

AGEING ISSUES IN MALAYSIA

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ABSTRACT

The ageing of the population in Malaysia is a new phenomenon. Nevertheless, the demographic data clearly indicate the greying of her population. Unlike other Asian countries, Malaysia is still considered as a 'young nation' and becomes an ageing country by the year 2020. Nevertheless, Malaysia is ageing rapidly. Increase of the aged (65 years old and above) in 1991 was two folds of that in 1970. This has implication on aged dependency. Chinese has higher percentage of aged population to Bumiputera and Indians. The aged females outlive their male counterparts with the sex ratio reducing for 838 males per 1000 females in 1980 to 617 males per 1000 females in the year 2000. The dependency ratio of Malaysian declined from 92 in 1970 to 68 in 2000. Issues such as labour, retirement schemes, health care, marital status of older females, living condition and family care were discussed. Malaysia as a young nation need to prepare for ageing population by reviewing the present policies, improve services for the elderly, changing the attitude, and improve education, training activities and research.

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INTRODUCTION

Malaysia is slowly experiencing ageing of her population. The ageing of the country resulted from the demographic transitions achieved by the low levels of fertility and mortality. Even though, Malaysia has not experienced demographic transitions, her fertility and mortality rates as well as the prolongation of life has resulted in the changes in the age structure of the nation. In addition, the rapid socioeconomic development programmes that have been implemented in the country over the last 30 years have contributed to the attainment of impending aged nation.

Compared with other Asian countries, Malaysia will only have an ageing population in the year 2020, where her population of 60 years old and above will be more than 10% of the total population. Ageing of the population has profound implications on the country, community and family and pose serious challenges to a developing country like Malaysia, where resources are limited. Therefore, preparatory measures should be adopted to ensure that older persons are not left behind in the development process.

INDICATORS OF AGEING

This paper will briefly discuss some of the major indicators of ageing in Malaysia based on the demographic data. Due to the recency of the phenomenon, there is a dearth of information on the status and situations of the elderly in the society. Thus, this paper is heavily based on demographics and where available empirical data will be provided.

Growth and distribution of the aged population

In 1991, the population aged 65 and over was 679,600 compared to only 320,900 in 1970 (Department of Statistics, 1995). This reflects a two fold increase in the aged population. The percentage increase of the older population is clearly shown in Table 1. Over the three census periods of 1970, 1980 and 1991, the increase of the elderly population aged 75 years and over is approximately 156% compared to only 42% for population aged 0-4 years and over. The percentage increase is more than three times. In addition, the bulk of the middle age population also shows marked increase. Between the censuses in the period of 1970-80, the percentage increase of people aged of 45-54 was 27% and increases to 91% between 1970-1991.

Table 1 Percentage increase of population ('000) by year and age groups

Year	0-5	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
1970-1980	7.76	12.63	37.59	49.50	35.87	27.36	21.46	43.40	60.80
1980-1991	31.75	27.74	27.44	60.19	68.84	50.32	45.30	36.24	58.91
1970-1991	41.97	43.88	75.35	139.48	129.41	91.45	76.49	95.37	155.54

Source : Calculated from Table 2.16 General Report of the Population Census 1991 Volume 1

In other words, the numerical growth of the economically productive is lesser than the numerical growth in the proportion aged 65 and older. This development has implications in terms aged dependency. Further, the percentage growth of the middle ages will increase the median age of the population.

The age distribution of the population by ethnic community is indicated in Table 2. Chinese community has higher percentage of population aged

65 and over compared to the national figure of 4% in 1991. The Bumiputera and the Indian populations figures are lower than the national average. Therefore, the experience and timing of ageing is different for the different ethnic groups.

Table 2 Percentage distribution of population by age group and ethnic group, Malaysia, 1991

Age group	Total	Malaysia citizens					Non-Malaysian citizens
		Total	Bumiputera	Chinese	Indian	Others	
0-14	37	37	40	30	34	41	22
15-24	19	19	19	18	19	17	26
25-34	17	16	16	17	19	15	30
35-44	12	12	11	14	13	10	12
45-54	7	7	7	9	7	7	5
55-64	5	5	4	6	5	5	2
65+	4	4	3	5	3	4	2
Total	100	100	100	100	100	100	100
Number (thousands)	18,379.7	17,574.3	10,646.5	4,945.0	1,394.0	588.9	805.4

Source : Table 2.17 General Report of the Population Census 1991 Volume 1

As reported by Masitah (1994), the 4% value is above the projected value of 3.9 for 1995. This shows that the ageing is taking place quite rapidly. The four percent value is considered low and classify Malaysia as a young nation using the United Nation cut off age of 65 and 7% distribution.

Life expectancy

The life expectancy of the population at birth mirrors the health status

of the nation. In Malaysia, the life expectancy at birth has improved. In 1957, the life expectancy at birth for male was 55.8 years and 58.2 years for female (Chan, 1992b) and has increased to 69.2 for male and 73.9 for female in 1992 (Dept. of Statistics, 1993).

Further information on life expectancy at birth of Malaysians by gender and years is indicated in Table 3. As evidence in Table 3, the female has higher life expectancy than male. As projected the life expectancy will increase to 75 and 80 for male and female respectively in the year 2020. The longevity difference among male and female will be larger in the coming years.

Table 3 Life expectancy at birth by sex, Malaysia 1970-2020

Year	Sex		Excess of female over male life expectancy
	Male	Female	
1970	61.4	64.7	3.3
1980	66.4	70.5	4.1
1989	68.8	73.3	4.5
1990	68.9	73.5	4.6
1991	69.0	73.7	4.7
1993	69.4	74.1	4.7
2000	71.3	75.9	4.6
2010	73.3	78.0	5.0
2020	75.4	80.4	5.0

Source : Social Statistic Bulletin 1992, 1993 and Chan, 1992

Sex ratio

Consequent to the longer life expectancy of female over male population, the sex ratio in the older ages favour the female. The sex ratio measures the number of males to every 1000 females. The excess of females over males is most acute in older age groups due to the longer life expectancies

between the sexes (Table 4).

The sex ratio imbalance will be more prominent in the older ages. Chan (1992b) reported that in the oldest age group of 80 years and over, will reduce from 838 males per 1000 females in 1980 to 617 males per 1000 females respectively in 2020. The disparities in sex ratio needs to be analysed further at it has social and economic implications and should be considered in policy development.

Table 4 Sex ratio of age groups 60 and older, Malaysia, 1980-2025

Sex ratio (males per 1000 females) by age group					
Year	60-64	65-69	70-74	75-79	80+
1980	959	1010	987	1025	838
1985	935	911	925	887	810
1990	952	889	853	831	759
1995	915	904	823	762	710
2000	974	878	843	742	665
2005	816	668	639	629	382
2010	958	928	857	733	617
2015	908	910	861	774	604
2020	882	865	846	779	617
2025	926	838	805	766	627

Source : Table 13, Chan 1992b

Median age

Table 5 shows the median age of the population by gender and stratum in the census periods of 1970, 1980 and 1991. The median age has increased from 17.4 years in 1970 to 19.6 in 1980 to 21.9 in 1991, indicating 4.5 years improvement between 1970-1991 (Dept. of Statistics, 1995).

The urban population is much older than the rural population in all the census years. The median age for the urban area was 18.9 years compar-

ed to 16.9 in the rural area in 1970. Even though the median age of the rural areas has increased over the years, the advancement is lower than the urban area.

Further, gender differences in median age is also recorded. Female population is older than male population. This may reflect a faster rate of ageing among the female population compared to the male population.

Table 5 Median age by sex and stratum, Malaysia, 1970, 1980 and 1991

Stratum	1970			1980			1991		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Malaysia	17.4	17.2	17.5	19.6	19.3	19.9	21.9	21.7	22.2
Urban	18.9	18.8	19.0	21.3	21.1	21.5	23.3	23.1	23.5
Rural	16.7	16.5	16.8	18.7	18.4	19.0	20.2	20.0	24.4

Source : Table 2.18 General Report of the Population Census 1991
Volume 1

Dependency ratio

The dependency ratio measures the proportion of the economically unproductive over the productive population. Population below the ages of 14 and above the ages of 64 are considered economically unproductive. Thus, there are three measures of dependencies ie, total, young and old.

The total dependency in Malaysia has declined from 92 in 1970 to 68 in 1991 (Dept. of Statistics, 1995) and is projected to decline further. The projected decline is estimated to be 63.6 and 57.5 respectively in 2000 and 2025 (Masitah, 1994).

The young dependency ratio shows a decrease over the years. This reflect the decline in the proportion of the young in the population. Even though the figures in Table 6 for older dependency did not indicate an

increase value, the projected figures for the year 2000 and 2025 are 7.4 and 12.1 respectively (cited in Masitah, 1994).

Table 6 Dependency ratio by stratum, Malaysia, 1970, 1980 and 1991

Stratum	Age-dependency ratio								
	Total			Young			Old		
	1970	1980	1991	1970	1980	1991	1970	1980	1991
Malaysia	92	76	68	86	70	62	6	6	6
Urban	77	63	58	71	57	53	6	6	5
Rural	98	84	79	92	77	71	6	7	7

Source : Table 2.20 General Report of the Population Census 1991
Volume 1

The ethnic differences in dependency ratios is indicated in Table 7. Chinese community shows a higher aged dependency ratio than either Malay or Indian communities. Contrary, Chinese community reported lower total dependency ratio than either Malay or Indian communities. On the other hand, Malay indicated highest total dependency ratio among the these ethnic groups. These figures reflect different experiences of ageing among the major othnic communities.

Table 7 Dependency ratio by ethnic group, Malaysia, 1991

Ethnic group	Age-dependency ratio		
	Total	Young	Old
Malaysian citizens	69	63	6
Bumiputera	78	72	6
Chinese	55	47	8
Indian	60	55	5
Others	84	76	8
Malaysian citizens	69	63	6
Non-Malaysian citizens	32	30	2
Total	67	61	6

Source : Table 2.21 General Report of the Population Census 1991
Volume 1

Ageing Index

Another measure of ageing is the ageing index. Ageing index is a measure of the relative proportion of the aged (population aged 65 and over) and youth categories (population below age 15) of the population. In Malaysia, the ageing index is on the increase. In 1947, the index for Peninsular Malaysia was only 13.8 and projected to increase to 18.2 in year 2000 (Masitah and Nazileh, 1986). These figures indicated that in 1947, the aged was 13% as numerous as the young and projected to be 18% as numerous as the young in year 2000. Therefore, the aged are assuming greater importance as a segment of the total population non-active population. Further, the increase in the ageing index for Malaysia is the direct effect of the increase of the aged population compared to the young population (refer Table 1). Hence, the ageing process in Malaysia can be said to occur at the apex of the population pyramid.

ISSUES RELATED TO POPULATION AGEING

Labour force

As presented earlier, the proportion of the young population in Malaysia has not increase at the same rate as the proportion of the aged population. This reduction in the young population reduces the young dependency ratio but increases the older age dependency ratio. This means that fewer productive persons has to support more and more unproductive persons in the population. On the other hand, fewer children born to a family shorten the reproductive life and provide greater opportunities for the parent generations to enter labour force.

The shrinking proportion of the young population will increase the older population in the labour force. Nevertheless, the compulsory

retirement age of 55 will prematurely deprive the elderly of participation in the labour force. The participation rates of both the female and male elderly are low. In 1988, the participation rate of elderly aged 75-79, was 20.4%. On the other hand, the participation rate of younger elderly (60-64) was higher of which male participation rate was 63% compared to only 27% for female in the same age group in 1990 (Tey and Tey, 1995).

Retirement and Pension schemes

Retirement from the work force is one of the major life transitions in the life of an adult. Retirement changes the life style and reduces the income of retirees. Besides, retirement also alters the self image and esteem of the worker. Generally, in Malaysia male workers identify their status with their jobs and when they retire, their status may suddenly be diminished. As more women are employed in the labour force, similar predicament may be experienced by women retirees.

The number of retirees will increase in the future, when more Malaysians live beyond the retirement age of 55. Therefore, more people in the formal employment sectors will become retirees. These retirees may still be able to contribute to society and family but are displaced in the labour market. Thus, the burden of support/ retirement pensions will be heavier on the government.

Moreover, the pension schemes are only available for workers who are employed in the formal sectors. Elderly who are self employed and who do not participate in the formal sector of the economy depend on their savings and contributions from children as sources of economic support in old age. Unless, the older persons are prepared, both financially and socially for life to the ripe old age, they might not have income to live on. Economic security is an important issue that needs attention from the

government, the financial institutions as well as individuals to ensure older persons have some mean of income in old age. Thus, preparation for life after retirement/after life is the responsibility of all persons.

Health care

As the men and women become old, the health care needs rises. This has been reported in several studies conducted in Malaysia. The WHO study indicated that 25% of the elderly surveyed reported that their health affected daily activities (Andrews et al, 1986). Similarly, 48% of respondents aged 80 and over regarded themselves quite healthy compared to 72% elderly aged 60-69 (ESCAP, 1989).

The health status of the elderly differs by gender. More female reported poorer health status than male (Nazileh, 1992). In addition to gender, marital status also influence the health status of the elderly. Married elderly reported better health status than unmarried elderly (Nazileh, 1992).

Chronic health conditions are expected to increase in old age. Poor health conditions will limit the involvement of the elderly in activities and if the unhealthy conditions prolongs, hospitalization might be needed. With the rising cost of health care in Malaysia, the issue of affordability of services are of concern to the elderly. Presently, the insurance policies on health is discriminatory against the elderly, better schemes needs to be developed to make health care affordable and available to more people.

Marital status and older women

The marital status of the elderly Malaysians is shown in Table 8. In 1991, 80.6% of male elderly aged 65 years and above were married

compared to only 36.2% of the female elderly in the same age category. A higher percentage (4%) of the elderly female aged 65 years and over were either divorced or separated compared to only 1.6% of the male of the same age (Dept. of Statistics, 1995).

Table 8 Percentage distribution of population 50 years and over by marital status, sex and age group, Malaysia 1980 and 1991

Age group	Marital status							
	Never married		Currently married		Widowed		Divorced/separated	
	1980	1991	1980	1991	1980	1991	1980	1991
Percentage distribution								
Male								
50-54	3.4	3.2	92.1	93.6	3.3	2.4	1.2	0.8
55-59	3.0	2.6	90.6	92.7	5.0	3.9	1.4	0.8
60-64	3.0	2.3	86.7	90.1	8.3	6.6	2.0	1.1
65+	3.8	1.9	76.1	80.6	17.2	15.9	3.0	1.6
Female								
50-54	2.2	2.7	73.5	79.3	20.4	15.3	3.9	2.7
55-59	1.7	2.3	64.3	71.4	29.0	23.6	5.0	2.7
60-64	1.9	1.7	50.1	58.2	41.8	36.7	6.2	3.4
65+	2.1	1.4	29.7	36.2	60.8	58.3	7.3	4.0

Source : Adapted from Table 3.4 General Report of the Population Census 1991 Volume 1

Similarly, the number of widowed female were markedly higher in all age categories compared to the male (Table 4). Approximately 2% of male aged between 50-54 were widowers compared 15% among the widows. The high proportion of widows may be due to the lack of opportunities of remarriage and greater incidence of deaths of male spouses among older females. In addition, there is a tendency for males to marry younger spouses. These figures clearly shows that relatively

more females than males have to spend their later years without their spouses. The absence of spouses may pose new challenges for the elderly female who were dependent on their spouses for economic support. The family, especially the children or grand children will replace spouses as support providers for them.

Studies have shown that female elderly depend on their children for support, while the male elderly depended on their spouses for support (Tengku Aizan, 1995a). However, in the future, this option might be questionable as the number of children ever born is getting fewer due to fertility decline.

Living arrangement

Parents living with their adult children is a norm for Malaysian families. This kind of arrangement has been reported in several studies (Chen and Jones, 1989, Andrews et al, 1986, ESCAP, 1989). However, the percentage of elderly living alone or not coresiding with their adult children has risen (DaVanzo and Chan, 1994). In addition the number of elderly who are homeless or live in the old age homes is not well documented. Coresidential arrangement is affected by marital status, and income of the parents. Married parents are less likely to coreside than unmarried parents (Masitah, 1994). Subsequently, low income parents reported higher coresidency than high income parents.

Ethnically, coresidence is highest among married and unmarried Indian community and lowest for Malay community. Among metropolitan dwellers, Chinese recorded the highest coresidence pattern (DaVanzo and Chen, 1994).

Family care

Filial responsibility is the main thrust of intergenerational relationships in Malaysian families. Several studies have found that the majority of elderly parents received financial assistance from their children and grandchildren on a regular basis (ESCAP, 1989 ; Masitah and Nazileh, 1986 ; Tengku Aizan, 1995b).

Further, families are also the main providers of care. For male elderly, spouse is the major provider of support care (ESCAP, 1989), while female elderly depended more on their children (Nazileh, 1992). Generally, the older persons prefer children over other arrangements to care for them during old age.

The elderly seem not to depend on other relatives to care during illness. Very few, 0.8% of the elderly expected help from their siblings and other relatives (Tey, 1989 cited in Tengku Aizan, 1995a). Generally, the elderly depend on their female children to care for them. In future, this expectation might not be fulfill as more and more women are employed in the labour force and they are not available as traditional caregivers. Moreover, the reduction in family size may further heightened the issue of family care. Policies and programmes need to be design to facilitate and enhanced the role of family as support providers of the elderly members.

PREPARATORY MEASURES TO FACE AGEING

Policy on ageing

A newly established policy on the aged has been passed by the Cabinet recently. This policy serve as the guiding principles for the betterment of the aged and uphold the caring community concept envisaged by the

VISION 2020. The full impact of the implementation of the policy is yet to be realised. The development and the establishment of the policy is a step in the right direction to address the potential challenges of an aged nation.

Services

In Malaysia, services for the elderly are few and limited in its scope. The services provided by the government are usually welfare services, and as welfare services only people that are eligible can enjoy the facilities. On the other hand, the elderly who are ineligible for services provided by the government and who cannot afford private services are in a dilemma as they do not have support services to turn to. Therefore, creative services needs to be develop which do not tax the government as well as the public. One way of providing these services is through the community based establishments and networking with assistance from the government.

The government has placed the responsibility of families to care for their aged members and to encourage that, income tax relief is given to children to provide medical care to their elderly family members. However, family structural changes as experienced by the contemporary families may call for special programmes to promote and strengthened inter-generational relationships in families. Family size is small which reduces the potential pool of caregivers. Moreover, children might not be available for physical support in later life as they may be involved in paid employment away from the household. Further, with expanded life expectancies, there will be two generations of elderly family members who needs care and are cared for by aged caregivers.

Nongovernmental bodies's involvement in service delivery should be

encouraged. NGO's are quick to response to society's need but they need assistance to support their clientele. Some of these NGOs are given annual grants by the government for their activities. Close coordination and good working relationship between government agencies and NGOs will help ameliorate the potential problems that will be faced by an ageing society.

Malaysia has still a long way to go in terms of providing services for the elderly. The quality and quantity of services available to the elderly have a direct impact on their quality of life. Therefore, it is imperative that the government play a greater role as the overall controller of her citizens to regulate services and ensure the best quality of services are provided for her citizen and that the aged are not exploited (Tengku Aizan, 1995a). The services for the elderly should be part and parcel of the services for the general public, although special services needs to be developed for them.

Attitude change

The elderly persons must be viewed as a resource, not a burden to society. The negative stereotypes should be changed, as adherence to negative stereotypes will not help society and the aged individuals to adjust to the new environment and challenges in old age. Anticipatory socialization to the ageing process will assist in the integration of the aged in the community and contribute to the socioeconomic development. Therefore, attitudinal change at all levels (individual, familial and societal) must take place in order to view ageing as the normal process of development.

Education and Training

A high proportion of the present middle aged and elderly persons have not had the opportunity to benefit from the formal education. Approximately, 43.2% of male aged 60 and above had no formal schooling and 47.1 percent had primary education. The female aged is worst off, as a very high percentage 78.7% had no education, while 17.4% had primary level education (Dept. of Statistics, 1995). In general, male elderly are better educated than female elderly. Hence, it is more likely that the male elderly would be financially better off than females elderly.

Older persons should have access to education and training at the formal and the informal levels. The accessibility of training will enable the aged person to gain new knowledge and upgrading their skills which will enhance participation in productive activities.

Besides training of the elderly, manpower training in gerontology and geriatrics ought to be planned and developed to cater for the future needs of trained personnels in the field. Trained personnels in the specified field in gerontology will assist the government in utilization of sound framework for development of programmes and policies towards promoting productive ageing.

Research

Research on ageing is few and have not taken impetus. However, in the Seventh Malaysian Development Plan (1996-2000) more money have been allocated for research and development. In line with that research projects in the field of gerontology have also been given allocations. This new trend is welcome as empirical data are needed to design policies and programmes that are suitable for the target elderly.

CONCLUSION

The number and proportion of the elderly will increase in the future and the rapid increase will happen in the older age groups of 70 years and over. The growth of this segment of the population will require careful planning to ensure that the conditions of the aged are taken into considerations in planning for the socioeconomic development of the country. In tandem with VISION 2020 of becoming a new industrialized nation, positive steps must be taken to address the issues of ageing of the population.

Malaysia is not a welfare state and cannot afford to provide services for all its citizens. Therefore, proactive measures have to be developed to balance the responsibility of government and families to care for their elderly members.

In addition, the disadvantaged elderly should be given special attention as families might not have the resources nor the technology to cater for the needs of this group of people. Further, research in gerontology needs to be promoted to study the situations of the elderly and to develop programmes to better meet the needs of the aged. Informed policy development based on empirical support is critical as there is no model for Malaysia and she has to develop a modus operandi within limited resources, mode of operations and socio-cultural context and values.

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