

ORIGINAL ARTICLE

GREYING MALAYSIANS: STRATEGIES FOR PROMOTING AND SUPPORTING HEALTHY AND PRODUCTIVE AGEING

Phua Kai Lit¹

¹ School of Medicine and Health Sciences, Monash University Malaysia, Jalan Lagoon Selatan, 46150 Bandar Sunway, Selangor

ABSTRACT

Population ageing is inevitable in Malaysia as a result of declining fertility rates. Steps can be taken to face this challenge. These include ways to promote “healthy ageing” and “compression of morbidity” and ways to promote “productive ageing”, i.e., keeping the elderly economically and socially engaged. This article, based on a review of the literature, argues that it is illogical to force people into compulsory retirement at an arbitrary age when they can continue to contribute actively to society. Instead, ways can be devised to promote healthy ageing, prolonging independence and encouraging productive ageing through gradual economic and social disengagement of the individual depending on the individual’s physical health, mental health, contribution to society and personal inclination and preferences. Public policy in general and public health policy in particular can be designed or redesigned to help achieve this.

Key words: Population ageing, healthy ageing, productive ageing, public policy, public health policy

INTRODUCTION

Population ageing has been recognised as an emerging socioeconomic challenge in the Asia-Pacific region.¹ Population projections indicate that Malaysia will also have to face the challenge of population ageing in the near future as our fertility rates continue to decline.

population of a country over time. In countries with large populations such as Malaysia, even if the percentage of the total population who are elderly is relatively low (e.g. about 5%), the absolute numbers of elderly may be of a significant size.

Table 1: Total Fertility Rate, Malaysia 1990 – 2004

| | 1990 | 1995 | 2000 | 2004 |
|-----------------------------|------|------|------|------|
| Total Fertility Rate | 3.8 | 3.4 | 3.1 | 2.8 |

Source: World Bank (HNP Stats)

“Population ageing” can be defined as a steady increase in the percentage of senior citizens (legally defined in the local context) in the total

Table 2: Percent of Total Population Aged 65 and Above, Malaysia 1990 – 2004

| | 1990 | 1995 | 2000 | 2004 |
|--|------|------|------|------|
| Percent of Total Population Aged 65 and Above | 3.7 | 3.9 | 4.1 | 4.5 |

Source: World Bank (HNP Stats)

Correspondence to: Phua Kai Lit, School of Medicine and Health Sciences Monash University Malaysia
Jalan Lagoon Selatan, 46150 Bandar Sunway, Selangor
Tel.: 03-5514-6000 ext. 46324
(e-mail: phuakl@hotmail.com)

Table 3: Number of People Aged 65 and Above, Malaysia 2000 - 2005

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---------|---------|---------|-----------|-----------|-----------|
| Total Number of People Aged 65 and Above | 937,100 | 960,000 | 993,800 | 1,032,300 | 1,074,400 | 1,119,500 |

Source: Ministry of Health, Health Facts (various years)

Based on a review of the literature, it is clear that some aspects of population ageing are worthy of attention by scholars and policy-makers. These include: The shortening of doubling times for the aged population as a result of the success of national programmes designed to reduce the fertility rate among younger people in certain countries. Ageing of the elderly themselves, i.e. rapid increase in the number of “old old” people (those over age 75) and “oldest old” as compared to “young old” people (senior citizens under the age of 75)². Feminisation of ageing whereby the composition of the elderly are disproportionately female (especially in the oldest age groups) Different ageing rates among different population sub-groups, e.g. more rapid increase in the elderly population among the Chinese in Malaysia as compared to other ethnic groups such as the Malays because of the lower fertility rate of the Chinese.^{3, 4} Different ageing rates in different geographical regions of the same country, e.g. higher rates in the rural areas or less economically developed states because of outmigration of the young or in migration by retirees.⁵ These may result in regional concentrations of the elderly. The possibility that HIV/AIDS may result in significant numbers of deaths of younger people, thus contributing to increase in the proportion of the elderly in the population. The fact that not all the elderly are alike, i.e. certain elderly sub-groups may need greater assistance from extra-familial sources. These include the elderly poor, elderly who need help to a significant degree with Activities of Daily Living (ADL), those suffering from incapacitating diseases such as Alzheimer’s Disease, the socially isolated elderly, elderly who are childless, elderly who have been abandoned by close relatives and so on. In view of the above challenges, the government, the private sector, non-governmental organisations (NGOs), international organisations, communities, families, and the elderly themselves can all work together to help the

elderly undergo more productive ageing wherever they happen to reside.

2. What Can Be Done To Meet the Challenge of Population Ageing in Malaysia?

2.1 Steps Can Be Taken to Promote “Healthy Ageing”, “Prolonged Independence” and “Compression of Morbidity”

Given that population ageing in Malaysia is inevitable with declining fertility rates, what can be done in terms of public policy in general and public health policy in particular to meet this challenge? Until recently, many chronic and degenerative diseases were thought to be the inevitable consequences of ageing rather than the outcome of unhealthy lifestyles/health-damaging environments during the youthful years of elderly persons. Nowadays, there is growing evidence that diseases such as Alzheimer’s disease are not an inevitable consequence of ageing (e.g. only a small minority of the elderly are afflicted by such a disease) but due to other causes. There is also evidence that most of the elderly (especially the “young old”) tend to be relatively healthy and that “healthy ageing” is possible with the adoption of healthy lifestyles even during old age. The idea of “compression of morbidity” has also arisen, i.e. a person should live in a healthy manner from young so that disability and serious sickness can, as far as possible, be compressed into the last few months or years of his or her life as an elderly person.⁶ In terms of public policy, the following can be done to promote the health of the elderly:⁷ Ensuring that the elderly have sufficient income for proper nutrition, housing (including clean water and proper sanitation), healthcare and medications for chronic conditions. The existing Malaysian social security system needs to be expanded and improved in order to achieve this.

Educating the elderly about active, productive and healthy ageing

Promotion of a healthy lifestyle for the elderly, i.e. good nutrition, avoidance of tobacco and alcohol, adequate exercise, appropriate forms of exercise such as tai chi, safe sex (bearing in mind that many of the elderly continue to be sexually active) and prevention of HIV/AIDS and other sexually-transmitted diseases.⁸ Encouraging appropriate use of integrated healthcare and social services, e.g. proper management of chronic diseases and disabilities, prevention of polypharmacy resulting in adverse drug interactions

Making sure that healthcare is available, accessible and affordable to the elderly. Making sure that the elderly are living and working (for those who have not fully disengaged from the world of work) in healthy and physically safe environments. Prevention of injuries among the elderly, e.g. getting the elderly to use walking aids and getting them to install safety equipment in the home such as grab bars in toilets, protecting the elderly against neglect, abuse and violence within the home, protecting the elderly against victimisation and crime by outsiders. Encouraging and promoting strong social relations (immediate family, relatives, friends, community groups). Devising programmes to help the elderly who need assistance with Activities of Daily Living (ADL) such as home visitor programmes.

Promotion of self-esteem and a positive self-image among the elderly. Using the mass media to promote positive images of the elderly and to combat stereotyping and discrimination⁷. Since much “informal care” is provided by close relatives, families with elderly members should be supported in various ways. Care-givers within a family should be given support in the form of practical information and training on how to take care of elderly relatives. Care-givers should be given support in the form of “help lines” (telephone numbers to call to ask for advice from trained health and social workers). Formal care can be provided at home by volunteers from non-governmental organisations (such as “Meals on Wheels” programmes in the USA), by commercial companies or by government workers (such as Health Visitors in Britain). Information on what social services are available in the community should be provided to the elderly and their formal and informal care-givers. The establishment of daycare centres (whether private or public) for the elderly should be

encouraged to help working couples. These centres can also be used to provide other services for the elderly, e.g. health promotion, rehabilitation and recreation services.⁷ Special attention should be given to specific elderly sub-groups, e.g. the socially-isolated elderly, elderly suffering from Alzheimer’s disease, the highly disabled or bed-ridden elderly, elderly who are mentally ill and so on. The rural elderly should also be given special attention since many of them are living by themselves because younger family members have migrated to live and work in the urban areas. The rural elderly also need a good transport network in order to reach facilities such as health centres and markets. This is because many of the rural elderly are likely to have mobility problems while the distances they must travel in order to reach health centres and markets in the rural areas are likely to be greater than in the urban areas. To prolong independence amongst the elderly, the invention/provision of goods and services specially designed to meet their needs should also be encouraged, e.g. elder-friendly housing and elder-friendly forms of transport such as “kneeling buses” and taxis that can take people in wheelchairs, computer aids for the elderly, home cleaning services, home delivery services, meals on wheels, etc. Isherwood, an author who is disabled, has documented the needs of the disabled very well.⁹

2.2 Steps Can Be Taken to Promote Productive Ageing (i.e. the Elderly Continue to be Economically and Socially Engaged)

In societies that are non-industrial (i.e., hunter-gatherer, horticultural, herding, or agricultural societies), the numbers of elderly tend to be relatively low but all of them except for the highly infirmed continue to participate in the political, economic, social and cultural activities of their respective societies. Indeed, the concept common to industrial and post-industrial societies that the elderly should spend their “golden years” in a state of retirement and a high degree of disengagement from the day-to-day activities of the larger society is a strange notion in such non-industrial societies. Perhaps one could argue that in light of the fact that the vast majority of human societies throughout history have been non-industrial and that industrialisation is a phenomenon that has only been around for about 200 years, the very concept of “retirement” is of recent origin and its

appearance is tied to the nature of assembly line-type industrial work that requires a high degree of physical strength and endurance in the first place. Thus, with the appearance of “post-industrial society” (with most of the workforce engaged in the service and knowledge industries) and the phenomenon of population ageing, the very concept of “retirement” itself may need to undergo rethinking and reformulation.^{10,11,12}

Continuing education for the elderly

Education can be broadly divided into three categories, i.e. formal education, informal education and nonformal education. “Formal education” is education conducted in institutions called schools, colleges or universities following fixed curricula or programmes for teaching and learning. “Informal education” includes learning through the mass media or through on-the-job training while “nonformal education” includes learning through things like agriculture extension programmes or mass literacy campaigns. Lifelong learning can be promoted among the elderly for various reasons including life enrichment and mental stimulation. The elderly can be encouraged to enroll in formal education programmes whether these are diploma/degree programmes or non-credit lectures, e.g. classes dealing with recreational activities such as hobbies. They can also enroll in programmes that are directly or indirectly health-related such as yoga and tai chi classes. The elderly, with their wealth of experience, can also be encouraged to act as teachers or teaching aides in formal, informal or nonformal educational programmes (whether in a paid or voluntary capacity). Thus, retired professionals such as doctors (with proper updating of their knowledge) can assist in the teaching of medical students while retired auto mechanics can pass on their skills to younger people.

Continuing engagement of the elderly

The elderly should be actively encouraged to continue to be economically or socially engaged since these are a boon to their physical health or their mental health (which, in turn, may affect physical health). There is no reason why, after formal retirement from holding full-time jobs, they cannot continue to work part-time on a paid or voluntary basis. There is no reason why they have to remain at home most of the time and “vegetate” by spending long hours

watching television and doing little else. They can help to look after their grandchildren and participate in community activities. This will help to dispel the notion that the elderly are “unproductive” and a “burden” to the working members of society. Participation in clubs and associations (whether senior citizen clubs or clubs open to people of all ages) should be encouraged. Elderly widows and widowers (or elders who are single) can also be encouraged to remarry or form relationships for romantic reasons without fear of social stigma. Such relationships will be beneficial to their mental and social well-being.

Continuing participation of the elderly in productive economic activities

In pre-industrial societies, the elderly continue to participate in productive economic activities such as helping to take care of the grandchildren (or grandnephews and grandnieces), helping out with less strenuous household chores, helping with less strenuous agricultural activities and so on. In fact, even in some industrial or post-industrial societies such as contemporary Japan, the elderly continue to work actively as rice farmers. Thus, there is no reason why the elderly should, at an essentially arbitrary age, disengage completely from the world of work and do not continue to participate part-time in productive economic activities whether on a voluntary or paid basis. This is especially true of elderly who are highly educated or possess useful technical skills. If these groups of elderly retire completely, their knowledge, technical skills and experience would not be utilised and would be wasted from a society-wide point of view. This is even more true in societies that define a person as being “elderly” at a relatively low age and that also have a low retirement age (such as age 56 in Malaysia or 60 in Japan).¹³ All contemporary industrial and post-industrial societies should seriously consider raising the retirement age except for workers who hold jobs that are physically demanding or which require great endurance. If elderly workers cost employers too much in terms of remuneration as compared to equally productive younger workers, workers who choose to continue working for their employer beyond the age of retirement can have their pay capped or even lowered to levels comparable with younger workers. But care has to be taken to avoid the problems associated with

the Japanese practice called “amakudari” (descent from Heaven) whereby, after retirement, bureaucrats move on to work for private sector companies they once regulated and attempt to lobby the government on behalf of their new employers.¹⁴ In countries like Singapore and Hong Kong, the elderly are hired to work as cashiers in fast food establishments such as MacDonald’s restaurants or as cleaning workers in airports and train stations. However, highly educated or highly skilled elderly may regard such jobs as being demeaning and shy away from them. To overcome this problem, the Ministry of Human Resources in Malaysia should intensify its efforts to match retirees seeking work with potential employers.⁷ These efforts need not come into conflict with the need to provide jobs to young people because the former have accumulated years of work experience while the latter are likely to be fresh entrants into the job market.

Disincentives to work after retirement should also be removed, e.g. elderly who work should not have their monthly pensions reduced and neither should their social security monies received from the government be reduced if they choose to work part-time after retirement. The elderly can also be encouraged to become entrepreneurs and start businesses on their own. To facilitate this, training courses in small business management skills – whether provided by the private sector, non-governmental organisations or the government – should be made readily available.

The environment (including the work environment) should be made “elder-friendly” in order to facilitate the participation of the elderly in social activities and in productive economic activities, i.e. public transport should be made widely available and “elder-friendly” so that the elderly can travel around more easily; barrier-free environments should be promoted in the home, in the workplace, in public places etc. The public transport system should be changed to make it more convenient for the elderly and the disabled, and so on. Telecommuting can also be promoted to encourage the economic participation of elderly who have mobility problems. This latter option would require the elderly to be ICT (Information and Communication Technology) savvy. We can learn from countries like Japan and Singapore where urban planning attempts to create a barrier-free environment all the way from the home and public transport to central city areas under the rubric of “universal design”.⁷

The legal environment should also be changed to facilitate all of the above activities, e.g. laws against age discrimination should be introduced or strengthened, existing laws should be reviewed to make sure that they do not inadvertently discriminate against older citizens (de facto discrimination), building codes should be changed to make barrier-free physical facilities mandatory as far as possible, etc.

The needs of elderly who are unable to be economically or socially engaged should be met too. It has been pointed out that the current Employees Provident Fund does not actually offer adequate protection against post-retirement financial problems for a significant number of people, i.e., especially those who are not earning enough to enable them to accumulate a lot of EPF funds during their working years (and who do not have close relatives to turn to for financial support in the future).^{15,16} Thus, the social security system and the rest of the societal safety net – including social services used heavily by the elderly – need to be revamped in order to meet these challenges.

CONCLUSION

In light of the fact that the ageing of the Malaysian population is inevitable, that elderly Malaysians are citizens with equal rights as their younger counterparts, that they have actively contributed to the development and progress of the country, and that many of them are rich in human capital, it is surely wrong to view them as a “burden” to the rest of Malaysian society. It is also illogical to force people into compulsory retirement at arbitrary ages (such as 56 in Malaysia, 60 in Japan and 65 in the USA) when they can continue to contribute actively to society in so many ways. Perhaps instead of compulsory retirement at a fixed age, ways can be devised to promote healthy ageing, prolong independence and encourage productive ageing through the alternative strategy of gradual economic and social disengagement of the individual depending on the individual’s physical health, mental health, contribution to society and personal inclination and preferences. Public policy – as discussed above – can be designed or redesigned to help achieve this.

REFERENCES

1. Phillips, DR. ed. Ageing in the Asia-Pacific region: issues, policies and future trends. Routledge: London, 2000.
2. Panel on a Research Agenda and New Data for an Aging World, Committee on Population, Committee on National Statistics, National Research Council. Preparing for an aging world: the case for cross-national research. National Academies Press: Washington, DC, 2001.
3. Department of Statistics Malaysia. Population ageing trends in Malaysia – monograph series no. 1. Government of Malaysia: Putrajaya, 2005.
4. Chan, KE and NP, Teh. Demographic processes and changes. In KH Lee and CB Tan eds. The Chinese in Malaysia. Oxford University Press: Shah Alam, 2000. pp 71-93.
5. Saw, SH. Population trends and patterns in multiracial Malaysia. In SH Saw and K. Kesavapany eds. Malaysia: recent trends and challenges. Institute of Southeast Asian Studies: Singapore, 2006.
6. Fries, JF. Measuring and monitoring success in compressing morbidity. *Ann Intern Med* 2003; 139 (5): 455-9.
7. United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). Report on the regional survey on ageing, June 2002. Asia-Pacific Seminar on Regional Follow Up to the Second World Assembly on Ageing, 23 – 26 September 2002, Shanghai, China.
<http://www.unescap.org/esid/psis/meetings/ageingsep2002/ageingreport.pdf>
8. Guardian Unlimited. Over-65s ignore safe sex warnings. April 9, 2001.
<http://society.guardian.co.uk/publichealth/story/0,,588329,00.html>
9. Isherwood, MI. Coping with disability. Chambers Harrap Publishers: Edinburgh, 1986.
10. Bell, D. The coming of post-industrial society. Basic Books: New York, 1973.
11. Collins, GA. Rethinking retirement in the context of an aging workforce. *J Career Dev* 2003; 30(2): 145-57.
12. Rix, SE. Rethinking retirement age policy in the United States and Canada. *Pers J.* 1979; 59 (11): 780-8.
13. BBC. Japanese old, young enough to work. 15 Oct, 2006.
<http://news.bbc.co.uk/2/hi/business/6037868.stm>
14. Colignon, RA, Usui C. Amakudari: the hidden fabric of Japan's economy. Cornell University Press: Ithaca, 2003.
15. Mohd. Fauzi Yaacob and Muhd. Fadhil Burdin. Old-age financial support schemes in Malaysia. In Roziah Omar and J. Doling eds. Issues and challenges of social policy east and west. University of Malaya Press: Kuala Lumpur, 2000. pp. 155-165.
16. Siti Hajar Abu Bakar and Faizah Yunus. 2000. Social security policies in Malaysia: the Employees' Provident Fund (EPF) and Social Security Organisation (SOCSO). . In Roziah Omar and J. Doling eds. Issues and challenges of social policy east and west. University of Malaya Press: Kuala Lumpur, 2000. pp. 187-219.