

CHAPTER TWO

HEALTH STATUS AND PHYSICAL ABILITY

2.1 Introduction

Health status and physical ability are important determinants of the role and status of older persons in the family. The perception of their health will determine how they feel about themselves. When a person thinks that he has poor health, he will think of himself as being a burden to the family and having to rely on the family to do some chores, if not everything. However, if he is well, then he can still be independent most of the time and take care of the family. Most times, older persons are depicted as weak and in need of assistance and help.

2.2 Health Status

The majority of older persons in this study are well and healthy; about 90 percent of the respondents perceive they have good or fair health condition (Table 2.1). This is supported by findings from other studies such as Tan and others (1999). Male respondents are more likely to consider themselves to be in “good” health condition than their female counterparts (Table 2.1).

Those below 60 years report themselves in “good” health compared to those in the older age group (Table 2.1). However, those facing “poor” health condition are only slightly higher for those 60 years and over compared with those in younger age group.

Table 2.1: Percentage Distribution of Health Status by Selected Variables

Selected Characteristics	Health Status			Total	n
	Good	Fair	Poor		
Sex					
Male	49.5	42.1	8.4	100.0	95
Female	42.6	44.7	12.8	100.0	94
Age Group					
Below 60	50.0	40.2	9.8	100.0	102
60 and Above	41.4	47.1	11.5	100.0	87
Marital Status					
Currently Not Married	41.4	39.7	19.0	100.0	58
Currently Married	48.1	45.0	6.9	100.0	131
Educational Level					
No Schooling	44.1	39.7	16.2	100.0	68
Some Schooling	47.1	45.5	7.4	100.0	121
Ethnic Group					
Malays	46.2	43.1	8.8	100.0	91
Indians	50.0	36.2	13.8	100.0	58
Indonesians	40.0	50.0	10.0	100.0	40
Work Status					
Currently Not Working	36.0	49.1	14.9	100.0	114
Currently Working	61.3	34.7	4.0	100.0	75
Total	46.0	43.4	10.6	100.0	189

n = number of cases

For those who are currently not married, 19 percent of respondents report themselves in poor health condition compared to only 7 percent for those who are currently married. This may indicate that marriage and presence of the other sex affect the wellbeing and the health condition of the respondents, as has been supported by evidence from some studies (United Nations, 2001). However, it is likely that the healthier respondents have higher percentage that is currently married than the not so healthy ones.

For those who have some schooling, they are more likely to report better health condition with 92.6 percent report “good” and “fair” health compared to 84 percent for those without schooling. This is likely to be contributed by the fact that those with some education may have more knowledge to care for themselves compared to those who have no schooling at all.

Among the older persons, the Indians seem to have the best health based on their own self-perception, and the Indonesians, the worst. However, if we include those who perceived themselves in “fair” health, the Indonesians rank the highest (90 percent), with the Malays not far behind (89 percent) and Indians (86 percent), the lowest.

A much higher percentage of those who are currently working considered themselves as having “good” health compared to those who are currently not working, 61 percent versus 36 percent. This is also supported by the fact that only 4 percent of those who are working report “poor” health condition compared with 15 percent for those who are not working. Therefore, by continuing working through old ages, the older persons may be more able to maintain a better health condition despite the traditional believe that ones should rest more when they reach their golden ages..

At the time of the survey, about 37 percent of the respondents report having some chronic health problems (Table 2.2). As expected, a lower percentage of the younger than the older ones report facing serious health problem. Most of them complain of suffering from Diabetes, Asthma, “sakit tua” and rheumatism/knee problem.

Table 2.2: Percentage Distribution by Whether Respondents Had Any Specific Health Problem and Type of Illness by Age Group and Sex

Health Status	Age Group		Sex		Total
	Below 60	60 and Above	Male	Female	
N	102	87	95	94	189
Total	100.0	100.0	100.0	100.0	100.0
Any Specific Health Problem					
No	69.6	56.3	65.3	61.7	63.5
Yes	30.4	43.7	34.7	38.3	36.5
Diabetes	22.6	23.7	18.2	27.8	23.2
Asthma	25.8	18.4	24.2	19.4	21.7
“Sakit Tua”	16.1	18.4	18.2	16.7	17.4
Rheumatism/Knee Problem	12.9	10.5	24.2	19.4	11.6
Heart Problem	9.7	10.5	9.1	11.1	10.1
High Blood Pressure	0.0	10.5	3.0	8.3	5.8
Others	12.9	7.9	12.1	8.3	10.1

n = number of cases

It is interesting to note that some 17 percent of those suffering from health problems attributed to the vague condition of “sakit tua” (old person’s disease) and 11 percent to rheumatism/knee problem. Such vague answers have implications on preventive health checks since this group has obviously given up trying to treat their condition, and have accepted it as being due to old age or rheumatism/knee problem. This “defeatist” attitude also highlights the little importance placed on having their condition properly diagnosed and the dangerous practise of self-diagnosis.

Female respondents report a higher percentage suffering from chronic diseases compared to males, consistent with findings elsewhere (eg. Tan et al., 1999). Of those having health problems, the highest percentage of females suffer from Diabetes while for the males, Asthma and rheumatism/knee

problems (38 percent versus 35 percent, Table 2.2). About 38 percent of the Indians and Indonesians suffer from chronic diseases which is higher than that of the Malays (35 percent). Generally the same chronic diseases are reported by the various ethnic groups.

Those who are currently not married have higher percentage of respondents suffering from chronic diseases compared to those who are currently married (Table 2.3). This strengthened our earlier findings that those who are living with their spouse tend to have better health condition. High blood pressure, diabetes, "sakit tua" and heart problem seems to be more prevalent among those currently married.

Education attainment seems to have slight effect on the respondents who report having some chronic health problems (Table 2.3). This however contradicts our earlier findings that those who have some schooling are likely to report better health condition. Those who have some schooling may have more access to health information but more often than not they may be ignorant on their own health care. Therefore, health care awareness programmes organised should not only concentrate on those who have no schooling.

There is significant difference between those who are currently working and not working. For those who are currently working, 28 percent report suffering from chronic disease compared to 42 percent who are currently not working (Table 2.4). Again, those who are working prove to be more likely to continue to be in healthier condition.

Table 2.3: Percentage Distribution by Whether Respondents Had Any Specific Health Problem and Type of Illness by Marital Status and Education Level

Health Status	Marital Status		Educational Level		Total
	Currently Not Married	Currently Married	No Schooling	Some Schooling	
n	58	131	68	121	189
Total	100.0	100.0	100.0	100.0	100.0
Any Specific Health Problem					
No	53.4	67.9	63.2	63.6	63.5
Yes	46.6	32.1	36.8	36.4	36.5
Diabetes	18.5	26.2	32.0	18.2	23.2
Asthma	25.9	19.0	20.0	22.7	21.7
"Sakit Tua"	14.8	19.0	16.0	18.2	17.4
Rheumatism/Knee Problem	7.4	14.3	12.0	11.4	11.6
Heart Problem	14.8	7.1	8.0	11.4	10.1
HighBloodPressure	3.7	7.1	4.0	6.8	5.8
Others	14.8	7.1	8.0	11.4	10.1

n = number of cases

Table 2.4: Percentage Distribution by Whether Respondents Had Any Specific Health Problem and Type of Illness by Work Status

Health Status	Work Status		Total
	Currently Not Working	Currently Working	
n	114	75	189
Total	100.0	100.0	100.0
Any Specific Health Problem			
No	57.9	72.0	63.5
Yes	42.1	28.0	36.5
Diabetes	25.0	19.0	23.2
Asthma	22.9	19.0	21.7
"Sakit Tua"	20.8	9.5	17.4
Rheumatism/Knee Problem	8.3	19.0	11.6
Heart Problem	10.4	9.5	10.1
High Blood Pressure	6.3	4.8	5.8
Others	6.3	19.0	10.1

n = number of cases

About half of the respondents report having been ill during the past six months, and less than half of them seek treatment (Table 2.5). This again supports the earlier evidence of not wanting to have the problems properly diagnosed and the reliance of self-treatment. They tend to seek treatment from private clinics/hospitals, followed by government clinics/hospitals with a small percentage going to traditional healers or pharmacists. This pattern of treatment has cost implications since government facilities are generally free or cheaper than private facilities. Perhaps, the older groups do not want to wait too long for treatment as most government facilities have long waiting period. The need for good community health centres nearby is clear, and this may explain why some older persons choose to self-diagnose rather than seek professional help if it is difficult and costly to seek such help.

Male respondents are more likely to go for treatment than female respondents as they are more mobile than their counterparts. Again, both groups prefer private facilities to government for treatment (Table 2.5). There is some ethnic variation in the proportion that fell ill during the reference period, with Malays having the highest proportion of 21 percent and the Indonesian the least (9 percent).

Marital status seems to have minimal effect on those who report being sick for past 6 months with almost the same percentage who seek treatment (Table 2.6). However, those who are currently married show a preference to government clinics/hospitals compared to private ones. Again, Table 2.6 shows

that those respondents with some schooling do not necessary more health conscious than their less educated counterparts.

Table 2.5: Percentage Distribution by Whether Respondents and have been Ill during the Last Six Months, Whether Seek Treatment and Place of Treatment by Age Group and Sex

Health Status	Age Group		Sex		Total
	Below 60	60 and Above	Male	Female	
n	102	87	95	94	189
Total	100.0	100.0	100.0	100.0	100.0
Ill During the last 6 months					
No	57.8	46.0	52.6	52.1	52.4
Yes	42.2	54.0	47.4	47.9	47.6
With Treatment	39.2	50.6	57.9	53.2	55.6
Without Treatment	60.8	49.4	42.1	46.8	44.4
Place of Treatment					
Government	42.2	35.9	35.0	43.2	39.3
Private	51.2	53.8	52.5	50.0	51.2
Traditional Healer	6.7	7.7	10.0	4.5	7.1
Pharmacists	2.2	2.6	2.5	2.3	2.4

n = number of cases

Table 2.6: Percentage Distribution by Whether Respondents and have been Ill during the Last Six Months, Whether Seek Treatment and Place of Treatment by Marital Status and Education Level

Health Status	Marital Status		Educational Level		Total
	Currently Not Married	Currently Married	No Schooling	Some Schooling	
n	58	131	68	121	189
Total	100.0	100.0	100.0	100.0	100.0
Ill During the last 6 months					
No	53.4	51.9	57.4	49.6	52.4
Yes	46.6	48.1	42.6	50.4	47.6
With Treatment	55.2	55.7	63.2	51.2	55.6
Without Treatment	44.8	44.3	36.8	48.8	44.4
Place of Treatment					
Government	50.0	34.5	32.0	42.4	39.3
Private	46.2	53.4	56.0	49.2	51.2
Traditional Healer	3.8	8.6	8.0	6.8	4.7
Pharmacists	0.0	3.4	4.0	1.7	2.4

n = number of cases

Currently working respondents again show a lower percentage of being sick for past 6 months compared to those who are not working (Table 2.7). They are more likely to seek treatment than their counterparts who are not working and show preference in seeking treatment from private clinics/hospitals than government clinics/hospitals. Those who are currently working can still afford to pay the higher charges by private clinics/hospitals as they are earning income and also they may have less time to wait for treatment in the government clinics/hospitals.

Table 2.7: Percentage Distribution by Whether Respondents have been Ill during the Last Six Months, Whether Seek Treatment and Place of Treatment by Work Status

Health Status	Work Status		Total
	Currently Not Working	Currently Working	
n	114	75	189
Total	100.0	100.0	100.0
Ill During the last 6 months			
No	50.9	54.7	52.4
Yes	49.1	45.3	47.6
With Treatment	54.4	57.3	55.6
Without Treatment	45.6	42.7	44.4
Place of Treatment			
Government	42.3	34.4	39.3
Private	50.0	53.1	51.2
Traditional Healer	3.8	12.5	4.7
Pharmacists	3.8	0.0	2.4

n= number of cases

Another health indicator which may hinder older persons from participating fully in society is the state of their eyesight and hearing. Eyesight problem is more serious than hearing problem; as much as 20 percent report poor or bad eyesight compared to 4.8 percent reporting poor or bad hearing (Table 2.8). This may not necessarily be true since we tend to pay attention

Support from Family

When the respondents are sick or need to be taken care of, almost all of them report someone being there to help them (Table 2.9). The majority of them would receive support or care from their spouse and children. However, support from spouse reduces with age in part due to death of spouse or their spouse themselves needing care. Children become the main provider of support and care for the older persons as they get older. This is especially true of female respondents as they tend to outlive their husbands.

Table 2.9: Percentage of Respondents Receiving Support/Care from Others when Ill by Sex and Age Group

Persons Providing Support/Care	Sex		Age Group		Total
	Male	Female	Below 60	60 and above	
n	95	94	102	87	189
No one	2.1	0.0	1.0	1.1	1.1
Children only	20.0	48.9	28.4	41.4	34.4
Spouse only	15.8	3.2	13.7	4.6	9.5
Children & spouse	57.9	30.9	45.1	43.7	44.4
Other persons	4.2	17.0	11.8	9.2	10.6

some cases report more than one source of support.

n = number of cases

Currently married respondents seem to have good support from their spouse and children. In some cases, children will be the ultimate support for them as their spouse may be also sick. At times, their children may need to be away, the assistance from relatives, friends and neighbours will be necessary. This is especially true for those respondents who are single. Some 17 percent of them receive care from other persons such as relatives, friends and neighbours as shown in Table 2.10.

Table 2.10: Percentage of Respondents Receiving Support/Care from Others when Ill by Marital Status and Education Level

Persons Providing Support/Care	Marital Status		Total
	Currently Not Married	Currently Married	
n	58	131	189
No one	3.4	0.0	1.1
Children only	79.3	16.8	34.4
Spouse only	0.0	13.7	9.5
Children & spouse	0.0	61.8	44.4
Other persons	17.2	7.6	10.6

some cases report more than one source of support.

n = number of cases

2.3 Physical Ability

The ability to participate in various activities is expected to deteriorate with age but it is possible to extend an active life to more advanced ages with improving health, technology and nutrition. It is found that the majority of the respondents (77 percent) still can do at least moderate activities such as shifting tables or doing repair in the house although some are no longer able to do vigorous activities (34.9 percent) (Table 2.11).

Table 2.11: Percent of Respondents Who are Able to Carry Out the Listed Activities Easily by Age Group and Sex.

Listed Activities	Age Group		Sex		Total
	Below 60	60 and Above	Male	Female	
Vigorous activity (lifting goods and doing heavy work)	45.6	18.7	50.5	19.1	34.9
Moderate activity (Shifting tables or doing repairs in the house)	85.1	65.3	88.4	66.0	77.2
Walking uphill or going upstairs	79.8	61.3	78.9	66.0	72.5
Bending or stooping	91.2	86.7	89.5	89.4	89.4
Walking to neighbour's house	96.5	92.0	95.8	93.6	94.7
Eating, dressing, bathing and using the toilets	98.2	96.0	96.8	97.9	97.4
Cutting fingernails and toenails	96.5	89.3	96.8	90.4	93.7

The percentage of younger respondents who are able to carry out vigorous activities is more than double. Nevertheless, more than 60 percent of the older respondents are able to do moderate activities (Table 2.11). This shows that most of the older persons may not be very strong physically, but they are still able to do more than care for themselves. Some of them in the older age group tend not to participate in any physical activity where they are not expected to carry out such chores. Perhaps some programmes should be organised to help them utilise their ability and also to maintain it.

Generally, male respondents are physically stronger than their female counterparts. More than 50 percent of the male respondents are still able to do vigorous activities, such as lifting and doing heavy work compared to less than 20 percent for the females (Table 2.11). Although female respondents are weaker, most of them can still take care of themselves and carry out moderate activities such as shifting tables or doing repair in the house. Perhaps with appropriate programme such as community activities, more of them would be encouraged to participate and find out that they are physically able.

As expected, those who are currently working are physically more superior to those who are not working. It is interesting to note that those who cannot even bend or stoop are still working. Meanwhile, for those currently not working, about 25 percent can do vigorous and activities and 68 percent still can do moderate activities (Table 2.12). This indicates that many of the older persons are still physically able to contribute to their family and the society at large.

Table 2.12: Percent of Respondents Who are Able to Carry Out the Listed Activities Easily by Work Status

Listed Activities	Work Status		Total
	Currently Not Working	Currently Working	
Vigorous activity (lifting goods and doing heavy work	24.6	50.7	34.9
Moderate activity (Shifting tables or doing repairs in the house)	68.4	90.7	77.2
Walking uphill or going upstairs	64.9	84.0	72.5
Bending or stooping	88.6	90.7	89.4
Walking to neighbour's house	91.2	100.0	94.7
Eating, dressing, bathing and using the toilets	95.6	100.0	97.4
Cutting fingernails and toenails	89.5	100.0	93.7

The Indonesians seems to be the stronger ethnic group with highest percentage for most of the activities listed, follow by the Malays (Table 2.13). Indians reported lower percentages for all activities listed. This may be due to the nature of Indonesians who are used to hard life. A more detail study on the reasons for the weaker Indians' older person compared to other ethnics should be carried out.

Table 2.13: Percent of Respondents Who are Able to Carry Out the Listed Activities Easily by Ethnic Group

Listed Activities	Ethnic Group			Total
	Malays	Indians	Indonesian	
Vigorous activity (lifting goods and doing heavy work	36.3	31.0	37.5	34.9
Moderate activity (Shifting tables or doing repairs in the house)	79.1	67.2	87.5	77.2
Walking uphill or going upstairs	74.7	58.6	87.5	72.5
Bending or stooping	89.0	87.9	92.5	89.4
Walking to neighbour's house	95.6	91.4	97.5	94.7
Eating, dressing, bathing and using the toilets	97.8	96.6	97.5	97.4
Cutting fingernails and toenails	93.4	91.4	97.5	93.7

2.4 Conclusion

The findings of the survey show that a large majority of older persons remain fairly healthy and physically able. The health status is expected to deteriorate with age but this can be improved or prevented with appropriate programmes. With advancement in technology and better nutrition, older persons have a better chance to live healthy for a longer period of time and continue to contribute to the family and community. However, programmes should be implemented to encourage them to remain active and face various challenges affecting them.

The survey also shows that some of the older persons are ignorant about their own sickness. Thus, a program should be implemented to enhance health awareness among older persons especially those who are in the lower income group and less educated.

The common chronic health problems reported include Diabetes, Asthma and "old person's disease, and rheumatism/knee problem where females have the higher percentage. Generally, private clinics/hospitals seem to be the more preferred choice for respondents to seek treatment compared to government hospitals/clinics.

It was found that eyesight problems seem to be more prevalent than that of hearing problems; as much as 20 percent report poor or bad eyesight compared with 4.8 percent reporting poor or bad hearing. Furthermore some 20

percent to 34 percent of those reported eyesight or hearing condition report financial difficulty in obtaining glasses or hearing aids.

Evidence from the survey indicates that the family remains the principal provider of care and support for older persons. In times of need, children remain the main source of comfort and support.