

## CHAPTER ONE GENERAL BACKGROUND

### 1.1 Introduction

The term "older persons" instead of "elderly" will be used throughout this research study. This is to be in line with the terminology used by the United Nations. Older persons can be defined as persons aged 60 years and above as declared by the "World Assembly on Ageing in 1982" in Vienna. In our present society, a person may be considered old at age 65 years. Although that may be a political and cultural group standard, the psychological, social and biological aging of the individual occur gradually and individually in such a manner that the person may be "aged" on one continuum and "youthful" on another.

The status of older persons refers to their rights to be useful; obtain employment and fair share of community's recreational and medical resources. The obvious indications of the status of older persons are their health condition and also their participation in economic activities.

The change in the role and status of the older persons in the family has been apparent in modern days especially in the Asian region. Older persons which once upon a time were highly regarded as the ultimate source for wisdom and financial support. As what well known sociologist, Robert Lynd, wrote in perspective of the place of the older persons,

“The stress upon mobility rather than upon deep rooted continuity, upon action and scientific technique rather than wisdom, upon change rather than growth, upon winning and holding status rather than receiving freely granted at the hands of one’s fellow, tend to displace men and women of advanced years in favor of their juniors. In such culture, “venerability” has lost its meaning and old age its function” (Lynd, 1939).

Thus, old age is accompanied by role changes. Roles in occupational and financial spheres, in marriage relationships, in social networks of children, siblings and friends may have changed substantially and thereby affect supportive strategies over the years.

Family is the fundamental unit of society and is recognized as the most important care provider for older persons. The change in family structure from an extended towards a nuclear type, has been rapid, as part of development and modernization. Hence, the overall responsibility in providing traditional care and support needs of the ageing is diminishing. This is particularly contributed by changing status of women when they began to enter and remain in the labour force for a longer period of time. So far, evidence from various studies on older persons in Malaysia show that the majority of older persons still live with their children and are of the opinion that children are the best care providers (see, for example, Tan, 1994; ESCAP, 1987; Chen & Jones, 1989, Tan & others, 1999, UN, 2001). However, many older persons may find that they are in a totally different world from what they had expected of being cared for by the family.

The concept of active ageing to promote positive self-perception among older persons and a positive attitude towards older persons by the general

population has been gaining popularity in the developed nations. Many developing nations facing the fast increasing numbers and proportion of older persons have only begun to realize the important of active ageing as many cannot afford the rising cost of public pensions and health care.

Malaysia has experienced a demographic transition where mortality rates have fallen to relatively low levels by the standard of developing countries, and total fertility rate has also declined significantly. Concomitant with declines in mortality and fertility, life expectancy at birth has also increased. As the country develops, the number of older persons will increase at a faster rate resulting in a higher percentage of population at older age group. By the year 2020, 10.8 percent of the total population or 3.2 million persons out of an estimated population of 29.8 million will be 60 years and over (United Nation, 1999, p. 678) compared to 5.8 percent or slightly over a million persons in year 1990 (Chan & Da Vanzo, 1991).

## **1.2 Justification of Study and Research Objectives**

With development and modernization, the role of older persons has changed with the traditional support systems of older person being severely challenged. Due to demographic development, including falling birth rates, the ratio between older persons and available young family caregivers is declining. In addition, many developing countries like Malaysia are experiencing rural/urban migration, urbanization and industrialization, which often result in an erosion of traditional family support patterns. It is now more likely for a person to live up to older ages than before and he or she tends to live in a

nuclear family where there is less people to care for them. However, the main problem is not in the number of older persons but the attitude of the society in their views towards old age.

The elderly are still viewed as a burden to the family, government and the society as a whole. With retirement age at 56 years old, on average a person may have another 30 years to live and be considered a burden. The situation is aggravated as higher educational attainment has resulted in late marriages and shorter years of working life. Younger cohorts may not be able to have enough savings for old age as the cost of living increases. At the time they retire, their children may still be in college or university, which may be costly. Even if their children may have started working, they may need to take care of their parents, grandparents or even great grandparents. This is possible when a few generations enjoy longer life. Currently, most of the programmes for older persons either the government or non-governmental organizations (NGOs) focus on social welfare.

The current study is most needed especially for a squatter area where the older persons are more vulnerable as they are already exposed to poverty with little social security. Most of them would still need to work to earn a living and support others as they would have limited savings. The wellbeing of this group of persons will be critical concern as the country develops. The tremendous changes taking place will have most impact on this group of persons caught with fast changes but having little ability to respond especially in a very vulnerable economic situation.

### 1.3 Literature Review

We need to mobilize the older persons as potential resources in community development and project. From a survey done in Malaysia (Rahman & Khalil, 1991), the health problems of older persons can be easily treated and they do not require long term management of illness, impaired functional capacity and mobility. Thus, the assumption that the older persons are weak and needed care at all the time is not true. It is essential for older persons to maintain strong social and family life throughout so that when they age they would be able to adapt and enjoy their life accordingly. According to Tengku Aizan (1995), only 26 percent of the older persons received emotional support from their children, where most of it is in the form of financial support.

The male and female older persons faced different challenges as they get old. The male tends to feel that they are alienated from family and society once they are forced to retired from formal work (Tan, 2001). This is true as they spend most of their productive years in work and careers and very little time with family members. Thus, they would find themselves displaced and hence with more social and emotional problems than women as they reached old age.

However, females faced different problems as they have more disadvantages than males. As women tend to live longer than their spouse, they are also more likely to be poorer than men and faced higher risk of being ill or disabled. However, based on their experience and wisdom, older women are also resource for the wellbeing of their families and communities as leaders

and decision makers as well as providing care to both younger and older family members.

A research done in America (Consensus Development Conference, 1991) showed that depression in later life is the main cause of older person's sickness. The isolation of these individuals from society compounds their depression. As it is, many older persons retire into their own homes and avoid much interaction in social or outdoor sporting activities (Masitah and Nazileh, 1988; Hamid et al., 1989; Tan et al., 1999, Chap 5). Thus, popular activities and programmes should be implemented to induce participation among older persons and the younger generation which may include various activities i.e. educational, recreational, sports, health, and cultural. Through involvement in activities and being a part of the community would imbue a sense of independence, participation, care, self-fulfilment and dignity (Tan et al., 1999).

Although emotional support is important, financial independence of the older persons will be able to provide much in terms of dignity and a sense of self worth. With retirement age at 55 years, on average a person is likely to live for another 30 years after retirement. Thus, community activities planned for the older persons should also include some financial rewards to help them to support their livelihood (Tan et al., 1999).

In Ireland (Age and Opportunity, 1998), the country's remedies to the problem of changes in role and status of the older persons was discovered through change of attitude as a resource for the society rather than as a burden. The government agency, Age & Opportunity, was set up in 1998 to enable and

encourage older people to participate fully in the community and create opportunities for them to use their skills and talents. The programmes were proven successful as only 5 percent of the older persons lived in residential care and they continue to be involved in their families' activities from time to time. The older persons even provide diverse opinions as any other sectors of the community.

Similar effort has been shown in Malaysia where the Petaling Jaya Community Centre was setup in 1996, with the aim of promoting a self sustaining and on-going programme at community level that utilizes resources of older persons, with participation of the young, for the benefit of all residents (see Tan et. al., .1999, p.95). Thus, the key element to achieve productive ageing is to recognize that older persons still possess the potential to participate effectively in the community and the economy (Tan, 1996).

The view on care giving needs a paradigm shift where with the assistance of children, youth, adults and older persons to provide each other in the creation and maintenance of a caring society, which takes into account that everyone can become a caregiver and care recipient (United Nations, 1997).

## **1.4 Data and Methodology**

### **1.4.1 Sources of Data**

A survey was carried out in Kampung Sungai Kayu Ara, Damansara in 1998 by undergraduates of University of Malaya, Kuala Lumpur. The field work began with the listing of the living quarters in the area. A total of more than 1,000 living quarters were listed and a detailed map was drawn (Appendix

show clearly the location of the houses and the community facilities. A screening questionnaire (Appendix II) was used to list the older persons in the study living quarter in the area. A total of 189 older persons (50+ years) were identified and all of them were included in the study. A lower age limit of 50 years was used so as to obtain the socio-economic profile of the present and future older persons, and other data on them to facilitate the identification and formulation of developmental policies and programmes. A detailed questionnaire (Appendix III) was used to elicit information on the:-

- ) Background of respondents;
- ) Household information;
- ) Economic activities and sources of income;
- ) Support system and household decision making;
- ) Health and physical ability; and
- ) Community services and activities.

### **Framework of Analysis**

The focus of this study is to understand the role and status of the older persons in the family, in particular those living in an urban squatter area. The study will look at, among other variables, their health status, which will initially highlight their position in the family and society. A person who is elderly cannot be viewed as having more status than their healthy counterparts. The role of the elderly or she will most probably be entirely dependent on others. Participation in social and other community and public activities as well as economic contribution is another indicator of the role and status of older persons. Their active involvement in the family and community put them at a



higher status level than those who are less active. Within the family and community, their perception and participation, especially in decision-making, put them higher up the hierarchy in role and status than their counterparts who do nothing.

### **1.4.3 Methodology**

Frequencies and various cross tabulation will be presented to understand the various role and status of older persons in the squatter community. Among the variables of interest will be age, gender, educational achievement and ethnic group. It is also necessary to understand their current living arrangements, and whether any of these explanatory variables are important. The wellbeing of the older persons in poverty areas is indeed a critical concern as with development, older group are likely to fall into poverty.

To understand the role and status of the older persons, we firstly examined their health status and physical ability and also the support they receive if they are ill. The other important indication would be economic participation of the older persons and their sources of income. Their living arrangement and influence on decision making in the family also would tell us their situation. By recognising the various interests of the older persons in our survey, we would also be able to identify type of activities or programme that can be organised to attract their participation or even programmes organised by the older persons themselves.

Those measures are cross tabulated with background variables such as gender, age group, ethnic group, educational level, marital status and work status.

Apart from bivariate analysis, multivariate analysis would be utilised. As the dependent variables are mostly dichotomous, that is associated with two qualitative choices, a logistic regression is used. This technique transforms the problem of predicting probabilities within a (0,1) interval to the problem of predicting the odds of an event occurring with the range of the entire real line. The logistic regression model may be specified as follows:

$$P(Y_i = 1) = \frac{1}{1 + e^{-Z}}$$

where

$$Z = B_0 + B_1X_1 + B_2X_2 + B_3X_3 + \dots + B_kX_k$$

$Y_i$  is assumed to depend on  $k$  explanatory variables,  $X_k$ ,  $k = 1, 2, 3 \dots k$ . The parameters of the model are estimated using the maximum-likelihood method based on SPSS Logistic Regression procedure. The Model Chi-Square value indicates whether the estimated coefficients are significantly different from zero, while the  $\chi^2$  Goodness of Fit shows the fit of model on the data.

Multivariate analysis would be used to explain the influence of the respondents on various decision in the family in order to reflect their role and status in the family. The explanatory variables to be used would be gender, age group, educational level, marital status, health status and work status.

## **1.5 Framework of the Research Paper**

This research paper comprises 5 chapters. This chapter presented the research objectives, review of literature, research methodology including the framework of analysis and survey design. The general background of respondents would also be discussed in this chapter.

In Chapter 2, the health status and physical ability will be discussed. It will also look into the support and care system available to the respondents. The participation of respondents economic activities will be presented in Chapter 3. It will also discuss the various sources of income and also types of loan available to them.

Chapter 4 will look into the participation and role of respondent in family, social and community activities. This chapter will also discuss the influence of older persons on household decision making.

Chapter 5 summarizes the findings of the study and present the result of multivariate model. Some policy and programme implications and recommendations based on the findings are presented in the final section.

## **1.6 Profile of Respondent**

Kampung Sg. Kayu Ara is a squatter area near an established housing and commercial area of Bandar Utama, Petaling Jaya, where majority of the residents are of higher income group. However, Kampung Sg. Kayu Ara is a squatter area mostly occupied by lower income residents. Thus, the area has access to all basic amenities such as water, electricity and basic drainage system (see Appendix IV for photographs of the area).

Out of the 189 respondents in the sample, there are 95 males and 94 females aged between 50 to 90 years. The age distribution of respondents is quite uniformly distributed, with 24 percent for each 5 years age group of 50-54, 55-59, 60-64, and 28 percent of them age 65 and above (Table 1.1).

Some 48 percent of respondents are Malays, 31 percent Indians and 21 percent Indonesians while some 50 percent of them were from other countries. Further cross tabulation found that about a quarter of the Indians and Malays were born in other country. On average, the Indonesians have been living in the area for almost 13 years.

As the majority of respondents are Malays and Indonesians, Islam is the main religion of the respondents and the rest are Hindus and others (Table 1.1).

Almost all the respondents are ever-married (Table 1.1). About 69 percent of them are currently married, 27 percent are widowed, 2 percent divorced/separated. Most of the spouses of currently married respondents are usual members in the family. The majority of the male respondents are currently married. For female respondents, half of them are currently married. Females have a significantly higher percentage of being widowed than the male (43.6 percent versus 9.5 percent). This may be due to that females have longer life expectancy and tend to marry older men.

About one third of respondents have no schooling, 55 percent have primary education and the rest, 9 percent have secondary education. Females have higher proportion of no schooling than males. About 76 percent of males have some education compared with 52 percent females.

**Table 1.1: Percentage Distribution of Respondents by Sex and Selected Characteristics**

Selected Characteristics	Male	Female	Total
n	95	94	189
<b>Age Group</b>			
50 – 54	24.2	30.9	27.5
55 – 59	24.2	28.7	26.5
60 – 64	24.2	12.8	18.5
65 – 69	11.6	8.5	10.1
70 and above	15.8	19.1	17.5
<b>Ethnic Group</b>			
Malay	45.3	51.1	48.1
Indian	27.4	34.0	30.7
Indonesian	27.4	14.9	21.2
<b>Place of Birth</b>			
Malaysia	52.6	70.2	50.3
Other Country	47.4	29.8	49.7
<b>Religion</b>			
Islam	72.6	63.8	68.3
Hinduism	25.3	31.9	28.6
Christian	2.1	3.2	2.6
Ancestor Worship	0.0	1.1	0.5
<b>Marital Status</b>			
Never Married	2.1	2.1	2.1
Currently Married	87.4	51.1	69.3
Widowed	9.5	43.6	26.5
Divorced/Separated	1.1	3.2	2.1
<b>Educational level</b>			
No Schooling	24.2	47.9	36.0
Primary	63.2	46.8	55.0
Secondary & above	12.6	5.3	9.0
<b>Ability to Write in Any Language</b>			
Yes	79.8	47.9	62.4
No	20.2	52.1	37.6

n = number of cases

All the respondents are able to speak at least one language but only 62.4 percent are able to write in at least one language. As expected, males have a higher percentage that is able to write compared to females. Although majority of Indians are able to speak Malay, it is interesting to note that 19 percent of them can only speak Tamil/Indian dialects. This has implication on this group of Indians especially in their social life where the area is predominantly occupied by Malays.