

The Welfare of the Elderly: Yesterday, Today and Tomorrow

by Saidatulakmal Mohd

Similar with many other developed and developing countries around the globe Malaysia is experiencing a change in demographic profile with numbers of the elderly on the rise. Such a situation poses a great challenge to Malaysia in designing effective social policies to ensure the wellbeing of the elderly is enhanced. The composition of elderly population based on a number of indicators such as strata, ethnicity, education, household status and employment opportunities indicate diversity in the elderly population and many of them are facing various social and economic difficulties. Incidentally, making the elderly and their families vulnerable to many social issues, particularly poverty. The 2009 HIES data indicate 9 per cent elderly, 12 per cent elderly's head of household and 17 per cent elderly's member of household are living below the national poverty line income (PLI). Data further indicate significant differences between elderly living in the rural and urban areas, education attainment and employment opportunities.

We propose the following directions essential in formulating appropriate policy measures in light of emerging issues related to the elderly population.

Poverty risk for the elderly

Elderly at the advanced age and elderly as head of household are more vulnerable to poverty. In Malaysia's eagerness to become a developed nation by the year 2020, development measures could easily neglect these groups of elderly who need special attention to ensure their wellbeing are well taken care off. These groups of elderly are the priorities in any social welfare policy.

Elderly in the rural areas are at a disadvantage in many aspects, especially in relation to poverty. Findings from the 2009 HIES data indicate that poverty incidence among elderly in the rural areas are at least three times higher the poverty incidence among elderly in the urban areas. Given the similar characteristics of the rural-urban elderly, a particular policy needs to be developed to strengthen the rural areas by diversifying the rural economy, funding new and exciting agricultural projects, and improving infrastructure as well as improving rural-urban connections; The Government should consider investing more in rural tourism. Government may consider investing more in rural development that attracts tourists such as agricultural festivals, reconstruct and renovate historical sites. All these must be completed by developing effective rural transportation system that is linked to major cities in order to promote greater demand for rural tourism.

Of the three ethnic groups, Bumiputera elderly remains the group with high poverty incidence. Government support has proven successful in assisting the Bumiputera to escape poverty. It would be more rewarding should the support be in a more productive form instead of providing pure cash transfer. Among the supports that could be channelled to the

poor should include social, human, physical, natural and financial capital. These productive assistances, however, need to be provided during the working age to ensure that vulnerability to poverty is not an issue at old age. Similar supports can also be extended to other ethnic groups. It is important to emphasize that strategies need to be designed on asset-based approach and not income-based approach. Asset-based approach is more appropriate when linked to causes of poverty.

Active Ageing

It is time that Malaysia promotes Active Ageing or at a larger scope, Active Living for all ages. 'Active' refers to elderly's continuous participation in social, economic, cultural, spiritual and civic affairs and activities, not just participating in the labour force or physically active (World Health Organization, 2002). World Health Organization (2007) suggests eight (8) domains for the active ageing framework towards age-friendly cities as shown in Figure 1 below:

Figure 1: Domains of age-friendly city



(World Health Organization, 2007)

A broad range of characteristics, which impacted the older people's quality of life and wellbeing, is further characterized in the age-friendly feature checklist published by WHO as guidance for the establishment of a more age-friendly city. The first domain is **outdoor spaces and buildings**. A city's physical environment has a major impact on older people's mobility, independence and quality of life, which emphasizes the element of accessibility and safety with an improved age-friendly city features, incorporated in the architecture and design of the city. Among suggested features are clean and pleasant environments, well-maintained public facilities, safe green spaces, pavements and roads, free from any obstructions and easily accessible for people with varying abilities. As mobility declines in old age, **public transport** helps older people to move around independently to desired destination. A well-developed, age-friendly and affordable public transport provides greater incentives to older people by eliminating existing barriers to travel. Cost incentives such as free and subsidized public transport should be extended to older people. Having frequent, safe, reliable and well-integrated public transport services are equally important. Aspects of **housing** structure,

design, location and choice are among the main factors influencing the independence and quality of life of older people by allowing for increasing number of community engagement, increasing social participation thus increasing life satisfaction. Affordable and subsidized housing (free or low cost public housing) should be made available for older people. Housing design should facilitate layout that do not impede mobility, age-friendly design modified for older people's needs, design that facilitates community interaction and located in close proximity to public, commercial, religious services and facilities.

Social participation fosters social support, good health and well-being. Ensuring accessibility and affordability of events and activities by providing a broader range of opportunities that interest a broad range of older people for active participation such as reducing the cost of activities, participation in formal and informal social events, involve in activities that foster integration within the community and with other age groups and culture and a variety of both targeted and integrated activities. Better integration of generations is seen as a way to counter ageism in society. The clash of intergenerational behavioural norms, lack of contact between generations and widespread ignorance about ageing and older people denote the importance of **respect and social inclusion**. The common negative images of age and ageing are often mentioned to explain disrespectful behaviour, inconsideration for older people's needs resulting from ignorance of good manners and the lack of interactions between generations. An age-friendly community provides option for older people to continue to contribute to their communities, through paid employment or voluntary work. **Civic participation and employment** promote active ageing, feeling of self-worth and of maintaining elderly's health and social connections. Strengthening and improving volunteering calls by providing a greater range of options such as establishing elderly volunteer corps and reimbursing volunteers for expenses related to work are among the incentives suggested. Older people are discouraged to work because of the lack of flexibility and opportunities in employment.

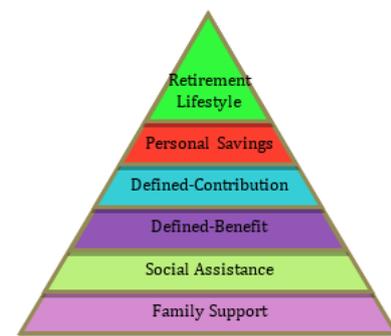
Staying connected and informed are vital for active ageing. **Communication and information** should be made widely available: systematic, effective public distribution services are valued as an age-friendly feature. To have relevant information that is readily accessible to older people with varying capacities and resources and affordable access to communication channels and information is essential. Effective communication is perceived as getting relevant and timely information at the right time with greater coverage of issues related to the interest of an older adult audience. **Community support and health services** issue dominate the focus group discussions, reflecting their importance for active ageing. Having well-located, easily accessible health services is fundamentally important for older people. Services that are far away or difficult to reach and insufficient are often seen as barriers. An adequate and wider range of health services for older people and a greater supply of health services and equipment are recommended such as home care services, health care education, preventive screening, physical activity, nutritional guidance and mental health counselling.

Family Support

Family support remains fundamental in the multi-pillar retirement system. The 2009 HIES data indicate that quite

a big percentage of elderly co-resides with an adult child. As pointed out by De Vos and Sandefur (2002) even if old age income is sufficient to finance elderly's expenditure, and even if medical services are available to meet elderly's health situation they would still have social, emotional and physical needs that cannot be met by a bureaucracy. As such, an alternative would be to gain support from close friends or family members. However, our approach may not be necessary for a traditional family based on dominance-subservience or biological relatedness. As early mentioned by Tallman (1986) there is no reason to suppose that family institution cannot change to incorporate a new model of elderly parent-adult child (or other relatives) relationships. Figure 2 shows the incorporation of family support in the multi pillar pyramid of retirement. Family support is at the bottom of the pyramid to emphasize its major importance in caring for elderly.

Figure 2: Multi-pillar of retirement



Nevertheless, with urbanization and high cost of living, current generation is now re-thinking this concept as proven in a study by Saidatulakmal *et al.* (2010) who found that current working populations in Malaysia do not wish to co-reside with their children at old age. Elderly is perceived more as dependent rather than as an active household member.

References

- De Vos, S., & Sandefur, G. (2002). Elderly Living Arrangements in Bulgaria, The Czech Republic, Estonia, Finland, and Romania. *European Journal of Population/Revue européenne de démographie*, 18(1), 21-38.
- Saidatulakmal, M., Azlinda, A. Jamalludin, S. & Ismail, B. (2010). Financial Security Protections in Malaysia, Singapore and Philippines: A Perspective of Two Generations. *Hong Kong Journal of Social Work*, 44 (2), 89-104.
- Tallman, I. (1986). Social History and the Life-course Perspective on the Family: A View from the Bridge. J. Short (comp.), *The Social Fabric. Dimensions and Issues*, Beverly Hills, Sage Publications.
- World Health Organization. (2002). Active Ageing: A Policy Framework. Geneva, World Health Organization. Retrieved from http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf
- World Health Organization. (2007a). Global Age-Friendly Cities: A Guide. Geneva, World Health Organization. Retrieved from http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf
- World Health Organization. (2007b). Age-Friendly Cities Project Methodology-Vancouver Protocol. Retrieved from [http://www.who.int/ageing/publications/Microsoft % 20Word % 20% 20AFC_Vancouver_protocol.pdf](http://www.who.int/ageing/publications/Microsoft%20Word%2020AFC_Vancouver_protocol.pdf)