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Malaysia Ageing and Retirement Survey

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Overview

Throughout the world, people are living longer and ageing is accelerating. The World Health Organization (WHO) estimated that there will be 800 million older persons in the world by 2025 and 2 billion by 2050 with more than half of them living in developing countries. The Asia and Pacific Region is home to over a third of the world's older population, mostly in China. In 2016, approximately 12.4% of the region's population was 60 years or older, and it is projected to increase to more than 25% or 1.3 billion people by 2050 (See ▶ "Population and UN") (United Nations 2016). While the region is ageing more rapidly than any region in history, there are variations in the pattern and pace of ageing, ranging from aged richer countries to rapidly ageing middle income countries to younger and poorer countries (World Bank 2016).

Malaysia, a middle income country in Southeast Asia, is rapidly becoming an ageing nation. Its total population in 2018 was estimated at 32.4 million. The size of the population showed a steady increase from 28.6 million in 2010 and is projected to increase by 31% in the next two decades reaching over 37 million by 2030, and nearly 40 million by 2050 (Department of Statistics Malaysia 2018). While the proportion of older persons aged 60 and older is still relatively low compared with the developed countries, Malaysia is experiencing a steady increase in the proportion of its older population relative to the working-age and total populations. The number of Malaysians aged 60 years and older increased from 1.45 million in 2000 to 2.25 million in 2010 and is projected to reach 5.1 million or 13.8% of the total population in 2030 (See ▶ "Dependency Ratio/ Supporting Ratio").

Population ageing is the inevitable consequence of declining fertility and mortality and increasing life expectancy (See ▶ "Causes of Population Aging"). Life expectancy at birth for the total population increased from 72.3 years in 2000 to 74.7 years in 2016. Improvement in average life expectancy at 65 has also been observed with 15 years for men and 17 years for women in 2016 (Department of Statistics Malaysia 2018).

At the individual level, increase in life expectancy means longer time spent in retirement. It could also imply increased vulnerability to diseases and disabilities, financial pressure, and poverty, especially in many Asian countries including Malaysia due to inadequacies and lack of coverage of retirement and old-age benefits (Asher

2002, 2010; Asher and Nandy 2006; Mohd et al. 2015; ESCAP 2008; Budina and Tuladhar 2010; Ong and Hamid 2010). Co-residence of older people with adult children in these countries was once a common practice has been on the declining trend over time resulting in the weakening of informal family-based old-age support (See ▶ "Cohabitation; Formal/Informal Care"). Hence, many poor people enter old age in poor condition and poor health. This has serious implications in terms of the demand for financial security, health care, and long-term care. Earlier research on ageing and related issues in Malaysia were mostly conducted on a small scale and/or in specific regions covering specific areas of concern (Awang et al. 2018; Sooryanarayana et al. 2017; Alex et al. 2018).

Against this backdrop, the Malaysia Ageing and Retirement Survey (MARS) was launched in late 2017 to collect up-to-date information on various aspects of life among middle-aged and older Malaysians to provide input for research and policy making on ageing and retirement in the country (See ▶ "Aging Policy Ideas"). MARS began with consultation with local and international experts and key people involved in similar studies including SHARE (Survey of Health, Ageing and Retirement Europe), JSTAR (Japanese Study on Ageing and Retirement) and HRS (Health and Retirement Survey, USA). As the latest addition to the HRS family of studies, MARS benefited much from these older studies. In particular, HRS provided technical support through an official Memorandum of Understanding between the Regents of the University of Michigan and the University of Malaya in early 2018.

Objectives of MARS?

Similar to HRS and its sister studies, MARS is intended to be a panel study conducted every two years beginning with the First Wave MARS 2018 (See ▶ "Cross-Sectional Research/Panel Studies (Longitudinal Studies)").

The main objective of MARS is to gather microlevel data on various aspects of ageing and retirement among persons aged 40 and older which will provide valuable input for policy making, in particular, the formulation of National Framework for Active Ageing for Malaysia (See ▶ "Productive Aging; Active Aging and Active Ageing Index").

Specific objectives of MARS:

- To collect diverse information on the individual and family, social, economic, and health of middle-aged and older Malaysians
- To gain an in-depth understanding of the issues and challenges related to retirement and ageing
- To offer evidence-based recommendations on opportunities and policies on retirement and ageing
- To provide input for the registry of older persons in the country
- To be part of global reporting on retirement and ageing, comparable with other longitudinal surveys of older people (See ▶ "Comparative and Cross-Cultural Studies")

Sample

MARS is designed to be nationally representative. Malaysia consists of 12 states in Peninsular Malaysia and 2 states in East Malaysia, Sabah and Sarawak in Borneo Islands (Fig. 1). Neighboring countries are Singapore and Thailand in the south and north of Peninsular Malaysia, respectively, while Indonesia and Brunei neighbor East Malaysia. The Federal Territory comprised the Federal Territory of Kuala Lumpur (the capital of Malaysia), Federal Territory of Putrajaya (the administrative capital), and Federal Territory of Labuan in Sabah (offshore financial center).

For MARS Wave One 2018, the targeted sample size is at least 5000 households covering all states in Malaysia. For sample selection, SWRC works closely with the Department of Statistics Malaysia (DOSM), an agency responsible for conducting national censuses and surveys. Based on the most recent census conducted in 2010, a multistage sampling procedure was adopted beginning with the selection of enumeration blocks (EBs) within each state, followed by the

Malaysia Ageing and Retirement Survey, Fig. 1 Map of Malaysia

selection of households within each EB and finally members of the household. Following the common practice, 10–12 households were selected per EB to maintain heterogeneity of the sample representing the various subgroups of the population. Around 900 EBs was selected to provide at least 9000 households.

To ensure widest coverage possible across the country, each state was first stratified by urban and rural districts. The number of EBs selected in each state was based on proportionate allocation to the population size of the state. The selection of EBs and households was done by DOSM using systematic sampling and random sampling, respectively. A list of selected EBs and households with addresses, also called sample IDs (SIDs), was then given to SWRC, totalling 900 EBs and 9542 SIDs. For each SID, any member aged 40 or older who has lived in the household most of the time would be eligible to be selected as a respondent. Should there be more than one eligible member, a maximum of three oldest eligible members would be selected as possible respondents.
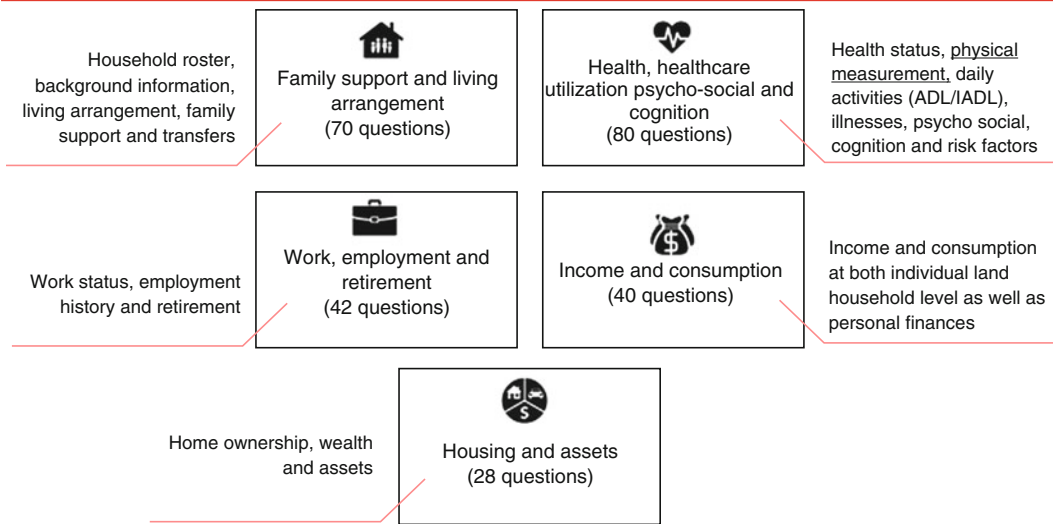
Core Components of MARS

MARS is designed to ensure comparability with HRS, JSTAR, and SHARE while incorporating some of the unique features of the local context. MARS contains 260 questions covering five core components namely family support and living arrangement, health which includes health status, healthcare utilization, psycho-social and cognition, work and employment, income and consumption, and housing and assets as shown in Fig. 2. While fluid biomarkers are not currently collected, physical measurement including height, weight, waist and hip circumference, blood pressure, and grip strength are taken from all of the participating respondents.

Besides the survey questionnaire, duration of the interview, observations related to the respondents' behaviors, household surrounding, and the community, as well as experiences of the interviewers in the course of their field work were recorded for purposes of para-data analyses and planning for future waves of the survey.

Interviewing and Quality Control

Baseline data collection is through computer-assisted personal interviewing (CAPI), using a

Core components of MARS

Household roster, background information, living arrangement, family support and transfers

Family support and living arrangement
(70 questions)

Health, healthcare utilization psycho-social and cognition
(80 questions)

Health status, physical measurement, daily activities (ADL/IADL), illnesses, psycho social, cognition and risk factors

Work status, employment history and retirement

Work, employment and retirement
(42 questions)

Income and consumption
(40 questions)

Income and consumption at both individual land household level as well as personal finances

Home ownership, wealth and assets

Housing and assets
(28 questions)

Malaysia Ageing and Retirement Survey, Fig. 2   Core components of MARS Wave One 2018

sophisticated sample management system developed and programmed by the technical team of the Survey Research Center (SRC), University of Michigan. The software uses Malay and English for its language interface and questionnaire instrument. Hardcopy of MARS questionnaire in Chinese and Tamil were also provided for Chinese- and Tamil-speaking field interviewers.

To ensure quality data were being collected, the team regularly monitors the field progress of interviewers using para-data. Interviewer behaviors were observed in terms of the length of interview time, number of questions asked, number of negative or do not know responses. In addition, 10% of completed interviews were verified through call backs.

Immediate Future Plans

Data collection for Wave 1 is ongoing and expected to be completed by end of May 2019 followed by data cleaning which is expected to take around 2–3 months. Preparation for MARS Wave 2 will begin in October 2019 to review and revise the questionnaire, November to December 2019 for system design and testing, and January

2020 for training of enumerators for the data collection to kick off in March 2020.

Data Access

Data collected from the interview is stored in a secure server located in Ann Arbor, University of Michigan, where only selected authorized team members can have access. MARS Wave 1 data once finalized will be part of the harmonized data in the Gateway to Global Aging and will be made available to researchers. Individuals who are interested to do research on areas related to the study may request the data with written permission and subject to terms and conditions.

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