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**ELDERLY ASPIRATION TOWARDS ACTIVE AGING**

Nik Norliati Fitri Md Nor (a)\*

\*Corresponding author

(a) School of Distance Education, Universiti Sains Malaysia, 11800 Penang, nikfitri@usm.my

***Abstract***

In 2002, the World Health Organization (WHO) had launched an active ageing policy in order to face the issues of the ageing population. The active ageing policy is referred to as a process of optimizing the ageing population's chances in health, involvement and safety. According to the WHO, there are six determinants of active ageing: health and social service systems, behavior determinants, personal determinants, physical environment, social environment and economic determinants. Additionally, cross determining variables – culture and gender – are important in understanding the active ageing. Cultural values and traditions have a role in facing the process of ageing. It influences society in their management towards elderly health care. Meanwhile, the gender variables indicate that different outcomes of male or female elderly well-being should be taken into consideration. This study will serve as a guide to improve policies and suggestions policies especially in relation to support and care of the elderly. On the individual level, research contributions enable elderly to participate in society, prioritize health care, get treatment and promote active aging. This study is very important for individuals who have children who will always support older parents.

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## 1. Introduction

There are six important determinants of active ageing policy. The first determinant is health and social services. It focuses on health promotion and prevention, treatment, long-term care and mental health services. The second determinant is on behaviour or attitudes aspect. It highlights on a healthy lifestyle by engaging in appropriate activity such as exercise, healthy eating, taking medicines according to the instructions of a physician can prevent illness, prolong life and improve the quality of life. The third determinant is on personal aspect which related to biological and genetic factors as well as psychological factors. It describes a disease caused by genetic factors and how psychological factors show the ability to solve problems and adapt to a disease. The fourth determinant is on the physical environment. It refer to a safe housing environment (older people need to stay with family members or stay close to family members, given the increasing trend of living older adults (especially older women), physical environment (special attention needs to be given) to older people living in rural areas especially in providing the services and support needed) clean water supply, clean air and healthy nutrition are especially important for older people with chronic illnesses. The fifth determinant is social environment which focuses on social support factors, lifelong education and learning opportunities, peace, violence protection and abuse are major factors in the social environment that improve health. The final determinant is economic determinants which indicates that there are three aspects of the economic environment that influence active aging namely income, employment and social protection (WHO, 2002).

Lack of support for the elderly will have an impact on their well-being which could contribute to stress, loneliness and depression (Dan et al., 2012; Knodel & Debavalya, 1992; Nurizan, Yadollah, Tengku, & Siti., 2013). Based on author's study (WHO, 2002), discovered that elderly who do not have social support are more likely to die in the next three years in comparison to the elderly with social support. However, there are challenges in providing social support to the elderly especially informal support from family members, friends and community. The unmarried elderly women, elderly with small family size and childless elderly in particular would have more difficulties in getting the social supports (WHO, 2002). Elderly in rural areas face the same issue as unmarried elderly women, small family size elderly and childless elderly in regard to their social support. This study will focus only on the active aging among elderly in rural area.

## 2. Problem Statement

The average life expectancy of the world population since 2005 to 2010 was 68 years. However, the life expectancy is varied based on the development status of the country. Based on United Nations' (2011) report, life expectancy in developed, developing and underdeveloped countries since 2005 to 2010 are 77 years old, 66 years old and 57 years old, respectively. Meanwhile Malaysian life expectancy in 2014 is 74.7 years old (Department of Statistics Malaysia, 2014). The achievement is based the Malaysian government long term elderly policy. For example, during the Eighth Malaysia Plan (2001-2005), the government took steps to ensure that families, especially children, were always looking after the elderly. The government has approved the establishment of daily care for the elderly. The day-care centre serves as a place for the elderly to come to work. The government has also set up a toll-free line to enable seniors to obtain

counselling and information services. In addition, awareness and education campaigns were held to encourage them to adopt a healthy and proactive lifestyle and to encourage active aging. The concept of caring society is also applied to encourage family members to care for the elderly (Economic Plan Unit, 2012). During the Eleventh Malaysia Plan (2016-2020) there are strategies that need to be implemented for the elderly to improve the quality of life and environment of the elderly by improving the environment that supports the elderly and active aging. More senior day care centres will be established in cooperation with non-governmental organizations (NGOs) and enable them to live with working families (Economic Plan Unit, 2015).

High population of elderly is an indication to the country increment in socioeconomic status, especially in healthcare. In this situation, healthcare is very important because it shows the quality and well-being of the people in a good country. In order to maximize the Malaysian government elderly policy, this study will focus on local health facilities and challenges face by elderly in maintaining their health and utilize the facilities provided. This is accordance to the active ageing outlined by the WHO. Therefore, studies on the health and well-being of older people are important in assessing the determinants of active aging in the study area.

### **3. Research Questions**

How elderly take care of their health based on the active aging determinants outlined by the WHO: health and social services, behaviour or attitudes, personal aspect, the physical environment, social environment, and economic environment.

### **4. Purpose of the Study**

To measure the level of active aging practiced by the respondents in the study area.

### **5. Research Methods**

This study used a quantitative approach. Data collected from the survey was analysed by SPSS. The study involved 142 Malay elderly aged 60 years and above with various socioeconomic backgrounds namely education status, marital status, employment and health status in Pahang state, Malaysia.

### **6. Findings**

Based on the SPSS analysis, the result indicates that only four out of six active ageing determinants emerged in the finding as discussed below.

#### **6.1. Attitude determinant**

The data shows that 77 percent of the respondents strictly follow their medication routine. Only 23 percent of the respondents reluctant to consume their medicine provided by the health service. They believe the medicines could harm and damage their internal organs especially their kidney. They also believe that their illness is harmless which discourage them from getting further treatment from the health institution.

This result suggests that there is lack of awareness in elderly self-healthcare especially from modern treatment. At the same time, the data shows that 92 percent of respondents successfully followed appointment guidelines and adhere to the directive of physicians to monitor chronic illnesses. In order to achieve active aging, the respondents were supposed to seek treatment at a recognized health centre in order to monitor and control their illness. At the same time, they were supposed to be aware of the care and treatment provided by the healthcare and adopt a healthy lifestyle. Moreover, the respondents' attitude towards monitoring and maintaining health is crucial to ensuring their quality of life and well-being.

Attitude determines a healthy lifestyle by engaging in appropriate physical activity to maintain good health such as exercise and exercise that are beneficial to the body. Activities should be tailored to the physical capacity of the elderly. In addition, attitude determinants also indicate that older people are taking medication according to their doctor's prescription. For respondents with health problems, they are assisted by children and daughters living together. Compliance with appointments made by health services also reflects respondents' positive attitude towards improving their quality of life and well-being.

## **6.2. Personal determinant**

Personal factors also reflect the mental and psychological capacity of the respondent in treating and adapting to the illness. 83 percent of respondents accepted and adapting to the illness they are experiencing. Although they have to suffer from their chronic diseases such as hypertension, diabetes, and heart disease the respondents remain active and not in depression. For example, they are active in community. Emotional support from family members and neighbours is very important in influencing respondents' mental health. Respondents with ailments can also interact and actively participate in other community and daily activities such as attending feasts, going to weddings and visiting neighbours.

## **6.3. Physical environment determinant**

Determinants of physical environment indicates that housing is safe where respondents need to stay with family members and need support from family members especially children to encourage active aging. Particular attention and emotional support for respondents with chronic illnesses is important for them to be loved and appreciated by the children and the surrounding community. The role of family members and neighbours in bringing and responding to treatment at a hospital or clinic shows social support for Malay elders in Pahang. Social support for respondents is critical to their well-being and helps the elderly in healthcare. This has made respondents more sensitive to healthcare and their compliance with the appointment. The emotional support provided by the family members to the respondents, especially those with chronic illnesses, can help relieve depression and promote active aging. For example, most of respondents agree that their family members and neighbours are helpful in term of their healthcare.

Information on elderly healthcare is including taking supplement foods and vitamin, following healthy tips and practicing healthy lifestyles. The study found that 15 percent ate supplements daily. The supplements used by the respondents are calcium for strengthening the bones and drinking milk twice daily to ensure the bones are strong. The study also found that most of the respondents practiced healthy tips for maintaining health. Healthy practices such as maintaining good nutrition, reducing salt and sweetness in food, eating well, drinking lots of lukewarm water and not smoking.

#### **6.4. Social environment determinant**

The determinants of the social environment indicate the security and protection of the respondents. Respondents in the study area were always given attention by family members and they were able to live actively in a social environment that could improve their health. It also shows the social support provided to the elderly in the study area by bringing and accompanying them for treatment and managing the elderly. Despite having various chronic illnesses, the elderly can participate in community activities and be able to respond positively to the illness they suffer. The social support shown by family members and neighbours is crucial to ensuring the quality of life and well-being of the elderly and promoting active aging in line with the goals of the UN, the WHO, and the National Health Policy.

Additionally, cross-determinants variables – culture and gender – are important in understanding active aging in Pahang. Female elderly respondents had higher adherence to the treatment and appointment instructions provided by the health service than male elderly respondents. Moreover, Malay cultural values and tradition such as by eating salad (*ulam*), drinking herb water, exercising in the morning and reciting *zikir* are useful as an alternative healthcare in maintaining their health and active life.

The four determinants with addition to the cultural and gender variables discussed earlier indicate that respondents in Pahang are moving towards active aging population as outlined by WHO.

### **7. Conclusion**

Most of the respondents have a good health status while some respondents had a chronic illness. In this study, there are four determinants of active aging which are attitude, personal, physical and social environments. Previous discussions have shown that the social support provided by children such as bringing and accompanying respondents to seek treatment and care for parents who are ill. The children also provide physical support such as providing a comfortable housing environment including a special bathroom for their use and comfort, especially for unhealthy respondents. Besides, children also provide health equipment for their use. In addition, there is also social support provided by the community which brings and accompanying the elderly to seek treatment at the hospital or clinic. Despite having a chronic illness, the respondents were still active and there are four determinants of active aging in this study that is attitude, personal, physical and social environment. It is hoped that this study will contribute to the Ministry of Health Malaysia (MOH) in providing various facilities for the use of the elderly especially in relation to health care and encourage active aging among the aging population every year. Studies on health care among elderly are vital to the well-being and quality of life and encourage active aging according to WHO guidelines. This study will serve as a guide to improve policies and suggestions policies especially in relation to support and care of the elderly. On the individual level, research contributions enable elderly to participate in society, prioritize health care, get treatment and promote active aging. It is hoped that the elderly will always make a valuable contribution to their families, communities and the country and enhance their dignity and self-esteem. This study is very important for individuals who have children who will always support older parents for as long as they could.

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