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Home Alone:
Older Adults in Singapore



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Home Alone: Older Adults in Singapore

***Elizabeth Linton, Bina Gubhaju and
Angelique Chan***

Key Findings:

- In 2011, 9% of Singaporean adults aged 65 and older live alone.
- In the last 15 years, the percentage of older men living alone remained relatively constant, while the percentage of older women living alone has increased by 40%.
- Living alone is associated with more depressive symptoms.
- Overall, Singaporean older adults who live alone fare better both economically and physically, compared to older adults living with their children.

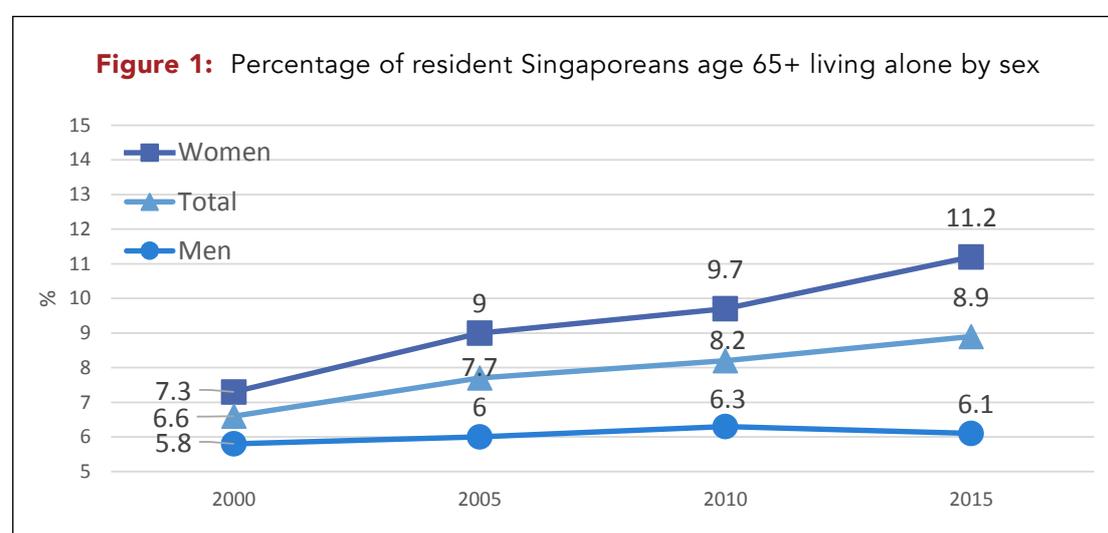
Introduction

Over the past 50 years, Singapore has become an aged society. Government policy maintains that the family is the first line of support for older adults. Currently, family members do play a key role in providing finances, resources, and housing for today's older Singaporeans. In future however, shrinking family sizes caused by falling fertility rates, later age at marriage, increasing non-marriage rates, and increasing rates of divorce will substantially reduce the number of family members available to provide support to older Singaporeans. Recent news headlines like "How not to die alone" and "When I die, I want someone to know," call attention to both the fears and unfortunate realities of older adults living alone who have been injured or even died unnoticed (Neo 2016; Lee 2016; Ong 2016; Heng 2015). Will the growing phenomenon of older Singaporeans living alone necessarily lead to "unsuccessful" ageing, characterised by neglect and isolation? Or can living alone be an example of continued independence in later years? What is the well-being of older Singaporeans currently living alone? Are there connections between living alone, loneliness, and mortality risk? How can policy makers use data on the state of older adults living alone to inform policies designed to protect vulnerable adults? This research brief summarises the existing literature and research on older Singaporean adults living alone and discusses the implications of these findings on the design and implementation of current and future ageing policies, programmes, and research initiatives.

Who and Why Are Older Singaporeans Living Alone?

Nine percent of Singaporean adults aged 65 and older live alone. Women are consistently more likely to live alone than men. Correlates of living alone include: having no living children, widowhood or being never married, low socio-economic status, and wanting to maintain independence.

Demographic Characteristics of Older Adults Living Alone



Sources: Department of Statistics Singapore, *Census of Population 2000*; *General Household Survey 2005*; *Census of Population 2010*; *General Household Survey 2015*

The proportion of older adults living alone has been increasing since 2000. Between 2000 and 2015, the percentage of Singaporeans 65 years and older living alone grew from 6.6% to 8.9% (41,200 / 460,900 adults 65+) (Department of Statistics Singapore 2015). Projections forecast that this number will increase to 83,000 persons (or 9.2% of older adults) by 2030 (Singapore Ministry of Health 2016). More older Singaporean women live alone compared to men—this is likely due to women’s longer life expectancy and higher chances of remaining single and being widowed. In fact, the difference in the proportion of women living alone versus men living alone is also increasing.

The availability of children, and ethnicity, are correlated with the living arrangements of older adults in Singapore. Older Singaporeans with no living children were more likely to live alone. Malay respondents were less likely to live alone as compared to Chinese and Indian respondents. Qualitative studies in Singapore have shed further light on the reasons why older adults live alone. For example, in the Fei Yue Community Services study, *Seniors Living Alone in Singapore* (Thang and Lim, 2012), qualitative interviews were conducted among 120 low-income persons living alone. The participants were recruited from Neighbourhood Links (NLs) and Senior Activity Centres (SACs) in Singapore. Reasons for living alone include being widowed or never married, having conflict with family members, and negative experiences with previous roommates. The authors however also note that despite the varied circumstances that caused older adults to live alone, many also mentioned independence and a sense of freedom. Thang and Lim (2012) also note that older adults sometimes referred to themselves as living alone if they were living with a roommate or tenant. They posit that this definition reflects the notion of living with family members as a norm—to these seniors, living alone means not living with family and being widowed.

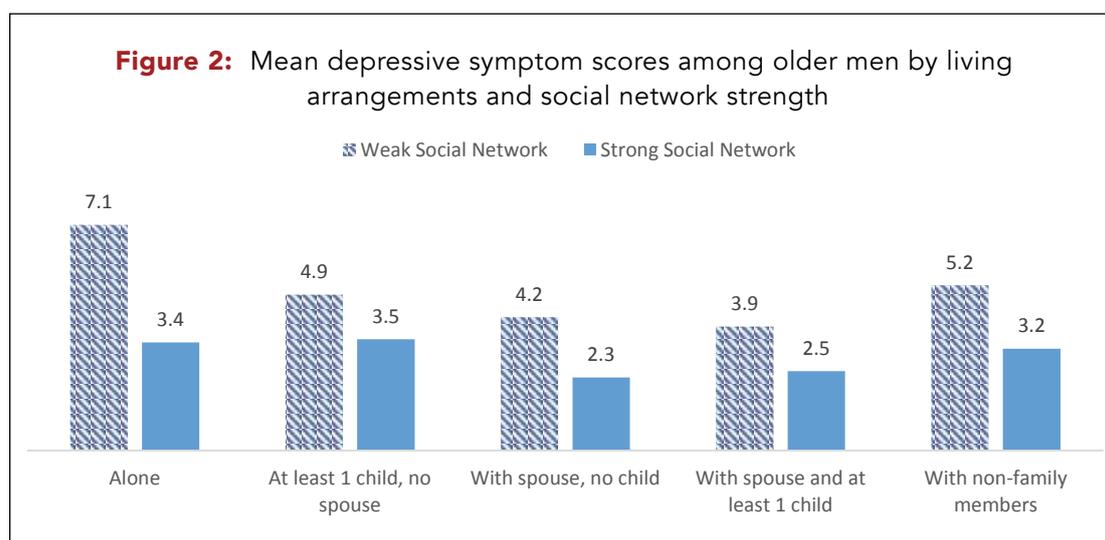
How Do Older Adults Living Alone Fare?

Physical Well-Being: Older adults living alone reported better health compared to those in other living arrangements.

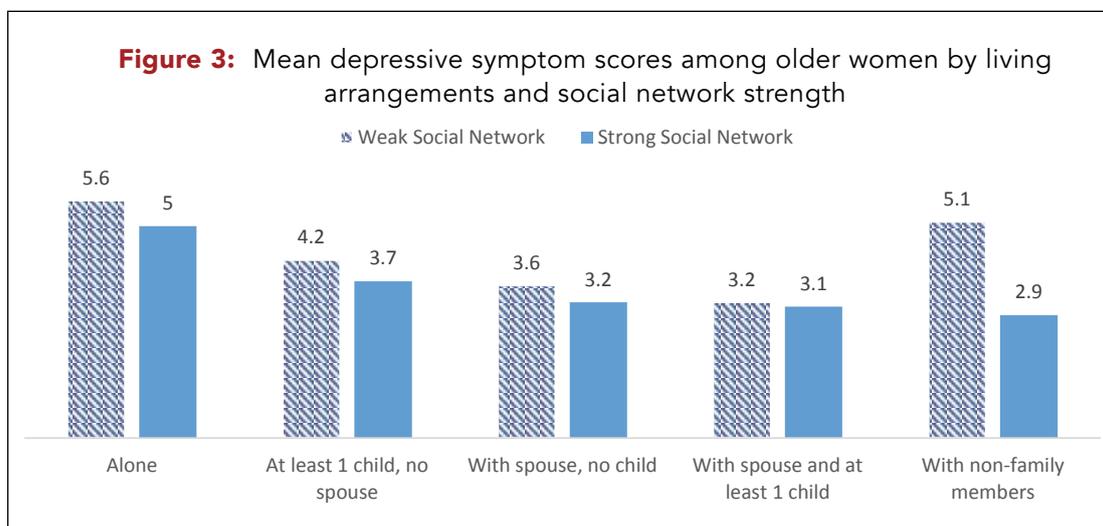
Physical well-being encompasses numerous domains including self-rated health, number of chronic conditions, presence of pain, and the ability to carry out activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Older Singaporeans living alone had a similar likelihood of reporting positive self-rated health, and independence in all ADLs and IADLs compared to older Singaporeans living with others. Older adults living with children had more ADL and IADL limitations compared to older adults who live with a spouse and child, or a spouse only. This suggests that ADL and IADL limitations are among the reasons for co-residence between older adults and their children.

Psychological Well-Being: Depression is higher among older Singaporeans living alone although this is moderated when their social networks are strong especially for older men.

On average, depressive symptom scores were higher among those living alone for both men and women, as compared to seniors living with children. Ng et al. found that the percentage of those with depressive symptoms is significantly higher among older Singaporeans living alone (21%) compared to those who are not living alone (12.5%) (Ng, et al. 2015). However, living arrangements need to be considered in conjunction with the strength of social networks outside of the home. Stronger social networks are associated with lower depression scores. Indeed, having a strong social network outside of the household moderated the relationship between living alone and depressive symptoms—but only for older men (Chan, Malhotra, et al. 2010). Men living alone with weak social networks have higher depressive symptom scores compared to those with strong social networks outside the household (Figure 2). The relatively high depressive scores among both older men and women with weak social networks who reside with non-family members is also noteworthy (Figures 2 and 3).



Sources: (Chan, Malhotra, Malhotra, & Ostbye, 2010)



Sources: (Chan, Malhotra, Malhotra, & Ostbye, 2010)

Social Well-Being: Older adults who live alone maintain good social networks and receive social support even though they do not live with family.

Overall, older adults who live alone were equally likely to have strong social networks compared to older adults who live with spouse and child or spouse only. This was also a consistent finding in the 2011 National Survey of Senior Citizens in Singapore which reported that 77% of elderly living alone had close friends. However, women reported weaker social networks outside of the household compared to men, in spite of their greater participation in social activities. As weaker social networks have been shown to be related to having more depressive symptoms (Chan, Malhotra, et al. 2010), the finding implies greater need for programmes that support the development of social networks outside of the home for women. Gubhaju and Chan (2016) investigated the nature of social support received by older adults via transfers of monetary, material, time, and emotional support between older adults and their families. They found that compared to older adults living with family members, those living with non-family members and those living alone were less likely to both receive and provide all forms of intergenerational support. (See Table 1 for details)

For some seniors, this relative lack of familial support was compensated by support from friends and community members. In Thang et al.'s (2012) qualitative study of seniors living alone, interviewees cited friends as sources of economic and social support as well as instrumental support in activities like shopping and going to the doctor. These friends were former colleagues (especially for men) or fellow activity attendees in karaoke and exercise groups (for women). Neighbours were also a major source of support particularly for those who lived in the same block for many years. Neighbours checked in on the seniors, chatted, and aided in shopping, cleaning, and other household tasks. Wong and Verbrugge's (2009) qualitative study of Chinese older adults living alone in Singapore presents a similar argument. In spite of limitations in health, literacy, social isolation, and language barriers, older adults living alone were adaptable and developed strategies for accessing institutional support (from government agencies via social workers) and informal support from friends and neighbours to alleviate loneliness and provide a sense of security (Wong and Verbrugge 2009).

Table 1: Provision and receipt of intergenerational support among Singaporean older adults

	Percentage receiving support				Percentage providing support			
	Monetary	Material	Time	Emotional	Monetary	Material	Time	Emotional
With spouse + child	78.8	40.6	29.2	29.0	37.6	14.9	34.5	28.1
With spouse, no child	76.1	39.6	17.9	28.2	38.8	8.4	23.3	24.6
With child, no spouse	88.6	47.2	52.1	35.1	40.9	9.9	33.0	24.5
With others	31.5	17.9	14.7	11.8	21.3	5.9	4.6	12.7
Alone	56.4	25.4	17.9	18.2	30.9	2.6	9.5	11.9

Sources: Gubhaju, B; Chan, A. *Helping in Across Generations: Families in Singapore 2016*. CARE Research Policy Brief

Economic Well-Being: The economic status of Singaporean older adults living alone is comparable to that of older adults in other living situations.

Ng et al. (2015) found that older adults living alone were more likely to live in lower-end housing types (1- to 3-room public housing flats). This phenomenon is likely influenced by a number of housing policies including: subsidised 1-room rental flats for older Singaporeans lacking financial means, lease buyback programmes (prior to 2010 this was only available to seniors in 3-room flats or smaller), and home “right-sizing” initiatives that incentivise seniors to move from larger to smaller residences (Housing & Development Board, Singapore 2010).

Gubhaju et al. (2017) subsequently investigated the hypothesis that living alone was correlated with property ownership and perceptions of income adequacy. Contrary to the original hypothesis that living alone at baseline (2009) predicts poorer socio-economic status in 2011, they found that older adults living alone were equally as likely to own their homes and perceive their income as adequate as older adults who were living with spouse and child or spouse only (after statistically controlling for age group, number of living children, ethnicity, housing type, functional status, and health status).

Mortality: Self-reported loneliness – rather than living alone per se – is associated with increased risk of mortality.

The international body of literature on the link between older adults living alone and mortality is mixed. Some studies find that living alone is associated with increased risk of mortality, while others find evidence of decreased mortality risk or no effect. In Singapore, living alone is not linked with mortality per se. Rather, it is older Singaporeans’ experience of loneliness that increases the risk of mortality.

Ng et al. found that overall, living alone is associated with increased mortality among older Singaporeans. The increased mortality associated with living alone was more evident among men, whereas the link among women was not significant. This increased mortality was not due to age or functional limitations as it was also observed among younger old Singaporeans and those with no ADL or IADL limitations who were living alone. The authors however note an important caveat – this analysis did not account for the survey respondents' perceived loneliness (Ng, et al. 2015).

A separate nationwide study by Chan, Raman, et al, however found that for older Singaporeans, it is feelings of loneliness that were associated with an increased risk of mortality, controlling for age, gender, socio-economic status, living arrangements, social networks and health status indicators. What is also significant was the study's finding that a higher proportion of those living with children and others (non-family members) expressed greater feelings of loneliness compared to those who are living alone (Chan, Raman, et al. 2015).

Discussion and Policy Implications

In summary, being home alone does not seem to be as detrimental for older Singaporeans as many would assume. Our older adults who live alone on the whole are not the worst off in terms of their overall physical and social well-being as well as their financial adequacy compared to those who are in other living arrangements. A higher percentage of older adults living alone however did report having depressive symptoms although it was not clear that these symptoms can be attributed solely to their living arrangements. A high number of those who live with others (who are not their family members) also reported having depressive symptoms. What is encouraging however is the finding that the depressive symptoms were well moderated by the extent of the older adults' social networks. Those with strong social networks manifested less depressive symptoms. This was especially the case for men whilst the correlation between depressive symptoms and social networks was less clear for women, which suggests that the situation is more complex for women. This again points to the need for a gender-stratified analysis when dealing with ageing data.



The findings summarised in this brief have several implications for the design and implementation of current and future ageing policies and programmes.

One is the critical importance of social networks for older adults especially among those who are home alone given the significant impact that these networks can have on their mental health. Current efforts on the ground, including those driven by social service agencies such as Senior Activity Centres as well as those by the grassroots and People's Association, are all worthwhile but need to be ramped up. New initiatives such as the recently announced Community Network of Seniors and senior voluntarism will certainly enhance the outreach to seniors living alone.

The findings encapsulated in this brief also highlight that it is loneliness and not living arrangements per se that is associated with mortality. Indeed, a higher percentage of older Singaporeans who are living with children only expressed feelings of loneliness compared to those living alone. This implies that social engagement efforts should conscientiously reach out to older adults who are living with children only.

The key role that social networks play in the overall well-being of older adults is well established in the literature and evidence from Singapore is pointing in the same direction. As the population continues to age amidst a backdrop of changing family structures – smaller family sizes, emigration of children, increasing preference for singlehood as well as for non-coresidence with children, the number of older adults living alone is destined to increase. As the findings suggest, in an environment where inclinations and opportunities for social engagement is active and rife, older adults being home alone is not a cause for concern. As such, the continued consolidations of current plans to engage older adults – both as participants and facilitators of their social networks – must certainly be a national imperative going forward.

For more information about this research brief, please contact:

Angelique Chan
Executive Director
Centre for Ageing Research & Education (CARE)
E-mail: CARE@duke-nus.edu.sg

References

1. Chan, Angelique, Chetna Malhotra, Rahul Malhotra, and Truls Ostbye. 2010. "Living arrangements, social networks, and depressive symptoms among older men and women in Singapore." *Geriatric Psychiatry* 630-639.
2. Chan, Angelique, Prassana Raman, Stefan Ma, and Rahul Malhotra. 2015. "Loneliness and all-cause mortality in community-dwelling elderly Singaporeans." *Demographic Research* 1361-1382. doi:10.4054/DemRes.2015.32.49.
3. Department of Statistics Singapore. 2015. *General Household Survey 2015*. Singapore: Department of Statistics Singapore.
4. Gubhaju, Bina. 2016. "Unpublished tabulations from SAFE-PHASE dataset." Singapore.
5. Gubhaju, Bina, and Angelique Chan. 2016. *Helping Across Generations: Families in Singapore*. Singapore: Centre for Ageing Research and Education.
6. Gubhaju, Bina, Truls Ostbye, and Angelique Chan. 2017. "Living arrangements among community-dwelling older Singaporeans: predictors and consequences." *Ageing and Society* TBD. doi:doi.org/10.1017/S0144686X16001495.
7. Heng, Linette. 2015. "Woman died alone: 'Nobody ever came to visit her'." *The New Paper*, December 3.
8. Housing & Development Board, Singapore. 2010. "Recent Policy Announcements, Briefing to IEA/SAEA/SISV/ASEA." Housing & Development Board, Singapore. March 15. <http://www.siv.org.sg/Hottopic/e-news/HDBBriefing-12Mar2010.pdf>.
9. Lee, Vanessa. 2016. "The lonely death of Mr Soh Ah Seng." *The Straits Times*, April 17.
10. Leung, Ying-Ying, Suat Lay Teo, Ming Boon Chua, Prassanna Raman, Chang Liu, and Angelique Chan. 2016. "Living arrangements, social networks and onset or progression of pain among older adults in Singapore." *Geriatrics and Gerontology International* 693-700. doi:10.1111/ggi.12539.
11. Neo, Han Yee. 2016. "How not to die alone." *The Straits Times*, April 13.

12. Ng, Tze Pin, Aizhen Jin, Liang Feng, Ma Shwe Zin Nyunt, Khuan Yew Chow, Lei Feng, and Ngan Phoon Fong. 2015. "Mortality of older persons living alone: Singapore Longitudinal Ageing Studies." *BMC Geriatrics*. doi:10.1186/s12877-015-0128-7.
13. Ong, Wee Jin. 2016. "'When I die, I want someone to know': Fear of dying alone increases among elderly folk." *The Straits Times*, April 2016.
14. Singapore Ministry of Health. 2016. *I feel young in my Singapore! Action Plan for Successful Ageing*. Singapore: Singapore Ministry of Health.
15. Thang, Leng Leng, and Emily Lim. 2012. *Seniors living alone in Singapore*. Singapore: Fei Yue Community Services.
16. Wong, Yang-Sheng, and Lois Verbrugge. 2009. "Living Alone: Elderly Chinese Singaporeans." *Journal of Cross Cultural Gerontology* 209-224.

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**Centre for Ageing Research and Education (CARE)
Duke-NUS Medical School**

8 College Road, Singapore 169857
www.duke-nus.edu.sg/care
Tel: 6601 1131