**HEALTH CARE SERVICES FOR OLDER PERSONS:**
**A COUNTRY REPORT (MALAYSIA):**
**for**
**The 5th ASEAN & Japan High Level Officials Meeting on Caring Societies:**
**Collaboration of Social Welfare and Health Services, and**
**Development of Human Resources and Community**
**~ Community Services for the Elderly ~**
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## 1. The Demography and Health Status of Malaysian Elderly

Malaysia is a developing country undergoing rapid socio-economic development, and just like all other countries of the world has an ageing population, although the rate of ageing is not as fast compared to some of these countries. In the 50-year span since independence, life expectancy has increased considerably. In 1957, the average life span of a Malaysian male was 55.8 years and of females, 58.2 years. In 1997, these had increased to 69.6 years for males and 74.5 years for females, and in 2005 it was 71.8 years for males and 76.2 years for females. A major factor in population ageing is declining fertility and mortality, and in Malaysia both the fertility and overall mortality rates have declined.

The Malaysian population is still relatively young compared to those of developed countries, but changes in the age structure have brought about the ageing of population. Malaysia uses the cut-off age of 60 years to define "elderly" or "older persons". Currently the total population of the country is 26.6 million (mid-year 2006 population, Statistical Department Malaysia), and 1.8 million of this (6.8%) are above the age of 60 years. The number of 65 years and above is estimated to be 1.15 million (4.3%). For the year 2025, it is estimated that the population will grow to 38.0 million, of which 4.2 million or 11.0% will be older persons.

The health and illness status of the older persons has been a subject of several studies conducted by various researchers. A study by the Ministry of Health in 1995 found that:

- 77.1% of older persons able to move independently,
- 1.3% of them were bedridden,
- 16.5% considered themselves as in “good” health condition, and
- 69.7% considered themselves as in “fair” health condition.

The study also showed 81.4% suffered from at least from one chronic medical illness and 12.7% had 3 or more chronic diseases. The commonest medical illness were:

- joint paint 50.1%,
- eyesight problem 40.0%,
- hearing problem 21.0%,
- hypertension 26.0%,
- heart diseases 16.3%, and
- diabetes 11.6%

## 2. Rural-urban Differential

The drive towards industrialisation has attracted the young rural people to move to the towns and cities where industries are located, leaving behind the elderly in the villages, increasing the elderly ratio in the rural area, who very often have to fend for themselves. In countries where there is differential in quantity and quality of health care, favouring urban areas, this has grave implications on the access of health care to older persons in rural areas, especially if they live alone. For example in countries where the elderly are provided with meals (e.g. “meals-on-wheels” service), this is almost limited to the urban areas.

Malaysia like many countries in the region is undergoing rapid urbanization and industrialisation and the above pattern is being observed. Fortunately for Malaysia, the health care system in rural areas is well established with good access, and most rural families still hold on to the traditional values where kinship is important and older person are generally looked after by other family members. A challenge is therefore to ensure that this tradition is maintained in the face of rapid change and globalisation.

## 3. Feminisation of Ageing

Females tend to outlive males and there are more widows than widowers in most countries, including Malaysia. Population consensus in 1980, showed that 76.1% elderly men (65 years and above) were living with their spouse compared to only 29.7% among elderly women. This due to the variance in mortality patterns between the sexes. This larger and increasing number of older persons and ageing women has social and health implications on policy and programmes. Biologically, the menopause is more apparent than the male andropause, and it is accompanied by more social, cultural and psychological problems. Women in general, the older persons in particular are more likely to be poor. In addition to this burden in themselves, women and older women are often encumbered with the care of older members of the family.

## 4. The National Response to the Ageing Problem

### 4.1. The National Policy on the Elderly

This policy was formulated by several relevant agencies with the former Ministry of National Unity and Community Development (currently under the Ministry of Women, Family and Community Development) as the coordinator. The main policy is stated as:-

"*Creating a society of senior citizens who are contented and possess a high sense of self-worth and dignity, by optimizing their potential and ensuring that they enjoy all opportunities as well as care and protection as members of their family, society and nation*".

Besides this overall policy statement, the policy also has three objectives and five broad strategies. The objectives are:-

a. to enhance the respect and self-worth of senior citizens in their family, society and nation,

b. to improve the potential of the elderly so that they continue to be active and productive in national development, and to create opportunities to help them to be self-reliant, and

c. to encourage the creation and availability of certain facilities for the care and protection of senior citizens to ensure their well-being.

The strategies put in place to fulfill this policy statement based on United Nation (UN) Principles for Older Person: 1991 are as follows:

a. Respect and Dignity,
b. Self Reliant,
c. Participation,
d. Care and Protection, and
e. Research and Development.

**a. Respect and Dignity**

i. enable the older persons to live with great respect and self-worth, safe and free from exploitation and abuse,

ii. ensure the older persons are given fair and equal treatment irrespective of age, sex, ethnicity, religion, disability or their ability to contribute,

iii. enable the older persons to optimize their potentialities, and

iv. enable the older persons to have access to educational, cultural, spiritual and recreational resources in society.

**b. Self Reliant**

i. ensure the older persons are able to fulfill their basic needs through income sources, family and societal support and self-effort,

ii. enable the older persons to have access to opportunities to continue to serve and contribute,

iii. enable the older persons can enjoy an environment that is safe and adaptable to their changing capacities, and

iv. enable the older persons to reside with their families and community.

**c. Participation**

i. enable the older persons to play a role in society and be actively involved in the formulation and implementation of policies relating to their well-being and to pass on their knowledge and skills to younger generation,

ii. provide opportunities to the older persons to voluntarily contribute to society in accordance with their abilities and interests, and

iii. encourage the older persons to establish associations and organisations to carry out activities for their well-being.

**d. Care and Protection**

i. establish facilities for care and protection in the family and society in line with social system and values of the nation,

ii. enable the older persons to have access to health care to assist them to maintain or restore their optimum physical, mental and emotional health and for the prevention from infection,

iii. enable the older persons to enjoy the services of institutions that provide care, protection and social and mental stimulation in a safe and comfortable environment,

iv. enable the older persons to have access to social and legal services towards advancement of individual autonomous rights, protection and care,

v. ensure that older persons enjoy the basic rights of individuals while in care and under treatment by taking into consideration their self-respect, belief and needs, and

vi. establish a comprehensive Social Security System to ensure the financial security and welfare of the older persons.

**e. Research and Development**

i. Encourage research on older persons for the purpose of compiling information for use in planning programs, and

ii. Establish 'National Advisory and Consultative Council for Older Persons' and 'The National Health Council for the Older Persons' to assist in the coordination and identification of their needs.

To facilitate the implementation of these strategies, the policy requires several relevant agencies to carry out activities related to education and training, religion, employment, participation in community, physical exercise and recreation, transport, support system for the family, health, social security, media and publicity and research and development. All government agencies involved in these activities have incorporated the policy requirement in their services, including the health sector.

## 4.2. The National Plan of Action for the Older Persons

Cabinet approved the Plan of Action for the older persons in December 1998 with the main components as follow:

**a. Social and Recreational Activities**

i. celebration of National Day for the Older Persons on 1st October every year,

ii. encouraging the involvement of NGOs and the private sector in the activities of the homes for the older persons,

iii. special counter service and seating areas in public places for the older person,

iv. fare concessions for them for air and rail travel (50% rebate),

v. financial assistance for the needy older persons,

vi. the establishment of the day-care and respite care centers,

vii. family incentive scheme such as tax rebate for medical-orthopedic aids expenditure for older persons,

viii. compilation of periodic directories on prominent older persons who are still active and productive,

ix. government support of NGOs for the older persons through financial grants, and

x. upgrading of government and NGOs homes for the older persons – infrastructure, facilities and staff training.

**b. Health Services**

As in Para 4.3.

**c. Educational, Training and Religion**

i. awareness training on ageing,

ii. family/care givers educational training,

iii. educational projects in home for the older persons,

iv. the promotion of living skills in schools and the subject on Gerontology and Geriatric introduced in higher secondary school in 2005 as an elective vocational subject,

v. pre-retirement courses,

vi. The Ministry of Health (MOH) Malaysia has also conducted few training/education activities related to health aspect/services as in Para 4.3.d.

**d. Housing**

i. the extension of public facilities such as lifts, ramps, zebra-crossing, non-speed zones, rest areas in public places an safe corners and recreational areas in housing estates,

ii. ensuring that homes are older persons friendly,

iii. encouraging the setting up of more homes for the needy older persons and day-care centers,

iv. state governments are currently drawing up new guidelines for the selection of buyers/tenants for low-cost

houses by giving priority to the older persons and the disabled; in the case of low-cost flat, some units on the ground floors are to be reserved for them, and

v. The Uniform Building By-law of 1984 will be enforced to ensure access to public buildings for the older person and the disabled.

**e. Research**

One of the common problems encountered in introducing a new service or activity is the lack of reliable data and information to be used as evidence of need or for evaluation;

i. The MOH conducts once in every five years a research priority identification exercise involving all health sectors both public and private, and both service and academia. For the past 5 year lists, ageing and health, and health of the older persons have been identified as priorities. A topic listed as priority has good chances of getting funds from IRPA (Intensification of Research in Priority Areas).

ii. Recently, research on elderly has been on more coordinated manner with the establishment of Institute of Gerontology in one of our local universities namely *Universiti Putra Malaysia, UPM.*

**f. Publicity**

This will concentrate on publicity efforts to make known the various activities and programme for the older persons.

## 4.3. Health Services for the Older Peoples

The Ministry of Health, the custodian of health in the country, has begun serious initiatives in health care of the older persons. There are many entry points for introducing health care for the older persons into the general health care system, and the most appropriate is the Family Health Programme under the Ministry of Health. This programme began in its early years as the Maternal and Child Health Programme, which later evolved to be the Family Health Programme. Now as the Family Health Development Programme, it has expended its scope considerably to include health care of special children, adolescent health, health for the older persons and community mental health.

Till December 2006, almost about 70% of our rural health clinics have implemented health care for the older persons, which is more encouraging than for the other expended scopes.

As in other programmes and services in the Ministry of Health, health care of the older persons covers the whole spectrum of services to encompass:

a. health promotion and prevention,
b. treatment of illness,
c. rehabilitative and extended care; community care, and
d. education and training.

### a. Health Promotion And Prevention

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

i. health education and information through talks, seminars, public forums, exhibitions, pamphlets etc,

ii. education and training of health staff and family carers,

iii. counseling of the older persons and their family members,

iv. nutritional counseling and advice,

v. health assessment including mental health assessment,

vi. assessment of activity of daily living (ADL),

vii. regular physical exercise in the clinic environment as a group activity, and

viii. screening for early stage of illness such as breast examination and cervical cytology for women, and heart disease assessment for both sexes, and

ix. beginning this year (2007), it 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 life lived throughout youth, adulthood and middle age determines to a large extent the 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.

**b. Treatment of Illness**

For conditions that are not prevented, the older person needs to be treated just like any other health care consumer. 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 get free treatment, and poor elderly can get their hospital fees waived. Treatments of specific illnesses also include referrals to higher levels of care, that facilitates the navigation of the patient smoothly.

Another very important feature of medical care for the older persons which is followed 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. Late of this year, this multidisciplinary team services are going to be extended to the primary care level.

**c. 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:-

i. Care and protection,
ii. Guidance and counseling, and
iii. 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 this. There were few NGO's helping the government in providing care at home for the older persons.

**d. Education and Training**

There have been many efforts by the Ministry of Health to educate and train the health staff in various areas of elderly health care;

i. In the clinical field, doctors are encouraged to do specialist training in geriatrics. Related training are also encouraged such as in rehabilitative medicine and in palliative medicine. A number of nurses and medical assistants have undergone training in health care nursing/management.

There are presently 10 geriatricians, 5 psychogeriatricians and 3 medical gerontologists in the country. Meanwhile, 22 rehabilitation physicians, more than 150 family medicine specialists, 35 oral surgeons, and 5 oral pathology/medicine specialists, about 700 physiotherapists (PT), more than 400 occupational

therapists (OT), 14 speech therapists, 14 clinical psychologists and more than 100 medical social workers are resources for geriatric care.

ii. In public health, a few public health practitioners have undergone short-term training in social geriatrics and gerontology, and a few public health nurses and medical assistants undergone special training in health care for the older persons.

iii. There is a module developed by the Ministry of Health in 1996 for in-service training of health care providers at primary level on health care for the older persons. The Institute of Public Health together with Family Health Development Division, are committed to conduct this training every year. Till December 2006, there were more than 18,000 health staffs (Medical and Health Officers, Dental Officers, Nurses, Physiotherapists, Occupational Therapists and Medical Assistants) have undergone training for health care of the elderly

iv. There is also training for community and family caregivers for which a module has been developed. Till December 2006, more than 15,000 personnel have been trained for care for the elderly (‘care givers’). These included health personnel, elderly care givers, non-governmental organisations, voluntary bodies and other agencies

## 4.4. Inter-agency Collaboration

As made clear in the above policy, the strategies and activities to be carried out to meet the objectives require the effort of several agencies. This is not limited to the government agencies such as health, transport,

housing etc, but also to Non-government Organizations (NGOs) and the private sectors. With respect to NGOs, Malaysia has made great strides, and there are several credible NGOs that are related to elderly. These NGOs work very closely with the government agencies and they are directly involved in the formulation of the national policy on the older peoples. There in fact an umbrella body, the National Council for Senior Citizens of Malaysia (NACSCOM). There are also several community based clubs for the older peoples, some are initiated from the relevant agency, such as the local health center.

List of some of the NGOs as in Para 10.

## 5. Recommendations

5.1. A data bank on older persons need to be set up.

5.2. Encourage research on older persons and need for more analysis of research data for the purpose of compiling information to be used in planning programs.

5.3. Some of the areas that need to be studied:

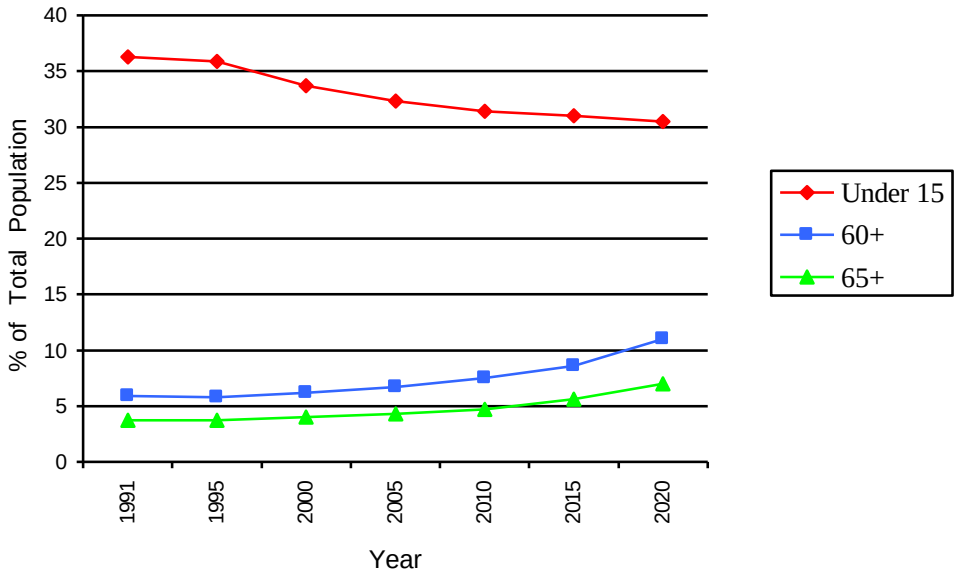
i. the appropriate retirement age,
ii. the need for the re-training among retires,
iii. the profile of the older persons in Malaysia
iv. the financial implications on ageing, and
v. the neglected/abandoned older persons.

## 6. Population of Malaysia, total and age cohort aged 60 years and older, 65 years and older and 80 year and above, 2000 – 2025.

| Absolute and projected numbers of persons ( ‘ 000 ) by sex, Malaysia | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Year / Age | 2000 | | 2002 | | 2010 | | 2025 | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 60 Yrs. & Over | 693.0 | 758.2 | 738.5 | 805.7 | 1,032.6 | 1,102.2 | 2,009.3 | 2,187.5 |
| 65 Yrs. & Over | 435.3 | 496.5 | 461.9 | 532.0 | 633.6 | 715.6 | 1,295.2 | 1,453.0 |
| 80 Yrs. & Over | 61.8 | 84.9 | 64.6 | 88.5 | 87.1 | 119.2 | 171.9 | 229.3 |
| Total Population | 11,965.6 | 11,529.3 | 12,487.1 | 12,039.5 | 14,712.6 | 14,196.2 | 19,295.6 | 18,686.9 |

*Source : Department of Statistics, Malaysia*

## 7. Proportion of Population in Malaysia by age groups 1991 – 2020




*Source : Department of Statistics, Malaysia*

**8. Some relevant health profile of the older person in the Federal Territory of Kuala Lumpur, 1997, reported by the *Study on Health Status of The Elderly in Kuala Lumpur* by the Malaysian Medical Association:**

- ACTIVITIES OF DAILY LIVING (ADL) – Number and percentage of elderly who are unable to perform ADL by age and sex.

| Type of Activity | Male 60 – 74 N (%) | Male 75+ N (%) | Total Male N (%) | Female 60 – 74 N (%) | Female 75+ N (%) | Total Female N (%) | Total Male & Female N (%) |
|---|---|---|---|---|---|---|---|
| Travel beyond walking distance | 0 | 1 (2.6) | 1 (0.7) | 1 (0.7) | 3 (5.7) | 4 (2.1) | 5 (1.5) |
| Go shopping | 6 (5.6) | 3 (7.7) | 9 (6.1) | 9 (6.3) | 11 (20.8) | 20 (10.2) | 29 (8.5) |
| Handle own money | 3 (2.8) | 4 (10.3) | 7 (4.8) | 4 (2.8) | 5 (9.4) | 9 (4.6) | 16 (4.7) |
| Eat | 0 | 1 (2.6) | I (0.7) | 0 | 1 (1.9) | 1 (0.5) | 2 (0.6) |
| Dress self | 0 | 1 (2.6) | I (0.7) | 2 (1.4) | 1 (1.9) | 3 (1.5) | 4 (1.2) |
| Take care of appearance | 0 | 1 (2.6) | I (0.7) | 2 (1.4) | 2 (3.8) | 4 (2.1) | 5 (1.5) |
| Walk | 0 | 1 (2.6) | I (0.7) | 1 (0.7) | 2 (3.8) | 3 (1.5) | 4 (1.2) |
| Get in or out of bed | 0 | 1 (2.6) | I (0.7) | 1 (0.7) | 2 (3.8) | 3 (1.5) | 4 (1.2) |
| Take bath | 0 | 1 (2.6) | I (0.7) | 2 (1.4) | 1 (1.9) | 3 (1.5) | 4 (1.2) |
| Get to toilet on time | 7 (6.5) | 4 (7.5) | 11 (7.5) | 12 (8.5) | 4 (8.2) | 16 (8.2) | 27 (7.9) |
| **SAMPLE SIZE** | **108** | **39** | **147** | **142** | **53** | **195** | **342** |

## 9. The Main Government Agencies/Ministry Involved in Care of the Elderly:

1. Ministry of Women, Famiily and Community Development.
2. Ministry of Health.
3. Ministry of Housing and Local Government.
4. Ministry of Transport.
5. Ministry of Education.
6. Ministry of Information.
7. Ministry of Finance.
8. Ministry of Local Entrepreneur Developmnent.
9. Ministry of Youth and Sports.
10. Prime Minister Department.
11. Employee Provident Fund.
12. Inland Revenue Department.
13. Social Security Organisation.
14. Social Safety Authority.
15. Public Service Department.
16. Labour Department.

17. National Family and Population Development Board

18. Department of Islamic Development, Malaysia.

**10. List of NGO Associated With Elderly.**

1. National Central Welfare Council of Malaysia
   2A, Jalan Syed Putra Kiri
   off Jalan Syed Putra
   Peti Surat 10523
   50716, KUALA LUMPUR.

2. Government Pensioner Association of Malaysia
   No. 36, Tingkat 3, Pekeliling Business Centre
   Persiaran 65C, Off Jalan Pahang Barat
   53000, KUALA LUMPUR.

3. Malaysia JAYCEES Association
   798, Aras 7, Menara Bakti
   Jalan 14/20
   46100, KUALA LUMPUR.

4. Malaysian Gerontology Association
   d/a Jabatan Pengajian Pembangunan Keluarga
   Universiti Putra Malaysia
   43400, SERDANG
   Selangor.

5. National Council for Senior Citizen of Malaysia (NACSCOM)
   Room 9 & 10, Aras 2
   Bangunan Sultan Salahuddin Abdul Aziz Shah
   16, Jalan Utara
   46200, PETALING JAYA
   Selangor.

6. *USIAMAS* Association
   KSD 21, Jalan Malawati
   Taman Setapak
   53000, KUALA LUMPUR

7. National Council of Women's Organisation Malaysia (NCWO)
157, Jalan Tun Razak
50400, KUALA LUMPUR

8. Malaysian HOSPICE Association
d/a Hospital Assunta, Jalan Templer
46900, Selangor.

9. Primary Care Doctor Association of Malaysia (PCDOM)
2, Jalan SS 3/31, Universiti Garden
47300, Selangor.

10. The International Association of LIONS Club Malaysia
22, Jalan SS 17/1E
Subang Jaya
47500, Selangor.

11. Rotary International Malaysia
Suite A-431, Pusat Perubatan Pantai
No. 8, Jalan Bukit Pantai
59100, KUALA LUMPUR.

12. Federation of Private Medical Practitioners Malaysia
19, Jalan Foley Barat,
off Jalan Ledang
50480, KUALA LUMPUR.

13. Private Hospital Association
d/a Pantai Medical Centre
8, Jalan Bukit Pantai
59100, KUALA LUMPUR

14. Malaysian Medical Association
Tingkat 4, Bagunan MMA
Jalan Pahang
50586, KUALA LUMPUR.

15. National Council of Welfare and Social Development Malaysia.
N0. 17, Jalan 1/48A,
Bandar Baru Sentul,
51000, KUALA LUMPUR.

16. Grace Community Service Center
81E, Tingkat 4, Sri Bunus
Jalan Medah Bunus
57000, KUALA LUMPUR

17. Alzeimer's Disease Foundation
Peti surat 28
46700, PETALING JAYA
Selangor.

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