

EDITORIAL:

THE ELDERLY MALAYSIAN

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In the recorded history of mankind, some people have lived to a ripe old age. However, these have been few, forming only a small proportion of the population. During recent times however, with a decline in both birth rates and death rates, and the control of communicable diseases, the expectation of life has increased. In Peninsular Malaysia, the crude birth rate is 5.9 per 1,000 population (1980) while the infant mortality rate is 21.0 per 1,000 live births (1981), and the expectation of life is 65.9 years and 71.0 years (1979) for males and females respectively. Consequently, the numbers as well as the proportion of old people is quite high. Thus, in 1980, 5.1% of the population, i.e., 765,000 people were over the age of 60 years, while 1.9% of the population, i.e., 285,000 people were aged 70 years or more.

This phenomenon of an increasing number and proportion of old people in the population is slowly but surely beginning to create social, health, political and economic problems which, up to now, society has never yet had to face. The elderly have special problems of disease, disability and social support that are uniquely their own, and it is important that relevant professionals as well as politicians understand the implications and social needs of this increasingly large proportion of the population.

While it is recognised that old age is not necessarily a time of ill health, disability and misery, a variety of chronic disorders occur more frequently among the older people than earlier in life. Further, it is also recognised that development, urbanization and industrialization have a significant impact upon the health of the elderly, particularly in terms of the

social structure of the family, the patterns of social support and thus the increasing dependence of the elderly upon health and social services provided by governments.

In the developed world, the problems of the aged have, for some time, been an accepted aspect of health, social and political concern. On the other hand, many developing countries have yet to realise the size of the problems that are rapidly developing as the years go by. Consequently, the first need of developing countries such as Malaysia is the collection of information on the nature and type of needs and problems that the 765,000 odd people in Malaysia face.

WHO INTER-COUNTRY STUDY ON HEALTH CARE OF THE ELDERLY

In 1983, the Regional Office of the Western Pacific Region of the World Health Organization (WHO), initiated an inter-country study on the health care of the elderly involving, in the first instance, Malaysia, Philippines, the Republic of Korea and Fiji. Most of the fieldwork was carried out in 1984 and preliminary results are now available for policy decision-makers to examine.

Some of the major findings of the study that was carried out in Malaysia, in which a sample of 1,000 people aged 60 years and over were assessed, include the following.

Family support

Unlike the situation in developed countries, such

as Australia, where 26% of women and 11% of men aged 60 years and over live alone,¹ the data for Malaysia indicate that only 8% of women and 3% of men aged 60 years and over live by themselves, while 72% of the elderly in Malaysia live with their children.

The family is not only the most important and valuable source of support of the elderly, but is also the centre of their social activities. Traditionally older people have been given high esteem and have been an integral part of the family. However, this is rapidly changing as evidenced by studies in America, Europe, Australia and Japan. Not only are there decreasing numbers of children to care for the aged, but the aged are now beginning to survive much longer. Consequently, even though multigenerational families are increasingly common to the extent of four or even five generations, the geographical dispersion of children as well as the tendency towards nuclear families has tended to lead to increasing proportions of the elderly living by themselves.

It is therefore essential at this stage in the social development of Malaysia to begin to institutionalise social support systems directed to the family rather than to agencies. For example, children who live with parents aged 60 years and over, and thereby care for the older people, should be allowed income tax relief. Those who live with parents or grandparents aged 80 years and over, who therefore tend to be frail and more difficult to care for, should be allowed special income tax relief of a significant size.

It is clear that, even in developed countries, it is the family that provides by far the greatest proportion of care, particularly for the frail, elderly and enable the sick, elderly to be cared for. No country can provide formal health and social services adequate to serve as a substitute for the family and informal care systems. It is therefore important to urgently take steps to maintain and sustain the family support system before it begins to disintegrate.

Work, income and retirement

Continuation at work is conducive to good health in the elderly. Particularly so for the urban old.

Retirement often means a loss of income, status and companionship leading to psychological and social damage. In this respect, it is time to increase the compulsory retirement age from 55 to 60, particularly in the public sector. Not only has the expectation of life at birth increased to more than 65 years of age, the transition age of 55 to 60 is excluded by international nomenclature from the category of the old or elderly.

Even assuming that retirement is at 60 years of age, it will be noted that in Malaysia, 30% of men and 10% of women aged 60 years and over continue to be gainfully employed indicating that the old as well as society accept that there is a need for many of the healthy old to continue to be gainfully employed. An important effect of the continued participation of the old in the economic life of the community is that it promotes autonomy and reduces the need for family and community support.

There is also a need to find an alternative purpose in life through new interests. This has led in some countries to adult education schemes while the need to 'feel wanted' has produced greater opportunities for voluntary work. However, these opportunities are few in Malaysia and so far of little significance to the aged.

One area of significance in the maintenance of dignity in old age, is the need to develop social support systems for the old to continue to retain their property particularly their own homes. There is a tendency for 'young' elderly to give away their house to their children in order to avoid death duties, with the consequence that, when they are frail and sickly, they are left destitute. The recent praiseworthy measure of raising the threshold before death duties become payable is an example of a political move that will lead to older people retaining some measure of social dignity particularly in the eyes of their extended family. It should also lead to fewer destitutes.

Social network

In the recent study on the elderly of Malaysia, it was noted that 10% of the elderly felt lonely, 18% felt that they had no-one to confide with, and 17%

felt that they would like to see more of their families. However, only 1% indicated that they would not be able to obtain help if they were ill, indicating that there is a need to socially support the informal social network of the elderly. There is a need to educate the young regarding the value of maintaining the social dignity of the elderly and the fact that aging is not synonymous with senility. The old have much to contribute in the extended family to the care of grandchildren and great-grandchildren. It has been shown by Palmore² that greater social activity promotes longer life among the elderly.

Health appliances needed

The preliminary findings from the study of the elderly in Malaysia have shown that 10% of the elderly feel that they need one or more health appliances, with 7% indicating that they need spectacles, 1% a hearing aid, and 2% other aids. The provision and use of health appliances ranging from simple walking-sticks to spectacles, hearing-aids, and dentures, are of primary importance in which a relatively small intervention such as hearing-aid can produce a profound effect on the physical and mental well-being of the aged, and on their activities of daily living. For example, 68% of the old in Malaysia claim that they have sight problems, 16% claim to have hearing problems while 48% claim that they have difficulty chewing food. However, it is often noted that appliances, once prescribed are not used or are ineffective, due to lack of instruction, understanding or maintenance. This applies particularly to dentures which sometimes cause discomfort in elderly patients. Care must therefore be exercised in the follow-up and maintenance of such appliances.

Environmental adaptation

Housing of adequate standards are vital to the health and welfare of the elderly. As mentioned earlier, a critical issue is the retention by old people of their property particularly of their own houses to avoid being cast out as destitutes. Living in high rise flats without an elevator predisposes to isolation and depression. It is important to develop social systems that give priority to ground-floor living

for families who have an old person living with them. Poor flooring increases the risk of accidents. Toilet facilities should not be a burden. In Malay 7% of the elderly live in houses that do not have fresh water or toilet facilities, while 4% are unable to get to the toilet in time.

Due to slower reaction time and reduced agility, the elderly are more susceptible to traffic accidents. Further, more time should be allowed to enable the elderly to cross pedestrian crossings safely.

The above constitute only a few of the many policy implications of the findings that have surfaced from the Malaysian component of the WHO inter-country study into the health of the elderly, for which a report will soon be forthcoming. Suffice to point out that, in terms of long-term implications, one of the most important will be the development of awareness of the special problems faced by the elderly, particularly among professionals who have direct contact with the elderly.

CURRICULA CHANGES FOR SCHOOLS OF SOCIAL WORK, MEDICINE, DENTAL SURGERY, NURSING AND RELATED PROFESSIONALS

It is proposed that urgent curricula changes are required to increase the awareness of students of social and health professions such as in the fields of social work, medicine, dental surgery, nursing, and other health-related professions, so that the new generation of professionals can be adequately prepared to handle the increasing numbers of the old as both birth rates continue to drop and longevity continues to rise. Any further delay can only lead to inadequate preparations as the numbers of the old increase.

REFERENCES

- 1 Kendig HL, Rowland DT. Family support of the Australian-aged: a comparison with the United States. *Gerontologist* 1983; 23: 643-649.
- 2 Palmore E. Predictors of longevity. In Hayes SG, Feinleib Med. Proceedings of the *Second Conference on the Epidemiology of Aging*. Washington DC: Department of Health & Human Services, 1980 (DHHS-80-969).