

## **Caring for the elderly**

For many developed nations in Asia, the ageing of population has become a common phenomenon as a result of increasing longevity and declining fertility. According to the Economic and Social Commission for Asia and the Pacific (ESCAP), the number of older persons (people aged 60 and over) in Asia, as a whole, will more than double from 322 million in 2000 to about 705 million in 2025. Countries like Japan and Singapore will likely have the oldest population by 2030.

Like many developing countries, Malaysia has been experiencing improved health and longer life expectancy, together with the decline in mortality and fertility. These factors, combined, have brought a change in the country's demographic profile. The age used to define the elderly in Malaysia is similar to the cut-off adopted by the United Nations (UN) of 60 years and above. The total population in Malaysia, at present, is approximately 26 million and is projected to grow by 2 per cent annually. By 2020, the country's population is expected to reach nearly 34 million. Although the population in Malaysia is still not considered elderly in Asia, the number of elderly population has recorded a steady increase since the early 1990's. Findings from the Department of Statistics' 2000 Census reveal an increase in the percentage of elderly from 5.9 per cent in 1991 to 6.2 per cent (about 1.5 million) in 2000. This is a clear indication that demographic ageing is taking shape in Malaysia. The census also projected that, by 2020, the percentage of elderly will increase to 9.5 per cent, which will be equivalent to 3.2 million people.

Typical of the Asian culture, Malaysians have a long tradition of filial piety. Hence, providing care and financial support for the elderly are the general responsibility of the family. However, familial care for elderly parents in Malaysia has deteriorated somewhat due to several factors. The modernisation process and the effects of urbanisation and migration for work have created a situation where young adults live apart, thus affecting their ability to provide family care for their parents. In addition, the decline in fertility and smaller family sizes has reduced the number of children to share both social and

financial responsibilities of care for elderly parents. Also, the change in the extended family structure towards nuclear families, as well as the steady decline in the number of women as traditional carers due to increasing participation in the labour force, have caused a decline in the care for the elderly within the family system.

Given this changing trend, policymakers need to look into institutional arrangements for providing formal care, which include social security, health care and social services, for the elderly population. In Malaysia, formal social protection provided by the government includes social security programmes and pension schemes. The implementation of the Employee Provident Fund (EPF), since its establishment in 1951, has been fairly successful. However, the fund is not without limitations. While the fund aims to provide income support for retired workers, it covers only a small proportion of the older population. This is due to the fact that contributions to the fund are mandatory for the formal sector while those from the informal sector are on a voluntary basis. Thus, the EPF provides coverage mostly for the formal sector. The informal sector, which represents a large proportion of older persons, has to rely on personal savings or financial support from families. Similarly, the government pension schemes are only extended to civil servants. According to a study in 2002, this scheme only provides coverage for less than 1 per cent of the population.

As older persons also generally require more care than the general population, the government has provided elderly-friendly facilities that include housing, transportation, recreation facilities, appropriate restrooms, and lifts and ramps in public areas. The provision of old folk homes or nursing homes for the purpose of long-term care will soon become a necessity, as the ageing phenomenon becomes more prevalent in Malaysia. The decline in family as the primary caregiver for the elderly who need long-term care has created an increasing demand for institutional care. But this can be financially burdensome especially for those constrained by limited financial resources and those without insurance schemes. Although the government has set up several homes to provide care for the elderly, the provision and accessibility to formal long-term care is still uneven between the urban and rural areas.

While the social welfare department plays an active role in providing social services, private and voluntary organisations, including non-governmental organisations (NGOs), have also complemented the government efforts in providing assistance in kind. In recent years, community care has grown in importance to supplement the decline in familial care. Domiciliary care, which includes home-help services and home visiting, is one of the most common community-based services for elderly persons. In addition, the setting up of day centres provide a place for social interaction. Still, there is room for community care to be further developed especially home-help services and home visiting.

Prior to 1995, there was no specific policy to provide for elderly persons in Malaysia. The needs of older persons mainly came under the nation's overall welfare policy development. The National Welfare Policy, which was enacted in 1990, identified older persons under one of its many target groups. The policy, however, was more welfare-oriented rather than development-oriented. It was only in 1995 that the policy for the elderly was formulated to cater for the developmental needs of the older population. The aim of this policy was to improve and maintain the health and functionality of older people. Subsequently, in line with the policy objectives, several action plans were initiated and sub-committees were established to implement programmes and activities specifically for the older population. As with many Asian countries, the Malaysian government continue to encourage family-oriented support system to minimise budgetary burden. Institutional care is to be considered only as a last resort.

It is promising to note that more attention is currently being paid to the ageing population in Malaysia. The formulation of the National Policy for the Elderly in 1995 and the setting up of the National Elderly Health Council in 1997 confirm that the government is serious in its commitment to provide care and services for the nation's elderly. It is also assuring to note that the NGOs, voluntary organisations, the private sector and the community are equally committed in supporting the wellbeing of the elderly.

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