RECLAIMING REDEFINING RIGHTS

ICPD+25:
Status of SRHR in Asia and the Pacific

OLDER WOMEN'S HEALTH *and* WELL-BEING *in* ASIA *and the* PACIFIC REGION

Sai Jyothirmai Racherla

arrow
asian-pacific resource & research centre for women

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ABOUT THIS BRIEF

This brief is part of ARROW's State of the Region Report on Sexual and Reproductive Health and Rights: International Conference on Population and Development (ICPD+25), developed as a result of monitoring of 25 years of implementing the ICPD programme of Action in the region by ARROW and our partners. This is the fifth five-yearly review, research and monitoring report contributing to insights on progress, gaps and challenges to ICPD PoA implementation in the region. This brief provides an overview of the status of SRHR in Asia and the Pacific region with a focus on 19 countries. The monitoring series also includes country level research findings around the status of ICPD implementation in 13 countries in the region.

ASIAN-PACIFIC RESOURCE & RESEARCH CENTRE FOR WOMEN (ARROW)

1 & 2 Jalan Scott, Brickfields, Kuala Lumpur, Malaysia 50470

Telephone (603) 2273 9913/9914/9915
Fax (603) 2273 9916
E-mail arrow@arrow.org.my
Web www.arrow.org.my
Facebook https://www.facebook.com/ARROW.Women
Twitter @ARROW_Women
Youtube youtube.com/user/ARROWomen
Pinterest arrowomen

arrow.org.my

PRODUCTION TEAM

Author: Sai Jyothirmai Racherla
Project Coordinators: Sivananthi Thanenthiran, Sai Jyothirmai Racherla, and Shamala Chandrasekaran
Reviewers:
- Eduardo Klien, HelpAge International
- Peter Morrison, HelpAge International
- Usa Khiewrord, HelpAge International
- Susana Concordo Harding, ILC Singapore, Tsao Foundation

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COUNTRY CASE STUDY

Vietnam: Hoang Tu Anh and Ian Bromage, Centre for Creative Initiatives in Health and Population (CCIHP)

OLDER WOMEN'S HEALTH *and* WELL-BEING, *in* ASIA *and the* PACIFIC REGION

Sai Jyothirmai Racherla

Introduction

With 703 million persons aged 65 years or over, living in 2019, the world's people are ageing at an unprecedented pace. 1 in 11 persons in 2019, are over the age of 65, and this is projected to increase to 1 in 6 by 2050 according to the latest World Population Prospects 2019.[1]

Most nations in the world are experiencing the longevity revolution, as a result of improvement in the survival of persons beyond age 65 and over. This opportunity awaits to be harnessed by optimising the benefits, upholding the human rights of older persons and managing the risks associated with ageing and well-being.

It is important to recognise that the older persons are not a homogenous group as they come from diverse socio-economic backgrounds, immigrant and ethnic minorities, living in poverty and with disability, living in emergencies, sexual and gender minorities, indigenous persons, persons living with HIV and sex workers, widows and single women. Discrimination based on age is often combined with other forms of discrimination related to gender, race and ethnicity, religion, disability, health or socio-economic conditions, among others negatively affecting the enjoyment of the full range of human rights of older persons.

Globally, it is projected that persons aged 65 years in 2015-2020, could live an additional 17 years and this number will increase to 19 years by 2045-2050. Women are currently outliving men by 4.8 years.[2]

Over the years in Asia, the decline in fertility and mortality levels have produced fundamental changes in the age structures of people. In the regions of Asia and the Pacific, in 2019, the percentage of persons aged 65 years or over in Eastern and South Eastern Asia doubled, rising to 11%. It is projected that the share of older persons will, at least, double in the regions of Western Asia, Central and Southern Asia, and Eastern and South Eastern Asia between 2019- 2050. While the absolute number of persons aged 65 or over globally in 2019, is projected at 703 million, Central and Southern Asia contributed to 119 million persons (17%), and Eastern and Southern Asia contributed to 260.6 million persons (37%).[3] These demographic shifts have implications related to health, health care systems, health workforce, health care technologies, social protection, employment, quality of life, and long-term care of individuals including humanitarian and disaster response.[4]

International Commitments in Relation to Older Persons

International commitments provide frameworks for policy and programme on older persons. The General Assembly convened for the first World Assembly on Ageing in 1982. This assembly developed the "Vienna International Plan of Action on Ageing" which called for specific action on issues such as health and nutrition, protecting elderly consumers, housing and environment, family, social welfare, income security and employment, education, and the collection and analysis of research data.

Consequently, in 1991, the General Assembly adopted the United Nations Principles for Older Persons, putting together 18 entitlements for older persons—relating to independence, participation, care, self-fulfilment and dignity. Commemorating the 10th anniversary of the Vienna International Plan of Action on Ageing, the General Assembly convened for the International Conference on Ageing in October 1992 and adopted the "Proclamation on Ageing".

Member States in the Plan of Action, committed to promote and protect gender equality, human rights and fundamental freedoms of older persons, and eliminate all forms of discrimination including age-based discrimination and dignity enhancement of older persons, and elimination of all forms of neglect, abuse, and violence.

In 2002, the Second World Assembly on Ageing was held in Madrid, to design international policy on ageing for the 21st century. It adopted a Political Declaration and the Madrid International Plan of Action on Ageing. With the key objective to build societies for people of all ages by addressing the needs of older persons and strengthening their participation in economies and societies, the Plan of Action called for changes in attitudes, policies and practices at all levels to fulfil the enormous potential of ageing in the 21st century. Its specific recommendations for action give priority

to older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments. Member States in the Plan of Action, committed to promote and protect gender equality, human rights and fundamental freedoms of older persons, and eliminate all forms of discrimination including age-based discrimination and dignity enhancement of older persons, and elimination of all forms of neglect, abuse, and violence.[5]

Further to this, International commitments such as the, International Conference on Population and Development (ICPD) Programme of Action (PoA); Beijing Platform for Action (BPfA); the General Assembly resolution 70/1 – Transforming our world: the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development have all discussed ageing in the outcome documents.

The ICPD Programme of Action in 1994 calls upon governments to :

- Enhance through appropriate mechanisms the self-reliance of elderly persons and create conditions that improve the quality of life... (6.17.a);
- Develop systems of health care, economic and social security paying special attention to the needs of women... (6.17.b);
- Enable elderly people to lead self-determined, healthy and productive lives (6.19);
- Eliminate all forms of violence and discrimination against elderly people, paying special attention to the needs of elderly women (6.19).

Further to this, the Beijing Platform for Action in 1995 acknowledged that older women face greater obstacles to labour market re-entry (para. 52) and have distinct reproductive and sexual health issues which are often inadequately addressed (para. 95). It also noted that the long-term health prospects of women are influenced by changes at menopause, which in combination with life-long conditions and other factors, such as poor nutrition and lack of physical activity, may increase the risk of cardiovascular disease and osteoporosis. Other diseases of ageing and the interrelationships of ageing and disability among women also need particular attention (para. 101). The Platform of Action called for strengthened national capacity to create and improve gender sensitive and age sensitive policies and programmes.

The Beijing Declaration recognised age discrimination as one of the factors contributing to the barriers to women's empowerment and advancement. Older women were further mentioned in the Beijing Platform for Action in regard to violence against them, and the need for age-disaggregated data was also emphasised.

Human Rights Council Work, Treaty Bodies and Older Persons

In 2010, in the Secretary General's report of the 66th session of General Assembly, the focus was retained on the human rights of older persons. The report identified four main human rights challenges faced by older persons, including discrimination, poverty, violence and abuse as well as the lack of specific measures and services.

International obligations to older persons are implicit in most core human rights treaties, such as Covenant on Economic, Social and Cultural Rights and on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of Persons with Disabilities.

In 2010, at the 47th Session of the Committee on the Elimination of Discrimination Against Women (CEDAW), the General Recommendation no. 27 on Older Women and the Protection of their Rights was adopted. The Committee expressed its concerns about the multiple forms of discrimination experienced by older women on the grounds of age and sex, often a result of unfair resource allocation, maltreatment, neglect and limited access to basic services. The recommendation includes policy recommendations to mainstream the concerns of older women into national strategies and development initiatives. The recommendation also recognises the importance of maintaining disaggregated statistics and will require States to report on the situation of older women in their countries. It is an important step towards ensuring that older women can participate fully in the political, social, cultural, civil and other fields in their societies.

At the Human Right Council spaces, the session of the Open-ended Working Group on strengthening the protection of the human rights of older persons is convened from time to time, and public consultations and panel discussions on human rights of older persons have been taking place.

Nearer to home, in Asia and the Pacific region, the Sixth Asia Pacific Population Conference (2013), and the subsequent Mid Term review outcome documents (2018), recognised the need to adapt health and social systems in response to the rising demand for elder care and support, with particular attention to the specific needs of older women.[6]

Key Trends for the Occurrence of the Ageing Phenomenon in the Region

Based on the most recent data available for Asia and the Pacific region,[7] while all the countries in the region are in the process of ageing, the timing and pace of this transition varies across the region. Key trends in which the ageing phenomenon is occurring in the region falls across three key trajectories:

a. **An increase in the proportion of older persons** - Evidence shows that older persons in less developed regions are growing faster than the more developed regions, with a projected 8 in 10 of the world's older persons living in less developed regions by 2050.[8] For instance, in Asia and the Pacific region, East and North Asian countries including Japan and the Republic of Korea, will have over a third of its people aged 60 years or older by 2050.

b. **An increase in the pace of ageing** - In addition to this, the pace of ageing in Asia and the Pacific region is also rapid. While countries such as China, Thailand and Vietnam will take 25 years, 22 years and 19 years, respectively, to move from ageing to aged societies,[9] countries such as France, however, will take 115 years. In the ICPD+25 countries under review with the exception of Myanmar (32 years), Philippines (38 years), Pakistan (33 years), Papua New Guinea, and Samoa (40 years), all other countries will age (greater proportion of older persons in the population) in less than 30 years. Lao PDR (19 years), Viet Nam (17 Years), Bangladesh and Maldives (18 years) will age at a very rapid pace.[10]

c. **Even in countries with low proportion of older persons, the absolute numbers of older persons can be quite significant**[11] - While the proportion of persons aged 60 years in the region shows South and South-West Asia sub-regions having the lowest proportion of persons aged 60 years, in absolute terms, the number of older persons in the same sub-regions is 168 million (2016), which is 33% of all persons over 60 years of age living in Asia and the Pacific region.[12] It is noted that in some countries the growth in absolute numbers is even faster than in rapidly ageing countries.

Data

This thematic brief aims to review key indicators that focus on older persons, particularly older women as part of the ARROW 19 country ICPD+25 review on progress, gaps and challenges towards older persons' health and well-being in the region and the way forward:

a. Population aged 65 years or over (thousands) and percentage aged 65 years or over
b. Old-age dependency ratio (65+ /20-64)
c. Gender dimension of ageing
d. Social protection for older persons including older women
e. Elder abuse and violence against older women
f. Health of older persons including older women

a. Population Aged 65 Years or Over (Thousands) and Percentage Aged 65 Years or Over

In Table 2, we see that the population aged 65 or over is projected to increase significantly by 2030 and in many of the ICPD+25 review countries. The percentage of persons 65 or over will range between a high 19.6% in Thailand to a low 5.2% in Pakistan in 2030.

Globally, the percentage of older persons 65 or over is projected at 11.7% in 2030. China (16.9%), Thailand (19.6%), Vietnam (11.9%), and Sri Lanka (15.4%) from the ICPD+25 review countries are bound to have higher percentages of older persons aged 65 and over in 2030. It is important to note here that sex-disaggregated data is unavailable, and data is available on an aggregate basis for women and men.

TABLE 1: NUMBER OF PERSONS AGED 65 YEARS AND OVER BY GEOGRAPHIC REGION, 2019 AND 2050

	Number of Persons Aged 65 or Over in 2019 (Millions)	Number of Persons Aged 65 or Over in 2050 (Millions)	Percentage Change Between 2019 and 2050
World	**702.9**	**1548.9**	**120**
Sub-Saharan Africa	31.9	101.4	218
Northern Africa and Western Asia	29.4	95.8	226
Central and Southern Asia	119	328.1	176
Eastern and South-Eastern Asia	260.6	572.5	120
Latin America and the Caribbean	56.4	144.6	156
Australian and New Zealand	4.8	8.8	84
Oceania, excluding Australian and New Zealand	0.5	1.5	190
Europe and Northern America	200.4	296.2	48

Source: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2019.[13]

TABLE 2: POPULATION AGED 65 YEARS OR OVER

	Population Aged 65 Years or Over (Thousands)		Percentage Aged 65 Years or Over (Thousands)		Old-age Dependency Ratio (65+ / 20-64)	
	2019	2030	2019	2030	2019	2030
World	**702,935**	**997,488**	**9.1**	**11.7**	**15.9**	**20.5**
EAST ASIA						
China	164,487	246,986	11.5	16.9	17.7	27.4
Mongolia	135	255	4.2	6.9	7.2	12.4
SOUTH ASIA						
Bangladesh	8,446	13,332	5.2	7.4	8.9	12.1
India	87,149	128,877	64	8.6	11.0	14.1
Maldives	19	35	3.6	6.7	51	9.9
Nepal	1,654	2,362	5.8	7.1	10.8	11.6
Pakistan	9,361	13,697	4.3	5.2	8.5	9.8
Sri Lanka	2,311	3,397	10.8	15.4	18.9	27.4
SOUTH EAST ASIA						
Cambodia	778	1,256	4.7	6.7	8.5	11.8
Indonesia	16,374	27,438	6.1	9.2	10.2	15.4
Lao PDR	299	464	4.2	5.6	7.8	9.8
Malaysia	2,211	3,620	6.9	10.0	11.4	16.4
Myanmar	3,249	4,984	6.0	8.5	10.2	14.0
Philippines	5,746	9,407	5.3	7.6	9.7	13.3
Thailand	8,638	13,797	12.4	19.6	19.3	32.3
Vietnam	7,286	12,446	7.6	11.9	4.3	5.0
PACIFIC						
Fiji	50	79	5.6	8.1	9.9	14.5
Papua New Guinea	308	468	3.5	4.4	6.9	8.2
Samoa	10	15	4.9	6.8	10.4	13.8

Source: United Nations, Department of Economic and Social Affairs, Population Division (UNDESA), World Population Ageing 2019: Highlights.[14]

b. Old-Age Dependency Ratio (65+ /20-64)

The old-age dependency ratio, the number of persons aged 65 years or above relative to number of persons aged 20 to 64 years, which is used as a proxy for economic dependency of older persons is projected to more than double in Eastern and South-Eastern Asia, and Central and Southern Asia by 2050. This measure has its own limitations given the diversity of older persons, their economic status and functional capacities. The old-age dependency ratio is projected to increase in all countries in the region.

Globally, there were 16 persons aged 65 years or over per 100 persons aged 20-64 years in 2019. In 2030, this number is projected to increase to 21 older persons per every 100 persons aged 20-64 years. An examination of countries under review which will have more than 21 older persons, including China (27.4%), Thailand (32.3%), and Sri Lanka (27.4%). However, with the right opportunities and support systems, and by interrogating the ageist and dependency stereotypes, we can move towards the non-discrimination of older persons and promote healthy ageing and well-being.[15, 16]

c. Gender Dimensions of Ageing

Women currently outlive men by 4.8 years, mostly as a result of women's biological disposition. However, it is understood that this gender gap will be narrowed further in the next three decades and this needs to be interrogated from a gender lens. Older women face a double discrimination of gender and old age among other multiple intersectional characteristics of discrimination. Although living longer, evidence points to the prevalence of much poorer health conditions among older women such as urinary incontinence, pelvic infections due to post-menopausal changes, mental health issues including depression, dementia, cancers of reproductive system, cardio-vascular diseases and immune functions, and this has an impact on the dignity and well-being of older women. Most of these conditions are a result of lifelong gender discrimination faced by women and they will need long-term care. These conditions in themselves and their treatments such as treatment for cancers of the reproductive systems, together, impact on the morbidity and living conditions of women. Conditions such as incontinence and vaginal fistula, suffered as a result of lack of proper health care are very depressing for women, physically and mentally. Further to these, older women continue in their role as primary care givers of spouses and adult differently abled children as they age, and this puts undue burden on older women.

Moreover, violence against women including sexual violence needs further research in the region[17] as this aspect largely remains hidden although prevalent with no data collected. Existing studies on violence and abuse among women often overlook the issues of older women as most data is collected for women of reproductive age (15-49 years). The sexuality of older persons, especially older women, largely remains a taboo in many cultures in the region and less discussed.

Age-based discrimination is commonly experienced by all older persons and continues to be tolerated in all parts of the world. Women and men experience ageing differently. Though women live longer than men, they face discrimination and violation on the basis of being a woman and later on in life, they face a double discrimination of being old and being a woman. The discrimination gets aggravated when women come from poorer backgrounds and women's poverty is directly related to the absence of economic opportunities and autonomy, lack of access to economic resources, including credit, work opportunities, land ownership and inheritance, lack of access to education and support services, and their minimal participation in the decision-making process. Poverty can also force women into situations in which they are vulnerable to violence and discrimination including sexual exploitation.

As noted earlier, women outlive men, and women's longer life expectancies and consequently, the larger proportion of older women living alone raises challenges on several issues as older women have lesser income security and are often discriminated, which is evident in their limited access to resources and opportunities including health care, adequate housing, social protection, and legal justice. These challenges are further aggravated for women if or when they become widows and are divorced. With the causes of mortality and disability changing from infectious to non-communicable diseases, there are other health challenges that should be focused on when addressing older women health issues.[18]

Cultural barriers in many countries in the region further aggravate the risk of physical and psychological abuse and neglect due to discriminatory societal attitudes and the non-realisation of the human rights of women. Some harmful traditional and customary practices result

in abuse and violence directed at older women, often exacerbated by poverty and lack of access to legal protection.[19]

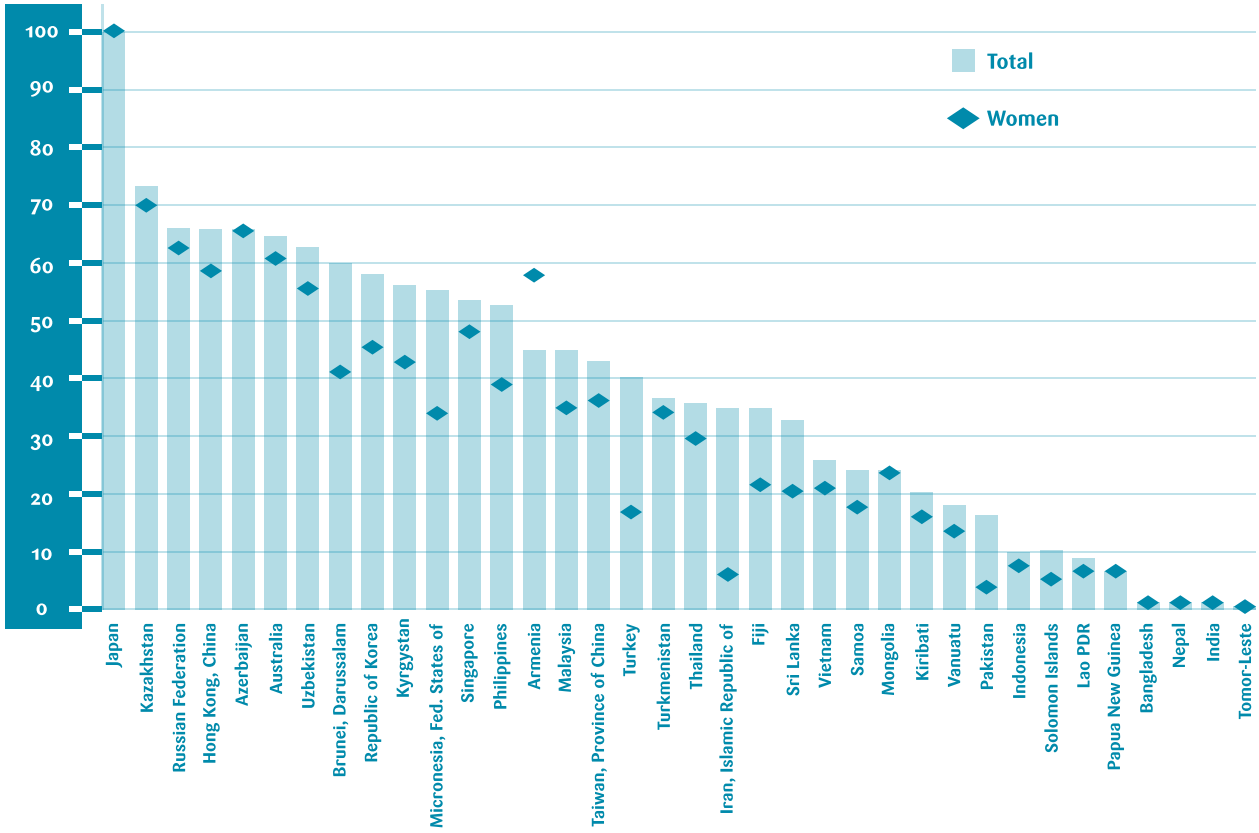
Because women continue to face economic and cultural barriers to fully participate in society at every stage of their lives, the cumulative effect of discrimination gets aggravated in their old age. With more women joining the old age cohorts as a result of longevity among women, women during their old age will be deeply and gravely affected by the impact of gender and age-based discrimination.

d. Social Protection for Older Persons Including Older Women

All countries in the region face major challenges to ensure that their health and social systems are ready to make the most of the demographic shift in ageing and enable an environment of opportunities for older persons in the region.

The survey results of the Economic and Social Commission for Asia and the Pacific (ESCAP), on the Third Review and Appraisal of the Madrid International Plan of Action on Ageing in Asia and the Pacific,[20] involved the following Member States – Armenia; Australia; Azerbaijan; Bangladesh; Cambodia; China; Fiji; India; Iran (Islamic Republic of); Kyrgyzstan; Macao, China; Malaysia; Mongolia; Myanmar; Nepal; New Zealand; Pakistan; Philippines; Republic of Korea; Russian Federation; Samoa; Singapore; Sri Lanka; Thailand; Tonga; Turkey; Uzbekistan; and Vietnam. These countries represented 89% of the population in Asia and the Pacific region and have responded by reporting some form of pension systems, however, the coverage remains low among the countries. The report notes "Pension funds often only provide coverage for the public sector and the military, and in some instances, the formal private sector, but not the informal sector. Since these contributory pension systems are labour-based social protection schemes, the coverage of women by such pension systems is significantly lower for women than men" (see Figure 1).[21]

FIGURE 1: LEGAL COVERAGE OF MANDATORY PENSION SYSTEMS, PERCENTAGE OF THE WORKING-AGE POPULATION, LATEST AVAILABLE YEARS



Source:
International Labour Organization, World Social Protection Report 2014/15: Building Economic Recovery, Inclusive Development and Social Justice.[22]

Most nations in the world are experiencing the longevity revolution as a result of improvement in **the survival of persons age 65 and older.** *This opportunity awaits to be harnessed by* **optimising the benefits, upholding the human rights of older persons,** *and managing the risks associated with* **ageing and well-being.**

As contributory pension systems are a labour-based social protection scheme, women's coverage by pension systems is significantly lower than men. Few contributory pension systems in the region have reported gender redistribution mechanisms such as Japan and Republic of Korea, which credit childbearing breaks. The Government of the Republic of Korea has reformed its pension system in 2015 to guarantee a basic pension for all older persons. However, there is paucity of sex-disaggregated data and the impact and coverage of these contributory and non-contributory pension schemes.

Almost all Member States in the ESCAP survey reported some form of non-contributory pension scheme for older persons, however, it is understood that the coverage of these pension schemes, size and frequency do not provide for minimum subsistence level income.[23] While many of the countries surveyed are providing social pension for poorest persons and older persons with disabilities, these benefits are far lower compared to the cost of living in the respective countries. The Governments of Nepal, Samoa and Thailand provide universal social pension schemes for all persons above a certain age. Thailand provides 600-1000 THB to older persons depending on age. The Government of Myanmar has introduced a universal social pension for persons older than 85 years of age. The 2014 old age pension policy in China provides a monthly allowance of 300-500 Chinese Yuan, depending on the province and age.[24]

Some of the Member States have reported improved social protection for older persons including support for workers in the informal sector. The Government of China instituted provisional measures in terms of social assistance for the destitute in 2014.[25] The Governments of Fiji and Sri Lanka adopted social protection schemes for older persons. The Government of Myanmar piloted cash transfer schemes for the period of 2015-2018. Mongolia has introduced a multi-pillar old age pension for the period of 2015-2030. However, we are not aware of the evaluation of such schemes and the benefits to older person including older women. Poverty reduction programmes in rural areas are being implemented in China, Myanmar, Mongolia and Vietnam.[26]

In terms of employment opportunities, and the fact that women are facing barriers re-entering into the labour market, re-employment opportunities are being facilitated in countries like India and Samoa. The Government of Vietnam adopted the Labour Code in 2012, that facilitates part-time and flexible work for older persons. However, we are not aware of any data which reports on the impact of such programmes on older persons, especially women. The Government of Fiji has facilitated skill training for older persons with certain skills. Statutory retirement ages are as low as 55 years in many countries in the region, and even lower for women. Data on informally employed older persons is mostly not available. Sex-disaggregated data remains a far cry.

Women are generally at risk of intimate partner and non-partner violence throughout their lives and this is further aggravated in older age as a result of physical inability, immobility, social status, and availability of financial resources.

e. Elder Abuse and Violence Against Older Women

The Beijing Declaration underscored the reality that across the globe, women's full and equal participation in society is prevented and their opportunities are restricted "by discriminatory attitudes, unjust social and economic structures, and a lack of resources" throughout their entire lifespan. The combination of age and gender discrimination can lead to a lifetime of greater likelihood of poverty, limited access to protective resources, and heightened risk of violence and abuse.

Most of the discourse and discussions around women's empowerment are centred on women and girls of reproductive age (15-49), and neglect women beyond this reproductive age. Globally comparable data is unavailable within the Demographic and Health Surveys, as a result, cross comparable data on older women 50 and above is not available to inform progress or lack of progress in terms of the overall development of older persons comprising of their health and well-being. This also includes measuring the prevalence and incidence of data pertaining to violence against women aged 50 and over.

WHO defines "violence against older women" as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering" to women aged 50 and older including threats of such acts, "coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."[27]

Furthermore, "abuse may be physical, psychological, sexual, emotional or financial, including neglect and abandonment."[28] We recognise that violence against older women is mostly hidden, but highly prevalent and cuts across physical, sexual, and psychological realms. Verbal abuse, financial exploitation, and neglect also affect older women. Perpetuators of such violence range from intimate partners to family, caregivers and community members. There is currently no reliable, cross comparable data documenting the extent of violence against older women. Women are generally at risk of intimate partner and non-partner violence throughout their lives and this is further aggravated in older age as a result of physical inability, immobility, social status, and availability of financial resources. Harmful cultural and traditional practices that discriminate against older women, for instance, widows participating in religious activities, all have an impact on the psychological and emotional health and well-being of women and constitute violence against older women.[29]

It is important to ensure statistical data systems account for data on older persons disaggregated by sex and background characteristics and move beyond age limiting sampling of the Demographic and Health Surveys.

Women are more vulnerable to financial exploitation and succumb to force to take control of their resources. Neglect includes abandonment or intentional failure by the care giver to provide basic food, shelter, clothing and health care. Women are subjected to sexual violence as well, however, these crimes are under reported or not reported at all to law enforcement. There is a lack of research on violence against older women in the region. In addition to Intimate Partner Violence and non-partner sexual violence, older women can be subjected to harmful practices that vary according to the regional and local contexts. These include practices of widow burning, wife inheritance, and forms of violence and stigma related to accusations of witchcraft.

Estimates projected note that 1 in 6 older persons experience some form of abuse worldwide. This is a gross human rights abuse. Understanding the prevalence and conducting a situational analysis are the first few steps towards developing a public health, and community approach. One of the other gaps is the lack of consensus in defining and measuring elder abuse and its major subtypes (psychological, physical, sexual, and financial abuse and neglect), as a result there are variations in prevalence reporting.[30] There is a dearth of studies on elder abuse. Dong did a small-scale systematic review of prevalence studies and grouped estimates by continents, including Asia with a range from 14% in India and 36·2% in China.[31]

The ESCAP survey with Member States[32] shows that only 41% of the Member States have targeted legislations addressing unique vulnerabilities and protection needs of older persons. India, Sri Lanka and Vietnam have laws on maintenance and welfare of parents and senior citizens.

It is widely known that older women are at lesser risk of sexual violence than younger women, but the current lack of attention to older women in the gender-based violence (GBV) field has minimised the experiences of older women survivors which detrimentally affects their health and rights. For example, health providers seldom ask older women about their sexual activity and relationships, a neglect that leads to older women being excluded from necessary HIV testing and care as well as support services for abuse. This oversight is increasingly worrisome given the rise in new HIV infections among adults age 50 and older in recent years, with most transmissions stemming from individuals unaware of their HIV-positive status. Approaches are required in public health interventions for GBV and HIV that acknowledges older women – their sexuality, sexual agency, and activity – so that health providers and advocates acknowledge and serve older survivors.

Data on abuse, neglect and violence against older persons is mostly not available in the region. Out of the 19 countries under review, data is only available for Fiji and Myanmar (see Table 3). It is important to ensure statistical data systems account for data on older persons disaggregated by sex and background characteristics and move beyond age limiting sampling of the Demographic and Health Surveys. Efforts should be invested into data collection, involving the SDG 5 indicators on violence disaggregated by age to measure prevalence of intimate and non-partner violence among older women, beyond age 49.

TABLE 3: NUMBER OF OLDER PERSONS REPORTING NEGLECT, ABUSE OR VIOLENCE WITH AVAILABLE DATA 2012-2016

	Year	Number of Reported Cases			Abuse Type Ranking	Remarks
COUNTRY		Total	Women	Men		
Fiji	2015	328	143	185	1. Physical offences 2. Sexual offences 3. Negligence	Most incidences refer to abuse among persons 60-65, followed by 66-71, and consistently decrease for each following 5-year age group
Myanmar	2015	374	154	221	NA	—

Source:
UNESCAP, Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing.[33]

f. *Advancing Health and Well-Being for Older Women*

Despite the demographic significance of older women and the lifetime impact of gender disparities on their health and rights, women who are considered older and beyond their reproductive age, are excluded from most interventions in global public health. Older women have yet to benefit from the access to a range of health services including sexual and reproductive health services, and the fact that is totally disregarded is that as women grow older, they experience a range of health conditions founded in their reproductive biology – from ageing with fistula, to cervical and breast cancers. Distinct pathophysiological states including gynaecological and breast cancer, as well as prostate cancers affect older persons.[34]

Current approaches to improve global women's health ignore these serious conditions, and in addition, older women are generally absent from global ageing discourse, creating a dual invisibility and lack of gender perspective. It is pertinent to reclaim the framework as suggested by the International Conference on Population and Development and the Beijing Platform for Action, and relook at the global health policies to incorporate a life course approach to women's health as a matter of human rights.[35]

The increasingly older person demographic in the region calls for comprehensive and integrated health systems including long term care, trained health work force, and health financing that build on the foundations of primary health care. The rate of non-communicable diseases in low-, middle- and high-income countries is as high as 87% of total disease burden for people aged over 60 years.

Some Member States in the region have new policies to provide health care for older persons. The Government of Sri Lanka developed the National Policy for on Elderly Health (2014), the Government of Philippines adopted the National Health Care Programme for Senior Citizens, and the Government of Vietnam issued a decision No. 7618/2016 on health of older persons that will span until 2025. In China, older persons are covered under the Health China 2030 Plan. However, there is no data that provides details of these health care programmes, the coverage of older person through these initiatives, the geographic reach of the services, and the range of services that are available including sexual and reproductive health services. Thailand is strengthening the integration of health and social care as close as possible to where people live; while the Ministry of Health in Vietnam will build on its comprehensive health care system and the large number of elderly health care clubs to better meet the needs of older people in their communities.

Many Member States as part of the review have reported free or subsidised health care for older persons through public health insurance, universal free health care or part of schemes targeted at identified social groups, including discounted medication or health supplies. Key challenges, however, include coverage, accessibility and quality of care provided within the public health system.

With most of the health care cost coming from out-of-pocket expenditures in the region, this makes it difficult for older persons to access health care services. Indirect health supplies and medication costs further impact access to services for older persons, especially women. In addition, the availability and quality of mental health services are insufficient.

Significant evidence suggests that as women grow older in age, this impacts their health seeking behaviour and access to health services. Sexual health of older women is often ignored, marginalised and stigmatised, thus, impeding access to preventive services and care for interpersonal violence and sexually transmitted infections including HIV and AIDS. Health professionals are very unlikely to discuss sexual health and sexual activities of older persons, especially older women due to a range of reasons including lack of time and perceived ability.

Many Member States as part of the review have reported free or subsidised health care for older persons through public health insurance, universal free health care or part of schemes targeted at identified social groups, including discounted medication or health supplies. Key challenges, however, include coverage, accessibility and quality of care provided within the public health system.

The Global Study of Sexual Attitudes and Behaviors surveyed 27,500 men and women aged 40 to 80 and found that only 9% had been asked about their sexual health by a provider in the past three years, even though 49% of women had reported at least one sexual problem (including, but not limited to, lack of desire, inability to climax, lack of lubrication, and physical pain during intercourse) in the past 12 months and 41% of women responded that they believed providers should spontaneously ask about sexual problems as a part of routine care. This lack of communication is problematic since it is known that sexual problems can negatively impact a person's quality of life.[36] Most frequent action taken by older men and women was to talk to their partners and few men and women sought medical help.

In a study,[37] in which the data was weighted by population size in the respective countries, exploring sex among Asian men and women, sexual aspirations and unmet need of men and women from Hong Kong, Indonesia, Japan, Malaysia, Singapore, South Korea, Taiwan, and Thailand, it was reported that out of 3,538 Asian respondents (1,776 men and 1,762 women), 52% were aged <40 years, 40% were aged 40-59 years, and 8% were aged >or=60 years. The majority were married or in a relationship. Men and women reported having sexual intercourse 5.1 and 4.0 times monthly, respectively. Attraction to partner, foreplay, intercourse, and achieving orgasm were important to most men and women. Many of the respondents showed interest in using medications to improve their sex lives. A comparison between individual countries suggests that attitudes about sex differ from country to country, and between men and women in each country. Sex is very important to Asian men and women, but many of them are not fully satisfied with their sex lives and want to improve them.

A report by the Joint United Nations Program on HIV/AIDS (UNAIDS) emphasises that "health communication and health services are not geared towards people aged 50 and older living with HIV" and that "clinicians are less likely to be trained on the specific needs of people 50 and older living with HIV."[38] Given the increasing degree to which successful GBV interventions are combined with programming for HIV testing, services, and care, it is concerning that older women are excluded from most of these settings as most of the services are geared towards women in the reproductive age group of 15-49.[39]

Long-term care for older persons[40] is an essential health system priority in the region, especially for older women, however, many of the health care systems in the region are not equipped to meet this demand, as a result of insufficient capacities of hospitals to provide for long-term care. It is also pertinent to look at long-term care as a continuum that transcends beyond health systems into the communities for sustainability. Japan in this region separates long-term care from general health insurance and such care is provided through public, private and community providers and financed through long-term insurance. As the number of older persons including older women requiring long-term care is increasing, governments need to look at this aspect including financing and health care support for older persons.

The demand for such long-term care increases for women, for example, in Japan approximately half of the women aged 85-89 years receive long-term care in comparison to 30% of men in the same age group. In addition, the care economy in the region needs to be regulated to ensure decent working conditions and good quality health services, as we also see many of the caregivers are older persons themselves.

Summary

What is particularly noticeable throughout this brief is the lack of disaggregated data on older persons by age, sex, and background characteristics despite this being a specific recommendation in the Beijing Platform for Action. The people in this region are experiencing the longevity revolution and this, if managed well, can result in a demographic window of opportunity. In reality, however, this is not the case.

Globally, there were 16 persons aged 65 years or over per 100 persons aged 20-64 years in 2019. In 2030, this number is projected to increase to 21 older persons per every 100 persons aged 20-64 years. An examination of ICPD+25 countries under review which will have more than 21 older persons include China (27.4%), Thailand (32.3%), and Sri Lanka (27.4%). These countries need to further focus on sustainable development and long-term care programmes related to older persons. Right opportunities and support systems as well as interrogating the ageist and dependency stereotypes can lead to non-discrimination of older persons and promote healthy ageing.

Most of these poor health outcomes among older women are a result of life-long gender discrimination faced by women. Sexual and gender-based violence is hidden but widely prevalent, especially among older women.

It is important to note that all countries in the region are facing a steep increase in the proportion of older persons, the pace of ageing, and the absolute number of older persons, and this calls for policy priorities and programme implementation focused on the overall well-being of older persons and upholding their human rights and dignity.

Most of these poor health outcomes among older women are a result of life-long gender discrimination faced by women. Sexual and gender-based violence is hidden but widely prevalent, especially among older women. Long-term health care programmes that go beyond health systems and integrate communities need to be developed to ensure meaningful integration of older persons within families and communities, upholding their human rights and dignity.

Data from this thematic brief shows that within the labour-based, social protection schemes, the coverage of women by such pension systems is significantly lower for women than men. Although countries are providing social pension for poorest persons and older persons with disabilities, these benefits are far lower compared to the cost of living in the respective countries. The increasingly older person demographic in the region calls for comprehensive and integrated health systems, including long term care that builds on the foundations of primary health care.

Studies about the sexuality of older women show that sex is important to Asian men and women, but many of them are not fully satisfied with and want to improve their sex lives. Data on abuse, neglect and violence against older persons is mostly not available in the region, but violence including gender-based violence is prevalent.

The leaving no one behind agenda for sustainable development requires an intersectional analysis of policies and programmes to ensure such programmes reach older persons who are left furthest behind. Disaggregated data is the first step to locating people left furthest behind and addressing inequalities and inequities. A life course approach as promoted in the ICPD PoA and the Beijing PfA will take us a long way towards sustainable development that is inclusive of older persons including older women.

Ensure no older persons are left behind, particularly older women living in rural and urban areas, indigenous and ethnic minority older women, older migrants and older women, poorest and most disadvantaged groups of women, such as rural and indigenous women, female heads of household, older refugees and migrant women and women with disabilities, and vulnerable older persons in general, in the sustainable development processes at the national level.

Recommendations

The following are key recommendations to Governments in the region:

- Ensure the full enjoyment of economic, social and cultural rights and civil and political rights of older persons and the elimination of all forms of violence and discrimination against older persons.
- Ensure that dignity, human rights and gender equality are central in addressing issues related to older persons in Asia and the Pacific region, and policies should take into account a lifecycle approach as recommended in the ICPD PoA and the Beijing PfA.
- Promote positive images of ageing and preventing ageism and age-related discrimination at the workplace.
- Establish necessary data systems disaggregated by background characteristics, age and gender, and enhancing the capacities of National Statistics Institutes to enable a routine tracking of progress towards the overall well-being of older persons.
- Build the evidence base by promoting multi-stakeholder partnerships and collating comprehensive multidisciplinary research on ageing to ensure routinely collected data are disaggregated by age, sex and abilities and analysed to inform policy and programmes related to older persons.
- Generate data for persons beyond the reproductive years. Data on population ageing and age-disaggregated statistics are key elements in formulating evidence-based policies and supporting the monitoring and evaluation of programme delivery to assure their efficiency and effectiveness. Age-disaggregated data needs to be collected across all the dimensions of the full SDG indicators database.
- Strengthen the development and implementation of comprehensive and integrated policy frameworks that address and mainstream population ageing into national development strategies and plans, health and gender equality plans in line with the Madrid International Plan of Action on Ageing, the ICPD PoA, and the Beijing PfA.
- Adopt and implement laws against discrimination based on sex and age in the labour market, especially considering re-entry of older women workers into the labour market, hiring and promotion, the extension of employment benefits and social security, and working conditions.
- Identify and promote flexible work arrangement opportunities for women, enhance and ensure their financial inclusion, and explore innovative schemes such as matched savings to support old age income security.
- Expand social pension for all older persons taking into account cost of living to improve old age income security, particularly for older women as contributory pension has very limited coverage, furthermore, women have far lesser opportunities to participate, and a social pension has been widely recognised as one of the most effective tools in reducing poverty among older people, and it benefits their families as well.
- Ensure no older persons are left behind, particularly older women living in rural and urban areas, indigenous and ethnic minority older women, older migrants and older women, poorest and most disadvantaged groups of women, such as rural and indigenous women, female heads of household, older refugees and migrant women and women with disabilities, and vulnerable older persons in general, in the sustainable development processes at the national level.
- Ensure the inclusion of older persons, and their specific requirements, vulnerabilities and capacities, in policymaking processes, within humanitarian contexts, specifically in disaster risk reduction policies, strategies and practices and in emergency response.
- Advance universal health coverage, which is inclusive of health information and services in relation to older persons. Improve access to quality health services for older person, without having to suffer from financial hardship and out-of-pocket expenses associated with paying for care.
- Develop health and social long-term care systems, including palliative care, with public, and community providers that can deliver quality integrated care. Long-term care needs to be adequate, sufficiently human resourced, and also taking into account the inclusion of legal frameworks to monitor human rights violations in long-term care facilities.
- Health services for older persons need to ensure mental as well as physical health, and address violence on, neglect and abuse of older persons.
- Older persons tend to suffer from discrimination in health care and tend to be overlooked in health policies, programmes and resource allocation. It is imperative to implement comprehensive health policies which include prevention measures as well as the rehabilitation and care of the terminally ill.

SRHR AND OLDER PEOPLE IN VIETNAM

PARTNER:
Centre for Creative Initiatives in Health and Population

Vietnam has one of the fastest ageing populations in Asia and by 2050 the number of people over 60 will triple from 8.9% to over 30%.[1] Older people are respected in Vietnam and the rights of older people to health and care are defined within the constitution.[2] However, international literature reveals that the sexual and reproductive health rights of older people are often excluded, in both their perception and execution, due to stereotypes surrounding ageing.[3] These views expose elderly people to emotional pressure and abuse from family members and care-givers. It also means that they are excluded from SRHR research, policies and programmes which consistently fail to adequately address the sexual health needs of older people.[4] To explore these issues, CCIHP conducted a series of focus groups with older people in Hanoi and Hochiminh city, the two biggest cities of Vietnam, to hear about their experiences surrounding sexual health and rights. The discussions uncovered that pervasive myths and cultural stereotypes surrounding older people's sexuality can lead to discrimination and abuse within relationships and the family. These myths and stereotypes intertwine with the dominant gender norms regarding women's and men's sexuality in Vietnam.

One finding from the discussions is that older women continue to suffer from the gender inequity norm that it is a married women's duty to satisfy her husband's sexual demands. Changes in sexual desires as people age, place older married women in even worse situations, with consequences for negotiating consensual sexual intercourse.

> *"My friend's wife is 65 and the husband is 70. The husband wants sex a lot while the wife does not like it, but the husband says, "Even when you don't like it, you have to like it." She experiences a lot of pain after intercourse but she still has to do it. He even forbids her from going out with friends." – Older Woman FGD HCMC*[5]

Regarding dryness and pain during sexual intercourse, even though products such as gel and hormonal therapy are available and accessible in Vietnam, especially in big cities, embarrassment about talking about sex often prevents older women from seeking information and services. One woman shared that she bought normal coconut oil in the market instead of specialised lubricant gel because *"people will think that [she] had bought the oil for cooking."* She did not dare to buy the lubricant gel because *"having sex at this age is so shameful."* No men in the group discussion claimed that they were the one who would seek for information or buy supporting product.

Public services that could help older couples to discuss and negotiate their sexual lives are often not available as they tend to be aimed at people of reproductive age. Services provided by NGOs can be more sensitive and friendlier to older people but information about these services is often not explicit and not known by older people.

> *"If there were counselling consultation and counselling services for old people, they could help each other to have a satisfying sexual life, then their quality of life would have been much better and happier. But no-body ever tells you what to do in these situations." – Older Woman, FGD, Hanoi.*[6]

Data on sexual and reproductive health needs of older adults such as reproductive cancers, STIs and HIV in Vietnam is scarce. Standard health check-ups for older people often exclude screening for sexual and reproductive health issues.

> *"Normally we are offered a regular check-up on blood pressure and on heart and circulation problem and this is a free package for people who have retired. But a check-up on reproductive and sexual health is not included." – Older woman, FGD, HCMC*[7]

International literature shows that older people have a high risk of STI and HIV.[8] There needs to be a greater emphasis on raising awareness of STIs and HIV/AIDS, and how to prevent and treat them, amongst older people, and more research needs to be conducted to fill in data gaps about these issues.

The view that sexual activity is inappropriate or indecent for older people is particularly highlighted in the context of loss of one's life companion and the desire to seek another partner. Children of an elderly parent who may be seeking another partner may oppose re-marriage on the grounds that it is disloyal to the deceased partner or due to worries about their inheritance. All types of elder abuse have a negative impact on the health and well-being of older people, yet evidence on its prevalence in Vietnam and effective interventions for addressing the abuse of elderly people is currently very limited.[9]

Another group that is invisibilised in sexuality research are the SRHR needs of older LGBTIQ people, which mirrors the hetero-normative and heterosexist bias in society. This limited attention to the sexual and reproductive health needs and rights of older LGBTIQ people is clearly reflected in the low volume of research papers in Vietnam that address this topic.

In conclusion, the SRHR issues of older people are neglected and stigmatised in Vietnam. The intersection of gender inequity and ageism renders older women more vulnerable to abuse, yet this group is conspicuously absent from the health agenda. Older persons should be fully entitled to have access to sexual health care, and there should be measures in place to protect older people, particularly women, from abuse, sexual exploitation and violence. Far more attention should be paid to these issues to ensure that older people can live full and satisfying lives, that includes consensual sexual pleasure if they so desire. It is also important that HIV programmes are also available to older people, including products such as condoms, lubricant, and pre-exposure prophylaxis (PrEP).

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championing sexual and reproductive rights for all

Asian-Pacific Resource & Research Centre for Women (ARROW)
1 & 2 Jalan Scott, Brickfields 50470, Kuala Lumpur Malaysia

Telephone (603) 2273 9913/9914/9915
Fax (603) 2273 9916
E-mail arrow@arrow.org.my
Web www.arrow.org.my
Facebook https://www.facebook.com/ARROW.Women
Twitter @ARROW_Women
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