.6
Friends	4.2	4.5	4.3	3.2
None	5.6	5.5	5.9	5.6
When in need of financial help				
Family	87.5	86.5	88.2	89.2
Friends	4.4	5.8	3.3	2.0
None	10.1	10.9	9.6	8.5
When in need of someone to talk to				
Family	91.4	93.3	89.5	89.1
Friends	36.2	36.3	39.3	30.3
None	2.2	2.0	1.8	3.4

Based on the data above, the most common sources of support for the elderly tended to be the family. Nevertheless, as to which of these resources were considered by the elderly as their most important source of support warrants further analysis. In each of the three situations, the elderly turned to their children and their spouses. More importantly, as the elderly aged, they turned increasingly to their children for support. Among those aged 75 and older, 64 per cent cited their children as their most important source of help when they were ill and needed assistance as compared to 44 per cent among those aged 65 to 74. In times of financial need, 78 per cent of those aged 75 and older cited their children compared to those in the younger age group. This pattern was also observed when the elderly were asked whom they turned to when they needed someone to talk to. In all three scenarios among the elderly with children, the children tended to shoulder more responsibility as their parents aged. However, while the immediate family was the first source that they turned to; the extended family of siblings and other relatives were also called upon, but the proportion was not high.

Table 4.30 Most important source of help when ill, by age, 2011 (%)

Most important source of help (illness)	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Spouse	44.8	53.4	41.2	20.7
Children	38.3	28.4	43.6	64.2
Relatives	8.8	10.3	7.8	5.1
Friends or neighbours	1.3	1.4	1.2	0.9
Others	1.5	1.2	1.2	3.3
None	5.4	5.4	5.1	5.8

<sup>3</sup> Ministry of Community Development, Youth and Sports, 2005. *National Survey of Senior Citizens 2005*, pp. 60. The National Survey of Senior Citizens in Singapore 2011

Table 4.31 Most important source of help when requiring financial assistance, by age, 2011 (%)

Most important source of help (financial)	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Spouse	26.5	35.8	18.4	6.8
Children	52.6	40.6	62.9	77.9
Relatives	8.5	10.8	6.3	4.2
Friends or neighbours	1.2	1.4	1.1	0.7
Charities/charitable organisations	0.3	0.3	0.5	0.4
Government	1.5	1.2	2.0	1.5
Others	0.2	0.2	0.2	0.1
None	9.2	9.8	8.5	8.4

Table 4.32 Most important source when needing to speak to someone, by age, 2011 (%)

Most important source (talk)	Total 55 and above	Age group		
		55–64	65–74	75 and above
Total	100.0	100.0	100.0	100.0
Spouse	37.0	45.0	32.4	16.6
Children	40.8	31.1	47.0	65.1
Relatives	8.7	10.4	7.2	5.5
Friends or neighbours	5.6	6.0	6.2	2.9
Others	1.2	0.8	1.8	2.0
None	6.6	6.8	5.5	8.0

Gender differences were observed from the survey results. Elderly females were consistently more likely to cite their children as their most important source of support when ill or needing financial assistance as well as someone to confide in compared to their male counterparts. It was observed that males were more likely to cite their spouses as their most important source of support when compared to their female counterparts. This was observed for all three instances surveyed. It suggested that males taking on the traditional gender role of being the breadwinner and spending more time at work earlier in their life course might have influenced them in not seeking out their children when they needed someone to talk to later in life.

Table 4.33 Most important source of help when ill, by gender, 2011 (%)

Most important source of help (illness)	Total 55 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Spouse	44.8	58.7	32.6
Children	38.3	23.8	50.9
Relatives	8.8	8.9	8.7
Friends or neighbours	1.3	1.3	1.2
Others	1.5	1.0	2.0
None	5.4	6.3	4.6

Table 4.34 Sources of help when requiring financial assistance, by gender, 2011 (%)

Most important source of help (financial)	Total 55 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Spouse	26.5	30.1	23.3
Children	52.6	45.5	58.8
Relatives	8.5	9.7	7.5
Friends or neighbours	1.2	1.5	0.9
Charities/charitable organisations	0.3	0.2	0.5
Government	1.5	2.0	1.0
Others	0.2	0.3	0.1
None	9.2	10.8	7.8

Table 4.35 Most important source when needing to speak to someone, by gender, 2011 (%)

Most important source (talk)	Total 55 and above	Gender	
		Male	Female
Total	100.0	100.0	100.0
Spouse	37.0	48.7	26.8
Children	40.8	28.6	51.6
Relatives	8.7	8.8	8.6
Friends or neighbours	5.6	5.7	5.4
Others	1.2	1.2	1.3
None	6.6	7.0	6.3

#### 4.6 Summary

In many instances, the immediate family (spouses and children) continued to be the primary source of interaction for the elderly in Singapore. Social interactions between siblings, relatives and friends have also been observed. In instances when the elderly needed assistance or someone to talk to, they turned to their spouses and children for help. The survey also highlighted that a small proportion of the elderly did not have someone to turn to when they were ill, needed financial assistance or needed to speak to someone. While this is a cause for concern and this group should be observed, one should also not discount the possibility of this being a personal choice of the elderly.

## Chapter 5 Finance

### 5.1 Introduction

Financial health is undoubtedly a critical determinant of quality of life. It has a bearing on the kind of options the elderly possess in terms of leisure activities and, more importantly, housing, food, healthcare, and transportation. It also impacts and is affected by their relationship with family members and friends, whether they play the role of providers or dependents.

The elderly are conventionally defined as those aged 65 and above, and assumed to be dependent on the pre-retirement group aged between 15 and 64. However, this is a blunt indicator, given that its assumptions may not accurately reflect reality. For instance, should there be no retirement age — with the elderly continuing to work far beyond the age of 65 — or should younger people extend their student status or remain under-employed or even unemployed for long periods, it is entirely possible that the elderly may paradoxically turn out to be providers of financial support to younger people, rather than be on the receiving end. Another possible scenario is the elderly being dependent on their children, but the latter unfortunately do not have the capacity to effectively play the role of providers. A happier outcome would be one in which the elderly are financially independent, or if family members could make up for what they lack, or if family members could supply all that they need. The government is a part of this equation as well, particularly in the event that both the elderly and their children are means-tested and proven to be incapable of maintaining some basic level of sustenance with their own resources.

This chapter presents data on the income, savings, assets and expenditures of the elderly with a view to estimating their financial adequacy. It will also examine their sources of income, whether from profits or wages; savings, including Central Provident Fund (CPF) savings; assets or investment; children; welfare services; or government agencies. With regard to expenditures, it aims to not only ascertain spending patterns, but also the extent to which the elderly may play the role of providers, rather than dependents.

### 5.2 Income

Comparing the 2005 and 2011 surveys, overall and across each of the age groups, total monthly income from all sources rose over the last six years (Table 5.1). These figures, however, did not take into consideration inflation.

Elderly males received higher income than elderly females, given that the former were more likely to be better educated, and be employed and hold higher status jobs (Table 5.2). The same pattern and explanation may also apply to the difference in income between the younger and older age groups.

Most of the elderly surveyed cited income transfers from children as one of their top main source of income (Tables 5.3 and 5.4). Not unexpectedly, a large proportion of elderly aged 55–64 cited paid employment as their top main income source, while the majority of elderly aged 75 and above and elderly females cited income transfers from children as their top main income source. Females also cited income transfers from their spouse as one of their top main income sources. Between the 1995 and 2011 surveys, the proportion of elderly citing income transfers from children as the top main income source declined by about 20 per cent, while that of paid employment rose about 10 per cent (Table 5.4). This corresponded to an increase in the employment of the elderly over the same period, which probably eased their dependency on their children. A number of respondents cited income sources such as rental income, dividends and

annuities, suggesting a diversification of income sources, while others cited public assistance, which in turn reflected a widening income gap and an ageing population, brought about in part by the increasing life expectancy.

Table 5.1 Monthly income (all sources) by age, 2005 and 2011 (%)

Monthly income	Total Aged 55 and above		Age group					
			2005		2011		2005	
	2005	2011	55-64		65-74		75 and above	
Less than \$500	38.1	9.8	26.0	5.7	45.3	11.9	62.5	20.7
\$500-999	32.3	24.8	33.1	19.7	35.0	29.3	24.9	35.2
\$1,000-1,999	20.6	35.7	28.2	37.4	14.2	35.9	8.7	29.4
\$2,000 and above	9.0	29.7	12.6	37.2	5.5	22.9	3.9	14.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 5.2 Monthly income (all sources) by age and gender, 2011 (%)

Monthly income	Total Aged 55 and above		Age group/Gender					
			55-64		65-74		75 and above	
	Male	Female	Male	Female	Male	Female	Male	Female
Less than \$500	19.0	21.8	4.6	6.8	9.1	14.0	19.0	21.8
\$500-999	27.9	40.2	14.0	25.4	25.0	32.7	27.9	40.2
\$1,000-1,999	30.8	28.4	35.9	38.8	35.4	36.3	30.8	28.4
\$2,000 and above	22.2	9.6	45.4	29.0	30.6	17.0	22.2	9.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 5.3 Main sources of income by year, gender and age, 2011 and 2005 (%)

Source	Total Aged 55 and above		Gender				Age group (2011)		
			Male		Female				
	2005	2011	2005	2011	2005	2011	55-64	65-74	75 and above
	Income transfers from children	66.0	66.7	54.0	57.5	77.3	74.8	58.3	76.4
Personal savings	36.7	47.2	42.3	47.9	32.0	46.6	43.3	51.2	54.6
Paid employment	26.2	38.9	38.2	48.3	15.6	30.6	52.2	29.2	8.0
CPF savings	13.9	6.7	20.1	9.0	8.4	4.7	6.9	7.9	4.0
Income transfers from spouse	11.9	14.9	2.7	8.6	20.3	20.5	20.4	10.1	3.6
Profits	--	3.7	--	5.2	--	2.3	4.3	3.7	1.4
Income transfers from other family members	2.5	4.0	2.2	3.0	3.0	5.0	3.5	4.0	6.1
Workfare	--	1.8	--	2.0	--	1.7	1.8	2.8	0.4
Pension	1.8	2.3	2.7	3.3	1.1	1.5	1.4	2.5	5.3
Rental income	1.3	2.6	1.3	2.4	1.3	2.7	2.7	1.9	3.1
Interests/Dividends	1.2	5.0	2.1	7.0	0.4	3.2	4.4	5.8	5.7
Annuities	0.9	6.1	1.3	8.3	0.6	4.1	5.6	9.2	2.4
Public assistance	0.6	1.1	0.7	1.6	0.5	0.7	0.8	1.3	2.1
Community Development Council (CDC) assistance	0.3	0.4	0.3	0.3	0.3	0.5	0.4	0.5	2.1
Charity	0.3	0.3	0.4	0.3	0.3	0.3	0.3	0.2	0.4
Others	1.2	0.0	1.7	0.0	0.7	--	0.0	0.0	0.0

Table 5.4 Top three income sources for overall sample and most important income source by gender and age, 2011 (%)

Source	Top Three Sources			Gender		Age group		
	Rank 1	Rank 2	Rank 3	Male	Female	55-64	65-74	75 and above
	Most important source (2011)							
Income transfers from children	37.0	28.6	35.2	26.3	46.3	25.8	44.5	64.3
Personal savings	10.9	40.7	24.8	12.5	--	--	12.9	14.2
Paid employment	33.4	4.8	--	42.9	25.0	45.3	24.6	5.7
Income transfers from spouse	--	--	9.1	--	10.8	9.7	--	--
Most important source (2005)								
Income transfers from children						31.9	55.8	63.7
Personal savings						11.0	15.0	10.7
Paid employment						38.9	12.7	3.7
Income transfers from spouse								
Most important source (1995)								
Income transfers from children						48.5	79.0	85.7
Personal savings						--	--	--
Paid employment						39.8	13.5	3.9
Income transfers from spouse						5.8	1.8	0.9

### 5.3 Expenditure

In terms of expenditure, the elderly aged 55 to 64 were likely to incur more expenses than their older counterparts. This could be because they had school or university-going children. In addition, if they belonged to the “sandwiched” generation, they would also have to provide financial support to their parents (Table 5.5).

Table 5.5 Monthly expenditure by age, 2011 (%)

Monthly expenditure	Total Aged 55 and above	Age group		
		55-64	65-74	75 and above
Less than \$500	16.9	11.3	21.8	28.7
\$500-999	34.5	31.5	37.4	40.5
\$1,000-1,999	36.1	40.4	32.7	26.5
\$2,000 & above	12.5	16.9	8.0	4.2
Total	100.0	100.0	100.0	100.0

The most highly cited expenditure items were food, followed by utilities, transport and healthcare (Table 5.6). Elderly males were more likely to list housing and car loans as part of their expenditure than elderly females. Between the 2005 and 2011 surveys, the proportion citing healthcare as a main expenditure item rose by about 9 percentage points, and that of utilities increased by about 32 percentage points (Table 5.6). Transport remained high on the expenditure list, though the proportion citing it declined by about 5 percentage points. These figures probably reflect rising costs of living or, in the case of healthcare, a rapidly ageing population.

Table 5.6 Main expenditure items by gender and age, 2011 and 2005 (%)

Expenditure item	Total 55 and above		Gender, 2011		Age group, 2011		
	2005	2011	Male	Female	55-64	65-74	75 and above
Food	88.8	96.7	96.7	96.7	97.3	97.1	93.8
Transport	74.2	69.1	68.2	69.9	69.1	72.8	63.0
Healthcare	49.4	58.3	54.9	61.3	53.9	63.1	65.7
Recreation	44.0	21.3	23.4	19.4	22.1	22.0	17.5
Utilities	44.0	76.3	79.6	73.4	77.9	74.7	73.0
Clothing	30.2	10.0	16.4	21.3	22.1	16.6	12.1
Income transfers to spouse	11.6	4.0	8.1	0.5	4.6	4.3	1.7
Income transfers to parents/in-law	--	2.2	2.0	2.3	3.5	0.5	0.4
Rental	6.1	7.5	8.6	6.5	7.0	7.8	8.7
Housing loan	5.0	7.6	9.8	5.7	10.5	4.2	3.2
Education expenses for adult dependent children	3.1	3.6	5.7	1.8	5.9	1.1	0.4
Income transfers to adult dependent children	2.5	3.7	5.4	2.3	5.9	0.6	0.5
Car loan	1.8	3.8	6.9	1.2	5.4	2.5	0.6
Income transfers to grandchildren	0.3	1.4	0.9	1.8	1.2	1.5	2.0
Education expenses for grandchildren	0.3	0.6	0.4	0.8	0.6	0.6	0.9

Table 5.7 Top three expenditure items for overall sample and top expenditure item by age, 2011 (%)

Expenditure item	Top Three Items			Top Item		
	Rank 1	Rank 2	Rank 3	Age group		
				55-64	65-74	75 and above
Food	57.6	28.2	--	55.6	61.2	58.9
Transport	--	--	28.2	--	--	--
Healthcare	6.4	12.2	22.5	--	7.3	9.3
Utilities	20.6	32.4	21.0	19.4	21.1	24.1
Housing loan	--	--	--	6.5	--	--

However, high expenditure quantum may not be a cause for concern in itself, as long as there is adequate income to pay for expenses. Table 5.8 indicates that about one in five elderly had zero balance after deducting expenditure from income. It is not known if this figure included elderly persons who incurred a deficit, which would entail getting into debt or arrears. The remaining 80 per cent had some savings, with above 40 per cent having savings in excess of \$500 (Table 5.8). However, among the elderly aged 75 and above, almost 40 per cent did not have any savings by the end of the month.



Table 5.8 Monthly income minus expenditure, 2011 (%)

Balance of income minus expenditure	Total Aged 55 and above	Age group		
		55–64	65–74	75 and above
Zero	21.1	15.3	23.2	37.9
\$1–499	39.4	37.5	43.0	39.9
\$500–999	20.5	23.3	18.7	13.7
\$1,000–1,999	11.8	14.0	10.5	6.1
\$2,000 & above	7.3	9.9	4.5	2.5
Total	100.0	100.0	100.0	100.0

#### 5.4 Ownership of Assets

Most elderly reported owning one or more assets, namely owner-occupied house, savings or fixed deposits and CPF savings (Table 5.9). While the ranking of these three assets were similar across all age groups, those in the younger age groups were more likely to consider owner-occupied house as their top asset (Tables 5.10 and 5.11). This suggested a greater probability of the elderly in the younger age group owning a residential property. Those in the younger age group also had a higher likelihood of possessing a more diversified portfolio of financial products, which included stocks and shares, annuities and insurance policies. Females were less likely to mention CPF savings as part of their assets, reflecting their lower labour force participation compared to males.

Table 5.9 Ownership of assets by gender and age, 2011 (%)

Ownership	Total Aged 55 and above		Age group		
	Male	Female	55–64	65–74	75 and above
	Own one or more assets	99.2	97.5	98.9	98.2
Do not own any asset	0.8	2.5	1.1	1.8	3.8
Total	100.0	100.0	100.0	100.0	100.0

Table 5.10 Types of assets owned by gender and age, 2011 (%)

Asset	Total Aged 55 and above	Gender		Age group		
		Male	Female	55–64	65–74	75 and above
Owner-occupied house	79.1	82.5	76.1	84.6	74.6	67.5
Second residential property	0.7	0.9	0.6	0.9	0.4	0.6
Commercial property	0.3	0.2	0.4	0.4	0.3	0.0
CPF savings	59.1	72.6	47.3	69.3	50.6	37.3
Savings/fixed deposits	77.9	76.8	78.8	76.5	79.8	79.6
Life/endowment insurance	10.2	11.0	9.4	13.9	6.9	2.5
Annuities	6.8	8.6	5.1	7.1	8.8	2.1
Stocks, shares and bonds	7.6	10.9	4.8	8.6	7.3	4.8
Partnership/interest in private/family business	1.0	1.3	0.8	1.2	0.7	0.6
Car(s)	6.1	9.9	2.7	8.3	4.3	1.2

Table 5.11 Top two assets owned for overall sample and most important asset owned by gender and age, 2011 (%)

Asset	Total Aged 55 and above		Most important asset owned				
	Top 2		Gender		Age group		
	Rank 1	Rank 2	Male	Female	55–64	65–74	75 and above
Owner-occupied house	79.8	--	82.6	77.2	84.9	75.2	69.1
CPF savings	2.4	23.4	2.8	2.1	2.2	2.3	3.5
Savings/fixe deposits	16.7	65.2	13.6	19.5	12.0	21.0	26.8
Life/endowment insurance	--	3.7	--	--	--	--	--

## 5.5 CPF Savings and Usage

The Central Provident Fund, or CPF, is a cornerstone of social security in Singapore. Most working adults and retirees would have a CPF account. Current policy requires the elderly to maintain a “minimum sum” of money within their accounts, which could be used to participate in an annuity scheme paying a “life-long income” post-retirement. This is not to suggest that CPF savings are meant only for retirement. Over the years, they have been put to multiple uses, including housing, healthcare and education for the account holder’s offspring. It is likely that the elderly in the older age group may have withdrawn some or most of their CPF savings upon reaching retirement age, and it remains possible for those in the younger age group to withdraw some of their CPF savings, after satisfying the “minimum-sum” scheme requirement.

This section examines what the elderly do with the CPF savings withdrawn. The top five most mentioned items were deposit in banks or finance companies; use for overseas holidays; use for household expenses; reducing housing loan debts; and investment in life annuities (Table 5.12). However, the top five most important uses were bank deposits, household expenses, reducing bank loan debts, investment in life annuities and children’s education (Table 5.13). These figures indicate that most elderly were quite prudent in how they used their CPF savings. The usage pattern also reflected the usual age and gender differences in labour force participation and responsibilities within households.

Table 5.12 Usage of withdrawn CPF savings by gender and age, 2011 (%)

Investment/consumption item	Total Aged 55 and above	Gender		Age group		
		Male	Female	55–64	65–74	75 and above
Deposit in banks/finance companies	37.5	46.6	29.5	44.7	30.8	23.4
Invest in life annuities	3.0	3.7	2.4	3.2	4.1	0.5
Invest in shares/bonds	1.8	2.7	1.1	2.5	1.3	0.4
Buy property for self and/or spouse	1.1	1.8	0.6	1.3	1.3	0.4
Buy property for children	0.6	0.9	0.4	0.9	0.4	0.1
Use for household expenses	23.9	28.7	19.8	27.8	19.8	17.1
Use for children's education	3.0	4.7	1.4	4.1	1.2	1.7
Buy a car	0.3	0.5	0.2	0.4	0.2	0.0
Use for overseas holiday	96.6	96.1	97.0	95.3	97.8	99.1
Spend on gifts to children	1.0	1.1	0.9	1.3	1.1	0.0
Pay up capital portion of housing loan	5.6	8.1	3.5	6.9	4.5	2.7
Others: medical expenses	0.2	0.7	0.3	0.9	0.4	0.1

N = 2,925

Table 5.13 Most important usage for withdrawn CPF savings by gender and age, 2011 (%)

Investment/consumption item	Total Aged 55 and above	Most Important Use				
		Male	Female	55–64	65–74	75 and above
Deposit in banks/finance companies	48.6	48.3	49.1	48.2	49.1	51.0
Invest in life annuities	3.4	3.2	3.5	3.1	5.5	0.3
Invest in share/bonds	1.8	2.0	1.4	2.1	1.5	0.3
Buy property for self and/or spouse	1.8	2.4	1.1	1.7	2.6	1.0
Buy property for children	0.3	0.2	0.4	0.3	0.3	0.3
Use for household expenses	28.9	27.1	31.2	28.2	27.4	36.7
Use for children's education	2.9	3.9	1.4	3.4	1.4	2.7
Buy a car	0.1	0.1	0.0	0.1	0.0	0.0
Use for overseas holiday	1.6	1.4	1.8	1.8	1.2	1.0
Spend on gifts to children	0.4	0.3	0.6	0.2	1.2	0.0
Pay up capital portion of my housing loan	7.6	8.4	6.6	7.9	7.8	5.1

N = 2,925

## 5.6 Financial Adequacy and Inadequacy: Present and Future

It was earlier noted that about 20 per cent of the overall sample reported having no savings after subtracting expenditures from income from all sources. Table 5.14 below shows how the respondents gauged their own financial situation. Slightly more than one in four encountered some degree of financial inadequacy, while one in three of the elderly aged 75 and above perceived their financial situation to be so. The two most cited reasons for their financial inadequacy were “high cost of living” and “low or no income” (Table 5.15). Interestingly, the

proportion in each age group that cited poor financial support from children was in the low single digits.

However, when asked how they would make up for the shortfall, almost 50 per cent said they would request more money from their children or spouse, and slightly more than 40 per cent would turn to their own savings. Seeking help from charities featured low on the list of possible funding options (Table 5.16).

With regard to the future, close to one in three anticipated future financial inadequacy. The proportion with this perception was very similar across gender and age groups (Table 5.17). In terms of possible funding options, most of the elderly showed an awareness of downgrading to a smaller home or subletting one or more rooms in their homes (Table 5.18). The proportion of the elderly who were aware of the lease buyback option — involving “selling” the remaining lease of the smaller type HDB flat one owns in exchange for a life-long income stream, while continuing to live in the flat — was somewhat lower, but a higher proportion indicated a willingness to adopt this option.

Table 5.14 Perceived current financial adequacy by gender and age, 2011 (%)

Financial adequacy	Total Aged 55 and above	Gender		Age Group		
		Male	Female	55–64	65–74	75 and above
More than adequate	4.3	3.7	4.9	4.0	5.0	4.3
Adequate	69.9	74.5	65.9	74.7	66.1	59.4
Occasionally inadequate	17.5	14.4	20.2	12.6	21.8	27.7
Usually inadequate	8.2	7.4	8.9	8.6	7.2	8.5

N = 5,000

Table 5.15 Reasons for current financial inadequacy by gender and age, 2011 (%)

Reason	Total Aged 55 and above	Gender		Age Group		
		Male	Female	55–64	65–74	75 and above
High cost of living	61.3	58.5	63.1	60.7	62.6	60.8
High medical/healthcare costs	2.5	2.9	2.2	2.1	2.6	3.1
Have to provide financial support to children	0.5	1.4	0.0	0.8	0.5	0.0
Have to provide financial support to grandchildren	0.4	0.2	0.5	0.5	0.3	0.3
Have to provide financial support to parents	0.4	0.0	0.6	0.8	0.0	0.0
Own income too low/no income	33.4	35.6	32.0	34.5	32.0	33.1
Children not giving enough money	1.5	1.4	1.5	0.5	2.1	2.7

N = 1,286

Table 5.16 Ways of funding current financial shortfall by gender and age, 2011 (%)

Reason	Total Aged 55 and above	Gender		Age Group		
		Male	Female	55-64	65-74	75 and above
Private savings	41.1	49.5	35.5	52.6	36.9	22.9
CPF savings	0.9	1.2	0.6	1.2	1.0	0.0
Request more money from children/spouse	47.2	36.1	54.4	32.6	53.1	69.6
Borrow from relatives/friends	5.9	7.5	4.9	8.6	4.4	2.4
Sell assets	1.3	1.2	1.4	1.3	1.8	0.7
Sublet rooms	2.8	3.3	2.4	2.6	2.3	3.8
Request help from government agencies, Community Development Councils (CDCs)	0.4	0.6	0.3	0.5	0.3	0.3
Request help from voluntary/charitable organisations	0.5	0.6	0.4	0.7	0.3	0.3

N = 1,286

Table 5.17 Perceived future financial adequacy by gender and age, 2011 (%)

Future financial adequacy	Total Aged 55 and above	Gender		Age Group		
		Male	Female	55-64	65-74	75 and above
More than sufficient	4.5	4.5	4.4	4.7	4.4	3.9
Sufficient	64.3	64.7	64.0	64.8	63.8	63.6
Insufficient	31.2	30.8	31.5	30.5	31.8	32.5

N = 4,944

Table 5.18 Ways of funding future financial shortfall by gender and age, 2011 (%)

Funding future financial needs	Total Aged 55 and above		Gender				Age Group					
			Male		Female		55-64		65-74		75 and above	
	A	U	A	U	A	U	A	U	A	U	A	U
Downgrading to a smaller flat/house	90.7	16.3	91.8	17.3	89.8	15.5	91.8	19.2	90.6	14.8	87.3	8.2
Lease buyback	60.2	20.6	65.4	21.0	55.7	20.3	63.6	21.4	60.2	18.4	48.5	21.3
Renting out one or more rooms in flat	91.3	14.3	92.5	14.2	90.4	14.3	93.3	16.4	89.8	12.5	87.1	9.5
Renting out whole flat under the HDB's Approved Subletting Scheme	87.0	8.8	88.7	9.1	87.0	8.6	89.7	10.0	86.5	8.7	83.0	4.5
Workfare Income Supplement	60.3	--	66.4	--	55.0	--	65.3	--	57.2	--	48.0	--

Notes: N = 5,000; A = Aware; U = would Utilise

## 5.7 Financial Inadequacy and Relationship with Adult Children

Given the critical importance of financial support from children, as evident from the findings on the top three income sources and the most important funding sources to make up for financial shortfall, it would be interesting to find out if there was any statistical association between financial inadequacy and quality of relationship with children. Tables 5.19 and 5.20 below indicate that poor relationship with adult children might have resulted in financial inadequacy, or perhaps financial inadequacy might have resulted in poor relationship with adult children. For both interpretations, the implication is that a good relationship with adult children could be a better basis for ensuring financial support for parents than obligation or duty. Until there is more robust data, this remains a hypothesis.

Table 5.19 Financial adequacy by relationship with adult children, 2011 (%)

Financial adequacy	Relationship			
	Very close	Close	Somewhat close	Not close at all
More than adequate	7.4	3.7	1.6	2.8
Adequate	76.1	75.3	66.8	44.4
Occasionally inadequate	12.7	17.9	21.5	30.6
Usually inadequate	3.9	3.1	10.2	22.2

N = 4,363 Chi-Square = 126.331, df = 9, sig = 0.00

Table 5.20 Relationship with adult children by financial adequacy, 2011 (%)

Relationship	Financial adequacy			
	More than adequate	Adequate	Occasionally inadequate	Usually inadequate
Very close	54.2	36.4	27.7	35.5
Close	43.4	57.9	63.0	44.8
Somewhat close	1.9	5.2	7.7	15.1
Not close at all	0.5	0.5	1.5	4.7

N = 4,363 Chi-Square = 126.331, df = 9, sig = 0.00

## 5.8 Summary

The analyses in this chapter suggest that the elderly in the younger age group were in somewhat stronger financial health than those in the older age groups. This reflects the fact that the former were better educated and more likely to be working. With regard to gender differences, it was observed that the female elderly were more likely to encounter financial inadequacy than the male elderly. They were also more likely to be dependent on their children than the latter.

Close to one third of the elderly anticipated facing future financial inadequacy. Some of the elderly may have access to the option of “monetising” their residential property to fund their current or post-retirement expenses. There were some indications that, among the elderly, financial inadequacy may to some extent be connected to poor quality relationship with their adult children.

## Chapter 6 Employment and Retirement

### 6.1 Introduction

Given the importance of maintaining financial health and being socially engaged and, conversely, the challenges of financial inadequacy and social isolation, it makes sense for the elderly to be employed and to remain employable for as long as their physical and mental health permits.

This chapter takes stock of the employment status and work and market situation of the elderly, their orientations towards employment and retirement, as well as the problems they encounter at work or in seeking employment, with a view to determine how best to enhance labour force participation among the elderly.

### 6.2 Employment Status and Gender and Education Profiles

Table 6.1 shows that, between 2005 and 2011, there has been an increase in the proportion of elderly persons who were employed. This observation holds true for both male and female respondents as well as across age groups.

The growth in elderly labour force participation could be accounted for by a number of reasons: (i) a consequence of rising educational attainment, as could be inferred from the education profile of employed respondents across the age groups (Table 6.2); (ii) the necessity for the elderly to supplement their retirement savings and other income sources; and (iii) a result of government policies aimed at enhancing elderly employment.

Table 6.1 Employment status by age and gender, 2005 and 2011 (%)

Employment status	Overall		2005			2011		
			Age group					
	2005	2011	55–64	65–74	75 & above	55–64	65–74	75 & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Employed	28.2	39.0	43.8	14.6	4.2	52.9	28.7	7.3
Unemployed	5.8	1.7	7.5	5.3	1.5	2.6	0.9	0.1
Economically inactive	65.9	59.2	48.7	80.1	94.3	44.5	70.4	92.5
<b>Male</b>								
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Employed	40.9	49.5	60.2	22.2	8.0	63.6	36.8	10.5
Unemployed	7.9	2.4	10.1	6.8	2.4	3.2	1.5	0.3
Economically inactive	50.8	42.9	29.4	71.0	89.6	33.2	61.6	89.2
<b>Female</b>								
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Employed	16.7	29.9	27.7	7.8	1.5	42.2	22.5	5.2
Unemployed	3.8	1.2	4.9	4.0	0.9	2.0	0.4	0.0
Economically inactive	79.5	69.0	67.4	88.2	97.6	55.8	77.2	94.8

N = 4,976

Table 6.2 Education profile of employed and economically inactive elderly, by gender and age (%)

Education	Overall	Male			Female		
		55-64	65-74	75 & above	55-64	65-74	75 & above
<b>Employed</b>							
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
None	15.8	6.2	22.5	32.4	16.7	45.9	56.5
Primary	30.4	30.2	33.8	52.9	30.5	22.4	34.8
Secondary & above	53.8	63.6	43.7	14.7	52.8	31.8	8.7
<b>Economically inactive</b>							
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
None	33.1	25.4	20.9	42.7	28.4	52.0	72.4
Primary	26.8	26.2	30.4	26.0	31.8	27.7	15.8
Secondary & above	40.1	48.4	48.7	31.2	39.9	20.3	11.8

N(Employed)=1,941; N(Economically Inactive)=2,948

### 6.3 Work Arrangements of Employed Elderly

With regard to work arrangements, Table 6.3 indicates that the majority of the employed elderly were either on permanent contract, working full-time, or not engaged in shift work. Male elderly, compared to female elderly, were more likely to be working full-time and to be engaged in shift work. Age could also account for the lower probability of being on permanent contract and working full-time, and higher likelihood of being on regular hours.

Table 6.3 Work arrangements of employed elderly, by gender and age (%)

Employment status	Overall	Age group		
		55-64	65-74	75 & above
Permanent	86.0	88.2	79.2	75.5
Full-time	70.1	74.3	58.7	41.5
Regular hours	87.3	86.7	88.4	94.3
<b>Male</b>				
Permanent	85.0	87.5	75.7	78.1
Full-time	72.8	76.9	62.1	37.5
Regular hours	83.5	83.1	83.1	93.8
<b>Female</b>				
Permanent	87.4	89.2	83.3	71.4
Full-time	66.6	70.7	54.7	47.6
Regular hours	92.4	91.7	94.7	95.2

N=1,637

### 6.4 Occupation Profile of Employed/Previously Employed Elderly

The occupation profile of employed and previously employed elderly showed that age has somewhat less impact for the categories of professionals and business owners (Table 6.4). However, for the other white-collar categories, the proportions of elderly declined across age groups. In the case of unskilled, blue-collar occupations, the pattern was reverse, with proportionally fewer elderly from the younger age groups. These figures correspond to education



profile, that is, the higher educational attainment of those from the younger age group relative to that of the older age group.

With regard to gender, it can be observed that female elderly were more likely to be found either doing clerical work or engaged in unskilled, blue-collar jobs, largely due to their having lower education, or, in the case of the latter type of jobs, even no formal education. Indeed, slightly more than 50 per cent of the employed or previously employed elderly aged 75 or older worked as labourers or, more likely, as cleaners.

The occupation pattern of employed elderly in 2011 is quite similar to that of 2005, with the exception that there were, among older elderly, no female professionals and associate professionals, but close to 70 per cent in the low-end jobs of labourers and cleaners (Table 6.5). This again reflects the lower educational attainment of older female elderly.

Both Tables 6.6 and 6.7 on “minimum qualification required for job” and “employment income” respectively reinforce the above inferences that age and gender correspond to occupational status. The former indicator is based on a question aimed at gauging the social status of jobs held by the elderly. Specifically, lower status jobs are likely to correspond to lower entry requirements. When we compare across the last six columns in Table 6.6, it can be seen that those from the younger age group (52.3 per cent) were more likely to be found in higher status jobs requiring secondary or higher qualifications, while females from the older age group (56.5 per cent) were more likely to be in lower status jobs requiring no educational qualifications.

Table 6.4 Occupation profile of employed/previously employed elderly, by gender and age (%)

Occupation	Overall	Male			Female		
		55–64	65–74	75 & above	55–64	65–74	75 & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Senior officials & managers	6.5	8.0	6.7	4.7	7.0	3.0	4.6
Professionals	6.5	6.3	7.0	9.4	6.5	4.6	7.6
Self-employed or business owners	9.9	11.5	12.3	11.4	8.4	6.7	7.1
Associate professionals	5.8	9.5	9.0	8.0	2.1	2.0	0.0
Clerical workers	9.7	9.8	7.8	5.7	13.7	6.1	6.8
Sales & services workers	26.1	31.0	24.4	22.1	25.2	24.8	14.8
Craftsmen & related workers	3.9	4.4	4.2	6.4	2.5	4.2	3.8
Plant & machine operators	7.8	6.3	6.3	6.4	10.9	8.9	4.2
Cleaners & labourers	23.3	13.1	20.6	24.7	23.6	39.4	51.1
Agricultural workers	0.5	0.2	1.8	1.3	0.1	0.2	0.0

N=4,068

Table 6.5 Occupation profile of currently employed elderly, by gender and age (%)

Occupation	Overall	Male			Female		
		55-64	65-74	75 & above	55-64	65-74	75 & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Senior officials & managers	7.0	7.8	5.6	8.8	7.6	2.4	8.7
Professionals	4.6	5.7	3.3	2.9	4.4	3.0	0.0
Self-employed or business owners	9.7	10.1	11.6	5.9	9.6	7.8	0.0
Associate professionals	6.3	9.6	6.5	5.9	2.9	1.2	0.0
Clerical workers	10.4	9.2	8.8	0.0	15.5	4.2	4.3
Sales & services workers	30.5	35.0	23.7	20.6	28.4	26.9	8.7
Craftsmen & related workers	2.9	4.0	2.8	2.9	1.0	3.0	8.7
Plant & machine operators	5.0	5.4	4.2	2.9	5.2	3.6	0.0
Cleaners & labourers	23.4	13.0	33.0	50.0	25.5	47.9	69.6
Agricultural workers	0.2	0.2	0.5	0.0	0.0	0.0	0.0

N=1,936

Table 6.6 “Minimum qualification required for jobs”, by gender and age (%)

Minimum qualification	Education profile of all seniors	Education profile of employed seniors	Minimum qualification required	Male			Female		
				55-64	65-74	75 & above	55-64	65-74	75 & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
None	30.0	15.8	30.7	25.0	35.8	50.0	28.4	55.2	56.5
Primary	28.3	30.4	23.6	22.7	30.2	20.6	24.0	18.4	30.4
Secondary & above	41.7	53.8	45.7	52.3	34.0	29.4	47.6	26.4	13.0

N(all respondents)=5,000; N(employed respondents)=1,936

Table 6.7 Employment income of currently employed elderly, by gender and age (%)

Income category	Overall	Male			Female		
		55-64	65-74	75 & above	55-64	65-74	75 & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Below \$500	7.5	4.6	9.1	16.7	8.0	16.0	22.7
\$500-999	25.2	13.5	28.4	36.7	32.5	51.3	68.2
\$1,000-1,999	34.5	37.9	34.1	23.3	35.6	19.9	0.0
\$2,000-2,999	16.9	24.3	14.9	19.0	9.8	8.3	0.0
\$3,000 & above	15.8	19.8	13.5	13.3	14.0	4.5	9.1

N = 1,936

## 6.5 Main Reason for Working/Returning to Work

What motivates the elderly to continue working or, if retired, to return to work? From Table 6.8 below, it can be observed that the main reason, as manifested in different forms, pertained to

money. Overall, only about 17 per cent had “active ageing” (“want to lead an active life” and/or “need something to occupy time”) in mind. This is hardly surprising, given the financial profile of the elderly, with the older groups being in greater need of money. Indeed, a comparison of the relevant 2005 and 2011 figures indicates that financial needs remained the most cited reason for respondents opting to continue working or to return to work. Significantly, the proportion of respondents who cited “current financial needs” declined from 62.0 per cent in 2005 to 55.1 per cent in 2011, while that of those concerned about “future financial security” increased from 4.9 per cent in 2005 to 19.4 per cent in 2011.

Table 6.8 Main reason for working/returning to work, by gender and age (%)

Reason	Overall		Male			Female		
	2005	2011	55–64	65–74	75 & above	55–64	65–74	75 & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Need money for current expenses	62.0	55.1	57.3	54.5	71.4	52.3	50.3	60.0
Need money for future financial security	4.9	19.4	18.7	21.0	8.6	19.6	24.9	8.0
Do not want to be dependent on others for money	5.6	5.8	6.5	4.5	0.0	5.6	5.2	12.0
No one to depend on for money	1.2	2.4	2.8	0.4	0.0	2.7	1.7	4.0
Want to lead active life	14.1	10.7	9.7	12.1	8.6	11.8	11.6	12.0
Need something to occupy time	7.0	6.0	4.5	7.1	11.4	7.6	5.8	4.0
Own/family business	--	0.5	0.5	0.4	0.0	0.5	0.5	0.0

N=1,936

However, choosing or returning to work does have its challenges. Of those employed, the main problems they faced relate primarily to their physical or mental capacity, which affected their ability to work faster, carry heavier things or even to process information (Table 6.9). The proportion citing these problems has increased somewhat between 2005 and 2011. This may be attributed to the fact that a growing proportion of the elderly were working or had returned to work over the years. While forms of workplace discrimination by supervisors or younger colleagues were also mentioned, the percentages were on average in the single digits. Moreover, a comparison of the relevant 2005 and 2011 figures suggests that the proportion indicating “no problems” grew significantly from 28.5 per cent in 2005 to 58.0 per cent in 2011.

Table 6.9 Work issues/problems faced by employed elderly, by gender and age (%)

Reason	Overall		Male			Female		
	2005	2011	55–64	65–74	75 & above	55–64	65–74	75 & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Poor eyesight	4.9	15.1	16.0	14.0	17.6	14.6	14.1	8.0
Not as strong as before	16.2	23.6	24.6	26.5	23.5	21.8	22.4	12.0
Not as fast as before	14.3	20.5	20.1	22.8	32.4	18.1	26.5	16.0
Cannot think as fast as before	6.4	11.3	10.7	14.0	17.6	10.8	11.2	12.0
Feel tired easily	15.4	18.1	17.2	18.1	17.6	19.8	18.8	8.0
Feel out of breath	3.9	5.0	4.2	2.8	0.0	6.8	5.9	8.0
My supervisor/employer gives more opportunities to younger workers than to me	3.4	6.4	7.2	4.2	0.0	6.8	3.5	12.0
My younger colleagues tend to mix around with their own peers	3.2	3.7	3.4	1.4	0.0	5.5	2.4	8.0
My younger colleagues do not provide much support to me in my work	2.6	2.8	1.9	1.9	0.0	4.5	2.4	12.0
No issues/problems	28.5	58.0	58.5	55.3	52.9	57.7	58.2	76.0

N=1,952

## 6.6 Retirement and Retirees

Of those who were working or had worked previously (N=4,111), 32.5 per cent (N=1,332) have retired before, comprising 18.5 per cent who retired at official retirement age and 14 per cent who took early retirement (Table 6.10).

Table 6.10 Age of previous retirement of employed/previously employed elderly, by gender and education level (%)

Retirement age	Overall	Male			Female		
		Education level					
		None	Primary	Secondary & above	None	Primary	Secondary & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
25–34	1.0	0.0	0.0	0.5	0.5	4.3	1.9
35–44	2.8	3.1	1.4	1.5	4.4	2.1	5.1
45–54	11.2	3.1	10.3	14.0	10.2	11.4	13.1
55–64	68.5	58.4	63.4	78.4	58.5	63.6	76.6
65 & above	16.5	35.4	24.9	5.5	26.3	18.6	3.3

N=1,332

Among the previously retired respondents, 5.3 per cent (N=218) were still working. About two-thirds of these working former retirees (68 per cent) indicated that they would continue to work beyond age 65. Their main reason for working was primarily financial (62 per cent), while the remaining 40 per cent had some form of active ageing in mind. However, their “post-retirement” pay was likely to be lower than what they were receiving before retirement, which may in part be due to their working fewer hours than during their pre-retirement years (see Tables 6.11 and 6.12).

Of the elderly who were previously employed (N=2,159), a large proportion (84.7 per cent) cited “involuntary” reasons, such as poor health, old age or care-giving responsibilities, for quitting their jobs, while only a small minority (14.5 per cent) stopped working as they had reliable financial sources (Table 6.13). It is plausible that the former were likely to be found among those who reported experiencing financial inadequacy.

Table 6.11 Current pay relative to pre-retirement pay of previously retired, currently employed elderly, by gender and education level (%)

Relative pay	Overall	Male			Female		
		Education level					
		None	Primary	Secondary & above	None	Primary	Secondary & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Higher than before	2.8	6.2	0.0	3.5	0.0	6.2	0.0
Same as before	15.6	12.5	7.9	20.0	19.0	6.2	15.4
Lower than before	81.7	81.2	92.1	76.5	81.0	87.5	84.6

N=218

Table 6.12 Current working hours relative to pre-retirement working hours of previously retired, currently employed elderly, by gender and education level (%)

Relative working hours	Overall	Male			Female		
		Education level					
		None	Primary	Secondary & above	None	Primary	Secondary & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Longer than before	7.3	0.0	0.0	17.6	0.0	0.0	2.6
Same as before	36.7	43.8	34.2	38.8	33.3	6.2	46.2
Shorter than before	56.0	56.2	65.8	43.5	66.7	93.8	51.3

N=218

Table 6.13 Main reasons cited by previously employed elderly for leaving their jobs, by gender and education level (%)

Relative Working Hours	Overall	Male			Female		
		Education level					
		None	Primary	Secondary & above	None	Primary	Secondary & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Retirement, retrenchment, termination	48.4	51.9	56.2	61.5	42.0	43.2	36.6
Health/old age	16.1	25.2	27.4	11.6	16.2	11.4	10.2
Care-giving	15.6	6.5	3.0	5.5	24.0	26.1	27.7
Reliable financial sources	14.5	13.4	10.0	12.8	15.0	16.8	18.8
Rest	0.8	0.0	0.0	1.6	0.2	0.7	1.6
Others	4.2	3.1	3.3	7.1	2.5	1.8	5.0

N=2,159

## 6.7 Elderly Job Seekers

The proportion of elderly job seekers in the sample is 2.7 per cent (N=134). Slightly more than half (55 per cent) of these have at least secondary education, and almost 80 per cent are in the young-old age category (that is, aged 55 to 64).

Like the employed elderly described above, three-quarters of the elderly job seekers were looking for employment for financial reasons, while the rest were doing so to lead an active life or just to have some activities to occupy their time. Their salary expectations were, however, quite modest, with a mean figure of \$1,111 and a median of \$1,000, in comparison to Singapore's median individual income of \$2,925 in 2011 (table not shown). Most complained of encountering some form of ageism in the job search process (76 per cent), while about 20 per cent mentioned various negative features such as low salary, long distance between home and workplace and undesirable working hours (Table 6.15).

Table 6.14 Salary expectations of elderly job seekers, by gender and age (%)

Salary Expectations	Overall		Male			Female		
	2005	2011	55–64	65–74	75 & above	55–64	65–74	75 & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
At least 25% of last drawn salary	21.8	33.6	27.1	37.5	0.0	37.0	33.3	100.0
At least 50% of last drawn salary	49.0	11.2	18.6	0.0	66.7	4.3	0.0	0.0
At least 75% of last drawn salary	21.8	32.1	33.9	31.2	33.3	32.6	33.3	0.0
Equal or higher salary	7.5	23.1	20.3	31.2	0.0	26.1	33.3	0.0

N=134

Table 6.15 Difficulties faced in job search, by gender and age (%)

Difficulty	Overall	Male			Female		
		55–64	65–74	75 & above	55–64	65–74	75 & above
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
My age	76.1	73.5	92.9	100.0	70.3	66.7	100.0
Over-qualified	1.8	0.0	7.1	0.0	2.7	0.0	0.0
Under-qualified	1.8	2.0	0.0	0.0	2.7	0.0	0.0
Salary is too low	6.2	12.0	0.0	0.0	0.0	0.0	0.0
Jobs available are too physically demanding	2.7	4.1	0.0	0.0	0.0	0.0	0.0
Undesirable working hours	3.5	0.0	0.0	0.0	10.8	0.0	0.0
Jobs available are too far from my home	8.0	8.2	0.0	0.0	8.1	33.3	0.0

N=113

## 6.8 Employment Status and Financial Adequacy

We will conclude this chapter by examining whether or not there is a relationship between employment status and financial adequacy. About 23 per cent of employed elderly experienced some degree of financial inadequacy (Table 6.16). Among those looking for work, almost 45 per cent indicated that they were in some financial difficulties. The extent of financial inadequacy was also significant among those who were not working.

There is clearly a need to enhance employment among those elderly who are still able-bodied. This would entail skills training and efforts aimed at making the workplace more elder-friendly. Elderly persons who are unable to work and who experience poor financial health would require assistance from the community and the state, if family members are unable to do so. The option to require their children to provide for them financially is legally enforceable through the Maintenance of Parents Act, but could lead to a worsening of relationship between them and their adult children.

Table 6.16 Financial adequacy by employment status (%)

Relationship	Employment status			
	Working	Looking for Work	Not working, but have worked before	Not working, and never worked before
More than adequate	3.3	0.0	3.7	8.7
Adequate	73.7	55.2	71.9	58.7
Occasionally inadequate	15.3	24.1	16.6	24.0
Usually inadequate	7.7	20.7	7.9	8.7

N=5,000, Chi-Square=120.170, df=9, sig=0.00

## 6.9 Summary

Between 2005 and 2011, there had been an increase in the proportion of elderly persons who were employed. The elderly who were economically active were likely to be male or among the younger age group. The male elderly were also likely to be better educated, thereby holding higher status jobs than the female elderly. Financial needs constituted the most important reason for the elderly who had chosen to continue working or to return to work.

However, working life may pose some challenges for the elderly. The main problems they faced relate primarily to their physical or mental capacities, which affected their ability to work faster, carry heavier things or even to process information. On a more positive note, the proportion of employed elderly indicating that they had encountered “no problems” at work grew significantly from 28.5 per cent in 2005 to 58.0 per cent in 2011, suggesting that the work environment may have become more elderly-friendly over the years. Nevertheless, being deemed to be old remained a barrier confronting elderly job seekers. Given the importance of maintaining or strengthening the financial health of the elderly, there is clearly a need to further enhance their employability and employment opportunities.

## Chapter 7 Health and Healthcare

As with financial health described in Chapter 5, physical health is an important determinant of quality of life and successful ageing. In this regard, the government has implemented a number of measures to promote healthcare and healthy living among the population, including the elderly. This chapter examines health and healthcare as well as healthcare financing among the respondents.

### 7.1 Health Status

#### *Self-rated health status*

Slightly more than 76 per cent of the elderly rated their health as “good” or “very good” in the 2011 survey. Only 2.7 per cent felt their health was “poor” while the remaining 20.9 per cent felt that it was “fair”.

As expected, self-rated health declined with age, with those aged 75 and older more likely to rate their health as “poor” (5.2 per cent) compared to those aged 55 to 64 (2.1 per cent) and 65 to 74 (2.5 per cent, see Table 7.1). Males aged 65 and above were more likely to rate their health positively (“good” or “very good”) than their female counterparts. The reverse was true, however, of the youngest respondents, aged 55 to 64, where females were more likely to rate their health positively.

Table 7.1 Self-rated health status, 2011 (%)

Self-rated health status	Total (55 and above)		55–64			65–74			75 and above		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Poor	2.3	3.1	2.1	2.2	1.9	2.5	1.2	3.6	5.2	4.3	5.8
Fair	21.2	20.6	16.8	19.3	14.4	23.8	23.0	24.4	30.4	26.2	33.3
Good	63.4	67.2	67.1	63.1	71.1	66.0	65.9	66.1	58.5	59.9	57.6
Very Good	13.2	9.1	14.0	15.3	12.7	7.7	9.9	6.0	5.8	9.6	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Self-rated health was also more positive among those with secondary education or higher, and among the singles and respondents who were married than among other respondents (see Table 7.2). Those living in one- and two-room HDB flats were the least likely to rate their health positively compared to other respondents.

Table 7.2 Self-rated health status by selected characteristics, 2011 (%)

Respondent characteristics	Poor	Fair	Good	Very Good
<u>Ethnic group</u>				
Chinese	2.6	20.3	66.4	10.8
Malay	3.0	24.4	61.4	11.3
Indian	4.4	21.5	62.1	12.1
<u>Education</u>				
No qualification	3.5	26.8	62.7	6.9
Primary	2.9	18.8	69.1	9.2
Secondary & above	1.8	17.9	63.4	17.0
<u>Marital status</u>				
Single	1.9	17.7	68.5	12.0
Currently married	2.5	18.3	67.6	11.7
Widowed	3.5	26.2	61.2	9.1
Divorced/Separated	0.5	21.8	63.4	14.4



House type				
1–2 room HDB	2.4	25.6	65.4	6.6
3 room HDB	2.9	20.5	68.3	8.3
4 room HDB	2.8	20.8	64.4	12.0
5 room HDB/ Executive	2.5	21.5	60.5	15.5
Condo/private flats	4.0	18.9	67.3	9.7
Landed	1.3	17.5	72.9	8.2

The question on self-rated health was asked in the 1995 survey but not in the 2005 survey. The results from 1995 are not comparable, however, due to the different response categories used. Notably, the proportion who rated their health as “poor” increased in the 2011 survey compared to the 1995 survey. This could possibly be due to rising expectations among the elderly surveyed (see Table 7.3).

Table 7.3 Self-rated health status, 1995 (%)

	<b>Total (55 and above)</b>	<b>55–64</b>	<b>65–74</b>	<b>75 and above</b>
Good	85.2	89.6	82.0	77.5
Not too good	14.0	10.0	17.2	20.6
Poor	0.8	0.4	0.8	1.9
Total	100.0	100.0	100.0	100.0

#### *Hospitalisation in past year*

About one in 12 respondents, or 8.4 per cent, had at least one episode of hospitalisation in the 12 months before the survey (see Table 7.4). The incidence of hospitalisation ranged from 7.1 per cent among the youngest respondents aged 55 to 64 years to 9.4 per cent among those aged 65 to 74, and 11.4 per cent among the oldest respondents aged 75 and older. Males were more likely to have been hospitalised compared to females. Most had only one episode of hospitalisation (more than four out of five in each age group).

Table 7.4 Respondents hospitalised in the preceding 12 months, by age group and gender (%)

<b>Gender</b>	<b>55 and above</b>	<b>55–64</b>	<b>65–74</b>	<b>75 and above</b>
Total	8.4	7.1	9.4	11.4
Male	8.7	7.4	9.9	12.3
Female	8.1	6.7	9.0	10.7

Age by age, the incidence of hospitalisation was lower in the 2011 survey compared to the 2005 survey. However, they were higher than in the 1995 survey (see Table 7.5).

Table 7.5 Respondents hospitalised in the preceding 12 months, 1995, 2005 and 2011 surveys (%)

<b>Gender</b>	<b>1995</b>				<b>2005</b>				<b>2011</b>			
	<b>55 and above</b>	<b>55–64</b>	<b>65–74</b>	<b>75 and above</b>	<b>55 and above</b>	<b>55–64</b>	<b>65–74</b>	<b>75 +</b>	<b>55 and above</b>	<b>55–64</b>	<b>65–74</b>	<b>75 and above</b>
Total	7.0	5.5	8.2	9.2	13.5	9.0	15.9	22.7	8.4	7.1	9.4	11.4
Male	6.5	5.4	7.3	9.4	13.5	9.5	15.7	23.1	8.7	7.4	9.9	12.3
Female	7.3	5.6	9.2	9.1	13.5	8.5	16	22.3	8.1	6.7	9.0	10.7

### *Outpatient treatment in past year*

Majority of the respondents had sought outpatient treatment in the 12 months preceding the survey. Excluding those who reported “don’t know” and “not sure”, nearly 86 per cent had obtained outpatient treatment as compared to about 14 per cent who had not. The modal number of visits was three to four times, with 33 per cent of the respondents who had outpatient treatment doing so around this number of times in preceding 12 months (see Table 7.6). This was followed by 24 per cent who sought treatment one to two times in the preceding 12 months. However there were also nearly 29 per cent who reported five or more visits. Not surprisingly, the number of visits for outpatient treatment increased with age, with 40 per cent of the oldest respondents reporting five or more visits.

Table 7.6 Frequency of seeking outpatient care in preceding 12 months (%)

<b>Frequency (Number of times)</b>	<b>Per cent</b>
None	14.4
1–2 times	23.8
3–4 times	33.1
5–6 times	16.1
7 and above	12.5
Total	100.0

Note: Not Sure/ Don’t know responses are excluded. N=4,587

### *Medical conditions*

Nearly four out of 10 respondents claimed not to have any medical condition (see Table 7.7). This is similar to the 2005 survey.

Nearly half, or 45 per cent, of the elderly aged 55 to 64 reported a clean bill of health while 29.5 per cent of the 65–74 age group and 19.4 per cent of those aged 75 and older reported likewise. Chinese and Malays were more likely to report themselves to be free of medical conditions (37.4 and 38.3 per cent, respectively) than Indians (28.4 per cent). Single and married respondents were also more likely to report themselves free of medical conditions than those who were widowed — probably due to age. Better-educated respondents were also more likely to report themselves free of medical conditions than those with primary education or no qualifications, with the proportion declining from 45 per cent to 39 per cent and 26 per cent, respectively.

The most common medical condition reported by the elderly surveyed was high blood pressure (46.7 per cent), followed by high blood cholesterol (39.1 per cent), diabetes (16 per cent), arthritis (11.3 per cent) and eye/vision problems (5.2 per cent).

Table 7.7 Respondents suffering from various medical conditions (%)

<b>Medical condition</b>	<b>Per cent</b>
High blood pressure	46.7
High blood cholesterol	39.1
Diabetes	16.0
Arthritis	11.3
Eye/vision (sight) problem	5.2
Chest pain due to heart problems	3.0
Osteoporosis	2.6
Asthma	2.6
Hearing problem	2.1
Heart attack	2.0
Cancer	1.4
Stroke	1.2
Difficulty breathing due to heart problems/weak heart	1.2

Depression/anxiety/emotional problem	0.8
Dementia	0.3
Difficulty breathing due to smoking related chronic lung conditions	0.2
None of the above	36.9

Note: percentages may exceed 100% due to multiple responses

The top five medical conditions reported by respondents were not very different between the 2005 and 2011 surveys (see Table 7.8). However, between 2005 and 2011, the prevalence of high blood pressure rose among those aged 65 and older. This could be due to enhanced detection of the condition.

Table 7.8 Top five medical conditions by age, 2005 and 2011 (%)

Rank	2005			2011		
	55–64	65–74	75 and above	55–64	65–74	75 and above
1	High blood pressure (33%)	High blood pressure (46%)	High blood pressure (48%)	High blood pressure (36%)	High blood pressure (55%)	High blood pressure (67%)
2	Bone/joints problem (19%)	Bone/joint problem (26%)	Bone/joint problem (34%)	High blood cholesterol <sup>(1)</sup> (34%)	High cholesterol (44%)	High cholesterol (51%)
3	Diabetes (14%)	Diabetes (20%)	Eye/vision problem (24%)	Diabetes (14%)	Diabetes (17.8%)	Bone/joint problem (26%)
4	Eye/vision problem (9%)	Eye/vision problem (16%)	Diabetes (21%)	Bone/joint problems (9%)	Bone/joint problem (14%)	Diabetes (20%)
5	Heart problem (8%)	Heart problem (13%)	Hearing problem (18%)	Heart problem (4%)	Heart problem (6%)	Eye/vision problem (11%)

(1) New item in 2011 survey

There was practically no difference in disease pattern by social and economic characteristics of respondents (data not shown).

## 7.2 Healthcare

### *Treatment for medical conditions*

Most of the respondents who had medical conditions were receiving treatment from western-trained medical physicians (see Table 7.9). These included nearly all respondents with treatable chronic diseases such as high blood pressure (98.8 per cent), diabetes (98.6 per cent) and high blood cholesterol (97.4 per cent). However, more than 10 per cent were not being treated (by western-trained medical physicians) for depression, osteoporosis, eye/vision problems, dementia and hearing problems —conditions typically associated with old age, which could be debilitating and affect the ability to participate in activities for active ageing. More were receiving treatment for each condition compared to 2005.

Table 7.9 Respondents who were receiving medical treatment from western-trained physicians (%)

Medical condition	Whether receiving medical treatment from western-trained doctor	
	Yes	No
High blood pressure	98.8	1.2
High blood cholesterol	97.4	2.6
Diabetes	98.6	1.4
Arthritis	90.1	9.9
Eye/vision (sight) problem	80.8	19.2

Chest pain due to heart problems	98.0	2.0
Osteoporosis	81.8	18.2
Asthma	92.2	7.8
Hearing problem	52.4	47.6
Heart attack	99.0	1.0
Cancer	91.3	8.7
Stroke	95.2	4.8
Difficulty breathing due to heart problems/weak heart	89.8	10.2
Depression/anxiety/emotional problem	88.1	11.9
Dementia	73.3	26.7
Difficulty breathing due to smoking related chronic lung conditions	100.0	0.0

### *Management of illness*

When taken ill, about 51 per cent of the respondents usually sought treatment at government polyclinics (see Figure 7.10). This was followed by private general practitioners (39.1 per cent). The situation was the reverse of that in 1995, where about 51 per cent sought treatment at private clinics and 38 per cent at government clinics (Table 7.11). Better-educated respondents and those who lived in five-room HDB or better housing were about as likely to use government polyclinics as private general practitioners.

Table 7.10 Respondents' choice in seeking medical treatment (%)

<b>Place where medical treatment sought</b>	<b>Per cent</b>
Government polyclinic	50.7
Specialist outpatient clinic in government hospital	4.0
A&E department in restructured hospital	0.1
Private general practitioner	39.1
Specialist outpatient clinic in private hospital	0.6
24-hour GP clinic in private hospital	0.3
Private A&E department	0.3
24-hour GP clinic	0.1
Chinese sinseh or traditional healers	1.8
Self-medicate	2.5
No where	0.4
Total	100.0

Table 7.11 Management of illness, 2011, 2005 and 1995 (%)

Management of illness	1995				2005				2011			
	55 and above	55-64	65-74	75 and above	55 and above	55-64	65-74	75 and above	55 and above	55-64	65-74	75 and above
Government clinic	38.0	36.5	37.1	44.1	47.0	40.7	54.2	53.5	54.9	49.7	59.2	66.0
Private clinic	50.9	51.3	52.5	46.8	42.6	47.4	37.7	36.6	40.0	44.3	36.2	30.7
TMP*	2.2	2.1	2.5	2.1	3.1	3.0	3.2	2.3	1.8	1.8	1.8	2.0
Self-medicate	8.2	9.4	7.6	5.7	4.5	5.8	3.1	3.1	2.5	3.3	1.9	0.7
Do nothing	0.7	0.7	0.3	1.3	0.6	0.6	0.5	0.6	0.4	0.5	0.4	0.2
Others	--	--	--	--	2.3	2.3	1.4	3.8	0.4	0.4	0.4	0.4

\*Traditional Medicine Practitioner

### *Why not seek treatment?*

A small proportion of respondents, about 3 per cent, would either self-medicate or do nothing. This is lower than the 9 per cent in the 1995 survey and 5 per cent in the 2005 survey.

The main reason given by respondents for not seeking treatment in 2011 was that their illness was mild and that they could self-medicate (see Table 7.12). Financial constraint was the reason for about 10 per cent while mobility constraint was the reason for about 1 per cent.

Table 7.12 Reason(s) for not seeing a doctor (%)

<b>Reason</b>	<b>Per cent</b>
My illness is usually mild/not serious	67.6
I know what medicine/drugs to take for the illness	32.4
I have no money to see a doctor	6.1
I do not want to be a financial burden to my family	4.1
I believe the illness will go away on its own	2.0
I have some difficulty moving about on my own	1.4
I have had this illness often/for a long time already	0.7
Others	3.4

Notes: Respondents are those who self-medicate or did not go for treatment.  
Percentages may exceed 100 per cent due to multiple responses.

The reasons reported for not seeking treatment were similar although they were of a lower order of magnitude in the 2011 survey compared to the 2005 survey (see Table 7.13).

Table 7.13 Reasons for not seeking treatment, 2011 and 2005 (%)

<b>Reason</b>	<b>2005</b>	<b>2011</b>
Illness is mild	80.4	67.6
Self-medicate	42.4	32.4
Financial constraints	12.3	9.5
Mobility constraints	2	1.4
Illness has been around for a long time	6.6	0.7
Others	NA	5.4

Notes:

Financial constraints (“I have no money to see a doctor”; “I do not want to be a financial burden to my family”)  
Mobility constraints (“I have some difficulty moving about on my own”; “There is no clinic or polyclinic near my home”; “I have no one to bring me to the doctor”)  
Others (“I believe the illness will go away on its own”)

### *Participation in health screening*

While three quarters of the respondents rated their health positively, only 50.2 per cent reported participating in regular health screening. Participation declined with age, from 51.5 per cent among the elderly aged 55 to 64 years to 49.5 per cent among those aged 65 to 74 years and 46.8 per cent among the 75 and above (see Figure 7.14). Males were more likely than females to have participated in regular health screening. Respondents who were married, divorced or widowed were more likely to report attending regular health screening than those who were single. Malays were less likely to report health screening than other ethnic groups.

The better-educated respondents were more likely to have regular health screening (58.9 per cent) compared to those with lower educational attainment (45.6 per cent), while those living in four- or five-room HDB flats, condominiums or private flats were more likely to have regular screening than either those in smaller HDB flats and in landed properties.

Table 7.14 Respondents who had regular health screening (%)

<b>Respondent characteristics</b>	<b>Per cent</b>
<u>Age</u>	
55–64	51.5
65–74	49.5
75 & above	46.8
<u>Gender</u>	
Male	51.0
Female	49.5
<u>Ethnic Group</u>	
Chinese	50.0
Malay	47.7
Indian	53.8
<u>Education</u>	
No qualifications	45.6
Primary	46.7
Secondary & higher	58.9
<u>House Type</u>	
one–two room HDB	37.4
three room HDB	43.7
four room HDB	52.1
five room HDB/Executive flat	61.0
Condominium/Private flat	53.6
Landed	43.2

Quite surprisingly, the proportions that reported having gone for regular health screening have declined since 2005 when 64 per cent had done so (see Table 7.15). The decline was apparent among all age groups and gender.

Table 7.15 Comparisons of respondents who had regular health screening, 2005 and 2011 (%)

<b>Respondent characteristics</b>	<b>2005</b>	<b>2011</b>
<u>Gender</u>		
Male	62.2	51.0
Female	65.9	49.5
<u>Age</u>		
55–64	60.9	51.5
65–74	68.6	49.5
75 and above	66.5	46.8

### 7.3 Healthcare Financing

#### *Payment for treatment*

More than seven out of 10 respondents in 2011 (72 per cent) paid for their own expenses when they visited a doctor. This was an increase of 10 percentage points compared to 2005. Self-reliance increased across all age groups (see Table 7.16). Reliance on family members fell although children still remained as the second highest source of support, especially among the oldest respondents aged 75 and above; 40 per cent had healthcare financed by their children.

“Employer” was the third-most frequently cited source for healthcare financing. The share of this source has grown, especially among those aged 55 to 64, and this was probably due to the higher proportion that remained employed in this age group. The role of health insurance remained minuscule (less than 1 per cent), although this is rising among the youngest respondents aged 55 to 64 years.

Table 7.16 Source of healthcare finance, 2011 (%)

Source	Age group						Total	
	55–64		65–74		75 and above		2005	2011
	2005	2011	2005	2011	2005	2011		
Myself	69.0	76.7	62.3	73.7	41.5	55.2	62.3	72.4
My spouse	5.2	3.5	2.8	1.1	2.2	0.4	4.0	2.4
My children	17.6	9.0	29.2	19.4	50.8	40.2	26.9	16.9
Health insurance	0.3	0.8	0.7	0.2	0.1	0.1	0.4	0.6
Employer	5.7	7.2	1.0	1.9	0.4	0.1	3.4	4.6
Others	2.0	2.6	3.9	3.7	5.0	4.0	3.1	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Self-reliance was higher among males than females (see Table 7.17). The latter remained relatively more likely to rely on children although this proportion has declined since the 2005 survey. Males who relied on employers were higher than females, probably due to the higher labour force participation among males.

Table 7.17 Source of healthcare finance, 2011 and 2005 (%)

Source	Gender				Total	
	Male		Female		2005	2011
	2005	2011	2005	2011		
Myself	74.9	76.9	50.9	68.5	62.3	72.4
My spouse	1.3	0.9	6.4	3.6	4.0	2.4
My children	15.2	11.4	37.4	21.6	26.9	16.9
Health insurance	0.4	0.8	0.3	0.4	0.4	0.6
Employer	4.5	6.6	2.3	2.9	3.4	4.6
Others	3.6	3.3	2.6	3.0	3.1	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0



### *Payment for hospitalisation*

As with visits to the doctor, the main sources for payment of hospitalisation fees were “own Medisave account” and “own cash”, at 29 per cent each (see Table 7.18). The proportions that paid for their hospitalisation by “family’s Medisave” or “family’s cash” were much lower, at 14 per cent and 9 per cent, respectively. Family members’ Medisave and cash were the most important second source.

Table 7.18 Main sources for payment of hospitalisation (%)

<b>Sources</b>	<b>First main source</b>	<b>Second main source</b>
Own Medisave account	29.1	19.8
Own cash	28.8	17.4
Family’s Medisave account	14.0	23.1
Cash from family members	9.1	30.3
Medishield or Medisave-approved private medical insurance scheme	7.9	5.0
Employer medical benefit	4.5	0.8
Public pension	2.9	0.5
Private hospitalisation and surgical insurance	2.6	0.5
Medifund	0.4	0.2
Others	0.7	0.3

## **7.4 Summary**

More than three out of four respondents rated their own health as “good” or “very good”. Nearly 37 per cent claimed not to have any medical condition while the most common conditions reported were “high blood pressure” and “high blood cholesterol”, followed by diabetes. The prevalence of high blood pressure appears to have risen since 2005, possibly due to better detection. Most of those who had medical conditions were receiving treatment by western-trained doctors. In terms of management of illness, more sought treatment at government polyclinics compared to 2005. More paid for their own medical expenses and there was less reliance on children in 2011 compared to 2005.

## Chapter 8      Mobility and Coping with Daily Living

This chapter examines the respondents' mobility status and their ability to cope with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). It also looks at their awareness of various step-down care facilities and services and whether they have used such facilities and services.

### 8.1      Mobility

#### *Ambulatory status*

Nearly 96 per cent of the respondents were ambulant and physically independent. This proportion increased to 98 per cent when including those who were ambulant with the help of walking aids. The remaining 2 per cent either required some or total physical assistance (1.4 per cent and 0.4 per cent, respectively) or were bedridden (0.2 per cent).

As expected, mobility declined with age. Nearly all of the elderly aged below 75 (99 per cent) could move about independently or with the help of walking aids. Among those aged 75 and above, the proportion who were similarly ambulant declined to 92.7 per cent; the remaining 7.3 per cent required some or total physical assistance or were bedridden (see Table 8.1). Slightly more males were ambulant without assistance compared to females; the latter were more likely to require physical assistance or were bedridden (2.5 per cent compared to 1.4 per cent).

More Malays required physical assistance or were bedridden (4 per cent) compared to Chinese and Indians (1.7 per cent). Likewise, more widowed respondents (who were also older than the other respondents) required assistance compared to the married and single.

In the 2011 survey, a total of 102 respondents (2 per cent) identified themselves as having a disability. Of these, one quarter required total assistance or were bedridden. Including those who require some physical assistance, the proportion was almost 60 per cent.

Table 8.1 Ambulatory status, 2011

<b>Respondent characteristics</b>	<b>Ambulant (%)</b>	<b>Required walking aids</b>	<b>Required some physical assistance</b>	<b>Required total physical assistance/bedridden</b>	<b>Total</b>
<u>Age group</u>					
55–64	97.6	1.4	0.7	0.3	100.0
65–74	97.5	1.6	0.5	0.2	100.0
75 & above	86.5	6.2	5.2	2.1	100.0
<u>Gender</u>					
Male	96.7	1.9	1.0	0.4	100.0
Female	95.0	2.5	1.7	0.8	100.0
<u>Ethnic group</u>					
Chinese	96.2	2.0	1.3	0.4	100.0
Malay	93.1	3.0	2.4	1.6	100.0
Indian	94.6	3.7	0.7	1.0	100.0
<u>Marital status</u>					
Single	96.1	1.4	1.0	1.4	100.0
Currently married	96.3	2.0	1.4	0.3	100.0
Widowed	80.0	15.0	0.0	5.0	100.0
Divorced/separated	90.0	3.3	0.0	6.7	100.0
<u>Disability status</u>					
Yes	8.8	31.4	35.3	24.5	100.0
No	97.6	1.6	0.7	0.1	100.0

The mobility status of respondents appeared to have improved since the 2005 survey (see Table 8.2). Compared to the 1995 survey, however, there were higher proportions of elderly aged 55–64 and 75 and older in 2011 who required physical assistance.

Table 8.2 Ambulatory status, 2011, 2005 and 1995

Year/Respondent characteristics	Ambulant (%)	Required walking aids	Required some physical assistance	Required total physical assistance/bedridden	Total
<u>1995</u>					
55–64	98.6	0.6	0.6	0.2	100.0
65–74	95.2	3.0	1.1	0.7	100.0
75 and above	88.7	6.3	2.6	2.4	100.0
<u>2005</u>					
55–64	96.8	2.8	0.3	0.1	100.0
65–74	92.9	4.8	1.3	0.9	100.0
75 and above	77.7	12.9	6.2	1.4	100.0
<u>2011</u>					
55–64	97.6	1.4	0.7	0.3	100.0
65–74	97.5	1.6	0.5	0.2	100.0
75 and above	86.5	6.2	5.2	2.1	100.0

## 8.2 Performance of Activities of Daily Living (ADLs)

In terms of performance of activities of daily living, 98 per cent to 99 per cent of the respondents surveyed in 2011 claimed to be able to independently perform each of the six ADLs presented to them (see Table 8.3).

Table 8.3 Performance of ADLs<sup>1</sup>

Activities of daily living (ADLs)	I (Independent)	A (Receive assistance)	D (Dependent)
Bathing	98.1	0.7	1.1
Dressing	98.1	0.5	1.4
Toileting	98.4	1.1	0.6
Transferring (moving in and out of bed/chair)	98.4	1.1	0.6
Continence	98.2	1.3	0.4
Feeding	99.1	0.5	0.3

Respondents aged 75 and above were significantly less likely to be able to perform ADLs independently than those below 75 (Table 8.4). Females were also less independent than males.

Table 8.4 Independence in performing ADLs, 2011

ADLs	Male	Female	Total	55–64	65–74	75 and above
Bathing	98.8	97.5	98.1	99.1	99.1	93.1
Dressing	98.8	97.6	98.1	99.1	99.4	92.8
Toileting	98.9	97.7	98.3	99.3	99.3	92.9
Transferring	99.0	97.8	98.4	99.4	99.3	93.2
Continence	99.0	97.6	98.2	99.2	99.0	93.7
Feeding	99.4	98.9	99.1	99.6	99.5	96.9

The Katz score is computed by counting the number of activities that each respondent could perform independently without assistance. Nearly 97 per cent had a score of 6 indicating that they could

1. Regarding ADLs, some examples of the survey question posed were “When you bathe, do you receive any assistance?” (bathing) and “Do you need any assistance when you have your meals?” (feeding).

perform all six ADLs independently. Moreover, more than 98 per cent could perform at least three ADLs on their own.

Table 8.5 Katz score, 2011

		Frequency	Per cent	Cumulative per cent
Katz score	0	22	.4	.4
	1	28	.6	1.0
	2	16	.3	1.3
	3	19	.4	1.7
	4	19	.4	2.1
	5	53	1.1	3.1
	6	4,843	96.9	100.0
	Total	5,000	100.0	

As expected, there were differences observed across age groups, with the oldest respondents aged 75 and above being the least independent — nearly 6 per cent in this age group could perform fewer than three ADLs compared to only 0.4 per cent to 0.5 per cent in the younger age groups. There were also more females and Malays who could not perform at least three ADLs compared to the other elderly surveyed.

Table 8.6 Katz score by selected characteristics (%)

Respondent characteristics	0	1	2	3	4	5	6
<u>Gender</u>							
Male	0.0	0.6	0.3	0.1	0.3	0.6	98.0
Female	0.8	0.5	0.4	0.6	0.5	1.5	95.8
<u>Age</u>							
55-64	0.1	0.3	0.1	0.2	0.3	0.6	98.5
65-74	0.2	0.1	0.1	0.2	0.1	1.1	98.1
75 and over	1.9	2.4	1.4	1.4	1.1	2.7	89.2
<u>Ethnic group</u>							
Chinese	0.3	0.5	0.3	0.4	0.2	0.9	97.4
Malay	0.8	1.6	0.4	0.6	0.8	2.4	93.5
Indian	1.3	0.0	0.3	0.0	2.0	0.7	95.7
<u>Marital status</u>							
Single	0.0	0.0	0.0	0.6	0.0	0.0	9.4
Married	0.2	0.3	0.1	0.2	0.2	0.9	98.1
Widowed	1.0	1.1	0.8	0.8	0.8	1.7	94.0
Divorced/separated	0.5	0.5	0.0	0.0	1.0	0.0	98.0

### 8.3 Performance of Instrumental Activities of Daily Living (IADLs)

As with ADLs, ability to perform IADLs independently declined sharply among respondents aged 75 years and older, and this was true of most of the IADLs except for use of telephones (Table 8.7). Females were generally less IADL independent than males except in food preparation, housekeeping and doing laundry, which are traditionally female spheres of activities.

Table 8.7 Independence in performing IADLs, 2011 (%)<sup>2</sup>

IADLs	Male	Female	Total	55–64	65–74	75 and above
Using telephone	99.7	98.9	99.3	99.7	99.6	97.2
Doing shopping	93.8	88.8	91.2	95.4	94.5	70.8
Preparing food	91.6	92.8	92.3	95.4	94.2	78.1
Housekeeping	93.1	93.5	93.3	96.1	95.8	79.3
Doing laundry	93.5	93.4	93.4	96.2	95.9	79.5
Travelling	94.9	91.6	93.1	96.2	95.9	77.6
Taking medication	98.2	96.4	97.2	98.7	98.4	89.9
Handling finance	98.1	96.1	97	98.4	98.7	89.7

Following Graf's recommendation in using the Lawton Instrumental Activities of Daily Living Scale<sup>3</sup>, each activity was scored 0 or 1 depending on the respondents' reported functional level. The scores range from 0–8, with 0 indicating low function or dependence and 8 indicating high function or independence.

Again, IADL scores varied by the respondents' age, gender, ethnicity and marital status. The oldest respondents aged 75 and above, females, Malays and the widowed scored lower on the independence scale compared to the other respondents.

Table 8.8 IADL scores by selected characteristics

Respondent characteristics	0	1	2	3	4	5	6	7	8
<u>Gender</u>									
Male	0.1	0.7	0.7	1.4	0.9	1.8	2.3	6.3	85.7
Female	0.9	0.8	1.4	1.8	1.6	1.6	1.8	4.3	86.0
<u>Age</u>									
55-64	0.2	0.4	0.5	0.8	0.6	1.1	1.4	4.2	90.8
65-74	0.2	0.2	0.6	0.7	0.7	1.4	1.9	5.4	88.7
75 and above	0.2	3.0	3.7	5.6	4.6	4.5	4.6	8.4	63.5
<u>Ethnic group</u>									
Chinese	0.3	0.7	0.9	1.5	1.2	1.6	1.9	5.4	86.5
Malay	1.2	1.6	2.4	2.8	1.8	1.0	2.4	4.6	82.4
Indian	1.0	0.3	0.7	1.0	0.7	4.3	2.7	4.3	84.9
<u>Marital status</u>									
Single	0.0	0.0	0.0	1.6	0.0	2.2	1.6	4.7	89.9
Married	0.2	0.5	0.3	1.1	0.9	1.3	1.8	4.6	89.2
Widowed	1.2	1.4	2.7	2.6	2.3	2.4	2.5	6.5	78.4
Divorced/separated	0.5	0.0	0.5	0.0	1.0	1.0	2.0	3.9	91.1

2. Regarding IADLs, the survey questions provided a number of statements for the respondents' selection, e.g., "In terms of responsibility for own medications: 1) You are responsible for taking medication in correct dosages at correct times; 2) You take responsibility if medication is prepared in advance in separate dosages; or 3) You are not capable of dispensing your own medication."

3. Carla Graf. 2013. "The Lawton Instrumental Activities of Daily Living (IADL) Scale", in *Try This: Best Practices in Nursing Care to Older Adults* 23. The Hartford Institute for Geriatric Nursing, New York University, College of Nursing. [http://consultgerirn.org/uploads/File/trythis/try\\_this\\_23.pdf](http://consultgerirn.org/uploads/File/trythis/try_this_23.pdf).

### Caregiver

About one in five respondents, or 21 per cent, reported that they had a caregiver (Table 8.9). The oldest respondents aged 75 and above, females and, in particular, those who had a disability were more likely to have a caregiver than other respondents.

Table 8.9 Respondents with main caregivers, 2011

Respondent characteristics	Have a main caregiver?		Total
	Yes	No	
<u>All respondents</u>	20.9	79.1	100.0
<u>Age group</u>			
55–64	19.7	80.3	100.0
65–74	17.7	82.3	100.0
75 and above	30.1	69.9	100.0
<u>Gender</u>			
Male	19.1	80.9	100.0
Female	22.4	77.6	100.0
<u>Ethnic group</u>			
Chinese	20.9	79.1	100.0
Malay	21.2	78.8	100.0
Indian	17.4	82.6	100.0
<u>Marital status</u>			
Single	27.1	72.9	100.0
Married	21.6	78.4	100.0
Widowed	30.0	70.0	100.0
Divorced/separated	30.0	70.0	100.0
<u>Disability?</u>			
Yes	71.6	28.4	100.0
No	19.8	80.2	100.0

Spouses were the main caregiver for 41.4 per cent of the respondents who had one. This was followed by daughters (20.0 per cent), sons (15.2 per cent) and maids (14.4 per cent).

Table 8.10 Relationship of caregiver to respondent (%)

Caregiver	Per cent
Spouse	41.4
Daughter	20.0
Son	15.2
Daughter-in-law/son-in-law	1.9
Relative	2.0
Friend	0.8
Neighbour	0.1
Maid	14.4
Others	4.2

Based on respondents who had a main caregiver (n=1,044).

### 8.4 Awareness of Services for Elderly

Over the years, the government has introduced various forms of step-down care facilities and services in the community.

Awareness of the various types of facilities and services varied. For instance, while awareness of nursing homes was almost universal (97 per cent), this dropped to 70–79 per cent for community-based centres and community hospitals, and 55 per cent for home-based services. Only 13 per cent

were aware of the Centre for Enabled Living (CEL) and 12 per cent were aware of the Agency for Integrated Care (AIC).

Table 8.11 Awareness of services that cater specifically to the needs of older persons (%)

Eldercare service	Per cent
Nursing home	96.6
Community-based centres	78.7
Community hospital	70.4
Hospice care/respice care services	59.8
Home-based services	54.5
Centre for Enabled Living (CEL)	13.2
Agency for Integrated Care (AIC)	12.1

N=4,686; “don’t know” responses are excluded.

Percentages may exceed 100% due to multiple responses.

Generally, the oldest respondents were the least aware of the existence of such facilities and services. Awareness was also lowest among those with little or no qualifications.

Table 8.12 Awareness of facilities and services, 2011 (% aware)

Respondent characteristics	Nursing home	Community hospital	Community-based centres	Home-based services	Hospice/respice services	AIC	CEL
<u>Age group</u>							
55–64	96.1	72.9	80.4	58.8	60.0	14.0	14.3
65–74	97.4	68.8	78.5	50.3	60.0	10.8	12.4
75 & above	97.1	64.0	72.8	45.6	58.9	7.3	10.4
<u>Gender</u>							
Male	96.0	71.0	79.2	56.1	59.9	13.1	14.3
Female	97.2	69.9	78.2	56.3	59.7	11.2	12.2
<u>Ethnic group</u>							
Chinese	97.1	70.8	79.3	54.0	59.9	11.8	13.1
Malay	93.9	64.2	75.6	54.7	58.3	13.9	12.0
Indian	95.2	76.0	76.8	60.1	60.9	15.1	16.6
<u>Marital status</u>							
Single	97.7	73.3	79.5	54.4	65.5	10.7	14.3
Married	96.6	71.8	79.5	56.4	61.2	13.9	15.4
Widowed	96.3	67.7	77.1	50.6	56.9	9.2	9.4
Divorced/separated	96.9	67.5	78.4	57.7	53.6	10.8	8.8
<u>Education</u>							
No qualifications	96.6	61.6	74.0	44.7	52.7	7.2	8.0
Primary	96.2	69.7	78.8	50.8	62.0	8.9	11.1
Secondary & above	97.1	79.3	82.7	67.8	63.8	20.5	20.4
<u>Housing</u>							
One–two room HDB	98.0	69.8	77.3	45.6	63.2	5.3	9.6
Three room HDB	96.7	67.2	77.1	49.2	61.7	7.4	7.7
Four room HDB	96.4	67.6	76.2	54.0	55.0	13.2	15.2
Five room/ Executive	96.8	76.8	82.4	62.6	57.3	17.0	16.5
Condo/private flat	96.0	67.4	81.5	60.3	67.4	16.9	15.1
Landed	95.8	78.8	83.0	55.6	71.2	11.5	14.2

Note: AIC = Agency for Integrated Care; CEL = Centre for Enabled Living

## 8.5 Use of Services

Almost all responded that they had not used the step-down care facilities and services. This was because they have not found any need for them.

## 8.6 Summary

Nearly 96 per cent of the respondents in 2011 were ambulant and physically independent; only 2 per cent required some or total physical assistance. Mobility has improved since 2005. As to be expected, ability to perform activities of daily living (ADL) declined somewhat with age although even among those aged 75 and older, the proportion that could perform each ADL ranged from about 93 per cent to 97 per cent. The Katz index computed shows that nearly 97 per cent could perform all six ADLS while more than 98 per cent could perform at least three ADLs. IADL scores computed based on Lawton's Instrumental Activities of Daily Living Scale showed that the oldest respondents, females, Malays and the widowed scored lower on the independence scale compared to other respondents. Awareness of eldercare services vary, with nursing homes being the most well-known and the Centre for Enabled Living (CEL) and the Agency for Integrated Care (AIC) being the least known to the respondents. Almost all had not used such services, as there had been no need to.



## Chapter 9 Consensus Solidarity and Value Orientation

### 9.1 Introduction

The theoretical concept of inter-generational solidarity is not new and has been examined in the United States and Europe for many years.<sup>1</sup> According to Bengtson and Roberts (1991, 857), the concept comprises six dimensions, and the focus for this survey will be placed on consensus solidarity that is defined as the “degree of agreement on values and attitudes, and beliefs among family members.” Further, with the entry of baby boomers into the elderly cohort, it is also timely to identify the value orientations of the elderly as well as to identify possible changes to familial norms that may arise.

### 9.2 Consensus Solidarity among the Elderly

Overall, a little over 60 per cent of the respondents agreed that the government has addressed the concerns of the elderly in Singapore. It was observed that females were more likely to agree that the government had addressed the concerns of the elderly compared to their male counterparts. Similarly, it was observed that those aged 75 and above were more likely to agree with the statement than their younger counterparts. Variations by educational attainment were also observed; those with secondary and above educational attainment were more likely to disagree that the government had addressed the concerns of the elderly. In fact, more than 30 per cent were observed to disagree with the statement posed. Over 75 per cent of elderly Malays agreed with the statement that the government had addressed the concerns of the elderly compared with lower proportions among the elderly Chinese (65 per cent) and Indians (68 per cent).

Table 9.1 Concerns of the elderly have been addressed by the government, 2011

Variables	Total (N)	Strongly agree (%)	Somewhat agree (%)	Neutral (%)	Somewhat disagree (%)	Strongly disagree (%)
Total	4,847	10.2	55.8	10.8	16.3	7.0
<u>Gender</u>						
Males	2,289	10.4	51.7	10.4	18.5	9.0
Females	2,558	10.0	59.4	11.1	14.4	5.2
<u>Age group</u>						
55–64	2,787	10.4	53.3	10.7	17.6	7.9
65 and above	2,060	9.8	59.1	10.9	14.6	5.7
65–74	1,289	9.7	56.9	10.3	16.5	6.5
75 and above	771	9.9	62.8	11.8	11.3	4.3
<u>Ethnic group</u>						
Chinese	3,996	9.5	55.1	10.6	17.6	7.2
Malay	491	12.4	62.7	12.2	9.0	3.7
Indian	287	16.0	52.3	8.4	13.2	10.1
<u>Education</u>						
No qualification/lower primary	1,398	10.7	61.5	10.2	12.7	4.8
Primary/lower secondary	1,883	8.0	60.9	11.3	15.2	4.7
Secondary	1,019	12.8	45.7	10.7	19.8	11.0
Post secondary (non-tertiary)	220	10.0	47.7	10.5	21.4	10.5
Diploma and professional qualifications	188	13.8	37.8	9.0	23.9	15.4
University	115	10.4	36.5	12.2	25.2	15.7

1. Bengtson, V. and R. Roberts. 1991. “Intergenerational solidarity in aging families: an example of formal theory construction,” in *Journal of Marriage and the Family* 53: 856–70; Eurobarometer Survey [http://ec.europa.eu/public\\_opinion/flash/fl\\_269\\_en.pdf](http://ec.europa.eu/public_opinion/flash/fl_269_en.pdf). Accessed on 13 March 2012.

With regard to the statement on whether the government had addressed the concerns of the young, there were no visible differences observed among the elderly surveyed. Overall, 59 per cent of those surveyed agreed to a certain degree that the government had addressed the concerns of the young. There were no visible variations unlike those observed earlier in Table 9.1.

Table 9.2 Concerns of the young have been addressed by the government, 2011

Variables	Total (N)	Strongly agree (%)	Somewhat agree (%)	Neutral (%)	Somewhat disagree (%)	Strongly Disagree (%)
Total	4,640	9.5	49.6	21.1	15.1	4.7
<u>Gender</u>						
Males	2,188	9.1	48.0	20.7	16.7	5.5
Females	2,452	9.9	51.0	21.4	13.7	4.0
<u>Age group</u>						
55–64	2,695	10.5	48.2	19.5	16.7	5.1
65 and above	1,945	8.1	51.6	23.2	12.9	4.2
65–74	1,217	8.5	50.5	20.8	15.2	5.0
75 and above	728	7.6	53.3	27.2	9.1	2.9
<u>Ethnic group</u>						
Chinese	3,816	8.9	49.0	21.0	16.0	5.0
Malay	479	10.0	53.2	23.0	10.7	3.1
Indian	274	17.2	49.3	17.5	12.0	4.0
<u>Education</u>						
No qualification/lower primary	1,312	9.5	51.8	23.7	11.7	3.4
Primary/lower secondary	1,807	9.0	52.4	21.9	14.2	2.5
Secondary	984	11.0	44.4	17.6	18.6	8.4
Post secondary (non-tertiary)	216	7.4	49.1	15.7	19.0	8.8
Diploma and professional qualifications	182	10.4	39.6	18.1	22.5	9.3
University	116	8.6	42.2	19.8	19.8	9.5

The following statement seeks to identify if inter-generational competition for resources exists within the elderly population. Based on the survey results presented in the following set of tables, the level of inter-generational competition for resources and thus the possibility of inter-generational conflict were low. In most instances, more than 70 per cent of the elderly, regardless of their characteristics, agreed to a certain extent that government benefits should be given on the basis of need rather than age.

Table 9.3 Government benefits should be given on the basis of need instead of age, 2011

Variables	Total (N)	Strongly agree (%)	Somewhat agree (%)	Neutral (%)	Somewhat disagree (%)	Strongly disagree (%)
Total	4,846	38.2	39.9	10.6	7.6	3.8
<u>Gender</u>						
Males	2,279	38.4	39.2	10.4	7.7	4.3
Females	2,567	38.1	40.4	10.8	7.4	3.4
<u>Age group</u>						
55–64	2,782	40.7	38.4	10.0	7.5	3.5
65 and above	2,064	35.0	41.9	11.3	7.6	4.2
65–74	1,297	35.9	40.1	11.1	8.2	4.8
75 and above	767	33.5	44.9	11.7	6.7	3.3

<u>Ethnic group</u>						
Chinese	4,007	38.4	39.3	10.4	7.9	4.0
Malay	483	32.3	45.8	12.2	7.0	2.7
Indian	283	43.1	39.2	8.5	5.0	4.2
<u>Education</u>						
No qualification/lower primary	1,399	35.0	41.8	11.7	7.8	3.8
Primary/lower secondary	1,879	36.6	45.0	9.7	6.4	2.4
Secondary	1,015	42.2	32.5	9.7	9.5	6.2
Post secondary (non-tertiary)	219	43.8	36.1	7.3	10.1	2.7
Diploma and professional qualifications	192	44.3	31.3	14.1	6.3	4.2
University	118	45.8	22.9	18.6	5.9	6.8

On the basis of their opinions to the statements presented in the preceding tables, the elderly surveyed were also asked how similar they felt these opinions were to those of their children. Those who did not have children were not required to respond to the question. About 66 per cent of the respondents felt that their opinions were either very similar or somewhat similar to their children. However, it should be noted that 24 per cent felt that their children held somewhat different opinions and 10 per cent felt that they had very different opinions from them. There are possible reasons for differences in opinions. However, there is insufficient data in the 2011 survey to ascertain the reasons behind differences in opinions, given that the results presented here were reliant only on one source, namely, the elderly respondents. This warrants further investigation in future surveys with the inclusion of the adult children of the elderly respondents.

Some variation by gender, age and ethnicity were observed. Around 69 per cent of elderly females reported that their children's/child's opinion were either very similar or somewhat similar to themselves, conversely, a smaller percentage of men (63 per cent) shared this sentiment. Further examination of those who responded in the same way by age showed that a smaller proportion among those aged 55 to 64 felt this way compared to their older counterparts when responding to this question. Among the different ethnic groups, 73 per cent of the elderly Malays felt they held opinions that were very similar or somewhat similar to their children/child<sup>2</sup>. In comparison, smaller proportions of elderly Chinese (65 per cent) and elderly Indians (64 per cent) gave this response.

Although some educational variations with regard to having similar opinions with their children was observed; nevertheless, there was no clear indication that there was a breakdown between the less-educated elderly and their children. In fact, elderly with no qualification/lower primary educational attainment (67 per cent) felt that their opinions were either very similar/somewhat similar with their children/child.

Table 9.4 Similarities in opinions between respondents and their children/child, 2011

Variables	Total (N)	Very similar (%)	Somewhat similar (%)	Somewhat different (%)	Very different (%)
Total	3,924	5.4	60.5	23.9	10.1
<u>Gender</u>					
Males	1,804	5.0	57.6	25.9	11.5
Females	2,120	5.8	63.0	22.2	9.0
<u>Age group</u>					
55–64	2,223	6.2	58.1	26.2	9.6
65 and above	1,701	4.5	63.7	20.9	10.9
65–74	1,056	5.6	62.8	21.6	10.0
75 and above	645	2.6	65.3	19.8	12.3

2. Blake, M. 1992. *Growing Old in the Malay Community*. Singapore: Times Academic Press for the Centre for Advanced Studies, Faculty of Arts and Social Sciences, National University of Singapore.

<u>Ethnic group</u>					
Chinese	3,212	5.0	60.2	24.3	10.5
Malay	426	9.4	63.6	20.4	6.6
Indian	229	5.7	58.5	24.5	11.4
<u>Education</u>					
No qualification/lower primary	1,192	4.5	62.9	22.7	10.0
Primary/lower secondary	1,524	4.4	61.8	24.6	9.2
Secondary	792	8.5	56.1	23.4	12.1
Post secondary (non-tertiary)	180	4.4	57.8	30.0	7.8
Diploma and professional qualifications	145	8.3	53.8	26.2	11.7
University	75	6.7	60.0	18.7	14.7

### 9.3 Value Orientation of the Elderly

With each subsequent elderly cohort, they will bring with them different characteristics as a function of different educational attainment as well as changing societal norms. In light of this, the current edition of the survey seeks to establish a baseline of the current views towards familial norms. This would provide subsequent editions of the survey with the ability to track and compare any changing familial norms among the subsequent elderly cohorts.

The statements utilised for this component of the survey were adapted from the research carried out by Vern Bengtson and colleagues on inter-generational relations within the American family.<sup>3</sup> The five statements seek to examine not only parents' responsibilities towards their children, but also children's responsibilities towards their parents. These are classified in the table below.

Table 9.5 Inter-generational familial norms

<b>Familial norms</b>
1) <i>Parents' responsibilities towards their adult children</i>
i. Parents whose adult children have financial problems should assist them with housing costs.
ii. Parents should set aside money or property to leave as an inheritance for their children.
iii. Parents should help adult children in paying for healthcare, if their children cannot do it themselves.
iv. Parents should help adult children with their childcare if needed.
2) <i>Adult children's responsibilities towards their parents</i>
v. Adult children should not be expected to support their parents.

The first four statements asked the respondents regarding their views of society's expectation of parents' responsibilities towards their children, based on four specific statements. These statements describe four different scenarios ranging from adult children having difficulty with the cost of housing and healthcare to parents providing childcare and making a bequest to their children. The responses to each of the four statements are similar and are represented as a Likert scale (five-point scale) ranging from "strongly agree" to "strongly disagree". For the statements (i)–(iv), responses of "strongly agree" or "somewhat agree" indicate respondents agreeing that it is the responsibility of parents to care for their children. Responses of "somewhat disagree" or "strongly disagree" represent the counter view of parents' responsibilities towards their children. The respondents were also surveyed on their views regarding filial piety in statement (v). For this statement, respondents who said that they "strongly agree" or "somewhat agree" to the statement indicated that they did not feel that strongly regarding the importance of filial piety in society.

In general, the majority of the elderly agreed that parents should help adult children with housing costs if they faced financial problems. Nevertheless some variation was present in terms of age groups and

3. Bengtson, V. and R. A. Harootyan (eds). 1994. *Intergenerational Linkages: Hidden Connections in American Society*. New York: Springer.

educational attainment. The elderly aged 55 to 64 were more likely to respond positively on this as compared to those aged 75 and above. Although the overall percentages were still high among those aged 75 and above, the slightly lower proportion in comparison to lower age groups could be due to their ability to provide such support. This was especially the case for those respondents who might have already stopped working for a variety of reasons.

The elderly who responded positively to this statement, specifically “strongly” and “somewhat agree”, were also likely to have post-secondary and above educational attainment. Table 9.6 indicates that these respondents either had post-secondary (non-tertiary) (80 per cent), diploma and professional qualifications (76 per cent), and university education (70 per cent). While the majority of respondents with secondary and below education in each educational category still responded in similar fashion, the proportions were smaller compared to the other educational categories.

Table 9.6 Parents whose adult children have financial problems should assist them with housing costs, 2011

Variables	Total (N)	Strongly agree (%)	Somewhat agree (%)	Neutral (%)	Somewhat disagree (%)	Strongly disagree (%)
Total	4,800	9.6	53.0	20.8	13.5	3.2
<u>Gender</u>						
Males	2,239	10.8	53.5	19.3	13.2	3.3
Females	2,561	8.6	52.5	22.1	13.7	3.1
<u>Age group</u>						
55–64	2,713	11.1	53.0	19.2	13.4	3.3
65 and above	2,087	7.8	52.9	22.7	13.6	3.0
65–74	1,309	9.2	54.4	20.7	12.6	3.1
75 and above	778	5.3	50.4	26.1	15.3	3.0
<u>Ethnic group</u>						
Chinese	3,955	9.0	53.9	20.5	13.6	3.0
Malay	484	11.8	48.8	21.7	15.3	2.5
Indian	290	15.5	47.6	21.0	11.4	4.5
<u>Education</u>						
No qualification/lower primary	1,438	7.0	51.4	23.3	15.2	3.1
Primary/lower secondary	1,843	6.5	51.9	26.3	12.0	3.3
Secondary	984	15.2	54.3	12.3	14.5	3.7
Post secondary (non-tertiary)	209	16.8	63.6	7.7	11.0	1.0
Diploma and professional qualifications	189	18.5	57.1	11.1	11.6	1.6
University	114	17.5	52.6	9.7	15.8	4.4

The pattern observed earlier continued when respondents were asked for their opinion about parents setting aside some form of inheritance for their children. It is a general pattern among the elderly who agreed that parents should provide some form of inheritance. This should however be viewed with care, as it was contingent on the parents being able to bequeath to their children. Taking educational attainment as a proxy measure for the ability to carry out such an action, those who responded favourably were more likely to be those with post-secondary education or higher. It should also be pointed out that leaving behind an inheritance might not seem to be that common a practice among the elderly here.

Table 9.7 Parents should set aside money or property as an inheritance for their children, 2011

Variables	Total (N)	Strongly agree (%)	Somewhat agree (%)	Neutral (%)	Somewhat disagree (%)	Strongly disagree (%)
Total	4,781	15.7	36.0	25.3	19.8	3.4

<u>Gender</u>						
Males	2,230	15.9	35.9	24.4	20.1	3.7
Females	2,551	15.4	36.0	26.1	19.5	3.0
<u>Age group</u>						
55–64	2,713	16.1	37.2	23.6	19.5	3.6
65 and above	2,068	15.0	34.4	27.4	20.2	3.0
65–74	1,297	16.6	34.8	25.9	19.7	3.1
75 and above	771	12.3	33.7	30.0	21.1	2.9
<u>Ethnic group</u>						
Chinese	3,936	15.3	35.8	25.6	19.9	3.5
Malay	484	14.1	40.3	21.7	21.7	2.3
Indian	290	21.4	31.0	25.5	19.3	2.8
<u>Education</u>						
No qualification/lower primary	1,427	15.4	35.6	26.4	20.3	2.3
Primary/lower secondary	1,843	11.9	33.9	30.7	21.1	2.5
Secondary	976	19.8	38.8	17.9	17.6	5.8
Post secondary (non-tertiary)	209	21.5	38.3	21.5	17.7	1.0
Diploma and professional qualifications	190	23.2	40.0	12.6	17.4	6.8
University	112	20.5	38.4	14.3	18.8	8.0

“Helping adult children to pay for their healthcare if they could not” was another common perception observed among the elderly surveyed. Overall, 84 per cent of the respondents agreed that if adult children could not pay for healthcare, parents should help. For this statement, little variation was observed based on selected demographic variable. For each of the different categories, around 80 per cent or more felt this way.

Table 9.8 Parents should help adult children in paying for healthcare if their children cannot do it themselves, 2011

<b>Variables</b>	<b>Total (N)</b>	<b>Strongly agree (%)</b>	<b>Somewhat agree (%)</b>	<b>Neutral (%)</b>	<b>Somewhat disagree (%)</b>	<b>Strongly disagree (%)</b>
Total	4801	19.5	64.5	10.2	4.7	1.1
<u>Gender</u>	2,243	21.5	62.4	10.3	4.6	1.3
Males	2,558	17.8	66.3	10.2	4.7	1.0
Females						
<u>Age group</u>						
55–64	2,714	21.4	64.3	8.9	4.3	1.2
65 and above	2,087	17.1	64.7	11.9	5.2	1.1
65–74	1,307	19.8	64.6	10.6	4.0	1.1
75 and above	780	12.6	65.0	14.2	7.2	1.0
<u>Ethnic group</u>						
Chinese	3,957	19.6	64.9	9.9	4.7	1.0
Malay	483	19.3	61.7	11.8	5.0	2.3
Indian	290	20.7	62.8	10.3	5.2	1.0

<u>Education</u>						
No qualification/lower primary	1,439	16.2	66.0	12.4	4.2	1.1
Primary/lower secondary	1,842	16.3	67.9	10.6	4.5	0.7
Secondary	983	24.3	59.7	8.4	5.4	2.1
Post secondary (non-tertiary)	211	30.8	59.2	6.2	3.8	0.0
Diploma and professional qualifications	190	30.5	54.7	6.8	6.3	1.6
University	114	32.5	54.4	5.3	7.0	0.9

In general, the majority of the respondents (83 per cent) agreed that parents should help adult children with their childcare needs. Some gender differences were observed — females were more likely to either strongly agree or somewhat agree to the statement compared to their male counterparts.

Table 9.9 Parents should help adult children with their childcare if needed, 2011

<b>Variables</b>	<b>Total (N)</b>	<b>Strongly agree (%)</b>	<b>Somewhat agree (%)</b>	<b>Neutral (%)</b>	<b>Somewhat disagree (%)</b>	<b>Strongly disagree (%)</b>
Total	4777	21.3	61.3	8.6	5.9	3.0
<u>Gender</u>						
Males	2,227	20.5	59.1	9.4	7.2	3.7
Females	2,550	21.9	63.2	7.9	4.7	2.3
<u>Age group</u>						
55–64	2,707	21.4	60.8	8.4	6.2	3.2
65 and above	2,070	21.1	62.0	8.9	5.4	2.7
65–74	1,292	23.1	61.8	7.8	4.6	2.6
75 and above	778	17.6	62.2	10.7	6.7	2.8
<u>Ethnic group</u>						
Chinese	3,935	20.6	61.1	9.1	6.3	3.0
Malay	481	21.2	67.8	6.2	2.3	2.5
Indian	290	30.3	52.1	6.9	7.2	3.5
<u>Education</u>						
No qualification/lower primary	1,425	20.7	62.7	7.7	5.5	3.4
Primary/lower secondary	1,842	20.2	63.2	9.0	6.2	1.4
Secondary	978	22.4	58.2	9.6	5.7	4.1
Post secondary (non-tertiary)	209	28.7	60.3	6.2	2.4	2.4
Diploma and professional qualifications	188	22.3	51.6	9.6	7.5	9.0
University	112	21.4	54.5	8.9	11.6	3.6

From assistance with healthcare to housing costs and childcare, there is a strong indication of an overarching perception of parental responsibility towards their adult children's well-being. This presents a glimpse into the views the elderly hold with regard to their responsibilities as parents to their children. From the 2011 survey, this suggests that many held the view that parents should seek to help their children as much as possible.

Table 9.10 presents the flip side — how elderly parents viewed the responsibility of their adult children in taking care of them. The statement (v) suggests that adult children were not expected to take care of their parents. In societies where filial piety is not viewed as important, respondents are more likely to agree or strongly agree to the statement. Based on the results presented in the table, this was not the case for Singapore. In most instances, the respondents — regardless of their demographic characteristics — strongly disagreed or somewhat disagreed with the statement. This indicates that a large majority of the elderly population in society still believed in the societal norm of filial piety. If they had children, they expected their children to support them in their old age.

While this was the case for the majority, 17 per cent among those surveyed did agree to a certain extent to the statement that adult children should not be expected to support their parents. Based on the proportions reported below, this group was more likely to be males (18 per cent) rather than females (15 per cent). By age groups, 19 per cent of those aged 55 to 64 reported these sentiments as opposed to 16 per cent and 10 per cent among those aged 65 to 74 years and 75 and above, respectively. Those who were better educated with secondary education and above were more likely to agree with this statement as compared to those with lower secondary education and below.

Ethnic differences were also observed; 16 per cent of elderly Chinese reporting such sentiments as opposed to 20 per cent of elderly Malays.

These observations should not be taken to mean a collapse of societal norms but rather as a slow paradigm shift in societal norms. This is especially so given a better-educated and younger elderly cohort who may also be in better positions resource-wise as compared to preceding elderly cohorts who were not as well-educated, were from the direct migrant population and who tended to rely more on their children in their old age.<sup>4</sup>

Table 9.10 Adult children should not be expected to support their parents, 2011

Variables	Total (N)	Strongly disagree (%)	Somewhat disagree (%)	Neutral (%)	Somewhat agree (%)	Strongly agree (%)
Total	4,812	38.5	37.3	7.7	12.3	4.2
<u>Gender</u>						
Males	2,248	37.0	36.1	8.5	13.3	5.1
Females	2,564	39.9	38.3	7.1	11.4	3.4
<u>Age group</u>						
55–64	2,720	37.8	35.5	7.8	13.9	5.0
65 and above	2,092	39.5	39.7	7.6	10.1	3.1
65–74	1,312	37.2	40.4	6.9	12.1	3.4
75 and above	780	43.3	38.5	8.7	6.8	2.7
<u>Ethnic group</u>						
Chinese	3,968	38.5	37.8	7.6	12.5	3.6
Malay	482	36.9	35.3	7.7	12.2	7.9
Indian	292	43.2	32.9	9.9	9.3	4.8
<u>Education</u>						
No qualification/lower primary	1,445	50.0	38.3	6.4	10.6	3.7
Primary/lower secondary	1,846	35.1	43.1	7.9	10.7	3.3
Secondary	985	41.2	29.6	7.7	15.0	6.4
Post secondary (non-tertiary)	211	38.9	31.8	13.7	14.7	1.0
Diploma and professional qualifications	189	41.3	22.2	11.1	19.1	6.4
University	112	36.6	31.3	4.5	18.8	8.9

## 9.4 Summary

This is the first time that this survey series has sought to examine the views of the elderly on consensus as well as norms within Singapore society. The results presented in this chapter provide a generally positive outlook on this issue. Variations in the result suggest that in the future, there is a possibility that as the demographic profile of the elderly changes, commonly held norms — for example, looking towards children

4. Ministry of Community Development. 1995. *National Survey on Senior Citizens in Singapore*. Accessed on 9 April 2012, [http://app1.mcys.gov.sg/portals/0/Summary/publication/Materials\\_SC\\_NationalSurvey1995.pdf](http://app1.mcys.gov.sg/portals/0/Summary/publication/Materials_SC_NationalSurvey1995.pdf)



for support in old age — may change. These changes should not be seen in the negative light, but rather in the context of changing expectations of the elderly population.

## Chapter 10 Lifestyle and Volunteerism

### 10.1 Introduction

Active ageing is part of the government's framework of successful ageing. Active ageing is defined as successfully "maintaining physical and mental well-being and continuing to contribute to society".<sup>1</sup> This chapter examines the different activities available to the elderly as well as the level of volunteerism within this population. More importantly, this chapter also examines how one's mobility status may affect participation in these activities as well as other demographic characteristics.

### 10.2 Lifestyle Activities of the Elderly

Among the elderly aged 55 and older, 67 per cent participated in regular sports activities. Here, sports activities are understood to include activities such as swimming, tai-chi/qigong, brisk walking, jogging, badminton, etc. In fact, it should be noted that 31 per cent of the elderly participated in such sports activities on a daily basis. More importantly, 33 per cent of the elderly aged 65 and older also reported a similar frequency of sports activities. Home-based leisure activities that include playing computer games, internet-surfing, cooking and playing mah-jong were also done on a daily basis by 40 per cent of those aged 55 and older. Of the elderly aged 65 and older, a slightly higher proportion (42 per cent), reported doing these activities on a daily basis. Based on these observations, the elderly cohort was fairly active in terms of their participation in leisure activities.

Table 10.1 Frequency of activity, 2011 (%)

Frequency of activity	55 and above	65 and above
<b>Sports activities</b>		
Every day	30.5	32.6
4–6 times a week	6.5	6.1
2–3 times a week	18.9	17.4
Once a week	10.6	9.4
2–3 times a month	7.6	8.2
Once a month	4.0	4.2
Less than once a month	21.9	22.1
<b>Social and cultural activities</b>		
Every day	7.1	7.5
4–6 times a week	14.9	15.8
2–3 times a week	25.0	25.9
Once a week	22.4	20.5
2–3 times a month	8.7	7.5
Once a month	9.2	9.0
Less than once a month	12.8	13.7
<b>Home-based leisure activities</b>		
Every day	41.1	42.1
4–6 times a week	20.9	23.4
2–3 times a week	14.9	14.9
Once a week	6.2	5.1

1. Yap, M. T. 2009. *State of the Elderly in Singapore 2008/2009: Release 1: Trends in Population Ageing Profile of Singapore's Elderly Population*, p. 5. <http://app1.mcys.gov.sg/Portals/0/Summary/research/State%20of%20the%20Elderly%20Release%201.pdf>. Accessed on 8 March 2012.

2–3 times a month	2.4	1.8
Once a month	2.1	1.9
Less than once a month	12.4	10.8

Gender differences have been observed among the elderly population with regard to each of the three activities. A higher proportion of males (33 per cent) were more likely to engage in daily sports activities compared to their female counterparts (28 per cent). Further, a higher proportion of females engaged in sports activities less than once a month compared to their male counterparts. There were no clear gender differences observed for social and cultural activities. Although a higher proportion of females (45 per cent) engaged in daily home-based leisure activities compared to their male counterparts (37 per cent).

Table 10.2 Frequency of activity by gender 2011 (%)

Frequency of activity	Males	Females
<b>Sports activities</b>		
Every day	33.4	28.0
4–6 times a week	7.5	5.5
2–3 times a week	18.3	19.4
Once a week	10.1	11.1
2–3 times a month	7.6	7.6
Once a month	4.1	3.9
Less than once a month	18.9	24.7
<b>Social and cultural activities</b>		
Every day	8.6	5.8
4–6 times a week	16.0	14.0
2–3 times a week	21.8	27.9
Once a week	21.9	22.7
2–3 times a month	9.2	8.2
Once a month	9.3	9.2
Less than once a month	13.3	12.3
<b>Home-based leisure activities</b>		
Every day	36.7	44.7
4–6 times a week	21.0	20.8
2–3 times a week	14.2	15.5
Once a week	7.4	5.3
2–3 times a month	3.0	1.9
Once a month	2.9	1.5
Less than once a month	14.8	10.4

### 10.3 Volunteerism among the Elderly

In the report from the Committee on Ageing Issues, volunteerism among the elderly was an area on which the committee sought to focus. More importantly, the committee targeted to increase elderly volunteerism to 15 per cent by 2030.<sup>2</sup> Elderly volunteerism was viewed as an avenue to keep the growing elderly population active and engaged in the community.

2. Ministry of Community Development, Youth and Sports. 2006. *Committee On Ageing Issues: Report On The Ageing Population*, p.62. [http://www.mcys.gov.sg/successful\\_ageing/report/CAI\\_report.pdf](http://www.mcys.gov.sg/successful_ageing/report/CAI_report.pdf).

In this survey, volunteerism among the elderly was observed to be low. Among the elderly aged 55 and older, only 6 per cent of those surveyed volunteered in the last 12 months. The proportion declined further among those aged 65 and older where only 5 per cent volunteered in the last 12 months. Across the 2005 and 2011 surveys, the proportion of those who volunteered remained fairly constant, both among those aged 55 and older as well as the older cohort aged 65 and older.

Table 10.3 Volunteerism, age 55 and older and 65 and older, 2011 and 2005 (%)

Did you volunteer in the last 12 months?	55 and above		65 and above	
	2011	2005	2011	2005
Yes	5.5	5.9	4.8	4.5
No	94.5	94.1	95.2	95.5

A further examination of the population surveyed showed that those aged 75 and above were less likely to volunteer compared with any other age group.

Table 10.4 Volunteerism by age, 2011 (%)

Did you volunteer in the last 12 months?	Age group		
	55–64	65–74	75 and above
Yes	6.0	6.0	2.7
No	94.0	94.0	97.3

To better understand the characteristics of the majority of elderly who did not volunteer, further analysis by age group and mobility status was done. One possible hypothesis for this lack of volunteerism may be due in part to one's mobility.

Among the different age groups, it was possible to see that among the non-volunteers, those aged 55 to 64 (58 per cent) were more likely to be ambulant and physically independent. However, at the older age groups, they are more likely to require some form of physical assistance or were bedridden. It is therefore more important to target the younger group when promoting volunteerism since they would have better mobility status to be able to volunteer as opposed to those in more trying situations.

Table 10.5 Non-volunteers, by age group and mobility status, 2011 (%)

Age group	Mobility status				
	Ambulant and physically independent	Ambulant and physically independent but requires walking aids	Requires some physical assistance To move around and supervision while using assistive devices	Not bedridden but requires total physical assistance for transfers and movement	Bedridden and requires regular turning in bed
55–64 years	57.8	35.5	29.0	29.4	25.0
65–74 years	27.2	19.1	10.1	11.8	16.7
75 and above	15.0	45.5	60.9	58.8	58.3

#### 10.4 Information Sources

With increasing services and benefits that continue to be introduced to the public in general, it is pertinent to understand how this information is being disseminated. In particular, how are the elderly receiving information on these benefits? For the policy-maker, it is important that channels of communication are open and able to reach their policy targets. During the course of the survey, the elderly were asked how they

obtained information on government benefits.<sup>3</sup>

Television was the primary source of information for the elderly when it came to finding out about government benefits. Of those aged 55 and older, 65 per cent cited this. This was also the case for those aged 65 and older, where 64 per cent cited television as their source of information for government benefits. Apart from this, higher proportions were also observed for newspaper, friends and family members.

Among the elderly aged 55 and older, friends were also considered as their next most important source of information. Overall, it was observed that 31 per cent cited friends, and the proportion was higher for those aged 65 and older where 34 per cent mentioned friends as a source of information on government benefits.

Family members were also cited as a source of information. Among those aged 65 and older, family members were the third most commonly cited source with 23 per cent citing this source. The proportion was lower when those aged 55 to 64 were included.

While one would assume that the newspapers would be an important source of information for government benefits for the elderly, this was not the case. Among those aged 55 and older, it only ranked third behind friends as a source of information. Newspapers were not the primary information source for those aged 65 and older and rated behind friends and family members as a source of information on government benefits.

Table 10.6 Information sources for government benefits, 2011 (%)

Information sources	55 and above		65 and above	
	Total (N)	(%)	Total (N)	(%)
Television	3,249	64.9	1,365	63.5
Radio	181	3.6	48	2.2
Newspapers	1,298	25.9	425	19.7
Internet	136	2.7	33	1.5
Community centre	136	2.7	53	2.4
Friend	1,574	31.4	734	34.1
Family member	1,012	20.2	491	22.8
Neighbour(s)	232	4.6	106	4.9
Others	38	0.7	15	0.6
Total (N)	5,000		2,149	

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3. To ensure that the respondents were not biasing any one source of information, they were not prompted and all respondents were encouraged to provide their own sources. Example on the types of benefits were provided and in all instances, to ensure consistency as well as to ensure that the respondents thought of government benefits in general, the same examples were provided on all occasions.

Table 10.7 Information sources for government benefits, 2005 (%)

Information source	55 and above		65 and above	
	Total (N)	(%)	Total (N)	(%)
Television	1,437	31.3	725	27.2
Radio	149	3.2	74	2.7
Newspapers	987	21.4	461	17.3
Internet	--	--	--	--
Community centre	83	1.8	42	1.5
Friend	922	20.0	484	18.1
Family member	2,740	59.6	1,678	63.0
Neighbour(s)	547	11.9	329	12.3
Others	865	18.8	441	16.5
Total (N)	4,591		2,633	

### 10.5 Summary

Overall, the elderly were fairly active in their participation in leisure activities. Age and gender differences were observed within the population survey with regard to participation in leisure activities. Volunteerism was not popular among the elderly, with less than 6 per cent of participants having volunteered in the past 12 months prior to the survey. This indicates that further effort needs to be made to increase the volunteerism rate among the elderly. With regard to reaching out to the elderly population concerning government benefits, it was observed that television was the primary medium among those aged 55 and older and friends were the second most popular choice among the elderly.

## Chapter 11 Policy Recommendations

1. Looking ahead, seniors are more likely to be living on their own, which suggests the importance of ensuring the availability of care within the community.
2. There is also a need to emphasize the building of care networks comprising paid staff and volunteers (including able-bodied seniors) especially within precincts with high concentration of seniors living alone or those who require social and/or health care support.
3. Seniors should aim to work for as long as they can, while employers should redesign jobs and human resource policies to accommodate seniors.
4. Seniors should focus on two fundamentals in their retirement planning: (1) build up strong emotional ties and social capital with their children, grandchildren, siblings, and non-kin relations; and (2) build up capacity for self-reliance in old age through diversified assets, including health insurance, annuities, and human capital enhancement.
5. Love is a more reliable basis for social support than obligations. Obligations in an era of job insecurity and rising cost of living can only breed resentment, avoidance of responsibilities, and poor relationships. Public messaging should focus on encouraging love, which motivates people to take care of their own through thick and thin.
6. VWOs and social enterprises should be encouraged to target seniors for recruitment as volunteers or paid staff.
7. While the vast majority of the elderly are generally healthy, mobile and able to function independently, we should not neglect the small group that are not so.
8. There is also a small group with potentially debilitating conditions (e.g. depression, osteoporosis, eyesight problems, dementia, and hearing problems) but who are not seeking treatment. Efforts must be made to reach out to them.
9. Community studies on the health conditions and functionality of the elderly should rely less on self-declaration. There should ideally be some medical testing involved.