

Malaysia's Ageing Population: Challenges in the New Millennium

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The year 1999 has been declared the International Year for Older Persons in recognition that the world population is ageing. It has been asked whether population ageing is a triumph, a crisis, or a challenge?¹ Population ageing represents a triumph of social development and public health. In addition, antibiotics and new medical technologies provide the means to prevent premature death caused by diseases in the middle-aged and young old. This has resulted in the survival of much larger populations to even older ages¹.

The dramatic success of public health workers in developing countries who have devoted their careers to driving down birth rates and wiping out the causes of early death is contributing to a population explosion of older persons in these countries². Of concern is that the pace and patterns of ageing in developing countries are without precedent for neither the demographic processes nor the social context have any parallels in the experience of the developed countries.

Relative to the developed countries, the present proportion of older persons is small in the ASEAN countries and other countries of this region. Except for Singapore and Thailand, the proportion of older persons in the other countries of ASEAN, including Malaysia, is unlikely to reach 8 per cent by the year 2000³. However, the increase in absolute numbers of older persons in these countries consequent to the fact the rate of increase of the elderly age group is higher than for the other age groups implies these countries would need to address the numerous problems faced by the group, including health. In Malaysia, the 5.9% or 1.2 million older persons 60 years and over in 1995 in Malaysia is projected to increase to about 1.5 million (6.6%) in 2000 and possibly to about

4 million (11.3%) in the year 2020. As for those 65 and over it is estimated there will be 1 million of them by the turn of the century and 2.7 million by 2025. Moreover the proportion of those 65 years and older is growing faster than the general population.

Declining fertility has direct and indirect implications for older persons in Malaysia and their family members as they are likely to be affected by the consequent demographic changes and other processes operating in the Malaysian society and economy. Primarily there is the concern of declines in the number of children per couple affecting availability of caregivers, and their availability as sources of financial support. With increased participation of members of the nuclear family in the labour force, especially in the urban areas, this may result in older person being left alone in the home. In the event of hospitalisation or chronic illness this may mean one member of the family having to stop work to look after the older person or the latter having to be sent to a nursing home.

Declining fertility affects the supply of workers too aged 15 - 64 years. The impact of this is not immediate but is likely to be felt about 15 to 20 years later as the young enter the labour force. Consequently, an ageing of the labour force too is to be expected eventually. The ageing phenomenon has to be monitored as it involves considerable social and economic adjustments by the government, the private sectors and individuals themselves. Present and future old age cohorts are better educated too than previous ones, and with their increased longevity, can contribute to development, the economy and society through their training skills, experience and contacts.

As for the sex ratios, it is expected that by the year 2000 there will be fewer than 8 males for every 10 females at ages above 60 in Malaysia, Singapore and Thailand while for the others, there will be fewer than 9 males for every 10 females⁴. However the longer living females do not necessarily have a longer period of good health, as disabilities are common among them with longer periods of chronic health problems.

The proportion of older persons living in cities, as in Singapore, will increase where cost of living is higher for transport, utilities, food, and housing arrangements, and therefore not often favourable to the older person. In others the rural-urban migration will have its own consequences and is a source of concern for countries like Malaysia. The drive towards industrialisation has attracted many young people to work in industries, which are located mainly in urban areas and usually away from their family homes. Rural-urban migration becomes inevitable causing a breakup in the extended family structure. This out migration of young persons from rural areas has aggravated the aging of the population in rural communities. With the ageing of the rural areas, the older persons there would be left to fend for themselves, which includes seeking and utilizing health care services. Presently there is a lack of studies looking into not only the health problems of ageing women, but also that of the older persons living in urban as well as rural areas.

The increase in older persons also implies an increased demand for public facilities, such as, recreation facilities, transportation, appropriate toilets, housing, and availability of lifts and ramps especially in public areas. These are being addressed steadily but the pace needs to be stepped up.

Increased longevity implies increased vulnerability to diseases and disabilities, with consequent increased costs and greater burdening of caring for the elderly by the individual, family and the society compared to the past. Longer post retirement years affect older persons financially and family and social adjustments are required as a result of this. This issue focuses on Alzheimer's disease⁵, an under diagnosed and under recognised condition that will fast pose challenges to caregivers and health care workers alike with

tremendous financial and resource implications. This burden is expected to increase with increasing life expectancy and the old old age category rapidly expanding. Homes for older persons are likely to face this problem too and various agencies including the department of Welfare Services need to be geared for this in the years ahead.

The older persons also require more care than the general population. However, as a group, they probably have the least private coverage, least income to pay for health care and lack of medical insurance with inadequate coverage provided for medical conditions common in older persons. Health care costs for older persons and their carers are high as a result of increased demand, more costly procedures, lengthy hospital stay, and financially draining long term care. Getting the older persons to keep themselves healthy for as long as possible will minimise these costs. The healthy lifestyle campaigns currently underway will need to be sustained for long term benefits of the Malaysian society.

The medical profession too will in the not too distant future feel the weight and see the symptoms of a markedly older society. A major and urgent challenge would be to attract more health care workers particularly physicians to geriatrics. In the care of older persons, where the goal is not necessarily to cure them but to increase their healthy years of life, and where the rewards consequently may not be tangible, geriatrics may not be as glamorous as other specialties. However, helping older persons remain independent would be a meaningful contribution towards their quality of life, and in the interim, getting medical practitioners to appreciate this and the importance of geriatrics in their practices through relevant training programmes would be of priority⁶. Besides the focus on providers of health care, there is also an urgent need to assist the caregivers who are taking care of older persons in their own homes and those in nursing homes. Training for these caregivers will ensure that better quality care is provided for the older persons. While this is being addressed, the efforts need to be coordinated and enhanced.

With increasing life expectancy being experienced, there has been an increasing focus on the need for newer sensitive indicators to monitor the health of older

persons. Life expectancy is a traditional health indicator that summarises the mortality experience of a population in a way that is independent of the age and sex distribution of the population. Today it is recognised that a comprehensive index of health status should take into account not only the overall length of life, but also the healthfulness of life. Healthy life expectancy has been conceived as life without disability, functional problems, dependency and/or disease⁷. Sullivan in 1971 pioneered an indicator called disability-free life expectancy^{8,9}. This index incorporates information on prevalence of disability by age into the standard calculation of life expectancy to produce estimates of the expected average years spent with disability and free of disability. In practice, most estimates of health expectancy for the total population have actually been estimates of disability-free life expectancy, while those estimated for the older population, where the focus is on functioning, have usually been estimates of life without ADL or IADL impairment or difficulty. Yet another approach is to use diseases and conditions to define health expectancy, estimating life without one or more specific diseases. This is otherwise referred to as active life expectancy and health expectancy⁷.

Recently there has been great interest in the estimation of health expectancy among both policy makers and members of the research community primarily because this index offers easily comprehensible indicators of both the level of, and change in, physical and/or mental well being among a population, incorporating both morbidity and mortality indicators⁷. They seem therefore to be highly appropriate as summary measures of the effects of changing health status and mortality experiences in populations where mortality decline is dominated by declining death rates due to chronic diseases among the older population. In the context of Malaysia, increasing focus on health expectancy

indicators will be useful for monitoring health status of older persons and also those encountering chronic illness.

In Malaysia, with a national policy on aging in place, the challenge being faced is one of developing appropriate programmes for older persons. Since 1997, the Ministry of Health has actively pursued this by sending health care personnel for further training in geriatrics, developing materials for training programmes for caregivers, and ensuring and enhancing services for the older persons through its network of hospitals and clinics. While this is encouraging, care needs to be exercised that the momentum is sustained while resource development and allocation continues despite financial constraints.

In conclusion, Malaysia, in the last decade has seen an increasing interest on care of older persons. This is reflected by the elderly themselves acting as an important pressure group, increased programmes and activities, and an increase in research on older persons¹⁰. Undoubtedly, further research will be increasingly required in the future in this area. While the results of these may provide new recommendations, the existing recommendations of research efforts carried out as early as in the mid 80s are worth revisiting regularly to assess our progress in implementing them¹¹⁻¹³. Some potential areas for further research on older persons have been cited earlier, while others could include community based research; cultural based studies due to the multi-ethnic characteristic of our nation; health economics including health care expenditure studies; and research relating to the psychological aspects of aging. The results of these will no doubt assist the relevant agencies cope with issues facing older persons and ensure that their quality of life is assured in the coming millennium.

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