EDITORIAL: AGING IN MALAYSIA

PAUL C. Y. CHEN

The life of mankind undergoes a series of changes. We start life off as a newborn, gradually progressing in years until, eventually, we die. The young and active shun the thought of growing old but aging is normal and inevitable. The proportion of the aged (taken to be those aged 60 and above) in developing countries is still relatively small, but the proportion of aged will grow very rapidly even as health standards improve. The United Nations has estimated that by the year 2000, the population of the aged in developing countries would have increased by the order of 100 million. In Malaysia, the life expectancy stands at 68 years for males and 73 years for females. Infant mortality has dropped from 200 per 1000 in the 1920's to 17 per 1000 in 1985. Therefore, it is not surprising that today, 900,000 out of a total population of 16 million are aged 60 years and above, and that this will increase as the year 2000 approaches.

Aging has often been seen as a pathological process and that mental and physical deterioration are unavoidable concomitants of advancing years.[1] It is crucial that this stereotypical view of the aged as being frail, weak and senile be rectified. The inter-country study on aging in the Western Pacific sponsored by the World Health Organization has shown that, contrary to belief, the aged are, in general, robust and able to lead useful and active lives.[2] However, a variety of chronic disorders plague the older people more frequently than earlier in life. For example, 67% of the elderly reported to having sight problems and 48% found difficulty in chewing food.[3] In developing countries such as Malaysia, industrialisation and urbanisation are causing a significant impact on the health of the elderly in terms of the social structure of the family and social networks, thus, resulting in the growing dependence of the elderly on health and social services provided by the Government.[4]

It has been suggested that the main emphasis of health care for the aged should be on prevention.[5] In view of the relatively high rate of certain disabilities encountered by the elderly which has profound impact on the quality of life and well-being, it is vital to promote good quality preventive and therapeutic care. Health care workers in all the relevant professional fields should be exposed to the issues related to aging during their training which would prepare them with essential knowledge even as the numbers of elderly patients increase in the future.[6] Unfortunately, up-to-date, the curriculum of medical, nursing, social welfare and other students are inadequate in terms of gerontology. To this end, the recently sponsored workshop on curricular changes to meet the health needs of the elderly held in Kuala Lumpur is a landmark.[7]

In addition, the public should be made aware of the fact that the elderly are still productive to the country and a part of society. The inculcation of positive attitudes towards the elderly should encourage them to maintain their well-being and to keep an active interest in life. Educating the public in this respect helps the elderly to be better integrated into society rather than becoming an alienated and neglected group of people.

Paul C. T. Chen, MD, MPH, FFCM
Professor of Social and Preventive Medicine
Faculty of Medicine
University of Malaya
59100 Kuala Lumpur, Malaysia

The major role played by the family in the care and support of the aged in developing countries should be recognised and appreciated. Hence, policies should be aimed at supporting the family in this traditional role so as to minimise the rate of institutionalisation. One such measure would be to provide financial incentives such as income tax relief for families to continue caring for their elderly. The time has come for us to focus on the well-being of the elderly as we pursue our aim of Health For All by the year 2000.

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