THE 2ND ASEAN & JAPAN HIGH LEVEL OFFICIALS MEETING ON CARING SOCIETIES : Development of Human Resources and Implications of Ageing Societies

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Brunei Darussalam
Country Report

ABSTRACT

This is a presentation paper which attempts to visualize current scenarios of the development of Human Resource in Brunei Darussalam especially in the Health and Welfare Sector and its implications on the development of Ageing Societies.

For several decades, Brunei Darussalam is well-known for peace and stability where welfare services such as education, medical and social welfare services are fairly well distributed and are provided for free and in some cases the people only pay nominal fees. Being a small country and a young nation which lies between two neighbouring states of Malaysia (Sabah and Sarawak), Brunei tries her best to perform and create the highest attainable quality of life for its people.

Improving the quality of life and skills of human resources in the country are among major strategic priorities of the Government. Better policy, good health care, sufficient welfare and highly committed staff
and professional in the health organization will benefit the country in the long run. The role of Ministry of Health and Ministry of Culture, Youth and Sports towards the care of elderly people has been obvious and effective. With the "happy family" on-going programme, it calls for all community to share their responsibilities especially in the care for elderly people.

Basically, ageing society can be seen from 3 related aspects : the role of family and community effort for the care of elderly groups; role and contribution of professional support groups; and the role of health promotion for the elderly people to keep healthy and fit.

Although at present the problems pertaining to elderly care encountered by health services is still minor, but factors such as changing behavioural pattern of the society due to modernization should be anticipated as future challenges. As those challenges are expected sooner or later, the Government has to devise a strategy to further promote the involvement of families and the community in elderly care programmes in the future.

COUNTRY REPORT

DEVELOPMENT OF HUMAN RESOURCE AND IMPLICATIONS OF AGEING SOCIETIES IN THE CONTEXT OF BRUNEI DARUSSALAM

1 INTRODUCTION

Human resources have been given a special attention since the 6th National Development Plan (1991 – 1995) whereby human resource development meant to optimise manpower utilization. Training programmes is only one way that would help to impart skills and knowledge in order to meet the needs of the nation. In the 7th National Development Plan, the Government still emphasised the importance of human resource development to meet the ever changing economy and social impacts. Capable leaders, competent workers and healthy population are necessary prerequisites and strategy for the nation building. The changing environment in the society will definitely change the way people live, think and behave. Therefore in many circumstances, it will be found that the way society behave now will change in matter of one or two decades. The traditional way of family caring may be changing as time goes by and as individuals like to be on their own. That will be the time when elderly people will be neglected by their immediate families. Therefore, effective programmes are needed to help the elderly societies of the future to attain a high quality of life by continuously developing the existing human resources so that they will be able to deliver sufficient services and to assist those elders that need help among others.

2 BRUNEI IN BRIEF

2.1 Demography

Brunei Darussalam the "Abode of Peace" is a small, independent, Islamic state on the north-west coast of Borneo Island (Leake, 1989). It has a land area of 5,765 sq. km. Malays comprised 68.8% forms the majority of the population but there are estimated to be some 98,000 non malays, comprising Chinese (17.7%) and other indigenous groups. Over 66% of the population live in the Brunei-Muara District where the capital, Bandar Seri Begawan is situated. Malay is the official language, but English is widely used in education, business and commerce.

Located between Malaysian states of Sabah and Sarawak, Brunei is an economically and politically stable country with the significance of Islamic religion as the guiding principle of all aspects of daily life. Therefore both the stability and distinctive religious culture are the important factors which influenced how people here behave and maintained distinctive caring culture towards other members of their society especially care for elderly groups.

2.2 Ageing Population

In 2001, there were 9347 people aged 65 years and above constituting 3% of total population. Only 1% of total population is aged 75 years and above.

Table 1 : Elderly population by age group and gender for 2001

	Total / Number % of total	Male / Number % of total	Female / Number % of total
Aged 65 – 74	6210 2%	3038 1.7%	3172 1.9%
Aged 75 and above	3137 1%	1551 1%	1589 1%

Source : Dept of Economic Planning and Development through Statistics Unit, Research and Development Section, Dept of Policy & Planning, Ministry of Health.

The annual growth rate of population is 2.5%. The country has experienced a significant reduction in its fertility rate, giving rise to a change in age structure of its population. Total fertility rate dropped from 3.78 children per woman in 1981 to about 2.70 in 2001.

The number of population is estimated to double in 2011 and increased by nearly six folds in year 2021. However the percentage of elderly remains fairly constant at 4.4% of the population in year 2011 but doubled in year 2021 (see Table 2).

Table 2 : Projected Population by Age Group and Gender : 1991 – 2011
(Brunei Citizen and Permanent Resident) - Provisional

Year	Total	Gender			Absolute numbers			Percentages	
		Male	Female	0 – 14	15 - 64	65+	0 - 14	15 - 64	65+
1991	189400	95600	93800	75000	107800	6600	39.6	56.9	3.5
2001	240200	121200	11800	85400	145400	9400	35.6	60.5	3.9
2011	293200	148100	14510	92400	187900	12900	31.5	64.1	4.4
2021	480000	NA	NA	134880	307680	37440	28.1	64.1	7.8

NA – not available
Source : Demographic situation and population projections (1991 – 2011), Statistical Division, EPU, Ministry of Finance

In 1991, for Brunei citizens and permanent residents, there are 78.7 dependent per 100 persons aged 15 – 64. The total dependency burden is almost entirely accounted for by child dependency.

The dependency ratio is projected to decline to 56 in year 2011. Old age dependency is low with ratio of 6.1 per 100 persons aged 15 – 64 in 1991. This is projected to increase to 6.9 in 2011 and furthers to 12.1 elderly for 100 persons aged 15 – 64 in year 2021.

There are slightly more elderly females than males in the elderly population. In 1991, there were 3400 males aged 65 and above and 3200 females. In 2001 this will increase to 4300 males and 5000 females and in 2011 to 5600 and 7300 respectively.

2.3 Mortality

The two leading causes of death in 2003 among the elderly in all age bands were chronic degenerative diseases which are related to a modern lifestyle such as disease of the circulatory system such as Coronary Health Disease and Cancer (Malignant Neoplasms). Other major causes of death include Diabetis Mellitus, Bronchitis, Chronic and Unspecified Emphysema and Asthma, Influenza, Cerebrovascular Diseases, Hypertensive Diseases and Respiratory Diseases such as Tuberculosis.

Table 3 : Percentage of Cause Specific Mortality Rate Aged 60 and above in 2003 (Provisional)

AGE	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	Over 80	Total
Heart Diseases	3.8	4.7	6.7	4.7	4.9	4.3	**29.4**
Cancer (Malignant Neoplasms)	1.5	2.8	4.5	3.5	2.6	1.3	**16.2**
Respiratory TB	0.2	0.2	-	-	0.2	0.2	**0.9**
Diabetis Mellitus	1.9	1.9	2.8	2.1	2.4	1.9	**13.2**
Influenza	0.9	0.9	1.2	0.2	1.7	1.5	**6.5**
Bronchitis, Chronic and Unspecified Emphysema & Asthma	1.1	0.9	3.5	1.1	3.2	2.4	**12.1**
Hypertensive Disease	0.2	1.9	0.6	1.3	1.1	5.2	**10.4**
Cerebrovascular Diseases	1.1	1.5	2.8	1.9	1.7	2.4	**11.4**
Total	**10.8**	**14.9**	**22.2**	**14.9**	**17.9**	**19.2**	**100**

Source : Dept of Economic Planning and Development through Statistics Unit, Research and Development Section, Dept of Policy & Planning, Ministry of Health.

3 HEALTH AND SOCIAL WELFARE SERVICES FOR THE ELDERLY

3.1 National Health Policy

The health authority in Brunei is generally taken care of by Ministry of Health. A health care system that is based on Primary Health Care which is aimed at providing a wide range of preventive, promotive, curative, rehabilitative health care and support services to meet the needs of the population. The Ministry of Health's *mission* is to improve the health and well being of the people of Brunei Darussalam through a high quality and comprehensive health care system which is effective, efficient, responsive, affordable, equitable and accessible to all in the country. The *vision* of the Ministry of Health is to strive to become a highly reputable health service organization which is comparable to the best in the region and which will enable every citizen and resident of the nation to attain a high quality of life by being socially, economically and mentally productive throughout their life span.

The objectives of health services are:-

- Reduction of infant mortality;
- Reduction of diseases and disability;
- Improvement of environment and control of communicable diseases; and
- Reduction of premature death, thereby increasing life expectancy.

The Ministry of Health has prioritised the following major national health programmes:-

- Building new hospitals, health centres and clinics;
- Decentralising some hospital-based services such as outpatient services;
- Strengthening the health information management system;
- Strengthening managerial skills at all levels;
- Promoting continuing medical education among doctors and other health workers; and
- Sustaining childhood immunization coverage against tuberculosis, diphtheria, whooping cough, poliomyelitis, measles, tetanus, mumps and rubella.

3.2 Human Resources

Developing human resources is always the Government's first concern and priority to develop. Adequate trained human resources in the field of health play an important role in providing effective and quality of health care in the country. In 2000, doctors to population ratio for Brunei Darussalam was 1 : 1007. To overcome the shortage of local doctors in various disciplines, the Government still continues to employ expatriates on contract basis. The other health and medical profession includes pharmacists, scientific officers, hospital and biomedical engineers, radiologist, dietician, public health officers, physiotherapist, occupational therapist, medical social worker, nurses ad paramedics.

Continuous training of local staff and officers locally and abroad is one way to upgrade and develop the existing human resources. To make sure that human resources supply is adequate, the Government had established major steps:-

- Special scheme for scholarship students in the field of medicine and dentistry
- Establishing College of Nursing in 1986 under Ministry of Education
- Training Centre for community health nurse
- Ministry of Health continue to train assistant nurses in major hospitals.

A comprehensive manpower development programme for community as well as hospital based health personnel is to be extended to strengthen health care services throughout the country, which put emphasis on the primary health care approach.

3.3 Welfare Programme

The primary goal of welfare programmes in the country is to promote the well-being of the country's needy sector including the elderly and the disabled. The Government through the Community Development Department of the Ministry of Culture, Youth and Sport provides financial assistance to the elderly and the disabled under the Old Age and Disabled Pension Act. The pensions and allowances provided under this Act are non-contributory and non-means-tested benefits. This is in addition to retirement allowances and gratuity for Government servants. With the introduction of Employee Trust Fund in 1993, it is not only to reduce the dependency on the Government in their old age, but also to ensure that the welfare and retirement needs of all employees will be catered for.

In addition to the financial assistance, the Community Development Department provides re-employment for those who want to continue working especially those with many dependents and no other source of income.

As for the housing facilities, the national long term goal is that everyone regardless of social status will have proper accommodation, with citizens owning their own houses. The Government encourages the people to build their own houses through the provision of interest-free housing loans to the Government employees. For the landless, two housing schemes are available namely, The National Housing Scheme and The Scheme For Landless Citizens.

4 PERSPECTIVE OF AGEING SOCIETY IN HEALTH AND SOCIAL SUPPORT

4.1 Family and Community Support for the Elderly and the Disabled

Brunei Darussalam gives an important place to the welfare of the elderly and respect for the elderly is considered as an important cultural aspect. Caring for elderly is considered as the direct responsibility of the family. The system of extended family structure whereby parents, grandparents and others still live together under one roof is still widely practised. In fact, Government housing scheme projects are geared towards maintaining family system by ensuring that families are resettled as near to one another as possible. The extended family system has contributed significantly in enhancing the caring values by teaching children to uphold moral and spiritual values by respecting their parents, elders, rulers and leaders. Although most women are now taking up employment to become career women, which may have an adverse effect on

the traditional source of support for the elderly population, however these values seem to be holding and as strong as before. Moreover, the Government's inculcation of "Keluarga Bahagia" or "Happy Family" also plays some part. It is the Government policy to encourage family members to look after the elderly. Because of this strong family support, there has been no necessity for institutionalized care for the elderly population in Brunei Darussalam. Even the aged infirmed is continued to be looked after by their family or relatives.

4.2 Professional Health and Social Support for Elderly and Disabled

Ministry of Health plays a major role in providing health care to the elderly. Hospital and outpatient medical services are provided to serve the population. Primary health care is easily available for the elderly through a network of Government health centres, clinics and outpatient services in the hospitals. Private practitioners are other source of primary health care services, and some of them provide domiciliary visit for a fee. It is known that home nursing services or day care centre to the elderly is not yet available in Brunei Darussalam, but an alternative means of Home-Based Nurses offered by the Government hospitals make regular domiciliary services and visits when necessary.

Due to the increased number of chronic degenerative diseases (as mentioned above) in Brunei Darussalam, secondary and tertiary care are provided by the general hospitals. Wards are furnished to accommodate chronic long stay patients. Specialist physicians are appointed along with trained nursing personnel who will look after geriatric patients. Rehabilitation programmes providing physiotherapy, occupational therapy and Medical Social Services are also provided by all major hospitals in the country.

In term of the social support for the elderly, the Government continues to encourage the participation and involvement of the elderly in the development of the country. Several projects and awareness programmes were carried out to encourage the elderly to participate in the society to the greatest extend possible and not to be seen as a burden to the society. They are encouraged to organize themselves by setting up an association or a committee through which they can contribute by actively involved in various activities that could maximize their potentials and their feeling of self-worth. At the moment, there are two associations for the elderly in the country.

As most of the elderly are actively engaged in the production of local handicrafts, the Government also helps to promote their products through expos and exhibitions.

4.3 Health Promotion of the Elderly

To lessen the impact of disability and chronic illnesses in the elderly in the future, the Government of His Majesty, through the Ministry of Health is actively promoting healthy lifestyle, such as ongoing campaigns and national nutritional survey to screen risk factors for health diseases and to assess the nutritional status of the population, health education on obesity, diabetes and hypertension.

5 LIKELY FUTURE THREATS TOWARDS ELDERLY PEOPLE

The Government's campaigns and strong emphasis towards the unity and harmonious living in the family proved that the younger generation were encouraged to be responsible for their elderly. However, there is a growing fear, although no evidence has yet emerged, that as a result of various economic, social and cultural changes brought about by urbanization and modernization, the life of elderly are getting at risk as the family has undergone changes in the size of offspring, the number of siblings and kin as there is a growing number of couples satisfied with fewer children. This will lead to a decline in the number of potential care-givers.

6 PROSPECTIVE MEDICAL AND SOCIAL SUPPORT FOR ELDERLY CARE – IMPLICATIONS

To improve quality of care for the elderly people in the future, several prospective supports and mechanisms had to be devised.

Firstly, ensuring a fully inspired committed people and excellent provision of health care, so that "health care for all" is continuously delivered for all citizens of Brunei Darussalam. The country on the other hand, believed that health care is one of the major public investments for the future nation building. Inevitably in the environment of changing economy, social and technological phenomena, the need for better health system and competent, skills and useful people that involved in management will increase and become necessary to improve elderly people's health conditions.

Secondly, the need to establish good policy and planning guidelines for the elderly people so that organization has sufficient manpower and structure, effective in terms of costing, management, service delivery, training, information system, etc and well-accessible within the system.

Thirdly, the need to set up geriatric medical centre for the elderly is one of the main focus for some health planners. The question is whether the need to set up the centre is critically urgent at this time (2004) or some look at it at a more complacent manner due to problems associated with elderly people such as disability and chronic illnesses, are not alarming and because of the existing small number.

Fourthly, as the family environment is the best suited to the lifestyle of the elderly, there is the need to initiate policies and programmes which support, protect and strengthen the family, so as to enable it to continue responding to the need of its elderly members and be the primary provider of care for them. Family support programme under which professional assistance, financial aid and counseling services are given to families caring for elderly members should be initiated. Institutional care should only be considered as a last resort.

Fifthly, the need to provide Pre-retirement Counselling Programme to prepare those about to retire for changes in their lifestyle and to help them to adjust.

7 CONCLUSION

Several Bruneian, at present felt complacent with the existing health services and social support towards the elderly people. To some medical experts and health authorities in Brunei Darussalam, the issue of the elderly can be major breakthrough in medical history if care programme can be introduced sooner. Although Brunei has not yet faced major problems posed by elderly population, but the setting up of Geriatric Hospital, Nursing Home Service or Day Care Centre for the Elderly People should mark the beginning of medical commitment which head towards a great future success. To achieve, it won't be easy. The existing local human resources should be trained so that the required post can be fulfilled by qualified and skilled professionals. Similarly, any intakes for the future human resources in this field must foresee the necessity of traditional and cultural values blended with modern or latest approach.

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