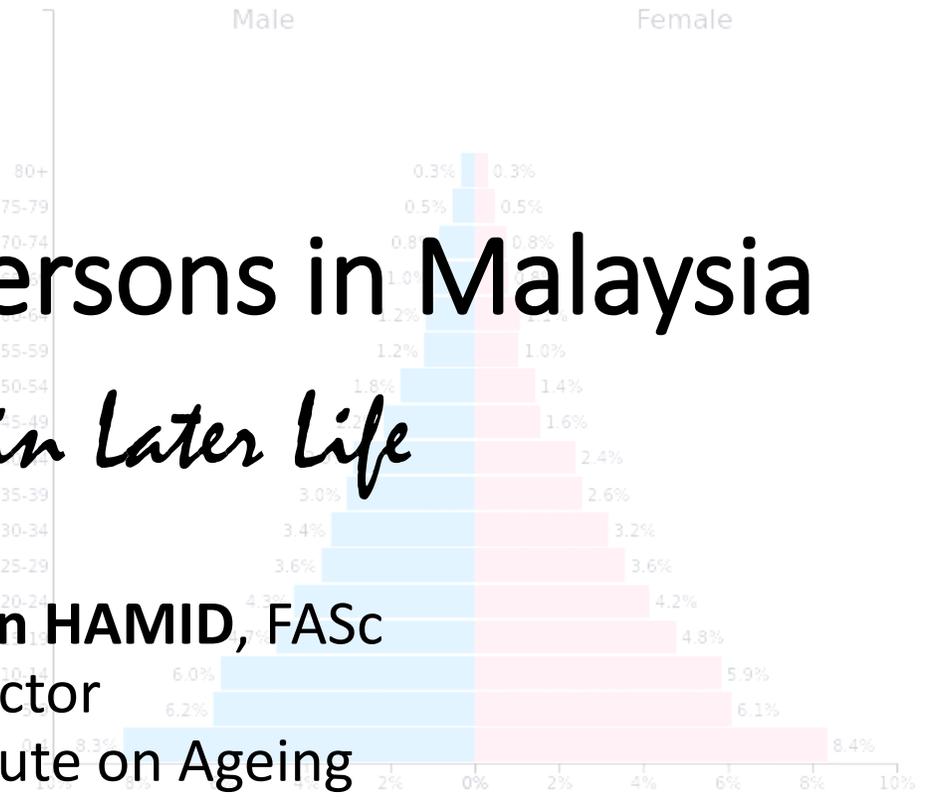


Health Status of Older Persons in Malaysia

Health Inequalities in Later Life

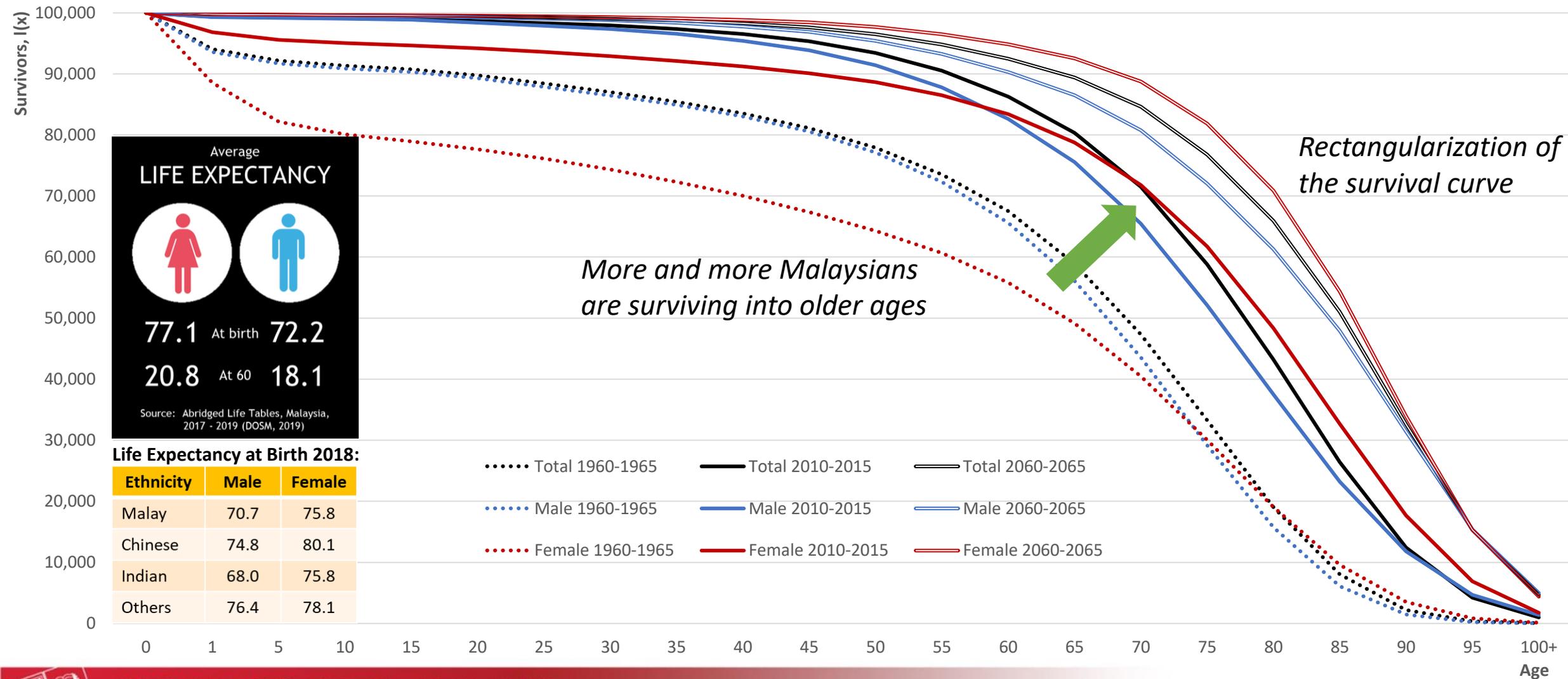
Prof. Dato' Dr. **Tengku Aizan HAMID**, FASc
Professor / Director
Malaysian Research Institute on Ageing
Universiti Putra Malaysia, Serdang, Selangor



Malaysia - 1950
Population: 6,109,906

Source: United Nations, DESA, Population Division. WPP: The 2015 Revision. (Medium variant)

Life Table Survivors at Exact Age by Sex, Malaysia, 1960, 2010 & 2060



Average
LIFE EXPECTANCY




77.1 At birth **72.2**

20.8 At 60 **18.1**

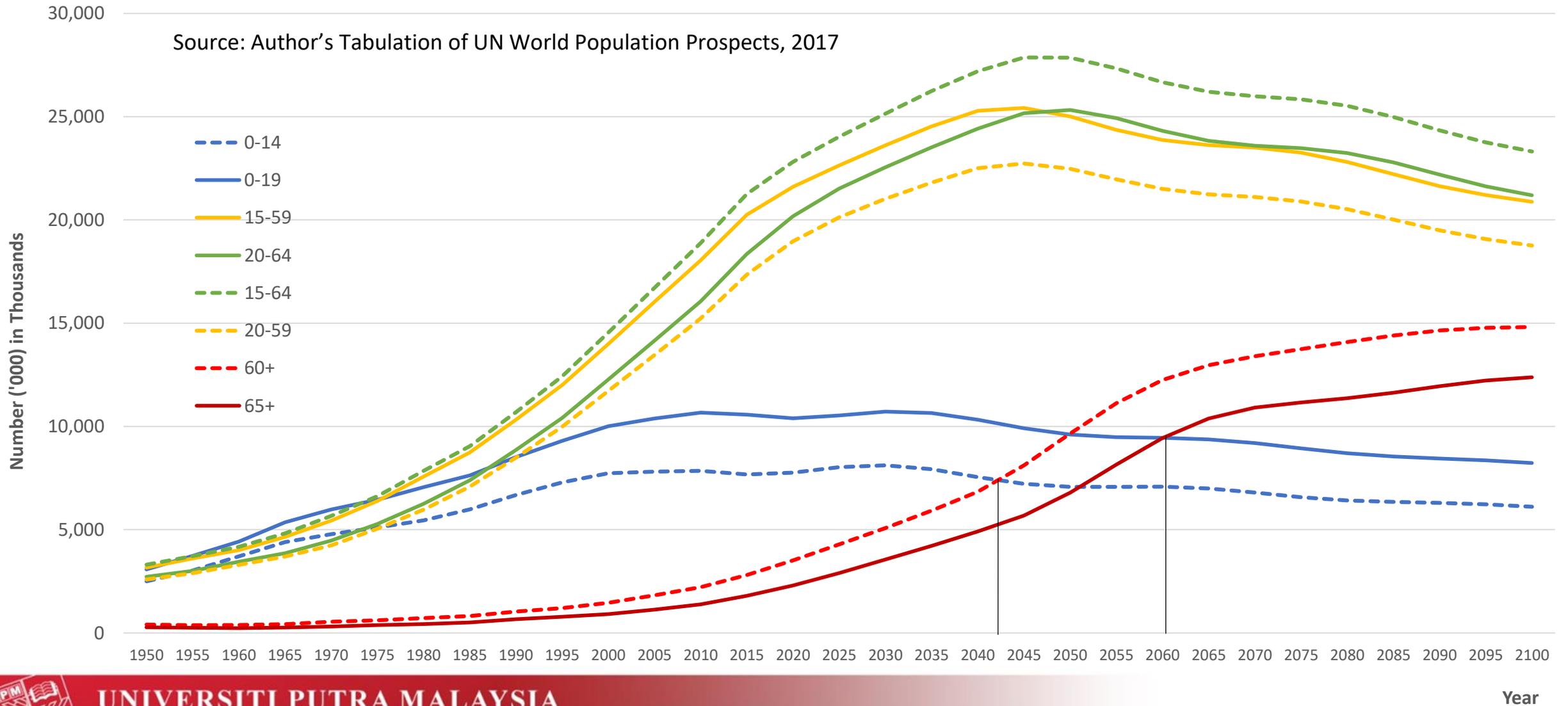
Source: Abridged Life Tables, Malaysia, 2017 - 2019 (DOSM, 2019)

Life Expectancy at Birth 2018:

Ethnicity	Male	Female
Malay	70.7	75.8
Chinese	74.8	80.1
Indian	68.0	75.8
Others	76.4	78.1

Intersections of Younger and Older Population by Different Definitions, Malaysia, 1950 - 2100

Source: Author's Tabulation of UN World Population Prospects, 2017



Older Persons by Living Arrangement, 2014

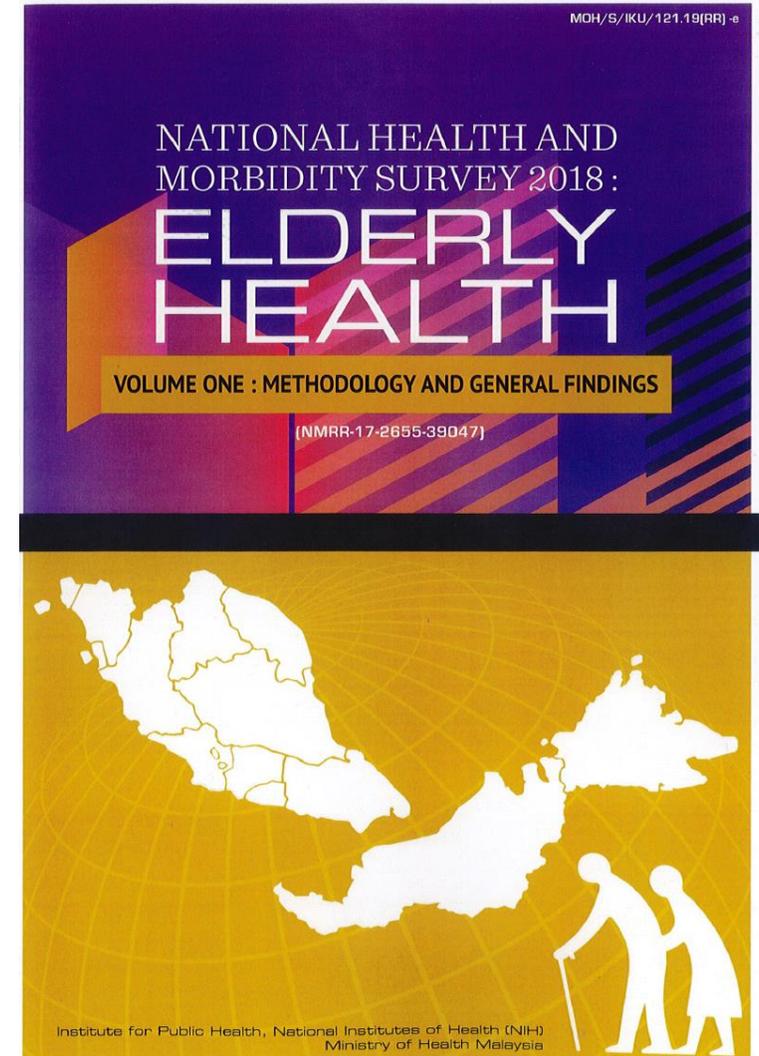
Generations Living Together	Households without Older Persons		Households with at Least One Older Persons		Total	
	n	%	n	%	n	%
Living Alone	472	4.78	281	5.66	753	5.07
1 Generation Household	949	9.61	786	15.84	1,619	10.91
2 Generation Households	7,636	77.31	2,025	40.82	9,535	64.26
3 Generation Households	538	5.45	1,564	31.53	2,095	14.12
4+ Generation Households	5	0.05	52	1.05	54	0.36
Skipped Generation Households	26	0.26	138	2.78	164	1.11
Undetermined	251	2.54	115	2.32	618	4.16
Total	9,877	100.00	4,961	100.00	14,838	100.0

Source: Household Expenditure Survey [HES2014], Department of Statistics Malaysia, 2016

[unpublished data (30%)]



National Health and Morbidity Survey, 2018



<https://www.thestar.com.my/metro/metro-news/2019/08/23/looking-after-our-elderly>

NHMS2018 – Elderly Health

Source: IKU, 2019

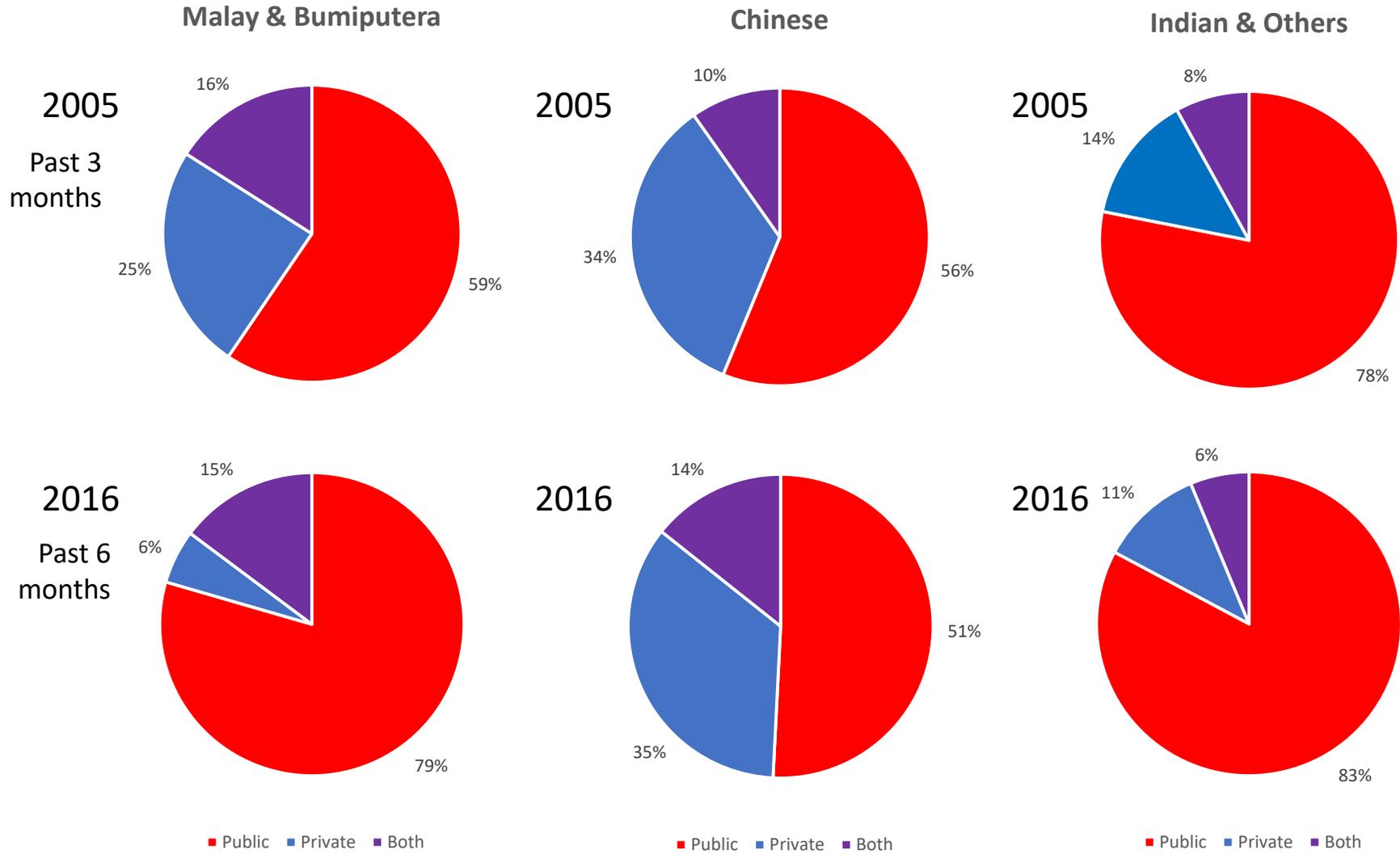
Variables	N	Prevalence (%)	Prevalence (%)	
			Urban (%)	Rural (%)
Self-reported Diabetes	1,018	27.7	29.0	24.0
Self-reported Hypertension	2,027	51.1	50.5	52.6
Self-reported Hypercholesterolaemia	1,576	41.8	42.3	37.8
<u>BMI according to CPG2004</u>				
Normal BMI (18.5 - 22.9 kg/m ²)	922	23.6	22.4	27.1
Overweight BMI (23.0 - 27.4 kg/m ²)	1,369	38.6	39.7	35.6
Obesity BMI (≥ 27.5 kg/m ²)	1,136	32.6	33.6	29.8
Obesity I - BMI 27.5 - 34.9 kg/m ²	1,008	28.7	29.4	26.7
Obesity II - BMI 35.0 - 39.9 kg/m ²	98	3.0	3.2	2.3
Obesity III - BMI ≥ 40.0 kg/m ²	30	0.9	0.9	0.8
<u>Short Form Food Security Survey Module</u>				
High or marginal food security	3,434	89.6	92.8	80.9
Food insecurity	535	10.4	7.2	19.1

Crude Prevalence Rates of Chronic Diseases among Older Malaysians, 2005 & 2016

Chronic Diseases	Mental Health, 2005						Older Consumers, 2016					
	Male (1,426)		Female (1,553)		Total (2,979)		Male (1,197)		Female (1,182)		Total (2,379)	
	N	%	N	%	N	%	N	%	N	%	N	%
Hypertension	405	28.4	504	32.5	909	30.5	530	44.3	594	50.3	1,124	47.2
Heart Problems	146	10.2	119	7.7	265	8.9	160	13.4	120	10.2	280	11.8
Diabetes	188	13.2	240	15.5	428	14.4	286	23.9	324	27.4	610	25.6
Kidney Problems	30	2.1	31	2.0	61	2.0	52	4.3	42	3.6	94	4.0
Cancer	5	0.4	6	0.4	11	0.4	10	0.8	10	0.8	20	1.0
Stroke / Angina	27	1.9	22	1.4	49	1.6	39	3.3	19	1.6	58	2.4
Joint Pain	448	31.4	709	45.7	1,157	38.8	501	41.9	611	51.7	1,112	46.7

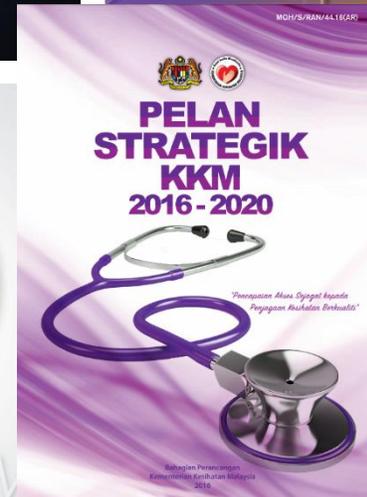
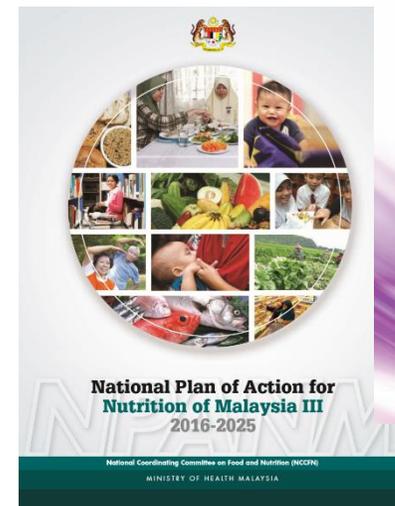
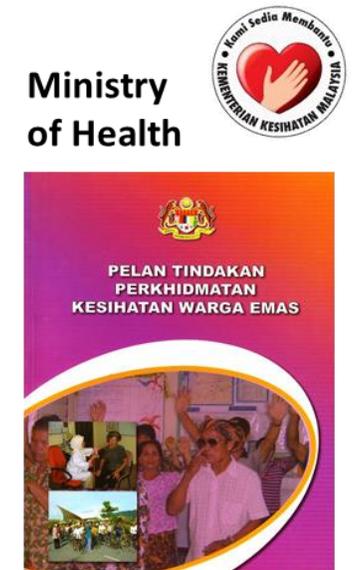
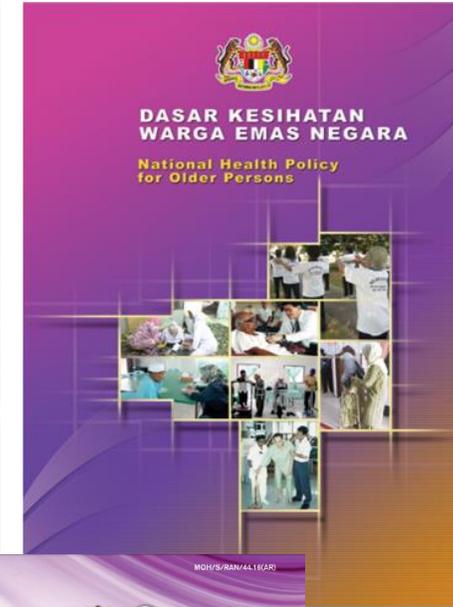
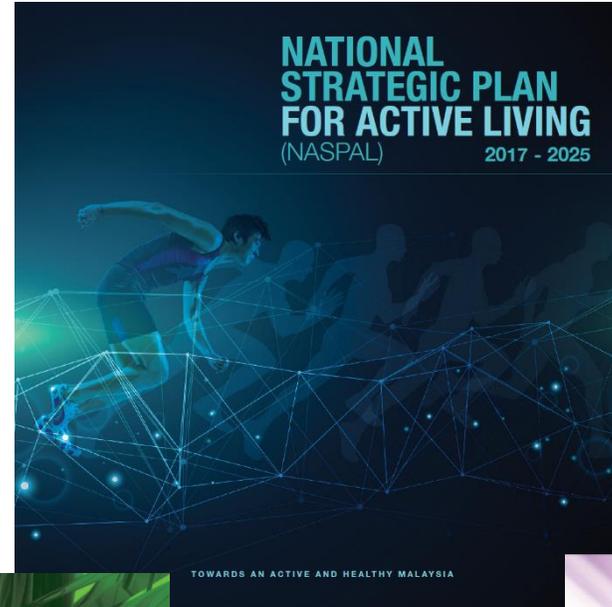
Source: Mental Health & Quality of Life of Older Malaysians (2005); Consumer Behaviour & Income Adequacy among Older Consumers (2016) [unpublished data]

Health-seeking Behaviour by Ethnicity, 2005 & 2016



- Past research have shown strong dependency on public hospitals and clinics among older Malaysians
- Only older Chinese Malaysians possess the means to rely exclusively on private healthcare facilities

Public Policies and Plans of Action



Health Promotion Strategies

- Four (4) Strategic Thrusts were highlighted (Planning Division, MOH, 2016):
 1. Strengthening delivery of healthcare services for each level of disease spectrum, emphasizing on Primary Health Care
 2. Strengthening health system governance and organizational capacity
 3. Empowering individual, family and community in health matters
 4. Intensifying collaboration with public sector, private sector and NGOs

		Modifiable causative risk factors			
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Noncommunicable diseases	Heart disease and stroke	✓	✓	✓	✓
	Diabetes	✓	✓	✓	✓
	Cancers	✓	✓	✓	✓
	Chronic lung disease	✓			

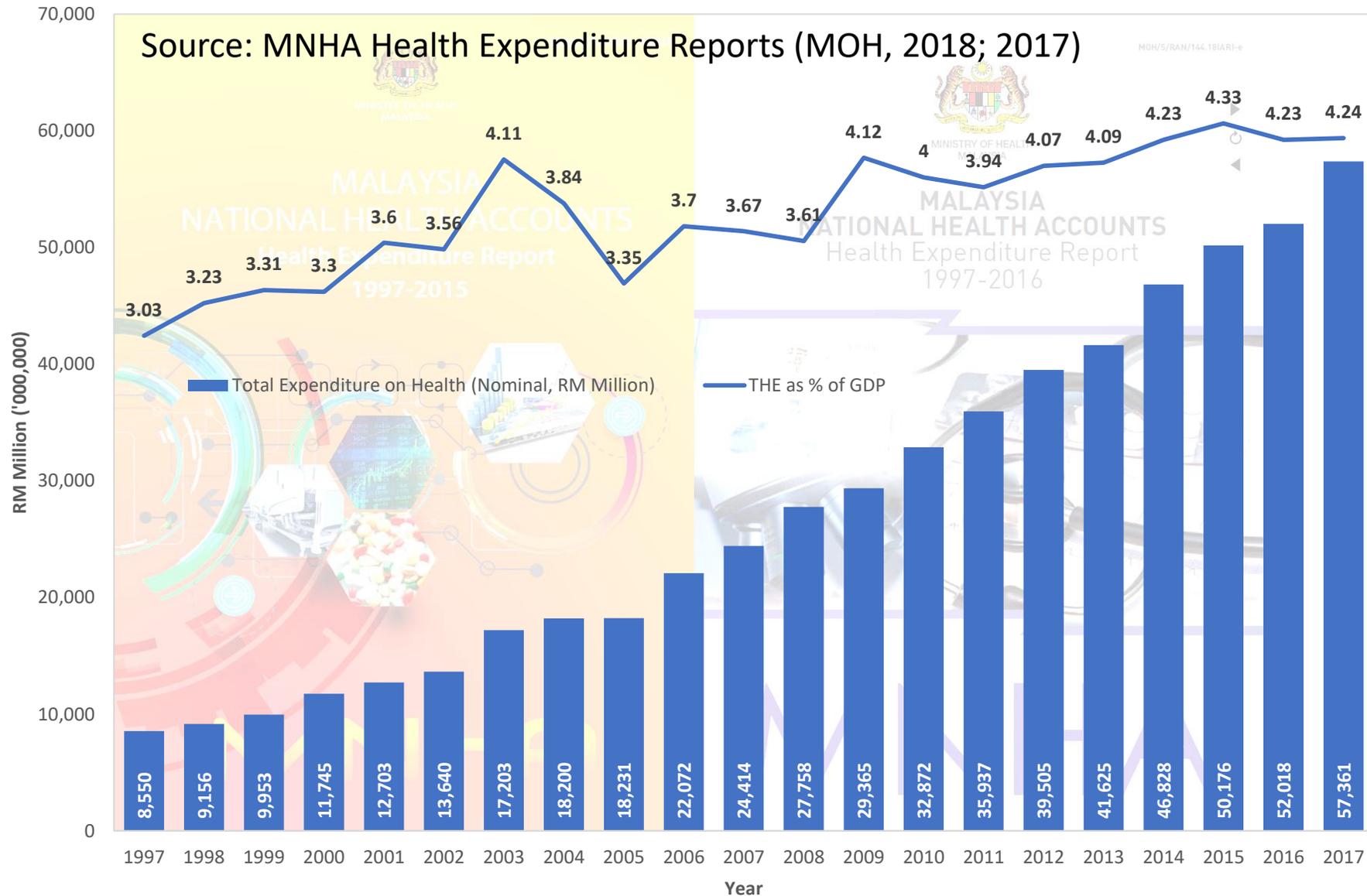
- The Ministry of Health Malaysia has developed Clinical Practice Guidelines (CPGs) on a number of chronic diseases and specifically targeted modifiable causative risk factors for health promotion programs based on empirical data collected from the National Health and Morbidity Surveys (NHMS), academic studies as well as administrative data.

Health Financing, ASEAN+3 (WHO, 2017)

Note: OOP = Out-of-pocket Expenditure
 PPP = Purchasing Power Parity
 GDP = Gross Domestic Product
 GGHE-D = Domestic General Government Health Expenditure

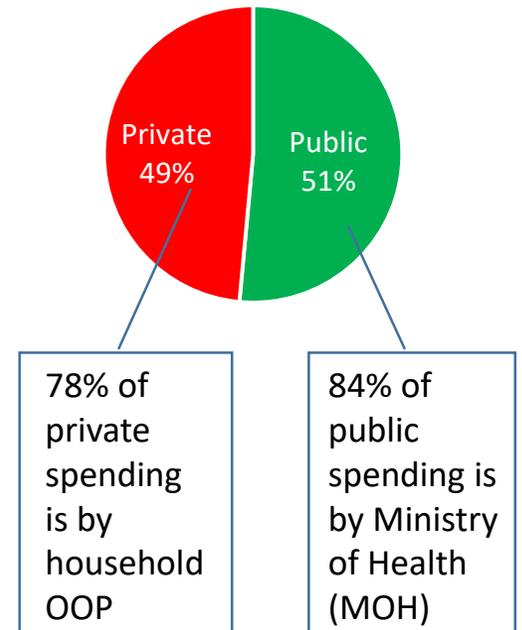
Country	Current Health Expenditure (CHE)							
	as % of GDP		GGHE-D as % of CHE		OOP as % of CHE		CHE per capita PPP (\$)	
	2005	2015	2005	2015	2005	2015	2005	2015
Lao PDR	4.8	2.8	21.2	35.2	55.7	45.4	125.8	165.8
Cambodia	7.1	6.0	20.1	20.9	59.2	59.4	123.7	209.6
Myanmar	1.8	4.9	8.0	23.0	90.8	73.9	42.7	267.2
Philippines	3.9	4.4	33.1	31.4	52.1	53.5	166.0	322.8
Vietnam	5.0	5.7	45.6	41.8	38.1	43.5	151.0	334.3
Indonesia	2.8	3.3	28.8	38.2	55.2	48.3	167.6	369.3
Thailand	3.4	3.8	66.1	77.1	27.6	11.8	324.3	610.2
China	4.3	5.3	33.3	59.8	55.7	32.4	217.8	762.2
Malaysia	2.9	4.0	48.3	52.1	39.5	36.7	500.0	1,063.9
Brunei	2.2	2.6	83.7	94.0	16.3	6.0	1,828.5	2,083.4
South Korea	5.1	7.4	56.2	56.4	41.1	36.8	1,216.5	2,556.0
Singapore	3.0	4.3	33.0	51.9	50.0	36.7	1,592.7	3,681.3
Japan	7.8	10.9	81.2	84.1 ₍₂₀₁₄₎	15.7	13.1	2,452.8	4,405.1

Total Health Expenditure, Malaysia, 1997 - 2017



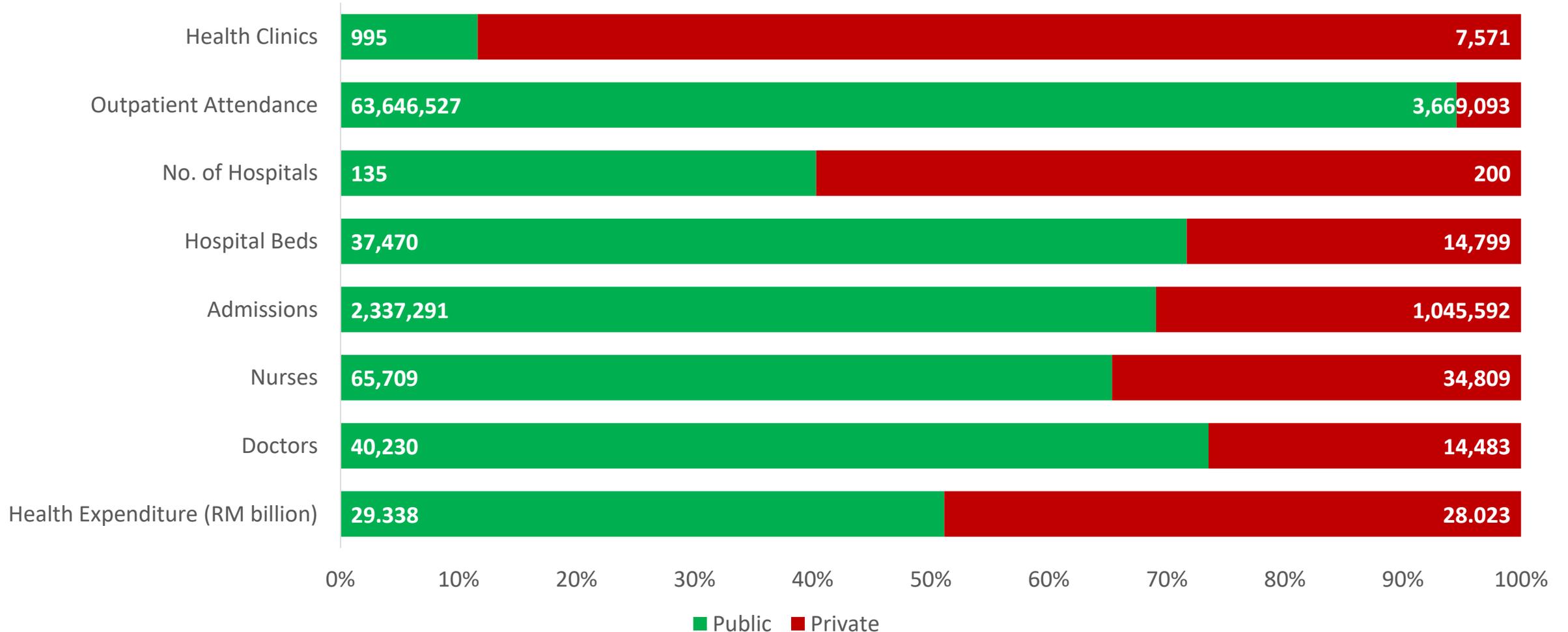
Per capita spending on health (RM), 2015 = **RM1,687**

Health Expenditure by Sources of Funding, 2015

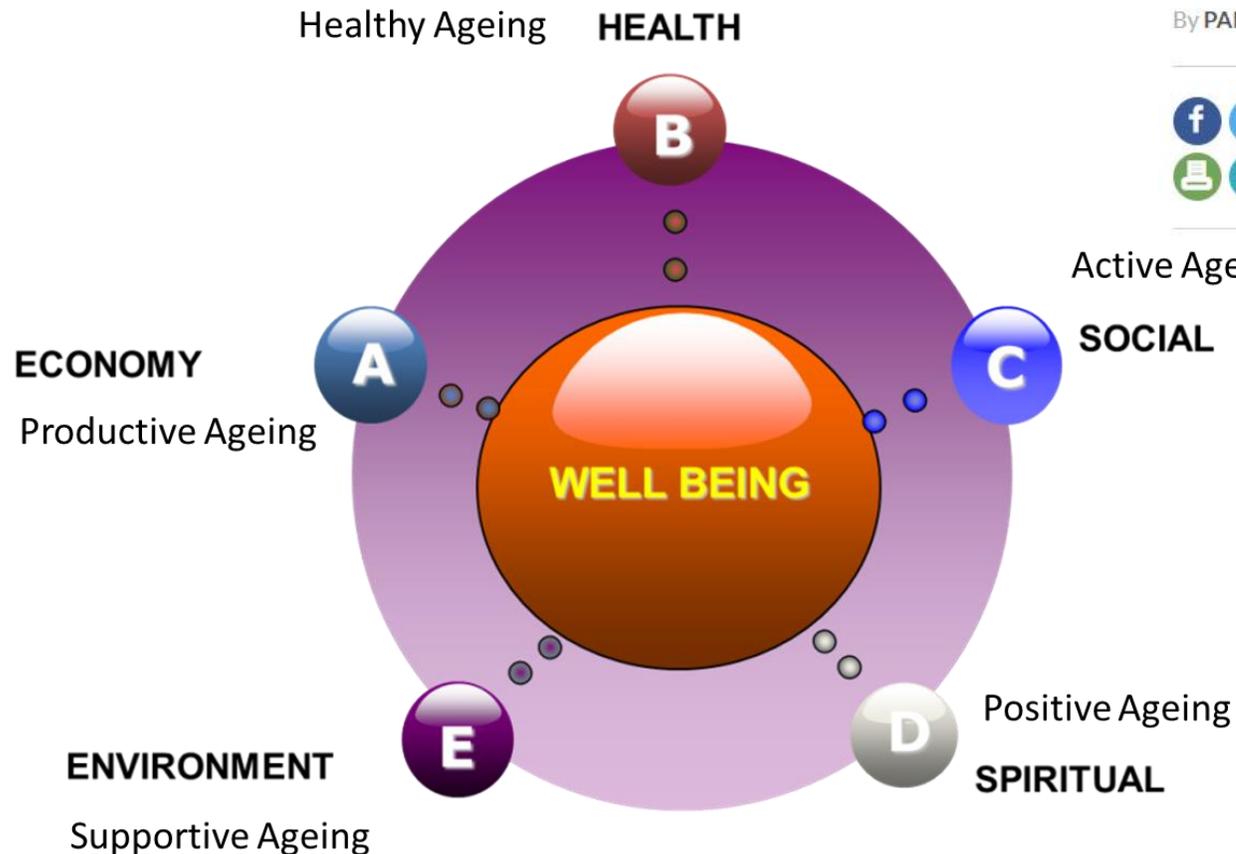


Public and Private Healthcare Sector Resources & Workload (2017)

Source: Health Indicators, 2018
(Planning Division, MOH)



Active Ageing in Malaysia



KWAP leads the way in active ageing

METRO NEWS

Wednesday, 09 Oct 2019

By PAN EU JOE



WHEN approaching the age of 60, most people will be preparing for retirement. This means that soon-to-be retirees have to find other means to occupy their day.

In most cases, retirement means staying at home a lot, which can cause the mind and body to slow down.

To discourage a sedentary lifestyle, Kumpulan Wang Persaraan (Diperbadankan) (KWAP) held the Karnival Rasa Sayang (KRS) 2019 at the Shah Alam Stadium compound last weekend to promote active ageing among Malaysian retirees.

KRS 2019 is KWAP's second edition; the first was held in Ipoh last year as part of the retirement fund's initiative to grow beyond its investment and pensions administration functions.

Civil Society Actors on Ageing in Malaysia

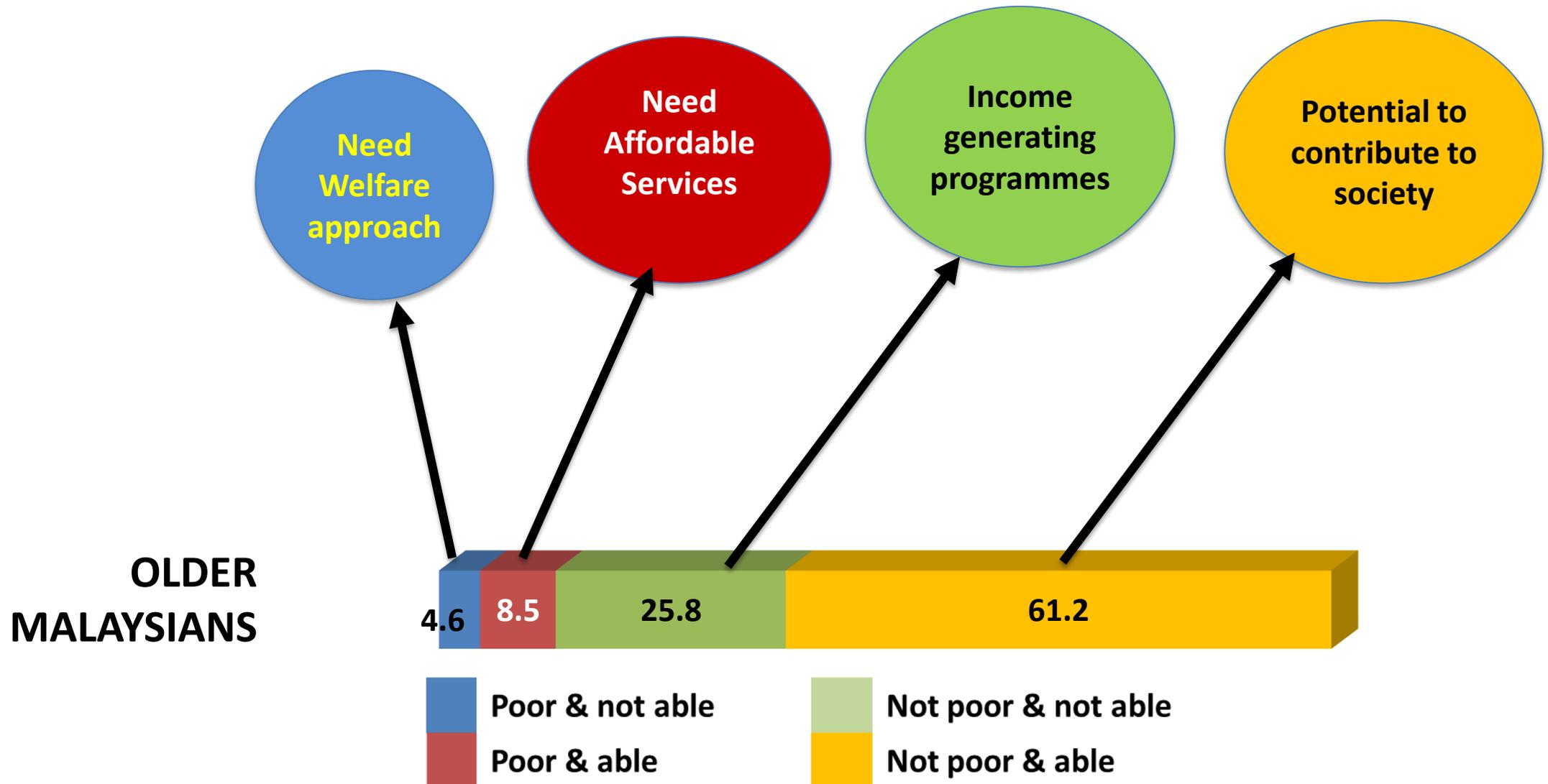


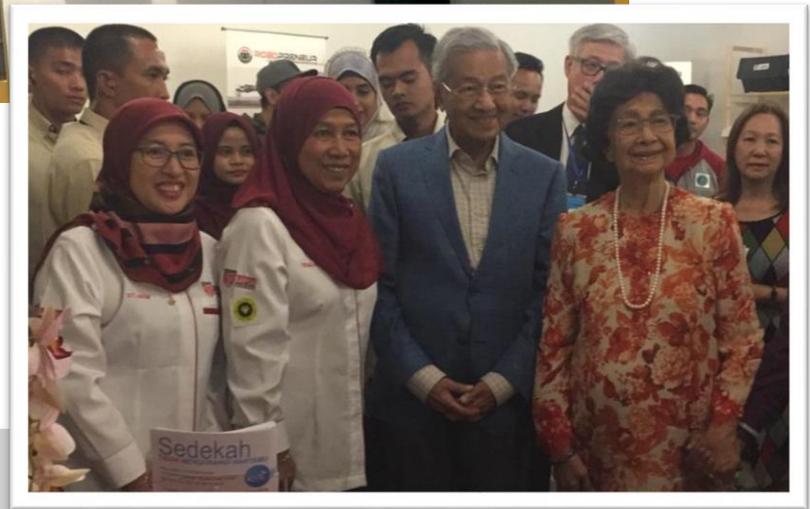
Conclusion

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 or treatment-based approach to an industry /consumer development approach as well as preventive / holistic perspectives

Putting Things into Perspective

Source: UPM, 2017





TERIMA KASIH/*THANK YOU*

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