

## ARTICLE 12

### HEALTH

1. *States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.*
  2. *Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.*
- 12.1 AWARE commends the State on the many initiatives to improve the healthcare system and the increased life expectancy of Singaporeans<sup>1</sup> as noted in Singapore's Fourth Periodic Report<sup>2</sup>. There is low infant mortality at 2.2 per 1,000 live births<sup>3</sup> and a low maternal mortality rate of 4 per 100,000 live births<sup>4</sup> with a documented rate of 8 in 2007 and 2008 respectively and none in 2009<sup>5</sup>.
- 12.2 AWARE also notes that Singapore manages its healthcare financing through a few fundamental schemes. The 3M (Medisave, Medishield, Medifund) healthcare financing model in Singapore is supplemented by the 3Es – ElderSave, ElderShield and ElderFund<sup>6</sup>. The State's share of total healthcare expenditure has successfully shifted to the private sector from 50 percent in 1965 to 25 percent in 2000<sup>7</sup>. This has been achieved through corporatizing public hospitals by maintaining the public-private mix where the government retains control over the running of the institution but there is an increasing trend towards financing by private sources<sup>8</sup>. In 2008, Singapore spent about SGD 10.2

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<sup>1</sup> A life expectancy of 81.4 years at birth with women outliving men by 4.7 years at 83.7 years estimated by the Ministry of Health for year 2009; Ministry of Health, "Population and Vital Statistics", n.d., <http://www.moh.gov.sg/mohcorp/statistics.aspx?id=5524...> accessed 21 February 2011.

<sup>2</sup> Singapore's Fourth Periodic Report to UN CEDAW Committee 2008, pp. 81.

<sup>3</sup> Ministry of Health, 'Population and Vital Statistics', <http://www.moh.gov.sg/mohcorp/statistics.aspx?id=5524...> accessed 21 February 2011.

<sup>4</sup> 'WHO Meeting sets a target of reducing maternal deaths by 30%', [http://www.wpro.who.int/media\\_centre/press\\_releases/pr\\_20000602.htm...](http://www.wpro.who.int/media_centre/press_releases/pr_20000602.htm...) accessed 21 February 2011.

<sup>5</sup> Ministry of Health, 'Population and Vital Statistics', <http://www.moh.gov.sg/mohcorp/statistics.aspx?id=5524...> accessed 21 February 2011.

<sup>6</sup> 'Growing the 3Es as Singapore's Population Ages', *The Sunday Times*, 7 June 2009.

<sup>7</sup> Lim Meng-Kim, 'Shifting the burden of health care finance: a case study of public-private partnership in Singapore', *Health Policy*, 69 (2004): 83-92.

<sup>8</sup> Chongsuivatwong, Virasakdi, Phua, Kai Hong, Yap, Mui Teng, Pocock, Nicola S., Hashim, Jamal H.,

billion (3.9%) of its GDP on healthcare, out of which the State expended SGD 2.7 billion or 1 percent of GDP on health services<sup>9</sup>. The proportion of healthcare financing has been estimated at employer benefits (35%), out-of-pocket (25%), State subsidies (25%), Medisave (8%), Medishield (2%) and private insurance (5%)<sup>10</sup>. On the one hand, this can seem a good way to manage healthcare costs – a multi-party sharing of costs. But there is concern how women and men cope with the 25 percent out-of-pocket expenses if they do not have enough money or just enough (see para 12.10).

- 12.3 To cope with the increasing demands on healthcare from Singaporeans and foreigners, more hospital beds have been provided and more professionals are being recruited<sup>11</sup>.
- 12.4 The State is geared towards seamless integration of care between the acute hospitals, step-down facilities and long-term care facilities.
- 12.5 A budget of SGD 123 million was committed to support the National Mental Health Policy and Blueprint in 2007 to expand treatment options at the Institute of Mental Health and to facilitate early detection and treatment in the community<sup>12</sup>. This enables building resilience to mental illness, early detection, reducing stigma, community support, adequate mental health workers and the research and development of a monitoring and evaluation system<sup>13</sup>. Of the SGD 123 million, SGD 88 million was to improve mental health services from 2007 to 2011 and SGD 35 million to support mental health education and train community partners<sup>14</sup>. Another SGD 17 million was added to the coffers for every year thereafter<sup>15</sup>.

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Chhem Rethy, Wilopo, Siswanto Agus & Lopez, Alan D., 'Health and Health-care Systems in Southeast Asia: Diversity and Transitions', *TheLancet.com*, 29 January 2011, <http://www.spp.nus.edu.sg/docs/publication/20110129-Lancet.pdf> ...accessed 21 February, 2011.

<sup>9</sup> Ministry of Health, 'Healthcare System 2008' <http://www.moh.gov.sg/mohcorp/hcssystem.aspx...> accessed 21 February 2011.

<sup>10</sup> Phua K. H., 'Population Ageing: Implications for Health and Long Term Care Financing' (Presentation Notes) ...accessed 14 March 2011.

<sup>11</sup> For example, the State has set aside \$1.5 billion to recruit 7,700 more healthcare professionals, including doctors and nurses. More beds, clinics and staff will be added to the current system with Khoo Teck Puat and Jurong General Hospitals. Speech by Minister of Health, "From Moment to Moment", 9 March 2010, <http://www.straitstimes.com/STI/STIMEDIA/pdf/20100309/MOH.pdf> ...accessed 22 February 2011.

<sup>12</sup> Speech by Minister of Health, 'From Moment to Moment', 9 March, 2010, <http://www.straitstimes.com/STI/STIMEDIA/pdf/20100309/MOH.pdf> ...accessed 22 February 2011.

<sup>13</sup> Chong, Siow-Ann, 'Mental Health in Singapore: A Quiet Revolution?', *Ann Acad Med*, 2007, v36, No. 10, pp. 797-6, <http://www.annals.edu.sg/pdf/36VolNo10Oct2007/V36N10p795.pdf...> accessed 22 February 2011.

<sup>14</sup> National Council of Social Services, *Rapport*, November 2009-February 2010, p. 20. <http://www.ncss.org.sg/documents/RapportNov09Feb10.pdf> ...accessed 21 February 2011.

<sup>15</sup> 'The Scourge Within' by Radha Basu, *The Straits Times*, 27 September 2008. See also SAMH's 40<sup>th</sup> Anniversary book, *Reaching Minds Touching Hearts*, p. 15.

- 12.6 The Ministry of Health (MOH) plans to increase the capacity for dementia patients to 500 by 2013, 300 for psychiatric patients by 2012 and to increase the nursing home capacity from 9,200 to 14,000 in the next decade<sup>16</sup>. These are to be run by voluntary welfare organisations or the private sector to supplement the purpose-built dementia nursing home (Apex Harmony Lodge) and three nursing homes for psychiatric care (Tai Pei Social Service, Sunlove Home and Surya Home) which currently provide 590 beds as of September 2008<sup>17</sup>.
- 12.7 The Health Promotion Board (HPB) also offers preventive health education that caters to women. This is a good beginning though some of the information content on illnesses has to become more women-specific<sup>18</sup>.

## AREAS OF CONCERN

### Healthcare Costs

- 12.8 Medisave, a subset of the Central Provident Fund (CPF), was introduced in 1984. Collectively, there is SGD 45 billion in Medisave. By the age of 50, the average balance in the Medisave of a salaried employee would exceed SGD 27,000<sup>19</sup>. However, the Ministry of Health website, as at end of 2009, also shows an average Medisave savings of less than SGD 15,700<sup>20</sup>. The varying data is difficult to interpret. Suffice to realise that even with state subsidies on hospital bills, the average bill size for a Class C<sup>21</sup> ward is around SGD 1,410<sup>22</sup>. An average person can manage such a medical bill for short-term illnesses on the Medisave savings that she or he has, but will be hard-pushed if there is a severe illness. Another example of reviewing the hospital cost is to look at the Class C bill size at the 50th percentile where the cost for day surgery to remove a lump from a breast ranges from SGD 613 to SGD 1,254. Similarly, the cost of a colonoscopy ranges from SGD 278 to SGD 528. The treatment of lung cancer meanwhile, ranges from SGD 362 to SGD 952. The length of the hospital stay is between 2 and 3 days<sup>23</sup> in these cases.

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<sup>16</sup> 'MOH expands facilities for elderly with mental & psychiatric illnesses', *Channelnewsasia*, 20 May 2009.

<sup>17</sup> 'Homing in on Mental Health: More Resources in Dementia and Psychiatric Care for Ageing Population', *Today*, 21 May 2009.

<sup>18</sup> <http://www.hpb.gov.sg/healthscreening/article.aspx?id=9490> ... accessed 8 April 2011

<sup>19</sup> Speech by Minister of Health, 'All Can Afford Healthcare', 9 March 2010, <http://www.straitstimes.com/STI/STIMEDIA/pdf/20100309/MOHSpeech.pdf> ...accessed 21 February 2011.

<sup>20</sup> Ministry of Health, 'Healthcare Affordability', 2009, <http://www.moh.gov.sg/mohcorp/statistics.aspx?id=5974> ...accessed 21 February 2011.

<sup>21</sup> For Class C wards the State funds up to 80% of hospital bills.

<sup>22</sup> Ibid.

<sup>23</sup> Ministry of Health 'Hospital bill size'

- 12.9 To increase affordability the Ministry of Health, with effect from 1 July 2010, has increased the minimum sum that has to be set aside. It is now SGD 39,500 and SGD 34,500 at or after age 55, respectively<sup>24</sup>. A 2005 academic study showed that only 6.9 percent of the elderly women have Medisave compared with 30.1 percent of their male counterparts and 65 percent of elderly women depend on their children's Medisave compared with 43.8 percent of elderly men<sup>25</sup>. AWARE is concerned how women will cope with medical bills as the catch-up is evident – women already have less in their Medisave and yet about 45 percent of the women are not present in the workforce as active employees earning salaries to have strong Medisave savings. This will affect their Medisave savings that are needed for their healthcare. There is no sex- and age-disaggregated data on the Medisave savings of women and men.
- 12.10 Using mathematical simulation of the Present Value of lifetime Healthcare Expenses (PVHE) at the benchmark medical growth rate of 4 percent, Chia and Tsui<sup>26</sup> estimated that the average elderly person living in a 3-room flat requires between SGD 24,557 and SGD 24,676 for females and between SGD 24,110 and SGD 24,198 for males, to manage their healthcare. For those living in 5-room flats the figures are between SGD 38,245 and SGD 38,523 for females and between SGD 24,614 and SGD 24, 727 for males. This means that elderly women need to set aside more medical savings than her male counterparts. But the average Singaporean does not have enough medical savings with an average Medisave of SGD 15,700. For example, an elderly woman living in a 5-room flat<sup>27</sup> will not have enough medical savings at the minimum sum of SGD 34,500 at or after age 55<sup>28</sup>.
- 12.11 In 2000, WHO ranked Singapore sixth out of 191 countries in terms of effectiveness of its health care system but 101 where fairness of financing was concerned. This measurement is based on the fraction of a household's capacity to spend that goes on health care<sup>29</sup>. This poor ranking is because Singapore relies heavily on out-of-pocket fees and the burden is heaviest on older women who have minimal savings<sup>30</sup>. As stated in Para

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<http://www.moh.gov.sg/mohcorp/billsizes.aspx>. ... accessed 9 March 2011.

<sup>24</sup> Ministry of Health, 'Medisave Contributions', 2010, <http://www.moh.gov.sg/mohcorp/hcfinancing.aspx?id=322> ... accessed 21 February 2011.

<sup>25</sup> Chia N-C, Tsui A K C. 'Medical Savings Accounts in Singapore: How Much is Adequate?' *Journal of Health Economics*. 24 (2005), 855-857.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Ministry of Health, 'Medisave Contributions', 2010, <http://www.moh.gov.sg/mohcorp/hcfinancing.aspx?id=322> ... accessed 21 February 2011.

<sup>29</sup> Soin, Kanwaljit, 'The Forgotten Generation: The Lost Potential of Older Women'; address delivered at the AWARE's Women Forum, 2011. Information used with permission from author.

<sup>30</sup> Ibid.

12.2, the estimated proportion of healthcare financing is divided between Medisave (8%), Medishield (2%), employer benefits (35%), out-of-pocket (25%), government subsidies (25%) and private insurance (5%)<sup>31</sup>. Medifund is only provided when patients are unable to settle their hospital bills despite these subsidies. It is clear then that State-instituted schemes only represent 10 percent of total healthcare expenditure. Medishield cover will also cease once an elderly person turns 85 years old and there is no protection for the remainder of their life. Even more worrying, in 2009 100,000 women in Singapore do not have Medishield coverage. Therefore, they risk having to shoulder costly medical bills<sup>32</sup>.

## Women Growing Older

- 12.12 While older men and women in Singapore have similar prevalence for common chronic diseases such as hypertension and diabetes, older women also have higher incidence of certain disabling diseases such as arthritis. There are about twice as many semi-ambulant (2.02) and non-ambulant females (1.99) as there are semi-ambulant/non ambulant males. This should be contrasted with the ratio of ambulant females and ambulant males (1.20). Thus, although women live longer they also have to live with a greater level of disability and functional dependence for a longer period of their lives<sup>33</sup>. In an interview, Dr. Mary Ann Tsao, President of the Tsao Foundation, noted that each patient at the Hua Mei Seniors Clinic spends between 30 to 45 minutes with doctors as medical problems come in multiples<sup>34</sup>. AWARE is concerned about the support care services for women growing older as well as how the older women are coping with paying hospital bills.
- 12.13 By 2009, the number of elderly people in Singapore had grown to 330,100, with females outnumbering males. The sex ratio among residents aged 65 and over was 795 males per 1000 females<sup>35</sup>. In contrast, the sex ratio for the resident population as a whole stands at 974 males per 1000 females, thus reflecting gender differences in mortality<sup>36</sup>. Indeed, life expectancy in 2010 is 83.7 years for females and 79 years for males<sup>37</sup>. Hence, to a large extent, the socio-economic and health issues of the elderly are the issues of older women.
- 12.14 The changing affluent lifestyles and habits of Singaporeans have led to an increase in chronic diseases. In a research project conducted in 2009 involving 2,808 elderly

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<sup>31</sup> Phua, K. H., 'Population Ageing: Implications for Health and Long Term Care Financing' (Presentation Notes) ...accessed 14 March 2011.

<sup>32</sup> '100,000 Women Lack MediShield', *The Straits Times*, 26 July 2009.

<sup>33</sup> See Appendix 12.1. AWARE - TSAO, 'Beyond Youth: Women Growing Older and Poorer'.

<sup>34</sup> 'In an Ageing Society, GP is the Lynchpin of Medical Care', *The Straits Times*, 21 November 2008.

<sup>35</sup> State of the Elderly in Singapore Release 1 Trends in Population Ageing, Profile in Singapore's Elderly Population 2008/2009 MCYS.

<sup>36</sup> Department of Singapore Statistic. Sex ratio for resident population 2010 <http://www.singstat.gov.sg/stats/keyind.html> ... accessed 15 March 2011.

<sup>37</sup> See Appendix 12.2. Department of Singapore Statistic, demographic indicators 2010.

residents, of which 63 percent were women, it was found that nine out of 10 elderly residents reported having at least one chronic health condition. 43 percent have at least three medical conditions such as hypertension, diabetes, arthritis and other musculoskeletal disorders or significant depressive symptoms, and 3.5 percent of them have reported a history for treatment of mental illness<sup>38</sup>. The high rate of chronic health conditions of the elderly means they make the greatest demand on the healthcare system<sup>39</sup>.

12.15 The Singapore Burden of Disease Study 2004 found that ischaemic heart disease and stroke, which is generally thought to afflict men rather than women, form the top two causes of premature mortality in women at 15.9 percent years of life lost (YLL<sup>40</sup>) and 11.7 percent respectively on the diseases. These two diseases are also ranked first and second for males at 21.4 percent and 8.9 percent YLL<sup>41</sup>. The Singapore Heart Foundation (SHF) notes that cardiovascular disease is the leading cause of death in women and those at risk include menopausal women, pregnant women and those on contraceptive pills<sup>42</sup>. From 2004 to 2008, there were 47,579 cancer cases diagnosed amongst the resident population<sup>43</sup>. Of these, 51.5 percent (24,498) were females. The top three cancers affecting females are breast cancer (29.2%), colorectal cancer (14.6%) and lung cancer (8%). AWARE is also concerned with a recent newspaper article<sup>44</sup> that shows younger women being afflicted with Osteoporosis which is a lifelong disabling illness. This is a cause for concern as it was reported that 20 percent of adults in their 20s-30s suffer from this disease.

12.16 However, outreach remains a problem despite women's vulnerability to these diseases. In its 2009 "Go Red for Women (GRFW) Heart Health Awareness Survey", SHF found that many women were not aware of the issues surrounding women and heart disease. Only 9 percent of respondents named heart disease as a leading cause of death while 35 percent felt that they were at low risk of heart disease for their age, 20 percent did not know if

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<sup>38</sup> 'Chronic Diseases, Functional Status and Quality of Life among the Elderly in Singapore' Ng Tze Pin & Yong Loo Lin 29th May 2009.

<sup>39</sup> Ibid.

<sup>40</sup> Years of potential life lost (YPLL) or potential years of life lost (PYLL), is an estimate of the average years a person would have lived if he or she had not died prematurely.<sup>[1]</sup> It is, therefore, a measure of premature mortality. As a method, it is an alternative to death rates that gives more weight to deaths that occur among younger people. Another alternative is to consider the effects of both disability and premature death using disability adjusted life years. [www.who.int/healthinfo/global\\_burden\\_disease/.../en](http://www.who.int/healthinfo/global_burden_disease/.../en)

<sup>41</sup> Phua H. P., Chua A. V. L., Ma S., Heng D., Chew S. K., 'Singapore's Burden of Disease and Injury 2004', Singapore Med J 2009; 50(5):468-478.

<sup>42</sup> Singapore Heart Foundation, 'Women At Risk', <http://www.myheart.org.sg/factors-you-cannot-change/gender/women-at-risk/> ...accessed 22 February 2011.

<sup>43</sup> See Appendix 12.3. Trends in Cancer Incidence in Singapore 2004-2008.

<sup>44</sup> 'The lovely bones: Osteoporosis can hit young adults, so start building up bone health as early as possible – during childhood and adolescence' by Eveline Gan, *Today*; 3 May 2011.



they were at risk or not, and 32 percent did not know women were more likely to die from heart disease after menopause than before. However, the respondents were aware of behaviour modification to prevent or reduce risk of heart disease and strokes as more than 80 percent identified exercise as a preventive measure followed by reducing stress (64%) and lowering cholesterol (62%)<sup>45</sup>. A check with the websites of the HPB or the SHF reveals little in terms of preventive or testing educational materials dedicated to women.

- 12.17 Yet the provision and financing of Singapore's healthcare system in regards to the elderly leaves much to be desired. The 3M (Medisave, Medishield, Medifund) are not a major source of payment for health<sup>46</sup>. The fact that only 330,000 females compared with 420,000 males are covered by Eldersshield<sup>47</sup> suggests that elderly women are especially at risk of not having the means to pay for healthcare and related services. With 82.3 percent and 94.8 percent of women aged between 65 and over 70 are economically inactive, elderly women are forced to pay medical bills from their own pockets. Healthcare social policy dictates that the burden of care be shouldered by the individual and the family as children are the most important source of financial support for the elderly<sup>48</sup>.
- 12.18 The most vulnerable elderly women are who live in 1- to 3-room public housing flats and there is evidence that they may have foregone medical care as they spend less than their male counterparts in the same category and also against other women who live in bigger flats<sup>49</sup>.

<b>Annual Medical Expenditure of Elderly</b>				
<b>( n = survey size)</b>				
	<b>1-, 2- &amp; 3-room HDB</b>		<b>4- &amp; 5-room HDB</b>	
<b>Age</b>	<b>Male (n)</b>	<b>Female (n)</b>	<b>Male (n)</b>	<b>Female (n)</b>
<b>66-70</b>	\$813 (78)	601 (74)	714 (75)	1537 (87)
<b>71-75</b>	\$1392 (48)	716 (48)	1824 (39)	1159 (84)
<b>76-80</b>	\$1592 (36)	1440 (83)	1130 (29)	1327 (58)
<b>81-85</b>	\$1789 (76)	903 (76)	1263 (73)	1458 (79)

<sup>45</sup> Singapore Heart Foundation, 'Heart Health Awareness Among Singaporean Women Still Low: 2009 Go Red for Women Survey', 4 February 2010, [http://www.myheart.org.sg/media/Press%20Releases/Press%20Release\\_GRFW%202009%20Survey%204%20Feb%202010.pdf](http://www.myheart.org.sg/media/Press%20Releases/Press%20Release_GRFW%202009%20Survey%204%20Feb%202010.pdf) ... accessed 22 February 2011.

<sup>46</sup> Phua K. H., 'Population Ageing: Implications for Health and Long Term Care Financing' (Presentation Notes).

<sup>47</sup> Singapore's Fourth Periodic Report to UN CEDAW Committee 2008, pp. 87 para 12. 30.

<sup>48</sup> State of the Elderly in Singapore Release 2 Employment and Incomes and Assets 2008/2009 MCYS.

<sup>49</sup> Chia N.-C., Tsui A. K. C. 'Medical Savings Accounts in Singapore: How Much is Adequate?', pp. 855-857.

Healthcare social policy dictates personal responsibility and family support to co-pay for services and treatment. However, risk pooling within the family is not sustainable in the long term especially with inflation and increasing medical costs, healthcare burden being shifted from public to private funding, increased consumption with age and longevity, and increasingly smaller nuclear families with a sub-replacement rate of 1.22 in 2009 and trending downwards to a recent low of 1.16<sup>50</sup>. Drawing from the progeny's medical savings account is not ideal as this essentially means spending off the future as they need to provide for themselves and their children.

- 12.19 The Minister for Health has also acknowledged the distress faced by caregivers especially in cases where elderly relatives have dementia. He said there were 62 nursing homes serving 2 percent of our elderly population, which in his view was not excessive or grossly inadequate as Singapore was still a young society and family bonding was still strong<sup>51</sup>. In the 2010 the MOH Operating Expenditure Budget of SGD 3.54 billion, of which 66 percent was devoted to services programme, meant subvention costs for restructured hospitals, community hospitals, and polyclinics and to VWOs running homes and services<sup>52</sup>.
- 12.20 Studies show that women tend to be the main caregivers of children with special needs, the elderly in the family, and their own children. It is estimated that a third of those aged 65 and above depend on a caregiver to look after their daily needs<sup>53</sup>. This means that there could be around 100,000 caregivers of the elderly<sup>54</sup>. Given that the number of elderly in Singapore is estimated to be at 870,000 by 2030, thousands more will find themselves thrust into the role of a caregiver. More often than not, these caregivers will tend to be single (unmarried) females<sup>55</sup> who are vulnerable in terms of long-term financial security and familial support. This role can be especially challenging as they will have to juggle work life and the situation at home, which can lead to physical and mental stress<sup>56</sup>. Single caregivers can feel isolated and very emotional as they feel that they are “on their own”<sup>57</sup>.

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<sup>50</sup> ‘Singapore’s Fertility Rate Hits Record Low of 1.16’ by Li Xue Wing, *The Straits Times*, 18 January 2011.

<sup>51</sup> Refer to ‘Bringing a Women's Perspective to the Singapore Budget’ A Submission by AWARE to Singapore's Policy-Makers, February 2011.

<sup>52</sup> Ibid.

<sup>53</sup> ‘Care for the carers of the old; As S’pore ages, there is a pressing need to cater to stressed-out caregivers’ by Radha Basu, *The Straits Times* 3 November 2009.

<sup>54</sup> Ibid.

<sup>55</sup> ‘Caregiving for older person in Singapore: Trends, Issues and Policies’ in *Social Service Journal*, NCSS & SSTI, v.21 Feb 2007-March 2007, pp.3.

<sup>56</sup> Kalyani Mehta *Family Caregiving for Older Persons in Singapore*’ ppt slides, 2005.

<sup>57</sup> Kalyani Mehta *Caregiving for Aging Parents: Experiences of unmarried daughters and sons in Singapore*’ ppt slides n.d.



- 12.21 AWARE would like to see more effective steps being taken to lighten the load on caregivers. This can include paid leave to be given to single caregivers<sup>58</sup> as well as tax relief if they choose to hire a maid<sup>59</sup> to help them care for the elderly. Dependable quality support is also needed as women should not be bearing the caregiving role alone.

## Mental Illness

- 12.22 Women's mental health encompasses a wide range of conditions including their role as caregivers. The role of a caregiver can be very stressful especially when they have to care for elderly people suffering from Alzheimer's disease and dementia. Using disability-adjusted life years (DALYs) to quantify total disease burden, Chua, Ma and Chew concluded that anxiety, depression, Alzheimer's disease and other dementias are among the major sources of the total morbidity burden in Singapore<sup>60</sup>. The lifetime prevalence of depression among adults is 5.6 percent and that of dementia among the elderly is 5.2 percent<sup>61</sup>.
- 12.23 A local study of 3,023 persons (1,502 females and 1,521 males) aged between 13 to 64 years old living in high-rise apartments found that the prevalence of minor psychiatric morbidity in this sample was 15.7 percent, and that females were between one to one and half times more vulnerable than males<sup>62</sup>.
- 12.24 Another study found that the prevalence of psychiatric disorders amongst the elderly was 10 percent (2.3% dementia, 5.7% depression, 1.5% neurosis, and 0.5% paranoid disorder). With a rapidly ageing population, the projected number of people with dementia is expected to more than triple from 7,000 in the year 2000 to 24,000 in the year 2030<sup>63</sup>. Another report estimated that there are currently 25,000 senior citizens with serious mental illness of whom 10 percent are institutionalized<sup>64</sup>.

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<sup>58</sup> 'Single, low-income caregivers need more support' by Ng Jing Yng, *Today*, 9 February 2011.

<sup>59</sup> 'MPs say foreign maids are no longer a luxury', *The Straits Times*, 1 March 2011.

<sup>60</sup> Phua, H. P., Chua, A. V. L., Ma, S., Heng, D. & Chew, S. K. 'Singapore's Burden of Disease and Injury', 2004. *Singapore Med J.* 2009;50(5) <http://smj.sma.org.sg/5005/5005a2.pdf> ...accessed 22 February 2011.

<sup>61</sup> Chong, Siow-Ann, 'Mental Health in Singapore: A Quiet Revolution?', *Ann Acad Med*, 2007, V36, No. 10, pp. 797-6, <http://www.annals.edu.sg/pdf/36VolNo10Oct2007/V36N10p795.pdf>.. accessed 22 February 2011.

<sup>62</sup> Ko, S. M, Kua, E. H., Ng, T. P., & Fones, C. S. L. 'Life Events and Minor Psychiatric Morbidity in a Community Survey', *Stress and Health*, V 17, No. 1, January 2001, pp. 41-46(6), <http://www.ingentaconnect.com/content/jws/smi/2001/00000017/00000001/art00869?crawler=true> ...accessed 22 February 2011.

<sup>63</sup> Kua, Joshua, 'Community Psychogeriatric Services in Singapore - the Missing Piece in the Jigsaw Puzzle', *Hong Kong Journal of Psychiatry*, June 2004, [http://findarticles.com/p/articles/mi\\_6882/is\\_2\\_14/ai\\_n28246936/](http://findarticles.com/p/articles/mi_6882/is_2_14/ai_n28246936/)...accessed 22 February 2011.

<sup>64</sup> 'Homing in on Mental Health: More Resources in Dementia and Psychiatric Care for Ageing Population',

12.25 Suicide statistics documented 401 deaths in 2009 (267 males, 134 females)<sup>65</sup> but more women attempted suicide in the ratio of 2.3 females to one male<sup>66</sup>. The Singapore Burden of Disease Study 2004 estimated that self-inflicted injuries resulted in 4.1 percent YLL in women and is ranked among the top 10 causes of premature mortality burden as compared with 5.0 percent for men<sup>67</sup>. What has not been so apparent is the root cause and reasons for such self-harm.

## Eating Disorders

12.26 A retrospective study done by the Institute of Mental Health on eating disorders<sup>68</sup> from 1994 to 2002, revealed 126 cases of anorexia with the following profile: female (91.3%), single (92.9%), by ethnicity (Chinese 84.1%, Indian 7.9%, Malay 4.8%) and by occupation (students 73.8%, professionals and para-professionals 8.7%)<sup>69</sup>. The Eating Disorders Clinic at the Singapore General Hospital sees about 10 cases every month, with 127 new cases in 2009, up from just 34 in 2003<sup>70</sup>. Dr. Lee Ee Lian, senior consultant psychiatrist and director of the Singapore General Hospital (SGH) eating disorders programme, estimates that eating disorders in females is 10 times that of males and that females in adolescence and their 20s are particularly vulnerable<sup>71</sup>. A wider group of females affected by eating disorders range from pre-teens to working adults in their thirties<sup>72</sup>.

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Today, 21 May 2009.

<sup>65</sup> Samaritans of Singapore, 'Suicide Statistics in Singapore: 1991 – 2009', <http://www.samaritans.org.sg/Suicide%20Prevention%20tab/Suicide%20Statistics%20in%20Singapore%20-%201991%20to%202009.pdf>... accessed 22 February 2011.

<sup>66</sup> Kok, Lee-Peng, 'Race, Religion and Female Suicide Attempters in Singapore', SpringerLink - Social Psychiatry and Psychiatry Epidemiology V 23, No. 4 (1988) 236-239, <http://www.springerlink.com/content/q7177219061829u2/>... accessed 22 February 2011.

<sup>67</sup> Phua H. P, Chua, A. V. L., Ma, S., Heng, D. & Chew, S. K., 'Singapore's Burden of Disease and Injury 2004', Singapore Med J 2009; 50(5):468-478.

<sup>68</sup> Eating disorders, including anorexia, in which a sufferer severely restricts food intake, and bulimia nervosa, which involves bingeing and purging are increasing.

<sup>69</sup> Lee, H. Y., Lee, E. L., Pathy, P., Chan, Y. H., 'Anorexia Nervosa in Singapore: An Eight-year Retrospective Study', Singapore Med J 2005; 46(6) : 275-28, <http://www.sma.org.sg/smj/4606/4606a1.pdf> ... accessed February 22 2011. See Table 1, pp. 2, Patient characteristics, birth rank, source of referral and social.

<sup>70</sup> See Appendix 12.4. 'More People Seeking Help for Eating Disorders Here', by Melissa Pang, *The Straits Times*, 1 January 2011.

<sup>71</sup> 'Too Thin Teens' by Dawn Tan and Bryna Sim, *The Sunday Times*, 12 August 2007.

<sup>72</sup> See Appendix 12.4. 'More People Seeking Help for Eating Disorders Here'.

- 12.27 In another research, the Eating Disorder Examination Questionnaire (EDE-Q)<sup>73</sup> was used to compare the eating disorder psychopathology of young adult women in Australia and Singapore. While research revealed that overall levels of eating disorder psychopathology, as measured by the EDE-Q global score, were very similar, analysis at the item level indicated that Singaporean women were more fearful of losing control over their eating, more fearful of gaining weight or becoming fat, and more anxious at the prospect of regularly weighing themselves than Australian women. Singaporean women were also more likely to report binge eating and laxative misuse, whereas excessive exercise was more common among Australian women<sup>74</sup>.
- 12.28 Various physical ailments are a direct consequence of eating disorders. While anorexia may cause constipation, increased sensitivity to infections, stomach ache, very low pulse, anaemia, kidney damage, cardiovascular disorders and shortage of skeletal calcium, self-induced vomiting may cause dental damage, shortage of minerals and enlarged salivary glands. Use of laxatives may harm the stomach's normal functions. Stomach ulcers and dangerous heart rhythm problems are rarer side effects<sup>75</sup>. This means that the person is prone to illnesses because of the eating disorders.
- 12.29 Current state policies in schools include the Holistic Health Framework (HHF) implemented in schools, which replaced the previously renounced TAF programme. It encompasses the physical, mental and social health of students and not just measures of weight and fitness<sup>76</sup>. However, AWARE is concerned that more needs to be done. See also Article 5 where women and young girls were affected by media images. One of the best noted forms of prevention, as noted by Dr Ang Yong Guan of Ang Yong Guan Psychiatry, is to help children build a healthy self-esteem from a young age<sup>77</sup>. More intensive work needs to be done to help girls and young women build up their self-esteem.
- 12.30 In a survey done on 255 young adult women from three university campuses in Singapore, respondents were asked to rate the intervention method that would be most beneficial to one with an eating disorder. The results revealed that primary care practitioners, (female) friends and family members, and psychologists were the people considered most likely to be helpful. Obtaining advice about diet or nutrition,

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<sup>73</sup> Kristine H. Luce and Janis H. Crowther. 'The Reliability of the Eating Disorder Examination: Self-report Questionnaire Version (EDE-Q)' *International Journal of Eating Disorders* April 1999 v25, 349-351. The EDE-Q is a 41-item measurement adapted from the Eating Disorder Examination, a clinical interview assessing key behavioral features and associated psychopathology of eating disorders.

<sup>74</sup> Jonathan M. Mond, Anna Chen and Rajeev Kumar 'Eating-disordered Behaviour in Australian and Singapore Women: A Comparative Study'. *International Journal of Eating Disorders* v43, 717-723.

<sup>75</sup> Effects on Bulimia/Anorexia, Dangers, Risks, <http://web4health.info/gr/ed-other-negative-effects.htm>... accessed 28 March 2011. A website on the health consequences of eating disorders.

<sup>76</sup> Ministry of Education. "Holistic Health Framework", <http://www.moe.gov.sg/education/programmes/holistic-health-framework/>... accessed 28 March 2011.

<sup>77</sup> See Appendix 12.4. 'More seeking help for eating disorders here'.

counselling, cognitive-behavioural therapy<sup>78</sup> and talking to a friend or a family member were the activities considered most likely to be helpful while going to hospitals for treatment were rated quite low<sup>79</sup>. Thus, while the number of young women who are suffering from eating disorder behaviours have increased tremendously, there has been no corresponding response from the State to deal with the prevalence of eating disorders.

- 12.31 Currently, there is only one support group available for those suffering from eating disorders. This support group is called the Support for Eating Disorders Singapore<sup>80</sup>. The group meet at the LIFE centre at SGH for a dedicated treatment programme for the management of eating disorders such as anorexia nervosa, bulimia nervosa and binge-eating disorder every first Thursday of the month<sup>81</sup>. The Ministry of Education (MOE) has also made some, albeit limited, provisions for schools in Singapore to appoint counselling personnel such as teacher counsellors (TC) who are trained in counselling for emergency, behavioural and emotional problems that adolescents go through.

### Aesthetic Surgery

- 12.32 One of the most prevailing concerns in the practice of aesthetic surgery is the lack of professionalism. In a report done in the United Kingdom by the National Confidential Enquiry into Patient Outcome and Death 2010 on Cosmetic Surgery, it was noted that 56 percent of operation theatres were not fully equipped while more than 65 percent of patients were accepted for cosmetic surgery without any form of psychological evaluation<sup>82</sup>. This study raises similar concerns to the situation in Singapore.
- 12.33 Although organisations such as the Society of Aesthetic Medicine (SAM) exist in Singapore to regulate and control the entry of new surgeons in the aesthetic field<sup>83</sup> and to maintain some form of perimeter in the operations of cosmetic treatments, such organisations are limited in number and scope. Furthermore, due to the wide number of practices available in the market from makeshift clinics in homes that charge as low as SGD 200 for Botox injections to a plastic surgeon who would charge at least ten times more for the same treatment<sup>84</sup>, it has become rather difficult to control the industry of aesthetic surgery. This problem is heightened by the existing strong black market in

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<sup>78</sup> Jonathan M. Mond, Anna Chen and Rajeev Kumar 'Eating-disordered Behaviour in Australian and Singapore Women: A Comparative Study'. *International Journal of Eating Disorders* v43, 717-723.

<sup>79</sup> Ibid.

<sup>80</sup> Singapore Association for Mental Health, [http://www.samhealth.org.sg/...](http://www.samhealth.org.sg/) accessed 28 March 2011.

<sup>81</sup> Singapore General Hospital, 'Eating Disorders', <http://www.sgh.com.sg/Clinical-Departments-Centers/LIFE-Centre/services/Pages/eating-disorders.aspx>... accessed 28 March 2011.

<sup>82</sup> National Confidential Enquiry into Patient Outcome and Death 2010 report on 'Cosmetic Surgery : On the Face of It' [http://www.ncepod.org.uk/2010report2/downloads/CS\\_report.pdf](http://www.ncepod.org.uk/2010report2/downloads/CS_report.pdf) ... accessed 28 March 2011.

<sup>83</sup> 'New Medical Society Forms Amid Concerns Over Plastic Surgery', *Channelnewsasia*, 14 March 2008.

<sup>84</sup> See Appendix 12.5. 'Backroom Beauty Operators in Singapore', *Yahoo Online News*, 16 July 2010.

Singapore for backroom Botox injections and other similar treatments<sup>85</sup>.

## **RECOMMENDATIONS**

- 12.34 AWARE urges the State to increase its portion of healthcare expenditure so that out-of-pocket expenses are less heavy especially for older people.
- 12.35 AWARE also asks the State to provide Singaporeans over 85 years old with Medishield cover for life.
- 12.36 AWARE asks for the criteria for Medifund to be made more transparent, with a breakdown by sex and age and its impact on women. The Ministry should also be more transparent and consistent in the computation of data so that the affordability pattern on bill sizes for women and men can be studied.
- 12.37 AWARE asks for greater public health prevention programmes with good outreach targeted at women, in particular diseases such as cardiovascular diseases, stroke, mental disorders, diabetes mellitus and neurological and sense disorders.
- 12.38 AWARE urges the Ministry of Health to offer deeper subsidies on health screening packages and ensure there is wider outreach of such useful programmes.
- 12.39 There is an urgent need for the establishment of comprehensive, accessible, and affordable psycho-geriatric services that are integrated with other healthcare and related services for the elderly. AWARE feels that this process of integration needs to be gender-specific and be implemented at a faster pace so that women caregivers can have better support services duties.
- 12.40 AWARE requests that the State extends specialist training on mental disorders to all caregivers, including those in the caregiving professions such as healthcare, social services, teachers and domestic workers.
- 12.41 The State should conduct research to identify the root causes for the emotional and mental disorders afflicting all strata of society from children, youths, adults and the elderly and to implement proactive preventive measures.
- 12.42 The State needs to recruit more professionals to intervene and support those with eating disorders in schools and tertiary education centres. In addition more concerted efforts are needed to deal with eating disorders in girls and women. More talks on self-esteem and health promotion need to be given at schools and with the help of Non-government Organisations (NGO) to reach out to women.
- 12.43 Hospitals should initiate and monitor support and self-help groups for eating disorders. These groups should include family members because family support is crucial in such cases.

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<sup>85</sup> Ibid.

- 12.44 The State should set up a multi-agency taskforce to study Singapore's caregiving needs and formulate policies and programmes that will better meet these needs. With Singapore's ageing population, this is an area of growing concern to many. The State should also increase the subsidies for women and men who care for dependent relatives (i.e. the physically disabled or mentally ill children and siblings, elderly parents or grandparents), and peg the eligibility criteria to the prevailing median income. Without these measures women are predisposed to suffer from depression and mental breakdowns.