Issues and Challenges of Older Peoples’ Health

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Growth of Older Persons in Malaysia, 1950 - 2100

# Older Population Projection in Malaysia

<table>
<thead>
<tr>
<th>Age group</th>
<th>2010</th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Older Persons</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 and over</td>
<td>1,361,500</td>
<td>2,098,000</td>
<td>2,805,900</td>
<td>3,342,100</td>
</tr>
<tr>
<td>70 and over</td>
<td>642,700</td>
<td>947,800</td>
<td>1,485,700</td>
<td>2,002,100</td>
</tr>
<tr>
<td>80 and over</td>
<td>244,400</td>
<td>395,100</td>
<td>604,500</td>
<td>952,200</td>
</tr>
<tr>
<td>Total</td>
<td>2,248,600</td>
<td>3,440,900</td>
<td>4,896,100</td>
<td>6,295,300</td>
</tr>
</tbody>
</table>

| **Proportion of Older Person by Age (%)** |    |    |    |    |
| 60 - 69     | 60.55    | 60.97 | 57.30 | 53.07 |
| 70-79       | 28.58    | 27.55 | 30.34 | 31.80 |
| 80 and over | 10.87    | 11.48 | 12.36 | 15.13 |
| Total       | 100.0    | 100.00 | 100.0 | 100.0 |

The National Health Policy for Older Persons was adopted in 2008 with its main objectives as follows:

- To improve the health status of older persons
- To encourage participation in health promoting and disease prevention activities throughout the life course
- To provide age friendly, affordable, equitable, accessible, acceptable, gender sensitive, seamless health care services in a holistic manner at all levels
- To advocate and support the development of enabling environment for independent living
A review of the National Policy for the Elderly led to the adoption of a revised policy on National Policy for Older Persons and Plan of Action for Older Persons in 2011. This revised policy seeks “to develop a caring society, enhance capacity building, advance health and wellbeing, and address the safety and social security of older adults. Strategies that are planned to achieve enabling and supportive environments for older adults include strengthening the human governance and the enforcement of law pertaining to older adults; accessibility and capacity-building of organizations; and intergenerational interdependence, through inter-sectoral and multi-disciplinary approaches involving various government ministries and agencies, non-governmental organizations, private sector and the community.”
Social Protection in Malaysia

Major Institutions:
- Employees Provident Fund (EPF)
- Public Service Department
  - Pension Scheme
- Social Security Organization (SOCSO)
  - Employment Injury Insurance
- Private Pensions Administrator
- Department of Social Welfare (Ministry of Women, Family & Community Development)
  - Cash (BOT – Bantuan Orang Tua)
ISSUES AND CHALLENGES
Chronic diseases and comorbidities
Cognitive / Memory impairment
Functional disability (ADL / IADL)
Dependency on care / healthcare cost
Ageism
Chronic Diseases Among Older Population

Prevalence of Hypertension, Hypercholesterolaemia, Diabetes Mellitus according to age group, 2015

Source: NHMS 2015 Report, MOH
Common Diseases

- Hypertension: 50.0%
- Diabetes Mellitus: 20.0%
- Arthritis: 15.0%
- Cardiovascular Diseases: 12.0%
- Cataract: 10.0%
- Gastritis/ Ulcer: 7.0%
- Asthma/ Emphysema/ Bronchitis: 6.0%
- Cancer: 5.0%
- Chronic Kidney Disease: 4.0%
- Dementia: 3.0%
- Depression: 2.0%
- Thyroid Problem: 2.0%
- Incontinence: 1.0%
- Other illnesses: 1.0%

Data source: Health Security among older persons in Malaysia study 2017 (n = 300)
Projection of Older Persons with Chronic Diseases in Malaysia, 2015-2030

Malaysian Research Inst. of Ageing (My Ageing)
Longer lives and Dementia

• The risk of dementia increases with age and this syndrome is expected to place growing demands on health and long term care providers.

• Prevalence rate of dementia among older Malaysian was 14.3% (Hamid et al, 2011)
  • Significant risk factors found in the study
    • Oldest age (26.3%)
    • Being women (19.7%)
    • No formal education (24.1%)
    • Unemployed (31.3%)
    • Bumiputera - indigenous ethnic group of Sabah and Sarawak (32.2%)
    • Unmarried (19.4%)
    • Very poor self-rated health (33.3%)
Excerpts from a qualitative study on caring for moderate to severe dementia patients - Family Caregivers Experience

• “So now he’s like, really regress till to like becoming like a child, always tell you, don’t do this, he will want to do it.”

• “I take him to the barber shop. To take him down from the car is so difficult. After shaving, to bring him back to the car also difficult. Everybody is looking. I feel shy also, but (pause) have to do.”

Longer lives and Dementia

• The complexity of the disease and living arrangements can be difficult for people and families dealing with dementia

• Religion and spirituality play an important role either as a buffer from stress or a resource for coping in reducing burden among the Malaysian caregivers

“I’m a Christian. Especially when it is stressful and emotional at that time, we pray to God. I feel at ease.”

## Functional impairment among older Malaysians (n = 300)

<table>
<thead>
<tr>
<th>Activities of daily living</th>
<th>No difficulty %</th>
<th>Some difficulty %</th>
<th>A lot of difficulty %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>89.3</td>
<td>8.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Dressing</td>
<td>90.3</td>
<td>7.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Toileting</td>
<td>90.3</td>
<td>7.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Continence</td>
<td>89.3</td>
<td>8.7</td>
<td>2</td>
</tr>
<tr>
<td>Transferring</td>
<td>88.7</td>
<td>8.6</td>
<td>2.7</td>
</tr>
<tr>
<td>Eating</td>
<td>92</td>
<td>6.7</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Data Source: Health Security among older persons in Malaysia Study 2017
<table>
<thead>
<tr>
<th>Activities</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 1477</td>
<td>n = 1503</td>
<td>n = 2980</td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td>4.1</td>
<td>7.4</td>
<td>5.8</td>
<td>14.45***</td>
</tr>
<tr>
<td>Dressing and undressing</td>
<td>3.7</td>
<td>6.3</td>
<td>5.0</td>
<td>9.52**</td>
</tr>
<tr>
<td>Eating</td>
<td>3.1</td>
<td>5.1</td>
<td>4.1</td>
<td>7.06**</td>
</tr>
<tr>
<td>Transferring</td>
<td>5.1</td>
<td>11.3</td>
<td>8.2</td>
<td>36.83***</td>
</tr>
<tr>
<td>Grooming</td>
<td>3.8</td>
<td>6.3</td>
<td>5.0</td>
<td>9.83**</td>
</tr>
<tr>
<td>Preparing meals</td>
<td>8.6</td>
<td>15.6</td>
<td>12.1</td>
<td>31.74***</td>
</tr>
<tr>
<td>Shopping</td>
<td>9.2</td>
<td>20.4</td>
<td>14.8</td>
<td>70.35***</td>
</tr>
<tr>
<td>Managing money</td>
<td>6.8</td>
<td>14.8</td>
<td>10.8</td>
<td>46.87***</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>7.9</td>
<td>13.8</td>
<td>10.9</td>
<td>25.69***</td>
</tr>
<tr>
<td>Doing laundry</td>
<td>9.5</td>
<td>16.9</td>
<td>13.3</td>
<td>33.07***</td>
</tr>
<tr>
<td>Taking and managing medication</td>
<td>11.7</td>
<td>25.9</td>
<td>18.8</td>
<td>92.99***</td>
</tr>
</tbody>
</table>

** $p < 0.01$. *** $p < 0.001$
Out-Patient Care

Health Care Cost

Data Source: Health Security among older persons in Malaysia Study 2017 (n = 300)
### In-patient: Hospital Care Cost

**Data Source:** Health Security among older persons in Malaysia Study 2017 (n = 300)

<table>
<thead>
<tr>
<th>Category</th>
<th>RM 0</th>
<th>RM 1-500</th>
<th>RM 501-100</th>
<th>RM 1501-2000</th>
<th>RM 2001 and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees (%)</td>
<td>58.2</td>
<td>26.4</td>
<td>1.8</td>
<td>0.9</td>
<td>12.7</td>
</tr>
<tr>
<td>Medicines (%)</td>
<td>91.8</td>
<td>7.3</td>
<td>0</td>
<td>0.9</td>
<td>0</td>
</tr>
<tr>
<td>Test (%)</td>
<td>97.3</td>
<td>1.8</td>
<td>0</td>
<td>0.9</td>
<td>0</td>
</tr>
<tr>
<td>Transport (%)</td>
<td>68.2</td>
<td>31.8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Others (%)</td>
<td>93.6</td>
<td>2.8</td>
<td>1.8</td>
<td>0</td>
<td>1.8</td>
</tr>
</tbody>
</table>
Other Persons Who Paid For The Visit

Data Source: Health Security among older persons in Malaysia Study 2017 (n = 300)
Health Care Satisfaction

Data Source: Health Security among older persons in Malaysia Study 2017 (n = 300)
Perception of Hospital Treatment

Percentage (%)

CARE AND ATTENTION
- Satisfied: 66.7%
- Okay: 31.1%
- Dissatisfied: 1.5%
- Do Not Know: 0.8%

MEDICAL TREATMENT
- Satisfied: 71.2%
- Okay: 27.3%
- Dissatisfied: 0.8%
- Do Not Know: 0.8%

AVAILABILITY
- Satisfied: 72.7%
- Okay: 25.8%
- Dissatisfied: 0.8%
- Do Not Know: 0.8%

Data Source: Health Security among older persons in Malaysia Study 2017 (n = 300)
Hospital Experience

Data Source: Health Security among older persons in Malaysia Study 2017 (n = 300)
Ageism: Excerpts from qualitative data on satisfaction of healthcare services

• “Some healthcare personnel tend to be rude”

• Issues of discrimination in serving the poorly educated older persons
  “some healthcare personnel tend to raise their tone of voice or not attentive for those who could not speak Malay or English, compared to those who can”

Data Source: Health Security among older persons in Malaysia Study 2017 (n = 300)
Health security: Insurance coverage

- 253 respondents (84.3%) did not have any insurance coverage
- 47 respondents (15.7%) did have insurance coverage

(Data Source: Health Security among older persons in Malaysia Study 2017 (n = 300))

- Implication on long term care
  - some adult children have to pay exorbitant medical costs in caring for their parents

Other Issues and Challenges

• Socio – economic
  • Financial well-being
    • Poverty may threaten the well-being of the older persons who has limited sources of income
    • 3.6% and 0.6% of households headed by those aged 65 years or more are poor or hardcore poor (Economic Planning Unit, 2012)

• Changing family structure
  • 29% of older women (aged 60 and older) had an older parent or parent- in- law living with them (Hamid & Masud, 2008)
  • 6.8% of older persons live alone
  • 37.5% live in nuclear family
  • 49.1% live in extended family
    (Pala, 2005)
  • Implications of support and care of the older persons
Other Issues and Challenges

• Feminization of Ageing
  • Women live longer
  • Older women were more likely to depend on financial support from their children (Tey & Tengku Aizan, 2014)

• Aged labour force
  • A need for a well developed infrastructure that allow older people to work in a less stressful environment with a flexible employment structure
Other Issues and Challenges

• Cultural factors
  • Higher proportion of Chinese elders in nursing homes, partly on account of their higher income and lack of family support (Choo et al, 2003)

• Spirituality and religion may also affect adult children’s decision to send their parents to Old Aged Home (Tey et al, 2016)
Other Issues and Challenges

• Religion
  - become increasingly important as older people approach the end of life
  - religious involvement is undertaken in response to illness in the pursuit of physical healing and also in seeking comfort and strength

Excerpts from a qualitative study on the meaning of religion / religiosity for the elderly (Oliveira & Menezes, 2018)

“It provides me peace, tranquility and health”

“When I worked and got sick, I asked a lot for God, and I recovered myself”
Key Points

• Advancing age increases the risk of having chronic diseases and cognitive decline which may lead to dependency for care

• Discrimination /ageism persist among healthcare providers and we need to overcome this bias

• Social security of older adults need to be addressed
Key Points

• Religiosity is a key element of strength, hope and disposition in the life of the older person

• Nursing care must include the spiritual dimension, a guiding principle of the ethics of care because it means to listen carefully to the other, to comfort people, to be present in pain and suffering and to establish a coping strategy for the health – disease process of individuals

• Religious groups can offer both spiritual and tangible support to older people
The way forward: A framework for action on ageing and health

- Consider the heterogeneity of experiences in older age and be relevant to all older people, regardless of their health status
- Address the inequities that underlie this diversity
- Avoid ageist stereotypes and preconceptions;
- Empower older people to adapt to and shape the challenges they face and the social change that accompanies population ageing
- Consider the environments an older person inhabits
- Consider health from the perspective of an older person’s trajectory of functioning rather than the disease or comorbidity they are experiencing at a single point in time.

(WHO, 2015: World report on ageing and health)
Thank You