# FORMAL AND INFORMAL INTERGENERATIONAL SUPPORT TRANSFERS IN SOUTH-EASTERN ASIA

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At the turn of the millennium, population ageing has replaced fertility control as a primary concern of developed and developing nations. Population ageing will put pressure on the intergenerational support of older persons in both social and economic terms. This paper reviews some of the demographic indicators for South-eastern Asia with the aim of presenting the rapid ageing of its population. This is followed by a review of the levels and types of informal intergenerational support available for older adults in South-eastern Asia using specific countries as examples, and a discussion of the changes in demographic and social realities that may make continued familial support of older adults difficult. Then, the notion of a South-eastern Asian family response model that is unique to the region and is an outcome of specific cultural, demographic, and economic contexts is introduced. The levels and types of formal support available to older adults in South-eastern Asia are then examined, with the aim of highlighting the inadequacies of available formal systems. The paper also addresses the policy implications based on conclusions derived from available data for South-eastern Asia.

In thirty years' time, more than half of the world's older population will be residing in Asia. The speed of ageing, however, is not uniform across Asian countries. In general, more developed Asian countries with higher per capita income are ageing faster (table 1). On one end of the scale is Singapore with the highest life expectancy of 79 years and lowest total fertility rates of 1.35 for the period 2000-2005. On the other end of the scale, Cambodia has the lowest life expectancy of 56 years and the highest total fertility rate of 4.14. In 2005, Singapore had the highest old age dependency ratio of 12 older adults aged 65 or over per 100 in the working ages 15-64. This is double the old-age dependency ratio of countries such as Brunei Darussalam, the Philippines and Cambodia. South-eastern Asia is projected to age rapidly in the next 30 years and this will result in a closing of the demographic window of opportunity that benefited most of these countries economically in the 1970s and 1980s.

In many developing countries, the beginning of the ageing process is accompanied by a substantial decrease in the dependency ratio. This ratio of dependent young and elderly to the adult population first declines with the fall in fertility and later increases as the population ages. The rapid and significant fall in

TABLE 1. DEMOGRAPHIC INDICATORS FOR SELECTED COUNTRIES IN SOUTH-EASTERN ASIA

Country	Life expectancy	ctancy Healthy life expectancy		Total fertility rate	Old-age dependency ratio
	2000-2005	Males	Females	2000-2005	2005
Singapore	78.6	68.8	71.3	1.35	12
Brunei Darussalam	76.3	65.1	65.5	2.50	5
Thailand	69.7	57.7	62.4	1.93	10
Malaysia	73.0	61.6	64.8	2.93	7
Indonesia	66.5	57.4	58.9	2.37	8
Philippines	70.2	57.1	61.5	3.22	6
Myanmar	60.1	49.9	53.5	2.46	8
Cambodia	56.0	5.6	49.5	4.14	6

Sources: United Nations (2004, 2005); Lamb (1999).

fertility, together with the still modest increase in the number of old people, modifies the age structure of the population in favour of young adults, producing the "demographic window" (Bloom and Sevilla, 2003). As a result, working-age adults will support a relatively low social burden for the next two or three decades. This situation gives developing countries a rare opportunity to implement fundamental social policies that can be the foundation of sustainable development before they face inescapable and unprecedentedly fast ageing (Chan, Lutz, and Robine, 2005).

The closing of this demographic window of opportunity will put pressure on Governments to provide care for older members of their societies. Asian Governments currently consider care for older citizens as a family responsibility. However, policymakers realize that families may find it increasingly difficult to care for older members as South-eastern Asian societies develop.

### A. LIVING ARRANGEMENTS

Current policies directed at the care of older adults place the onus of care on the family. Most Asian Governments view co-residence as an important form of informal support (e.g., tax incentives provided to children who reside with older parents in Malaysia and Singapore). In the late 1980s and 1990s, Western theorists and organizations such as the World Bank pointed to the fact that multi-generational living may decline in Asian societies with the development of modern economies. This decline in multi-generational living was thought to have a negative effect on older adults' well-being (Martin, 1990; World Bank, 1994). Several factors operate to decrease the probability of co-residence. These include lower fertility, gender preference, migration, and changing tastes. Lower fertility generates fewer opportunities for co-residence as there are fewer children available to live with. Lower fertility also lessens the probability that an individual's gender preference for choice of child to live with will be fulfilled. This is particularly relevant in countries where gender preference persists. Migration of young adults from their country of origin also reduces the availability of children with whom to co-reside. Finally, changing attitudes towards co-residence such as, for example, an increased preference for privacy by either older parents or adult children, may contribute to a decline in co-residence levels (DaVanzo and Chan, 1994).

The following tables examine changes in living arrangements over time in select South-eastern Asian countries. In the Philippines, there has been little change in the percentage of older adults living with a child between 1988 and 1996. In 1996, approximately two-thirds of older adults lived with a child, 6 per cent lived alone, and 8 per cent lived with spouse only (table 2). Unfortunately, there were no trend data for Viet Nam at the time of this study, but available data for Ho Chi Minh City shows that 83 per cent of older adults were living with a child, 5 per cent were living alone, and 5 per cent were living with spouse only in 1997.

In Singapore, there has been little change in the percentage of older adults living with a child. In 1988, 88 per cent of older adults lived with a child compared to 85 per cent in 1995. This slight decrease in the percentage of older adults living with a child appears to be offset by a doubling in the percentage living with spouse only between 1988 and 1995. In Thailand, there was a decrease in the percentage living with children from 74 per cent in 1995 to 68 per cent in 2002. Conversely, the percentage living alone has almost doubled. Overall, the proportion of older adults living with a child remains high even though there appears to be an increasing trend in the proportion of older persons living alone or with spouse only.

Recent data on preferences by type of living arrangement show some interesting patterns. Figure 1 shows the percentage of older Indonesians who prefer to live with or near a child, or to live alone. In general, the preference is to live with or near a child. However, urban males (81 per cent) and urban females (78 per cent) are those most likely to prefer this living arrangement. Rural older males and

Table 2. P

Table 3. Percentage of population aged 60 or over receiving and providing monetary transfers in selected South-eastern Asian countries

Country	Percentage receiving	Percentage providing
Thailand	88.1	54.7
Philippines	87.9	67.2
Singapore	90.5	28.4
Viet Nam (RRD)	34.8	5.4
Viet Nam (HCMC)	78.4	33.8

Sources: Biddlecom, Chayovan and Ofstedal (2002); Anh and others (1997). NOTE: RRD=Red River Delta; HCMC=Ho Chi Minh City.

TABLE 4. PERCENTAGE OF POPULATION AGED 60 OR OVER RECEIVING AND PROVIDING MATERIAL GOODS IN SELECTED SOUTH-EASTERN ASIAN COUNTRIES

Country	Percentage receiving	Percentage providing
Thailand	87.5	47.1
Philippines	90.6	76.1
Viet Nam (RRD)	86.4	11.9
Viet Nam (HCMC)	90.0	38.3

Sources: Biddlecom, Chayovan and Ofstedal (2002); Anh and others (1997). NOTE: RRD=Red River Delta; HCMC=Ho Chi Minh City.

## C. ATTITUDES TOWARDS FAMILY SUPPORT

In many Asian countries filial piety appears to remain a strong norm. For example, Sobieszczyk, Knodel, and Chayovan (2003) report that in Thailand r

TABLE 5. CHANGES IN FAMILY CARE AS PERCEIVED BY OLDER URBAN INDONESIANS

Statement	Agree	Disagree
Children today take less care of their elderly parents than in the past	14.1	85.8
Youngsters today have less respect for elders than in the past	14.9	85.1

Source: Wirakartakusumah (1999).

### D. RELIANCE ON FORMAL SUPPORT

Several countries in South-eastern Asia now have established national policies on ageing, including Indonesia, Malaysia, the Philippines, Singapore, and Thailand (Phillips, 2000). As Governments in Asia and the Pacific re-assess their formal programmes for older persons or seek to develop new ones, some key issues need to be taken into account. The major difficulty lies in fine-tuning the amount of formal support Governments should provide. The provision of formal care for older persons, whether it is economic (social security or pension schemes), physical (built environments/nursing homes), or social (community programmes) will, to some extent, replace functions performed by the family. The World Bank (1994) has provided a number of reasons why Governments might want to be cautious regarding the implementation of formal programmes. As already mentioned, formal programmes may "crowd out" or

dollars in 2003). Only two-thirds of Singapore's current older persons are covered by the CPF. The majority continues to depend on their families for economic support. In addition, the recent Asian economic crisis has had detrimental effects on many savings plans in Asia, decimating the investments of many older persons. With the exception of the Red River Delta area in Viet Nam, the figures below show that very few older adults, less than 10 per cent, in Singapore, Thailand, Indonesia, Ho Chi Minh City in Viet Nam and the Philippines rely on pension income as their major source of income:

Percentage of older adults reporting pension income as a major source of income:

Singapore	2.2
Thailand	2.3
Indonesia	9.0
Viet Nam (Red River Delta)	22.8
Viet Nam (Ho Chi Minh City)	2.4
Philippines	7.0

Sources: Ofstedal and others (2002); Anh and others (1997).

#### E. POLICY IMPLICATIONS

Existing research suggests the need for policies that enable families to support older members. In countries such as Malaysia and Singapore, there exist some financial incentives. On a practical level, however, home nursing and respite care are seriously lacking. Policies that allow older persons to maintain their independence are important. Healthy and economically active older adults will significantly reduce the stress on the family. Several countries in Asia are concerned about low fertility rate. However, couples will decide not to have children or to have fewer children, unless policies are put in place that recognize the burden on middle-aged children to support two generations their older parents and their own children. In Singapore, the high cost of living and time pressures are the most frequently cited reasons for not wanting to have children. Policies that recognize the enormous costs of caregiver burden need also to be put in place. This includes the development of more respite care centers and educating caregivers about their own needs. Formal support for the current generation of older adults is insufficient and ineffective, and quality and coverage are poor.

Some countries, such as China and Singapore, have even legislated family care. Existing research shows, however, that family support may be declining in the face of structural changes such as rapid industrialization, globalization, and increased migration (World Bank, 1994). There are also documented sociological changes such as less convergence across generations. The speed of population ageing in South-eastern Asia and indeed, in Asia as a whole, requires that policymakers remain flexible. In one generation, the entire picture will change. The next generation of older adults will be significantly better educated and will have higher incomes and better health. As such, the policies that they will require will be very different from the current generation of older adults.

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