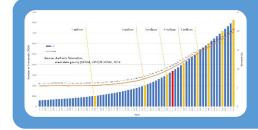
Seminar on Major Population Challenges in Malaysia in conjunction with World Population Day 2019



Prof. Dato' Dr. **Tengku Aizan HAMID**, DPSK FASc Malaysian Research Institute on Ageing, Universiti Putra Malaysia

Content



Population Ageing in Malaysia



Situation of Older Persons and Their Families



Sustainable Strategies for the Future



Conclusion and Take-home Message

AGEING IN EAST ASIAN COUNTRIES:

"The Twin Challenges of Ageing and Development"

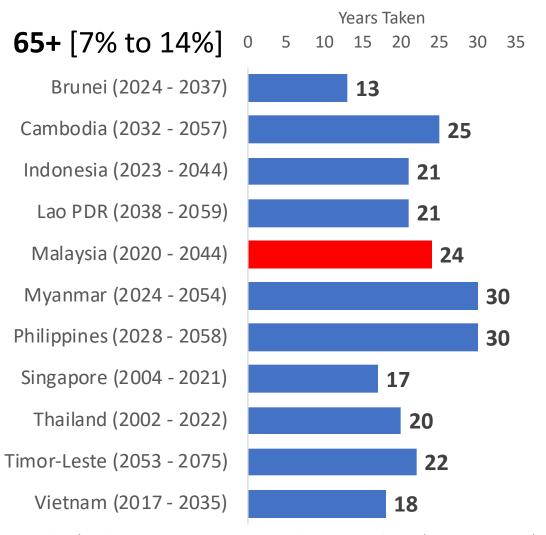
European experiences

- Population ageing followed on from economic development (in sequence)
- Proceeded at a fairly leisurely pace, e.g.
 - France (1865-1980)115 years
 - Sweden (1890-1975) 85 years
 - Australia (1938-2011)73 years

Less developed countries

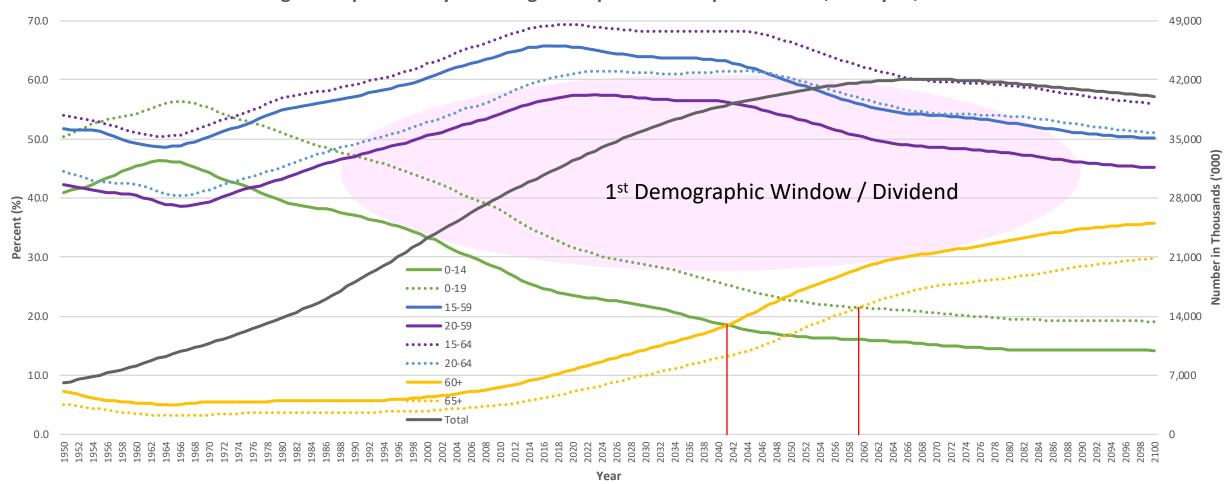
- The two major transformation are occurring almost simultaneously
- Rapid ageing
 - Japan (1970-1996)26 years
 - South Korea (2000-2018)
 18 years
- Transformation in the structure and functions of the family and state

Speed of Ageing in ASEAN

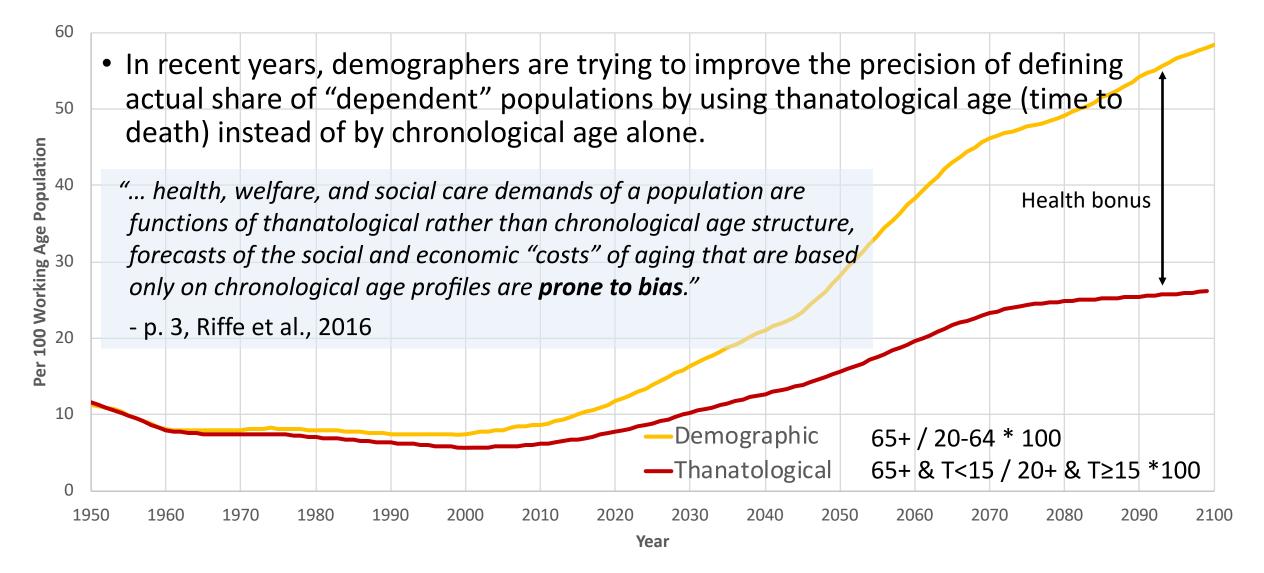


Changing Population Age Structure, Malaysia, 1950 - 2100

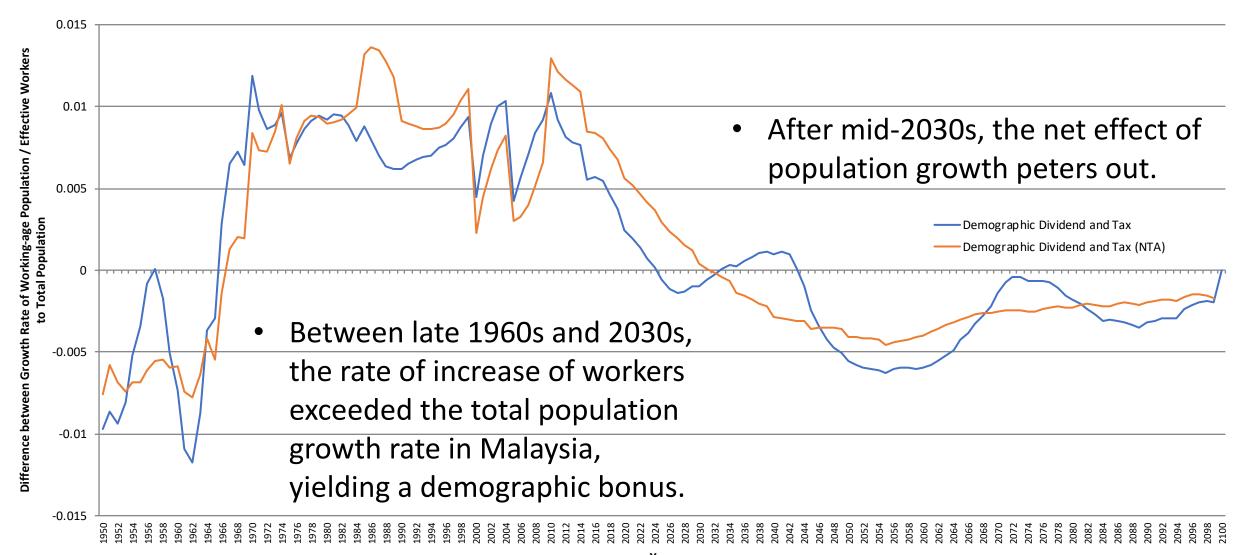
Percentage of Population by Broad Age Groups & Total Population Size, Malaysia, 1950 - 2100

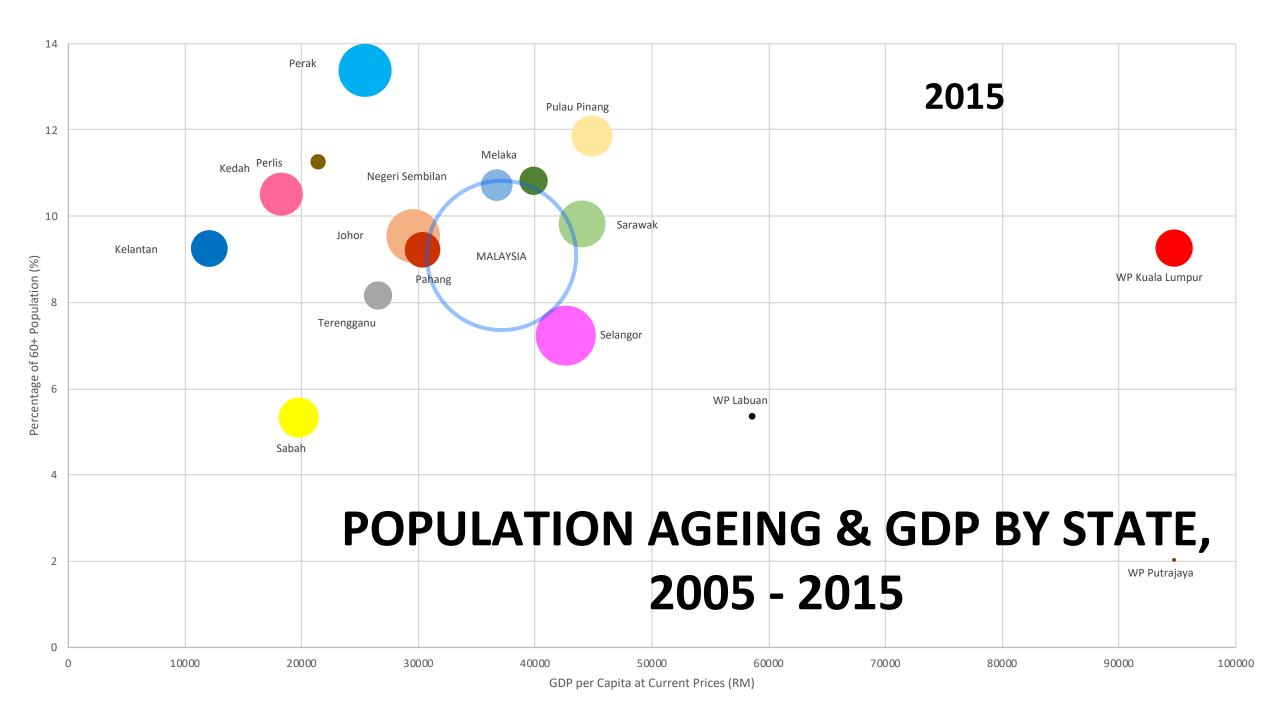


Old-age Dependency Ratios for Malaysia, 1950 - 2100



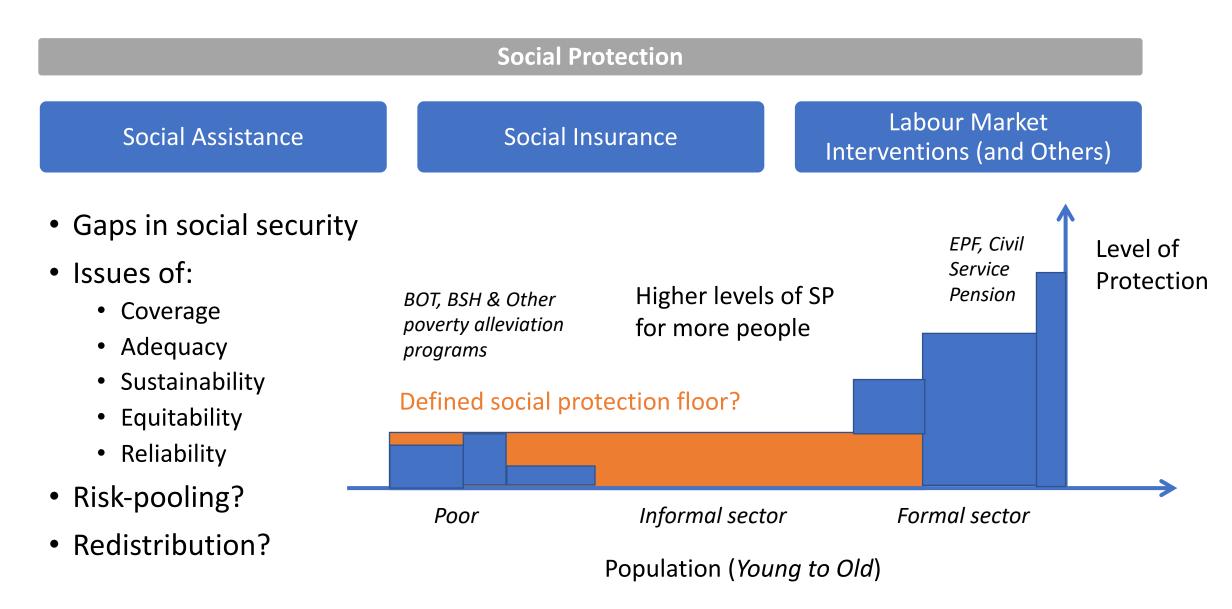
Demographic Dividend, Malaysia, 1950 - 2100





Percentage Distribution of older persons (60 years or over) Perak Darul Ridzuan **Sub-district (Mukim)** 2000 2010 **District** 0.00 - 1.992000 2010 2.00 - 3.994.00 - 5.996.00 - 7.998.00 - 9.99 Ulu Perak 10.00 - 11.99 12.00 - 13.99 14.00 + Missing Da... BANCI PENDUDUK DAN PERUMAHAN MALAYSIA, 2010 POPULATION AND HOUSING CENSUS OF MALAYSIA, 2010 PETA MENUNJUKKAN SEMPADAN DAERAH PENTADBIRAN DAN MUKIM Batang Padang 8.54 Geographical Gerontology Between the last 2 censuses, the districts and Mukims in Perak has aged considerably.

Social Protection for Older Persons



Older Persons by Living Arrangement, 2014

Generations Living Together		vithout Older sons	Households one Olde	Total	
	n	%	n	%	
Living Alone	472	4.78	281	5.66	753
1 Generation Household	949	9.61	786	15.84	1619
2 Generation Households	7636	77.31	2025	40.82	9535
3 Generation Households	538	5.45	1564	31.53	2095
4+ Generation Households	5	0.05	52	1.05	54
Skipped Generation Households	26	0.26	138	2.78	164
Undetermined	251	2.54	115	2.32	618
Total	9877	100.00	4961	100.00	14838

Source: HES2014, Dept. of Statistics Malaysia, 2016

[unpublished data]

Older Persons by Household Income Levels, 2014

Household Income Levels	All Households	Households without Older Persons	Households with Older Persons	Number & Percentage of Older Persons
B40	5,935	3,672	2,263	3,139
[≤RM3,531.52]	(40%)	(37.2%)	(45.6%)	(45.5%)
M40	5,936	4,103	1,833	2,561
[RM3,531.53 - RM7,708.16]	(40%)	(41.5%)	(37.0%)	(37.1%)
T20	2,967	2,102	865	1,197
[RM7,708.17+]	(20%)	(21.3%)	(17.4%)	(17.4%)
Poverty Line	193	148	45	59
(Hh 4.2p < RM930)	(1.3%)	(1.5%)	(0.9%)	(0.9%)
Total	14,838 Hh	9,877 Hh	4,961 Hh	6,897 OP

Source: HES2014, Dept. of Statistics Malaysia, 2016

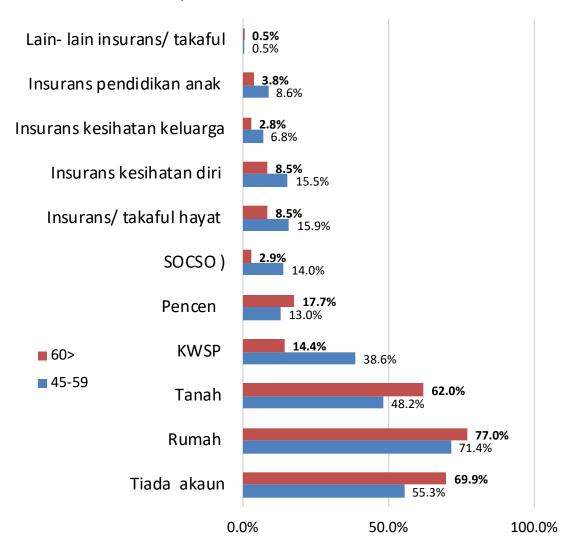
[unpublished data]

Income Security in Old Age, 2017

Sources of Income by Sex and Age

Tyroo	S	ex	Age Group			
Туре	Male	Female	45-59	60+		
Wages	43.2%	20.8%	49.2%	12.9%		
Business	15.3%	12.7%	17.6%	9.9%		
Rent	3.2%	3.7%	4.2%	2.6%		
Dividend	0.6%	0.5%	0.6%	0.5%		
Welfare	6.6%	9.5%	4.2%	12.4%		
Pension	15.4%	7.0%	5.1%	18.6%		
SOCSO	2.2%	0.8%	2.0%	1.0%		
Agriculture	13.1%	7.6%	9.9%	11.1%		
Annuity	0.6%	0.0%	0.6%	0.0%		
Children	40.6%	46.9%	32.8%	56.2%		
Others	5.9%	6.7%	6.8%	5.7%		

Asset Rich, Income Poor



Crude Prevalence Rates of Chronic Diseases among Older Malaysians, 2005 & 2013

		N	ЛНQOL	OM, 200	5				TUA, 2013			
Diseases	Male		Female		Total (2,979)		Male		Female		Total (2,322)	
	N	%	N	%	N	%	N	%	N	%	N	%
Hypertension	404	29.5	505	34.5	909	30.5	521	46.8	647	53.6	1,168	50.3
Heart Problems	147	10.8	118	8.1	265	8.9	147	13.2	92	7.6	239	10.3
Diabetes	189	13.8	239	16.3	428	14.4	294	26.4	311	25.7	605	26.1
Kidney Problems	30	2.2	31	2.1	61	2.0	29	2.6	11	0.9	40	1.7
Cancer	5	0.4	6	0.4	11	0.4	6	0.5	31	2.6	37	1.6
Stroke / Angina	27	2.0	22	1.5	49	1.6	33	3.0	12	1.0	45	1.9
Gout	96	7.0	83	5.6	179	6.0	76	6.8	28	2.3	104	4.5

Fiscal, Economic and Social Consequences

Economic

- Changes in population age-sex structure
 - Decline in working-age
 / effective workers
 population labour
 shortage
- Slowing economic growth
- Growing silver economy

Social

- Intergenerational relationships and compact
- Commodification of care - care crisis
 - Decent work and care economy
 - Changing health profile
- Individual/Family-State roles and responsibilities

Fiscal

- Increasingly disproportionate tax and benefit system
- Rise in age-related spending
- Changing patterns of savings, investments, and capital growth
- Generational equity and interdependence

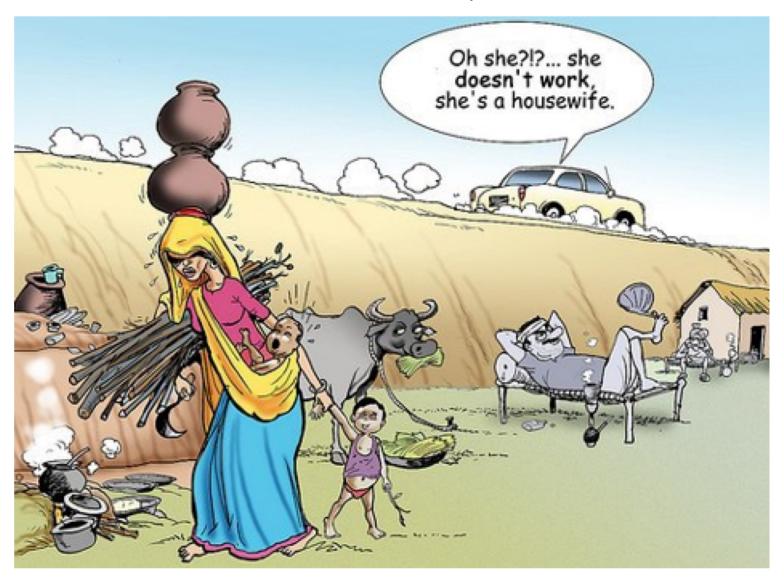


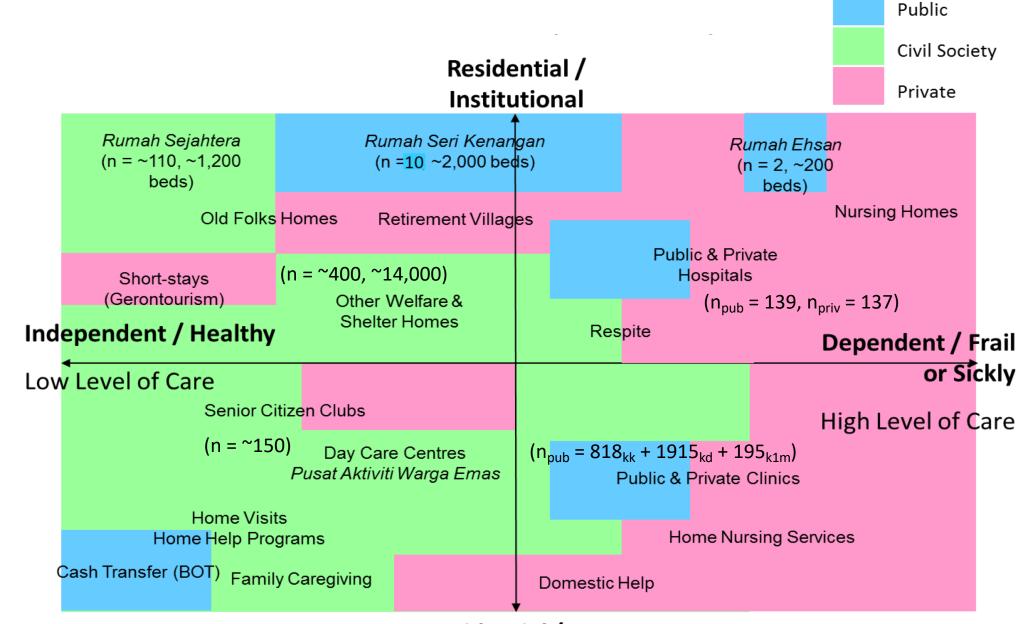
CARE WORK AND CARE JOBS

FOR THE FUTURE OF DECENT WORK



The hidden cost of care in the formal economy...





Non-residential / Home or Community

Long-term Care for the Elderly: Unfunded

Residential

In 2010, 0.8% of older Malaysians (60+) reside in institutions (UN, 2017)

Around 2/3 of older Malaysians reside with their adult children

Nonresidential



UPIN 2016

MyAgeing telephone-surveyed 392 residential aged care facilities. An estimated 13,730 older residents are cared for by about 2,775 paid staff (11% foreign workers)

PAID vs. UNPAID

>90% OOP adult children

Charities for childless/destitute

Government

10 RSK; 2 RE (Federal)

Retirement Villages;

Businesses

NGO/CSO

21 Nursing Homes (Act 586);

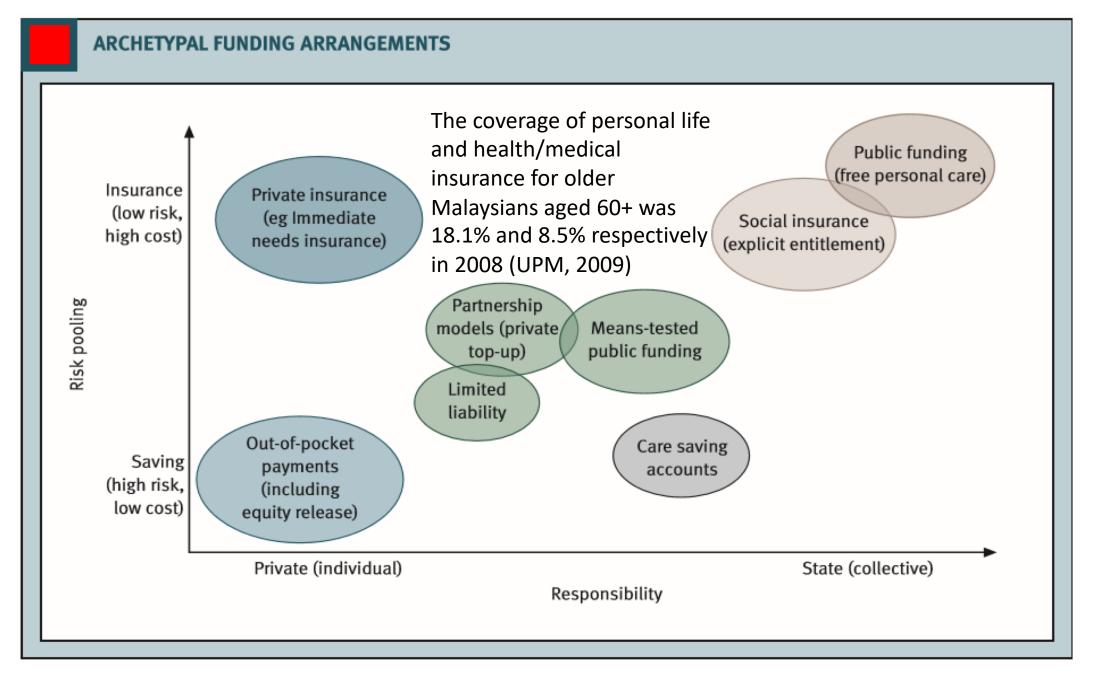
244 Care Centres (Act 506);

Unregistered Old Folks Homes

- Day centres / Activity centres (PAWE)
- Senior citizen clubs / health clubs
- LLL centres (U3A) / Religious learning (pondoks)
- Home help (KBDR)
- Transportation

Senior Living: A Business Opportunity?

Private Aged Healthcare Facilities and Services Act 2017 [Act 802] (Not yet in force)

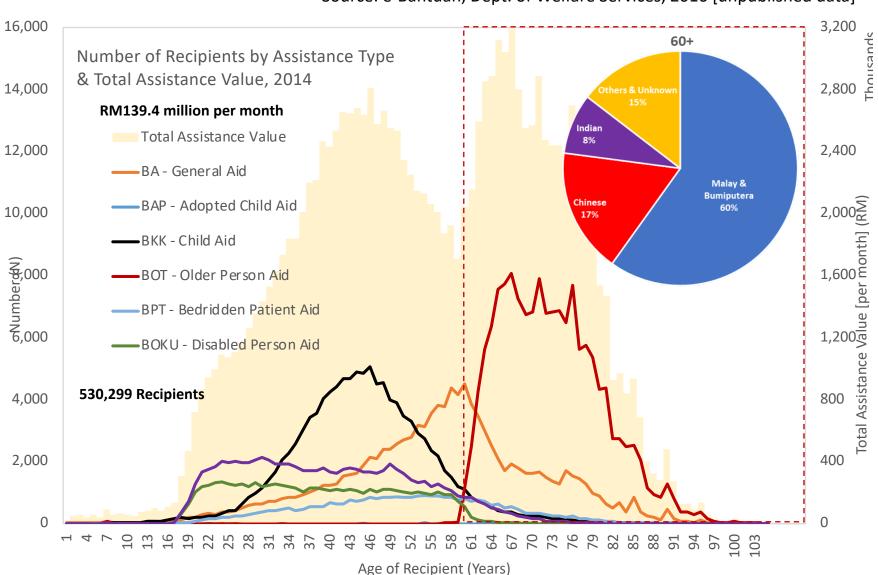


Social Assistance for Older Persons

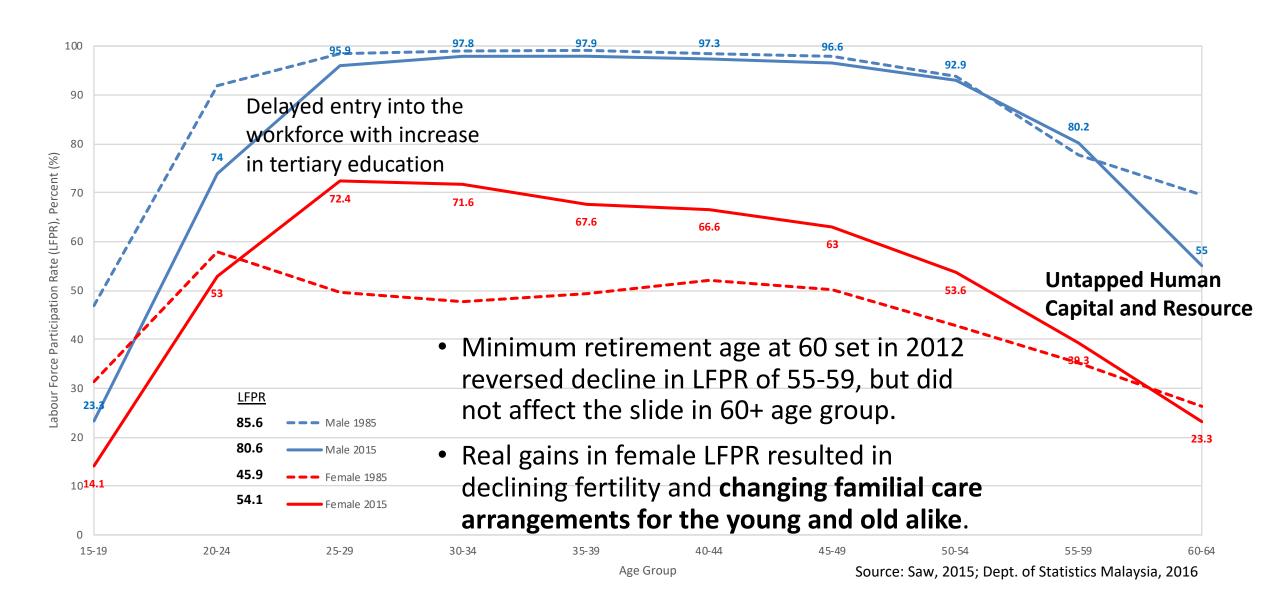
5% - 8% of OPs receive DSW assistance. If BSH/BR1M is included, the share is higher.

Source: e-Bantuan, Dept. of Welfare Services, 2016 [unpublished data]

- Aid for older persons (BOT) grew from 17% of all DSW cash transfers in 2005 to over 35% in 2015.
- In 2014, 43.7% of the RM1.6 billion total welfare expenditure goes to older persons
- 41.9% of all welfare aid recipients are 60+:
 - BOT 68.1%
 - BA 21.0%
 - BPT 4.0%
 - BKK 3.3%
 - EPC 2.7%



Labour Force Participation Rate, 1985 & 2015



FROM FRAGMENTIZATION TO INTEGRATION

Health and Social Care 'Triangle Model'

Acute/High dependent

Level 3. High

Risk Management

Level 2. Population

Management

Level 1. Primary Prevention

and Health Promotion

HEALTH CAREMinistry of Health

Social Care

Acute/restorative: high levels of complex and multiple conditions

Complex: high risk of losing independence

Vulnerable: developing and enabling role to promote independence

Universal: influencing/early intervention Health Care

Case Management: Highly complex, multiple long term conditions

Disease and condition care management:

complex single needs/multiple conditions

Supported self

care: practice based management

Health
Improvement:
revention/promotion

SOCIAL CARE

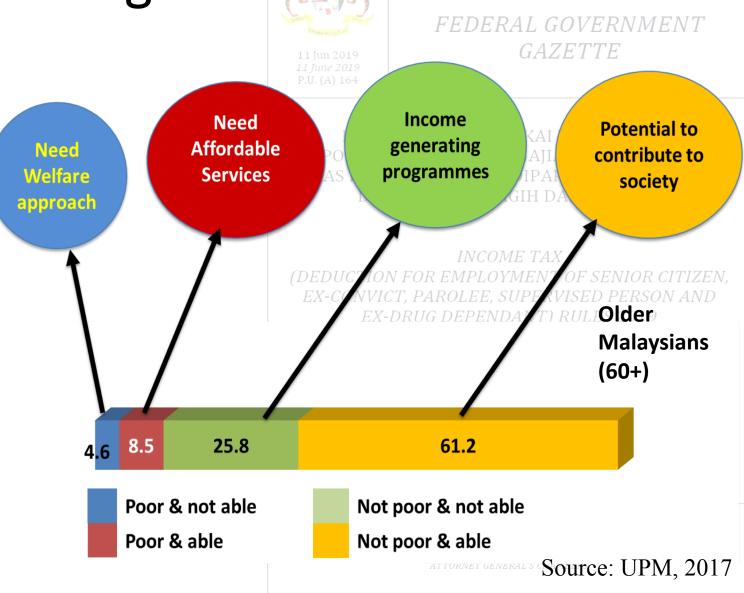
Department of Social Welfare, Ministry of Women, Family & Community Development

Adapted from 'Design to Improve Health & Management of Chronic Conditions in Wales, and 'Fulfilled Lives, Supportive Communities',

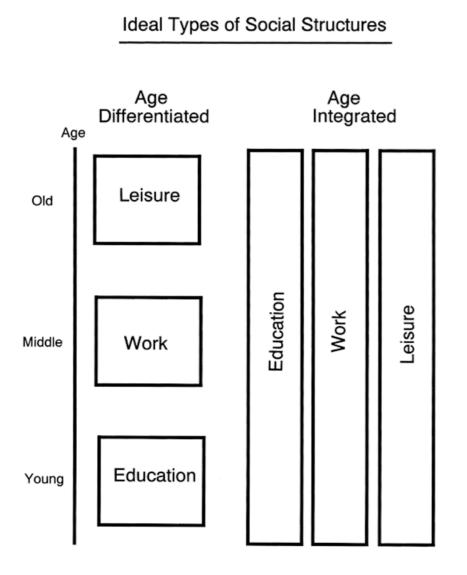
Department of Health & Social Services, Welsh Assembly Government

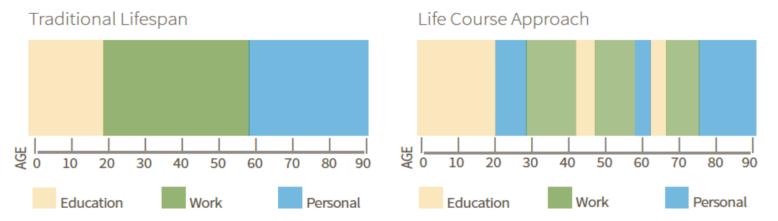
Sustainable Strategies for the Nation

- Older persons are a diverse group with unique generational characteristics:
 - Asset rich, income poor
 - Feminization of aging
- Older persons as a resource, not burden. Differences between:
 - Third age
 - Fourth age
- Positive recent developments:
 - Minimum wage
 - Minimum retirement age
 - Private retirement savings
 - Income tax deduction for employment of older persons



Age Integration towards a Society for All Ages





- No discrimination by age (lowest-hanging fruit)
- Work-life balance; Harnessing untapped resources
- Life course perspective
- Economic, social and cultural participation of older persons
- Healthy, active, productive, positive & supportive ageing = well-being in old age



Checklist of Essential Features of Age-friendly Cities

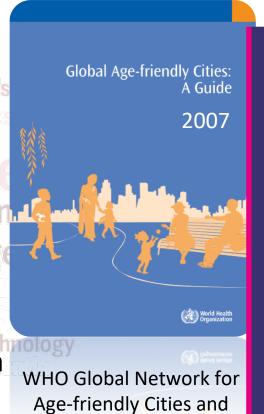
This checklist of essential age-friendly city features is based on the results of the WHO GS Age-Friendly Cities project consultation in 33 cities in 22 countries. The checklist is a too city's self-assessment and a map for charting progress. More detailed checklists of age-frient in features are to be found in the WHO Global Age-Friendly Cities Guide.

Building Age-friendly Cities and Community Com

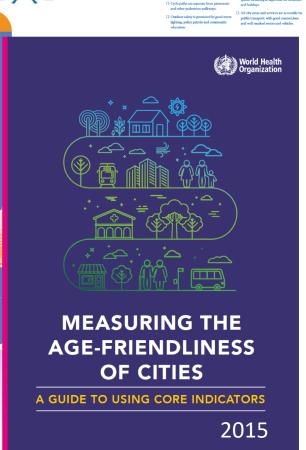
- Physical and social environment
 - Transportation
 - Housing
 - Outdoor spaces and buildings
 - Communication and informations
 - Social participation
 - Civic participation and empowerment
 - Respect and inclusion
 - Community support and health services

Reforms:

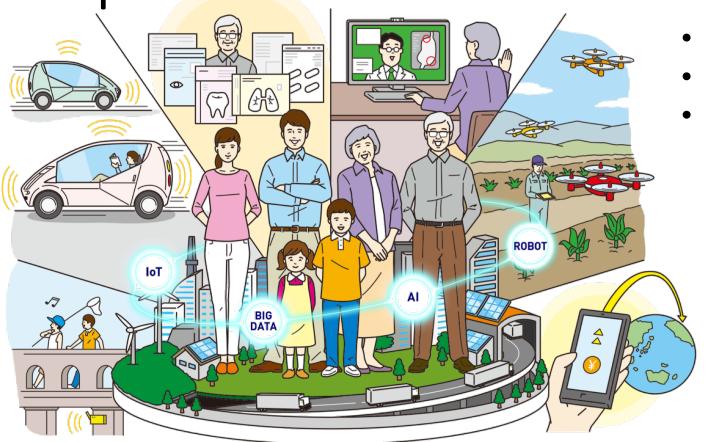
- Health & long-term care system
- Pensions & social protection system
- Local government & national governance structure



Communities



Innovative Technologies for Ageing Populations



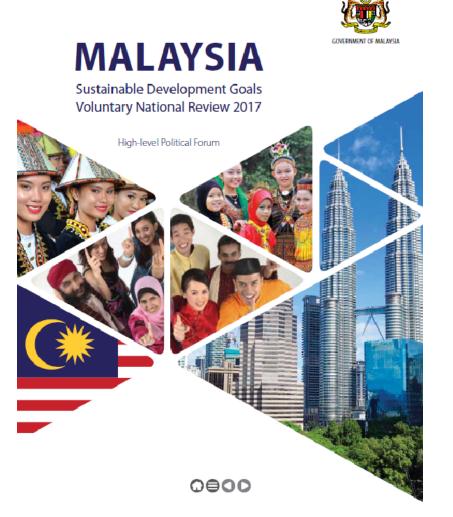
- Support for a fast ageing society
- Harnessing technology advancements
- Society 5.0 for IR4.0



Hybrid Assistive Limbs, HAL
CYBERDYNE (http://www.cyberdync.jr

A human-centered society that balances economic advancement with the resolution of social problems by a system that highly integrates cyberspace and physical space.

SDGs & Ageing in Malaysia



- SDGs mentioned "older person"
 4 times in its indicator and targets.
- The challenge of inclusive development.
- How can we encourage the social, economic and cultural participation of older persons?
- Focus on physical development alone is not enough to spark impactful change.



MIPAA & the Shanghai Implementation Strategy

	P1: Ageing & Development	P2: Health & Well- being			P3: Enabling Supportive Environments		Implementation & Monitoring		
1.	The challenges & mainstreaming ageing	1.	Life course perspective on ageing	 2. 		1. 2.	National mechanism Cooperation: Government, NGOs		
2.3.	Protection & security Poverty	2.	Quality of life at all ages	3.	community support Housing & living	3.	& other sectors Regional & inter-		
4.	Integration & participation	3.	Quality health & Long-term Care (LTC)		environment Non-discrimination		government cooperation		
5. 6.	Positive image Employability & workability	4.	Health care financing	5. 6.	Caregivers Older consumers	4.	Research		
7.	Concerns of older women								

WHO, 2015

World Report on Ageing and Health

Fig. 2.4. A public-health framework for *Healthy Ageing*: opportunities for public-health action across the life course

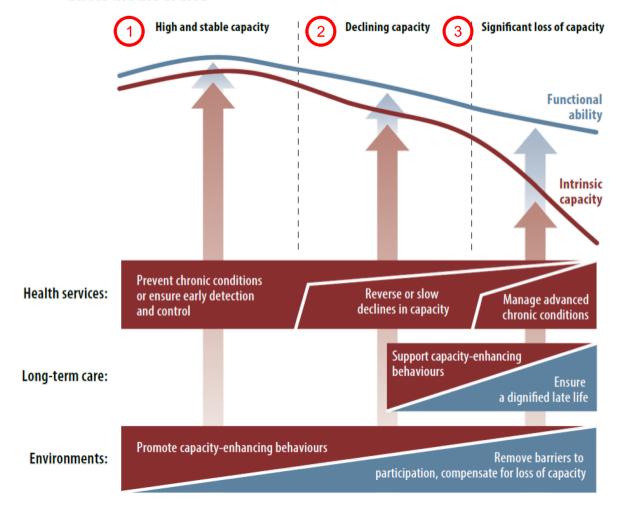
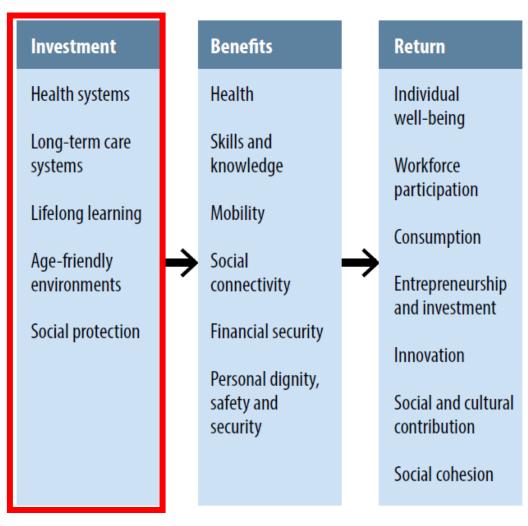


Fig. 1.3. Investment in and return on investment in ageing populations



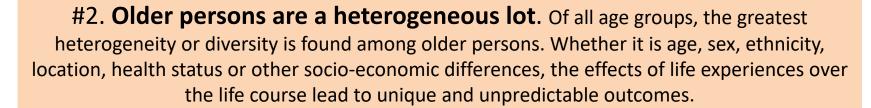
Source: adapted from unpublished information from the World Economic Forum's Global Agenda Council on Ageing, 2013.

Conclusion

- 1. What do the elderly want? Supporting the role of the family and community
- 2. Minimum standards of health and social care, including welfare / SP reform
- 3. Continuum of aged care Issues of Integrated Care (Low to High)
- 4. Differences in public, private and civil society-operated facilities & services (clientele, purpose, capacity, function) no one size fits all solution
- 5. Legal reform (Monitoring & supervision) and attitudes towards ageing
- 6. Financing mechanisms (Funding) and sustainability rights vs. responsibilities
- 7. Need for evidence-based policymaking, better quality data and sharing / access– Big data analytics
- 8. Moving from welfare-oriented approach to an industry /consumer development approach

Key Take-home Message

#1. Older persons are not a burden. A society for all ages means that the elderly enjoy the same basic rights and privileges as others, including food, shelter, health care, education and work.



#3. Older persons are neither the sole responsibility of Family or State. The debate on shared responsibility begins with the younger self. We have responsibilities to ourselves and to each other.

#4. **Older persons are consumers too**. The public, private and voluntary sectors must recognize that the triple bottom line (economic, social and environmental) framework is a basis for smart partnerships. The silver market represents the opportunities that comes together with the challenges of population ageing.

#5. The science of longevity is not as important as adding life to years. What happens when we all live to 142?



Older Persons as a Resource

Changing Cohorts





Shared Responsibility

Silver-hair Industry





Research & Development



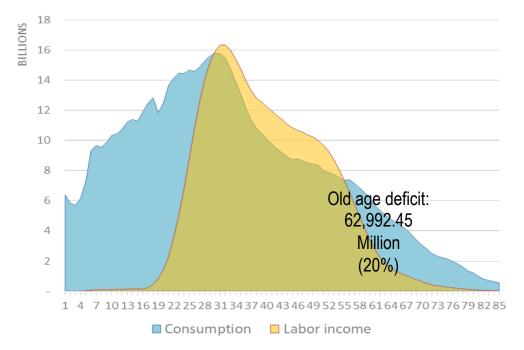
New Building Officiating Ceremony 23 September 2019

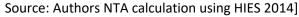


TERIMA KASIH/THANK YOU

www.upm.edu.my









NTA: A new policy tool

Financing Old Age Deficit, Malaysia, 2014

- ☐ Deficit for old-age is about 20% of the total deficit
- □ Deficit for old age < young ages due to fewer number of persons in older age categories

Sources & Importance:

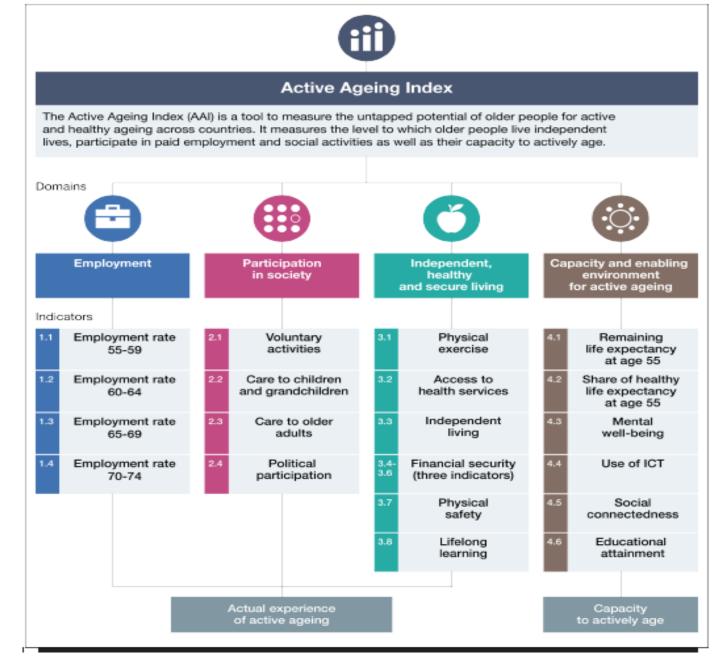
- ☐ OP has multiple sources of financing old age
- □ Both TF and TG almost entirely goes to young (NOT Old)
- Older elderly rely on both family (TF) and public (TG) transfer
- Younger elderly (60+) has three main sources: TG, YL and RA
- But generally, public transfer (TG) is the main source of financing when we get old

Implication:

 Fiscal burden and sustainability, economic growth & our ability to secure the second demographic dividend

Active Ageing Index

The 2014 active ageing index



Source: http://envejecimiento.csic.es/documentos/documentos/EuropeanCenter-04-2015.pdf