

## **COUNTRY REPORT MALAYSIA**

### **1. GENERAL INFORMATION**

Malaysia is an independent nation with a parliamentary constitutional monarchy and a federal government structure. The country lies in the heart of Southeast Asia and comprises thirteen states and three Federal Territories. The country has a total area of approximately 330,803 sq. km.

### **2. IMPORTANT FIGURES AND STATISTICS**

Malaysia's population increased from 23.49 million people in 2000 to 29.34 million in 2012. The total population comprises of about 7.76 million people (26.4%) below the age of 15 years, 20.03 million (68.3%) in the economically-productive age group of 15-64 years and 1.56 million (5.3%) elderly people aged 65 years and above. The proportion of the population residing in urban areas increased from 62.0% in 2000 to 63.5% in 2011. This trend towards greater urbanization of the population is indicative of the growing economic opportunities and better social amenities in the urban areas.

The crude birth rate reduced from 23.4 per thousand populations in 2000 to 17.5 in 2010. Meanwhile the crude death rate increased from 4.5 per thousand in 2000 to 4.8 in 2010. The infant mortality rate reduced from 6.5 per 1,000 live births in 2000 to 6.8 in 2010. The maternal mortality rate has been 30 per 100,000 live births since 2000. Life expectancy at birth for both men and women continues to increase each year from 70.0 years for men and 74.7 years for women in 2000 to 72.3 years for men and 77.2 for women in 2012. The successive improvements in these vital statistics are evident of an increasingly health conscious community, a political administration committed to better health care and the economic wealth of the nation.

Besides these vital statistics, Malaysia's per capita income at current price has increased from RM 13,418 in the year 2000 to RM 31,215 in 2012. The poverty rate has reduced from 8.5% in 1999 to 1.7% in 2012.

### **3. DEFINITION OF AGEING**

In Malaysia, older persons are defined as those who are 60 years and above. The population of Malaysia is still relatively young compared to those in the developed countries, but changes in the age structure resulting from fertility decline and increased longevity are contributing towards the ageing of population.

Malaysia's total population of older persons in the year 2012 was 8.2% from the total population of the country (2.4 million out of 29.34 million). With declining fertility and longer life expectancy, Malaysia's population is ageing. By 2020, it is estimated that the number of older persons will be 5.5 million and by 2030, Malaysia will be in the category of ageing nations with older persons constituting more than 15% of the population. In Malaysia, average life expectancy is 72.3 years for male and 77.2 for female.

#### **4. RIGHTS**

The rights of older persons is not specifically stipulated in the Federal Constitution but enshrined under Article 8 (1) which states that *“All persons are equal before the law and entitled to the equal protection of the law.”*

#### **5. POLICY FRAMEWORK**

##### **5.1 National Policy and Plan of Action for Older Persons**

The Government came up with the National Policy for Older Persons in October 1995. In accordance to the policy, the National Advisory and Consultative Council for Older Persons under the chairmanship of the Minister for Women, Family and Community Development was set up in May 1996. As an outcome of the establishment of the Council, a Plan of Action for the Older Persons was formulated in December 1998. The Department of Social Welfare under the Ministry of Women, Family and Community Development is the secretariat for the Council and serves as the focal point for all issues related to older persons.

The new National Policy for Older Persons and Plan of Action for Older Persons were approved by the Government of Malaysia on January 5<sup>th</sup> 2011. The policy and plan of action were formulated based on the review made to the earlier National Policy for Older Persons (1995) and Plan of Action for the Older Persons (1998). The review was carried out by the Government to re-look into incorporating the developmental and reintegration of the older persons in the society, in order to instil older persons with a high sense of self-worth and dignity

The new National Policy for Older Persons acknowledges the older persons as citizens with varied background and experiences, have the rights to enjoy a comfortable and respected life and contribute to the development of the nation. This policy is the government's commitment to create a conducive environment for older persons who are independent, with dignity, high sense of self-worth and respected by optimizing their self-potential through a healthy, positive, active, productive and supportive ageing to lead a well-being life.

The objective of the policy is to empower the individuals, families and community to provide friendly services to the older persons effectively and efficiently and to ensure enabling and supportive environment for the well-being of the older persons.

There are 6 strategies outlined in this policy, namely:

- (i) Promotion and Advocacy;
- (ii) Life-long Learning;
- (iii) Safety and Security;
- (iv) Governance and Shared Responsibility;
- (v) Intergenerational Solidarity; and
- (vi) Research and Development.

The National Policy for Older Persons and Plan of Action for Older Persons were formulated taking into consideration of various international conferences that focus on ageing including principles outlined in the Madrid International Plan of Action on Ageing (MIPAA).

The National Policy for Older Persons and Plan of Action for Older Persons were drafted based on the three priority areas outlined in MIPAA.

- (i) **Older Persons and Development**  
The first objective of the National Policy for Older Persons is to develop a caring society and capacity-building of society to face the ageing phenomena. Mainstreaming ageing in the nation's developmental agenda is addressed in one of the strategies in the Plan of Action for Older Persons.
- (ii) **Advancing health and well-being into old age**  
The National Policy for Older Persons addresses the safety and well-being of the older persons through its third objective. Health care and services, prevention of diseases as well as improving the quality of life of the older persons are some of the strategies that are outlined in the Plan of Action for Older Persons.
- (iii) **Ensuring enabling and supportive environments**  
Among the strategies that are planned to achieve enabling and supportive environment for older persons are to strengthen the human governance and the enforcement of law pertaining to older persons; accessibility and capacity-building of the organizations; and intergenerational interdependence.

Meanwhile, the implementation of the plan of action for older persons is inter-sectoral and multi-disciplinary that involves coordination among the ministries, agencies, non-governmental organizations, private sectors and the community. The implementation of the programmes involves short, medium and long term. The plan of action also enables The National Advisory and Consultative Council for Older Persons to monitor and evaluate the effectiveness of programmes carried out for the older persons. The members of this council consists of 34 members from the various government agencies, NGOs, private sectors and individuals who have interest on ageing.

## **6. UNIVERSAL HEALTH COVERAGE FOR ACTIVE AGEING**

### **National Health Policy for Older Persons**

Concomitant to the National Policy for Older Persons 1995, the Government has developed the National Plan of Action Plan for Health Care of Older Persons in 1997. In view of the need of a more effective, coordinated and comprehensive health care has led to the development of the National Health Policy for Older Persons in 2008. In the formulation of this Policy, 6 guiding principles were adopted as follows:

- (i) **Maintaining Autonomy and Self Reliance;**
- (ii) **Recognizing the Distinctive needs of Older Persons;**
- (iii) **Supporting Carers;**

- (iv) Promoting Healthy Ageing;
- (v) Providing Continuity of Care; and
- (vi) Maintaining the Rights of Older Person to Quality of Life and Death.

Through this Policy, the Government has made a commitment to ensure older persons will achieve the optimal health through integrated and comprehensive health and health related services. Seven strategies were identified, namely:

- (i) Health Promotion;
- (ii) Provision of a Continuum of Comprehensive Health Care Services;
- (iii) Human Resource Planning and Development;
- (iv) Information System;
- (v) Research and Development;
- (vi) Interagency and Intersectoral Collaboration; and
- (vii) Legislation.

## **7. MEDICAL AND WELFARE SERVICES, HEALTH PROMOTION AND DISEASE PREVENTION**

### **7.1 Health Services for the Older Persons**

Malaysia's commitments to the health of the elderly are translated into various activities which include:

- (i) At the health centres:
  - a. Health promotion and education;
  - b. Health screening and assessment;
  - c. Medical examination, counseling, treatment and referral;
  - d. Home visits and home care;
  - e. Rehabilitation; and
  - f. Social recreation and welfare.

These activities (recreational, social and welfare) are carried out by communities and older persons within an operational area of a health centres. The main purpose of these activities are to facilitate community participation in order to attain healthy and active ageing. Up to June 2013, there are 239 health centres all over the country which have formed an "Elderly Club" (*Kelab Warga Tua/Kelab Warga Emas*) to run these activities.

- (ii) At the hospitals:
  - a. Acute medical cares
  - b. Long term care
  - c. Discharge plan
  - d. Psycho geriatric care
  - e. Physiotherapy
  - f. Occupational therapy
  - g. Clinical pharmacy

- h. Counselling
- i. Medico social / welfare

To date, all of government's primary healthcare facilities, provided healthcare service for the older persons, nine (9) of our government hospitals had dedicate unit (geriatric unit), one dedicated Rehabilitation Hospital. Currently there are 16 geriatricians (five (5) with MOH, four (4) with universities and seven (7) with private practices), nine (9) psycho geriatricians (six (6) with MOH and three (3) with universities), four (4) family medicine specialist with further studies in community geriatric and four (4) medical gerontologist.

Apart from that, "in-house" trainings are also conducted for primary care staff in handling health issues for the elderly. Since the beginning of the programme in 1996 till June 2013, approximately 24,700 primary care personals have been trained and up to 300 nurses and assistant medical assistants (primary care and hospital) attended six (6) months post-basic course in geriatric nursing.

Besides services that are being provided at the health clinics and hospitals, home visit and home care nursing are also given. In addition, training for the carers i.e. family members are also given to advocate proper care for the elderly such as positioning (for bedridden elderly), transferring, passive movement, Ryle's Tube feeding etc. Since the beginning of the programme (1996) till June 2013, approximately 21,700 carers have been trained.

## 7.2 Health Promotion And Prevention

Activities for promotion and prevention, involves the older persons and preferably also their family members take many forms, and these include:-

- a. health education and information through talks, seminars, public forums, exhibitions, pamphlets etc, to date, 20 health education materials had been produce and distributed to the public,
- b. education and training of health staff and family carers,
- c. counseling for older persons and their family members,
- d. nutritional assessment, counseling and advice,
- e. health assessment including mental health assessment,
- f. assessment of activity of daily living (ADL),
- g. regular physical exercise in the clinic environment as a group activity,
- h. screening for early stage of illness such as breast examination and cervical cytology for women, and heart disease assessment for both sexes.

Beginning of the year 2007, activities under Health Promotion and Prevention has been extended to screen and manage dementia at the primary care level.

It is important to take note of the role of healthy living before old age sets in. The healthy lifestyle lives throughout youth, adulthood and middle age determines good health of the individual in old age. The current focus of Ministry of Health on "wellness" as the paradigm for health care will contribute towards better health promotion.

### **7.3 Treatment of Illness**

For conditions that are not prevented, the older person needs to be treated just like any other health care consumer (equitable), for the whole spectrum of diseases. The clinic and hospital care in Malaysia is made “elderly friendly” by giving them priority in waiting lines, and ensuring their comfort while they wait. Pensioners are eligible for free treatment while hospital fees are waived for the poor elderly.

Treatments of specific illnesses, including HIV/AIDS, also include referrals to higher levels of care that facilitates the navigation of patient smoothly.

Another very important feature of medical care for the older persons which is adopted by Malaysian hospitals is the multi-disciplinary approach in view of the multiple problems usually faced by the older persons. This includes a good geriatric assessment of the patient. This multidisciplinary team services are going to be extended to the primary care level.

### **7.4 Rehabilitative and Extended Care: Community Care**

Physiotherapy and other form of rehabilitation services are offered at primary and hospital levels. To reduce hospital stay, the older persons can avail of such services at some of the primary clinics, which is gradually being expended in coverage. Home care nursing, another very important component of extended care, is not yet well established by the Ministry of Health although has been piloted in few states, and many elderly have to depend on family members or private nursing services for this. Institutions and nursing homes for the older persons and “old folk homes” still exist to some extent in Malaysia because there is a demand for such facilities. With more determined efforts at promoting home care and family involvement, it is hoped that this demand will decline. The government-managed institutions provide:-

- Care and protection,
- Guidance and counseling, and
- Medical treatment.

Like preventive and medical treatment, rehabilitative services for the older persons have to be on a multidisciplinary approach. Community care has grown in importance and acceptance and provides a very useful component of care. NGO’s are largely involved in these activities. There are also NGO’s helping the government in providing care at home for the older persons.

### **7.5 Institutional Care: Homes for Older Persons**

The current facilities and services for older persons in Malaysia are provided by the Government, NGO’s and the private sector. The objective of the services provided by the Ministry of Women, Family and Community Development through the Department of Social Welfare is to meet the needs of the poor older persons. However, institutional services are provided as the last resort for the older persons. This is because family values to care for the elderly are always instilled among the society and is the best support system for the elderly.

Currently, there are 9 Homes for the Older Persons directly under the management of the Department of Social Welfare and financed by the Government and these homes, known as Rumah Seri Kenangan, are located throughout the country. The objective is to provide proper care and protection for the needy elderly, treatment and better quality of life. Currently, there are 1,695 occupants in these homes. Activities and programmes provided in the institutions are health services and therapy, religious studies, skill training, economic empowerment programme, lifelong learning, indoor and outdoor games and recreational activities.

The Ministry of Women, Family and Community Development has also established 2 homes for the chronically ill known as Rumah Ehsan. The objective of this home is to provide a comfortable and tranquil surrounding, care, treatment and shelter for those who are not self-sufficient and those with chronic illnesses. Currently, there are 218 occupants in these homes in which 155 of them are older persons.

## **8. LOCAL COMMUNITIES THAT SUPPORT THE ELDERLY**

Various measures are taken to provide a conducive environment for older persons to remain healthy, active and secure. There is also a great need to create awareness among family members and the community in caring for older persons. In this regard, values such as familial responsibilities, understanding and caring for older persons are emphasize.

In line with this, programmes for older persons focuses on enhancing elderly friendly infrastructure, improving access to affordable healthcare, ensuring adequate provision of shelters and improving financial security and opportunities for employment.

In addressing increasing challenges and needs of senior citizens, programmes as such have been introduced;

### **Home Help Services**

The Ministry of Women, Family and Community Development has established the Home Help Services throughout the country through smart partnership with NGOs to provide care for older persons and persons with disabilities (PWDs) living alone. Among the services provided are bringing the bedridden older persons and PWDs to hospitals/clinics for health treatment and assisting the older persons and PWDs in their daily activity especially in the aspect of personal hygiene. There are currently 451 NGO volunteers providing services to 1,769 older persons and PWDs.

### ***Unit Penyayang (“We Care Services”)***

*“We Care Services”* is a transportation service to bring older persons to hospitals/clinics for health treatment or other purposes. It is also a medium of accessibility for older persons/person with disabilities. This service was introduced in 2008 and established by the Department of Social Welfare. The operation of this service is handed to an NGO which is the Central Welfare Council of Peninsular Malaysia under the supervision of the Department of Social Welfare. Until December 2012, this service has benefited 3,405 older persons.

### **Activity Centers for the Elderly**

To encourage senior citizens to be healthy and active and to enjoy more productive lives while their family members are out to work, Activity Centers for Senior Citizens were established. To date there are 22 Activity Centres for older persons throughout the country. Activities and programmes that are provided at the Activity Centers are indoor / outdoor games, health services and therapy, religious studies, skill training and volunteer services, economic empowerment programme and lifelong learning. To date, these centers have benefited 20,040 older persons. Due to the success and demand of this centre, the Government is currently underway to establish another 23 Activity Centers developed by 2014.

#### **National Blue Ocean Strategy: 1 Malaysia Family Care**

As a caring government, in June 2012, the Prime Minister launched a strategy known as “**National Blue Ocean Strategy 7 (NBOS 7): 1Malaysia Family Care**” which delivers an outreach activity to provide a holistic and intersectorial services for persons with disabilities, elderly and single mothers. For the elderly in the institution, the services rendered under this programmed are health screening, assessment, consultation, treatment and referral (if needed), and for the bed-ridden elderly at home, the services includes health screening, assessment, consultation, treatment and referral (if needed), home assessment and recommendation for modification (if needed) and training for their care givers. Till June 2013, 53.3% of the elderly in the visited institutions had been screened, 61.4% of them had been treated; 89.0% of visited home-bound bed-ridden elderly had been screened, 87.2% of them treated and 63.3% of their care givers had been trained.

## **9. SOCIAL INVOLVEMENT AND CONTRIBUTION BY THE ELDERLY**

Financial security largely determines the range of alternatives that people have in their lives. For the elderly to prepare themselves for later financial security and healthcare, opportunities have to be promoted through various systems of savings and insurance. The keyword is to save while we are young. The Government has developed strategies for its population to save and invest through the various unit trust funds/projects. The challenge here is to increase its coverage to as many people and as wide as possible.

#### **Financial Assistance for Older Persons**

The government through the Department of Social Welfare provides financial assistance for older persons amounting RM300 (about USD100) per month to assist the poor elderly to remain in their families/communities. The recipients of this financial assistance must be registered with the Department of Social Welfare, Malaysian citizens aged 60 years and above, and with household income below RM720 per month for Peninsular Malaysia; RM830 for Sarawak and RM960 for Sabah. There must also be other factors that confirm that a family is in fact in need.

In 2012, 152,138 older persons received the financial assistance which cost the government a total RM519.2 million (about USD 173 million). This amount constituted about 35.3% of the total financial assistance allocated by the Malaysian Government.

#### **Lifelong Learning**



Under the Ninth Malaysia Plan from 2006-2010, older persons were encouraged to be active and productive so that they can continue to contribute to the family, society and country. Enculturation of lifelong learning is one of the seven (7) strategic directions of the Ministry of Education to promote active citizenship and evenness in social status as well as fulfilling individual and manpower needs of the country. The first University of the Third Age U3A in Malaysia was set up in affiliation with the Institute of Gerontology, University Putra Malaysia in 2008 to encourage learning for leisure among the elderly.

## **10. THE ROLES OF THE GOVERNMENT IN ACTIVE AGEING**

The Government realizes that harnessing pool of resources from the older persons are valuable. Therefore, in the Tenth Malaysia Plan period from 2011 to 2015, continued emphasis will be placed on ensuring the health and well-being of older persons so that they are able to age with dignity and respect as well as lead independent and fulfilling lives as integral members of their families, communities and country.

### **Other Benefits for Older Persons**

The Government of Malaysia is very committed towards providing conducive and enabling environment for older persons in the country. In view of this, various benefits are provided for the older persons to participate actively in the society. Among these benefits are:

#### Health

- a. Tax relief up to RM5,000 has been extended to those who are providing care for their elderly which includes cost of sending to the day care, cost of salary for maids who are hired specifically for the care of elderly and cost of purchasing daily needs such as disposable diapers.
- b. Exemption from registration charge for out-patient consultation as well for specialist consultation at all government hospitals and clinics. Older persons are also given 50% discount and up to maximum of RM250 for every admission at the third class wards at all government hospitals.

#### Transportation

- a. In line with social inclusiveness as national agenda, older persons are also provided with discounts between 25% and 50% for major modes of transportation in the country.

#### Employment

- a. The labour force in Malaysia for the year 2011 was 12.7 million while those aged 60 - 64 years were 311.9 thousand. This shows that up to 2.5% of the labour force was those in the older person category.
- b. In year 2011, total number of \*employed persons was 12.28 million. As compared to the statistics of labour force (2011), it shows that in 2011, the unemployment rate in

Malaysia was about 3.3% (420 thousand). Out of this 12.28 million, 307.3 thousand (2.5%) were those aged between 60 – 64 years. This indicates that about 2.5% of the employed persons in 2011 comprise of elderly people and the participation rate of the elderly people in the same age category of labour force is estimated to be about 98%.

*\* Scope of age for Labour Force and Employed Persons is 15 - 64 years.*

- c. In Social Security Organisation (SOCSO), total number of registered active workers in 2011 was 5.8 million. Of these, 81.7 thousand (1.4%) aged between 60 - 64 years. The amount shows that, SOCSO's registered active workers aged 60 - 64 years were 26.2% of the total labour force and 26.6% of the total employed persons in the same age group. The remaining number of employed persons in the same age group (60 – 64 years) which is 225.6 thousand (73.4%) could be working in formal sector (private or government), informal sectors or employers. Meanwhile, SOCSO's registered active workers aged 60 years and above in 2011 were 121.1 thousand which is 5.1% of the same age category of people in Malaysia's population in year 2011 (2.36 million).
- d. Employment (Part-Time Employees) Regulations 2010 was enforced by the Government effective from 1 October 2010. The main objective of the regulation is to encourage flexibilities in work place and more people, especially latent workforces such as housewives, the elderly, person with disabilities and students to enter into the labor market.
- e. The mandatory retirement age for the public sector has been raised from 58 years to 60 years, effective from January 2012. As for the private sector, the Minimum Retirement Age Act 2012 was enforced effective July 2013. The act will ensure that 60 years is the earliest retirement age for employees in the private sector.
- f. Minimum Wage Order 2012 (under The National Wages Consultative Council Act 2011) which was gazetted on 16<sup>th</sup> July 2012 and enforced effective 2013 prescribes minimum wage to employees in the private sector regardless age.

## **11. WAY FORWARD**

The Department of Social Welfare together with Ministry Of Health are currently underway of joining efforts headed by The Performance Management Delivery Unit (PEMANDU) under the Prime Minister's Department to establish a project on seniors living which aims to provide a holistic middle and long term aged care.

However, this project is still in early stages. It is planned to encourage the development of senior's community with active ageing and ageing in place. It can be in the form of multigenerational homes to cater for family members living together with them, high density residences or even retirement resorts.

The integration of senior's friendly designs and support services within a retirement village allows senior citizens to maintain themselves in their own homes even with increasing disability.

Apart from that, future plans seek to transform this industry by introducing a single standard for nursing homes/old folk homes called the Integrated Residential Care Centre

(IRCC). Currently, 16 licensed nursing homes and 165 old folks homes are regulated separately by The Ministry of Health and The Department of Social Welfare.

It is hoped that a new uplifted standard will be regulated and provide varying levels of care from Low Care (Independent Living) to High Care (Dependant Living).

In September 2013, Department of Social Welfare (DSW) and Japan International Cooperation Agency (JICA) jointly organized a Seminar On The Caring Of Elderly Group. The knowledge, ideas and best practices shared in the seminar has raised many concerns on the development for elderly care in Malaysia. Through this seminar, it paves way for a new collaboration in regards to care for the elderly as well as active ageing.

## 12. CONCLUSION

Since the impact of an ageing population will be experienced by most countries in this region, it is important that we should examined the current scenario towards strengthening policies and programmes which can assist older persons and their families with the changes, problems and challenges in the future. Families and communities have to be sensitized to the issues involved, and the government, NGOs and private sector encouraged to develop common approaches and cooperation through effective tripartite alliances to minimize duplication of roles and optimize the use of scarce resources for the benefit of older persons.

Keeping in mind, the diversity among older people, families and communities and the multiplicity of issues related to ageing, the pragmatic and innovative policies and programmes which support the family institution and older persons should be implemented. This will allow the independence, self-worth and dignity of the elderly and will fully integrate them into the mainstream of development. To achieve that, all parties have to play their role to ensure that the needs of older persons are met. Steps should be taken towards meeting future demands. It is everyone's responsibility to ensure that as *years are added to life, life will be added to years*.