

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter begins with summary and discussion of the main findings that influence the role and status of the respondents. Multivariate analysis is utilised to understand the measurement of influence of older persons in decision making in the family that is important to gauge the role and status of respondents. It will also be used to find out the characteristics of respondents who contribute to the household maintenance. The final section discusses some policy and programme implications.

#### **5.2 Conclusion and Discussion**

The results of the survey found that the large majority of older persons are healthy and able. Involvement in various activities decreases with age but this can be improved with better nutrition and medical technology. Therefore, various programmes should be implemented to encourage older persons to remain in the mainstream and improve their knowledge on various issues affecting them, as well as preventive measures.

The common chronic health problems reported include Diabetes, Asthma and "old person's disease", and rheumatism/knee problem. Females have a higher percentage of reporting having chronic health problems than males. Generally, private clinics/hospitals seem to be the more preferred choice for respondents to seek treatment compared to government hospitals/clinics. This may in part attributed to the accessibility of the

government clinics/hospitals as the number of patients in such facilities are normally high. For normal sickness, the older persons may prefer treatment in private clinics/hospitals.

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

Eyesight problems were found to be more prevalent among older persons than hearing problems; as much as 20 percent report poor or bad eyesight compared with 4.8 percent reporting poor or bad hearing. Some 20 percent to 34 percent of those reported eyesight or hearing condition have financial difficulty in obtaining glasses or hearing aids. It is possible that the percentage having hearing problem is much higher as less attention is given to the ability to hear properly than on eyesight.

As expected, the survey indicates that all the male respondents have worked in their lifetime compared to about 75 percent for female respondents. Other measure on respondents' work activity in the last one week precedent to the survey also highlighted similar disparities between males and females.

Less than half of the respondents still participate in economic activities where the work rate diminished sharply with age. However, participation of females in the labour force at later age shows improvement. It is interesting to note that about 5 percent of older respondents are working in the construction industry that requires strength and energy especially the Indonesians. Majority

of the respondents are employees. This may not reflect the true picture of Malaysian older persons since the figures are mainly Indonesians. However, this research shows the potential of older persons in general.

The older respondents have higher income than the younger respondents. This is also true among the Malays that have some schooling. Those who are still working at the older age may have the necessary expertise and experience required where they can earn some income. This shows the invaluable resources that the older persons possessed and can be capitalised.

Overall, the respondents are contributing about 30 percent of the monthly household expenses. About 52 percent of the respondents are relying on their own source of income such as employment pension and income from investment. However, majority of the respondents are dependent on their family members for financial support. Should the respondents require financial assistance, majority of them will go for non-institutional loan, that is from their relatives or next of kin and friends. On the other hand, about 22 percent of the respondents are providing financial support for someone else in the last one year.

It is found that majority of respondents still live in extended family where the traditional support system remained but it is slowly being replaced by nuclear family. Therefore family support will also be limited especially when participation of females in the work force continue to increase.

Economic factor plays a significant role in determining whether the respondents have any influence in decision making process in the family. Therefore, older persons should be allowed and encouraged to remain in the mainstream of the society. This will not only help them to be financially independent but also emotionally as they will have a place to socialise.

### 5.3 Policy and Programme Implications

Transition into old age is a gradual and individual process, all policies and programmes should be based on the fact that ageing is a natural phase of an individual's life cycle, career and experience, and the same needs, capacities and potentialities usually prevail over the entire lifespan. The older persons should be viewed as an integral part of the population and considered within the framework of population groups such as women, youth, disabled and migrant workers. Thus, policies on ageing and for the older persons are an important society-wide concern, and not solely a question of caring for vulnerable minority.

With the increasing life span for both men and women, we have to ensure that the added years should be disability-free years. The various diseases and illnesses that commonly suffered by the older persons, men or women, should be identified at an early stage so that they can take preventive measures. A systematic approach in promoting awareness of symptoms of these diseases should be carried out not only to the older persons but also to their family members. They also should be made aware of the latest treatment available and precaution to be taken. This can be easily done through media or

through community talks and forums or through appropriate health awareness exhibitions.

Basic aids such as glasses and hearing aids should be made available to the older persons who suffered bad eye sight problem and hearing problem. This is to avoid them from being further marginalized from society.

From this study, the older persons' health may be deteriorating with age but they remained able and capable. However, they are compelled to retire to their own houses due to lack of activities in the community. With the family members being busy with their own activities, the older persons tend to withdraw into their own "shell". Thus, policy and programmes should be designed to encourage participation of the older persons in the community.

The health of the ageing is fundamentally conditioned by their previous health and, therefore lifelong health care starting with young age is of paramount importance; this includes preventive health, nutrition, exercise, the avoidance of health-harming habits and attention to environmental factors, and this care should be continues. In fact, this link can be used to generate the intergenerational interest between the young and old.

The fostering of links between the young and old will generate new interests, enable new networks to be established and strengthened old ones. Opportunities for other work and activities abound and many older persons would obtain a new taste of life in keeping themselves occupied. Young people also benefit if their parents and older relatives and friends have a support system to care for them so that older persons do not become a burden but a

resource for the nation. In addition, the young generation should be provided with more opportunities to participate in activities where when they are old, they too would have a choice in deciding on what they want to do with their time. This, choice, however, requires each and everyone's efforts and commitment.

Participation in economic activities of the older persons will be able to tap on their talent and rich resources such as experience, expertise and knowledge. Jointly, they are able to run many activities together and also creating social support for each other. By empowering and integrating the older persons into the main stream, they would be able to live with more dignity.

A community centre such as the Petaling Jaya Community Centre has much scope to develop and integrate the participation of older persons in a concerted manner, with younger members in society. Such Community Centre not only would provide emergency and crisis help when the need arise but hopefully will be close enough to cater for convenient of old folks (see Appendix V for list of activities). It also has the provision for income-generation and assistance being available on various levels.