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TRENDS IN THE DEMOGRAPHIC AND WELL-BEING INDICATORS OF THE SINGAPORE LIFE PANEL® OVER THE PAST 9 YEARS, FROM 2016 TO 2024

KEY FINDINGS

This research brief presents the trends in the demographic and well-being indicators of the Singapore Life Panel® over the past 9 years, from 2016 to 2024. The following summarises key findings related to significant issues concerning older adults and an ageing population in Singapore:

1. **Increasing proportion of older adults living alone**
   With the ageing population, coupled with rising single-person households, delayed marriages, and declining fertility rates, our data show that the proportion of older adults living alone has seen an upward trend in the past 9 years, with the mean household size following a downward trend.

2. **Stable but low adoption of flexible working arrangements**
   The proportion of older adults engaged in flexible work has remained relatively stable over time, albeit at low levels. While the government has introduced flexible work schemes in more recent years aimed at older adults, it will take time for effectiveness of these initiatives to be reflected in these trends. We recommend that the government continue to strengthen the policies supporting flexible work arrangements, especially considering the extended retirement age.

3. **Life satisfaction has not recovered to pre-pandemic levels**
   Overall life satisfaction of older adults across all age groups declined to its lowest in 2020 during the COVID-19 outbreak. While there are some steady improvements to life satisfaction in the years following 2020, the overall life satisfaction of 2024 has yet to return to pre-COVID levels. This trend is similar to economic satisfaction levels but showed a faster return to pre-COVID levels.

4. **Discrepancy between perceived health and increase in chronic diseases**
   Perceived health status unexpectedly improved during and after the pandemic, despite an increase in the number of chronic diseases. This is possibly due to how the pandemic served as a catalyst to adopt healthier lifestyles, which may result in the perception of better health. The government can consider continued promotion of healthy lifestyles through social norms.

5. **Disparities in health and well-being between socioeconomic levels**
   The disparity in health and well-being across socioeconomic levels (using education level as a proxy) highlights the need for additional support for vulnerable groups. This is especially the case for older adults with little educational background as they may have limited knowledge or resources to support their health.

ABOUT THE SLP

The Singapore Life Panel® (SLP) is a pioneering longitudinal study established in 2015 under the Centre for Research on the Economics of Ageing (CREA) to examine the economic behaviours of older adults in Singapore. Since its inception, the study has been extended under the Centre for Research on Successful Ageing (ROSA), with a broadened focus on health, economic, social, and psychological well-being. By capturing rich and dynamic data, the SLP supports translational research and provides evidence-based insights to policymakers and partners, aiding efforts to enhance the well-being of Singapore's ageing population. A key strength of the SLP is its modular design, which allows flexibility in adapting questionnaires to meet evolving research objectives and partner needs. Over the years, this adaptability has enabled the study to track diverse trends and explore various domains of well-being. This paper therefore focuses on presenting updated trends in demographic, economic, health and life satisfaction among the original cohort of monthly respondents recruited in 2015, documenting their trajectories over the nine-year period from 2016 to 2024.

METHODOLOGY

The Singapore Life Panel® (SLP) is a high-frequency panel data consisting of Singaporeans aged 54 to 79 (in 2024), which is administered monthly since 2015 (see Vaithianathan et al. (2021) for more details on the sampling and recruitment methodology). The sample was recruited through a population-representative sampling frame provided by the Department of Statistics. At baseline, 15,200 monthly respondents from 11,500 households were recruited between May to July 2015. As of January 2025, about 373 were reported to be deceased by family members, and over 4,600 respondents requested to drop out from the panel. In 2021, approximately 2,500 respondents who were inactive for at least a year despite reminder calls were also removed from the panel. The average monthly attrition rate stands at about 0.35%, with respondents citing insufficient time as the most common reason for dropping out of the panel.

The SLP currently has 10,434 respondents with two categories: monthly respondents and quarterly respondents. Monthly respondents are part of the original sample recruited in 2015 and continue to complete monthly surveys. Quarterly respondents were recruited as a refreshed sample that took place from 2021 to 2023. They are invited to complete the survey quarterly, in February, May, August and November. A second refresh sample of quarterly respondents has been in the process of recruitment since May 2024. Currently, ROSA is developing survey weights to account for attrition bias and unequal representation of demographic groups in the data. As of April 2025, there were 7,800 monthly respondents and 2,634 quarterly respondents, with an average response rate of 81.5% for monthly respondents and 55.0% for quarterly respondents. With a non-response rate less than 20%, this can considered an acceptable representative of the population (Fincham, 2008).

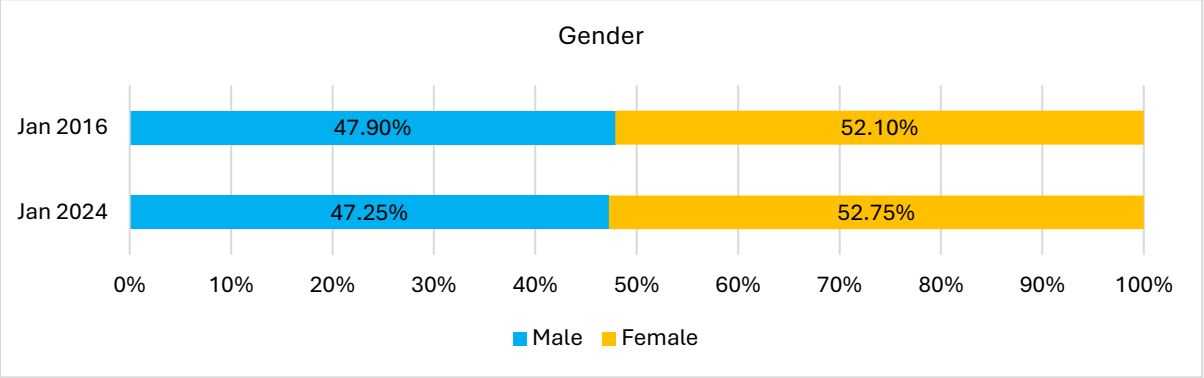
Table 1. Average monthly response and attrition rate of the monthly SLP respondents.

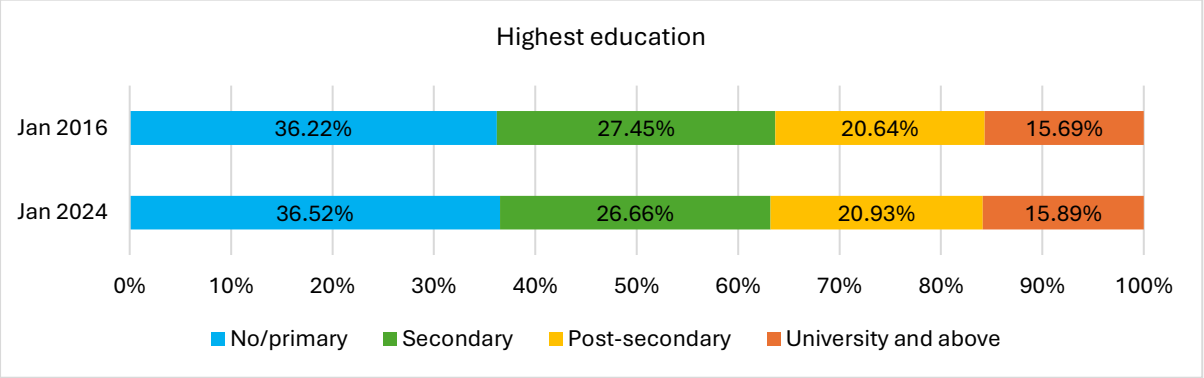
Response rate	81.5%
Attrition rate	0.35%

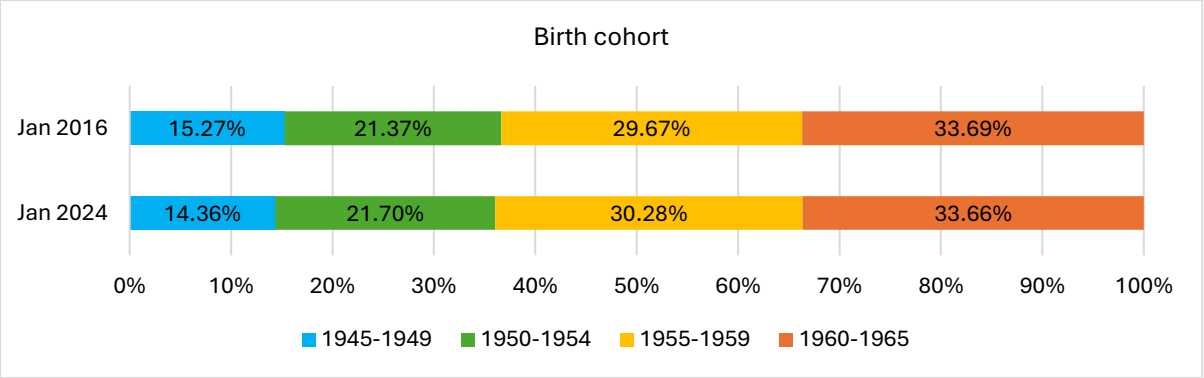
DEMOGRAPHIC CHARACTERISTICS

The following tables display the demographic breakdown of the SLP monthly respondents in January 2016 and 2024, by gender, education level and birth cohort. Given the relatively consistent and high response rate along with the low attrition rate, it is unsurprising that the proportion of respondents in the respective demographic groups remain largely unchanged.

Figures 1-3. Proportion of SLP respondents by gender, education, and birth cohort.







DEMOGRAPHIC TRENDS

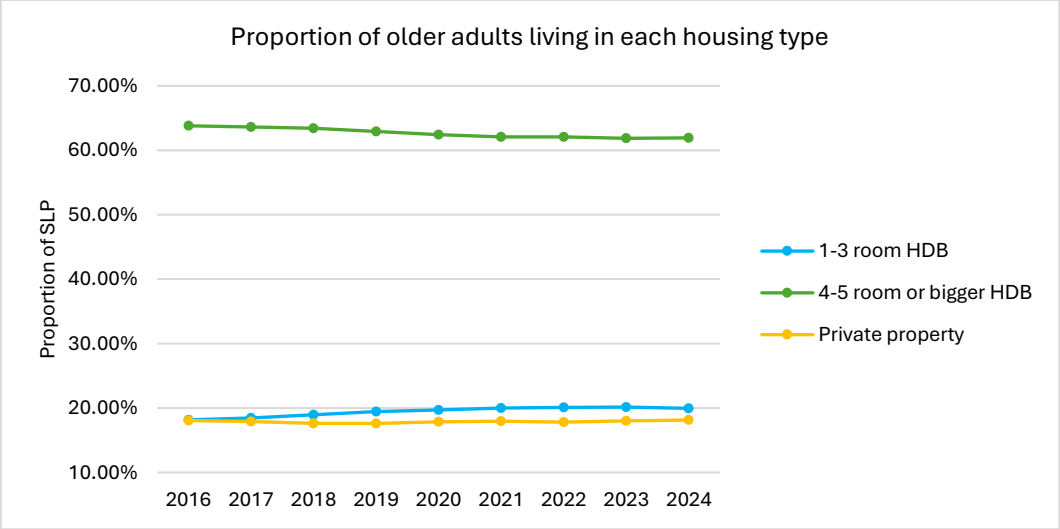
This section reports the trends in demographic variables such as housing, living arrangements and employment on average over the past nine years, from 2016 to 2024.

Housing Type

Over the past nine years, there has been a slight decrease in the proportion of SLP respondents who live in 4 to 5 room or bigger HDB flats, from 63.80% to 61.92% of respondents, while there is a slight increase in those who live in 1 to 3 room HDB flats, from 18.16% to 19.94% of respondents.

This is possibly due to a small but increasing proportion of older adults who choose to downsize in their later years. Policies may also encourage such decisions among older adults. For example, the Silver Housing Bonus Scheme which was launched in 2013 offers a $30,000 cash bonus per household for those aged 55 and above who decide to "right-size" to a 3 room or smaller flat (M. Ng, 2023). In recent years, the government has also introduced new senior-friendly housing such as community care apartments which provides assisted-living services (Liew, 2025) and 2-room flexi flats which allows seniors to downsize to a smaller flat with a flexible shorter lease (Liew, 2024). The emergence of these new types of housing may see a greater number of seniors choosing to "right-size" to smaller flats.

Figure 4. Proportion of older adults living in each housing type by year.

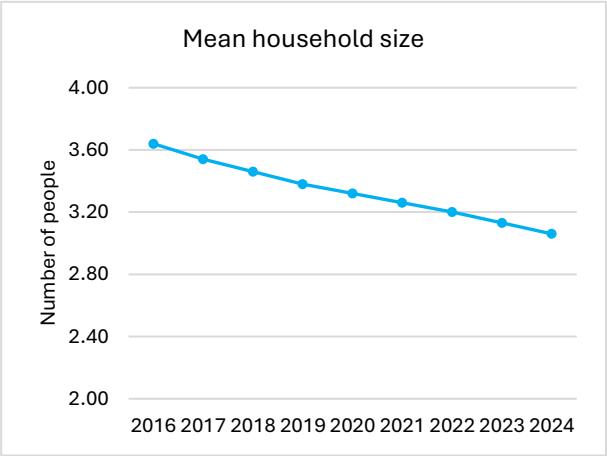


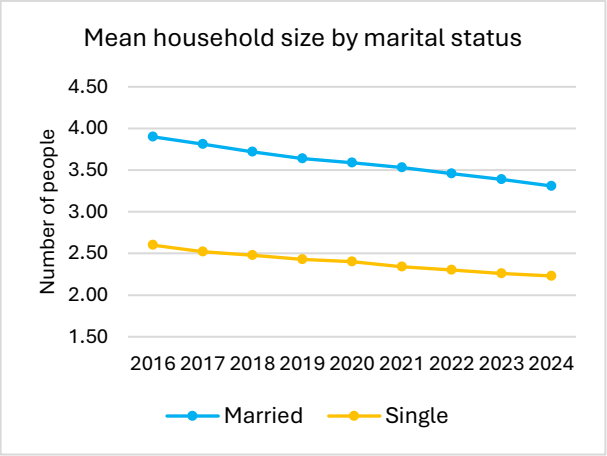
Household Size

Household size is observed to follow a downward trend, decreasing from 3.64 in 2016 to 3.06 in 2024. Comparing married and single respondents (including those who are separated, divorced, and widowed), both likewise show a steady decrease, from 3.90 in 2016 to 3.31 in 2024 for married respondents, and 2.61 in 2016 to 2.23 in 2024 for single respondents.

This finding is unexpected given that as older adults increase in age, it is possible that an increasing proportion of them become widowed and/or their adult children move out. Cultural shifts like the increase in delayed marriages and the growing number of young single Singaporeans who opt to live independently from their parents may further contribute to the decreasing household sizes (Choo, 2021; Tan, 2021).

Figures 5-6. Mean household size of older adults by year, and by marital status and year.



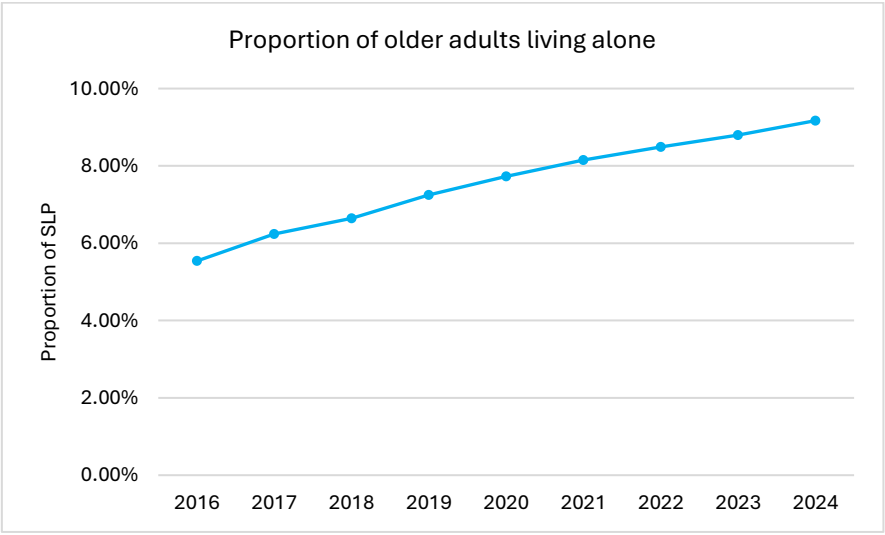


Living Arrangement

An increasing proportion of the SLP respondents reported living alone, from 5.54% of respondents in 2016 to 9.17% of respondents in 2024. This is in line with statistics from the Ministry of Health, where they observed a rising number of residents aged 65 and above who live alone from 2018 to 2022 (MOH, 2023). Similar to the trends in household size, the proportion of older adults living alone is likely to increase due to changing life stages such as becoming widowed or having their offspring live separately.

While living alone has been found to be a risk factor for various physical and mental health issues, other studies also reiterate the difference between being alone and experiencing social isolation (Fang & Tan, 2023). Nonetheless, there is a growing concern of loneliness and social isolation in super-aged societies such as Singapore (Chan et al., 2023; Nuqoba et al., 2024).

Figure 7. Proportion of older adults living alone by year.



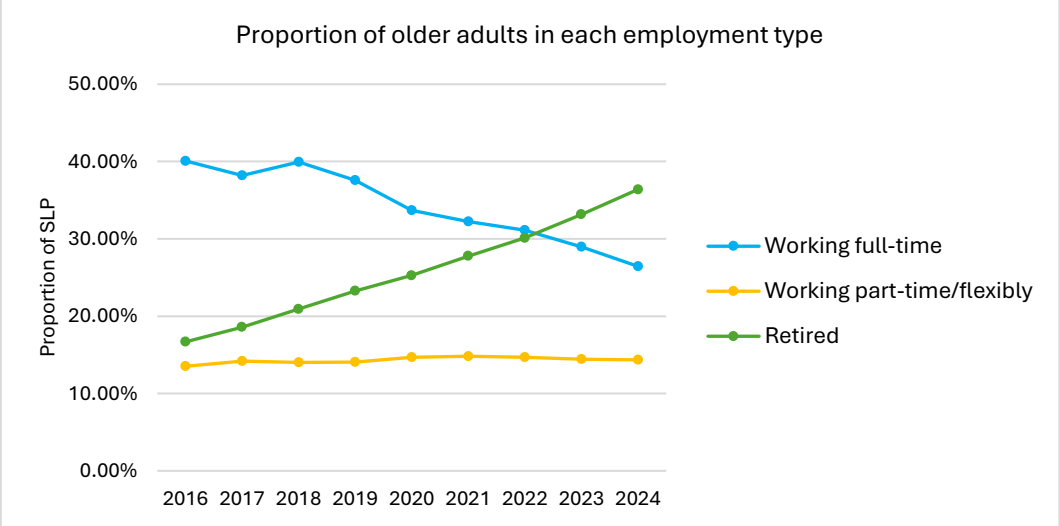
Employment

In terms of employment, the proportion of SLP respondents who reported working full-time declined from 40.08% in 2016 to 26.45% in 2024, while those who retired increased from 16.68% in 2016 to 36.39% in 2024. This is unsurprising as older adults are more likely to retire as they grow older and as some reach retirement age or choose to retire due to declining health.

Interestingly, the proportion of SLP respondents who reported working part-time or flexibly remained relatively constant, at about 14%. In recent years, the government has endeavored to enhance support for flexible work arrangements through schemes such as the Part-time Re-employment Grant (PTRG), which was introduced as part of the Senior Worker Support Package in 2020, which has since been in revision (MOM, 2024).

Nonetheless, despite the increasing demand for flexible work arrangements (Chin, 2023), there remains challenges in the implementations of flexi-work guidelines in Singapore (P. Straughan & Tadai, 2018) and the effectiveness of such schemes have yet to be evaluated.

Figure 8. Proportion of older adults working full-time, part-time or flexibly, and retired.

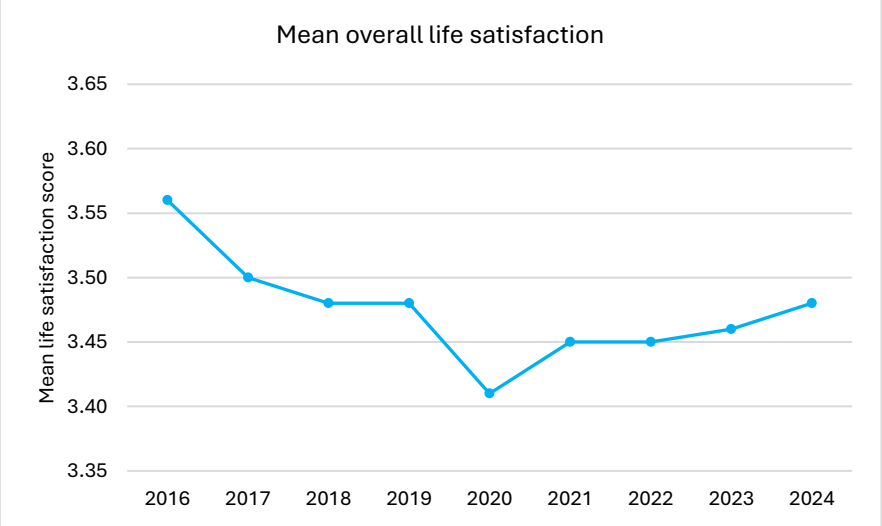


WELL-BEING TRENDS

Overall Life Satisfaction

Overall life satisfaction is measured on a scale of 1 to 5, where 1 represents "very dissatisfied" and 5 represents "very satisfied". Mean overall life satisfaction among the SLP respondents generally followed a downward trend from 2016 to 2024, with a noticeable dip in 2020, followed by a slight increase from 2020 to 2024.

Figure 9. Mean overall life satisfaction of older adults from 2016 to 2024.



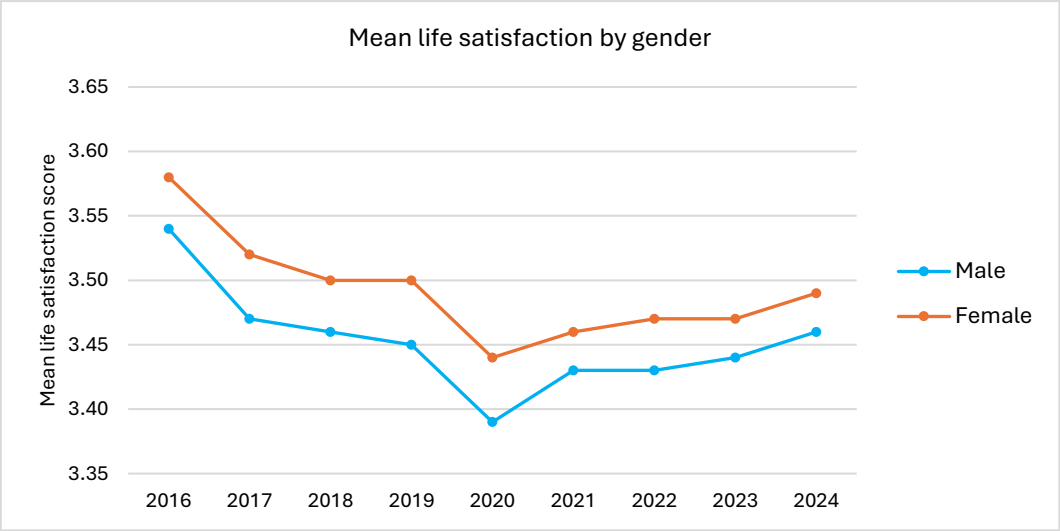
As individuals get older, they are more likely to face poorer health with increased prevalence of diseases, leading to lower life satisfaction (Baird et al., 2010; Choi et al., 2011; Cockerham, 2021). Additionally, the decline in income and social support associated with old age further exacerbates the decrease in life satisfaction (Baird et al., 2010).

The dip in 2020 can be attributed to the COVID-19 pandemic (Cheng et al., 2024; Ngu et al., 2022), where older adults may have possibly faced worsening mental health after prolonged social isolation. This may be compounded by pandemic related stressors (i.e., fear of transmission, etc), which may have a large negative effect on life satisfaction (Dymecka et al., 2022; Özpınar et al., 2022).

While mean life satisfaction appears to be in a slight upward trend post-COVID, life satisfaction levels remain lower than that of pre-COVID levels. The slight increase in life satisfaction levels observed in the period following the pandemic could be attributed to a relaxation of strict social policies (e.g., social distancing) as well as a return to some sense of normalcy in life. While life satisfaction has yet to return to that of pre-COVID levels, perhaps more time is needed for older adults to adjust back to previous levels following a major event such as a global pandemic (Diener et al., 2006; Shavit et al., 2021).

In terms of life satisfaction by gender, figure 10 below shows that female older adults have slightly higher life satisfaction than male older adults consistently across the years, as observed from the SLP respondents.

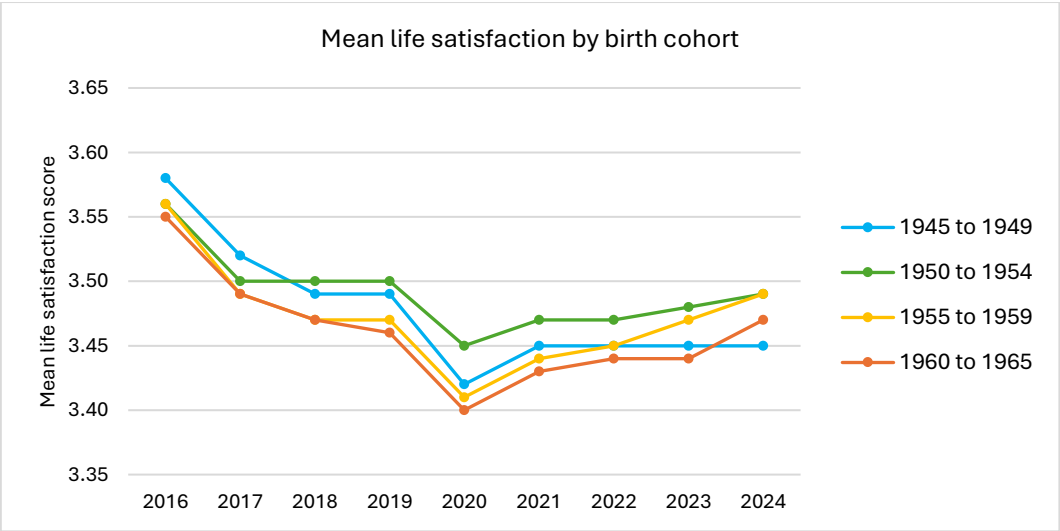
Figure 10. Mean overall life satisfaction of older adults from 2016 to 2024, by gender.



The lower life satisfaction among males could be attributed to worse health faced by male older adults in Singapore (see the next section on number of chronic diseases reported by older adults). Other studies have found lower life satisfaction in older men, often associated with other factors such as poorer health, being single and having lower education levels (Borhaninejad et al., 2022; Kandapan et al., 2023), though some other studies suggest that life satisfaction does not differ significantly between older men and women.

In terms of birth cohort, figure 11 below shows that earlier birth cohorts generally experience higher life satisfaction than later birth cohorts, except for the earliest birth cohort (those born in 1945 to 1949) which experienced a greater decline in life satisfaction across the years.

Figure 11. Mean overall life satisfaction of older adults from 2016 to 2024, by birth cohort.



The trajectory of life satisfaction for older adults from different birth cohorts may differ as they are shaped by the socio-cultural context and different life course experiences (Nakagawa & Kobayashi, 2023). For older adults who may have experienced more challenging circumstances in the past relative to the advances in society today, the comparison of their current life to the past may also result in greater satisfaction with their current life (Schilling, 2006).

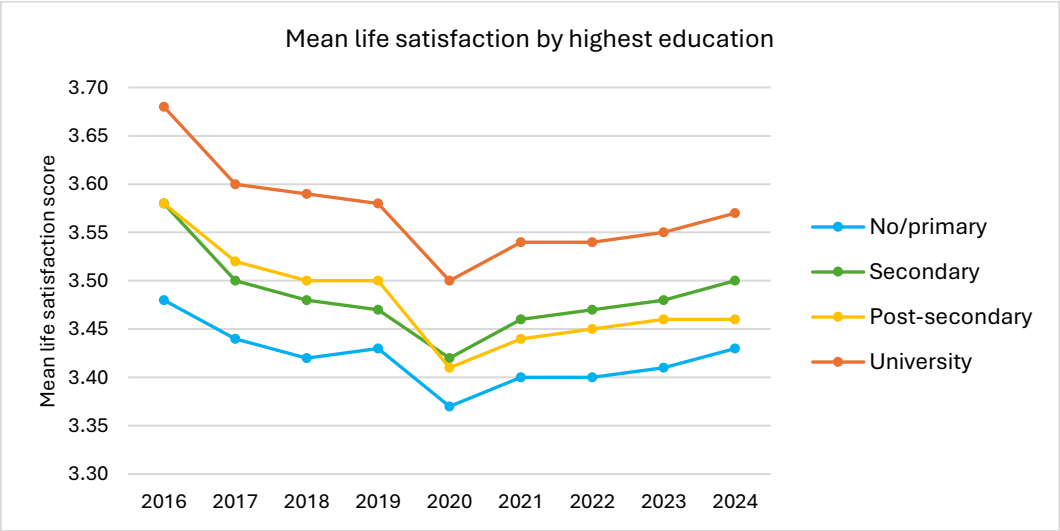
Alternatively, the Socio-emotional Selectivity Theory explains that older cohorts (i.e., nearer the end of their life span) tend to prioritise meaningful social ties, which has a tendency to be associated with greater life satisfaction (Carstensen, 2006; Livingstone & Isaacowitz, 2021). This is opposed to younger cohorts who focus more on instrumental goals (i.e., knowledge acquisition, self-improvement, etc.), which could relate to lower life satisfaction (Carstensen, 2006; Livingstone & Isaacowitz, 2021)

Another possible explanation for the discrepancy of life satisfaction between cohorts could be attributed to how their social roles change (Charles & Carstensen, 2010). Older cohorts are less likely to report stress related to interpersonal relations due to life transitions like retirement or the relinquishment of caregiving responsibilities, thereby experiencing fewer daily stressors (Charles & Carstensen, 2010).

Noticeably, the oldest cohort (born in 1945 to 1949) reported a decline in life satisfaction, as opposed to a gradual rise from the other cohorts after 2021. This could have been attributed to poor health that is exacerbated by reduced access to health services during the pandemic, especially for older cohorts (Baird et al., 2010; Choi et al., 2011; von Humboldt et al., 2022). Longitudinal studies have also found steep declines in life satisfaction of older adults after age 70 typically associated with poorer health (Baird et al., 2010). This may explain the greater decline in life satisfaction from the oldest cohort compared to other cohorts' post-2021.

Finally, life satisfaction appears to be positively correlated with education levels of older adults in the SLP (Figure 12).

Figure 12. Mean overall life satisfaction of older adults from 2016 to 2024, by highest education.



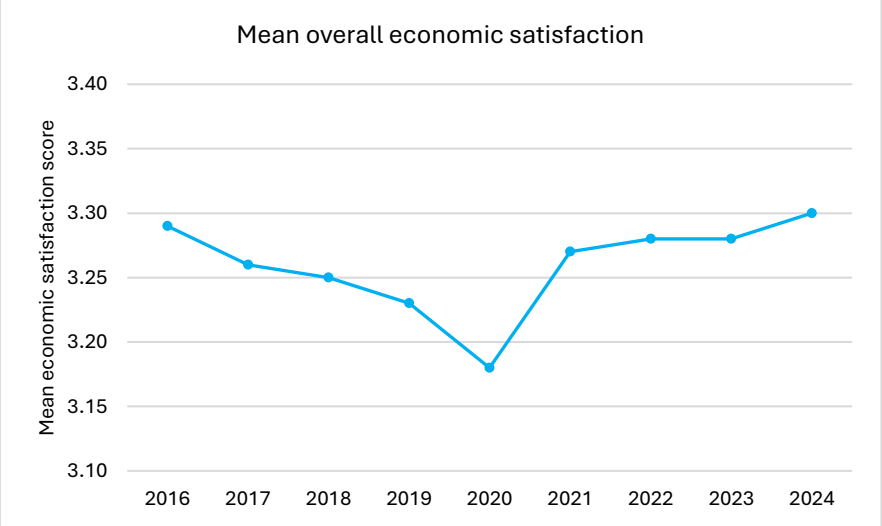
Similar trends have been observed in a study done by Ngoo and colleagues (2015) which found that education attainment had a direct impact on life satisfaction in Asia. Additionally, another study by Ng and colleagues (2017) found that education was one of the significant determinants of life satisfaction among China's oldest-old. The authors attribute this relationship to the fact that those with higher education attainment are more likely to hold higher positions on the socio-economic stratum, which often associates with higher income, better health, support, and life satisfaction (Ngoo et al., 2015).

Economic Satisfaction

Economic satisfaction is measured on a scale of 1 to 5, where 1 represents “very dissatisfied” and 5 represents “very satisfied”.

According to the SLP data, the economic satisfaction of older adults in Singapore declined over the years from 2016 to 2020, with a greater decline observed from 2019 to 2020, followed by an increase from 2020 to 2024 (Figure 13).

Figure 13. Mean overall economic satisfaction of older adults from 2016 to 2024.



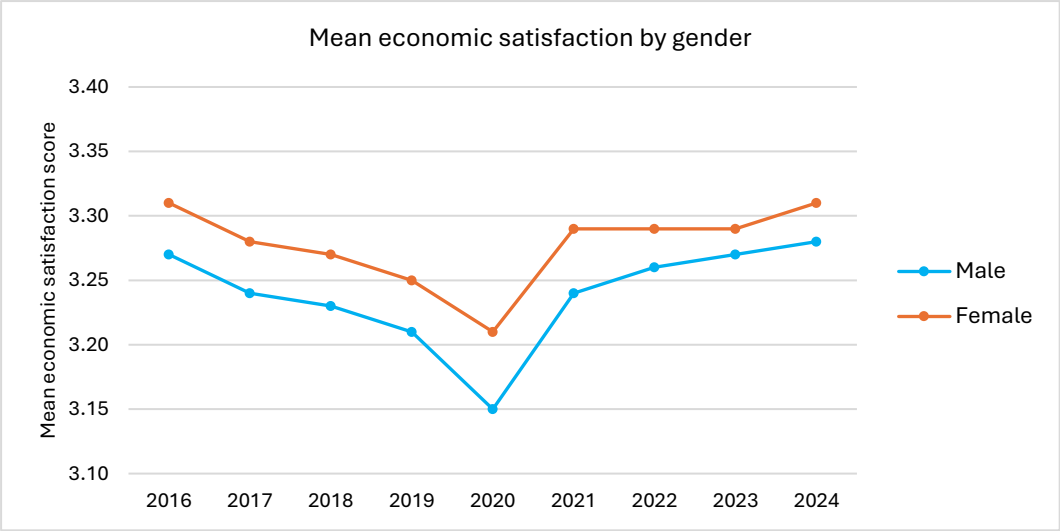
The general decline in economic satisfaction observed could be attributed to various reasons, such as the decline in income for some older adults as they age due to retirement, the increase in health-related expenses (P. Straughan et al., 2023), and macroeconomic trends such as the rising cost of living in Singapore in recent years (DOS, 2019; MAS & DOS, 2024; Ngu et al., 2023) that can influence financial satisfaction, especially among older adults (Lee et al., 2023).

Meanwhile, the drop in economic satisfaction in 2020 is likely due to the pandemic which severely disrupted economic activities (MTI, 2020).. More specifically, reports have found that older adults experienced reduced financial support from children (CPF, 2022), higher unemployment (Goda et al., 2023) and heightened concerns about financial security (Sharma, 2024) during this period.

The recovery of economic satisfaction post-lockdown could have in part been attributed to different economic support schemes from the government (MOF, 2022). This may inadvertently contribute to a gradual increase in life satisfaction after 2020 as well (Clench-Aas & Holte, 2018). Economic satisfaction may have returned to baseline over time due to stability and perceived normalcy after such a disruption (Diener et al., 2006).

In terms of gender, older females consistently reported higher economic satisfaction than their male counterparts (figure 14).

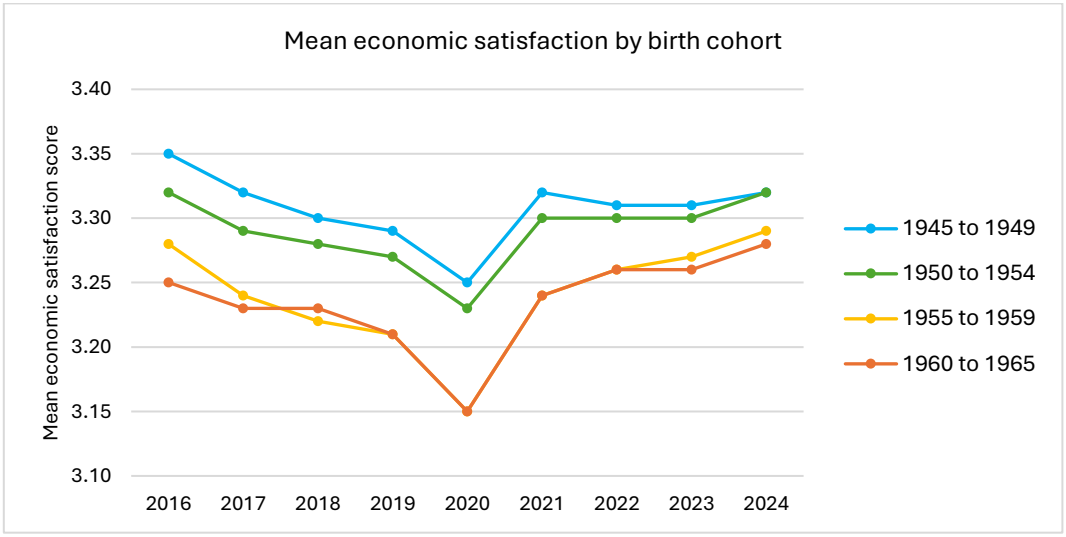
Figure 14. Mean overall economic satisfaction of older adults from 2016 to 2024, by gender.



Similar trends have also been observed in other studies (Owusu, 2023; Sobieszczyk et al., 2003). Some possible explanations for this trend could include the higher likelihood of older women receiving money from their adult children and lower probability of debt or other financial difficulties (CPF, 2022; Sobieszczyk et al., 2003).

In terms of birth cohort, financial satisfaction was observed to be higher amongst the older SLP respondents, which is supported by other studies indicating that economic satisfaction in adults generally increases with age (Hsieh, 2003), even though older adults are more likely to retire and experience a decline in income in their later years (figure 15).

Figure 15. Mean overall economic satisfaction of older adults from 2016 to 2024, by birth cohort.

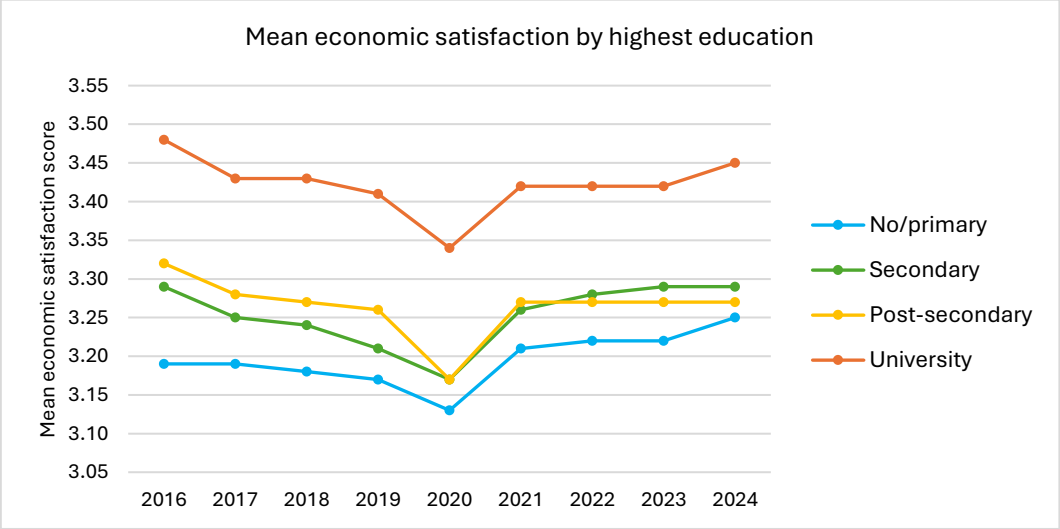


This phenomenon has been attributed to various coping strategies employed by older adults such as downward adjustments of expectations (Fletcher & Lorenz, 1985; Francoeur, 2002; Hsieh, 2003). Another explanation proposed is that the elderly tend to have more accumulated wealth and substantially fewer liabilities than younger adults (Hansen et al., 2008; Plagnol, 2011), such as those of the "sandwich generation" who face greater financial pressures to provide care for both their parents and children (Lei et al., 2023). Additionally, younger cohorts may experience

lower financial satisfaction due to rising costs of living which necessitate longer periods of saving for retirement (Williams, 2016).

In terms of education level, those with a university education were observed to be the most satisfied with their economic situation compared to those with lower education levels. Conversely, those with no or primary education have the lowest level of economic satisfaction (figure 16).

Figure 16. Mean overall economic satisfaction of older adults from 2016 to 2024, by education.



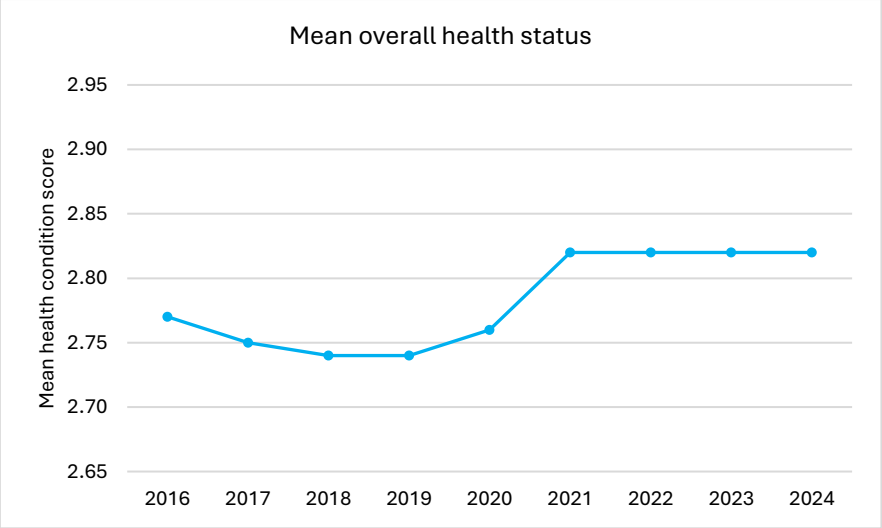
Conversely, those with primary education or no education have the lowest level of economic satisfaction. This finding is consistent with prior research findings (Hira & Mugenda, 1998; Joo & Grable, 2004; Yeo & Lee, 2019). The observed trend can be attributed to greater financial knowledge amongst those who receive more education (Bernheim & Garrett, 1996; Lusardi, 2012), which in turn lead them to save more and accumulate greater wealth over the life course (Girshina, 2019).

Health Status

Health status is measured on a scale of 1 to 5, where 1 represents "poor" and 5 represents "excellent".

The overall trend in self-rated health among the SLP respondents follows a similar trend to that of the overall life satisfaction and economic satisfaction, where a general downward trend is observed from 2016 to 2019, followed by an upward trend from 2019 to 2021, following which the mean overall health status remained at fairly constant levels until 2024 (figure 17).

Figure 17. Mean overall health status of older adults from 2016 to 2024.

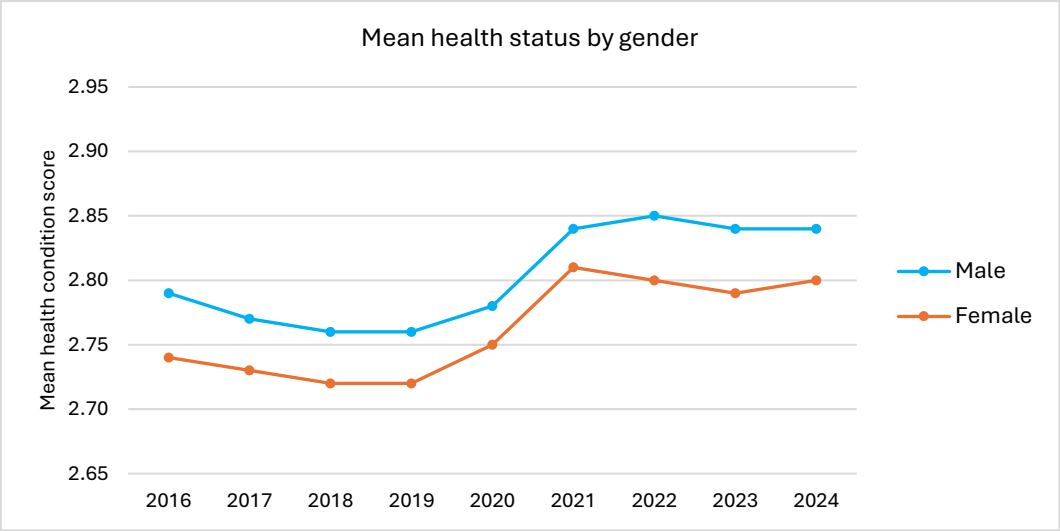


The improvement in health status during the COVID-19 pandemic contrasts with documented global trends during the pandemic, where reduced physical activity levels (Oliveira et al., 2022), increased social isolation (MacLeod et al., 2021), and worsened self-rated health in some European countries (Lüdecke & von dem Knesebeck, 2023) have been reported.

Interestingly, Kivi and colleagues (2021) also reported an increase in self-rated health amongst older adults in Sweden during the COVID period. This unexpected improvement could potentially be attributed to individuals who remained healthy during the pandemic, which resulted in higher subjective evaluations of health compared to more objective improvements in health (Recchi et al., 2020; Van De Weijer et al., 2022). This interpretation is in line with more objective measures of health such as the number of chronic conditions. Alternatively, the COVID-19 pandemic may have serve as a catalyst for individuals to pursue healthier lifestyles, including prioritising their health, such as engaging in exercise more frequently, or opting for healthier food (Mathews et al., 2022). These could have led individuals to form more positive perceptions of their health.

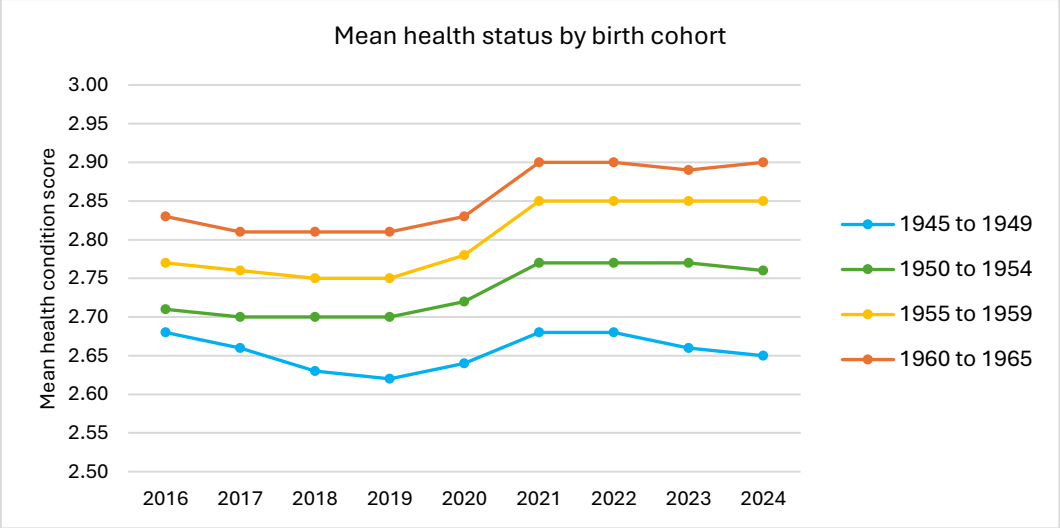
In terms of gender, female SLP respondents consistently reported worse health than the males. This finding is consistent with a study which found that older Singaporean women tend to assess their health more negatively than men (Chan & Jatrana, 2007). Similar patterns have been observed in studies from various countries examining self-rated health among elderly populations (Bora & Saikia, 2015; Cui et al., 2021; Haseen et al., 2010), though in most cases the difference is not significant after controlling for other variables.

Figure 18. Mean overall health status of older adults from 2016 to 2024, by gender.



Individuals in earlier birth cohorts generally rate their health worse than individuals in later birth cohorts (figure 19), a trend consistent with findings from studies conducted in other countries.

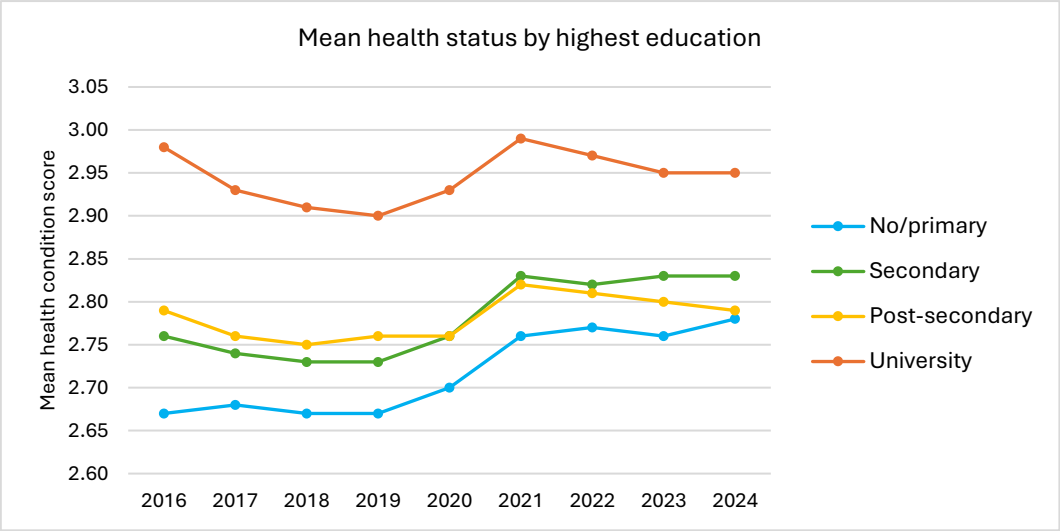
Figure 19. Mean overall health status of older adults from 2016 to 2024, by birth cohort.



As individuals age, their self-rated health tends to decline, due to increased prevalence of chronic diseases, reduced physical mobility, and greater difficulty performing Activities of Daily Living (ADLs) (Andersen et al., 2007; Ho, 2018; Kumar & Pradhan, 2019; Nützel et al., 2014; Zhang et al., 2021).

In terms of education level, those with a university education consistently reported better health compared to those with lower educational attainment levels. Conversely, those with no or primary education reported the poorest health (figure 20).

Figure 20. Mean overall health status of older adults from 2016 to 2024, by education.



Studies have found that individuals with higher education attainment are more likely to accumulate more health-supportive resources earlier in life, there by sustaining more positive health outcomes (Dupre, 2008; Mirowsky & Ross, 2005). Consequently, those with lower educational attainment – and there by lower SES by proxy – often lack access to such resources, leading to adverse long-term health effects and steeper rates of decline in their health (Willson et al., 2007). However, there are studies that indicate that SES and education-related health disparities decrease with age (House et al., 1994; Yao et al., 2022).

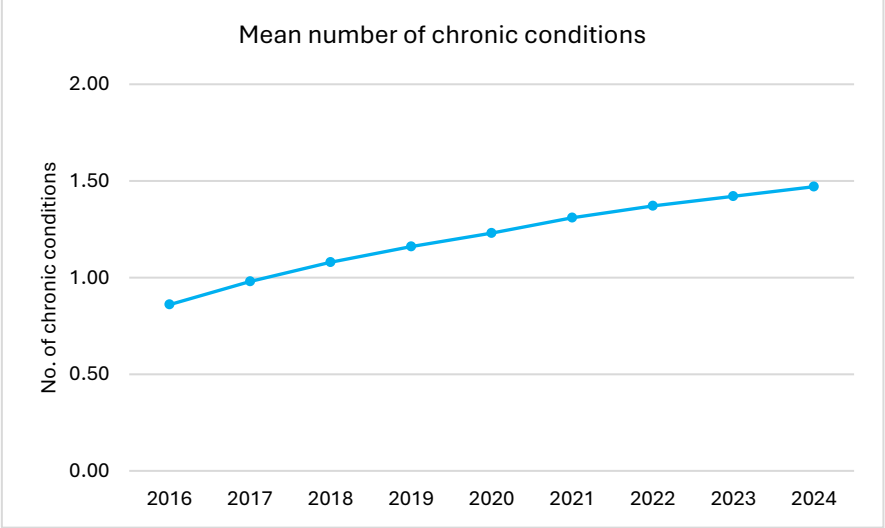
Health disparities between education levels are evident, yet the graph shows that health declines in a similar trajectory across all groups with age. The gradual downward trend in health may reflect a natural ageing process with the increase likelihood of chronic diseases. Potential explanations are that individuals with higher education levels experience steep health declines in older age (i.e., they experience the decline later in their life compared to individuals with a lower education), which could be due to accumulation of stress or pressure from employment. Individuals with lower education levels or SES may receive greater social welfare support at older ages, which may overshadow the influence of educational attainment (Herd, 2006).

Chronic Conditions

Number of chronic conditions is measured by asking respondents to indicate if they have any of the seven following chronic conditions: hypertension, diabetes, cancer, heart problems, stroke, arthritis, and psychiatric problems.

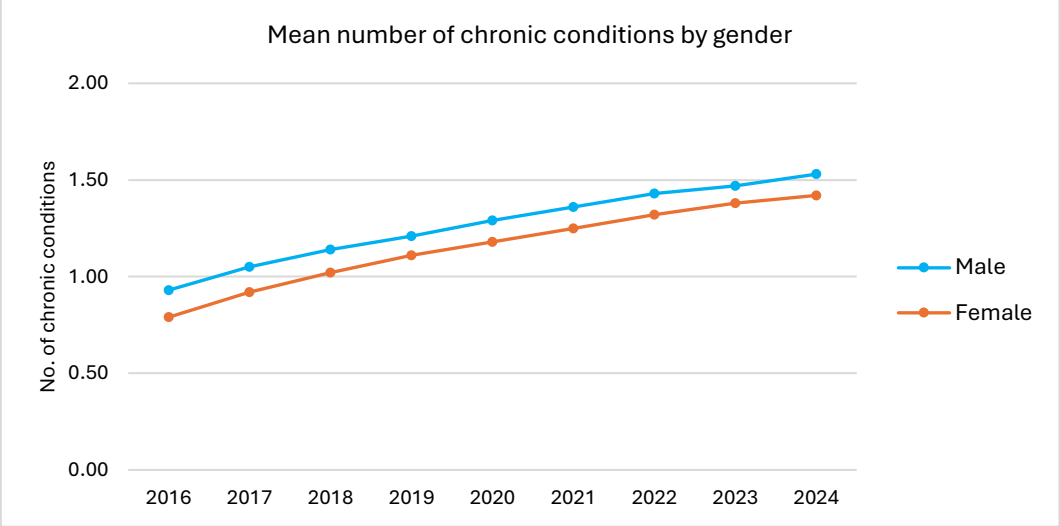
The mean number of chronic conditions among the SLP respondents increased steadily over time from 2016 to 2024 (figure 21).

Figure 21. Mean number of chronic conditions of older adults from 2016 to 2024.



In terms of gender, female SLP respondents reported less chronic diseases than their male counterparts (figure 22).

Figure 22. Mean number of chronic conditions of older adults from 2016 to 2024, by gender.

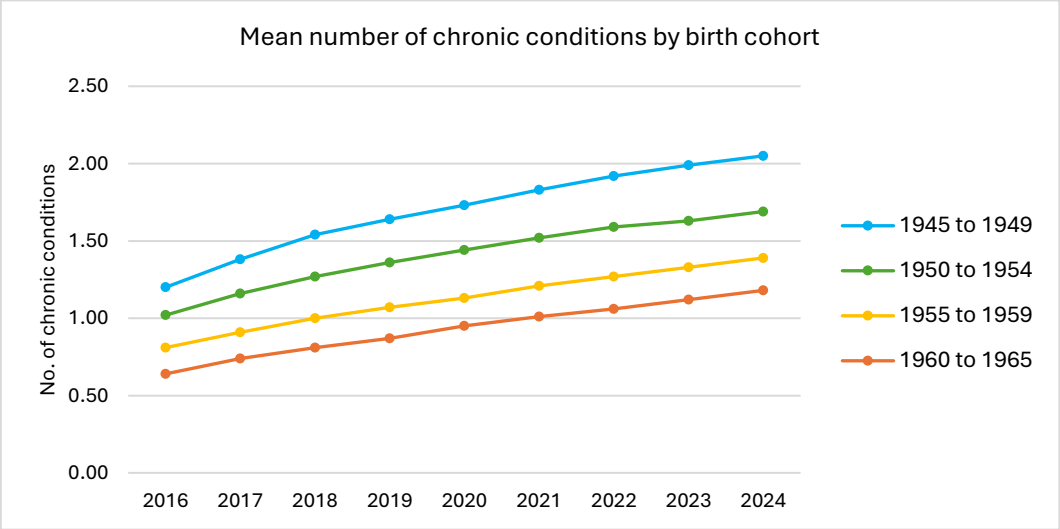


This may be due to the fact that males are more likely to engage in riskier behaviours and tend to access medical services less than their female counterparts (Cockerham, 2018; Redondo-Sendino et al., 2006). For instance, the National Population Health Survey (NHPS) 2020 found a higher prevalence of cigarette smoking and binge alcohol drinking among male Singaporean residents (MOH, 2020). Additionally, males are more likely to deprioritise their own health to protect their families from economic instability, choosing instead to prioritise work and financial

obligations despite facing existing health issues such as cardiovascular disease (Taylor Smith & Dumas, 2019).

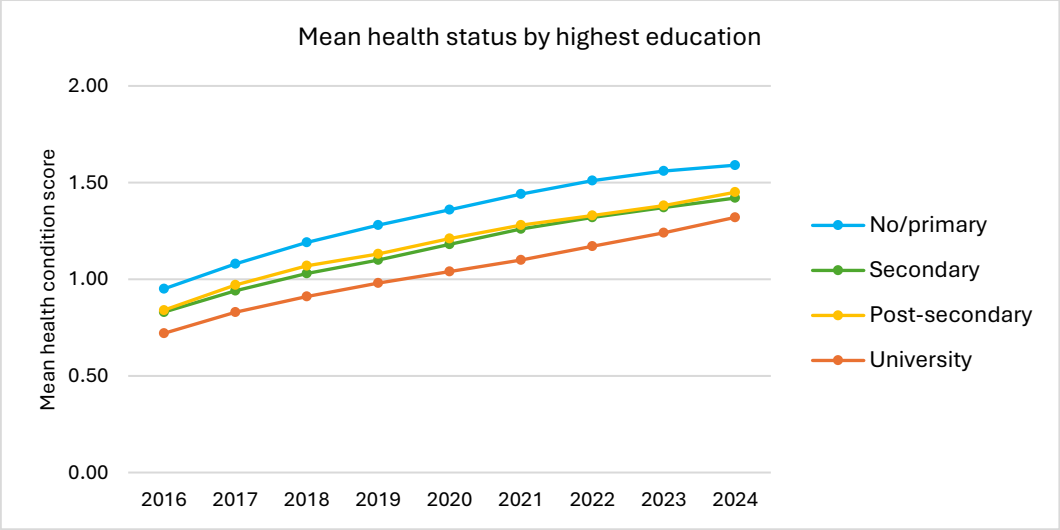
In terms of birth cohorts, older cohorts suffer from more chronic diseases than younger cohorts (figure 23). A study done by Hien and colleagues (2014) found that older adults aged 60 to 69 showed prevalence of multimorbidity of 59.0% while older adults above 70 years showed a prevalence of 71.8%, suggesting that the prevalence of multimorbidity increases as one gets older.

Figure 23. Mean number of chronic conditions of older adults from 2016 to 2024, by birth cohort.



In terms of education level, those with higher educational attainment suffer from fewer chronic diseases (figure 24). A similar trend was found in a study done by Choi and colleagues (2011) where there was a higher prevalence for chronic diseases such as diabetes, cardiovascular disease, and albuminuria among participants with lower educational attainment. Highly educated individuals may have better access to health related information, which affect decisions like investing more in health prevention measures (Cockerham, 2021).

Figure 24. Mean number of chronic conditions of older adults from 2016 to 2024, by education.



CONCLUSION

With the ageing population, coupled with fall in fertility rates, rise in single-person households, and delayed marriages, the SLP is a crucial platform to uncover patterns of well-being for older adults. First, this paper noted an increase in the proportion of older adults living alone and a gradual decline in mean household sizes. This shift may underscore the importance of addressing social isolation and its potential challenges (Nuqoba et al., 2024). Living alone or being more socially isolated may be additional barriers toward access to health and community services (Fang & Tan, 2023). Policymakers may want to consider boosting support systems to these vulnerable groups to increase their social networks and boost their agency (P. T. Straughan et al., 2024).

Interestingly, the proportion of older adults engaged in flexible work arrangements remain low but consistent over the years. In recent years, the government has encouraged older adults to continue working beyond retirement age. Therefore, strengthening flexible work arrangements is pertinent considering the increasing retirement age. Policymakers may want to consider the implications of how the meaning of work has evolved and barriers toward the continuation of employment for older adults beyond retirement (P. Straughan et al., 2023).

Over nine years from 2015 to 2024, there were significant declines in life and economic satisfaction at the height of the pandemic in 2020. Although there has since been a steady recovery, life satisfaction remains below pre-pandemic levels. This may be in part attributed to age-related decline in life satisfaction or heterogeneity of life satisfaction between birth cohorts and education levels. This trajectory mirrors economic satisfaction, but the latter's recovery was much faster. Perhaps economic interventions by government during and after the pandemic may have contribute to these upward trends (MOF, 2022).

Despite an increase in chronic disease over the nine-year period, older adults reported an unexpected improvement in self-rated health. These paradoxical findings could be attributed to differences in measurement methods (i.e., subjective vs. objective assessments). Alternatively, the pandemic could have been a catalyst for older adults to adopt healthier lifestyles that resulted in higher self-rated health (Mathews et al., 2022). Nonetheless, policymakers could continue to promote healthy lifestyle campaigns, leveraging social norms and community programs to embed these habits into daily routines. These efforts could bridge the gap between health perceptions and objective burden of chronic diseases.

Of importance is the disparities of health and well-being across different socio-economic groups, with educational attainment as a proxy indicator. Older adults with lower educational attainment often face compounded challenges, including limited access to health information and fewer financial resources. These vulnerabilities underline the need for targeted interventions, such as subsidised health screenings or tailored health education programmes. Initiatives like Healthier SG may also consider outreach efforts to those of lower educational background or economic stratum.

Overall, the SLP has served as a useful platform to inform policymakers about the well-being of the ageing population in Singapore. Its rich data is able to deconstruct enablers of well-being, while ensuring that the work remains relevant and translative in nature. Findings herein therefore render visible the potential areas of research and policy development to ensure that society remains age friendly.

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ABOUT THE CENTRE FOR RESEARCH ON SUCCESSFUL AGEING (ROSA)

ROSA is a multidisciplinary research centre based in SMU. It was established with an MOE Tier 3 social sciences research grant, as well as the generous support of The Ngee Ann Kongsi. Research at ROSA seeks to define and measure a holistic construct of well-being and to identify the factors that impact Singaporeans' well-being as they progress through the later phases of life. Through close collaboration with government and other partner agencies, ROSA also aims to translate research insights into policy innovations that advance the well-being of older adults holistically and promote successful ageing in Singapore. ROSA brings together a diverse team of leading international and local researchers in ageing and age-related issues from various disciplines. Through empirical evidence derived from a longitudinal methodological approach, the multidisciplinary and multi-institutional research team advances propositions that promote successful ageing in Singapore.

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