Longer, healthier and happier lives

In Singapore an effort is being made to keep elderly people physically and mentally fit for as long as possible so that they can maintain their normal daily activities and living arrangements. In order to care for the growing proportion of older people both humanely and in a manner that society can afford, measures are being taken to encourage the revival of the extended family system whereby the elderly reside with their younger relatives. The placing of older people in institutions is being kept to a minimum, partly because they prefer to live with their children and partly because special homes are very expensive.

For countries such as Singapore undergoing fertility decline, not only the number but also the proportion of older people is growing. This, of course, has significant implications for both health administrators and economic and social planners.

Replacement fertility was attained in 1975. The total fertility rate reached a minimum of 1.44 in 1986, subsequently rising to 1.64 in 1987 and 1.98 in 1988. People aged 65 years and above now represent 5.6% of the population. The corresponding figures in 2000 and 2030 are expected to be 7.4% and 20%. The aging of the population is a matter of serious concern. A multisectoral approach to the associated problems has been adopted.

Role of the family

Elderly people living with their families both give and receive emotional and material support. The family’s role in ensuring the care and well-being of the elderly is important and qualitatively different from that of care-giving institutions.

However, urbanization, industrialization and modernization over the last two decades have contributed to the breakup of the extended family system in Singapore. Households, formerly comprising many families, have been split up into nuclear families living in their own apartments, often a long way apart. As families become smaller and women participate increasingly in the workforce, the support traditionally provided to the elderly is being eroded.

A policy has therefore been adopted of endeavouring to keep elderly people
Moral education in Singapore schools

One of the themes of the moral education programme in schools is family life. The objective is to develop a sense of identity and belonging to the family, and to teach pupils to show respect, love and understanding for the family.

The contents of the programme include:

- understanding and acceptance of family members
- sharing of values and aspirations
- recreational activities that the family can enjoy together
- importance of filial piety
- respecting parents and grandparents
- appreciating the care and concern of parents and grandparents
- sharing time with and caring for parents and grandparents
- communicating with and giving time to family members
- helping in household chores
- maintaining good parent–child, grandparent–child and sibling relationships
- coping with problems in the family arising out of lack of communication, sibling rivalry, generation gap and other difficulties
- responsibilities in marriage and parenthood.

A senior citizens' week is organized annually to promote the status of the elderly and demonstrate the contributions they can make in the community.

Physically and mentally fit for as long as possible so that they can maintain their normal daily activities and living arrangements. Families are expected to play the primary role in caring for the elderly. As far as possible, older people should live in the community rather than in institutions. The elderly prefer to live with their children and are reluctant to stay in homes for the aged. At present, only 2% of the elderly are living in institutions.

Schemes have been introduced with a view to preserving and strengthening the traditional family system and encouraging families to care for the elderly. About 88% of Singaporeans live in government-subsidized apartments, and a special housing scheme encourages families comprising several generations to remain intact despite relocation; people who apply for accommodation under this scheme are given priority. Another scheme allows married children and their parents to be allocated adjoining apartments. Individuals are allowed income tax relief for caring for an elderly dependent.

The government considers the family to be the basic building-block of society, and the school curriculum includes material aimed at strengthening traditional family values and teaching the young to love and respect the elderly (see Box). A senior citizens' week is organized annually to promote the status of the elderly and demonstrate the contributions they can make in the community.

Despite the efforts to help the elderly to live with their families, there is undoubtedly going to be a continuing need to provide alternative living arrangements. Homes for the aged are nevertheless considered a last resort, and an attempt is made to confine their use to people who are destitute or who
cannot be cared for in their own homes for reasons of physical or mental infirmity. However, families suffering great hardship in looking after elderly parents or grandparents are entitled to place them in homes run by government and voluntary organizations.

Health care for the elderly

The elderly consume a disproportionately large amount of health care resources. Consequently, as the number of older people grows an increasing burden is placed not only on the state but also on families and communities. The major causes of morbidity and mortality in Singapore today are diseases associated with unhealthy life-styles. It is therefore desirable that people should have healthy life-styles throughout their lives so that on reaching old age they present society with fewer health problems. An attempt is now being made to induce people to assume increased responsibility for their own health. Health education, which is directed at all age groups, covers diet, exercise and the desirability of abstention from smoking. The elderly are also encouraged to avail themselves of health screening programmes so that disease and disability may be detected in good time.

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In 1985 a special department was established under the primary health care programme to coordinate community health care services for older people. It provides a home nursing service to the aged and non-ambulant sick. Through this service it has proved possible to take health care to elderly people who would otherwise have needed institutional care.

Senior citizens' health care centres have been set up in polyclinics to provide treatment, rehabilitation and day care for the elderly on the same site. These centres are centrally located in new towns and readily accessible. Families can leave their older relatives at the centres during working hours in the certainty that they are being taken care of. Members of families can attend sessions in which advice is given on caring for the elderly. The centres use volunteers to help with the running of their programmes. The community is thus encouraged to participate in the care of the elderly.

Older people, when they fall sick, mostly seek treatment at private medical clinics or government clinics. Elderly patients have to pay only half the consultation and prescription fees at government clinics.

Elderly people who need to be hospitalized are admitted to general hospitals. In 1989 a department of geriatric medicine was established in an acute hospital to cater specifically for elderly people with complex illnesses. It is intended to set up similar departments in other hospitals. In preparation for this, doctors and nurses are being appropriately trained overseas.

A community hospital for patients convalescing from stroke and chronic degenerative diseases is under construction. This will help to reduce the high cost of hospital services in acute hospitals.

Paying for health care

Because of their complex symptoms and the often chronic nature of their illnesses, the elderly are large consumers of health care.
They account for almost 20% of all admissions to public hospitals, yet only 5.6% of the population. Given that resources are limited, there is a clear need to ensure that the inevitable increases in costs are met without raising fees beyond what is affordable.

Medisave, introduced in 1984, is a compulsory savings scheme whereby every employee pays 3% of his or her salary into a special account, to which the same amount is contributed by the employer. The savings can be used to pay for the hospitalization expenses of the account-holder or his or her immediate family, including parents and grandparents. The scheme allows increased choice as between public and private hospitals, as well as helping to ease the heavy financial burden of hospitalization.

Notwithstanding the Medisave scheme, some patients requiring long-term hospitalization find it difficult to pay their hospital bills. For this reason the Medishield scheme has recently been introduced, under which the premium payment is automatically made by Medisave account-holders. There is an element of co-payment to discourage unnecessary use of medical services. Medisave account-holders have to contract out if they do not wish to participate in the Medishield scheme.

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Although the aim is to keep elderly people as physically and mentally fit as possible, there is no doubt that an increasing number of them will gradually become frail and dependent. To minimize institutionalization, some form of assistance must be given to families which, unaided, might be forced to relinquish their responsibilities towards their older members. A number of community-based support services will therefore have to be created so as to relieve the pressure on relatives: home helps, meals on wheels, and so on. Such services will require the participation of numerous committed volunteers if the state is not to spend vast amounts of money on them. Success will demand a high degree of motivation on the part of the volunteers and close coordination among the agencies providing the services.