

PREMIUM

Why engaging old folk socially is important

Yang Yi For The Straits Times

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Socially excluded elderly people are more likely to suffer cognitive impairment that can lead to dementia, a study on the China situation shows. There are lessons for Singapore too.

Recent news reports indicate that more elderly people in Singapore are taking their own lives. Last year, 129 people aged 60 and older committed suicide. This group formed 36 per cent of 361 suicides reported in 2017, compared with 29 per cent of 429 suicides the year before.

Ageing can be a difficult period for many. As people get older, their health deteriorates. Some older people lose their spouses; others have no living children. Yet others may be unable to participate in social activities and so lose their social circle and network support. Another issue is that some do not have enough funds to tide them over in their golden years.

Singapore's rapidly ageing population means we have to take careful stock of ageing trends. Our research on China's elderly folk shows that social exclusion not only has psychological effects; it also affects cognitive decline. This is important because the deterioration of a loss of cognitive functioning may develop into dementia.

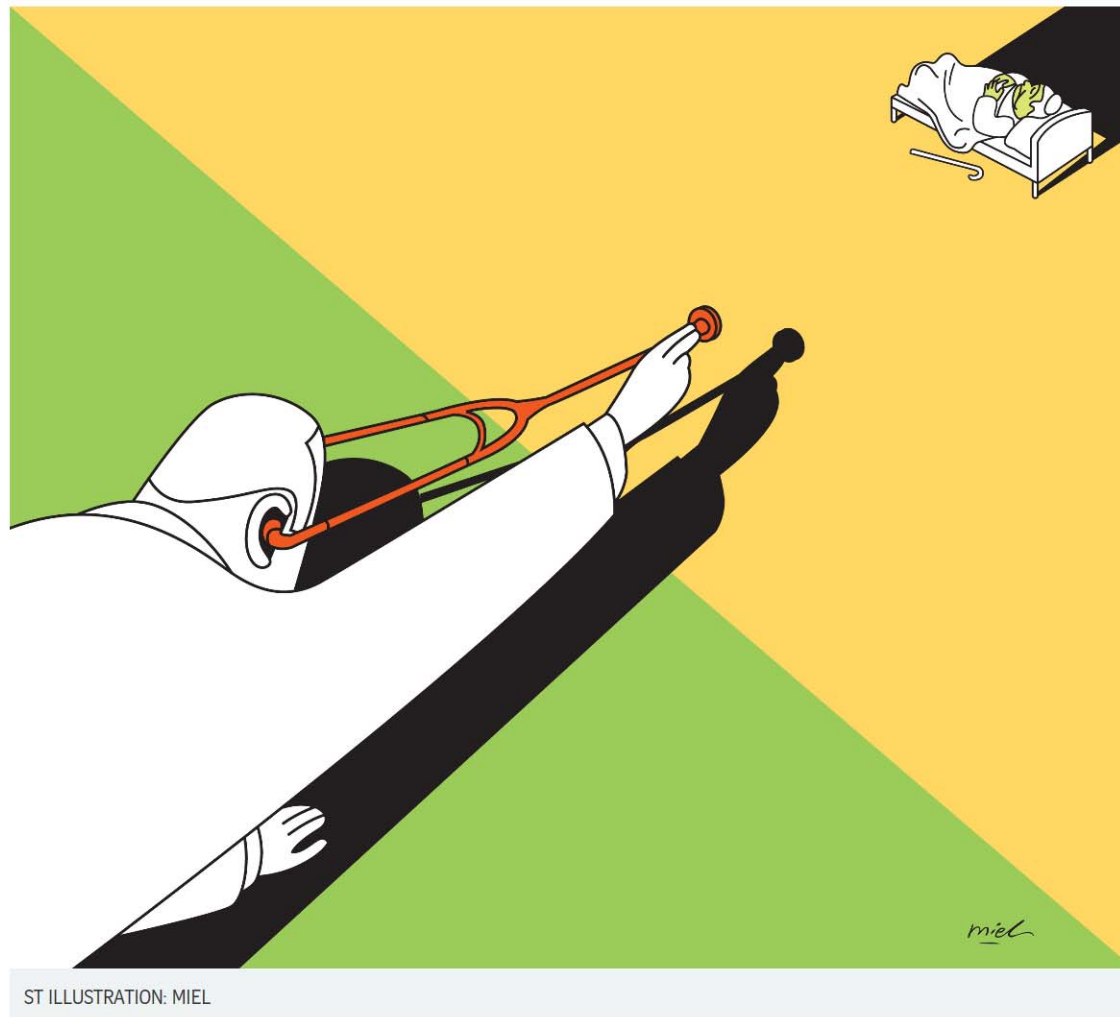
The management of geriatric chronic diseases such as dementia requires enormous financial, health and manpower resources from individuals, families and society.

Singapore is one of the most rapidly ageing societies in the Asia-Pacific region. In 2007, the life expectancy of the population was 80.6 years (78.1 years for men and 82.9 years for women). Last year, Singapore's average life expectancy was 83.1 years, with 80.7 years for men and 85.2 years for women. In 10 years, life expectancy increased by 2.5 years.

In 2007, Singapore's population aged 65 and over accounted for 8.5 per cent of the resident population. This proportion increased to 13 per cent last year.

In 2007, the old-age dependency ratio was 12 (12 seniors aged 65 years and older per 100 working-age population aged 15 to 64 years old). Last year, this had increased to 18.

Most people wish to have health and longevity in old age, but the incidence of some chronic diseases increases with age. Dementia is one of them. According to data from the Alzheimer's Disease Association, there were 40,000 dementia patients in Singapore's population aged 65 and older in 2015. By 2050, this number will increase to 187,000.



An alarming aspect is not only the increase in the number of patients. It is also the fact that dementia is spreading to younger people under the age of 65, according to the National Neuroscience Institute.

Studying the cause of dementia and its treatment has always been challenging. Since dementia is still incurable, societies should focus more on prevention, and understanding what factors can protect cognitive function and prevent or slow down its deterioration.

LONGITUDINAL STUDY IN CHINA

With this in mind, a group of researchers from the National University of Singapore - myself from the Asia Research Institute, and Professor Jean Yeung and Associate Professor Feng Qiushi, both from the Department of Sociology - studied the impact of social exclusion on cognitive impairment among the elderly in China.

Using the 2002-2008/09 Chinese Longitudinal Healthy Longevity Survey, we found that the proportion of cognitive impairment in the elderly aged 65 to 99 was about 11.2 per cent in 2002. It increased with age and was 33.7 per cent for those over 80 years old.

In 2008/09, the proportion of cognitive impairment among the elderly still living had risen to 17 per cent, with 17.8 per cent of rural seniors and 15.2 per cent of urban seniors with cognitive impairment.

Women were more likely to be affected: 21.6 per cent suffered cognitive impairment, compared with 11.8 per cent of men. In particular, women living in rural areas were worst affected: The proportion in this group with cognitive impairment rose from 18.5 per cent to 22.3 per cent from 2002 to 2008/09, much higher than the other groups.

MEASURING SOCIAL EXCLUSION

In China, most seniors are cared for by family, so inter-generational support and marital status are crucial in old age. China's urban-rural dual system makes rural elderly people unable to enjoy pension and social security benefits that urban retirees do. In addition, medical facilities and resources are also concentrated in the cities.

With these factors in mind, we constructed an indicator of social exclusion based on the Chinese concept.

The social exclusion measure we devised looks at factors such as financial deprivation (income and subjective economic conditions of the elderly); social isolation (widowhood, inter-generational support, lack of communication with people, lack of participation in social activities); and lack of basic social services (inadequate medical services and retirement benefits).

Our data shows that 13.71 per cent of the elderly in 2002 experienced social exclusion; 14.9 per cent of older women and 12.4 per cent of men; and 16.3 per cent of rural elderly people and 9 per cent of urban elderly people.

We then looked at whether social exclusion leads to cognitive impairment to a certain extent.

The answer from our study is yes. We found that older people who were in social exclusion were 1.8 times more likely to have cognitive impairment than those who were not.

This was more pronounced in rural areas. The incidence of cognitive impairment among rural elderly women who were in social exclusion was about 23 times higher than that of urban older men not in social exclusion.

Among the various factors that constitute social exclusion, the risk factors affecting cognitive impairment were: low income, feeling that life was poor, no participation of social activities and outdoor activities, no one to talk to or seek help from, and lack of medical services. Age, need for assistance in daily living, and anxiety also had a significant impact on cognitive impairment.

The findings of this study have important implications for ageing countries in the region such as Singapore.

The ageing populations in Singapore and China share many similar characteristics. For example, both countries have family-based elderly care systems. Both are experiencing a decline in family size due to low fertility rates and so face challenges to do with long-term care of the elderly. Moreover, many seniors in both countries, especially those aged 85 and over, have low educational levels. Epidemiology studies and public health studies find that people with higher educational levels have lower dementia rates.

Since cognitive impairment is a long-term process, our research encourages governments and societies to reduce social exclusion of the elderly, by improving the financial conditions of the elderly and building elderly-friendly communities to create opportunities and encourage older people to participate in social and outdoor activities.

At the same time, as an important means of prevention, there is a need to improve access to basic medical services so that the elderly receive the care they need.

If these measures can effectively protect cognitive functioning, thereby curbing dementia rates, this will have significant impact in reducing the economic and manpower pressures that families and societies face to provide long-term care for the elderly with cognitive impairment.

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Correction note: This article has been edited for clarity.

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