

Expert Group Meeting in preparation for the 30th Anniversary of
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Demographic Changes & Ageing of Population in Asia

Session 1: Demographic Changes and Impact on Family

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(Draft – will reserve the right to revise after the conference)

Population aging was called “the defining global trend of our time” by the United Nations (2023). Asia-Pacific has the most rapid growth of older adults (Wan He et al., 2022; UN, 2019) due to the faster decline in fertility rates and increase in life expectancy since the 1950s. The speed of these changes coupled with the large population size in Asia (approximately 60% of the world population) means the majority of the increase in older adults in the next three decades will be in Asia. Highly relevant to policy-making is the fact that more than half of the increase in the oldest-olds (age 80 and above), who require more intensive care and are projected to reach 446 million in 2050, will be in Asia, and there will be significantly more older women than older men. Such population aging trend is exerting enormous pressure on the institutions of family, health care, labor markets, and other socioeconomic systems in Asian countries (Feng et al., 2019; Raymo et al., 2015) but also creating new opportunities.

It is important to note the following unique aspects of the Aging experience in Asia:

- Pace – much faster than in other regions
- Magnitude – many large populations
- Economic and social development – many countries will get old before getting rich
- Demographic landscape – highly diverse
- Cultural values and expectations – relying on family care
- Public policies, welfare regime – generally less generous than the Western societies

Time to transition from an aging (7% 65+) to an aged (14%) society:

- France – 115 years
- USA – 65 years
- Japan: 26 years (TFR=4.7 in 1943 reached 2.2 in 1963)
- Thailand: est. 22 years
- China: est. 22 years
- Vietnam: est. 20 years
- Korea, Taiwan & Singapore: 17-18 years

Level of Aging in Asia – Percent 65 and older in the population:

- Japan is a super-aged society with 28.7% of its population aged 65 and older and 80,000 centenarians. Its population has started shrinking since 2011
- HK, South Korea, Taiwan, and Singapore followed with 19%, 17%, 16%, and 16% of 65+ in 2021 respectively
- China and India, the two largest populations in the world, are expected to have 14% of their population aged 65 and over in 2044 (Martin, 2012). China: 175 million in 2021 – more than all European Union countries combined

- In Southeast Asia, Thailand (13% 65+, 2021), Indonesia, Vietnam and Myanmar are at the key stage where improved average life expectancy and declining fertility rates have resulted in rapidly greying populations
- Malaysia – 7.4% in 2021 and will double to 15% by 2050

Countries and regions in East Asia including South Korea, Macao, Japan, Taiwan, Hong Kong, and China have the lowest fertility rates and the longest life expectancy in the world (Population Reference Bureau, 2020). The speed of aging and the shrinking working-age population in this region is significantly faster than in the rest of the world. This aging trend is occurring in a context often referred to as “compressed modernity” with unprecedented economic growth and sociopolitical transformations, weakening traditional values of filial piety that expect adult children (sons, in particular) to care for their aging parents, and a strong familistic welfare scheme that provides generally weak public safety nets for older adults (Chang, 2010; Yeung & Thang, 2018).

Great Diversity in East, Southeast and South Asia

While the fertility rate in East Asia was already below or near replacement level in 1990 and is now at ultra-low levels, it remains above replacement level in most countries in Southeast Asia, with total fertility rates (TFRs) above 2 in most countries and above 3 in several. Southeast Asia has much greater diversity in terms of culture and socio-economic development among countries in this region in contrast to East Asia where a high level of homogeneity is found among countries. Compared to South Asia, Southeast Asia has a higher socio-economic development level and has experienced more rapid family and demographic changes in the past five decades. Hence, Southeast Asia stands between East Asia and South Asia in these transitions.

Distinct from the Western world, Asian older adults’ well-being relies more heavily on their family network and resources due to the less generous welfare system, less developed caregiving institutions, and a cultural ideal that promotes family care in old age. As the region adapts to the more drastic demographic transition and swifter socioeconomic and ideological changes than in the West, a high proportion of Asian older adults are vulnerable to resource deprivation and inadequate care. A clear gender differentiation has traditionally been a prominent cultural feature in Asia with women accumulating less human capital and wealth than men throughout their life course, resulting in a feminization of poverty in old age that warrants special gender-specific policies. It should also be noted that economic growth is a double-edged sword with very high urbanization and low social integration detrimental to older adults’ well-being.

Rising demand for long-term care (LTC)

With diverse socioeconomic and cultural characteristics in Asia (Raymo et al., 2015; Yeung et al., 2018), the rapid aging trend not only tests the capacities and welfare resources of the countries for providing long-term care (LTC) for older adults (Yeung and Thang, 2018), but also challenges economic sustainability with the projected shrinking workforce. Issues related to older adults’ social isolation, ageism, and changing family support have also loomed large in many societies (Berkman et al., 2012; Keasberry, 2001; Kreager, 2006; Teerawichitchainan and Knodel, 2015; Yeung and Cheung, 2015).

In Asia, where the family plays an intrinsic role in the care and support of older adults, the preference of aging in place in the community rather than in formal care institutions is expected among the older adults and their family members. This is bolstered by cultural

values such as filial piety which place expectations on children to provide care for their aging parents. In some countries, the government reinforces this care pattern with old-age policies which re-inscribe the family as the primary site of eldercare. Economic and social changes, however, have lent to changes in family structures and shifts in the organization of care in the family. In the more affluent countries in Asia, Long-term care (LTC) has increasingly become transferred to paid workers, especially with growing numbers of women joining the labor force. Falling fertility rates in the Asian region would also signal fewer caregivers for older adults. LTC in general remains a fragmented area; there is a lack of shared definitions, and in many countries, it is only just beginning to emerge as an idea at the interfaces between informal and formal care, and between health and social care services. LTC provisions encompass a broad range of support services from personal care, health care, social services, and rehabilitative care. A broader definition of LTC also comprises welfare and social support for currently active older persons, especially those who live alone, in other group settings, or with family members, to enable them to live independently for as long as possible. In other words, how to create an appropriate environment and provide access to services to allow older adults to “age in place” is part of the LTC strategy. Increasingly, besides the family, the role of the community is becoming more visible, not only through the state but also through civil society and other ground-up efforts. Sited between the family and the state, to what extent community services for older adults contribute to their care and support requires more attention. For the state, besides the need to ensure quality LTC, the expectations for more extensive LTC provisions have led to active aging strategies as preventive measures to keep more older adults healthy thereby reducing or postponing LTC needs. How can active aging be better integrated into the current LTC policies?

Changes in demographic as well as sociocultural and economic contexts place constraints on the family in caring for their older family members. It is worrying when rapidly aging countries turn old before they turn rich, inhibiting their ability to meet LTC needs. Countries in Southeast and East Asia have diverse socioeconomic, demographic, and cultural characteristics (Raymo, Park, Xie, & Yeung, 2015; Yeung, Desai, & Jones, 2018); hence, the needs for LTC for the population and the ability to provide it vary. Demand for LTC and the ability of each country to provide it vary widely across Asia. In addition to economic diversity, these countries also have diverse cultural traditions and kinship systems (Yeung et al., 2018) with a large proportion of Muslims and a substantial Buddhist and Hindu population. Some countries such as China, Korea, and Vietnam traditionally follow a more patriarchal kinship system and others such as Thailand follow a more matriarchal kinship system. These have implications for LTC practices and policy needs when considering care provision.

As the first speaker focuses on the mega-trend and the second speaker focuses on the changing family structure and their implications for society’s ability to care for older adults, I will focus on some of the potential policy solutions, particularly surrounding the concept of “productive aging”.

Productive Aging as a strategy

An emerging and promising strategy for sustainable aging societies is to view older adults as assets that benefit society with their longer healthy life expectancy and rich human capital. This concept, often termed Productive Aging, emphasizes that older adults can be more effectively integrated and engaged in activities that generate continuous contributions to family, community and society (Butler and Gleason, 1985; Butler and Schechter, 1995;

Herzog et al., 1989; Bass and Caro, 1996; Hinterlong et al., 2001). Productive Aging was developed to call for a recognition of older adults' various contributions and to take institutional action to build the capacity of older individuals (Butler, 1975; Butler and Gleason, 1985; Hinterlong et al., 2001). Criticism and concern about the subjective meaning of “productivity”, the potential exploitation of older adults and additional obligations for older adults have been well acknowledged in scholarly work (Bass and Caro, 2001; Moody, 2001). Studies have been cautious about such misleading outcomes that have the potential to push older adults to be more productive and have emphasized that Productive Aging was meant to change social norms, policies and programs and support them in building their capacity (Gonzales et al., 2015; Morrow-Howell et al., 2001; Morrow-Howell and Wang, 2013).

Empirical studies refer to “productive activities” as those that produce goods and services, including working, caregiving, volunteering, etc. (Butler and Gleason, 1985; Glass et al., 1995; Herzog and Morgan, 1992; Hinterlong et al., 2001). It is important to differentiate it from two widely used terms: Successful Aging (Rowe and Kahn, 1997), which focuses on biological benefits of keeping healthy and staying engaged in all kinds of activities, and Active Aging (WHO, 2002), which focuses on maximizing opportunities of being healthy and participating in activities to enhance quality of life, Productive Aging looks beyond social involvement and health to also emphasizes that older adults can be more effectively integrated and engaged in activities that generate continuous contributions to family, community and society, including labor activities, caregiving, volunteering, etc. (Butler and Gleason 1985; Butler and Schechter, 1995; Herzog et al., 1989; Bass and Caro, 1996; Hinterlong et al., 2001; Morrow-Howell and Wang, 2013). It is also a policy response to the shrinking working-age population and the rapid change in family structures in this era of population aging (Morrow-Howell and Wang, 2013). This concept regards older adults as both the primary agents and beneficiaries in achieving the ultimate goal of harmonious development of individual and social values. To reap the “silver dividend”, it is important to investigate how to most effectively engage older adults to ensure positive outcomes for individuals, families, and communities.

Defining Productive Aging is not straightforward. Broadly, it includes the participation of older people in meaningful activities that provide value to society and themselves [Butler and Gleason, 1985; Butler, 2010]. Values are related to goals and they can be either intrinsic and extrinsic. There is a consensus in the current literature that they include market activities, caregiving and volunteering. Any socially-valued activity that produces goods and services, whether paid or not (Bass & Caro, 2001; Morrow-Howell, 2001) Productive activities can include self-oriented and community-oriented activities including self-development and learning (Du& Wang, 2013).

MacArthur Research Network on Successful Aging Community Study (1988-95) & other studies confirm that engagement in meaningful activities contributes to good health, cognitive performance, satisfaction with life, and longevity, as well as providing a potentially effective means of reducing costs of physical and mental illness in later life. It benefits civil activities and communities as well. The productive ageing concept and practices have existed for thousands of years in China and other countries, encompassed by older adults working at various levels of government or in elite families. The “elderly elite” concept reflected the profound social and cultural tradition of respecting older adults and their contributions to familial and social harmony, and stability (Du 2012).

Postponing Retirement age

Most OECD countries have been postponing retirement age as a strategy to compensate for the shrinking working-age population, with a target of postponing to about age 67 by the middle of this decade.

As an example of the impact of delaying retirement in Asia, Feng, Yeung, Wang, Zeng (2018) projected that in China, if the retirement age is postponed to 60 for females and 65 for males starting from 2015 & end 2040, there will be a cumulative of 1.48 billion female and 849 million male person-years, respectively, working out to be an average of annual gain of 42 million females and 24 million males per year, added to the workforce respectively by 2050. [based on PROFAMY projection method]. Of this cumulatively added workforce, an average of 18.6 million female and 11.7 million male workers will be of “high human capital” (with more than a high school education and without disability) per year. The worker/retiree ratio will increase by 52%, with the high human capital worker/retiree ratio increasing by 46% in 2050 compared to the “No Change” scenario.

Could productive aging overburden women with multiple role responsibilities? Chen & Yeung (2023) examine the type & intensity of productive aging for Chinese women who retire at an unusually young age. Two conflicting hypotheses derived from the role enhancement/accumulation or role strain perspectives. Effects of multiple roles and conformation to role expectations are both investigated. They found that multiple and more intense productive roles for older women result in better health outcomes, supporting the role enhancement/accumulation perspective. In addition, those who hold urban hukou, receive caregiving from their child(ren), and have a spouse benefit more from productive engagement. Part of the positive effects is gained by reducing depressive symptoms.

Research in the Special Issue Productive Aging in Asia: Definitions, Determinants, and Health (Ko and Yeung, 2019, *Social Science & Medicine*) found great heterogeneity exists in productive aging behavior by gender, age, urbanicity, family circumstances, cultural norms, infrastructure, and policy context.

A clear gender difference was found in Korean (Kim 2018), India (Visaria and Dommaraju, 2018) and Vietnam (Giang et. al., 2018) with older women significantly more likely to participate in family care including care for grandchildren whereas older men are more likely to engage in paid activities and activities outside the household and older men more likely to

There is also variation by family structure. Tong and colleagues (2018) show that living with married children reduces the likelihood of working among older adults in Hong Kong. However, living with unmarried children is associated with a higher likelihood of working for older adults and especially so when they live with unmarried sons rather than with daughters.

Research shows that it is important to take a life-course perspective when thinking about promoting productive aging. Ko and Yeung (2017, 2019) based on data from China, show that altruistic and prosocial behavior are shaped from childhood. Growing up in a neighborhood with higher cohesion is positively associated with volunteering. Birth cohort, *Hukou* status, & parents' education all influence productive engagement through the effects on midlife and later-life cognition.

Infrastructures are also shown to be important. Ko and Yeung (2018) show that in China, better infrastructure facilities in a community are positively associated with older adults' engagement in paid work, community activities, and leisure activities

However, simply lengthening time in labor market is not sufficient to generate benefits of productive aging behavior. The *quality* of the work older adults engage in also matters. Chandola and Zhang (2018) use UK data to show that transitioning into, or re-employment into poor-quality jobs was associated with higher levels of chronic stress-related biomarkers compared with those remaining out of the labor force. Research also shows ageism at the workplace in the retirement transition period creates stress for older adults and impacts negatively on older adults' health. Flexibility of work hours and reasonable pay and work conditions are important to maximize the benefits of remaining in the labor market for older adults.

Benefits of volunteering –

The positive impact of volunteering and social participation on older adults' mental health has been consistently documented in Taiwan, Korea, Hong Kong, Japan, Singapore and China. better cognitive functioning in Taiwan (Chiao, 2018) and a lower level of depressive symptoms among older adults in urban Shanghai (Miao, Wu and Sun, 2018). Lee and Yeung (2018) showed that Korean men who engaged in alumni volunteering, and Korean women who engaged in religious activities, had higher cognitive functioning.

Wang et al. (2018) found that family and community-based engagement (Taiwan) is beneficial to self-rated health because engagement increases older adults' psychosocial resources, such as sense of control, making new social networks. Interestingly, Lam and Bolano (2018) even found a spill-over effect in Australia in that having a spouse who engages in community activities is associated with better mental health for older adults.

The impact of caregiving on older adults' health

Komonpaisarn and Loichinger (2018) show that regular caregiving of grandchildren negatively affects the self-rated health, physical disabilities and wellbeing of older Thai adults. In China, Choi (2019) found that rural older adults experienced increased depressive symptoms over time from providing care for grandchildren in multigenerational households. Similarly, Liu et al (2018) reported that Chinese grandfathers in urban areas enjoy the most health benefits as they receive emotional rewards when conforming to the norms of filial piety. In contrast, for grandmothers in rural areas, providing care for parents or parents-in-law negatively impacts their health. In OECD countries, a review paper by Lavela & Ather (2010) shows that, in the U.S., UK, Netherlands, and Japan, older caregivers experienced cognitive functioning difficulties, stress, depression, and anxiety from caring for their spouses.

Institutional Support & productive activities

Strauss and Trommer (2017) attribute the prevalence of productive engagement in work, caregiving and volunteering among older Europeans to the European welfare regimes which are grouped according to the degree of de-commodification (public provision for individuals and families regardless of their labor market participation) and de-familialization (the degree of public provision that reduces family dependency and care responsibilities).

Asia is more heterogeneous and changes rapidly. More research is warranted for an understanding of older Asians' productive engagement under different welfare settings.

Good Practices

An example in Singapore through adjusting the retirement age, providing lifelong learning opportunities, incentivizing volunteering and more

Singapore has gradually postponed the retirement age and re-employment age to 63 and 68 respectively today and aiming to adjust to 65 and 70 by 2030.

A new 'National Silver Academy' was set up to offer a wide range of learning opportunities for seniors to learn for interest and to stay active. It aims to provide more than 30,000 places for seniors by 2030 – increased paid labor. There are also incentives for employers to hire older adults and create a work environment that is friendly to older adults and opportunities for multiple generations to work together and benefit from one another.

Thang et al. (2018) find that lifelong learning in Singapore enables productive engagement because formal and informal learning in educational activities can equip learners with work-related skills and information, and can enhance communication skills for higher involvement in family and community activities.

The President's Challenge will champion a national movement of senior volunteerism, to encourage an additional 50,000 seniors to contribute their talents and experience to community development by 2030.

Subsidized transportation has been provided to encourage older adults to maintain an active lifestyle. There are also incentives provided to encourage financial donations by older adults to contribute to the society.

Singapore also provides housing incentives for adults to live closer or with their aging parents. There is also grandparents tax relief to encourage grandparents to contribute to caring for grandchildren.

A national initiative by the Ministry of Health (MOH) recently launched focuses on preventive health – Healthier Singapore. This initiative aims to let Singaporeans can take proactive steps to manage their health, prevent the onset of chronic diseases, and have strong support to lead healthier lifestyles.

Concluding - Productive Aging in Asia

Research underlines the important role of family structures and dynamics of intergenerational support in productive aging in Asia. Cultural values across Southeast and East Asian societies have reinforced that family is the first pillar of support to older adults (Raymo et al., 2015; Yeung and Thang, 2018).

Older adults continue to provide financial support in several Asian societies (as shown in Tong et al., 2018). Compared to the focus on individual characteristics in productive aging seen in Western studies (Di Gessa and Grundy, 2017; Hank, 2011)

Third, gender differences in the health impacts of productive engagement in later life seem more prominent in Asia (e.g., Lee and Yeung, 2018; Luo et al., 2018; Liu et al., 2018) than in the West (Luoh and Herzog, 2002; Hao, 2008; Hinterlong et al., 2007; Pinquart and Sörensen, 2001). - reflect the existing gender inequality in educational attainment and labor market participation in many Southeast and East Asian societies or other gendered practices embedded in kinship systems or religious decrees.

A life course perspective is useful in understanding productive aging. Few studies address the impacts of early-life conditions on later-life engagement (Brandt et al., 2012; Youssim et al., 2015). Ko and Yeung (2018) suggest that early-life family SES shapes one's education and employment trajectories which affect later-life engagement.

One-size does not fit-all

Older adults with increasing productive engagement in physical activity reported better scores of Mental Component Summary, and social and emotional role functioning than those with decreasing productive engagement in physical activity (Yen and Lin, 2017)

However, it is not just whether older adults are productively active, but whether they are active at the level and in the form that they would like to be. Rigid environments in which only certain forms and levels of productive behaviors are tolerated (for example, full-time employment, inflexible work hours, and the like) are likely to impair older individuals' adaptive capabilities and the process of aging well.

Policies need to be sensitive to potential gender-specific discrimination in old age. Older women are particularly vulnerable given the substantially less financial and human capital they have cumulated in their lives and the prevalent social norms for women to stop working earlier than men to take care of family members. These are to their disadvantage, particularly given their longer life expectancy than men.

Culturally blind 'one-size-fits-all' strategies to foster social participation and productive aging are thus unlikely to be successful.

Crossroad

Do we see older adults as a burden, bankrupting the national budget, straining the health care system, taxing the resources of younger population or reaping the silver dividend to capture the value of aging adults while they remain healthy, with knowledge, experience and wealth?

Raise awareness and reverse ageism that institutionalizes the exclusion of older adults from social participation (human resources, hiring practices, public spending, etc)

Create multigenerational living and work environment

Policies need to consider how to most effectively engage older adults to ensure positive outcomes for individuals, families, and the community.

Retirement age postponement policies need to provide a more friendly and inclusive environment, attention to poverty, older women, and family contexts,...

Long-term care (LTC) becomes a pivotal concern, with expectations that the demand for the provision of health and supportive services increases, particularly with the growing oldest-old population.

Adequate LTC system will require multisector collaborative efforts and more integrated ways of data collection, needs assessment, program evaluation, policy formulation and implementation. Needs to enhance community-based and home-based care greatly. Countries need to provide a more friendly and inclusive environment, attention to poverty, older women beginning by getting the basics right- by improving health care, its affordability and accessibility, improving mobility, and expanding social and professional opportunities.

Add charts later

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