WHAT SHOULD HAPPEN IN THE FUTURE ACCOMMODATION OF THE ELDERLY IN MALAYSIA?

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Statement of Originality

The work presented in this thesis is, to the best of my knowledge and belief, original, except as acknowledged in the text. The material has not been submitted, either in whole or in part, for a degree at this or at other universities.

Yusnani Mohd Yusof
April 2005
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LIST OF PRESENTATIONS


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Presented a seminar paper on Malaysian Industrial Development: The Multi Media Super Corridor at the School of Natural and Rural Systems Management, The University of Queensland, Australia, 4th July 2000.

Publication Relevant to the Thesis but not Forming Part of it
MALAYSIA’S export-oriented economy has developed rapidly from one based on agriculture to one that is supported by manufacturing, high tech industry and tourism. As a result of this modernization, living standards and behavioral patterns of the population are changing. This increase in living standards has demographic implications such as a decrease in fertility levels, increase in longevity and reductions in average household size. As a consequence of these changes, a rapid increase in number of elderly (people over 60 years of age) is predicted over the next 20 years.

Traditionally the elderly in Malaysia lived as an extended family with their children, mainly in the rural areas. However as urbanization is growing, the young are moving to cities, leaving the elderly in a dilemma of whether to move with their children or to stay in their traditional rural environment. This situation raises the key research question – what should happen to the future housing-accommodation of the elderly in Malaysia?

Considering five main UN principles, that the elderly persons should be entitled to independence, participation, care, self-fulfillment and dignity, there is an evident potential for research targeting future accommodation for elderly in Malaysia.

To establish the proportions of the research question, several key operational definitions are essential. They include those of the concepts of elderly persons, individual and population aging, aging indicators, dependency, social welfare, housing, cultural values and policy responses. To assess adequately the current conditions in Malaysia and to construct a model that could become the benchmark for accommodation for the elderly, a comprehensive literature review was conducted on current conceptual models of well-being. The search uncovered five major models; The Three-Pillar Retirement Income Model, The Social Model of Welfare, The Care Model, The Williams Ring Model and the Model of Housing. In addition, key insights from other societies were forwarded in order to understand the progress made in addressing issues in ageing, income, welfare, health, housing and service. The specific concept of cultural-values which are pervasive in the multi-ethnic Malaysian population which includes Malays, Chinese and Bidayuh are analyzed in view of the link of the cultural-values dimensions with an overall housing-accommodation system.

The newly developed Culturally Modified Housing-Accommodation Model (CMHAM) can become a tool for decision-makers and policy planners to catalogue housing preferences, and subsequently identify choices in housing-accommodation and features of the social environment most suitable for the elderly population. The elderly individual and members of the family can gauge their preparedness in accommodation needs in the face of the imminent demands of old age.
Considering the application of the CMHAM in Malaysia, seven general assumptions were identified covering dimensions such as cultural values, the housing accommodation system, physical planning and policy responses. The architecture and content of the model were laid out. A stimulus-response approach in the motivation and operation of the CMHAM and an adapt-modify-move approach in decision making were employed.

In the final stages of this study, a survey questionnaire testing the newly developed model was carried out on a sample of elderly Malaysians in a rural setting in Tebakang and an urban setting in Petaling Jaya, Malaysia. With the rural elderly population, the cultural values are immediately challenged. The basic difference is that whereas in urban areas elderly persons are integrated into a more fluid and eclectic urban environment, in rural areas elderly persons have an intimate relation with the traditional community around them. The type of accommodation in urban areas reflects a need for diverse design options and planning. But in the rural areas, cultural values demand a high degree of visual inclusiveness; the accommodation arrangements rely on barrier-free movement and ease in flow of interaction among members of the family and the community.

Strategies in accommodation of the elderly, therefore, deal with ageing as a consciously planned process from both the private and public points of view, not something haphazard and incremental. The process should retain people’s core beliefs and traditional cultural values, but with sufficient flexibility to incorporate changes along the way, and to the extent that resources permit, the process should feature ownership and guidance by the elderly individual and local community. Ageing in place can be validated as a desired and general modus operandi but will need augmentation by developments on the home to institution interface. Hence, results of this project are aimed at policy makers and the elderly individual and family to ensure preparedness in accommodation needs in old age.
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### ABBREVIATIONS

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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ADB</td>
<td>Asia Development Bank</td>
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<tr>
<td>ADRF</td>
<td>Asia Development Research Forum</td>
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<tr>
<td>AHURI</td>
<td>Australian Housing and Urban Research Institute</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>CIARIS</td>
<td>Centre for Informatic Apprenticeship and Resources in Social Exclusion</td>
</tr>
<tr>
<td>DOSM</td>
<td>Department of Statistics, Malaysia</td>
</tr>
<tr>
<td>EPAC</td>
<td>Economic Planning Advisory Council</td>
</tr>
<tr>
<td>ESCAP</td>
<td>Economic and Social Commission for Asia</td>
</tr>
<tr>
<td>HSBC</td>
<td>Hong Kong Shanghai Banking Corporation</td>
</tr>
<tr>
<td>ISSA</td>
<td>International Social Security Association</td>
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<tr>
<td>JKM</td>
<td>Jabatan Kebajikan Masyarakat</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>SHI</td>
<td>Senior Hospitality Institute</td>
</tr>
<tr>
<td>SIRIM</td>
<td>Standards and Industrial Research Institute</td>
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<tr>
<td>SSPTW</td>
<td>Social Security Programs Throughout the World</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNESCAP</td>
<td>United Nations Economic and Social Commission for Asia and the Pacific</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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CHAPTER 1:  
WHITHER THE ELDERLY?

1.1 CONTENTION  
During a medical conference titled ‘Health Care for The Aged - Critical Issues and New Opportunities in Retirement and Nursing Homes’, Cheah (1995) highlighted the emergence of nursing homes in Malaysia. It caught the audience by surprise. The author revealed the problems and confusion faced by local authorities when these homes were categorised as ‘business’ and therefore had to be located in designated commercial property. This was the first occasion that Malaysia had to admit that there are some elderly Malaysians who are not being cared for by their family members.

In Malaysian society, this report produced astonishment and disbelief. While there is the acknowledgement that some poor elderly people seek refuge in old-folks homes, there is still no acceptance of the elderly being comfortable in a nursing home. Much of this attitude is the result of a culture of caring for our elderly. When confronted with such findings, some degree of cynicism is almost inevitable. The compelling question that came to mind was what has happened to the much acclaimed filial piety so strongly inculcated in the Malaysian people? Perhaps this agenda could spark opportunities for the creation of specialized housing for the elderly. Yet it also brings into reality the worrying problem of ageing in Malaysia when children are no longer available to care for elderly persons.
1.2 CONSPECTUS
Ageing is a world issue, more pronounced in the developed countries because of the unprecedented progress it is making, less obvious in the developing countries. In 1995, approximately 37.5 percent of the population in Europe was 60 years and over; by 2025, the share is projected to reach 53.2 percent. In Asia, the proportion of the elderly was 16.3 percent in 1995, but is forecast to rise to 22.9 percent in 2025 (UN: 1994). The concern over ageing is not just the sheer size of the count but, more importantly, the health, income, welfare and care which must be resolved.

In Malaysia, the problem in ageing is further complicated by the existence of three very distinct and sometime antagonistic cultural-values of the Malays, Chinese and Indians. In addition, there are the Kadazan and Iban-Bidayuh in East Malaysia. Among the population, native Malays, Chinese, Indians, and Iban and Kadazan constitute 58 percent, 32 percent, 8 percent and 2 percent respectively (Malaysian Department of Statistics: 2000). These ethnic groups subscribe to various religions like Islam, Buddhism, Hinduism, and Christianity and, beyond that are different in their socio-economic achievement, which adds to the complexity of ageing conditions in the country. It is therefore significant to focus on the juxtaposition of an indigenous cultural-value system to issues of ageing.

In the last 25 years, Malaysia’s export-oriented economy has developed rapidly from one that is based on agriculture to one that is sustained by manufacturing. This transformation had extended into the social fabric, reaching into many aspects of national life. An overview of the change in demography reveals an increase in total population and an increase in total number of elderly persons. In 1970, the total population was nearly 11 million and in 2003 it was approximately 24 million.

Apart from the increase in total population, the most outstanding phenomenon in modern Malaysia is the increase in the total number of the elderly persons. In the year 2000, 4.8 percent of the population was 60 years and over. By 2020,
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

approximately 9 percent, or 3.2 million, Malaysians will be 60 years and over, thrice the number of 1991 (Ministry of Welfare: 1999).

Lifestyles and living arrangements are changing too. Malaysians used to live in an extended family system. It is a traditional one in which members of an aged population live with their children. However, urbanisation and employment have contributed to the growth of nuclear families. For example, in 1980, 55 percent of households lived in nuclear family structures and 28 percent lived in an extended family. In 2000, the nuclear family is becoming common in family structure in Malaysia especially in the urban areas (Salma and Fuziah, 1998).

The population has also become more mobile with improved infrastructure and opportunities for employment in all cities. People are moving away from their traditional homes and migrating to other places, especially urban areas, for employment and other purposes. Not only does the move affect the young, but the elderly population is impacted. Many elderly people are left in their traditional environment but some opt to migrate along with their children.

These changes affect the living arrangements of the elderly and care and support that used to come together with co-residence. Traditionally, and still today, the family is the main source of care. But recent developments show an emerging trend for those elderly left behind to resort to other forms of care. Evidently, therefore, there is an erosion of traditional values in the type of living arrangements and type of care an older person receives today.

The common view that the urban areas are the places of the young is certainly diluting as older populations become city inhabitants. This process is further compounded by natural ageing of the urban population at the same time as migration of older people to the city occurs. According to Golant (1980: 262-263), the ‘aged have increasingly become occupants of major urban agglomerations’. Sixteen percent of heads of family in Malaysia are 60 years and above, an amalgam of the 14 percent ratio in urban areas and the 18 percent ratio in rural areas (Chong: 1992). Nevertheless, the implications of
ageing in an urban area and a rural area are different. Hence it is instructive to examine the provision of services for the elderly, and how the elderly manage with or without them.

Given these trends, a research question emerges: ‘**What should happen to the future housing-accommodation of the elderly in Malaysia**?’. It contains at least six expressions namely; ‘what’, ‘should’, ‘happen’, ‘future’, ‘housing-accommodation’ and ‘elderly’ which require deconstruction. In the context of the research question, ‘what’ will be taken to mean constructive responses to the needs of the elderly from the public and private sectors in Malaysia. ‘Should’ is a normative word implying action against some basis of judgement applied by one or more of the stakeholder groups to the question. ‘Happen’ connotes social and economic change to existing arrangements. ‘Future’ implies a planning horizon of 20 to 50 years. ‘Housing-accommodation’ and ‘elderly’, in this context, are designative words applying to key elements of the research question which will require later definition in relation to other concepts.

A complete answer to the question should consist of two types of recommendations. The first would be directed to policy-makers so that they can determine appropriate infrastructure and measures to ensure preparedness for the onset of ageing. The second set of recommendation is directed to the community, so that they can conceptualize their preparation for old age as they are living longer and healthier lives.

The means to the answer involves conceptualising the theoretical framework and an operationalisation mechanism. Conceptualization encompasses the organization of definitions which are necessary and sufficient for this project. Then, issues, trends and theories provide a background to the phenomenon of ageing. Subsequently, five conceptual models of well-being and their practical applications form a basis for the derivation of a new model.
Operationalisation consists, initially, of an explanation about the procedure, inputs and mechanics to access outputs of the new model. Empirical research follows. It is conducted to apply and test the new model in a practical setting. The eventual upshot is an output consisting of policy directives for the main stakeholders to ageing.

1.3 ORGANISATION

The complete answer presumes a well conceived and calibrated procedure. It requires the project to be divided into Stages, Elements and Parts as shown in Figure 1.1. The deliverable of the project, a thesis based on recommendations about ageing in Malaysia, requires two analytical stages, the Conceptual and Assessment Stage. They are explained as follows:

- The Conceptual Stage: links the elements of Proportion and Condition in which the background of this project is explained and the concepts relevant to this research are reviewed.
- The Assessment Stage: adds Repositioning where key insights from developed and developing countries are drawn together with the relevant concepts to create a customized model for this project.

![Figure 1.1: Stages, Elements and Parts of the Project](Source: Author)
To achieve a complete answer, the two stages in the framework presume an account of three key elements namely Proportions, Conditions and Repositioning:

- **Proportions**: whereby key definitions that tie the whole project are explained; problems and current issues are identified; and trends in demography are examined.

- **Conditions**: involves investigating the current social-welfare of the elderly; their state of dependency, how it affects living arrangement and care facilities; housing choices; compliance in standards and legislations.

- **Repositioning**: involves evaluation of paradigms for optimum housing-accommodation; assessment of management addressing the inadequacies of current policies, how to improve housing, optimal strategies for future management of housing; and opportunities for living options especially age-integrated housing.

In order to arrive at the answer via the stages and elements, the question must be broken down into six parts:

- **Part A**: Background - key operational definitions in the well-being of the elderly
- **Part B**: Conceptual models - concepts relevant to the proportions of the project.
- **Part C**: Key insights from other societies - developed and developing countries are examined in order to understand the progress made in addressing issues of ageing.
- **Part D**: Derivation of a new model - a customized model for the project, which is derived from the insights and the relevant concepts, provided conditions for local re-application. Finally, explication of the model involves the process of hypothesis formulation, survey design and the formulation of questionnaires for data collection.
- **Part E**: Field research, analysis – field research in Malaysia.
- **Part F**: Recommended actions.
Alongside this semantic deconstruction, relevant conceptual models of well-being facilitate an answer to the research question. It takes five models to cover the field of the well-being of the elderly persons. Thus, the Three Pillars Retirement Income model, the Social Model of Welfare, the Care Model of Heath, the Williams’ Ring Model of Services and the Model of Housing are examined. Following key insights from developed and developing countries, and the knowledge that the five models are discrete, the challenge now is to build an indigenous model which incorporates the cultural-values dimensions into accommodation of the elderly.

Given those thoughts, housing-accommodation should be distinguished by the cultural-value of the elderly persons and population of a country. By integrating the specific concept of cultural-values into an overall housing-accommodation system, the model should be able to adapt/replicate different cultural-values in different regions.

The culturally appropriate model derived for this project can help determine accommodation options and preferences, appropriate care and service infrastructure, and important policies to ensure equity to access security in income, social welfare, health and housing.

Following the Stages, Elements and Parts of the project, the corresponding organisation of chapters outlines the content for ease of reference. The conceptual stage covers Chapters 1-4, the assessment stage Chapters 5-11. Chapter 1 opens the background Part A by proffering key operational definitions in the well-being of the elderly. They point to recurring themes which eventually underpin the selection of an appropriate conceptual model.

Pursuing the Background, Chapter 2 reviews the issues, trends and theories of ageing in order to set out accepted knowledge on the phenomenon. Since the social facts of ageing in the developed and developing countries are different, trends and issues for those countries will highlight key areas of concern affecting the well-being of individuals, community and the nation.
Chapter 3 examines the five conceptual models of well-being, thus opening Part B of the project. The significance of each model and its applicability is addressed. The chapter indicates inquiry of the ageing phenomenon and sets out to derive a customized model to resolve the research question.

Part C of the study begins when Chapter 4 puts forward key insights from program responses in developed and developing countries in order to understand the progress made in the provision of income, welfare, health, housing and service. Policies are examined to identify in which sectors the developing countries have neglected, thereby pinpointing gaps, sectors which are critical and require intervention.

With the task now contextualised and international experience captured, the Assessment Stage commences via Part D and moves to create a Modified Model. Chapter 5 provides a critique on the shortcomings of the previous models. Based on the review, a new deterministic paradigm that considers cultural-values will discuss the dimensions that could be considered in a housing-accommodation model for the elderly.

Chapter 6 describes the derivation of the customized model for the project. A statement on content outlines four of its key dimensions. They consist of the percussor, a housing-accommodation system, private response, and policy response. A procedure consisting of a statement on assumptions, the inputs and mechanics is laid out to access the outputs of the new culturally modified housing-accommodation model (CMHAM) applied to the context of the elderly in Malaysia.

Chapter 7 applies the CMHAM via formulation of hypotheses based on three inputs of the model. The inputs are characteristics of the elderly, the state of dependency, and the opportunities for a housing development plan. A research methodology is nominated for the testing of hypotheses and collection of data. The extent of ageing and trends in Malaysia are examined.
Chapters 8, 9, and 10 undertake Part E Field Research by examining the accommodation situation of the urban and rural elderly in Tebakang and Petaling Jaya in Malaysia. Three inputs of the CMHAM which have been described in Chapter 6 are surveyed. The study produces empirical evidence supportive of the CMHAM.

In Part F Recommended Actions Chapter 11 discusses the relevance of application of the CMHAM with a view to accommodate planning in the future. Suggestions are made further to utilize the culturally modified housing-accommodation model in Malaysia and elsewhere and a thesis which provides a complete answer to the research question is put forward.

1.4 TERMINOLOGY
The ageing phenomenon is one of the major issues confronting governments, planners, administrators, policy-makers, communities and families in developed and developing countries. The situation is further complicated by the heterogeneous nature of the elderly and the complex social and cultural fabric in which they live. Since ageing is a continuous phenomenon, the strategies to deal with it should effectively consider long-range planning and short-range approaches.

Operational definitions are needed if there is to be an understanding of the context. According to Walliman (2001), ‘the significant feature of operational definitions is that they are abstract, which is, independent of time and space. This enables them to be used in different real-life situations and at different times’ (2001: 75). In other words, operational definitions can be also utilised under circumstances befitting a particular case. Perhaps CIARIS (2004) expresses it best by trying to delimit their meaning and scope applicable to the project.
To establish the proportions of the research question, key operational definitions are a prerequisite for observable aspects of the project. Those definitions which are necessary and sufficient for this project concern the elderly and ageing, and ageing-related elements. The definition of the elderly and ageing includes:

- the elderly (delimit the section of population that is under study),
- ageing (the foci of ageing discussions),
- ageing individuals and populations (affecting social-welfare needs),
- ageing indicators (old-age dependency, dependency burden), and
- well-being (the contented state of being happy, healthy, prosperous).

Ageing-related elements include the definitions of:

- social welfare (welfare plans),
- dependency (impacts the load on persons and institutions),
- accommodations (housing or dwellings),
- cultural values (shapes the mentality, living arrangement and housing),
- policy responses (effects of an increase in an elderly population).

The procedure now is to outline appropriate definitions in turn.

### 1.4.1 The Elderly and Ageing

*The Elderly*

The United Nations Resolution 35/129 of December 1980 endorsed the report for the World Assembly on the Elderly, in which the elderly population is defined as persons aged 60 and over (Linkage: 2000). According to Linkage, in the context of the developed world, this threshold seems inappropriately low to demarcate the beginning of old age. These countries use 65 years as the point of reference. However, this threshold is considered high in the developing countries as they are still beset with lower life expectancy. The developing countries, in general, accept 55 years as appropriate to distinguish the onset of old age.
Ageing

There are various definitions of ageing. At least three foci are commonly discussed and involve physiological, psychological and chronological aspects. Kazutomo (1992) defines ageing as the ‘regression of physiological function accompanied by the advancement of age’. Ageing can refer to progressive deterioration of cells, tissues, organs etc. associated with increased age, but can also hint at positive aspects of growing old: becoming wiser, evolution of lifestyle, mellowing.

Rothstein (1982), on the other hand, described ageing as the ‘change from maturity to senescence’ (age-related change). Senescence refers to the purely deteriorating aspects of ageing, the changes in cells, tissues, organs, and their respective functions that continue to occur after midlife or, as Harman (1981) defines it, ‘the progressive accumulation of changes associated with time, or responsible, for the ever increasing susceptibility to disease and death which accompany age’.

Ageing is the final phase of human development, and must be seen as part of a continual process of change of every individual (Jackson 1998; Stuart-Hamilton 1998). It involves a biological element based neither on voluntary individual devices nor social institution. People do not become old overnight but, over the years, their physical and psychological characteristics undergo change. It is apparent that the changes occur over a period of time and are not reversible.

Who is the Ageing Individual?

Ageing can also be categorised into the ageing individual and the ageing population. Since the social welfare aspects of ageing, in particular, housing-accommodation needs and choices, are of interest in this project, therefore both the individual and the population are considered. An individual is ageing when there are demonstrable physical and psychological changes. A population is ageing when its average (mean or median) age is increasing above a certain threshold age.
The United States Bureau of the Census includes those aged 65 and older as an ‘aged person’ (Porter: 1995). This is one illustration of the many issues which preclude an easy solution to the definition of the ageing individual. Using age as the determination of an older person regardless of their other attributes is a false generalisation. For that reason, it is important to understand that that group of elderly people is made up of segments, or age cohorts, each of which has distinct characteristics and is undergoing somewhat different trends. Hence, it would be better to consider the heterogeneity (diversity) of ageing including the existing social, biological and functional dimension. The following discussion explores the complexity of identifying who is the ageing individual.

The commonest gauge of ageing is chronological age (simply, how old a person is). However, it is not a reliable predictor of ‘someone’s state of being as the best it can do is indicating the condition of the average person’ (Hamilton: 1998: 15). Another commonly used measure is social age. It refers to societal expectations of how old people should behave at particular chronological ages. ‘Thus western culture expects the over sixties to behave in an essentially sedate fashion and, not surprisingly therefore, the onset of old age is believed to be a reward for a pious life’ (Hamilton: 1998: 15).

‘Most gerontologists (people who study ageing), select a figure of 60 or 65 to denote the onset of old age, or the threshold age. It was generally agreed that at around the threshold age there are demonstrable physical and psychological changes. As Birren and Renner (1977) discovered, ‘ageing can be gauged as the onset of the age of physical maturity’. Accordingly, it is common to understand developmental psychology as referring to the differentiation of the organism up to the age of physical maturity. After physical maturity is reached, there can be selective reductions in function or the reorganisation in the functions and structure of the body.
Uchida (1995) suggested that, after the age of 20, declines in physiological functions concur with declines in physical powers, reproductive powers, and physical metabolism. For example, visual reaction time is about 7.6 percent slower for those aged 80 than the average teenager. ‘Furthermore, common among the elderly is a poor response to sounds which is 9.2 percent slower at 80 than the average teenager’ (Bekiaris: 1999). However, as shown in Figure 1.2, cognitive ability is stable between 30-70 years of age, implicating greater fulfilment in pursuits of physical movement and social responsibility.

![Figure 1.2: A Characterisation of Human Cognitive Abilities](Source: Uchida, Yasunobu: 1995)

**Old-Age Structure Applicable to this Project**

The exact time of the onset of old age is potentially hard to specify; chronological classification and threshold age are too simplistic in nature. The best measure is yet to be determined, since there are noticeable differences in individuals depending on the environment in which they live. It would appear that an adaptation from Achir (1996) would be the most rational and practical breakdown of old age structure applicable to this study.

- **The young-old (aged 60-70 years)**
  This stage covers the transition from middle-aged adulthood to old age. Society lowers its expectation of persons in their 60s and, in turn, the old often react by slowing down their pace of self-fulfilling activities. Yet, many
people in their 60s show evidence of energy and motivation to work in new and different ways.

- The old-old (aged 71-80 years)
  During recent times, there have been significant changes associated with the general health and occurrence of illnesses among the 70s. There has been a marked difference in the range of social interests and activities of individuals in this age category, while their level of dependency has changed compared with previous decades. Many elderly Europeans and Asians, despite facing problems of deteriorating health or loss of spouse, family or friends, surprisingly manage to continue to earn their own income and take care of their families, contribute to community welfare, work at hobbies, and maintain diversified interests.

- The very old (aged 81 years and above)
  A different set of issues is involved for the very old. Those individuals who have reached this particular age will show an acceleration of the process of ageing. There is marked physical deterioration but medical and scientific experts believe that the next generation can look forward to a lifespan exceeding 100 years. Whether it will be a curse or blessing will depend on societal attitudes and family attitudes towards ageing as a whole (Achir: 1996).

Who is the Ageing Population?

All the above definitions concern the ageing individual. The ageing of an individual is an involuntary process undergone by human beings at all times. A population, on the other hand, can maintain constant age or shift its age composition towards older or younger age groups. Population ageing refers to the change in the balance among the age groups within the population, in particular among older age groups both absolutely and as a proportion of the population.
According to ABS (2002), a population can age numerically or structurally. Numerical ageing refers to an increase in the number of people aged 65 years and over in a population. Structural ageing refers to an increase on the proportion of people aged 65 years and over. Declining mortality is attributed as the primary cause of numerical ageing as would decline in fertility is attributed to structural ageing.

A population is also said to be ageing if it satisfies either one or both of the following two conditions. The first is that its average (mean or median) age is increasing. If the birth rate declines, then the average age of the population rises but, if the birth rate exceeds the death rate, the average age of the population can decline: the population as a whole becomes younger. If the age of the average person rises, then the population mimics the individual ageing. The second condition defining an ageing population is an increase in the proportion of the population above a certain threshold age. By far, 'the most common threshold is the statutory retirement age that divides those expected to be economically inactive from those expected to be active' (Jackson:1998:2). Therefore, an increase in the number of retired persons as a proportion of the total population denotes an ageing population. Following the definition of ageing of the United Nations (1993), a population is said to be ageing when more than seven per cent is comprised of people who are 60 years and above.

The Ageing Population and Retirement

For the purpose of this research, the definition of retirement has been narrowed to a common threshold age of 60. This is the equivalent of the threshold age for older persons as postulated by the United Nations.

The definition of retirement is clearly very important, since it forms a basis to establish connectivity between an older person and an ageing population. It provides a juncture whereby specific services and products are designed to meet the needs of older persons in a community. There has been a certain degree of vagueness and lack of clarity as to its meaning although, in everyday
usage, retirement generally refers ‘to separation from paid employment which has had the character of an occupation or a career over a period of time’ (Donahue, Orbach, Pollak: 1960:330). Ironically, ‘with the advent of pensions, formal retirement, and other social programs, western society has placed less emphasis on individual capacity and more emphasis on external factors’ (Covey: 1992).

Otherwise retirement is among the last major transitions in the life course, over which individuals’ economic status declines and their economic roles qualitatively change. The quantifiable decline in economic status is observable as income drops, often so precipitously as to represent a qualitative change. ‘The economic role is indicated by the movement out of the labour force and by the shift in the primary source of income from earnings to assets (primary retirement savings in the form of pension benefits) and transfer payments’ (Birren and Bengston: 1988:69).

Laughlin 1989) understands a retiree as having ‘withdrawn from active service, business, office or public life’ though such a person does not necessarily ‘withdraw from lifestyle, financial responsibilities, value system or sex’. As put by Laughlin, one simply stops working. But what of the married women whose career as a mother is not quoted in terms of remunerative employment? And what of a person who moves in and out of jobs for better gains in employment? The criterion of retirement is fuzzy and, as Donahue et al. (1960:331) pointed out, it does not ‘provide a perspective broad enough to deal with the range and variety of social patterns encompassed by retirement as an emerging form of social life’.

The transition to retirement is the culmination of a sequence of events over the life courses of the individual that is not immutably (undeniably) tied to specific age (Birren: 1988). The sequence is time-organised as individuals enter the workforce, sustain their employment over a period of time and in the event, save for retirement. Eventually, individuals are eligible for retirement benefits. In the event of retirement, individuals receive a pension.
In recent years the definition of "retirement" has undergone an exciting transformation. Retirement used to mean trading in productivity for merely sedentary and leisurely pursuits. But now there is a growing select group of communities which are committed to a revolutionary new definition: that retirement living in a dynamic community can enable a person to enjoy some of the best years of life - a time of camaraderie, learning, creativity, adventure, fitness, personal growth and just plain fun (with access to quality health-care) (Vistoso Properties: 2001). In the United States, the Sun City of Tucson, Arizona is an example where the elderly chose to live in a planned community, at the same time, conduct business enterprises in an environment suited to their capacity of employment.

**Ageing Indicator**

The most relevant ageing indicator in this project is the old-age dependency indicator and old-age support indicator. The old age dependency indicator is defined as the number of persons 65 years and over per one hundred persons 15 to 64 years. And old-age support indicator gives the parent support ratio (for the number of persons 85 years old and over per one hundred persons 50 to 64 years) and the potential support ratio (for the number of persons aged 15 to 64 per every person aged 65 or older).

**Well-being**

A generic appreciation of the phrase in the research question, 'what should happen', leads to consideration of the UN’s five main principles of ageing; that the elderly persons should be entitled to independence, participation, care, self-fulfilment, and dignity (UN: 2002a). These entitlements, in relation to this project, can be conceived as constituting the well-being of the elderly. A more accurate interpretation of well-being was proposed by Larson (1978). He reveals that social status (particularly income), lifestyle variables (particularly social activity, housing and transportation), and health are all correlated to subjective well-being.
Larson’s study clearly spells the correlation of variables of well-being but has not explained the motivation to achieve it. Abraham Maslow, on the other hand, developed the Hierarchy of Needs Model in 1954. It is a broad concept for understanding human motivation to achieve needs. Maslow suggested that there are five levels of needs that must be satisfied in given order. When a need is achieved, a person is motivated to shift to the next higher order needs. In adapting Maslow’s Hierarchy of Needs (1954, 1984), we can imagine the concept of well-being in this project as satisfying the needs of income, welfare, health, services and housing in ascending order as depicted in Figure 1.3.

For every point within Maslow’s Hierarchy there is a model which contributes to well-being. The common interpretation of Maslow's theory suggests that once one need is satisfied, the person moves on to the next. The process to self-actualisation, that is attaining the axiom of well-being, could either be evolutionary-incremental or revolutionary-incremental. The time frame, in this context, could be 20 years for mid-range planning to 50 years for long-term planning.

![Figure 1.3: Hierarchy of Well-Being
(Six-Stage Model Based on Maslow’s Hierarchy of Needs)](image-url)
On a societal level, the whole process involves shifts in paradigms corresponding with the nature of well-being, which is dynamic and adaptable to different cultures and regions. Philosopher Thomas Kuhn (OE: 2003) popularized an understanding of paradigms as a set of practices in science and suggested the following pointers:

▪ What is to be observed and scrutinised.
▪ The kind of questions that are supposed to be asked and probed for answers in relation to this subject.
▪ How these questions are to be put.
▪ How the results of scientific investigations should be interpreted.

Each of these points will be interpreted differently, depending on whose point of view is to be considered. For this reason, a stakeholder analysis must be presented at this early stage if there is to be an eventual answer to the research question. In relation to that question, the main stakeholders can be seen to be:

▪ The elderly, because the focus of housing-accommodation of this project is targeted to their need.
▪ The government, because policies that govern the well-being of the elderly originates and are implemented directly through it.
▪ The families, because this is the first line of support an elderly person falls back on when help is needed.
▪ The taxpayers, in that they are the main contributors to sustain intergenerational equity in an elderly persons’ access to health, welfare, income and care services.

Given these various interest groups, it is clear that around a table many different impressions of the elderly would exist, as in Figure 1.4.
1.4.2 Ageing Related Elements

Social Welfare

‘Social welfare refers to the overall utilitarian state of society, the greatest good for the most people. (Wordiq: 2004). However, from a political perspective, in common parlance for the elderly, social welfare is defined as welfare plans provided under universally accepted goals to offer care and protection, to evolve attitudinal change and enhance the potential and capability of families and community, and create a caring society. The plans are a wide range of policy and program responses in the provision of health care, welfare, income security and employment, housing and the environment. ‘In other parts of the world, social welfare includes the provision of a wide range of social services provided by the state that benefit individual citizens. During the Earth Summit
2002, social services were considered human rights of all members of the human family (UN: 2002).

Sometimes support is also being mistaken for social welfare. From a social perspective, this idea is relevant as social welfare ‘is often defined as the summation of the welfare of all the individuals in the society’ (Wordiq: 2004).

Accordingly, many refer to welfare within a context of social justice’ (Wikipedia: 2004). Pindyck and Rubinfeld (1992: 283) illustrated this point by showing how consumer and producer surplus can be used to study the welfare effects of a government policy – in other words, who gains and loses from the policy and by how much. Even though welfare is said to be very much a political instrument motivated by the need to manage and control the population, if this theory is true, it implies that 'social order can be maintained by other means than providing welfare' (Blakemore: 2003: 90). However, since welfare can be said to embody the notion that the well-being of all members of the society is appropriately seen as a matter of public concern, (Esping-Andersen: 1990) then, as Hugman (1998) suggests, welfare brings together individual well-being with social and economic relations.

Hence, when welfare is provided by the community, it is social welfare. In this project, social welfare is not merely a political schema, but more importantly, in the developing country context, social welfare is a community obligation that is supported by social policies on welfare.

**Dependency of Older Persons**

Dependency is defined as the likelihood of an ageing individual and an ageing population seeking some form of help from the family, community and the nation. In fact, as bio-physical function deteriorates, the elderly are more dependent on others. Dependency has been identified as dependency on persons (family, relatives, community) and dependency on institutions
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

(infrastructure, welfare) whereby both the persons and institutions are sources of support.

Theoretically, dependency has been examined under three main ageing theories: the Biological theory, Disengagement theory, and Activity theory. All three theorize the level of dependency and match facility or infrastructure to suit. Thus the level of dependency would gauge the state of dependence of an individual and population. Subsequently the need for intervention from families, community and the nation can be projected.

Dependency on sources of support proposes five main factors: finance (welfare services, financial help from immediate family members); support to conduct activities of daily living (ADL); support to facilitate communication between elderly and the people around them especially in mobility (infrastructure to move around), social interaction (possibly in the form of clubs, associations, recreation) and, care (assistance for low level medical attention).

As shown in Figure 1.5, the onset of biological ageing results in physical dependency. It implies that people with physical incapability become physically dependent on others for care. A direct consequence is that physical dependency and economic inactivity become a prominent concern in later life. Dependency is a relational concept that refers to an individual’s dependency as biological ageing progresses into a decline, and the imbalances it creates as certain sections of the community rely more on the social system compared with others.
Old age can create economic dependency when physical incapacity forces older persons to become economically inactive and lose their employment income. Reluctantly, this particular stratum of the population can impinge upon a social system that might be fragile with the onset of an increase in the percentage of the dependent population. The implication is that existing social arrangements will become unsustainable as the population ages. This process places a heavy burden on the public purse, and, if no prior provision has been made, the population will have to agree to very high levels of taxation to ensure the continuity of existing levels of support.

*Population Dependency*

Dependency is not only associated with an individual sense but also relates to the population as a whole. While individual dependency results in reliance on social and welfare support, population dependency results in the redress of the social welfare system of a country. What happens is that, ‘when an old age dependency ratio is higher than the youth dependency ratio, the current stability of income enjoyed by the working population tends to reduce (United Nations: 1999) [ab]. Under whatever auspices, heavier taxes are imposed on working generations to provide for older dependants. Although the total dependency
ratio is primarily a demographic index, it is indicative of the gravity of dependency. Similarly, the total dependency ratio combines the child and aged dependency ratios. It is an important measure of the relationship between the size of the working-age population (aged 15-59 years) and the dependent populations of children (under age 15 years) and the elderly (aged 60 and over). The ratio highlights the burden on the working-age population simultaneously to support both children and the elderly (Jitapunkul et al: 1999).

**Dependency Burden**

The most widely used indicator of the dependency burden is the age dependency ratio (Shryock and Siegel: 1973, quoted in Bongaarts: 1998). The ratio provides an approximate measure of the relationship between persons who bear the responsibility of support (persons aged 15-59 years) and those who depend on them for their well-being (persons aged 0-14 years and 60 years and over) (Malaysia, Department of Statistics: 1998). Obviously, not every person below 15 and over 65 is a dependant. However, Bongaarts (1998) revealed that, especially in the developing countries, the observed trend is for rising dependency of the older persons and a decrease in younger persons. As shown in Figure 1.6, the old-age dependency ratio (OADR) was a small part of the overall dependency ratio from 1950 to 1995 in developing countries. In contrast, there is a sharp upward trend projected from 2010 to 2050.

Being dependent is not a condition an older person would want from their old age. Even in the absence of familial support, choices should be made available to enhance their independence through life. The OADR in developing countries will be a bigger part of the overall dependency burden in the future. The upturn and increased ratio signal that a bigger proportion of the population will require support in the future, and it will alter the nature of assistive interventions where they are deemed by society to be needed.
Accommodation

Accommodation for the elderly is defined in this project as housing or dwellings where an elderly person is sheltered and the level of care provided within a setting. We distinguish this definition from the Malaysian Department of Welfare one which merely describes old-folks homes. Using our definition of housing for the elderly broadens the possibilities for social engineering of communities. In this way, we can take advantage of the widest range of housing tenure, housing form, and proprietorship to meet the physical and social needs of an elderly citizen, because the way a community houses itself is a reflection of the cultural values and extent of planning for housing needs of the population. Housing is identified by tenure (owner-occupier, private or public rented housing), type of building (detached, linked, semi-detached, apartments) and, recently, by the type of proprietorship (serviced living).
Cultural-Value

The definition of cultural-value is explained by the nouns ‘culture’ and ‘value’. Culture is defined by Rao and Walton (2002:1) as fundamentally concerning ‘relationality’ which is about the dynamics of relationships between individuals within groups, between groups, and between ideas and perspectives. This would include notions such as identity, aspiration, symbolic exchange, coordination, and structures and practices that serve relational ends such as ethnicity, ritual, heritage, norms, meanings, and beliefs.

Culture is a source of pride and inspiration. It is also part of ‘the set of capabilities that people have – the constraints, technologies, and framing devices that condition how decisions are made and coordinated across different actors (Sen: 2000 quoted by Rao et al: 2002). Culture can be of inherent value that has been passed on through the generations and could be modified through the passage of time.

Culture is also collectivism of the depository of experiences. This idea is shared by Thong (1993) and Hofstede (1987), where culture is seen as shared and commonly held body of general beliefs and values which define the ‘shoulds’ and the ‘oughts’ of life for those who hold them. Tong (1998), quoting Hofstede (1997), further explains the all-encompassing traits of culture as:

‘collective programming of the mind which distinguishes the members of one group or category of people from another. It is the cumulative deposits of knowledge, experience, meanings, beliefs, values, attitudes, religions, concepts of self, the universe, hierarchies of status, role expectations, spatial relations and time concept acquired by a large group of people in the course of generations through individual and group striving. Culture manifests itself both in patterns of language, thought and in the forms of activity and behavior’.

While relationality is the essence of culture, the values that are attached to the culture, influence the way we function in our everyday lives. Values are instrumental in shaping the mind and mentality of a person. It finally personifies the differences between cultures from one to another. This is especially
important in the context of a multi-ethnic country like Malaysia because the attitudes and behaviors of each ethnic group are assumed to differ to some extent.

In a way, cultural-values shape the physical manifestations of independence, living arrangements and housing of a person and, hence, they have a compelling validity that determines the living option, pattern of housing and lifestyle of an elderly Malay, Chinese, Indian or ethnic Bidayuh in Malaysia.

*Policy Responses to Ageing*

Policy responses to ageing conditions gauge the level of public and private preparedness of a country in the face of an increase in an elderly population. Absolute and relative policy responses are ultimately interconnected to the individual, community and the nation.

An ageing individual attracts social interventions. Social interventions generally influence the aspects of care and the conduct of activity of daily living. An ageing community attracts infrastructural interventions which combine involvement from both the public and private sector. Interventions permit a wide range of opportunities in the provision of health, care, housing and social services. An ageing nation generates long-term interventions at the macro level. Government intervention is reflected in policies for social security, labour supply, health, housing, income and safety-nets.

As demonstrated in Figure 1.7, in response to issues affecting the individual, community and the nation, policy responses occur in areas that require individual actions, especially in terms of inter-generational relationships and housing. Where issues affect the community, private intervention is needed in matters relating to health, care, housing and social services; and government intervention can cover all aspects of health, care, housing and social security. In things that affect the nation, a government response is paramount in bringing
together, in a cohesive manner, the health, housing and assurance of security for the well-being of the elderly in the community.

![Figure 1.7: Conceptualising Policy Responses to Ageing](Source: Author)

1.5 PROJECT WAYPOINT

This chapter has established operational definitions of the project. Those discussed are recurring themes of the social aspects of a planning system for elderly housing and well-being. Ultimately, they are the foundation of an appropriate conceptual model for analysing and resolving the research question. However, before proceeding with a discussion of models, the obvious task ahead is to lay out various trends and theories of ageing. They reveal the accepted knowledge of the phenomenon.

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Old age dependency ratio: that is the ratio of the population of 60 years and older to the working population 15-59 years old, and youth dependency ratio: that is the ratio of the population younger than 15 years old to the working population 15-49 years old.
CHAPTER 2:
TRENDS, ISSUES AND THEORIES OF AGEING

There is a continuous search for a general theory that can explain what ageing is and why and how it happens. Gavrilov et al (2002) suggest a general theory of ageing could come in the future from a synthesis between systems theory (reliability theory) and specific biological knowledge. While this is a general viewpoint from a proponent of evolutionary theories on ageing, there is also a sociological context that forms part of the growing literature on the theory of ageing. To a certain extent, theories on ageing have mostly revolved around the individual and the population.

The appeal for understanding the individual and the population is the apparent link to the genetics of ageing. It is unlikely that any theory on its own will explain all the phenomena of ageing. This is because the ‘set of ideas’ themselves could be elaborated and validated, or at times require further research. And in the field of ageing research, it has been the norm to recognise that each theory is not mutually exclusive since there is considerable overlap between some of the postulated mechanisms. Ageing has been recognised to be an intricate subject that could be understood and discussed at many levels.

Given this backdrop, two tasks are identified in this Chapter. The first is to review the concept of ageing in developed and developing countries. The second is to examine theories in order to set out the accepted knowledge on ageing.

Three sections facilitate a comprehensive treatment of the concept and theory. The first reviews the social facts of ageing in developed and developing countries. We discuss the provision of infrastructure and requirements of the
elderly and the dependency situation which lie behind any decision on accommodation. In the second section, trends and issues for those countries are examined. We highlight key areas of concern affecting the well-being of individuals, community and the nation. The third section is an analysis of theories common in ageing. There follows a discussion of the relationship between the theory and the dependency situation of the elderly.

2.1 THE CONCEPT OF AGEING

The concept of ageing is like ‘inventions actively engaged in creating a reality’ (Hughes: 1990: 64) or, as Walliman (2001: 86) puts it, ‘such theories are better seen as conceptual schemes designating what constitutes the characteristics of the facts’. In this, we are interested in the social facts of ageing in developed and developing countries, how they differ and concur.

2.1.1 Ageing in Developed Countries

Ageing persons undergo physiological and emotional changes. The constellation of changes is affected by variations in conditions of ageing located outside their metabolism. Formidable differences in socio-economic conditions and environment, including socio-cultural factors, affect the welfare receipts available to them. Physical incapacity, economic inactivity and social withdrawal, which have been triggered, modified or created through the biological process; affect the type of welfare receipts. As shown in Figure 2.1, health issues are the highest concern in developed countries, followed by welfare receipts with institutional involvement, socio-economic status as a result of either the lack of, or, inefficient transfer and access to health and welfare.

In developed countries, when older persons became physically incapable and economically inactive, the welfare state provides as part of a social inclusion policy, ‘universal access to health care and education, adequate social insurance for sickness, disability, unemployment and old age, and minimum resources of social assistance to prevent poverty and reduce social exclusion’ (Hemerijck: 2002). There are ample provisions of various types of social
services that provide security for the individual over the life cycle (Lindbeck, 2002). Even though physically incapacitated, older persons in developed countries are at an advantage since they can access social arrangements involving, among others, formal professional care and informal family care.

Figure 2.1: Concept of Ageing in a Developed Country
(Source: Author)

This back and forth dependency of the elderly, on one hand the older persons as beneficiary of the system, on the other, the state as the provider of services, enhances the relative role of the state. The state must then be in a strong position to continue to provide eligible persons with a broad range of social security benefits even if it means increasing taxes and contributions (Abrahamson: 2002). Thus, socio-economically, older persons are reliant on the system for income protection and social services or what could be termed welfare receipts. Although this makes them independent from their children and family for support, the elderly could also be frowned upon as they are the main contenders for income that is also needed by other sectors of the population.
Otherwise, the population of working age is also heavily taxed to provide them an acceptable standard of living as enjoyed by the rest of the community.

When older persons are economically inactive, not only does it prevent employment opportunity, but it also means that they are recipients of transfer payments. In the event that funding levels are low, the elderly are subject to reduction of transfer payments. At a time when older persons should be enjoying the remainder of their lives, greater certainty is no longer an exclusive right. Reductions in transfer payments would generally be more harmful to them since the transfer payment is now the main source of income without which, or with reduced amounts, the elderly might fall into the category of the poor. ‘Indeed, since the recipients of transfer payments typically spend virtually their entire income, the negative impact of reductions in transfer payments is likely to be nearly as great as a reduction in direct government spending on goods and services’ (Orszag and Stiglitz: 2001). That is the view from the macro level but, at the micro level, reductions in transfer payments only serve to create poorer older people. The issue is to sustain the life of older persons at a standard enjoyed in general by the whole community so as to eliminate increased economic dependency on the system.

In developed societies, social withdrawal is an ageing condition characteristic of older persons. Even though generalisation is not the best means of understanding ageing conditions, broadly, social withdrawal is highly visible among the aged. It is the direct result of being socially excluded due to age and other physical deterioration that accompanies age. Cummings and Henry (1961) demonstrated through the Disengagement Theory how social exclusion resulted in loneliness and increased reliance on the part of the older persons on institutional set-ups for social integration, social networks, care and communication. As a consequence of being lonely, the elderly population resorts to other forms of recognition, which they find in institutionally based frameworks. These places provided the avenue by which social contacts are fostered. The end result is an increased demand for social infrastructure designed with the elderly in mind.
In western and more developed countries, the availability of institutionalised forms of infrastructure for the elderly has contributed to the growth of a contemporary modern elderly society which is not only independent, but whose members are also involved in the society. The United States of America, for example, is the most advanced of all contemporary societies. The Americans have established themselves as an individualistic society where ‘to be dependent of someone else was therefore a confession of one’s own incompetence or inadequacy and justification for vilification or degradation in the eyes of the community’ (Cowgill and Holmes, 1972: 243). With such validation, it is acceptable, in fact even required, of an older person to demand physical infrastructure to match his/her requirements for the daily conduct of their living.

### 2.1.2 Ageing in Developing Countries

Social services which were provided to support the elderly in developing countries began as remedial measures to supplement the family system (Chow: 1996). When compared with developed countries, a person’s journey into old age is strewn with uncertainties and adversities, most notably if they have not been formally employed during their active years. If they were engaged in the public or the private sector, their old age would be secured through pension schemes as in Malaysia, Thailand, and the Philippines. Otherwise old age support mostly came from the family.

White and Goodman (1998) claim that East Asian governments are relatively low spenders on social welfare. Further, ‘the role of the state in welfare is tiny, the role of formal welfare institutions in shaping stratification outcomes and interest group formation is small, and public responsibility in terms of expenditure, provision and regulation is also low ‘(Gough (b), 2000: 3). There are few social entitlements that could be accessed. With this common threshold, the issue to emerge from such a welfare mix is that the elderly are
disadvantaged in terms of social benefits. For the majority, continuing subservience to the ‘modified stem family’ meant an ever increasing dependence on family support through old age.

Amongst the most obvious issues of the elderly in the developing countries is that they are highly stratified into high, medium and low income groups. Hence, it also means that the rights of access to security in old age vary accordingly, affecting all aspects of welfare receipts and socio-economic status as demonstrated in Figure 2.2. For Thailand, Indonesia and the Philippines, where the percentage of poor far exceeds the percentage of medium or high income earners, the question of preparing for old age is less important as just surviving on an everyday basis becomes their main agenda. When coupled with the countries’ spending on social-welfare nets, it is hardly surprising to see that planning of the elderly is given little priority. For example, Thailand spent 4.5 percent of its budget on welfare measures in 1996 but only 4.4 percent in 1997, 4.1 percent in 1998 and 4.3 percent in 1999. Malaysia is no stranger to the same phenomenon since investment on welfare was cut back to 4.9 percent in 1998 and 4.7 percent in 1999 from five percent of funding in 1997 (Boyd: 2002).

Similar to the situation in developed countries, older persons in developing countries can become physically incapable and economically inactive, culminating in social withdrawal. However, due to the under-developed nature of social welfare, which is not strongly institutionalized, disparities in socio-economic outcomes are more pronounced than in the developed countries. The type of welfare receipts that could be accessed at this stage are strongly skewed to previous savings achieved either conventionally (eg Provident Funds) or informally (personal savings). For example, during 1990-2000, median gross domestic savings rates amounted to 33.5 percent in South Korea, Indonesia, Thailand, Malaysia and the Philippines, thus helping to maintain consistent levels of private consumption (Boyd: 2002). Whatever income is derived from any employment is spent on basic items like food and shelter.
Savings are an ideal never to be realised and there is no buffer for the old against getting poorer. Therefore, the population which is most likely to experience difficulty in old age is the poor. In 2001, Hong Kong, Singapore and Brunei were the only countries in South-east and East Asia generally to have eliminated poverty. The Philippines had by far the highest percentage of population living in poverty. About 40 percent of the population is living in this stratum of income. As of 1999, 23.4 percent of the total population was living in poverty in Indonesia (ADB: 2001). In Thailand, the figure was much lower at 12.9 percent while Malaysia recorded the lowest percentage at 8.1 percent. Most of the poor population comprises young (<15 years) and older persons.

As in most situations, it is at the micro level that one really sees the vulnerable situation of older persons when changes in ageing environments occur. While the family is still a strong institution, a family or traditional support strategy for care is no longer tenable on its own. According to UNESCAP (1999), traditional
family relationships are being adversely affected and undermined by urbanization, industrialization, misguided legislation and social trends. It noted that the number of older persons without adequate family support was thus increasing in many areas of developing countries, particularly in rural ones (UNESCAP: 1999).

Urbanization has made it more possible for alienation to be prominent with the increased tendency of people moving away from family units to work. However, regardless of the west or the east, in developed or developing countries, the underlying observation is that of increasing alienation of the old from the young. The old are adversely estranged by the younger persons’ preference for job security and income, and employment readily abundant in the city compared with rural areas. Given such prevailing environments, the issue in the developing country is to maintain or strengthen family institutions, especially in the design of support for an older population, or to develop new avenues of care in addition to the present familial support.

2.2 TRENDS IN AGEING

2.2.1 Population Ageing in Developed Countries

‘Population ageing refers to the change in the balance among the age groups within the population in particular among older age groups both absolutely and as a proportion of the population. Change is being generated by a combination of falling fertility and an increase in average life expectancy’ (OECD: 1996). Population ageing in developed countries accords with this theory. A casual study of fertility shows that alterations in marriage patterns are largely responsible for reductions in fertility. Prolonged fertility decline has contributed to reduced young age cohorts, thus proportionately increasing the older cohorts. In Europe, increases in life expectancy have occurred via declining infant mortality in the past. However, the prevailing situation shows that it is also based on falling mortality at older ages; that is, death is occurring later. The result is an increasing population of older people and a changing balance in the composition of the older and younger population.
Figure 2.3 shows the proportion of population who are elderly in 1995 to the year 2050 for Australia, United States of America, United Kingdom, Germany and Japan. In 2000, more than 12 percent of the population was above 65 years. In Australia, although the trends are similar to many countries in Europe, people aged 65 and over account for a smaller proportion of the total population than in most other developed countries. By 2050, Australia is expected to have about 23 percent of its population aged over 65, similar to the United Kingdom, but falling behind Germany which will have close to 30 percent (ABS: 1996).

Figure 2.3: Projected Proportion of Population Aged 65 years and over in Selected Countries
Source: ABS (1996: 37)

2.2.2 Population Ageing in Developing Countries

The rate of growth in older populations is especially evident in developing countries. While there has been an overall increase in the elderly population in the last two decades, its extent varies greatly. Fertility decline is the major determinant of the pace and scale of ageing in Asia (Hugo: 1996). The increase in the elderly population was observed after the Second World War when there
was demographic transition due to low fertility and a decline in mortality (Martin; 1988 quoted in Aljunid: 1997). In fact, in some of the more developed countries in Asia such as Japan and Singapore, the decline in fertility played a more significant role than the decline in mortality.

Demographic transition explains the transformation of countries from having high birth and death rates to low birth and death rates. In developed countries, this transition began in the eighteenth century and continues today. Less developed countries commenced later and are still in the midst of the earlier stages of the model (Weiner: 1995). The fertility situation in Asian countries is mixed. ‘High fertility prevails in Cambodia, Afghanistan and the Lao People’s Democratic Republic, ‘at the other extreme is Singapore which has one of the lowest levels of fertility outside Europe’ (Hugo: 1996: 47). Together with Hong Kong, it had completed its transition to low fertility almost two decades ago. The fertility situation in the developing country corresponds to Bourg’s (1998) theory on ageing where ‘countries loaded with a low gross national product by inhabitant are also loaded with low longevity’ and at the same time displaying ‘a high birth rate and a high total fertility rate’.

### 2.2.3 Population Trends

A review of population trends in developed and developing country provides an insight into the prevailing environments of older persons. The anticipated numerical changes in the elderly population are important since most planning must be undertaken in such terms, but it is also crucial to consider the extent of demographic ageing in populations as a whole. In 2000, 20.2 percent of the total European population was 60 years and above and, by 2025, the proportion of older persons aged 60 years and above will increase to 28.4 percent (United Nations: 2002b). In Asia the share of older populations in 2000 was 8.8 percent and is projected to increase to 14.7 percent by 2025. In Oceania, the proportion of population aged 60 and above accounts for 13.3 percent and the share of those aged 60 and above in 2025 is expected to reach 20.0 percent.
In North America, 16.2 percent of the population was aged 60 years and above in 1995 and the proportion is expected to increase to 24.1 percent in 2025 (United Nations: 2002b).

**Ageing Rate**

The main feature of ageing in a developed country is the unprecedented progress it is making and the prediction that it could accelerate in the future. Some 115 years ago, seven percent of the population in France was aged, but it has since doubled to 14 percent (1999). In Japan, seven percent of the population were elderly persons in 1970 and by 1994 it had reached 24 percent (International Longevity Center Japan: 1999). In Asia, it will take 40 years for the elderly population to double from 7.2 percentage points in 1980 to 14.7 percent in 2025 (UN: 2002b). Singapore has the fastest growing elderly population. The Malaysian Medical Tribune (1996) predicted that the country will take 21 years from 1997 to 2018 to double its elderly population from seven percent to 14 percent.

**Median Ages**

In a scenario where the population ages, it is universally understood that the share of older people in the population increases, while the share of children and youth decreases. The result is a rise in the median age. In 2000, Asia as a whole had a median age of 25.3 years. Eastern Asia had the highest median age of 28.3 years, and Western Asia had the lowest median age of 21.2 years. The median age for Oceania was 29.8 years, but in the Australia-New Zealand sub-region it was 33.3 years (Concepcion:1992).

When individual countries are examined, it was found that in 1995 Japan had the highest median age of 39.3 years, followed by Hong Kong at 34.1 years, Australia 33.6 years, Singapore 32.2 years, New Zealand 32.1 years, China 28.3 years, India 22.8 years and Malaysia 21.7 years. In the rear are Maldives 16.7 years and the Lao’s People’s Democratic Republic, 17.6 years, and Pakistan 17.9 years (Concepcion:1992).
By 2030, the trend is for steadily mounting median ages, as illustrated in Figure 2.4. The pace is expected to decelerate in the following two decades for the more developed Asian nations. To illustrate this trend, Hong Kong is anticipated to have half of its population below the age of 50.6 years in 2025, an annual average increment of 0.47 years per year. Japan will have a median age of 48.8 years in 2030, Singapore 42.9 years and Australia 40.1 years.

Thailand would have median age of 36.5 years which is slightly greater than the other Newly Industrializing Countries (NIC) comprising Indonesia, the Philippines, and Malaysia. In contrast, the Philippines would be the youngest nation among the NICs with the median age of 31.2 years (Concepcion: 1992). Indonesia, the most populated NIC country, would have an annual average expansion of 0.31 years, bringing the median age to 34.1 years in 2030. Malaysia’s median age of 33.1 years in 2030 would be the same as Australia had in 1995.

![Figure 2.4: Median Ages for Selected Countries in 1995, 2030 and 2050](source: Concepcion (1992))

In general terms, the South East Asian nation is progressively getting older, as are countries in other parts of Asia. Malaysia, Indonesia and the Philippines will enjoy a rather youthful-to-mature age population profile in 2030, while Japan,
Hong Kong, Singapore and Australia might now move into the mature-age group. Physical planning could imply that infrastructure should be adapted to the requirements and needs of this population structure. Socio-economic planning could revise retirement ages and health facilities and access to other facilities could be readjusted to meet the demands of an older population base.

Feminisation of the Elderly Population

An important population trend among the elderly is that of women outnumbering men. Common among all regions in Asia, Europe and America is the disproportionate presence of females among the aged. In 1995, approximately 22 percent of women in Europe were elderly compared with 16 percent of men. The projection for 2025 shows an increasing trend for women to outweigh men in Europe: 30 percent of females will be elderly compared with 24 percent of males. By the year 2050, the corresponding figures are projected to show a marked differential for women to outlive men; in Europe, 34 percent of females will be elderly as opposed to 28 percent of males.

As shown in Figure 2.5, approximately 8.8 percent of the total population in Asia was female aged 60 years and over while males constituted 7.5 percent. In 2025, there will be 15 percent females and males will reach 13.1 percent. By the year 2050, it is projected that 22.5 percent of females will be elderly, compared to 19.8 percent of males (United Nations: 1994). These projections assert female longevity compared with men.
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![Figure 2.5: Relative Frequencies Women and Men 60 years and over (1995, 2025, 2050)](chart)


As a comparison, in the United States, 18.5 percent of the total female population were aged 60 and above in 1995, with males accounting for only 14.1 percent. By 2025, the proportion of females in the 60 years and above age group is predicted to be 26.7 percent while males will comprise 22.0 percent. By the year 2050, 28.9 percent of American females are elderly in contrast to 24.2 percent of American males who are elderly (UN: 1994).

Figure 2.5 shows that women constitute the larger proportion of the elderly; thus many of the problems associated with ageing will be disproportionately concentrated among females. This would be an important consideration for the design and planning of housing and living arrangements of the elderly. Hence, the preconceived notions about the socio-economic and health concerns of the elderly are to a large extent the concerns of elderly women. And therefore, planning has to apply a gender bias reflective of the composition of the aged population.
Average Household Size

The ageing of the population and the increased incidence of 'empty nest' households, where older couples live alone when children leave, contributes to the decline of household size. In most Asian societies, traditional beliefs and religious principles require the young to respect and look after aged parents. As discussed earlier, filial responsibility means that care for the aged could be sourced from the family. However, when the number of persons in the family is decreasing, then alternative care should be considered. In all societies, there are mutual obligations and responsibilities between aged parents and their adult children, but they appear to be less clear and less binding in modern societies. The question that springs to mind is: 'who is to care for the older people when the young are no longer around to do so'?

For this reason, a study on ageing anthropology (environments) would not be complete without a discussion of household size. It brings into focus the role of the family as an informal care provider and the role of societies and institutions as another form of support for older persons. An analysis of seven selected countries in Asia shows only three had an average household size greater than four persons in 1998 (Figure 2.6). The more affluent countries, like Japan, Hong Kong and Singapore, have an average household size of three persons. Average household size is projected further to decline through to 2008 with Japan having 2.6 persons per household. Less affluent countries like the Philippines will experience decline to 4.9 persons in 2008.
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Chapter 2

Figure 2.6: Average Number of Persons per Households in Selected Countries in Asia
Source: adapted from Asian Demographics Ltd. Instant Insights; http://www.asiandemographics.com/instantins310300.htm 05/05/2000

By 2008, Japan will be in a position in which the young population will have shrunk to the extent that reliance on family support through to old age is a chimera. Malaysia, the Philippines and Indonesia enjoy a more amenable situation with a slightly younger population, but Singapore and Hong Kong are at levels that Japan is experiencing.

The situation has significant implications for family support of elderly persons and also represents an attractive growth opportunity. The opportunities are now in services for more mature adults – not youth. In fact, the increase in the size of older populations is seen as a challenge to the decreasing size of the youth population. This discussion will be further elaborated in subsequent chapters. In fact, those who claim that population ageing will destroy the intergenerational relationship often assume that families will step in to replace missing services for the elderly. They, however, might find solace knowing the alternative prospects that could be developed for elderly care.
However, population ageing is an area of intense difficulty. Old people usually receive care from younger relatives, chiefly daughters and daughters-in-laws. An ageing population and reduced family size reduce the potential supply of younger informal carers for each old person but increase opportunity in institutional care. The willingness of younger carers to provide informal care is irrefutable, but falling sizes of families and increasing dispersion of younger generations will be a problem for future governments. Therefore, the concern to direct resources in the most effective ways, and to avoid some of the pitfalls in the provision of alternative care or formal care, will be looked into in this project.

*Living Arrangements of the Elderly*

The vulnerability of the elderly in matters of family support and living arrangements has been affected by industrialization, urbanization and migration. Better education for both husband and wife has led to a growing preference for the nuclear family providing greater scope for privacy, autonomy and a life style of its choice. Thus it inadvertently impacted on the structure and composition of the family, splitting larger families and fostering dispersed smaller nuclear family units. The significance of family support and living arrangements impacts upon the continued shelter that an elderly person receives. In the cases of the elderly who are financially secure and economically independent, in which both husband and wife are well educated and physically able to support themselves, separate living is likely to be valued for as long as possible. At the same time, close contacts are still maintained with family members. However, the disadvantaged elderly could find remittances from children to be both insufficient and inconsistent, and will continue to co-reside with their siblings. Thus determining the housing needs of the elderly and their future living arrangements is not only a matter of concern for the elderly and their family, but also for future policy makers in the structure of future residency, the patterns that might evolve and the trends in coming years.
Living Arrangements and the Correlation with Housing Needs

Traditionally, the family remains the most important provider for shelter and of care for the elderly in many developing countries. In different cultural, political and social systems, various forms of the family exist (International Conference on Population and Development: 1994). In South and South East Asia, it is usual to find a three-generational family living together in a household.

Natividad and Cruz (1997) examine patterns in living arrangements and sources of social support for the Filipino elderly across gender, marital status and rural-urban residence. Using data from a 1996 survey, the study finds that, while co-residence with a child is the most common living arrangement, the elderly are not passive recipients of support. There is also a growing acceptability of the notion of homes for the elderly.

In Thailand, census data on living arrangements of the elderly and their material exchanges and contact with their adult children indicate a functioning familial system of support and care for the older population.

Knodel et al (1996) state that Thailand’s people generally expect the elderly will be taken care of by their children and that at least one child will co-reside with them and that it is the children’s responsibility to care for their parents. However, there is some suggestion that co-residence of elderly parents with at least one child in the same dwelling unit may be declining (Knodel: 1996).

In Singapore, despite the changes in contemporary society and in the structure and composition of households, about 90 percent of the elderly above age 60 live with at least one of their children, to whom many look for support. The children with whom they co-reside could be a married son or unmarried children. The elderly live either in their own home or in the homes of their children (Chan: 1997; Bose.:1996).
Truong (1997), in a study in Vietnam, identified the family as the major source of social and economic security because non-familial economic support, such as pensions and social welfare, is less common and less substantial. The vast majority of elderly Vietnamese live with at least one child. Most of the rest live with their spouse or other relatives. Among children, married sons constitute the most critical source of social security although this patrilineal pattern is far more pronounced in the Red River Delta region.

However, living arrangements are changing with the progress of time. Living arrangements of the elderly differ between countries in developing Asia. In the Philippines, Singapore, Thailand and Viet Nam there is only a modest reduction of co-residence between elderly parents and their children (Knodel: 1996). Children continue to be an important source of support in other ways as well. Considerable differences are, however, apparent in the choice to which elderly live with married sons or daughters or on their own.

2.3 ISSUES IN AGEING

2.3.1 Complexity of Issues

Central to the context of this study is that ageing is a complex issue which is multi-dimensional and could be researched in various aspects. Summarising the previous discussion, it is a biological process which begins at conception and ends at death. It forces cultural traditions to be an accepted norm, involves micro level participation from the individual and community, and impacts on the macro level planning and decisions of governments and non-governmental organisations.

Throughout the whole life-cycle, the body undergoes different ageing processes distinguished by the changes in physical appearance and metabolic functions. Accompanying this intricate process are various ageing issues, given the diversity in ethnicity, nature of social changes, environments, and regional locations. It is difficult to generalize about the issues of the aged population. What is certain, however, is that the increasing number of elderly people in
developed and developing countries will be susceptible to common elements affecting their health, housing, welfare, education, employment.

2.3.2 Sensitivity of Ageing Issues in National Policies

Economists credit declining fertility over the past three decades as a major contribution to sustained economic growth among the Asian Tigers - the economically vibrant nations of South Korea, Taiwan, Thailand, Singapore, Indonesia, Malaysia and the former Hong Kong Territory. Research indicates that shifts to smaller family size and slower rates of population growth in East Asia played a key role in the creation of an educated work force, the accumulation of household and government savings, the rise in wages and the spectacular growth of investments in manufacturing technology (Population Action International: 1997).

In this respect, the increase in elderly populations has created enormous concern, not only for developed nations but also for developing ones, as it would far exceed the increase in youth population. Countries which are not prepared for it would be in strife. Several ageing issues that influence national policies are listed below.

**Funding of Retirement and Age Related Services: Impact on Social Security Programs**

- Demographic change, broadly defined to include social changes as well as those in the size and composition of the population, has a significant impact on government outlays through pressure on social security programs. The latter aims to redistribute wealth (either in cash or in kind) according to priorities set by the community. While a primary objective is to alleviate poverty for disadvantaged individuals, it is important to recognise that social security programs are also used to redistribute wealth to benefit certain classes of individuals. These other objectives have resulted in growth in benefits for middle and higher income earners and families.
The taxes paid by the huge baby-boom generation have funded the pension for their parents (as well as unemployment benefits for their children), but who will fund the pension for the Boomers, in vast numbers, when they reach retirement? Not their children, certainly, because there simply aren’t enough of them.

An Increased Fragmentation of the Population across Smaller Household Units

‘Projections to the middle of the next century suggest that there is an increase in the number and proportion of people living alone, largely due to the higher proportion of people over 65 years of age. This trend has implications for long term care as it foreshadows a disproportionate growth in the number of persons in need of assistance. It could be compounded by an increase in couples needing assistance due to greater longevity’ (EPAC: 1996).

Walsh and De Ravin (1995) identified future demands for long-term care and the incidence of informal long term care in the community. They suggested limiting ‘free’ access to such services, since it is unrealistic to expect the continuation of assistance from family and volunteers.

Housing Preferences and Choices

Housing is a function of the living arrangements of the elderly and is progressively allied to modernization, especially in developed countries. Worldwide, elderly people have expressed a preference for staying independent and remaining in their homes for as long as possible (OECD 1992). However, with fewer carers available, a significant proportion is living alone. For example, in most developed countries the proportions rose from around 20 per cent in the 1950s to between 30 and 50 per cent by the late 1980s. Over the same period, the proportion of elderly living with their children dropped considerably, reflecting a trend toward greater independence by both young and old (Walker: 1997).
A Proportionately Smaller Workforce and an Increased Proportion of Females

- An upward trend has occurred in female workforce participation and a fall in male participation in all age groups but especially the 55 to 59 years olds. The latter trend raises questions about the impact of early retirement and the prospects for re-employment for men late in their working life.
- This process produces a direct loss to national welfare through lost production and also encourages dissipation of benefits prior to the individual is reaching pensionable age.

Distributional Conflict between Generations

- At the macro level, tensions between the generations might be created either by rising contribution rates to the public pension fund and to the public health care systems or by a lower pension level and cuts in public health expenditures.
- At the micro level, a generation at conflict within firms could evolve. At present, older workers are often excluded from the labour market due to early retirement, and the young workforce is entering the labour market in increasingly unstable conditions.
- In the medium- and long-term (related, among other things, to the lengthening of working life), there is the risk of low motivation of the younger labour force as their career opportunities might be rather poor, the huge cohort of elderly workers blocking the interesting jobs.

Drawing on discussion on the trends and issues in ageing, it is now important to examine theories of ageing in order to set out accepted knowledge on ageing and how these theories relate to issues of the elderly, in particular, dependency.

2.4 THEORIES OF AGEING

Historically, the study of ageing was primarily of interest to the field of medicine for clinical practice in geriatrics or in the search to slow down the ageing process (Minichiello et al: 1992). Therefore, there is an abundance of medical literature reviewing theories on ageing. However, the bio-medical model has its
limitations. It emphasises illness and treatment of existing conditions. It is said to be reductionist, in the sense that illnesses are explained in terms of imbalances of cellular and organ functioning. No references are made to psychological or social processes that can impinge on illness. It is also claimed that the model separates the influences on mind and body on health and illness.

Meanwhile, the biopsychosocial model has recently challenged the bio-medical model. The former is based on a framework that encompasses the physical and psychological well-being of the elderly. To explain multiple outcomes in health and illnesses, it incorporates the interaction of biological factors such as physiological disturbances (bodily processes), psychological factors such as social support, class, gender, ethnicity and modes of health care provision (Minichiello et al: 1992).

While the bio-medical model depicts the individual as powerless and passive, its bio-psychosocial counterpart conceptualises the individual as potentially active in managing his or her health.

Jackson (1998:92) argues that the theory of the ageing individual has generally identified for special attention five main levels of approach:

- Human biology which refers to physiological functions as described in Chapter 1 by Kazutomo.
- The individual agency based approach stresses the role of the individual agency and subjective experience. This approach interprets the biographical experience of an individual.
- The technology based approach gives pride of place to technology as the foundation of all social conditions, including old age, and it appears as the driving force behind all social change. The greatest impact from technology for human beings, one might suppose, will be in medicine and pharmacological care and in the mechanisation of tasks (Hamilton:1998:158-159). This approach imposes on working practices that will undoubtedly result in changes of social backgrounds of retired persons.
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- The social institutions-based approach links the welfare of the elderly persons and the involvement of institutions in care.
- The ideological view concerns general cultural attitudes and their effect on people’s experience of ageing.

The five angles displayed above suffice to show the complexity of ageing, and they are by no means exhaustive. Each level could be further subdivided and additional levels could be identified.

The dominant theories of ageing, forming the theoretical framework of most discussion in this field, can be grouped into the micro or macro categories. The grouping appears so appealing and is considered by a number of gerontologists as providing the basis to understanding ageing at the individual and the population level. An example of the macro theory of ageing is the political economy approach which is used to study policies aimed to repeal the inheritance tax (Phillipson: 1982). Disengagement theory (Cumming and Henry: 1961), activity theory (Lemon et al.: 1976), biographical and life-history perspectives (Coleman: 1986), and continuity theory (Atchley: 1972) are some of the micro theories that explain how groups work together.

In the views of theory which follow, the procedure is to provide first, a general outline, and then, an account of how theories deal with the critical issue of dependency.

### 2.4.1 Disengagement Theory

Disengagement Theory, as postulated by Cumming and Henry (1961) is a common sense theory via which ‘ageing is considered an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the ageing person and others in the social systems he belongs to’. His withdrawal might be accompanied by an increased preoccupation with himself and the transition is easier with the presence of certain institutions in a society. As Maddox (1987) perceived it, individual disengagement was conceived of as
primarily a psychological process involving withdrawal of interest and commitment. Social withdrawal was seen as a consequence of individual disengagement, which is exacerbated with society’s withdrawal of opportunities and interest in older people’s contributions, resulting in social disengagement.

As the individual goes through the withdrawal process, three discernible possible alterations can be identified. First, there are changes in the extent and purpose of interaction. Second, changes in the style or patterns of interaction between the individual and other members of the system. Third, there are adjustments in the personality of the individual that form the basis for decreased involvement with others. The theory therefore deals with the social-structural aspect of disengagement, and the social-psychological aspects of the process. It challenged the conventional wisdom that keeping active was the best way to cope with ageing. Because the theory was based on observations of older people in Kansas, United States during the 1950s, it should be understood that prevailing situations then were different from those of the 1980s onwards.

Now, it is apparent that disengagement is neither natural nor inevitable and that most cases of disengagement result from lack of opportunities for continued involvement. Streib and Schneider quoted in Maddox (1987) suggested that more likely than total disengagement is differential disengagement, whereby people can withdraw from some activities but increase or maintain their involvement in others. The theory thus describes what sometimes happens with an older person.

The state of dependency in the disengagement theory results from social exclusion, loss of employment opportunity and economic histories that attend old age. Nonetheless, new roles in life are taken up either in an advisory or spiritual capacity. In a sense, it is akin to the situation when one lead an entirely different life from what one is used to, or to be transported to a new environment which could be gratifying to a new entrant. Dependency in this
theory corresponds to the perceived demand to feel included, and appreciated. Corresponding infrastructure is needed to ensure continued well-being.

On the other hand, society’s response to this situation would be to prepare an amicable environment for citizens to carry on with life as an independent being, not entirely dejected, but with minimum allowable interference. It is to acknowledge the fact that when one is older, one is seemingly living in this invisible bordered society of the young and old. A summary of paradigms of the theory and the relative dependency is provided in Table 2.1.

Table 2.1: The Relational Concept between Paradigms of Ageing in the Disengagement Theory and Dependency

<table>
<thead>
<tr>
<th>Paradigms / Basic Sets of Assumption</th>
<th>Dependency as a Relative Factor to Theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Involves an inevitable withdrawal of elders from society, and society’s gradual withdrawal from elders. The number of times elders are in contact with others diminishes with age and physical frailty;</td>
<td></td>
</tr>
<tr>
<td>• Allows for preparing society and individual for death;</td>
<td></td>
</tr>
<tr>
<td>• Deemed a smooth transition of power from elders to younger generation and good for society which is then allowed to continue functioning through younger replacements of aged (altruistic- beneficial for society as whole);</td>
<td></td>
</tr>
<tr>
<td>• Gratifying to elderly individuals who gain relief from societal pressure as they reduce their role responsibility (eg. retirement);</td>
<td></td>
</tr>
<tr>
<td>• Gratifying to younger adults who are able to assume new roles.</td>
<td></td>
</tr>
<tr>
<td>• Social exclusion, gradually resulting in loneliness, leading to increased reliance on institutional set-ups for care and communication;</td>
<td></td>
</tr>
<tr>
<td>• Discriminated on employment as job opportunities are no longer available even for healthy older persons. The welfare system is highly taxed for elders who warrant a better life;</td>
<td></td>
</tr>
<tr>
<td>• Cumulative disadvantage/ advantage means that negative/positive life events tend to have an enduring and multiplying impact over the life course, magnified during old age. People’s economic histories follow them into later life to result in security and insecurity. Greater tendency to institutional support when past economic life is not as favourable;</td>
<td></td>
</tr>
<tr>
<td>• More relaxed life and individually could take on advisory or spiritual role.</td>
<td></td>
</tr>
</tbody>
</table>

(Source: Paradigms are adapted from University of North Carolina, 2000, 2001)
2.4.2 Activity Theory

Activity theory is effectively the opposite of disengagement theory. In it, ‘adaptation or adjustment to ageing is the key concern by individuals who adapt to ageing by remaining as active as they were in their middle years’ (Jones: 1992:125). Hence, the more active and involved older persons are, the less likely they will age and the more likely they will be satisfied with their lives. Havighurst (1969) refers to this process as successful ageing.

This approach assumes that people have the capacity to reconstruct their lives by substituting new for old ‘lost’ roles. The proponents of activity theory argue that old age should not be perceived as a ‘roleless role’; rather, it should be recognized that individuals can and often do replace lost roles or social activities with new ones. However, it is also recognized that substitutes are often not available and that the shrinkage of the social world of an individual is also a choice made by the individual.

The empirical reality that challenges the applicability of this theory takes into account the ‘availability of economic, social, intellectual resources that is neither widespread nor universally available to the individual for the replacement of lost activities’ (Maddox et al; 1987: 5). Given the prevailing sex ratios mentioned earlier, ‘widows often cannot find new mates; people who have been forced to relinquish certain activities often cannot develop new ones without inordinate investment of time and energy to develop new skills’ (Maddox et al; 1987: 5).

Cowgill (1972) provided another perspective of the ‘role less role’ of the elderly in a study in Africa and Asia. In all of the societies concerned, growing old is equated with rising status and increased respect which provide a person with a valued role in the society. But with increased modernisation as experienced in the developed countries, the status of the elderly became lower and more ambiguous.
Thus, activity theory can be selectively applied to nations that have reached developed country status. As the culture of developing countries accords ambivalence toward the elderly, this theory is considered culturally advanced for a developing country perspective.

Integration is the key word in activity theory. Nonetheless, due to the recognised change in biological factors and bodily functions, special infrastructures are still needed for the continued maintenance of an active life. Dependency in this theory corresponds to the perceived demand to stay productive and fit. The community and state are expected to respond by filling in substitute roles. Although not entirely independent due to the onset of biological change, dependency on the community and the state is kept to a minimum. In fact, self-reliance is promoted and, at the same time, participation in the community is obligatory and appreciated. In this theory, social inclusion helps to promote an environment that is mutually beneficial to the young and old. A summary of paradigms of the theory and its view of dependency is provided in Table 2.2.

Table 2.2: The Relational Concept between Paradigms of Ageing in the Activity Theory and Dependency

<table>
<thead>
<tr>
<th>Paradigms / Basic Sets of Assumption</th>
<th>Dependency as a Relative Factor to Theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Opposite of disengagement theory, instead a “hanging on” theory;</td>
<td>- Inferior infrastructure for the elderly may impose limitation on their involvement in the society;</td>
</tr>
<tr>
<td>- Maintenance of activities as long as possible to sustain mental and physical health and to validate self concept;</td>
<td>- Less dependent on the community or family, somehow support is still needed from institutions;</td>
</tr>
<tr>
<td>- the aged should be involved in a variety of roles and responsibilities - use it or lose it - wear out rather than rust out - stay productive, stay fit;</td>
<td>- Find substitute roles to keep them active and involved in society.</td>
</tr>
<tr>
<td>- activity is good, loneliness is bad, thus need for stimulation-activities including communal meal sites rather than stipends for food;</td>
<td></td>
</tr>
<tr>
<td>- like disengagement theory, activity theory may be too deterministic.</td>
<td></td>
</tr>
</tbody>
</table>

(Source: Paradigms are adapted from University of North Carolina, 2000, 2001)
2.4.3 Continuity Theory

Continuity theory is a reaction to disengagement theory. It is based on the hypothesis that personal characteristics become more pronounced with age or they are retained through life with few changes. The theory suggests the option to maintain patterns of behavior formed successfully in earlier life and age by developing habits, commitments and preferences that persist over time.

The proponents of continuity theory believe that familiarity is important. Therefore ageing-in-place among relatives and friends is beneficial. Little disruption should occur in lifestyle patterns. However, adaptation is a continuous process. Change can occur with adaptation but too much change can lead to anxiety. In most instances, chaotic feelings are avoided.

Continuity theory is individualistic. Each ageing person is expected to take charge of his own life but would still maintain close contact with family, relatives, friends and the community.

Dependency on familiar surroundings, family, and friends is crucial for continued well-being in the continuity theory. Even though individualistic in nature because each person has the ability to choose, self-development is propagated as continuous learning, building on strengths and eliminating weaknesses that can impinge upon personal well-being.

Dependency is seen as healthy for the individual who will assume a rewarding and fulfilling later life. It is all about taking care of oneself. Community and state responses involve the continuous upgrade of facilities, infrastructure, and amenities, which are demanded to necessitate an older person’s uninterrupted progression through life. The state or community is committed to be the provider of infrastructure, and older persons are clients who specify the goods and services needed. In this theory, the dependency situation is obligatory (a matter of choice) until a specified time when all biological devices are no longer able to function as would any normal person's. The young and old would benefit from a
situation in which demands and expectations are not imposed on one another. A summary of paradigms of the theory and its view of dependency is provided in Table 2.3.

Table 2.3: The Relational Concept between Paradigms of Ageing in the Continuity Theory and Dependency

<table>
<thead>
<tr>
<th>Paradigms / Basic Sets of Assumption</th>
<th>Dependency as a Relative Factor to Theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A reaction to disengagement theory;</td>
<td>• Suggests that dependency on familiar surroundings, family, and friends as being crucial for continued well-being;</td>
</tr>
<tr>
<td>• Self-identity theory that suggests the option to maintain patterns of behavior formed in earlier life: keep strengths avoid weaknesses; use life experiences apply to new situations; disposition to a certain lifestyle;</td>
<td>• Involves a continuous upgrade of facilities, infrastructure, and amenities, to necessitate a person’s uninterrupted progression through life;</td>
</tr>
<tr>
<td>• Develop habits, commitments, preferences that persist over time;</td>
<td>• Recognizable setting adheres to ageing-in-place concept where individual dependency is of utmost importance.</td>
</tr>
<tr>
<td>• Familiarity is important- ideas, places, persons, lifestyle patterns;</td>
<td></td>
</tr>
<tr>
<td>• Change can occur with adaptation, too much change can lead to anxiety; chaotic feelings are avoided;</td>
<td></td>
</tr>
<tr>
<td>• Very individualistic.</td>
<td></td>
</tr>
</tbody>
</table>

(Source: Paradigms are adapted from University of North Carolina, 2000, 2001)

2.4.4 Overview of Theories

The three mainstream micro theories on ageing thus assume paradigms which outline visions for the future. Disengagement theory is deemed as altruistic and benefits the whole society due to smooth transition of power from elders to the younger generation. It is supposed to be good for society which is then allowed to continue functioning through younger replacements of aged persons, and gratifying to elderly individuals who gain relief from societal pressure as they reduce their role and responsibility. Eventually, the elderly would be cut-off from society. It is apparent that, in activity theory, the elderly are visible as they keep reinventing and adapting their lives by substituting new roles, different from the disengagement theory. The elderly are active and are not lonely as they maintain their involvement in society. While continuity theory is a reaction to
disengagement theory, it suggests dependency on familiar surroundings, family, and friends as crucial for continued well-being; but dependency is seen as healthy because the elderly are using positive experiences to enhance old age. However, positive or negative images of the theories are unclear unless they are conceptualised in the real world.

2.5 PROJECT WAYPOINT
The theories discussed above found their origins in the process of urbanization and modernity. Where modernity has resulted from accelerated development, especially pronounced in advanced countries, the theories seem to have matured from them. It remains to determine whether they are applicable to older persons in developing nations. The developing countries today cannot be simply seen to be going through the same process developed countries have undergone. By all accounts, developing countries have a different set of cultural values, dissimilar to those of the developed nations. They also have different trends of population growth that explain the circumstances of the population and different social achievements which engender social change typical to their community.

This chapter has established that issues surrounding elderly persons are affecting the well-being of individuals, the community and the nation. Well-being in this project is interpreted as satisfying the needs of income, welfare, health, services and housing. The dilemma is the well-being of the elderly, in particular, their accommodation needs as a result of physical dependence and economic dependence. Elderly persons, the community and the nation would now have to seek indigenous models or new models if ever they were to prepare themselves in the face of addressing well-being issues.

The next stage in the project is to source an appropriate model or models of well-being. Ultimately, the models should address issues in the inquiry of the ageing phenomenon and be able to capture recurring themes of well-being.
‘Reliability theory is a general theory about systems failure, where it is possible to predict age-related failure kinetics for a system of given architecture (reliability structure) and given reliability of its components. As for specific biological knowledge, many researchers believe that it could be provided by evolutionary theories of ageing based on the Darwinian theory of biological evolution by natural selection’ (Gavrilov et al., 2002).

‘Interpreted as the learning process by which an individual becomes part of a culture or society. Other related terms that bear some relationship to the concept expressed by this term but are not directly hierarchical are acculturation and socialization’ (AARP: 1997: 119).

‘Linkages and exchanges among individuals which help the elderly maintain independence by providing goods, services and emotional support. Other related terms that bear some relationship to the concept expressed by this term but are not directly hierarchical are family relationships, informal support systems, interpersonal relations, social contacts and social interactions’ (AARP: 1997: 120).

Paradigms are adapted from teaching materials from The University of North Carolina’s Studies on Gerontology Theories of Ageing at http://www.unc.edu/~jluker/theory.htm on October 2000 and,

CHAPTER 3: MODELS OF WELL-BEING

The proportions of this research have been defined in Chapter 1 and 2. Issues affecting the well-being of the elderly were discussed and key operational definitions relevant for the selection of an appropriate conceptual model were examined. There have been, however, numerous models of well-being formulated to resolve issues of the elderly. As explained in the previous chapter, the well-being of the elderly deals effectively with issues of income, social welfare, health, services and housing. Any one model, independently, could not contribute to a comprehensive plan to deal effectively with the issues. Hence, the next step is to examine models in detail. Since most have been proposed in developed countries and were successful, than perhaps they could provide answers to similar issues in developing countries.

The objective of this chapter is to provide a framework for the derivation of a customized model by dissecting selected conceptual models of income, social welfare, health, services and housing. The significance of each model and its applicability is addressed. Finally, the chapter indicates how the selected models contribute to the derivation of a customized model to address the research question.

3.1 OVERVIEW OF MODELS

It takes five models to scope the well-being of the elderly. No single one is both necessary and sufficient as a means of explanation. The selected conceptual models should therefore address three criteria:

- The determination of people to be in community care (CC) and institutional care (recurring themes are: (a) health condition (poor, good, excellent), (b) income (personal, household- low, middle, high income category); (c)
living arrangements; (d) location (where she/he lives, urban or rural); (e) services (type of supports she/he need)

- The establishment of support functions (SF) and types of services accompanying them (recurring themes are: (a) level of health condition (poor, good, excellent), (b) activities of the elderly (sociability, performance of domestic tasks, personal tasks), and (c) input of services (voluntary organizations, NGOs, social services department, self-help groups).
- Consolidation of delivery mechanisms (DM) in living options.

On this basis, five conceptual models having recurring themes and which are relevant to the framework of the research are investigated, namely:
- The Three-Pillar Retirement Income Model,
- The Social Model of welfare,
- The Care Model of health,
- The Williams’ Ring Model of services,
- The Model of Housing.

The models are also selected based on the environment in which they operate. They can be grouped into two broad categories: (a) system oriented, built on process oriented models; (b) service oriented, rooted in the delivery of services. Although the Three Pillar Income Retirement Model is basically system oriented and the Williams’ Ring Model is service oriented, some of the other models fall in both categories as shown in Figure 3.1.

<table>
<thead>
<tr>
<th>Categories of Models</th>
<th>SYS</th>
<th>SER</th>
<th>MODELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC</td>
<td>i</td>
<td>ii</td>
<td>i. Three-Pillar Retirement Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>iii</td>
<td>ii. Social Model of Welfare</td>
</tr>
<tr>
<td>SF</td>
<td></td>
<td>iv</td>
<td>iii. Care Model of Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>V</td>
<td>iv. Model of Housing</td>
</tr>
<tr>
<td>DM</td>
<td></td>
<td>V</td>
<td>v. Williams’ Ring Model of Services</td>
</tr>
</tbody>
</table>

Figure 3.1: Conceptual Model and System Categories
Source: Author
The well-being of the elderly is subjective, holistic and qualitative in nature. Although it is impossible to rank the five models according to their importance, Stanovnik, Stropnik, Prinz (2000) in their study of economic well-being believe income is the most important factor. It has often been argued that the income of the elderly affects welfare outcomes and, as a domino, accessibility to health, services, and eventually accommodation. On the other hand, according to Osberg and Sharpe (2002), the different dimensions of well-being are valued to varying degrees by different observers. Some studies argue housing as the cornerstone of wealth, and more importantly to the elderly, giving a sense of place and belonging as depicted in the Continuity Theory in Chapter 2. Bearing that in mind, a summary and rationale of the study of the five models is provided in Table 3.1.

3.2 THE THREE PILLAR RETIREMENT INCOME MODEL
A source of income is fundamental to the well-being of any age-group, but particularly the elderly. The ‘Three-Pillar Retirement Income Model’ was recommended by the World Bank as a safety-net for income security in old age (Mitchell and O’Quinn: 1997; Khan: 1999; Bateman and Piggott: 2000). Individual retirees receive benefit payments which provide an adequate income for daily living. The income is a guarantee committed by the government, and would match income under a Social Security System. The model explains a complex inter-relationship between the public and private contribution to income.
Table 3.1: Models of Income, Welfare, Health, Housing and Services

<table>
<thead>
<tr>
<th>Model</th>
<th>Content</th>
<th>Significance of Model (why consider it)</th>
</tr>
</thead>
</table>
| Three-Pillar Retirement Income Model of Income | • Provision of adequate income for daily living.  
• Private mandatory contribution.  
• Public Provision.  
• Voluntary Savings for added income security. | • Every elderly covered by some income in old age to avoid poverty in elderly population.  
• Dependency on institutional help is reduced through voluntary and compulsory savings. |
| Social Model of Welfare              | • In developed country: welfare is supported by the state. Welfare is equitably distributed.  
• In developing country: welfare is a family matter, the state intervene with some support mechanisms. Welfare is limited to the poor | • Model posits every elderly person has access to welfare services.  
• Meritocracy of model is the emphasis on strategic institutional intervention in the distribution of welfare for all elderly. |
| Care Model of Health                 | • Community, state and the government are key industry players in the issue of care.  
• Elderly of different age cohorts have different level of health conditions thus eliciting different levels of support.  
• Care is provided at home, in an institution or a specially built home and care facility. | • Care can be provided either at home, or in an institution, or in a home that is designed to provide both home environment and care environment.  
• Private and public stakeholders are involved in both home care and institution care. |
| Williams’ Ring Model of Services     | • Has been used to determine service conditions at the local level - village, suburb or urban area.  
• Identifies the complementary input of services and care that an elderly requires.  
• Define specific care component in the Care Model of Health. | • Model includes services as an environmental stimulus which will determine individual and community care and housing. |
| Model of Housing                     | • Environmental stimuli and health stimuli leads to a decision to change lifestyle and living options.  
• Causative factors help to aggravate the change.  
• Products of living options must anticipate environmental and health needs, and consider options that could alleviate the causative factors. | • Model contends that an elderly should be provided with choices in living options suited to his lifestyle, health, and financial conditions. |

Sources: Mitchell and O’Quinn (1997); OECD (1996); Wad (1999); Holliday (2000); Chan (2001); Gough (1999); Goodman et. al. (1998); Godeman (2000); Williams (1995).
3.2.1 Features

The universal elements of the Three-Pillar Retirement Model are based on two mandatory pillars and one voluntary pillar as shown in Figure 3.2. The first pillar is a mandatory publicly-managed, tax-funded social safety-net to protect recipients from abject poverty (Mitchell and O’Quinn: 1997; Batemann and Piggott: 2000; Koivu: 2001). It runs along a state-controlled ‘defined benefit’ model via which participants contribute a fixed amount and receive a guaranteed benefit (Hardin: 2001). The second pillar is a mandatory privately-managed funded system which is financed through mandatory minimum contributions taken out of wages. The pillar is a ‘defined contribution where participants contribute self-selected amounts which are placed in an investment account, which they control. The amount of benefit received is related to the amount contributed and the amount of return on the investments made’ (Hardin, 2001; Hutchinson, 1999). The third pillar consists of a privately managed pension fund in which participation is voluntary. ‘It is meant for high income earners or individuals wishing to obtain higher income than provided by the mandatory pillars (Koivu: 2001).

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Form</th>
<th>Financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redistributive plus co-insurance</td>
<td>Means-tested, minimum pension guarantee, or flat</td>
<td>Tax-financed</td>
</tr>
<tr>
<td>Savings plus co-insurance</td>
<td>Personal saving plan or occupational plan</td>
<td>Regulated fully funded</td>
</tr>
<tr>
<td>Savings plus co-insurance</td>
<td>Personal saving plan or occupational plan</td>
<td>Fully funded</td>
</tr>
</tbody>
</table>

Mandatory publicly managed pillar | Mandatory privately managed pillar | Voluntary pillar

Figure 3.2: The Three Pillar Income Retirement Model
In order to examine further the three pillars, the Australian Superannuation Scheme is examined. The first pillar in Australia’s retirement income provision is a universal Age Pension which is financed from general revenues. Approximately 83 percent of the elderly receive the Age Pension, of which 68 percent is paid at the full rate (Bateman and Piggott: 2000). Means testing against all income and assets has ensured that a high proportion of government transfers are received by the poorest aged, thereby generating significant redistribution and achieving the emphasis on targeting the needy.

The most revolutionary of the pillars is the second mandatory pillar which provides for individual accounts. The Superannuation Guarantee compels employers to make superannuation contributions on behalf of their employees. These contributions are deposited in a superannuation fund which is selected by the worker. The annual savings requirement in 2002 was nine percent of income (Mitchell and O’Quinn: 1997) and a three percent employee contribution (Khan: 1999).

The third pillar is a Voluntary Retirement Saving Scheme which comprises occupational superannuation, personal superannuation and other forms of long term saving through property, shares, managed investments and home ownership (Bateman and Piggott: 2000). Over 50 percent of full-time Australian employees and 25 percent of part-time employees make voluntary contributions at an average of 5.5 to 6 percent of earnings (Khan: 1999). It is the only way of accumulating tax-preferred retirement saving.

This model is typical of a developed country. Other countries which have also adopted the three-pillar model are Chile and Sweden. The South American Model, Chile’s Pension Account System (PSA), has emerged as a typical Three-Pillars Model (Pinera: 1996, Hutchinson: 1999, Eisen: 2000) which is similar to the Superannuation Guarantee. The retirement system is heralded as innovative by the World Bank. Building upon the three pillars is the Swedish Notional Account System which basically attempts to emulate the South
American Model. This exemplary model has been applied in Sweden according to its own unique situation.

The vast difference between the retirement systems in Asia, especially with reference to Malaysia, and the developed countries is that they do not have the blanket safety-net provided for all the elderly. At present only approximately 30 percent of people aged 60 and over in the world are eligible for publicly-funded retirement income. Although 155 countries in 1995 had an old-age program, only the more developed ones have schemes which benefit the majority of their older citizens (Kinsella and Gist: 1995). Therefore, a Malaysian elderly person entering retirement could become poor: not so in Australia since poverty has been eliminated under the Superannuation Guarantee. Under the Chilean PSA, no one is defined as poor but that could happen if the PSA were exhausted.

3.2.2 Applicability

The strength of superannuation is the blanket safety-net given to all the elderly. In one way or the other, the elderly will be in a position where they can afford the basic needs of food, shelter, clothing and health.

As to the applicability of this model to the current project, a review of the Three-Pillar Retirement Income Model suggests the fundamental introduction of schemes which benefit the majority of the elderly:

▪ Retirees are guaranteed a pension income when they turn 65 for males and 61.5 for females.
▪ Additional income is acquired through the superannuation mandatory savings scheme.
▪ The government also benefits from savings of the superannuation schemes.
▪ The main argument for this model is its ability to cope with dynamic demographic situations. Therefore, even when the dependency ratio increases especially when the population ages, contributors will not be subject to substantial increases in contribution rates.
3.3 THE SOCIAL MODEL OF WELFARE

Welfare is important to the elderly considering their heterogeneous conditions. An OECD social model is to be regarded entirely as a state matter. Aged persons could fall back on the state for assistance for a whole lot of services from care to finance to health to housing. By contrast, in a developing country, a social model based on welfare is under-developed but the common form shows that family is central to the welfare of an ageing individual. The state is not particularly involved in individual ageing but it would be concerned in population ageing through some support mechanisms only available through appointed agents for health, social-welfare etc. Usually such welfarism is limited to the poor and needy aged.

3.3.1 The European Social Model

Population ageing has brought about policy responses that were to shape the present and future welfare of older citizens. In the developed nations, it was only about 100 years ago that the magnitude of social problems made it necessary to organize, under private and public initiative, social services for the needy, when older human institutions like the family, neighbours, church and local community could no longer adequately supply them.

Economic security for the needy and elderly is achieved and disbursed through two main systems as illustrated in Figure 3.3:

- a program of public assistance which is financed by taxation,
- a program of social insurance financed by the contributions of the beneficiary and of his employer.
Public assistance can be provided by payments based upon the economic and social needs of the applicant. It is determined by a means test or granted as a flat rate allowance legally fixed with regard to recognized average needs of families of a specific size. Assistance is usually rendered in money (Friedlander: 1968). In contrast, social insurance benefits are fully predictable. They are based upon legal provision that provides statutory benefits on a flat-rate system or in relation to earned wages, income, length of work, or loss of working capacity in cases of industrial injuries. Insurance benefits are not dependent upon the financial status or the economic need of the person. They are provided to the insured who has a legal claim to receive these benefits without the arbitrary interference of government authorities (Friedlander: 1968). Insurance benefits are financed by contributions from employers, self-employed persons and from workers.

This model for economic security has been extended to older persons in Europe and Australia. Under the European Social Model, aged persons are provided with relatively generous minimum living standards. As a result, poverty in old age is now a marginal phenomenon (OECD: 1996: 251). In Australia, the aged
are also provided with pensions, across the board, similar to their counterparts in Europe.

The weakness of this model is the relative nature of the system. In ensuring equal access to funds for daily sustenance, older persons are more dependent on the system for income security in old age. Many debates have been generated about the inter-generational equity. The elderly are seen to become a burden due to excessive pension payments and health access. However, the advantage of the system lies in the fact that older persons are not discriminated by a lack of income. Each person, regardless of his other previous employment status, has a chance to live at an acceptable standard as do the rest of the community.

3.3.2 The Asian Social Model
It is apparently easier to establish a typology for the European countries, as the welfare system is similar in each. However, countries in Asia do not follow a universal social system. Each is characterised by a system unique to the nation and where cultural and traditional values have been emphasised and incorporated. The economy dictates the typical welfare arrangements, strategies and programs a country could afford during a certain period, and political support from the grassroots is an important benchmark for specific welfare programs to be approved. Holliday (2000) suggests that there is no uniform pattern for an Asian Welfare model. Chan (2001), in quoting White and Goodman (1998) and Ramesh (1995), concurs that there is no single and unified model in the region.

In its simplest form, the foregoing discussion indicates that a universal social welfare system is non-existent in Asia. Nonetheless, it seems that despite the differences across nations, there are some underlying similarities. Peter Wad exemplified the common traits of nations when he argued that in the Southeast Asia and the north Asian countries:
‘Public social security systems have mainly been organised along employment based principles by applying either a conservative model (forced insurance on employees) or a developmentalist model (forced savings among employers and employees). The difference seems to be affected by the particular capital structure (domestic or foreign direct investments) in the country, making provident funds more acceptable in countries with strong foreign sectors in the economy (Malaysia, Singapore) than in countries with less foreign capital involvement (South Korea, Taiwan).’

(Wad: 1999:42)

Wad’s argument is also supported by Holliday (2000), Chan (2001), Gough (1999, 2000a, 2000b) and Goodman et al (1998): the developing countries are said to share the following characteristics:

- Low spenders on social welfare;
- State involvement in welfare provision is modest, the state being a regulator which enforces welfare programs without providing direct finance, whether based on social insurance schemes or a central provident fund;
- States play the strategic role of directing a process of economic development with distributive as well as growth objectives, resulting in a relatively egalitarian pattern of income distribution;
- State provided or guaranteed welfare as a social right of citizens is weakly developed. Rather, community, firm and family have been expected to play a major welfare role in both providing financing and welfare services.

Another important characteristic of economic security for older persons stems from the provision of welfare by the household and community. It is one of the strengths of the ‘Asian values’ that inculcates filial piety so much so that, regardless of the older person’s economic status, they are normally cared for in cash or in kind by the family or surrounding neighbours. Often, households and the community form strong networks to support older persons who are disadvantaged, either because they are poorer or physically unable to attend to themselves. In Malaysia, the Philippines and Indonesia, family transfers have accounted for 9 to 20 per cent of household income (Chan, 2001). Although the carers’ ability to provide adequate and stable guarantees are questioned due to
the weak economic ability of families, the values of care which is voluntary and mutually obligatory are strongly persistent.

The similarities generally found across the developing countries are strong enough to warrant a typology of a social welfare. The model for economic security in the developing countries follows two threads. In general, the family remains the principal source of welfare support eventually assisted by the state for older persons in rural areas; and the family assures a source of welfare support apart from the assistance provided by the state or employment related welfare for older persons in the urban areas.

Figure 3.4 illustrates the model of economic security that has been extended to older persons in a developing country. Public sector funding remains the main form of security for employed older persons. Compulsory contributions which were made during their employment period combined with compulsory contributions made by the firm where they were employed become accessible during retirement as pension payments. Private family financing further aided by state contributions is the major source of security for those who have not been in structured employment. However, equity in terms of receipt of a state contribution is questionable as not every old person is covered.

Figure 3.4: Social Model of Welfare in Developing Countries

The weakness of this model is that being old in a developing country means that a person is either living in poverty, reflecting the historical sequence of his life, or a person could live comfortably from the safety-net provided by the state during his employed years. In retrospect, a balance between a minimum standard of living for older persons and the rest of the community turns on the condition in which a person enters his chronological old age at 60 years. If he enters it as poor as he was during his productive years, there is little public or state support that could ensure a standard of life like the rest of the community. On the contrary, if he had been engaged in work throughout his productive life, he can be assured of living a decent life, as would the rest of the community.

Godement (2000) notes the ‘social laissez-faire policies’ as representing the form of economic security construct one would expect to get in a developing country. While economic security for retirees is well taken care of through a comprehensive system chiefly aimed at old age protection, it fails to include small firms’ employees and self-employed workers, and neglects those persons who are somehow unemployed either by choice (example: housewife) or who are just too poor.

3.3.3 Applicability
After reviewing the Social Model of Welfare model, the fundamental arguments in support of its application to the current project are:

- Public assistance based on needs assessment: the European social model uses means testing and flat rate allowance of average needs of families.
- The elderly are provided with a minimum living standard thereby minimising poverty in old age,
- Social insurance, and
- Family as the main carer and financial support: as in the Asian Social Model, families are the main source of support, with a caveat; assistance is only when the family could afford to take up the responsibility.
3.4 THE MODEL OF HEALTH

Without good health, there is no quality of life. The Care Model of Health posits that care for the elderly has taken on a broader context with community, state and government involvement assuming supplementary if not major roles in the issue of care. The model provides the following sequence:

- All the elderly require some level of support.
- The elderly have different health conditions, thus eliciting different levels of support. Intensive support is not synonymous with a specific age-cohort, but applies to all the elderly.
- The desire to participate in community, institutional, and informal care encourages further development of long term care services including traditional medical services, social services, and housing.
- Care of the elderly incorporates responses across all sectors of the care system in which key industry players comprise the public and private sector.

3.4.1 Features

The salient feature of the model is the assurance of support and quality care from institutions and persons; the development of a comprehensive range of care services; the introduction of legislation that governs the welfare of the elderly; and industry reform pertaining to standardisation of cost and quality of services and facilities. The model is shown in Figure 3.5. In most developed countries, the assurance of support and quality care relates to the issue of health and how the elderly place increasing demand on health facilities and care institutions. It is also recognised that the elderly in excellent health are the ones less reliant on the health system and those with poor to fair health are consistent users of health services. Women constitute the majority user of health services. The elderly 75 years and above are more likely to be vulnerable to poor health.
In the model of health, most literature categorises the elderly into the different age cohorts; the young-old (61-70 years), the old-old (71-80 years) and the very old (80 years and over). As in the definition of age structure in Chapter 1, different set of issues are identified with the different age cohorts. Achir (1996) believes that by categorising them, it helps to identify issues and needs of the elderly.

Trends in health have shown that self-assessed health status has been proven to be an excellent indicator of conditions: poor, fair, good and excellent. Mertens (1994) reiterated the coherent correspondence between self-declared health status and the subsequent professional diagnosis and treatment as a follow-up of the health indicator.
Consistent with trends in health, all the elderly require some level of support. Intensive support applies to the frailer elderly and those in poor health; for example, with dementia. Those requiring basic support are characterised to be in good health, mobile, with some loss in ability to conduct ADL and IADL. The elderly in excellent health require minimum support and would be able to conduct ADL and IADL without problems (Figure 3.6).

**Figure 3.6: Health and Level of Support Functions**
(Source: Author)
3.4.2 Care Arrangements

When an elderly person requires support, its provision is included as part and parcel of care services. Essentially, the place where care is located determines the housing requirements of the elderly. Care services could be located in the home or in a designated residential care facility or respite care facility. In determining where care should be located, consideration is given to three factors, that is, age cohort, health condition and the verifiable levels of support functions (Figure 3.7). According to the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS), care arrangements can be read in four working categories: primary, acute, short term and long term. These elements are now examined in turn.

**Primary Care**

Primary care is the first care a patient receives. It is often delivered by a family physician, although patients can also be attended by a nurse, a paramedic, or other types of health-care providers, depending on the situation. Though many definitions of primary care, which is also known as general practice, have been
proposed, one of the most frequently quoted is the Leeuwenhorst definition from 1974: "The general practitioner is a licensed medical graduate who gives personal, primary and continuing care to individuals, families and a practice population irrespective of age, sex and illness. It is the synthesis of these functions which is unique." (PCDOM Net: 2004).

**Acute Care**

When an elderly person is in need of treatment for short-term or episodic illness, an acute care setting in a hospital is required. Generally, acute care is provided for a short period of time to treat an illness or condition, for example a fall experienced by the elderly. A visit to the hospital can incur short term hospital stays, surgery and x-rays. Acute illness is unambiguously the major driver of loss of self-care capacities and institutional placement in the elderly (McCallum et al.: 1995).

**Short-term Care**

To support informal care, there are respite care services which are short-term care options. Residential care is provided either at home or in residential care units. These programs allow caregivers to have free time while their loved ones are supervised. Some examples of respite services are:

- **Adult day care**: A supervised place where the elderly could stay for one to four days a week. Activities like games, crafts and exercise are available.
- **In-home Respite Care**: Workers or volunteers accompany the elderly one to two times of four hours in a week in the home.
- **Volunteer Based Services**: Most of the services are free and some services can include house care and food preparation or delivery.
- **Support Groups**: Consists of caregivers who monitor and support each other.
Long Term Care

In an aged care system in a developed country, older citizens are ensured a range of care and support. The two basic care periods are the long-term care and the short-term care. Long-term care is needed when the elderly are unable to perform their basic daily living needs for an extended period of time. It refers to a range of health and social services which are provided in the home, the community or in a residential care facility. It differs from primary care or traditional medical care. It can be expensive and the cost is dependent on the types of care needed, and closely tied to the period of time when it is required.

Long term care is defined as a continuum of medical and social services designed to support the needs of people living with chronic health problems that affect their ability to perform everyday activities. Therefore, services include traditional medical services, social services, and housing (McCall: 2001). The services comprise three care types namely: (a) informal care (b) community care, (c) institutional care and (Figure 3.8).

![Figure 3.8: Three Main Types of Long-term Care](http://www.ache.org/PUBS/1mccall.pdf)

Informal Care

Informal care is provided by an individual for an elderly friend or relative inside or outside the household. Informal care consists to a large extent of family care, with women providing the larger part of the assistance required.

Community Care

Community Care is for frail older people and people with disabilities living at home, and their carers. It is a state-funded program based on eligibility and ability to pay for services received. Essentially, when an elderly person is unable to perform certain activities of daily living, such as meal preparation, bathing or grooming, she/he qualifies for community care (Department of Elder Affair, Florida: 2003). Additional community based services include adult day health care, home health aides, counselling, home repairs, medical therapeutic care, home nursing and emergency alert responses.

Institutional Care

In addition to care itself, long-term institutional care entails full board - food, medication, hygiene, clothing and services promoting social well-being (Finland Ministry of Social Affairs and Health: 2003). Institutional care is provided at homes, in hospitals and in specialised care units on a short-term basis. Long-term institutional care, where available, is offered in hostels and various types of nursing homes. Residential care is high standard nursing and personal care for those who can no longer live independently in their own homes. Voluntary and religious bodies are also involved in the delivery of this service (Warner et al; 1998)). Recently, private participations which are profit oriented have contributed to the range of choices that the elderly could access. ‘In residential care, there is effectively only one model available; congregate care on an institutional model. It allows coordination and consistency at the cost of choice and flexibility’ (McCallum, John and Mundy, Greg; 2002). NGOs and private organisations also provide institutional care in old people’s homes and private hospitals.
3.4.3 Applicability

As to the applicability of this model to the current project, a review of the Care Model on Health suggests:

- The fundamental recognition in the decline of family’s role in the care of an elderly person as an inevitable process of development.
- Using the recognition as a basis, the development of comprehensive long-term care services, short-term care options, industry reform, introduction of legislation affecting elderly and the standardization of cost and quality are aspects of the model that have succeeded in instituting policy reform in care of the elderly.

3.5 THE WILLIAMS’ RING MODEL OF SERVICES

Service is arguably the most important concomitant of an ageing population and individual. Just as a hotel without service is only an empty space, an ageing community without services elicits social problems. So, it is essential for families and communities to prepare for the transition from independence to dependence on care services when a population ages.

The Williams’ Ring Model facilitates identification of service input into an area based on activities of the elderly of that area. As shown in Figure 3.9, it assumes that around a person there are three concentric rings of activity. The outer one represents sociability, the middle one domestic task, and the inner one personal task. It has been suggested that, based on health condition (poor, good, excellent), activities of the elderly (sociability, performance of domestic task, personal task), an input of required services (voluntary organization, NGOs, social services department, self-help groups, and the government) can be matched against the need of a person.

The complementary input of services for each ring could be drawn from voluntary organizations and self-help groups for the outer ring, social services department for the middle ring, and government infrastructure, social services department and voluntary organizations for the inner ring. Thus, decline in health or in the functional state of the elderly does not necessarily spell disaster.
for family carers. Instead, as shown by the Ring Model, both the elderly and family carers’ burden could be eased through the aid of appropriate services.

Figure 3.9: Williams’ Ring: A Model of Services for Elderly Persons

3.5.1 Features

The model identifies activities of the elderly, the social performance level and who are the service providers. It matches facilities with activities and providers. Therefore, it is especially useful in locating services at the local level. An important point of this model is in detecting the absence of input of services in which case other stakeholders in service provision could be brought into the picture. Clearly, this effective feature of service could either trigger or even influence responses from public and private providers.
The conceptual relationship between activities of the elderly, the corresponding social performance level and input of services is summarized in Table 3.2. Williams (1995) identifies three main groups of activities in which an older person would require most assistance; especially in undertaking activities of daily living (ADL). They are classified as sociability, domestic tasks and personal tasks.

- **Sociability**: how the person relates to the outside world in leisure and social activities (eg visiting friends, going to the cinema)
- **Domestic**: how the person keeps the household going (eg cooking, cleaning, laundering, attending to household repairs, keeping the house safe)
- **Personal**: how the person attends to personal needs (eg bathing, cutting toe nails, dressing, toileting).

In other words, attendant upon the leisurely pursuits and obligatory needs of the elderly (domestic and personal), these ADL’s essentially are indicators of the type of service required.

**Table 3.2: Conceptual Relationship between Activities and Input of Services in the Williams' Ring Model**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Social Performance Level</th>
<th>Input of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociability</td>
<td>Independent travel, outings, visiting pubs, long distance shopping, walking the dog, caring for property, collection pension, visiting friends, attending religious gatherings, theatres, concerts, holidays, playing bowls, part-time jobs, attending doctor’s surgery, pursuing hobbies, entertaining visitors.</td>
<td>Voluntary Organizations, Self-help Groups</td>
</tr>
<tr>
<td>Domestic Tasks</td>
<td>Housework, cleaning, household repairs, shopping, laundry, clothes care, gardening, care of pet, cleaning windows, washing up, cooking. Changing bed, managing finances, painting and decorating, housework.</td>
<td>Mainly Social Services Department, Voluntary Organizations</td>
</tr>
<tr>
<td>Personal Tasks</td>
<td>Feeding, drinking, dressing, undressing, toileting, washing, cutting nails, caring for hair, moving unaided, remaining continent.</td>
<td>Government, Social Services Department, Voluntary Organizations</td>
</tr>
</tbody>
</table>

Source: Summarized from Williams (1995: 67-74)
For each classification of activity, the social performance level warrants input of services from different providers. Input of services would at times overlap all three activities which mean that recipients of service have to choose one over another. Sometimes, service is not available.

Therefore, in order to establish the levels of intervention for provision of services, the Williams’ Ring Model offers a framework for identifying any deficit. For example, to undertake essential activities of daily living, when older people themselves are unable to officiate anymore, a host of relatives, friends, and neighbours is usually able to provide help. In their absence, other sources of help are needed. By matching the activity of the elderly and their performance, social planners are able to determine in what sector an elderly person needs help or assistance. Bearing the discussion in mind, intervention has to begin in at an early stage if social equilibrium is to be maintained.

3.5.2 Applicability

As to the applicability of this model to the current project, a review of the Williams’ Ring suggests the fundamental identification of activities of the elderly and the response of the service providers. The model matches facilities with activities and providers. It is especially useful in locating services at the local level.

3.6 THE HOUSING MODEL

Housing is an obvious need and an integral part of our solution to problems of how effectively to provide long term care in residential settings. The Housing Model in Figure 3.10 illustrates the concept of planning for housing of the elderly. In the model, it is acknowledged that reorganisation of an elderly person’s life takes place at the onset of a requirement to change lifestyle and living options. The changes are triggered by stimuli that are embodied in ‘supportive environmental, health and psychosocial services; economic and financial concerns; design and development issues; management issues; and community issues’ (Schwarz and Pastalan: 2001:xvii).
3.6.1 Features

The stimuli are drawn from Lawton’s Quality of Life Model (Figure 3.11). Hence, before proceeding to explain the stimuli, it is reasonable to provide a brief review of Lawton’s model. Jarascz et al (2003) explores central theme of the model to indicate a measure of the quality of life for an elderly person (Appendix 2). There are four sectors in the model, namely the objective environment, behavioural competence, psychological well-being and perceived quality of life (Jarascz et al.: 2003; Chaudhury: 2003). Two sectors, the objective environment and behavioural competence, can be evaluated by normative standards. Another two sectors, psychological well-being and perceived quality of life can be subjectively evaluated.
Environmental Stimuli

There are four stimuli in the Housing Model; environmental, health, financial, and family. Environmental stimuli are associated with aspects of daily living that encourage a reorganisation of residence. According to Lawton’s objective environment, the factors bringing about the decision to change residence or accommodation are either positive or negative. For instance, when most elderly people are free from their responsibility as parents, otherwise known as the empty-nest syndrome, a change in lifestyle can take place. The physical environment where the elderly person currently resides can induce relocation, and existing house conditions can encourage change in residence.
Health Stimuli

Health stimuli are associated with Lawton’s behavioural competence and psychological well-being. Whether positive or negative, health, functional health and cognition influence changes in lifestyle and living options. Likewise, when declining health prevails, the maintenance of a home increases the likelihood of a change in accommodation (Figure 3.12).

![Figure 3.12: Health Stimuli](Source: Author)

Financial Stimuli

The economic situation of the elderly is a dominant factor that governs their well-being. A positive economic situation in which an elderly person is financially independent could also trigger changes as they seek new lifestyle befitting their economic circumstances. Likewise, adverse financial conditions create dependency in the elderly, therefore necessitating lifestyle changes and, at times, location changes too (Figure 3.13).
Family Stimuli

Family stimuli look into the quality of social interaction with family, friends and neighbours, and satisfaction with housing and personal security (Figure 3.14).

Figure 3.13: Financial Stimuli
Source: Author

Figure 3.14: Family Stimuli
Source: Author
Public and Private Responses

The housing model shows that housing-accommodation is consistent with the varied dimensions of living options and relates to different types of care. The inclusion of housing as part of the trajectory of care is particularly important when looking at the aspect of security and the responses stemming from the public and private sectors. The public response looks inwardly into domestic living arrangements and the private response looks at the best premise to tackle failing living arrangements and create a single environment of care and housing choices. Indeed living options should take stock of the elderly living arrangements, for within its make-up, housing decisions are made and living options are decided.

Living Arrangements

The question on where an elderly person lives, in what type of house, and with whom he/she lives is dependent on the living arrangement that he/she had throughout his or her whole life. A general view that the elderly in a developed country prefer to live independently has much to do with an urban lifestyle.

To explain this point, a typical chronology of events from birth to death of a person is depicted. From birth through schooling years in high school, a person is dependent on parents, spiritually, financially, emotionally. Normally around 18 years or earlier, youths begin to leave the family home in pursuit of tertiary education. The tertiary education fee is covered by study loans, while for board and lodging, income from part-time employment goes a long way. The inter-generational relationship is still maintained.

At around 23 when offspring enter the work-force, dislocation from parents tends to widen as children take up employment in other cities or other urban areas. When he/she marries around 29 years of age and starts his or her own family, his or her contact with parents is maintained but the physical separation makes it harder to stay together under one roof. By the age of 40, his or her ability to care for parents is limited to visitations, emotional attachment, and
some form of financial transfer. However, support is eminently strong. By the time he/she retires, he/she would have lived an almost similar path to the one his parents had undertaken.

The chronology construct of a life-path shows how the ‘dimension of life-long individual development’ influences the experience of old age (Wolcott: 1999). The dimensions on living arrangements invariably relate to the new and changing family structure which eventually dictates a demand for housing options.

Living Options

In the discourse on elderly persons’ housing, it has been known that the house is where care is located. Consistent with the dimensions of living arrangements, living options habitually relate to the types of care available. There is a variety of elderly living options, each type evolving into communities which are unique and have advantages and disadvantages depending on the needs of an individual. There are eleven broad categories of living options widely available in developed countries, each catering to the different levels of health, care requirements, and most specifically lifestyle:

- Community housing or social housing
- Shared housing
- Public rental housing which is also a social housing
- Private rental housing
- Retiring or ageing in place
- Nursing homes and hostels
- Public and private hospitals
- Hostels and other supported accommodation
- Retirement villages and purpose built accommodation
- Boarding houses, rooming houses and private hotels
- Transportable homes.
As mentioned earlier, each of the living options is associated with certain types of care. Essentially, there are three basic types of care: namely, home and community care, residential/institutional care and informal care. They are delivered in specific environments and as shown in Table 3.3, the types of care are identifiable with living options and, hence, housing options.

For example, if an elderly person resumes life in community housing or social housing, shared housing, public rental housing which is also a social housing, and private rental housing, he/she would typically access home and community care. Those retiring or ageing in place, living in nursing homes and hostels, staying in public and private hospitals, and living in hostels and other supported accommodation generally are recipients of residential care. The elderly who choose to live in retirement villages or purpose-built accommodation, and boarding houses, rooming houses and private hotels would normally benefit from home and community care and residential care. Those elderly living in transportable homes are recipients of informal care.

*Housing Choices*

The model suggests that, in each care system, consistent with the dimensions of the living arrangement, housing choices habitually relate to living options or the lifestyle one is pursuing. Flexibility in the implementation of each living option is the key to the provision of housing choices (Table 3.3).

### 3.6.2 Applicability

As to the applicability of this model, a review suggests:

- The fundamental utilization of preferred living options as a means to provide a range of housing choices.
- A diverse range of providers/players in the supply of living options, collaborative inter-agency process, and partnership approach in service provision.
- Adaptability for an urban and rural environment.
Table 3.3: Types of Care, Preferred Living Options and Housing Options

<table>
<thead>
<tr>
<th>Preferred Living Options</th>
<th>Types of Care</th>
<th>Housing Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Housing (Social Housing) Shared Housing Public Rental Housing (Social Housing) Private Rental Housing</td>
<td>Home and Community Care</td>
<td>Rooming houses Boarding houses Housing co-operatives Group houses Supported accommodation Communal living for 7 to 10 people and a housekeeper Units Bedsitters Flats Apartments</td>
</tr>
<tr>
<td>Retiring in Place Nursing Homes and Hostels Public and Private Hospitals Hostels and Other Supported Accommodation</td>
<td>Residential Care</td>
<td>Own home Public or private hospitals Hospices Hostels</td>
</tr>
<tr>
<td>Retirement Villages / Purpose Built Accommodation Boarding Houses, Rooming Houses and Private Hotels</td>
<td>Home and Community Care, and Residential Care</td>
<td>Independent living units Serviced apartment Hostel accommodation Nursing homes</td>
</tr>
<tr>
<td>Transportable Homes</td>
<td>Informal Care</td>
<td>Relocatable homes Motor homes Caravans</td>
</tr>
</tbody>
</table>


3.7 PROJECT WAYPOINT

As stated earlier, no single model is sufficient to deal effectively with the issues of the well-being of the elderly. Although it has often been argued that income of the elderly affects welfare outcomes, as a domino, it also affects access to health, services, and housing conditions. The discussion has shown that it takes five models of income, social welfare, health, services and housing to contribute to a comprehensive plan.

In particular, some aspects of the current models which could be applied to a new derivative model are:
• The Three-Pillar Retirement Income Model: All retirees are guaranteed an income when they turn 65 for males and 61.5 for females.

• In the Social-Welfare Model, the aspect of minimising poverty in old age by disbursing financial aid on a need-based assessment is a good safety-net.

• The Care Model of Health: Recognising the decline of the family’s role in care for the elderly as an inevitable process of development is the basis to provide institutional care when needed. A care package includes comprehensive long term services and short-term options either at home or in residential care. Regulation of the care sector occurs through the introduction of industry reform and legislation affecting the elderly.

• The Housing Model: Collaborative inter-agency and partnership in service provision with providers or players in the supply of living options would increase the housing stock for the elderly. Choices in living options are expanded. Ageing-in-place where the sense of ‘neighbourhood’ and links to existing lifestyle and family are maintained and enhanced is the preferred choice under highly diverse cultural background, and retirement villages are another choice.

• The Williams’ Ring Model: Identification of activities and service providers and matching facilities with activity helps to fill-in the gaps in service provision at local level.

From this account, a preferred model should behave in an integrated way to produce effective results. In order to achieve this outcome, there is a need to build a new model. Before undertaking such a major task, it is more economical to assemble worldwide insights to better understand the established conditions under which the models have operated. It is now appropriate to examine in some detail, in Chapter 4, the progress that has been made on well-being issues in developing countries and how it compares with the developed countries.
This method of social security saving is innovative for two main reasons. First, it introduces the concept of pre-funding. Pre-funding is a way for countries to avoid making unaffordable promises to workers (i.e. requiring contributions to a retirement fund that will likely be depleted by the time they are eligible to use it). When countries are faced with pension payment obligations that they cannot finance, it becomes necessary for them to increase payroll taxes. Pre-funding avoids intergenerational income transfers and help to build long term saving behavior. In many nations, the increased domestic savings that results from the mandatory individual accounts leads directly to higher domestic investment which in turn is a source of economic growth.

The second innovation is the concept of defined contribution instead of defined benefit. Defined contribution means that the size of the pension that and individual receives is directly related to the amount of money that he or she saved. In defined benefit systems, retirees receive set benefits that do not correlate to the amount they contributed. The result of this method is often evasion. In fact, "evasion is a big problem in many countries. Evasion can run up to 50 percent of the labor force. But the smaller the tax element, and the closer the link between benefits and contributions, the smaller the incentive for evasion" (James, 1998). Additionally, defined contribution discourages early retirement, and, as life expectancies increase, the retirement age is automatically adjusted upward. Estelle James, Lead Economist in the Policy Research Department at the World Bank explained this at a Heritage Foundation Lecture held April 9, 1998 (Hutchinson: 1999).

The major difference between defined benefit and defined contribution is individual ownership and control. In a defined benefit scheme, pensioners are reliant on the insurer to make good on the promises made for pension levels. In a defined contribution plan, the contributions and the return on those assets are real and are owned in every sense of the word by the contributor. (Hardin: 2001)

The Australian Social Security System is funded from general federal revenue primarily through an individual income tax, a company income tax, and a wholesale sales tax. Age pension payments are not related to earnings instead, the payments are a flat amount equal to approximately 25 percent of the average earnings for male workers. Married couples receive a flat rate benefit equal to approximately 40 percent of the average wage (Mitchell and O'Quinn: 1997).

According to the Insurance and Superannuation Commission Bulletin, there are 137,808 superannuation funds in Australia in 1997 (Mitchell and O'Quinn: 1997). By 1999, the number of superannuation funds increased to 203,272 (Bateman and Piggott: 2000).
CHAPTER 4:
KEY INSIGHTS FROM OTHER SOCIETIES

As shown in Figure 1.1, an answer to the research question presupposes three key elements: that is, Proportions, Conditions and Repositioning. Having now reviewed conceptual models of well-being, the first part of 'Repositioning' element requires us to seek insights from different societies to gauge conditions under which the models operate. Therefore, in this chapter, a review is mounted of policy and program responses in the developed and developing countries in the provision of health care, social welfare, income, housing and services, to provide an account of the progress made in addressing well-being issues in ageing and the policies for solving them.

Planning for well-being in the developed countries of Singapore, Japan and Australia is examined alongside that in the developing countries of Malaysia, Thailand, and Indonesia. Generally, welfare is provided under universally accepted goals to offer care and protection, to elicit attitudinal change, to enhance the potential and capability of families and community, and to create a caring society. Beneficiaries of well-being comprise children, youths, women, the elderly, community and volunteer welfare groups.

Singapore is selected since it is the closest country to Malaysia, just 0.75 km. across the causeway. While the 2002 GDP per capita in Singapore was US$24,040, Malaysia’s US$9120 (UN: 2004). Singapore is ageing faster than Malaysia. At present, 10 percent of the population is 60 years and over compared with six percent in Malaysia. Both Malaysia and Singapore are ethnically diverse, providing a similar backdrop to compare how Singapore has managed its ageing situation. Japan and Australia are other developed countries. Japan’s GDP per capita was US$26,940 and Australia was
US$28,260 in 2002 (UN: 2004). The total percentage of elderly population in 1999 in Japan was 23 percent while it was 16 percent Australia (UN: 1999). Both countries have been recognized for initiatives in various aspects of planning for the elderly.

Thailand shares a common boundary with Malaysia in the north. Indonesia shares a common boundary with Malaysia in the east on the island of Borneo. According to the UN’s Human Development Index 2004, together with Malaysia, both countries have a medium level of human development. Thailand’s GDP per capita is US$7,010 and Indonesia is US$3,230. Both countries’ are relatively young. The percentage of elderly population is eight percent for Thailand and seven percent for Indonesia.

Therefore, a comparison of policies can fill important gaps in knowledge about how other countries deal with similar situations on ageing, about the backgrounds and effects of alternative strategies for solving common problems, or avoiding their emergence in the first place. Undoubtedly what is good for one country was the result of conditions specific to that country alone. Dierkes et al. (1987), in fact, reiterates how useful it is ‘to develop concepts and generalizations at a level between what is true of all societies and what is true of one society at one point in time and space’ (Bendix as quoted in Dierkes et al; 1987).

In this chapter, four tasks are involved: a review of concepts of welfare, two more of policies and trends in responses, and an account of lessons learnt. The first section looks into differences in concepts of welfare in developed and developing countries. The second examines typical social welfare policies in the selected countries. The third identifies trends in policy responses, their similarities and differences. This exposition pinpoints gaps, sectors that need intervention and sectors that are critical to the general welfare of the elderly in developing countries. In order to note effective policies and programs, innovations from developed countries are highlighted. The comparison conducted in this chapter represents a controlled analysis across the different
variables affecting old age. Finally, key lessons from the analysis pertinent to the development of a model for the elderly conclude the chapter.

4.1 CONCEPTS OF WELFARE

As argued in Chapter 1, a discussion on ‘social welfare’ is inadequate without first examining the concept of welfare. The most outstanding work on welfare was from Esping-Andersen who identifies three clusters of the concept: namely, liberal, conservative and social democratic. According to Holliday (2000), Esping-Andersen’s concept of welfare was, however, Euro-centric. Within the OECD, Esping-Andersen sees welfare as liberal in the UK, conservative in Germany and Italy, and social-democratic in the Nordic countries (Gough: 2000).

Holliday added another dimension to the concept of welfare, known as productivist welfare, which is found to align more to the Asian system in which ‘social policy is strictly subordinate to the overriding policy objective of economic growth’ (Holliday: 2000). Therefore there is potential to address social issues objectively, aside from economic growth. As Chan (2001) puts it, the productivist welfare espoused by Holliday is broadly divided into three clusters or categories: ‘facilitative’, ‘developmental-universalist’ and ‘developmental-particularist’. The clusters are more Asian-centric, representing the typical environment of countries that are modernizing but not necessarily westernizing.

The first category, ‘facilitative’ welfare, occurs when ‘the state only plays a facilitative and regulatory role’ (Chan, 2001). Hong Kong is mainly a facilitative state wherein the ‘market and families perform key welfare functions, state interventions in housing, education and health embedded in a private sector system.

The next category is the ‘developmental-universalist’ welfare, which emphasises the principle of universalism in provision. Japan, South Korea and Taiwan represent this category, wherein ‘the major elements of the welfare regime remain a series of compulsory health insurance and national pension
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

schemes covering the entire population’ (Chan 2001). Therefore, the state plays a largely regulatory role.

The other category is the ‘developmental-particularist’ welfare ‘in which the state directs individual welfare provision, with minimal rights and forced individual provisions’ (Chan: 2001). Consistent with Holliday (2000), Singapore falls in this category in which a system of forced saving is imposed on employees and employers to contribute into the provident fund. However, quoting Goodman et al (1997) in Holliday (2000), the system grants no entitlement or access to benefit to those outside it. The welfare system is extraordinary in the sense that the state is dominant and there are restrictive social dimensions.

4.1.1 Common Strategies in Planning

To recapitulate from Chapter 1, welfare refers to money paid by a government to persons who are in need of financial assistance; social welfare is the provision of a wide range of social services by the state that benefit individual citizens; while well-being is a contented state of being happy, healthy and prosperous (Wikipedia: 2004, Webster Dictionary: 2004). Whether they constitute welfare or social welfare, both forms of assistance contribute to well-being, economically or politically speaking.

Comprehensive planning at the national level provides broad guidelines within which modes of behaviour and operations at the local level abide. It is a common strategy among nations to adopt consultative approaches at certain levels of policy formulation to generate a co-operative atmosphere. As policy is basically a set of procedures designed to guide behaviour, the outcome is client-oriented even though the initiative is management-driven.

Policy makers are confronted with increasing demands on national budgets brought about by four basic tenets affecting the elderly: (a) income security, (b) social welfare and care, (c) health, and (d) housing and environment. The
common strategies among the selected nations in response to the situation are as follows:

▪ Reformation of state-regulated welfare and health is currently being undertaken in Malaysia, Thailand and Indonesia. There is a gradual shift of care provision or payment into the private sector. Governments are optimistic about achieving this goal by privatisation, the promotion of personal responsibility and avoiding over-reliance on state welfare.

▪ Local governments are accorded autonomy to plan and implement programs for the elderly in response to the shift in care paradigms and ongoing division of responsibilities from national to sub-national governments. An upshot of decentralisation is clearly the creation of local variations in policy responses that reduce the distance of decision-making from the elderly. The flexibility accorded this form of arrangement introduces the risk of variations in the quality of public services, and reduces portability across boundaries.

▪ To minimise irregularities and reduce duplication, Brink (1992) argued that governments have generally incorporated simple and efficient administrative efforts to streamline contributions from the public, private and non-profit sectors.

4.1.2 Typology of Social Welfare

A holistic approach to delivering social welfare policies, taking into account societal, economic, and cultural change, permits a typology of Asian style welfare to be constructed. It characterizes current implementation strategies of welfare services in those countries. Noteworthy is the continuity of policies despite variations in implementation due to different complementary roles of lower levels of government, private, non-profit and voluntary organizations in each country.

The national government assumes a pivotal role in the social welfare of the elderly. It is responsible for the success of policies formulated at the national level. Therefore consultative approaches to generate participation, steering the course of actions and monitoring results are facilitated. Fundamental to the
success are the jointly shared inputs from participating agents. The national government and the participating agent share a relationship that varies with the goals being shared and autonomy of action accorded to participating agents. Voluntary organizations, normally one of the active participating agents, play a complementary role at different levels to different sectors of the population. The combination between the national government and participating agents helps to enlarge the coverage of welfare services for the elderly. Table 4.1 shows a schematic representation for social welfare and the delivery agents involved.

Table 4.1: Schematic Typology of Social Welfare Strategies

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Delivery agents</th>
<th>Goal sharing</th>
<th>Level of Autonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Action</td>
<td>Local government, private, non-profit, volunteer sectors</td>
<td>Limited</td>
<td>Low</td>
</tr>
<tr>
<td>Delegation</td>
<td>Local government, private, non-profit, volunteer sectors</td>
<td>Negotiated</td>
<td>High</td>
</tr>
<tr>
<td>Co-ordination</td>
<td>Local government, private, non-profit, volunteer sectors</td>
<td>Limited</td>
<td>Low</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Local government, private, non-profit, volunteer sectors</td>
<td>Shared</td>
<td>Low</td>
</tr>
<tr>
<td>Partnership</td>
<td>Local government, private, non-profit sectors</td>
<td>Negotiated</td>
<td>Shared</td>
</tr>
</tbody>
</table>

Source: Tinker (1992)

4.2 SOCIAL WELFARE POLICIES

Access to social welfare policies is usually based on needs. In this research, typical social welfare policies are summarised for the selected country and discussed under four types of programs:

- Policy directives on ageing.
- Social security (including pensions or other financial aid, tax relief to those with low incomes or inability to meet basic living costs, superannuation and other savings programs, and social insurance programs which are employment-related systems are often income-based and used to pay for the social welfare service being provided.)
Social welfare programs including money paid from a government to persons who are in need of financial assistance, but, who are unable to work.


4.2.1 Japan

The General Principles concerning policies for the Ageing Society were developed under the Fundamental Law on Policies for the Ageing Society enacted in 1995. They are as follows:

- A fair and vigorous society where citizens are guaranteed opportunities to take part in employment and other diverse social activities
- A society where citizens are respected as important members, and where regional society is formed based on the spirit of independence and association
- Building an affluent society where citizens can lead healthy and full lives

Policy Directive on Ageing

- Living Environment: A barrier-free society is the main aim. Towns are constructed as ‘welfare-focused' and include public facilities, spaces and shopping malls surrounding housing areas, enhanced by good transportation links. Older persons and physically handicapped persons live together with the community in such a town.
- Learning: Free lifelong learning opportunities are offered to the elderly and can be accessed after the age of 65.
- Social Participation: Volunteering involvement is supported through the implementation of the Silver Volunteer Activities Consultation Program. Senior Overseas Volunteering is also promoted among seniors with rich resources of experience, knowledge and technology to lend their services to developing countries around the world.
Social Security Policy

The Ministry of Labour promotes continuous employment up to the age of 65 years. Older persons are assisted to set up their own businesses. Stable management of the public pension system guarantees income to older persons. Policies are also in place to support self-help efforts of individuals, and the management of property and asset formation. The elderly who have been previously employed are normally covered by social insurance systems, including health insurance, employee pension insurance, employment insurance, and workers' accident compensation insurance.

Retirement Benefit System

The pension system covers nearly the entire population of the country. Employees receive two types of retirement benefits upon retirement: one-time severance payments and company pensions (Usuki: 2003). On average, an elderly person in Japan receives approximately 220,000 yen per month ($1,880) compared with the $600 per month of an American retiree (Ibe: 2000). Pension financing is through the “funding method,” in which money invested will be returned in the future, and the “pay-as-you-go method,” which is an intergenerational assistance system (Ibe: 2000).

The Defined Contribution Plan Law of 2001 and the Defined Benefit Corporate Pension Plan Law introduced in 2002 provide additional options for retirement benefit plans (Usuki: 2003). They were among the measures introduced by the government resulting from a serious concern over the future financing of the pension system. Once the elderly began receiving pensions at 60, but now, pension benefits can be accessed at 65.

Medical Security System

A universal medical care insurance system to which all citizens subscribe provides low-cost care for the elderly. There are two types of medical insurance: the National Health Insurance (which covers the self-employed, farmers and the
unemployed), and the Employees' health insurance. Employees' health insurance includes the health insurance society (subscribed by the employees of large companies) and government-managed health insurance (comprising employees of small to medium size companies).

Apart from medical care, older persons are eligible to geriatric care. The Gold Plan and the Public Long-term Care Insurance System which was introduced in 2000 address long-term care services of the entire elderly and disabled persons (Ibe: 2000). Depending on an assessment of eligibility of household income and health condition, specific levels of care are given. The range of treatment available through the insurance is shown in Figure 4.1.

![Figure 4.1: Range of Treatment Available through Health Insurance](http://www.jpma.or.jp/12english/guide_industry/healthcare/healthcare.html)

### Social Welfare Programs

Health, medical care and welfare services are promoted under a Ten-Year Strategy or the “New Golden Plan’ and the implementation of the ‘Long Term...
Care Insurance’. The New Golden Plan expects to secure 178,500 home-
helpers for in-home services, 17,150 locations for day service (one day care) 
and day care centres (one day rehabilitation), and nursing homes for 300,000 
persons. The Long Term Care Insurance covers health, medical care and 
welfare pre-selected by participants. Municipalities serve as the administrative 
nucleus of the Long Term Care Insurance System with budget assistance from 
the government.

**Challenges of the Social Security Policy**

As the number of the elderly increases, Japan promotes study and research 
into gerontology and lifelong medical care. Among the areas of research that 
have been given priority is the development of evaluation standards and 
techniques for welfare instruments, study of the distribution system for welfare 
instruments, the development of medical care and welfare equipment for older 
persons (JILC: 1999).

**4.2.2 Singapore**

Singapore's approach in addressing issues of the ageing society is based on 
the three broad principles of social integration, caring for the aged as a 
collective responsibility, and sustainable policy. Policies regarding social 
integration and care of older Singaporeans are to enable them to remain with 
their families and in the community for as long as possible. In fact, Chan (2002) 
reiterated in his speech at the World Assembly on Ageing 2002 that caring for 
the aged is a collective responsibility.

The role of the State is to set out the policy framework, provide the 
infrastructure and resources necessary for the other sectors to play their part 
(Chan: 2002). Institutionalization is the last resort.

Another policy is to encourage charities and other voluntary organizations to run 
the care institutions. So successful was the policy that more destitute 
individuals prefer privately-run homes for the aged to government-run old
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

Table 4.2 shows that out of the 4,800 persons in aged homes in 1996, approximately 3,600 lived in private care facilities. Admission into private homes is increasing.

Table 4.2: Residents in Welfare Homes for the Aged (1990 to 1996)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Government old folks home</td>
<td>794</td>
<td>763</td>
<td>720</td>
<td>587</td>
</tr>
<tr>
<td>Sheltered housing and community homes</td>
<td>na</td>
<td>na</td>
<td>442</td>
<td>529</td>
</tr>
<tr>
<td>Voluntary nursing homes</td>
<td>2,074</td>
<td>2,147</td>
<td>1,905</td>
<td>2,398</td>
</tr>
<tr>
<td>Commercial nursing homes</td>
<td>996</td>
<td>938</td>
<td>1,129</td>
<td>1,286</td>
</tr>
<tr>
<td>Total</td>
<td>3,864</td>
<td>3,848</td>
<td>4,196</td>
<td>4,800</td>
</tr>
</tbody>
</table>

a. Figures include only those aged 60 years and over.
b. Data prior to 1993 include certain sheltered housing and community homes figures.
n.a. Not available.

Policy Directives on Ageing

- The 'Many Helping Hands' Approach: the role of the family and the community is to provide the first and second line of assistance for those who need care and support.
- Ageing-in-place: Singapore is a city state where a vast majority of the population lives in high-rise public housing. As the population ages, the high-rise buildings are retrofitted with elder-friendly features such as non-slip tiles and grab bars. Community based support services and elder-friendly public infrastructure are being developed to facilitate living in these high density area.
- Housing options: a Studio Apartment Scheme is developed in every residential unit (Chan: 2002). These purpose-built apartments for older people are more manageable in size. Therefore, the elderly can sell their bigger homes in preference for these apartments, at the same time strengthening their financial security. Specialized housing schemes are built to encourage married couples to stay with or near their parents and/or
grandparents (Ministry of National Development: 2003). The incentive is the lower deposit an applicant has to commit and having the added advantage of being given priority in the selection of an apartment.

- Income tax relief: provided for married couples who support and live with their parents or grandparents.

**Social Security Policy**

The main component of Singapore’s social security system is the Central Provident Fund (CPF), a mandatory, publicly managed, defined contribution system based on individual accounts (Asher et al.: 2000). There is also a stringent, means-tested, public assistance scheme to provide benefits lower than the minimum subsistence level of income.

**Retirement Benefit System**

Two other pension systems operate in Singapore. The first is a non-contributory scheme for government employees. The pensionable employees may choose a monthly pension until death, a lump sum payment, or a combination of the two. The system is based on a non-contributory, unfunded principle and functions on a “pay-as-you-go” basis. This approach is in sharp contrast to that of the CPF scheme for the rest of the population.

The second pension scheme is the provident fund scheme called the Savings and Employees Scheme (“Saver Scheme”). Certain categories of armed forces personnel benefit and continue to enjoy post-retirement medical benefits after retirement. This scheme is more generous than the CPF, benefits being equivalent to 10-12 percent (20 percent for super scale officers) of an employee’s gross monthly income.

**Medical Security System**

The existing structures for financing health care in Singapore are through medical saving accounts (Medisave), catastrophic insurance (Medishield), and
back-up social transfers (Medifund) (Khan: 2001). These schemes are designed primarily for acute hospital care health financing schemes to ensure that Singaporeans can pay for their medical expenses. They are a combination of personal savings, insurance schemes and a safety net for the low income. An endowment fund has been set-up to subsidize Nursing Home Care, community-based Day Rehabilitation and Home Medical Services.

**Social Welfare Programs**

Continuing from the three approaches in addressing ageing issues in the republic, the policy on social security and welfare for the elderly reflects the commitment of the state to providing conditions for full employment and low inflation. Khan (2001) interprets Singapore’s social security and welfare of the elderly as an individual undertaking with the state intervening at certain levels.

**Challenges of the Social Security Policy**

Policymakers essentially regard the welfare of elderly persons as a private concern for families, the community and the employer (Phillips: 1999). With current trends in the erosion of the informal system of care given by families and communities, more elderly persons are seeking help from the government. They are leading independent lives and therefore will not stay with their children.

Demand for health care is expected to increase substantially as individual and population ageing mimics health problems of industrialized countries. It is expected that chronic non-communicable diseases such as cancer and cardiovascular diseases will increase, thus increasing demands on the health system.

Singapore has one of the fastest ageing populations in the world. The social security system thus should be able to enhance financial adequacy and sustainability in the face of rapid social change.
4.2.3 Thailand

The Second National Long-term Plan for Older Persons (2001) recognizes the role played by older citizens in society. The elderly are valuable assets who continually contribute to family income, and a valuable resource in child-caring. Presently, the preparation of every individual is the main agenda to achieve a sustainable quality of life of all the elderly of the future.

Policy Directives on Ageing

The Department for Social Welfare is the principal organization responsible for the welfare of the elderly.

- Community involvement: communities provide recreation and health promotion.
- Health: free health services.
- Travel concessions: the Royal Thai Railway Authority provides 50 percent concession.
- Training programs: family members and care givers are provided training at various organizations (Jitapunkul et al.: 2002).

Social Security Policy

Thailand's social security system can be roughly divided into two areas: social welfare and social insurance. The social welfare system consists of welfare services targeted at the poor, people with disabilities, children, the elderly, women, minority mountainous tribes and others. The social insurance system enacted in 1990 through the Social Security Act benefits private-sector employees. There is voluntary coverage for the self-employed and special programs for civil servants and private-school teachers (SSPTW: 2004). In addition, public service employees, employees of national enterprises and military personnel benefit through the medical security and pension schemes which are non-contributory systems.


Retirement Benefit System

The old age income support system in Thailand consists of several components:

- the social security scheme for private sector workers,
- the Government Pension Fund for public sector workers, and
- provident funds for state agencies and certain types of private companies (Sin et al.: 2000, HWWA: 2003)

The old age pension system intends to guarantee a replacement rate of 15 percent after 15 years of contribution. Financing comes from equal contributions by employers and employees starting at one percent of the employee's wages (not exceeding 15,000 baht/month). The Government contributes a fixed one percent for all years (Sin et al.: 2000). The contribution rates have been temporarily reduced in response to economic recession. Before, the contribution rate was three percent (SSPTW: 2002). If the insured person has paid contributions for over 180 months, the rate of the average wage will increase by one percent for each 12-month of contribution. When the insured person has more than 12 months but less than 180 months of contributions, a combined refund, consisting of the employer’s and employee’s contributions plus interest, is paid. A refund of the employee’s contribution is paid in a lump sum if the insured person has fewer than 12 months of contributions (ISSA: 2002). However, a large portion of the labour force in the informal sector evades pension contributions. They are the sector of the population who would be subject to income risk in old age and would not be able to benefit from this system.

Medical Security System

The medical service system is designed to ensure the welfare of elderly, children, and the disabled. It covers expenses for consultation, treatment, inpatient nursing care, drugs and transportation, sickness/injury and disability allowances, and funeral expenses.
Social Welfare Programs

The elderly poor are entitled to public assistance under Thailand’s welfare system. Twenty homes which can accommodate more than 2600 residents have been established for shelter of the elderly poor, the elderly with no relatives, and those who are homeless amongst them. Another eighteen social service centres provide assistance to 430,000 older persons have been constructed to offer temporary care, protection and support for older persons (ACHR: 2004, MHLW: 1998). The Family Promotion Fund provides 300 bahts per person monthly for living expenses of the poor elderly aged 60 and over (Jitapunkul et al.: 2002).

Challenges of the Social Security Policy

Presently, families and communities continue to fulfil many welfare-related functions concerning the elderly. They are the safety-net that has remained steadfastly intact even with a changing environment. Together with the government’s old-age pension insurance scheme, this first formal public retirement protection system better prepares the elderly. However, as Sin et al. (2001) pointed out, the scheme lacks the poverty alleviation component necessary in a public system to assist the lifetime poor, and it does not firmly address the widening income gap between rich and poor, or between urban and rural populations. Therefore, in order to provide care for the elderly in the future, the informal care system needs to be strengthened. Already as it is, the demographic structure of Thailand is one of ageing, and this would impact on informal care as carers, too, are ageing in turn.

4.2.4 Indonesia

Policies on senior citizens are divided into two categories:

- Commitments or initiatives which are spelled out in laws and regulations
- Operational measures pursued to manage problems encountered by the elderly.
The policies are implemented at two levels, that is, central or national government and regional or local administrations. Policies of the central government are commitments and initiatives on allocation of financial assistance to be disbursed to regional administrations. Regional policies generally concern the operational aspects of assistance (Wirakartakusumah: 1994). At the same time, the management of senior citizen issues are sectoral and implemented independently by the Ministry of Social Affairs, the Ministry of Health and the Ministry of Manpower.

**Policy Directives on Ageing**

The Welfare of the Elderly Persons (Law No. 13/1998) and the National Commission on Ageing have been established by Presidential Decree No. 52/2004 to address the issue of elderly persons. The most outstanding axiom is that the ‘community has the right and opportunity to play a role in improving the welfare of the elderly’ (Kim and Raharja: 2002).

- Participation: interventions initiated by women are encouraged.
- Funding: the communities manage and fund programs on the basis of community solidarity and voluntary participation (Kim and Raharja: 2002)
- Community in Social Development: encourage the involvement of NGOs and social organizations in activities for the elderly.
- Home-care: allowing the elderly to remain in their own homes and communities while receiving a range of support services. Home-care is cost-effective, and can thus cover more of the elderly. It is elder-friendly since the services are developed by and for the community (Setiabudi: 2003, 2004).

**Social Security Policy**

A national social security law was only recently adopted in September 2004 (Jenie: 2004). Indonesia’s current social security is provided by the provident fund and social insurance system. The Employees’ Social Security System (Jamsostek – Jaminan Sosial Tenaga Kerja) manages and administers the program. Coverage includes work accident, old-age support, health care and
death benefits. Civil servants and military personnel are covered under programs run by state-owned enterprises. Self-employed and informal sector workers are excluded under the current social security system of Indonesia.

*Retirement Benefit System*

The Provident Fund for the private sector was instituted in 1977 (ASTEK – Asuransi Sosial Tenaga Kerja) and the latest 1992 provision is managed by the Minister of Manpower. At the mandatory retirement age of 55, a lump sum payment which equals to total employee and employer contributions plus accrued interest is paid out members (ISSA: 2003). A periodic pension is optional for fund members holding more than Rp 50 million in their provident fund account.

Civil servants are covered by Tabungan dan Asuransi Pegawai Negeri (TASPEN), an income maintenance scheme, or The Government Civilian Employees’ Saving and Insurance Scheme, and pension (Asher: 2000). The Armed Forces Social Insurance Plan (ASABRI) which was set up in 1971 covers military personnel.

*Medical Security System*

Fund members are eligible for medical treatment, hospital care, and other specified medical benefit.

*Social Welfare Programs*

The objectives of social welfare measures for the elderly are to promote self-reliance and participation in community development. Social care (meals, recreation/sport, and spiritual guidance) and health care (health monitoring, health education, and health services) are the main components of welfare.

The Department of Social Affairs is the main body that coordinates the social welfare of elderly persons. The main concern of welfare is the elderly poor, thereby encouraging the setting-up of 233 Social Service Institutions for 11,120
elderly persons and the construction of two central government-run institutions with 182 elderly recipients (Budhi Dharma Bekasi and West Java, 82 persons; Gau Mabaji Gowa and South Sulawesi, 100 persons). In addition, more than 400 social organizations have registered under the Elderly Institute or ‘Lembaga Lansia Indonesia’ (Raharjo and Do-Le: 2001).

Challenges of the Social Security Policy

Programs regarding social security, health and welfare provisions remain inadequate. For example, existing social security schemes benefit those persons with regular jobs and income and are thus limited to government officials, the military and employees in the formal sector. Self-employed persons are left out (Raharjo and Hadianto: 2001). The most vulnerable elderly are excluded. Although many programs are designed to reach the elderly community as a whole, the good intentions lack coordination as each provider of service works in isolation. Lack of funds and resources further limits the capacity to manage programs effectively.

4.2.5 Malaysia

Policy for older persons in Malaysia is embodied in The National Policy for the Older Citizen (NPOC) of 1995. It aims to develop a society of older people who are healthy, treated with dignity, and possess high social esteem. The objectives are in line with the United Nation’s International Year of Older Persons’ agreement of 1999:

- To recognize and elevate the status of older people in the family, society and the nation,
- To develop the potential of older people so that they will continue actively and productively to contribute towards the development of the nation, and to facilitate opportunities for them to continue leading their life independently, and
- To encourage the development of suitable infrastructure to care for, and shelter, older people to ensure they lead a comfortable life.

(JKM: 1999)
The National Plan of Action, outlining the strategies and programs for implementation, was prepared in 1999 (Appendix 1). However, it has been criticized as a compilation of existing programs run by various government agencies that are thought to be relevant to older adults (Mazanah and Mazalan: 2002). The plan was not an integrated one and lacks clear direction and content to serve as an overarching guide for stakeholders involved with older persons.

Policy Directives on Ageing

The content of welfare services is gradually improving but there is lack of integration which is obvious from the way in which each directive originates. Sporadic policy directives on ageing and elderly persons have emerged from various committees which implement programs or strategies of the Action Plan for the Elderly.

- **Health:** Concern for the health of older people in Malaysia led to the formation of the National Council on Health of the Elderly in August 1996.
- **Housing:** The National Housing Policy incorporates "barrier-free" and "elderly friendly" facilities in all public buildings. The NPOC has outlined the need for houses to be planned with consideration of the needs of the older people in a family.
- **Travel Concessions:** The ‘Keretapi Tanah Melayu’ or National Railways and the national airline carrier, Malaysian Airlines, provide concessions to all persons 60 years and over.
- **Ageing-in-place:** Under a recently proposed scheme, the elderly are encouraged to remain in their own villages. Funds for retention in their own homes are provided by the Welfare Department. Additional funds are also allocated for home construction through the *gotong-royong* scheme (Tan: 1992). ‘Gotong-royong’ is Malay word which means mutual assistance or self-help.
- **Tax Exemption:** Tax relief has been given since 1979. Various measures are detailed at an appropriate later stage in the project.
Social Security Policy

Malaysia has several social security programs for different categories of workers. The Employees Provident Fund (EPF), established in 1951, is a mandatory retirement savings scheme for the private sector. A retirement pension established under the Pensions Trust Fund Act 1991 benefits public employees. The Social Security Organization (SOCSO) is funded on the social insurance principle. The Armed Forces Fund applies to servicemen enlisted on or after August 1972. There are other funds which cover the teaching profession, estate workers, and the employees of the national oil company Petronas. The public medical insurance system has only recently been introduced and is expected to expand in coming years.

Retirement Benefit System

The Employees’ Provident Fund under the jurisdiction of the Ministry of Finance manages the retirement benefit system. After mandatory retirement at age 56 or disablement, an employee receives the full reserve amount including dividends. It is also possible to draw out one-third of the amount at the age 50. The EPF employs an income-related fixed ratio system. Every month, 23 percent of wages (11 percent by employees, 12 percent by employers) is paid to the fund. A comparison of contributions to EPF is shown in Table 4.3.

Table 4.3: Contributions to the Employees’ Provident Fund, Malaysia (1952 to 1996)

<table>
<thead>
<tr>
<th>Period</th>
<th>Employee</th>
<th>Employer</th>
<th>Total (Net of Employers’ share)</th>
<th>Total (Inclusive of Employers’ share)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1952- 1974</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>9.52</td>
</tr>
<tr>
<td>July 1975-1979</td>
<td>6</td>
<td>7</td>
<td>13</td>
<td>12.15</td>
</tr>
<tr>
<td>Dec 1980-1992</td>
<td>6</td>
<td>11</td>
<td>20</td>
<td>18.02</td>
</tr>
<tr>
<td>1993-1995</td>
<td>10</td>
<td>12</td>
<td>22</td>
<td>19.64</td>
</tr>
<tr>
<td>1996</td>
<td>11</td>
<td>12</td>
<td>23</td>
<td>20.54</td>
</tr>
</tbody>
</table>

The pension system covering public service employees is under the jurisdiction of the National Personnel Authority. As in the case of private employees, the pension benefit starts after the mandatory retirement age of 55 years. The pension amount is decided based on the length of service (number of months) and monthly wage at the time of retirement.

**Medical Security System**

A public medical insurance system is non-existent but public medical institutions provide care for free or for an extremely small charge. Private medical insurance has been introduced since the 1980s and is mainly taken on a personal basis. Consequently, many private companies pay for medical expenses for their staff.

**Social Welfare Programs**

Social welfare programs and activities have been in existence in Malaysia for five decades. There is a wide range of social welfare measures comprised of: child, adolescent, elderly welfare, and welfare for people with disabilities, welfare for women, family, community, and volunteer welfare. They are provided under the following three objectives:

- To provide care and protection to the socially disabled;
- To elicit attitudinal change and to enhance the potential and capability of individuals, families and community; and
- To create a caring society in line with the National Social Welfare Policy (Lai: 1998).

The strategy for the welfare of the elderly is to assist, especially the poor, to lead a better life. Within the programs is a monthly welfare allowance of RM70.00 which is provided to persons 60 years of age or older, who have no income of their own but have a place to live, and who can live either independently or has somebody nearby to take care of them. Elderly people with visual disability are provided with funds to purchase eyeglasses, assistance at home and other services. However, the outreach is not as
successful as intended. As a last resort, an elderly person aged 60 years and older and living alone can be admitted to a home for the elderly.

**Challenges of the Social Security Policy**

The government recognizes the role of manpower supply as one of the factors to achieve developed country status by 2020. Population increase measures have been promoted in order to realise the vision, even though family/population planning was introduced 50 years ago. As a result, there has been an overall increase in the youth population as well as the elderly population. The challenges faced in the provision of the social security system are not only for the present number of elderly but also future elderly persons and those elderly persons who live longer into their old age.

On the other hand, the steep decrease in the working-age rural population and the explosion of the urban population made it necessary to introduce social welfare measures for the elderly left behind in rural areas and those living alone in urban areas. At the caring end, women as the traditional carers of elderly parents are shrinking in number. Today, women are entering the employment market and contributing to the forefront of the economy. In light of the present situation where long-term care for the elderly is largely dependent on family members, the problems of care surrounding elderly people are becoming serious both in urban and rural areas.

Therefore, the government has actively re-examined the social welfare system with an emphasis on restoration, improvement and expansion of existing infrastructure for the elderly. There is also a need to expand the system to improve the quality of care for the elderly. The contents of welfare services should also expand hand in hand with the expansion in quantity of services.

The linkage between the committee which implements strategies or programs of the Action Plan for the Elderly and the state has not been clearly defined. For the elderly to benefit from all decisions made at the national planning level, the
linkages have to be definite and clear. Thereby social security provision would be transparent to beneficiaries and to those who intend to become a contributor.

4.3 SOCIAL WELFARE POLICY TRENDS

The following typology of actual policy responses in social welfare (Figure 4.2) captures relevant differences in care, health and housing between the developed and the developing countries. In high-income countries such as Japan, Singapore and Australia, social welfare needs of the individual are the primary concern as opposed to the interests of low-income countries such as Indonesia where economic growth is the paramount objective.

4.3.1 Trends in Policy Responses

An examination on trends of income, social welfare, health, care and housing, based on existing policies of countries, makes identification of gaps possible. Sectors that are critical to the general welfare of the elderly in developing countries, and the intervention that is needed, can be identified. UNESCAP (1999) advocates the use of universal policy goals and targets set in the Macau Declaration on Ageing to view the sectors the developing countries have neglected.

Income Security and Employment

Three major goals in income security are to:

- Assess the extent to which the population is saving for old age
- Encourage older persons’ participation in the work force
- Review the adequacy of benefits of the social security or pension system to ensure a reasonable standard of living

(UNESCAP: 1999)
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

**Figure 4.2: Typology of Actual Policy Responses on Social Welfare**

<table>
<thead>
<tr>
<th>Model</th>
<th>Country</th>
<th>Policy Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>Japan, Singapore, Australia</td>
<td><em>Australia follows the Three-Pillar Income model for retirement provisions. Singapore implements a mandatory pension fund, the Central Provident Fund (CPF). Japan’s public pension system guarantees income to all elderly.</em></td>
</tr>
<tr>
<td></td>
<td>Malaysia, Thailand, Indonesia</td>
<td><em>Saving for retirement in Employee Provident Fund, Social Security Organization for those employed in structured employment in Malaysia, Indonesia and Thailand.</em></td>
</tr>
<tr>
<td>Welfare</td>
<td>Japan, Australia</td>
<td><em>Universalism in provision of welfare.</em></td>
</tr>
<tr>
<td></td>
<td>Singapore</td>
<td><em>Major elements of welfare are compulsory health insurance, and national pension schemes.</em></td>
</tr>
<tr>
<td></td>
<td>Malaysia, Thailand, Indonesia</td>
<td><em>Welfare of the elderly is an individual undertaking with the state intervening at certain levels.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Family networks providing care as a collective responsibility.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Some entitlement to benefit those outside the structured income system</em></td>
</tr>
<tr>
<td>Health</td>
<td>Japan, Singapore, Australia</td>
<td><em>Health care financing options through insurance-based schemes.</em></td>
</tr>
<tr>
<td></td>
<td>Malaysia, Thailand, Indonesia</td>
<td><em>Long-term care fully developed to reach persons at home, institution and resident-funded housing.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Integration of low-cost, community-based activities into existing health programs.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Basic care is readily available and accessible to those with lesser resources.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Accept differences in the ability to pay.</em></td>
</tr>
<tr>
<td>Housing</td>
<td>Japan, Singapore, Australia</td>
<td><em>Welfare focused towns,</em></td>
</tr>
<tr>
<td></td>
<td>Malaysia, Thailand, Indonesia</td>
<td><em>Provision of appropriate housing with links to existing lifestyle and family are maintained.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Better social accountability in the range of housing options.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Home care options fully developed to facilitate ageing-in-place.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Ageing-in-place and ageing-in-carers place is common.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Accommodation options and standards that are affordable are underdeveloped.</em></td>
</tr>
<tr>
<td>Service</td>
<td>Japan, Singapore, Australia</td>
<td><em>Services are provided in the home, community and residential care facility.</em></td>
</tr>
<tr>
<td></td>
<td>Malaysia, Thailand, Indonesia</td>
<td><em>Standardization of cost, quality standard on services and facility is guaranteed.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Provider of services is mainly voluntary, private, with some primary provider.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Purchase of services is limited to city areas.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Fragmentation in cost and standard of services.</em></td>
</tr>
</tbody>
</table>
Normally, the elderly prepare for their old age by saving and accumulating during their working lives. This is particularly true for the current middle age groups who benefit from the system that was positioned after the Second World War. Employee Provident Funds and Social Security Organization play key roles in Malaysia, Thailand and Indonesia although they are not extended beyond structured employment. There are also those who enter old age without personal resources to enable an independent retirement. Older work force participations are mainly in the agricultural sector while other sectors, particularly manufacturing, are employers of the younger generation. Although policies are maintained to include the elderly in mainstream occupations, problems relating to technology hinder re-employment.

Elderly persons are in a ‘transitional’ state where re-employment means adjusting to new technologies not available during their times. The above trends will generally increase the role of governments in providing safety nets for older persons. As older persons dissave during their retirement years, it is necessary to strengthen programmes for income security in old age.

Social Welfare and the Family

Five goals of social welfare are to:

▪ Ensure vulnerable older persons receive attention and are covered by social safety nets
▪ Enhance the care-giving capability of the family
▪ Encourage two-way intergenerational exchange
▪ Provide social service assistance for older persons
▪ Promote older persons as a valuable resource in the community

(UNESCAP: 1999)

The trend for social welfare enhances the family support system, to empower elderly persons, and to provide preferential tax measures for citizens who live and provide care for the elderly.
Following the trends, developing countries recognise the value of family networks as an alternative and complementary social security system, and that government policies support and better resource these networks. Their approach for the family support system is by promoting co-residence through policies like the ‘Caring Society’ in Malaysia and multigenerational relationships through programs of preferential tax measures in Thailand and Malaysia. Although one might expect that the Asian traditional values preside in daily life, especially in the care of the elderly, the paradox is that increasing numbers of the elderly population need institutional help when children are busy working. However, there is a lack of proper coordination and integration of government and non-government service agencies in the provision of support and alternative services to older persons. Most systems and services that exist are operated independently and there is a weak link in the system.

Thus it is the responsibility of the governments to close the gap and ensure that vulnerable older persons receive special attention and are covered by social safety nets. The groups have to be identified not only by their numbers but also according to their regional locations and locality. As older persons differ in their level of needs, it is important to determine the extent of services required and the capacity to provide by the government, private and non-profit sectors.

**Health Care**

There are three major goals in health care:

- A systematic program of activities to educate the population on healthy ageing.
- To integrate low-cost, community-based activities into existing community health programs.
- To provide innovative options to health care financing for older persons.

(UNESCAP: 1999)

An ageing population places two pressures on health care systems. The first is that the changing dependency ratio means those who are earning incomes are required to support larger number of dependents. The second is the increasing
consumption of health services. Therefore funding of health services is becoming more problematic.

Policies for health in Malaysia lean towards the acceptance of differences in the ability to pay. The Malaysian policy requires basic care to be readily available and accessible to those with lesser resources. Similar policies exist in Thailand and Indonesia. Thus the common factor to health policies for these three nations is the integration of low-cost, community-based activities into existing community health programmes where mass screening programs, nutritional and dietary advice, and the provision of minimum nutrition needs are given.

Gaps are evident in terms of educating the population on healthy ageing. The areas of tension are in disseminating information on symptoms of common ailments, adoption of healthy lifestyles and preventive care, and understanding the risk factor of poor health, prevention and treatment of age-related disease. Health care financing options are also an avenue that is weak, since the availability of insurance-based schemes and co-payment of medical cost between employees and employers potential has not been fully tapped.

Housing and Environment

There are five policy goals for housing and the environment of elderly persons, namely to:

- Adopt a Global Strategy for Shelter that obliges the state to assume responsibility for protection and improvement of housing conditions.
- Make available resources to address the housing needs of older persons.
- Provide barrier-free access throughout the community.
- Give incentives to facilitate home upgrading and improvements.
- Ensure nursing homes and shelters for the aged are run properly and meet quality standards.

(UNESCAP: 1999)
Two policy goals appear common among countries examined. One is to adopt the global strategy for shelter that obliges the state to assume responsibility for protection and improvement of housing conditions; the second ensures that nursing homes and shelters for the aged are run properly and meet quality standards.

Seven innovative policies adopted by the countries are implemented to suit the varying social and cultural context of each nation. First, assessment of needs in housing construction and in upgrading and maintenance, and resources including housing-related infrastructure are identified. Second, accommodation options and standards that are affordable by the target groups are designed. Third, upgrading and maintenance of the housing stock in terms both of the scale of the activities and of the standards in housing are achieved. Fourth, efforts are made to identify how the goals can be realistically met through the facilitation and integration of other sectors in shelter delivery. Fifth, task forces and steering committees ensuring high-level political commitment are set up to guide the arduous task of delivering housing services. Sixth, a plan of actions is formulated, listing responsibility of the public and private sector, and institutional arrangements for implementation. Seventh, organization is required to manage nursing and shelter homes at national and local level and contribute to some creative programs of care for the elderly.

On different scales, there is a gap in addressing the housing needs of older persons in Malaysia, Thailand and Indonesia. Malaysia does not face the problems of acute poverty and is in a better state to deal with the housing welfare of the elderly. Also it is smaller with a manageable population size which does not require the massive scale and costs of intervention in more populous countries like Thailand and Indonesia (Chan: 1995).

### 4.3.2 Innovation in Policy Responses

To capture innovations in well-being, programs that have yielded a favorable environment for the elderly in Japan, Singapore and Australia are highlighted. A
range of improvements have stepped up services including protection against risks of gradual deterioration in well-being. For example, different types of care which are synonymous with a range of housing options are developed and accessible to those requiring the service. Innovation in income has been discussed in the Three-Pillar Retirement Income Model in Chapter 3. Since care is inter-related to health and housing, discussion on the subject spans in both. Some examples on social welfare, health and housing follow:

**Social Welfare and Family: from Supply to Demand-oriented Approaches**

As in most other industrialized nations of the West, Australian policies on social services are moving away from the supply-oriented to demand-oriented. Concurring with practices of the West, responsive services are planned and essential services are guaranteed by the public sector. But other services can be purchased from private and non-private sectors.

Unlike developing countries where only the poor and destitute are eligible for welfare benefits, the social security system in Australia provides incentives to older persons in the community. However, as government has stepped in to provide welfare benefits, there has been less need for private provision of welfare, whether through the family, networks of friends, or formally organised charitable bodies (Norton: 1998). How damaging this can be to voluntary social welfare cannot be measured for the time being, although there are radical views that social capital is lost. The most recent innovation is to step up social responsibility among Australians. When combined with government payments, this move increases the effectiveness of the program. On this note, the National Commission of Audit’s report in 1996 noted the rise, in real terms, of benefits to unemployed families (NCA, 1996: 165). NIE governments do not anticipate pressures for such innovations to be introduced as the countries are adjusting measures in other delicate areas of social welfare.
Health Care: ‘De-medicalise’ Old Age

Singapore sets out a health policy that balances demands for health services against collective costs. The innovations by Singapore are in controlling the health insurance sector to avoid costly and inequitable tendencies of health care; in controlling the number of medical practitioners and supporting traditional medicine to prevent a supply driven growth in medical costs; in encouraging home care of the elderly and terminally ill and, discouraging intensive intervention for those near the end of life. It also parallels similar movements in Australia to ‘de-medicalise’ old age (Duff: 1997).

Health policies in Australia had their origin in the collective welfare model of mutual assistance societies and became formalised in state provision for health care in the post-war years. There are two elements to the ‘collective welfare rating’: first, those who are currently well contribute to the health costs of those who are currently sick, and the second is the associated cross-generational subsidy through which a younger generation pays for an older generation (Duff: 1997). Public health policies in Australia address inequalities in the distribution of health services across socio-economic status and ethnic groups.

Housing and Environment: Welfare-focused Towns, Integrated-Living

Japan constructs towns as ‘welfare-focused towns’. They are barrier-free where public facilities, spaces and shopping malls surrounding housing areas are enhanced by good transportation links. Accommodation is designed to respond to the changing needs of residents (Kose: 2001, 1996). Singapore, on the other hand, has incorporated an integrated-living system whereby the elderly are given priority to reside in lower levels of high-rise units. The aim is to facilitate mobility of the older persons to move freely in and out of their residential units and to draw together the old, the young and the community.

Australia has further advanced the case for housing the elderly. Commonwealth agencies, Local Government, State and Territory governments participated with private sector housing and community housing developers to deliver
outstanding innovations in housing. Religious, charitable, community organizations with funding from the Commonwealth Government form a network of housing providers, part of the total concept approach to ageing in Australia. Innovations are evidenced by the majority of aged persons’ housing policies endorsing the importance of ‘ageing in place’ with the provision of appropriate housing in locations where the sense of ‘neighbourhood’ and links to existing lifestyle and family are maintained and enhanced. To meet the rights to having a range of choice in housing, there are specialised accommodations for older people provided by the voluntary sector, state housing authorities and the rapidly growing resident-funded housing industry. Thus there is better social accountability among the older persons as they move towards a lifestyle of their choice and rights for a minimum standard of living.

4.4 RELEVANT LESSONS

There is an enormous variance among the developing countries in the extent of coverage for social welfare in housing and environment, health care, income security and employment, and social services. From a management-driven perspective, governments are emphasising the provision of services and health care but the degree to which services are provided differs from one state to another. From a supply-driven perspective, weak coordination is keyword that denotes variability in an older person’s access to services. Local governments, voluntary organizations and non-governmental organizations are yet to organise themselves into a principal national vehicle for the provision of social services.

On the other hand, there is similarity in goals in that the trend is toward more government supported services but at the same time shifting the responsibility to recipients of services. User-fees including co-payments and insurance schemes are under various stages of implementation, as shown in Malaysia and Thailand. Governments of the selected countries display stronger commitment to enhance the family support system and strengthen intergenerational relationship. Policy trends that match housing needs are high in priority but slow in progress of implementation. Governments also recognise
the pressures exerted on the health care system and delivery and the necessity to strengthen programmes for the income security of older persons.

The developing countries have undergone rapid demographic change in the last 30 years, manifest in sharply lower fertility, increasing life expectancy, continued urbanization, and dramatic economic transformation from poor agricultural community to prosperous newly industrializing countries. These events have manifold implications for current and future patterns of social welfare for older persons in terms of living arrangements, health, income security and employment.

The main challenges are in the health sector in order to create a social environment conducive to healthy ageing, and to meet the need for suitable housing. Depending on how committed governments are in planning for older persons, serious fiscal constraints will have to be acknowledged as part of the challenges. Therefore, priority areas of action are as important as identifying what programs best fit individual countries. Of special interest is to note the different ways older persons respond to policies affect the way in which their lives are managed in their old age. The challenges ahead are listed below.

**Social Environment**

As governments recognize that presently low ageing rates are highly likely to increase in the future, the challenge is to achieve healthy living concurrent with strategies established in the International Year of Older Persons 2000 (UN: 1999). Although older persons presently demand fewer services, this condition is likely to change as the population ages and growth rates flatten out. The challenges facing developing countries in the health sector are to create a social environment conducive to healthy living. Another inherent challenge is anticipated pressure on the health budget wherein the major item would be health care services. Health infrastructure is available throughout Malaysia, Thailand and Indonesia. However, availability alone does not guarantee access and equity in health. Health services are not affordable for many of the poor in Indonesia, who live in dread of medical emergency. Hence, another challenge is
to retain the 'good health maintained cheaply' concept. As governments move towards privatisation of medical services, it is also their responsibility to provide where the market fails to keep health care costs down.

**Suitable Housing**

Does a coherent housing policy for the elderly exist in the developing countries? In retrospect, Singapore and Australia apart from Japan have prepared specific policy in that area. Australia has forged ahead with a comprehensive housing plan for the aged population. Appendix 1 shows legislation that has been enacted for the older person. It guides and influences the availability of housing alternatives and dwelling related services for older persons.

The challenge for developing countries is to meet the need for suitable housing for older persons. Industrialization, urbanization and migration are all contributing to the changing landscape of the elderly lifestyle. It is also contributing to the rise of affluence in developing countries. And affluence is also affecting the elderly in more ways than before, whether it is present or in the future. Older people should have the right to decent and safe housing, may seek independent choices in their living arrangements and have assistance in doing so. Devices for use in daily living and retrofitting one's home further enable older persons to make appropriate choices.

**Family and Association**

The vulnerability of the elderly in the matter of family support and living arrangements has been affected by industrialization, urbanization and migration. Traditionally, the family remains the most important provider for shelter and of care for the elderly in many developing countries. In different cultural, political and social systems, various forms of the family exist. It is of particular significant for the elderly, since the family remains their major source of economic, social and emotional support (International Conference on Population and Development: 1994). As documented in Malaysia’s National Social Welfare Policy, Thailand’s Family Promotion Fund, and Indonesia’s Five Year National Development Plan, family members are encouraged to live
together promulgating a caring society (Lai: 1998; Wirakartakusumah: 1994). The developing countries should retain some of the indigenous form of collectivism based on family and association.

**Research and Development**

Research will inform policy makers and planners of the priority areas of action for an ageing population. It also sensitises the population with information that has been scientifically analysed. Currently, research and study into gerontology and life-long medical care are weak in developing countries. According to JILC (1999), among the areas of research that have priority are the following: first, study of the distribution system for welfare instruments; second, the development of evaluation standards and techniques for welfare instruments; third, the development of medical care; and fourth, the development of welfare equipment for the older persons.

**4.5 PROJECT WAYPOINT**

This chapter examined different policy trends on ageing in Malaysia, Thailand, Indonesia, Singapore, Japan and Australia. In summary, there is a great challenge in any effort to set up a good system. Insights from the selected societies reveal there are numerous differences between developed and developing countries. Some developing countries’ inadequacies lay in addressing issues on income safety-nets, while others were weak in providing access to welfare, health, housing and services. Common among all the developing countries is the direction of policies which focus on upholding or sustaining the family as an intact support or care unit for the elderly, and how to facilitate the continuity of family care. Therefore, there is a strong propensity to regard social security needs as a major public issue.

It has only been recently that more awareness of ageing conditions was inculcated, recognizing that there is more than one way to respond to a particular problem with old age. However, policy and initiatives which have been undertaken by developed countries look almost unattainable for the developing countries to emulate. Therefore, the challenge now is to build an indigenous
model that could be implemented on a scale befitting developing country conditions.

Given those thoughts, the next chapter illustrates the progression towards deriving a suitable model. The case study is the Malaysian elderly. Therefore trends, issues, needs and requirements are examined. Specific characteristics inherent to that country alone will be identified in the lead-up to developing a model to explain and forecast the future accommodation of the elderly in Malaysia.

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a "Within the OECD world, Esping-Andersen distinguishes three welfare regimes - the liberal (exemplar country: the US; the UK comes closest in Europe), conservative (exemplar countries: Germany, Italy) and social-democratic (the Nordic countries). One intent is to develop a middle range theorisation of welfare systems which avoids, on the one hand, teleological or functionalist approaches emphasising commonalities and convergence and, on the other hand, post-modern perspectives emphasising national and sub-national uniqueness. In particular, by demonstrating the way welfare regimes shape interests, ideas and power constellations in different societies, he claims to show that, once established, they follow different paths of development" (Gough: 2000: 5).

b Universal policy goals and targets set in the Macau Declaration on Ageing for Asia and the Pacific 1999 (UNESCAP: 1999).

c Social Safety Net provides basic protection such as primary health care and subsistence level income security. This kind of Pension Schemes are, therefore, normally non-contributory. Social Insurance Schemes are financed by contributions from employers and workers-providing income maintenance benefits during periods of health care with some retribution of income. The pension scheme options discussed in this context are second Tier Pension Schemes (except where stated otherwise). Supplementary (voluntary) private provision is by individuals, employers or occupational schemes for pension savings and health insurance.

d The SA scheme was launched in March 1998. The objective of the scheme is to provide another housing option for the elderly who wish to maintain their independence while living in close proximity of their children and friends. SAs are sold on 30-year leases, purpose-built and specially equipped with elderly-friendly features. Under the pilot phase, SAs were built in Bedok, Tampines, Jurong East, Yishun, Bukit Merah and Toa Payoh. They have been well accepted, with more than 99 percent of the units taken up (Ministry of National Development, Singapore: 2003).

e Modernisation has a tradition-cost tag - camaraderie which generates the spirit of "gotong royong". "Since childhood, a Moslem is taught that the relationships between two persons should be based on a common brotherhood of faith that is expressed in certain positive attributes, e.g., respect, honesty, modesty, kindness, and sincerity. Once Muhammad said, "None of you truly believes till he wants for his brother what he wants for himself" (Sunnah). This teaching of ummah (Moslem communalism) builds a strong solidarity and sense of belongingness among Moslems. The ummah is a foundation for unity within the Moslem world. The consensus of the community (ijma) makes decisions for its members" (Wonohadidjojo, Ishak Suhonggo; 2000: 213)
CHAPTER 5:
THE ELDERLY IN MALAYSIA: HOUSING AND CARE

In Chapter 4, social welfare measures in selected developed and developing countries have been examined. They provided an insight into the gaps in welfare provision and how countries lag behind developed countries. In Chapter 5, the condition of the Malaysian elderly is investigated in order to set the scenario for a proposed model intended to address the research question outlined in Chapter 1. The first task in this chapter is to provide the background of the elderly Malaysians. The second task is to highlight behavioural aspects in accommodation because they reveal broad conception of where the elderly lives. The third task is to describe available housing and care policy and infrastructure that could facilitate a happy, healthy ageing experience.

This chapter is divided into five sections. The first rehearses emerging demographic trends of the elderly in Malaysia. Ethnic diversity and their distribution are discussed in order to stress the heterogeneous nature of the elderly. The second section deals with the characteristics of the elderly. Preferences of the elderly are examined in terms of their living arrangements and their household formations. The third section deals with national housing policy while, the fourth section concentrates on housing choices that are available to the Malaysian elderly, namely religious, institutional and private. This exposition is followed by an examination of care arrangements for the elderly in section five.

5.1 POPULATION TRENDS

The literature about ageing in Malaysia and its projection to 2030 is sourced from Malaysia Department of Statistics, United Nations (UN) Population Studies and US Census Bureau International Data Base. All three sources show some
variations that are not mutually exclusive. The United Nation Median Variant Projection revealed that until 1980, the percentage of older population was about 5.7 percent, similar to those from the Department of Statistics, Malaysia (Malaysia, Department of Statistics). However projections done by UN revealed that by 2020, Malaysia would have 12.3 percent of its population to be aged whereas the Malaysia, Department of Statistics projected that there would be 9.5 percent older population by 2020. UN’s projection is more recent, thereby accounting for the difference with the Malaysian report. Whatever the differences, sources agree that Malaysia would have an ageing population before 2010 (Table 5.1).

<table>
<thead>
<tr>
<th>Year</th>
<th>Malaysia Department of Statistics (%)</th>
<th>UN (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>4.8</td>
<td>na</td>
</tr>
<tr>
<td>1970</td>
<td>5.2</td>
<td>na</td>
</tr>
<tr>
<td>1980</td>
<td>5.7</td>
<td>5.75</td>
</tr>
<tr>
<td>1990</td>
<td>5.9</td>
<td>6.11</td>
</tr>
<tr>
<td>2000</td>
<td>6.1</td>
<td>7.08</td>
</tr>
<tr>
<td>2010 *</td>
<td>7.3</td>
<td>8.67</td>
</tr>
<tr>
<td>2020 *</td>
<td>9.5</td>
<td>12.32</td>
</tr>
</tbody>
</table>

Source: Malaysia, Department of Statistics (1998); UN (2000)
* Projection

5.1.1 National Trends in Ageing
The mid-year population estimates for Malaysia in the year 2000 shows that there are 23.26 million people. About 35 percent of the population are less than 14 years of age, 58.5 percent between 15-59 years of age, and 6.5 percent are 60 years and over (U.S. Census Bureau: 2003). A comparison of the demographic structure from 1980 to 2050 shown in Figure 5.1 reveals that Malaysia has a young population demonstrating a pyramid structure where the base is bigger and the top is tapered. By the year 2020, the demographic structure indicates a definite shift towards an older age structure, and this is
when Malaysia would have entered the ranks of countries that are ageing. More than 10.6 percent of the population are 60 years and over in 2020. It has been projected that by 2050, Malaysia would have 18.3 percent of the population above 60 years of age.

![Demographic Structure, Malaysia, 1980 to 2050](http://www.census.gov/ipc/www/idbpyr.html)

**Figure 5.1: Demographic Structure, Malaysia, 1980 to 2050**


**Growth Rate**

Easier access and improvements in health facility directly helped to increase longevity of the elderly population. In 2000, the elderly population increased by 3.5 percent, higher than the 3.0 percent increase in total population. As illustrated in Figure 5.2, forecast for 2010 shows the annual growth rate for the elderly is higher than the population as a whole. The growth rate of elderly
population is 3.8 percent, while the total population is growing at 1.9 percent. The trend highlights a stage where the replacement population rate is lower than the ageing population rate, and that, the ageing population will constitute a significant proportion of the population in Malaysia.

![Figure 5.2: Growth Rate of the Elderly Population, Malaysia, 1970-2020](Source: Malaysia, Department of Statistics (1998))

The total share of elderly population had also increased simultaneous with the increase in the growth rate. In 2000, the percentage share of elderly population was 6.1 percent (Table 5.2). Eventually, by 2020, 9.5 percent of the total population will comprise the elderly (Malaysia, Department of Statistics: 1999).

Table 5.2: Ageing Trends, Malaysia, 1980 –2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Elderly (’000)</th>
<th>Percentage of Population (%)</th>
<th>Growth Rate of Elderly Population per annum (%)</th>
<th>All Ages Growth Rate per annum (%)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>745.2</td>
<td>5.7</td>
<td>3.1</td>
<td>3.0</td>
</tr>
<tr>
<td>1990</td>
<td>1032.3</td>
<td>5.9</td>
<td>3.0</td>
<td>2.6</td>
</tr>
<tr>
<td>2000</td>
<td>1418.2</td>
<td>6.1</td>
<td>3.5</td>
<td>2.3</td>
</tr>
<tr>
<td>2010 *</td>
<td>2076.1</td>
<td>7.3</td>
<td>3.8</td>
<td>1.9</td>
</tr>
<tr>
<td>2020 *</td>
<td>3209.8</td>
<td>9.5</td>
<td>4.4</td>
<td>1.7</td>
</tr>
</tbody>
</table>

* Projection
Proportion of the Elderly

Further examination of the population structure reveals there are at least two distinct age groups of elderly population: an active generation aged between 60 and 75 years, and those aged 75 and over. Malaysia's elderly population predominantly falls into the category of the young-old elderly population. Concurrent with Achir (1996) breakdown of old age structure, the young-old persons who supposedly ‘react by slowing down their pace of self-fulfilling activities’, are expanding at a faster rate than the old-old population (Table 5.3).

On the other hand, the old-old (aged 71-80 years) is experiencing low growth rates. While this situation is the reverse of developed countries where the percentage growth of the old-old is increasing faster than the young-old, it indicates a growth segment whose needs are not homogenous. In fact, Achir (1996) pointed out ‘marked difference in the range of social interests and activities of individuals in this age category’ will make the level of dependency different too.

Table 5.3: Number and Percentage of Senior Citizens in 'Young-Old' (60-74 years) and 'Old-Old' (75 years and over) cohorts, Malaysia, 1980-2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Total ('000)</th>
<th>Numbers ('000)</th>
<th>Per cent</th>
<th>Growth rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Young-old</td>
<td>Old-old</td>
<td>Young-old</td>
</tr>
<tr>
<td>1980</td>
<td>745.2</td>
<td>604.5</td>
<td>140.7</td>
<td>81.1</td>
</tr>
<tr>
<td>1991</td>
<td>1,032.3</td>
<td>813.1</td>
<td>219.2</td>
<td>78.8</td>
</tr>
<tr>
<td>2000</td>
<td>1,418.2</td>
<td>1,150.8</td>
<td>267.4</td>
<td>81.1</td>
</tr>
<tr>
<td>2010 *</td>
<td>2,076.1</td>
<td>1,688.4</td>
<td>387.7</td>
<td>81.3</td>
</tr>
<tr>
<td>2020 *</td>
<td>3,209.8</td>
<td>2,635.0</td>
<td>574.8</td>
<td>82.1</td>
</tr>
</tbody>
</table>

Source: Malaysia, Department of Statistics (1998)
* Projection
A situation unique in Malaysia is that, at the mandatory retirement age which is 56 years, persons who are generally considered young are no longer gainfully employed. While being retirees do not qualify them as an older citizen, nonetheless it signifies the time of transition into old age. Approximately three percent of the population was categorized transient young-old persons in 2000 (difference between the 55 years and over and the 60 years and over population). From 2000 to 2030, there will be 3.1 percent more of this age group (Table 5.4). As most facility like health, transportation, banking etc takes into consideration a persons’ retirement, the transient young-old population could actually access young-old population’s infrastructure on the grounds of his retirement. What this implies is that infrastructure that was designed for the elderly must now be at the disposal of those aged 56 years and over. This is undue burden to a small economy like Malaysia.

Table 5.4: Actual and Projected Proportion of Elderly Person by Age Groups and Median Age, Malaysia, 1970 – 2030

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage ( % )</th>
<th></th>
<th></th>
<th>Median Age</th>
<th>Transient Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55+</td>
<td>60+</td>
<td>65+</td>
<td>55+</td>
<td>60+</td>
</tr>
<tr>
<td>1970</td>
<td>5.7</td>
<td>5.2</td>
<td>3.1</td>
<td>17.2</td>
<td>0.5</td>
</tr>
<tr>
<td>1980</td>
<td>8.1</td>
<td>5.7</td>
<td>3.6</td>
<td>19.8</td>
<td>2.4</td>
</tr>
<tr>
<td>1990</td>
<td>8.9</td>
<td>6.2</td>
<td>4.0</td>
<td>21.9</td>
<td>2.7</td>
</tr>
<tr>
<td>2000</td>
<td>10.4</td>
<td>7.4</td>
<td>4.8</td>
<td>24.3</td>
<td>3.0</td>
</tr>
<tr>
<td>2010</td>
<td>11.9</td>
<td>9.0</td>
<td>5.9</td>
<td>26.8</td>
<td>2.9</td>
</tr>
<tr>
<td>2030</td>
<td>18.6</td>
<td>15.5</td>
<td>9.0</td>
<td>32.1</td>
<td>3.1</td>
</tr>
</tbody>
</table>

* Projection
Feminization of the Elderly Population

The ageing population carries the implication of increased feminization. This trend is synonymous with most literature on ageing where women are said to have a longer life expectancy than men. On average, women live some five years longer than man (Tan et al.: 1999, Lum: 1990). The overall sex ratio, measured as the number of males per 100 females, was seen to decrease with advancing age. In 1991, there were 89.6 males per 100 females (Table 5.5). As women achieved higher gains in life expectancy, by 2020, females are projected to outlive males to the extent of having only 85.2 males per 100 females (Malaysia, Department of Statistics: 1998). The effects of heavy pre-war migration trends is also reflected in sex ratios calculated for the elderly among the main ethnic groups in Malaysia due to the presence of early migrants, especially significant among Indian elderly (Malaysia, Department of Statistics: 1998:19). The trend shows a larger proportion of males to females before 1991. But female Bumiputera’s and Chinese have shown increases in proportion and absolute numbers since 1980.

Table 5.5: Sex Ratios for 60 years and Over, Malaysia, 1970 – 2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Males per 100 Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bumiputera</td>
<td>102.8</td>
</tr>
<tr>
<td>Chinese</td>
<td>102.8</td>
</tr>
<tr>
<td>Indians</td>
<td>216.6</td>
</tr>
</tbody>
</table>

Source: Malaysia, Department of Statistics (1998); Lum, Kin Tuck (1990)

Dependency Ratio

The old-age index is a demographic indicator that reflects the size of the elderly population in proportion to the young (the ratio of persons aged 60+ for each 100 persons aged 0-14 years). The ageing index has risen from 14.6 in 1980 to 18.2 in 2000 (Table 5.6). The trend indicates an accelerated increase in number of elderly persons. It is expected to continue, and the elderly ageing index will
increase to 23.8 in 2010 and 31.7 in 2020 (Malaysia, Department of Statistics: 1991; UN: 2004). This means that by 2010, there will be almost four children under 15 for every person aged 60 and over, and three children to one person aged 60 in 2020. This trend will lead to ‘compelling demands for changes in the way a society’s resources are shared between the generations’ (UN: 2004: 16).

Table 5.6: Dependency Ratios and Ageing Index, Malaysia, 1947 - 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>0~14</th>
<th>15~59</th>
<th>60+</th>
<th>Youths</th>
<th>Old</th>
<th>Total</th>
<th>Ageing Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947</td>
<td>39.9</td>
<td>54.6</td>
<td>5.5</td>
<td>70.4</td>
<td>10.0</td>
<td>83.1</td>
<td>13.8</td>
</tr>
<tr>
<td>1957</td>
<td>43.8</td>
<td>51.6</td>
<td>4.6</td>
<td>84.4</td>
<td>9.1</td>
<td>93.8</td>
<td>10.5</td>
</tr>
<tr>
<td>1970</td>
<td>44.7</td>
<td>50.1</td>
<td>5.2</td>
<td>88.9</td>
<td>10.4</td>
<td>99.6</td>
<td>11.6</td>
</tr>
<tr>
<td>1980</td>
<td>39.3</td>
<td>55.0</td>
<td>5.7</td>
<td>71.0</td>
<td>10.4</td>
<td>81.8</td>
<td>14.6</td>
</tr>
<tr>
<td>1990</td>
<td>35.6</td>
<td>58.2</td>
<td>6.2</td>
<td>61.3</td>
<td>10.9</td>
<td>77.3</td>
<td>17.4</td>
</tr>
<tr>
<td>2000</td>
<td>40.1</td>
<td>52.6</td>
<td>7.3</td>
<td>54.6</td>
<td>13.9</td>
<td>90.1</td>
<td>18.2</td>
</tr>
</tbody>
</table>

Source: Malaysia, Department of Statistics (1991); Malaysia, National Population and Family Development Board (1987)

**Life Expectancy**

Malaysians are enjoying longer life with life expectancy at birth increasing to 69.8 for males and 74.8 for females in 1999 (Malaysia, Department of Statistics: 2000(a)). It has been projected that by 2025, the life expectancy is expected to increase to 79.3 years for female and 74.7 years for male as shown in Figure 5.3 (Malaysia, Department of Statistics: 2000(b)).
5.1.2 Ethnic Diversity and Variations

The people of Malaysia can be classified into three broad categories. The first category, the ‘Bumiputeras’ or ‘sons of the soil’ comprises the Malays and native tribal groups such as the Kadazans, Ibans or Sea Dayaks; Bidayuhs or Land Dayaks; Semang, Senoi, Jakun (indigenous people); Melanaus, Kayans, Kenyahs, Kajangs, Muruts, Kelabits (Orang Ulus), and the Bajaus. Current estimates indicate that 65.1% of the population is ‘bumiputeras’. The second category is the Chinese who account for around 26.6% and, the third category is the Indians who include Pakistanis and Sri Lankans, who account for 7.7% of the population.

About 1.2 percent of the population is made up the other group of people (Department of Statistics Malaysia: 2000). The ethnic diversity of the population therefore makes it necessary that an analysis on ethnicity of the elderly is included as each ethnic group possesses characteristics special to itself.

When the ethnic groups are examined by regions, it is found that the Malays, Chinese and Indians are mostly located in the Peninsula West Malaysia; while some Malays, Chinese and native tribal groups such as the Kadazans, Ibans or
Sea Dayaks, Bidayuhs, Land Dayaks, Melanaus, Kayans, Kenyahs, Kajangs, Muruts, Kelabits, and the Bajaus are located in East Malaysia. Then an analysis is conducted on the ethnic composition of the urban and rural elderly population, it shows that the Chinese are mostly located in the urban areas. As set-out in Table 5.7, the majority of Malays and the native tribal groups are found in the rural areas. This pattern of location, with the Malays in the rural areas, and the Chinese in the urban areas, is partly due to the influence imposed by the British during their colonization era of Malaya. According to Andaya and Andaya (2001), the Malays were encouraged to stay in villages and continue their agricultural pursuits; the Chinese, who were previously brought in to work in tin mines, carry on capitalist enterprises in the city, while most Indians remain in rubber plantations.

Table 5.7: Percent Elderly by Ethnic Groups and Stratum, 1991 and 2000

<table>
<thead>
<tr>
<th></th>
<th>Malays (Bumiputeras)</th>
<th>Chinese</th>
<th>Indian</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>3.5</td>
<td>3.7</td>
<td>7.4</td>
<td>8.4</td>
</tr>
<tr>
<td>Rural</td>
<td>6.6</td>
<td>7.7</td>
<td>8.0</td>
<td>11.3</td>
</tr>
</tbody>
</table>

Source: Malaysia, Department of Statistics, (1998, 2001)

Composition of the Population

The main concern is the change in age composition of the ethnic groups. As shown by Asian Demographics (2002) in Figure 5.4, the proportion under the age of 15 is considerably higher for Malays than for Chinese and Indians. It is forecasted to remain high through to 2011. The implication is that future generations of Malays will have a bigger share of the ageing population. Linking this situation to current geographical location of the Malays and on-going and future trends to move into the cities, Malays in future will be less pronounced in the rural areas. Together with the Chinese and Indians, their share of the elderly population in the urban areas will increase.
5.1.3 Trends in Ageing at the State Level

The overall trend at the state level reflects the national trend towards increasing numbers of elderly persons. However, the states which are experiencing the greater increase of the elderly population are those that are either more urbanised, whose gross income per capita is high, and rates of natural increase low, or a combination of the above (Malaysia, Department of Statistics: 1999). In this respect, Penang, Kedah, Perak, Perlis, and Melaka are all going through a phase where there is high proportion of elderly population. As illustrated in Figure 5.5, all five states had more than 7 percent of elderly persons in their populations which are higher than the national average of 5.9 percent in 1991. The other states which also have an elderly share above the national average are those of Kelantan, Negeri Sembilan, and Sarawak. All states mentioned above are either predominantly senders of migrants or have low rates of natural increase.

States that have lower percentages of older populations are ‘Sabah/Labuan (3.4 percent), Pahang (4.4 percent), Selangor (4.7 percent) and Kuala Lumpur (4.8 percent), they are those which receive large numbers of internal migrants as well as foreign migrant workers’ (Malaysia, Department of Statistics: 1998).
5.1.4 Urban and Rural Elderly Population

Malaysia is unique in its ‘grass roots’ plan formulation. Programs designed for certain sectors of the population are customarily identified by where those sectors are located. Hence, great importance is attached to the location of the elderly in order to examine which plan best suits which region. Thus by exactly identifying where they are located, it is easier to determine specific characteristics associated with elderly persons. The information is instrumental in incorporating policies and plans for them.

Most literature on ageing tends to over-generalize that ageing is a phenomenon of the rural areas. This statement is contradictory to the ageing situation in newly industrializing countries like Malaysia. The 2000 census identified that the numbers of the elderly in rural areas have started to decline while, on the other hand, elderly populations in urban areas (population of more than 1000) have begun to increase. Although the percentage change is not pronounced, it is however, an indication of where the older persons are shifting (Skeldon: 1999). The census thus indicates the changes in residential distribution of older
populations which have wide-ranging implication, in particular, understanding the housing needs.

One of the unifying features of the rural areas is that of the aged living in individual household units and, in most cases, their houses have been extended to include multiple households. This development has forced new patterns of resource use; with major impacts for the social life/fabric of the elderly and their settlements. Older persons’ traditional villages and new villages are nucleated around a small core centre called the ‘Pusat Desa’. Consistent with Hallman and Joseph's (1997) study on rural communities in southern Ontario Canada, the elderly are characterised as ‘nucleated rural communities with generally high or very high proportions of elderly in their total populations’. There are others who are dispersed mainly in private agricultural holdings and are living in ‘dispersed rural communities with markedly lower proportions of elderly’.

For example, after four decades of existence, the first Federal Land Development Authority (FELDA) settlement in the country, the Lurah Bilut Scheme in Pahang, has 12% of the population in the elderly age group, surpassing the national average (Ministry of Health: 2001). Lurah Bilut is an example of nucleated rural settlements that were created by the government to eradicate poverty and smooth regional economic disparities. There are currently 105,000 settlers residing in Felda schemes (The Star: 2003).

There are important consequences of the effects of the changing rural and urban elderly concentration. While presently there are slightly more elderly people in the rural areas, in the future the reverse situation might occur. There exist potentially the demands to age in place. While the coping strategy at the moment is voluntarily shouldered by family members, the emphasis in the future might be different.
5.2 ELDERLY CHARACTERISTICS

5.2.1 Housing and Living Arrangements

According to Gober (1992:17), 'more households mean more housing, smaller households imply a less intense use of dwellings, and more non-family households undermine the classic relationship between families as social units and households as residential units'. The co-relationship between population and housing is expressed in the number, size, and composition of households. Households, according to the Australian Bureau of Statistics (ABS: 2001), take into account many living preferences. Changes in household composition are more likely to affect the way in which housing could be delivered. More importantly in the context of the older persons, it spells the relationship between the dynamics of availability of housing, the living arrangements and the type of care available for persons in their golden years.

In the Malaysian context of housing of the elderly, the immediate question to emerge is who lives where (location) and in what type of housing (choices). The influx or migration of the young population into the cities is consistent with the increase in younger population in urban areas and subsequently the increase in the older populations in the rural areas as discussed earlier in the chapter. The scenario developing from this situation is of a rural population which comprises mainly older persons and children left behind, and who are mostly living in their own homes; and the urban population comprising the younger population and, at the same time, an older population who are ageing in the city.

In a study conducted by Lim (1990) on the elderly at Cheng, Malacca to determine whether breakdown in family structure, as asserted by Louis Writh in the urban context, is a factor that encourages the elderly to enter into an institutional home, it was found that family structure or, in this context composition of households, had a positive influence to stimulate dramatic changes in residence. But it is not the direct reason for an elderly person to seek new forms of residence.
Economic need (such as employment, business, and education) and social circumstances (such as marriage, divorce, and deaths) are among the factors to induce changes in residence of the young and older population. For the elderly, changes have to be made to adjustment to a new living style. Therefore it is inevitable that housing the elderly is discussed as a consequence of living arrangements.

Family has always been the major source of shelter. Most of the elderly are living with their children. The practice of the three-generation family underlies elderly care provided by the children in terms of shelter, finance, medical care, and a host of other care. Inter-generation transfers also reveal that even though children may be living elsewhere, the share of financial help was still flowing from the children. As a result, most live contentedly in a state of social equilibrium’ (Williams:1995: 67). In a word, care of the elderly among the ethnic groups in Malaysia has always stayed within the family and the community at large. Nevertheless as shown by de Vanzo (1999), multiple forces are shaping the breakdown of families living in the urban as well as the rural areas. The traditional help that is assumed available is no longer to be taken for granted.

5.2.2 Co-residence in the Urban and Rural Areas

In Malaysia, it is customary for older persons to live with their children, but not all of them do. Preference may play a part in the decisions to stay or not to stay with children. Although the relationship is indicative that the formal parent-child co-residence remains the ideal, ‘many urban populations of all ethnic groups felt that quasi-coresidence (parents and their adult children living nearby and assisting each other but not actually co-residing) was a desirable arrangement, but there were different degrees of emphasis and different motivations, depending on the traditional pressure on co-residence and experience with urban living’ (Chan and Devanzo: 1998). ‘The traditional inclination towards married children living with their parents will be less of a social feature if current trends persist’ (Malaysia, Department of Statistics, 1998: 40). Another important trend in urban areas was the growing tendency for the elderly to reside with
their daughter’s family. In the 1998 Health Longevity Survey, it was found that over one quarter of the urban aged lived in this arrangement compared with about 1 in 10 in the rural areas (Malaysia, Department of Statistics: 1998).

In the rural areas, it was found that there was only a modest difference between the degrees of co-residence among rural and urban elders. But somehow, among the urban very old men, more of them lived with their families than did their rural counterparts (Yi et al: 2003).

According to Chow (quoted from Mazanah and Mazalan: 1999), it can be assumed that urban older people in Malaysia are in fact the first generation to experience urbanization and industrialization. This generation of older Malaysians would have lived in extended family homes similar to their generation before them, but they are also more likely to live in higher density areas. They took on the challenging task to adopt a new lifestyle when their earlier upbringing was different. Mazanah and Mazalan (1999) were instrumental in observing how retired older people returning to rural areas found re-immersion into rural lifestyles problematic, since rural areas are also undergoing rapid transformation.

5.2.3 Household Formation

It is evident that the shift in trends from an extended family to nuclear family, for both the urban and rural areas, is progressing at an unprecedented rate. The rate at which it is happening suggests the advance of a strong inverse relationship between the elements of household formation as an independent variable and, the status of older persons as a dependent variable. A new trend of family formation, shown in Figure 5.6, indicates a stronger preference for the nuclear family household.

According to Chan (1995:11), ‘urbanization produces residential segregation between the young and the old and in turn increases the social distance between generations’. Rapid urbanization, in a way, escalates the formation of
new units of households. And to some extent, the breakdown in household units in the rural areas, results in the formation of new household units elsewhere. But the question lingers on how well the housing situation in Malaysia has catered for this new composition of households.

*Nuclear Family Households*

The trend to nuclear household formation seems to co-relate to the advent of modernization and migration to the cities. The development, which is particularly evident in the urban areas, shows that as present inhabitants of the urban areas grew older, natural increase and internal migrant population contributed to new nuclear household formation.

As shown in Table 5.8, most Malaysians are living in either a nuclear family or an extended family. In 1991, there were 59.9 percent nuclear family households in Malaysia, 26.4 percent extended family, and 13.7 percent of other types of households. In comparison with 1980, the formation of nuclear families is increasing. The change over that 10 years period was 4.7 percent higher. The increasing trend is particularly significant in urban areas. Over the 10 years period from 1980 to 1991, there were 8.3 percentage points more nuclear households, which is above the national average. Formation of nuclear family households is also evident in the rural areas. The percentage point change for the rural areas between 1980 and 1991 was 3.4. The figures suggest that nuclear household formation is happening not only in the city but also at the village level.
Table 5.8: Average Household Size, Number of Persons, Malaysia, 1980 and 1991

<table>
<thead>
<tr>
<th>Household Type</th>
<th>1980</th>
<th>1991</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average household size</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total households</td>
<td>5.2</td>
<td>4.8</td>
<td>-0.4</td>
</tr>
<tr>
<td>Nuclear family households</td>
<td>4.9</td>
<td>4.8</td>
<td>-0.1</td>
</tr>
<tr>
<td>Extended family households</td>
<td>7.1</td>
<td>6.5</td>
<td>-0.6</td>
</tr>
<tr>
<td><strong>Total Percentage</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear family households</td>
<td>55.2</td>
<td>59.9</td>
<td>4.7</td>
</tr>
<tr>
<td>Urban</td>
<td>50.4</td>
<td>58.7</td>
<td>8.3</td>
</tr>
<tr>
<td>Rural</td>
<td>57.7</td>
<td>61.1</td>
<td>3.4</td>
</tr>
<tr>
<td>Extended family households</td>
<td>27.8</td>
<td>26.4</td>
<td>-1.4</td>
</tr>
<tr>
<td>Urban</td>
<td>29.3</td>
<td>27.2</td>
<td>-2.1</td>
</tr>
<tr>
<td>Rural</td>
<td>27.0</td>
<td>25.7</td>
<td>-1.3</td>
</tr>
</tbody>
</table>

Source: Ong, Fon Sim (2001); Malaysia, Department of Statistics (1998)

Extended Family Households

At the same time, the formation of extended family households is on a decline. The overall percentage reduction was 1.4 percentage points at the national level. In the urban areas, formation of extended families has been reduced by 2.1 percentage points. There was 1.3 point drop in extended family formation in rural areas.

In 1991, 57.8 percent of the elderly lived in an extended family household. A further 30.6 percent were part of a nuclear family household as shown in Table 5.9. Therefore, the notion that the elderly in Malaysia are still co-residing with their children is true. Approximately, 88.4 percent of the elderly were sharing accommodation with either an unmarried child or married children. Another 6.8 percent of the elderly are living on their own. Therefore, the next indicator suggests either the elderly are living in their own homes or are actually renting accommodation. Yet living on their own, it is not an indication of a negative change in generational relations. According to Malaysia, Department of Statistics (1998), when living arrangements of this nature arise, in most
circumstances it is ‘most likely due to the practice of parents, especially in the rural areas, preferring to live on their own and not with their children, but live in close enough proximity where mutual benefit and support is derived’ (Malaysia, Department of Statistics:1998:43).

Table 5.9: Percentage Distribution of Senior Citizens by Type of Household and Sex, Malaysia, 1991

<table>
<thead>
<tr>
<th>Household type</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single member household</td>
<td>4.7</td>
<td>8.6</td>
<td>6.8</td>
</tr>
<tr>
<td>Nuclear family household</td>
<td>40.5</td>
<td>21.9</td>
<td>30.6</td>
</tr>
<tr>
<td>Extended family household</td>
<td>51.4</td>
<td>63.4</td>
<td>57.8</td>
</tr>
<tr>
<td>Related members household</td>
<td>1.7</td>
<td>5.1</td>
<td>3.5</td>
</tr>
<tr>
<td>Unrelated members household</td>
<td>1.7</td>
<td>1.1</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Malaysia, Department of Statistics (1998)

Bumiputeras prefer to stay in single-member households. Almost 8.5 percent of them are in this living arrangement as opposed to 4.5 percent Chinese and 4.3 percent Indians. Widowed Bumiputra parents generally prefer the single-member household compared with the other ethnic groups (Malaysia, Department of Statistics: 1998). As illustrated in Figure 5.6, there is also higher preference amongst Bumiputra elderly to live in nuclear family households. According to the Malaysian Department of Statistics (1998), the practice stems from the preference for independent living. On the other hand, about 65.3 percent of Indian elderly and 65.0 percent of Chinese elderly prefer the extended family household. Not so for the Bumiputera elderly, of whom only 52.7 percent are found in an extended family.
5.3 NATIONAL HOUSING POLICY

The national policy thrust for housing in the Eighth Malaysia Plan (2001-2005) is ‘to provide accessibility to adequate, affordable and quality houses for all income groups (JPM: 1999: 501). The emphasis is on the development of low-cost and low medium-cost houses. Complementing the housing policy is the social policy that fosters harmonious living among the various communities, as well as, building strong, resilient and caring families. The establishment of Syarikat Perumahan Negara Malaysia Berhad (SPNB) in 1997, and the introduction of a new house pricing scheme (JPM: 1999), help to buffer the need for home-ownership or rental housing.

Under the four-tier house pricing scheme introduced in June 1998, those older persons who qualify for low-cost homes can now access low-cost houses in the price range of RM25,000 to RM42,000, depending on the location and type of houses. However, even with the formation of the Low-Cost Housing Revolving Fund (LCHRF), access to financing is impeding home ownership among the urban elderly. There are several housing programs for the rural areas although they are not entirely meant for the older persons. The Site and Services
program, Traditional Village Regrouping, Rehabilitation of Dilapidated Houses
Programs are in most ways benefiting the older persons. However, applications
have to be forwarded before funds are disbursed. Allowing such discrepancies
for older persons to step forward for funds, the percentage of them accessing
this facility is overshadowed by poor families who are also in need of the same
funding.

5.3.1 Housing as a Component in the National Policy on the Elderly

The National Policy on the Elderly (NPOE) outlines various programs to enable
the elderly to live more comfortably and to facilitate staying-on in the family
home. Among them are:

- Existing and future houses are to have facilities for the elderly and the
disabled such as ramps and ample circulation areas to maneuver
wheelchairs. Wider spaces are to be allocated for the building of toilets to
enable better mobility of elderly citizens who are wheelchair bound.
(Public buildings such as supermarkets and shopping centers have
already started providing facilities for the elderly).

- Families are encouraged to take care of the elderly. The Asian extended
family system will be encouraged to continue, with incentives to support
families to look after their elderly.

The main housing features which are mentioned in the policy apply to structural
aspects of a home, assistive devices for use in daily living, retrofitting, and other
public facility to facilitate ageing-in-place. Home refurbishments that would
facilitate mobility and safety of the elderly around the home are the finer aspects
of the housing need of the elderly, and, have been broadly outlined in the
NPOE.

The Care Centre Act 1993 is further strengthened under the Eighth Malaysia
Plan (2001-2005), in which, standardization of care and services ensures the
elderly of quality services in publicly and privately managed homes. The
adoption of standardized care and service has provided a systemized delivery
of services to care centres. To this effect, a Malaysian standard for public facilities to ensure a user-friendly atmosphere and ease of movement, for the elderly as well as the disabled, has been prepared in 1993 (SIRIM: 1993). Subsequent reviews were made from time to time. Unfortunately, implementation of such standards had been sporadic.

5.3.2 Property Regulations and Housing Alternatives

However, the all important aspect on housing choices and the regulatory means of delivering them to the elderly persons are not clearly evident in the NPOE. Even though the government has committed RM4.2 billion for public and rural housing development programs during the Eighth Malaysia Plan, the allocation is a blanket provision whereby RM2.0 billion or 47.8 per cent will be utilized to provide housing for public sector employees and RM2.2 billion or 52.2 per cent for public low-cost housing and housing for the poor (JKM: 1999, 2001). Of the total allocation for public housing programs, an assignment has not been allotted for housing the elderly.

Cheah (1995), in a review of policies of the Ministry of Housing and Local Government, reveals;

‘Prior to 1995 there was no specific provision to meet the housing needs of the elderly. The report highlights the emergence of nursing homes and emphasizes the problems and confusion encountered by the Local Authorities. Before 1995, homes for the care of the elderly, are categorised as "business" and therefore had to be located in designated commercial properties. However, since 1995, a relaxation of the rule allowing for the use of residential property into nursing homes, have contributed to the residential choices of the elderly.’

But such a relaxation is without its duress. ‘Adjoining developments have the right to object to the development if it contributed to decrease the value of estates of an area’ (Cheah: 1995). Until today, there are no specific provisions for the development of planned housing for the elderly in the Malaysian Town Planning Schedule.
However, in 1996, the government introduced an innovative program called the ‘Malaysia My Second Home’ program. The program is to allow people from all over the world, who fulfill certain criteria, to stay in Malaysia for as long as they need on a social visit pass with multiple entry visas. (Ministry of Culture, Arts and Tourism Malaysia: 2002). Although initially intended for expatriates, impact of the program is felt in the domestic elderly housing market. The scheme became a catalyst for the development of specialized housing for local elderly persons.

In concert with initiatives from the Ministry of Culture, the Ministry of Housing and Local Government began to endorse planning for housing of the elderly in the way of developed countries (Ministry of Housing and Local Government: 2001). Specifically, these housing are for the financially capable and who choose to live independently. Retirement resort homes are positively considered as relevant to the Malaysian elderly. The favoured resort retirement homes are those that provide ancillary facilities which should include health care, recreational facilities, housekeeping, shopping and public transport.

The endorsement by the Ministry of Housing was in effect, an acknowledgement of the non-homogeneity of the elderly, and that the need for suitable housing for older persons, is an evolving agenda. It is also a support to the rights of older people to decent and safe housing, to make independent choices in their living arrangements, and being provided with assistance in doing so.

However, this directive did not indicate standardization in the design of such housing, and is weak in the adoption of health care modules that cater for specific needs. Apart from that, feedbacks of all the industry players have not been coordinated. Thus, the emerging concern revolves around sporadic interpretation of the endorsement. It just shows that Malaysia is prepared to adopt initiatives out of developed countries but lacks the mechanism by which to effectively implement it.
5.4 HOUSING CHOICES OF THE ELDERLY

Malaysia probably best epitomizes the characteristics of a country that is slowly beginning to prepare for a need in specialized housing for the elderly. In this sense, the situation offers an illustration, which is both favourable and unfavourable, of the problems that exist in the housing culture of Malaysia. When housing culture is mentioned, it is imperative to understand the sensitivity surrounding the issue of how housing for the elderly should not be looked at exclusively as a commodity. Rather it should be referred to as a social, all-encompassing cultural need that brings a family unit together.

Existing housing choices for the elderly fall into three categories:

▪ Religious Housing which mainly derives from a religious pursuit,
▪ Public Housing which is provided by the Department of Social Welfare,
▪ Private Housing or family housing which could be independent units or extended family homes.

5.4.1 Private Housing: Family Housing/Independent Units

Private housing units are owned or rented by family units. Older members of the family stay together with family members or relatives. Provisionally, a room is allocated for the older members. However, environmental factors have influenced the living condition of the elderly in private units. In the rural areas, elder family members would generally live in spacious homes. A room is allotted to them. On most occasions, the elderly would share their room with an older grandchild. The elderly living environment could be described as having some degree of privacy but sharing most other facilities in the house, making the elderly life more communal in nature. Older persons’ housing environment in the rural areas could be described as modest with family support at hand.

As part of the efforts to provide better housing and living conditions to the rural population, several housing programs continue to be implemented in the rural areas. However, the housing generally targets the rural public as a whole. Therefore, the Site and Services housing program, Traditional Village
Regrouping, as well as, the Rehabilitation of Dilapidated Houses Programs would benefit the rural population more than it were to benefit the elderly amongst them (JPM: 1999).

In the urban areas, housing cost is a decisive factor in influencing the quality of living conditions of the elderly. A normal family size of 4.6 in Malaysia would generally require a room for head of household, one room each for female and male children. When the head of household is also the carer for an elderly member, one room would normally be allocated to the elderly. It is almost inevitable that sharing a room with the grandchildren is a common practice. The elderly person has limited privacy, especially in a constrained environment where most housing units in the city are designed as terrace, link houses, flats, and apartments.

Semi-detached and the more expensive detached homes would have more space but only 30 percent of all housing developments involve these type of buildings. Moreover, the houses are considerably more expensive than the prototype terrace houses. Rapid urbanisation has effectively reduced the sizes of houses, particularly the low and medium cost houses, making them unsuitable for the use by extended families.

Urban centers most affected by housing shortages are those in which industries are located and which are the main foci of internal migration. These include Kuala Lumpur, Penang, Petaling Jaya and Shah Alam.

At this point, it is important to emphasize that there are only three housing choices in Malaysia; they are religious housing, institutional housing and private housing. In contrast, we recall from a discussion in Chapter 3, eleven broad categories of living options that are widely available in the developed countries. To enhance the living options, there are 21 broad categories of housing options. Comparing the housing situation in Malaysia, elderly housing is considered under-developed and constrained by inadequate choice. Perhaps an inspection
on the country’s housing policy can shed some light on the lack of housing choices.

5.4.2 Public Housing

Old folks’ home: the very name used to conjure an image of old folks’ huddled in small, unfriendly atmosphere. Not any more! In Malaysia, old folks home are now being replaced by ‘Rumah Seri Kenangan’, translated as Memorable Homes. The duress of the old folks’ home stigma is taken over by a happier image of a place for the poorer old folks and, those who have been abandoned by their children.

In 1987, 4,200 older persons were sheltered in these homes which were managed either by government welfare institutions or privately sponsored voluntary organisations. More than 27,200 elderly were also beneficiaries of welfare receipts (Kandiah: 1990). Altogether, 56 old folk homes have been constructed by the Department of Social Welfare throughout Malaysia. Under the Seventh Malaysia Plan Period (1996-2000), more than RM30,000,000 were allocated for social welfare housing of the aged poor and abandoned elderly (Malaysia, Department of Statistics: 2000). The government is committed to ensure that those elderly persons who are poor and abandoned are cared for in old folks’ homes. Table 5.10, shows that during the Seventh Malaysia Plan Period, 56 old folks homes have been upgraded and new equipment has been installed to update facilities in the homes. A new home had been constructed in Negeri Sembilan to accommodate 320 residents. It marks the growing institutional commitment towards caring for the elderly in the event of the absence of informal support and care from family members.
Table 5.10: Projects for the Elderly during the Seventh Malaysia Plan Period (1996-2000)

<table>
<thead>
<tr>
<th>Project</th>
<th>(RM ’000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation of Old Folks Home and Purchase of Equipments for 56 Old Folks Homes</td>
<td>5,300</td>
</tr>
<tr>
<td>Construction of 21 Day Care Centres</td>
<td>10,100</td>
</tr>
<tr>
<td>Construction of new Old Folks Home (capacity: 320 residents)</td>
<td>5,900</td>
</tr>
<tr>
<td>Construction of 2 Continuous Care Centres</td>
<td>9,000</td>
</tr>
</tbody>
</table>

Source: Malaysia, Department of Social Welfare (2001)

Profile of Residents in Old Folks Homes

A study on the background of residents in old folks' homes, conducted by Lim (1990), revealed that most residents are from socio-economically deprived backgrounds. There are poor or destitute old men (66 percent) compared with destitute old women (41.2 percent) (Table 5.11). Resident’s children are also socio-economically poor working in menial jobs such as labourers, rubber tappers etc. Most of residents have problematic relationship with their children culminating in children hardly visiting them. There is minimum written communication between them. The situation is further aggravated by the fact that most residents are also illiterate.

Lim (1990) in his study on an Old Folks Home in Malacca notes that residents were multi ethnic: 48.6 percent were Chinese, 14.2 percent were Malays, and 2.9 percent were of other ethnicities. There were also more males than females, in which, 75.5 percent were males and 24.2 percent females. The very old elderly forms majority of residents. There were 43.8 percent very old compared with 34.3 percent of the young-olds and 22.9 percent of the old-old. Approximately 31.4 percent residents were widowed with children and have been sent to the home or abandoned by the children. More females have either made an independent decision to move to the institution or had been referred to
by hospitals. 25.7 percent of residents were divorced with children. This category had voluntarily entered the homes so as not to burden their children. A further 42.9 percent of residents were never married, and do not have children to care for them. About 20 percent of residents keep in touch with old friends. Social difficulties in terms of limited financial resources for transport fare, embarrassment with present living conditions, have constrained their mobility and limited their contact.

Table 5.11: Push Factors into Old Folks Homes

<table>
<thead>
<tr>
<th>Factors</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred by Hospital / Independent Decision to Move</td>
<td>28.3</td>
<td>41.2</td>
</tr>
<tr>
<td>Destitute</td>
<td>66.0</td>
<td>41.2</td>
</tr>
<tr>
<td>Transition ( awaiting court hearing before allocated to another institution)</td>
<td>5.7</td>
<td>17.6</td>
</tr>
</tbody>
</table>

Source: Lim (1990)

### 5.4.3 Religious Housing Community

Religious housing in Malaysia originated in the eighteenth century. The evolution of the religious *pondok* community was started by *ulamak* or Moslem religious leaders and students who graduated from the *pondok* school in the region of Patani (Salma Ishak and Fuziah Shafie: 1995). A *pondok* refers to a small house or a hut and in the olden days the houses were of wood and thatched roof. It became a housing establishment or a housing option only popular among the Malays of Malaysia. Most *pondok* establishments are located in the northern-most region of the Peninsula, especially in the states of Kedah, Kelantan, Perlis, and Terengganu. These states were once under the control of the Siamese Empire. To a lesser extent, Perak and Penang, also located in the northern region of Peninsula Malaysia, have a lesser number of *pondok*. Until 1995, there were approximately 40 *pondok* in Kedah and 10 in the states of Penang and Perlis.
The pondok were built as a place of residence, for as long as it takes the students, to pursue religious studies with a ‘guru’ or religious teacher. ‘Pondoks’ were built close to the guru’s house and other buildings where the religious teachings were performed. When the number of students expanded so did the number of pondok. Eventually a small village or community arises out of this process. Categorically, pondok identifies with three types of accommodation; (a) younger students accommodation; (b) mature age students accommodation and; (c) mix of younger students and mature-age students accommodation.

The buildings evolved along a layout distinctly identified as the pondok luar and pondok dalam. According to Awang (1977), the bachelor males pondok is located in the pondok luar, that is in front of the guru’s house. Married couples or inter-generational families are in the pondok dalam at the back of the ‘gurus’ house. However, no mention was made of single women pondok. The pondok housing arrangement is typically clustered and centralised. Units of housing were compartmentalised and facing the main square. The guru’s unit is located there.

It is an unconventional form of planning derived from the sole purpose of learning/education but which had evolved into a form of residential community with basic amenities, utilitarian and practical in nature. In summary, it is a community that is specific for a certain strata of the population. To move into the community is to voluntarily accept the way of life in that society.

5.5 CARE ARRANGEMENTS FOR THE ELDERLY

Social welfare programs and activities have been in existence in Malaysia for five decades since they commenced in 1946. The programs provided care and protection to the socially disabled member of the population and the elderly, and contribute to the evolution of attitudinal changes among individuals, families and the community within the context of socio-economic development. In the long run it aims to create a caring society that is in line with the National Social
Welfare Policy. However, what are the infrastructures available to safeguard the interest of the elderly?

### 5.5.1 Informal Care

In the formal system, social welfare providers are paid professionals in the caring profession. In the informal system, social welfare providers depend on the family and group support from the community. ‘The majority of the population of Malaysia subscribes to belief systems that locate the primary responsibility of well-being of the individual within the family and the group rather than the state’ (Doling and Omar: 2002: 3).

The idea of living within the family circle seems the ideal way to age but, the physical, mental and emotional well-being of the elderly who are under children’s care are always questioned. For example, Hu (2000) found an alarming rate of elderly suicide in East Asian family ‘up to five times more than their younger generations and eight times higher than their Western counterparts. Further, older persons’ revealed how their living environment has degraded from their previous situation. It resulted in disappointment in expectations and social reality (Ng: 1997). Hence, the system of maintaining the elderly in the family must be supported with better living environment. Otherwise, there are already signs of the demise of the so-called ‘filial piety’ among Malaysians, especially when elderly Malays and urban elderly are showing preferences to live on their own, but, with the children in close proximity (Malaysia, Department of Statistics: 1998).

### 5.5.2 Formal Care

In Malaysia, the delivery of infrastructure for social welfare of the elderly combines a complementary partnership between the formal and informal system. The system matches Chappell and Blandford (1991) ‘complementary model of care’ and Doling and Omar (2002) theoretical underpinning of care. Formal care supplements informal care when the needs of the older person
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

exceed the resources of the informal care system. Explaining the idea further, informal care are ‘expectations that the family, in particular, plays a key role in protecting the individual against misfortune’ (Doling et al.: 2002).

For example, the Smart Program which was launched by the Malaysian government brings together the corporate citizens, individuals and private groups into social welfare provisions for the older persons. This form of partnership has been identified as an important strategy for building the capacity of communities to solve their own problems and provide greater opportunities for provisions of infrastructure for older persons. Four important areas of participation are in health, socialization, and the ability to do daily activities. The program emphasizes older persons’ participation as a means of increasing the infrastructure and benefits for them. Table 5.12 shows the type of infrastructure that is available and who provides them.

Table 5.12: Infrastructure for the Elderly Population

<table>
<thead>
<tr>
<th>Type of Infrastructure:</th>
<th>Provider and Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOMES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Homes for the Chronically Ill</strong></td>
<td>Public</td>
</tr>
<tr>
<td>• Total capacity is 150 (Dungun, Kuala Kubu Baru)</td>
<td>• Care, protection for the chronically ill elderly</td>
</tr>
<tr>
<td></td>
<td>• medical treatment</td>
</tr>
<tr>
<td></td>
<td>• guidance and counseling</td>
</tr>
<tr>
<td></td>
<td>• physiotherapy,</td>
</tr>
<tr>
<td></td>
<td>• devotion guide, religious activities</td>
</tr>
<tr>
<td></td>
<td>• recreational activities.</td>
</tr>
<tr>
<td><strong>Nursing Homes</strong></td>
<td>Public and Private</td>
</tr>
<tr>
<td>4 nursing homes with 71 beds</td>
<td></td>
</tr>
<tr>
<td><strong>Day Care Centres</strong></td>
<td>Public</td>
</tr>
<tr>
<td>19 centres each costing RM500,000. Eight day care centres (Tanjung Malim, Kg. Cheras Baru, Kg Seri Sikamat, Raub, Bentong and Pekan, Bukit Payong and Mukim K Raja, Besut.</td>
<td>Under the day care concept, active senior citizens can participate in activities like recreation, vocational training, voluntary work, health matters while socialising. Non-active elderly can receive care or basic medication.</td>
</tr>
<tr>
<td><strong>Old Folks Homes</strong></td>
<td>Managed by the National Welfare Council for Peninsular Malaysia and Private Organisations</td>
</tr>
<tr>
<td>129 homes</td>
<td>• counseling</td>
</tr>
<tr>
<td></td>
<td>• occupational and physiotherapy services</td>
</tr>
<tr>
<td></td>
<td>• recreational</td>
</tr>
<tr>
<td></td>
<td>• religious activities</td>
</tr>
<tr>
<td></td>
<td>• medical care</td>
</tr>
</tbody>
</table>

*continue page over*
## Types of Infrastructure

### INSTITUTIONS

<table>
<thead>
<tr>
<th>Institutions for senior citizens</th>
<th>States</th>
<th>Units</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 institutions with 1772 residents</td>
<td>Perak</td>
<td>2</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>Perlis</td>
<td>1</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Kedah</td>
<td>1</td>
<td>254</td>
</tr>
<tr>
<td></td>
<td>Selangor</td>
<td>1</td>
<td>306</td>
</tr>
<tr>
<td></td>
<td>N. S</td>
<td>1</td>
<td>182</td>
</tr>
<tr>
<td></td>
<td>Melaka</td>
<td>1</td>
<td>181</td>
</tr>
<tr>
<td></td>
<td>Johor</td>
<td>1</td>
<td>228</td>
</tr>
<tr>
<td></td>
<td>Kelantan</td>
<td>1</td>
<td>134</td>
</tr>
</tbody>
</table>

Managed by Department of Social Welfare

### Institutions for Senior Citizens

<table>
<thead>
<tr>
<th>States</th>
<th>Units</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pahang</td>
<td>32</td>
<td>68</td>
</tr>
<tr>
<td>Johor</td>
<td>24</td>
<td>203</td>
</tr>
<tr>
<td>Perak</td>
<td>9</td>
<td>199</td>
</tr>
<tr>
<td>Kelantan</td>
<td>7</td>
<td>74</td>
</tr>
<tr>
<td>NS</td>
<td>6</td>
<td>47</td>
</tr>
<tr>
<td>Trengganu</td>
<td>6</td>
<td>151</td>
</tr>
<tr>
<td>Selangor</td>
<td>5</td>
<td>141</td>
</tr>
<tr>
<td>Perlis</td>
<td>4</td>
<td>57</td>
</tr>
<tr>
<td>Melaka</td>
<td>4</td>
<td>52</td>
</tr>
<tr>
<td>Penang</td>
<td>3</td>
<td>493</td>
</tr>
<tr>
<td>Kedah</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>KL</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Sarawak</td>
<td>1</td>
<td>34</td>
</tr>
</tbody>
</table>

Managed by NGOs

### Telecare for Senior Citizens

<table>
<thead>
<tr>
<th>States</th>
<th>Units</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free toll number 1-800-880981</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Public and Private Partnership

* For elderly who are lonely, emotionally troubled or with family or psychological problems

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The role of a formal infrastructure provider starts at the national level at the Department of Social Welfare, which is, a department of the Ministry of National Unity and Social Development, Malaysia. The department deals mainly with welfare services and is responsible for the National Social Welfare Policy. It is responsible for providing care, protection and rehabilitation to orphans, juvenile delinquents, women and girls under 21 years old who are exposed to moral danger, the physically and mentally disabled, and the elderly. Fifty-two welfare institutions are funded and managed by this department, in which, nine of them are dedicated to the care of the elderly, called the Old Folk’s Homes (Lai: 1998).

The role of the private sector starts at the local level. For example, in the provision of health care, private practitioners who operate primary care clinics open for longer hours. As Aljunid (1996) observes, private practitioners provide attractive services to the elderly because they normally stayed in a particular area for a long time and services are personal.

<table>
<thead>
<tr>
<th>Type of Infrastructure</th>
<th>Provider and Content</th>
</tr>
</thead>
</table>
| HEALTH AND GERIATRIC PUBLIC HOSPITALS | ▪ District hospitals  
▪ Mobile clinics  
▪ 72 health centres  
▪ 16 hospitals provide geriatric service  
▪ One centre provides rehabilitative and geriatric care  
▪ 450 health clinics conduct specific geriatric clinics |
|   | Public and Private  
▪ Home nursing  
▪ Home visits by doctors: case-to-case basis  
▪ Follow up at geriatric clinics  
▪ Assessment and training of domestic maids to ensure that they are able to care for the elderly  
▪ Rehabilitation  
▪ Visits to old folks homes: run clinics and health assessment for the elderly  
▪ Counselling, health advice, health assessment, screening, treatment and rehabilitation at clinic level.  
▪ Community-based health education and information.  
▪ 6,500 health staff trained in elderly health care.  
▪ Family carers in communities are trained: FELDA schemes and traditional villages. |

Source: Malaysia, Ministry of Health (2002); Malaysia, Public Works Department (2000); Malaysia, Prime Ministers Department (2000)
5.6 PROJECT WAYPOINT

Gerontological research is only a recent endeavour in Malaysia. Because of the young population and also because it has only recently entered the categories of ageing nation, the urgency of the situation is not felt as much as it would have been felt in Australia. An advantage is that Malaysia is in a position to learn from her more developed neighbour especially in the provision of infrastructure and services for the elderly, and how it should be dealt and delivered effectively.

About 12.2 percent of the Malaysian elderly are in the young-old category of 61-70. This group of population is expanding at a much faster rate than the old-old category. Unique to the Malaysian situation is that the retirement age is 56 years. In 2000, 10.4 percent of the population belongs to this age category. While being retirees do not qualify them as older citizens, nonetheless it signifies the time of transition into old age. Their needs are almost similar to the young-old's. These are the same group who in four years from now will move into the young-old population and, the incipient demands of an aged person.

The elderly are also geographically dispersed into the urban and rural areas. In 1991, 5.4 percent of the elderly are living in the urban areas and 6.7 percent are living in the rural areas. Between Peninsula Malaysia and East Malaysia, the concentration of rural elderly population is more in East Malaysia as the rate of urbanization is slightly lower than in Peninsula Malaysia.

Disparities are obvious in terms of entitlements to old age support and the daily lives of the elderly. First, financial support is not assured for all elderly. Lateral disparities in participation between those engaged in the formal and informal sector of the economy, left the elderly marginalized if they were not engaged in structured employment. Second, regional disparities between urban and rural access to services are evident. Most urban areas have better infrastructure for the elderly compared with their rural counterparts.
Most Malaysian elderly are either living in a nuclear family or an extended family. With the increasing trend in the formation of nuclear family household and the declining trend in the formation of extended family household, housing and care of the elderly are important agendas that might enrich or reduce the rewards of growing old. It can be argued that the dual processes of rapid industrialisation and urbanisation may have a detrimental effect on the ability of informal care offered by the family. At the same time, geographical dispersion and the growing trend for nucleated family households may require an extension of formal support. In this context, the chapter revealed the unfortunate state of un-preparedness for planned elderly housing. Property regulations which influence the availability of housing alternatives and dwelling related services to facilitate ageing-in-place, were stand alone policies not effectively integrated into a spool. Formal care of the elderly, although have been in existent is limited to certain service.

The prospects of planned housing and effective social welfare for the elderly Malaysians are looking bright. The government has implemented various levels of intervention even though it could have been better coordinated under a specific national organization.

With those arguments in mind, the next chapter will discuss the dimensions that could be considered in a housing-accommodation model for the elderly. A new deterministic paradigm that considers cultural-values of the local elderly population forms the basis for the whole examination, before deriving at a suitable model.
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

a New Villages were created after a state of Emergency was declared in 1948, in response to the Communist insurgency in Malaya. The "Briggs Plan" devised by General Harold Briggs created 452 new villages. Most of the new villages comprised of ethnic Chinese population. The plan involved the relocation of isolated villages and communities into designated areas called "New Villages" where their residents could be more easily protected and also where communist sympathizers would be isolated and be unable to provide provisions, weapons or information to the rebels in the countryside. As a result, areas formerly populated by the mostly Chinese civilians became new villages. (Alloexpat: 2005b).

b Louis Writh is the first sociologist who studied urbanism from an ecology stream in Chicago. Writh looks at the relationship between urbanism and the family in a negative perspective. He asserts that the basic relationship has weakened and being replaced by a secondary relation. 'Urbanism as defined by Writh is the primary group relationship that has 'inevitably replaced by secondary contact that were impersonal segmented, superficial, transitory and often predicatory in nature. As a result, the city dweller becomes anonymous, isolated, secular, relativistic, rational and sophisticated. In order to function in the urban society, he was forced to combine with others to organize corporations, voluntary associations, representative forms of the government and the impersonal mass media of communications. These replace the primary groups and the integrated way of life found in the rural and the pre-industrialized settlements'. (Gans 1975 : 1989: as quoted by Lim in Rumah Sri Kenangan : 10 )

c This paper reports the findings from focus group discussions and ethnographic interviews that were conducted in 1996 in Malay, Chinese and Indian communities in Peninsular Malaysia.
CHAPTER 6:
CULTURAL-VALUES, RELIGION AND CUSTOM: UNDERPINNINGS OF A NEW PARADIGM IN ELDERLY HOUSING

‘The culture of a country has a strong influence on the way people behave’ (Thong: 1998). It plays a significant role in determining and developing the ethos of an older population. Without a clear understanding of what constitutes acceptable characteristics of the elderly, any policies, strategies, and programs introduced by the government can fail to be useful, and might not fulfill the needs and wants of those 60 years and above. Thus programs that had been painstakingly designed can prove to be unacceptable for the local context.

Alternatively, cultural-values of the elderly in a developed country should not be mistakenly taken as congruent with those of elderly Malaysians. As Merriam and Mazanah (2000:47) explained, ‘cultural-values of autonomy, control, and production are implicit in Western models of development that focus on “successful” and “productive” aging’. As an ideal, it emphasizes an elderly as ‘mobile, unconnected entities, individuals who are responsible for themselves’. As the analysis further reveals, the ideal could be taken as holistic yet having to manage it in an indigenous perspective entails finding local cultural-values to make it work.

Because the meaning of cultural-values shapes the physical manifestations of independence, living arrangements and housing, it follows that the similarities and differences in culture values in Malaysia’s multi-ethnic society will determine the pattern of housing, and lifestyle an elderly person prefers.
Unequivocally, it could be envisaged as a new paradigm in determining future housing policies and models of housing for elderly persons.

There has been little attempt to provide an analysis of the dominating value systems of the different ethnic communities and the implication of these values for an understanding of the housing culture of elderly Malaysians. This chapter contributes to the challenging issue of understanding how cultural-values shape the decision as to the housing of the elderly. Important dimensions of culture are qualitatively analyzed in view of the broader context of the Malaysian elderly. Further examination highlights certain cultural values which are predominant in the ethnic groups and which could be advantageous to planning the community of elderly persons. In particular, the culture-value approach is appropriate to the objectives of this research as it appraises the characteristics so characteristic of the elderly population. It demonstrates how culture influences the decisions made by the elderly. It also explains why cultural-values are strong premise in formulating the framework for future policies of accommodation for older populations.

With the task now contextualised, international experience captured in Chapter 4, and the extent of ageing and trends and characteristics of the Malaysian elderly explained in Chapter 5, the task in this chapter is to select the dimensions required in a housing-accommodation model for the elderly. Whereas in Chapter 5 we discussed the first part of the third project element of Repositioning, now, in Chapter 6, the second part is dealt with. The following sections illustrate the progression towards deriving a suitable model to address the research question. They are:

- appreciating diversity: a walk through history
- cultural dimensions theory
- Malaysian cultural dimension
- cultural-values paradigm
- implications for housing-accommodation.
6.1 THE MALAYSIAN HISTORY OF DIVERSITY

A discussion on the cultural-values of Malaysian Malays (Bumiputera), Chinese, Indians and Bidayuh should start with an understanding of the history of the country, especially how the variegated ethnic mix arose, and the introduction of religion. These are the important aspects which persist until today.

The story of Malaysia stretches deep into the past. The Golden Chersonese, the name given by Ptolemy to the Malay Peninsula, was a source of gold and tin and the seat to major Malay kingdoms (Maeir: 1988). In support of those claims, archaeological artefacts which date back to the fifth century were found in Lembah Bujang, Kedah and Perak. Some scholars claimed it as the seat of the kingdom of Langkasuka, a town with fine walls enclosing a fortress of a populous and prosperous region where a Roman envoy and four Chinese embassies were located (Wheatley: 1973). Similar references were found for the state of Kelantan. Kelantan's history dates back from 8000 to 3000 B.C. Chinese (China) historical documents chronicled the existence of a government, referred to as Ho-lo-tan, Chih-Tu or Tan-Tan (Abdullahisham: 1998, Shahril: 1995).

The kingdoms were linked to various power centres in Ayutthaya Siam (modern day Thailand), Angkor (Cambodia), Chola (India), and Sri Vijaya (Palembang, Indonesia) (Sabri: 1998; Wheatley: 1973). However, it was the kingdom of Malacca which was established around the 12th century that best epitomises modern Malaysia as it is known today.

Malacca was originally inhabited by the Malay people and Orang Lauts (or seafaring people) before a Sumatran noble, Parameswara, set up a settlement around the estuary of Melaka River around 1400. By the time Admiral Zheng De (Cheng Ho) landed in Malacca in 1409, it was already a thriving port with ‘a regular governing body, a good judicial system, its own system of collection of custom duties at the entre-port, standard weights and measures, coinage in tin, godowns (warehouses) for the storage of specie and provision in the inner city
walls, 500 money changers, a walled city with four gates furnished with watch and drum towers, and maritime laws with regard to code of conduct in maritime (Menzies: 2002: 103; Bastin et el. 1966: 24-32). According to Pires (Wheatley: 1973) no fewer than 84 distinct languages could be heard in the streets of Malacca. Traders from India, Arabia, Persia, Armenia, Sumatra, Riau, Moluccas, Burma, Siam, Cambodia and China were amongst early traders who eventually became part of the diverse population (Wright: 2003).

By the reign of its last ruler, Sultan Mahmud Shah (1488-1530), the Portuguese fleet under Admiral Diego Lopez de Sequeira started to establish the first European contact. The Portuguese conquered the port in 1511. From then on Malacca came under a succession of foreign rulers. In 1641-1795, the Dutch occupied the city before peacefully turning it over to Britain in 1795. Due to some internal strife, Malacca was returned to the Dutch in 1818, only to change hands for the final time in 1824, Thus begun ‘the spread of pax Britannica to all states in the peninsula’ (Clarkson: 1968: 43). The Japanese conquered the peninsula in 1942 and ruled briefly, but at the end of Second World War in 1945, returned Malaya to British rule. Malaya achieved its independence in 1957.

6.1.1 Early History of Malays, Chinese, Indians and Other Races

Many traders had already settled in Malacca and other parts of the Peninsula before the European intervention. Typically, there was a strong presence of Indian traders in Kedah, Penang and Malacca, the Siamese or Thais settled in Perlis and Kedah, some Cambodians in Pahang and Kelantan, and Bugis, Riau and Sumatrans in Perak, Johor, Pahang and Negeri Sembilan (Appendix 2). It was recorded that during the Golden Age of Malacca circa 1460, Melaka town alone had 40,000 people with almost all the known races in the world represented (Sabri: 2004). When the Portuguese were defeated by the Dutch in 1641, a few Portuguese who were left behind formed a small settlement in present day Ujong Pasir in Malacca.
Interrmarriages were common among Malays and foreigners. The most high profile inter-marriage was between the Ming Princess, Li Po, also known as Hang Liu or Hang Li Po, and the Sultan of Malacca, Sultan Mansur Shah (1456-1477). The marriage marks the first major influx of Chinese into the empire. Princess Li Po’s bridal entourage consisted of 500 youths of noble birth and several women attendants (Yuangzhi: 2001). The ‘Sejarah Melayu’ or Malay Annals, written by Tun Sri Lanang in the 17th century, is testimony to the strong relationship between the Malay Sultan and the Chinese delegation. Bukit China, a hill in the heart of Malacca town, was bequeathed as place of residence to them. As a consequence, the first permanent Chinese settlement evolved. They were known as the Peranakan or Baba.

However, it was not until 1871 when the next major influx of Chinese occurred. They were commissioned by the Malay Rajas to work in tin mining fields in Perak, Kedah and Selangor. By 1872, there were 40,000 Chinese miners in the state of Perak alone (Clarkson: 1968). Some Chinese emigrated ‘to escape the hungry and crowded provinces of southeast China’ (Clarkson: 1968: 43). According to Francis Light, these Chinese were valuable acquisitions who possessed the different trades of carpenter, mason, smith, planter and shopkeeper (Clarkson: 1968).

The history of Indians is closely linked to the trade of textiles and the Malaysian plantation economy. Traders from Gujarat, Coromandel and Chola in India had established trade relations since the fifth century. Some settled in ports where they conducted trade, for example, Merbok in Kedah, Klang in Selangor, Malacca, Kuantan in Pahang, and Kelantan. Towards the eighteenth century, owing to rubber and coffee plantation agriculture, and that of infrastructure development, ‘Madrasi’ from the state of Tamilnadu, India, were imported to work as labourers in both sectors. By 1887, there was a steady flow of South Indian immigration through the Indian Immigration Committee (Sandhu: 1993, Arasaratnam: 1993). At this stage, Benggalis, Punjabis and Sikhs from east and north India joined the migration rush. Between 1786 and 1957, about 4.2 million Indian immigrants entered the country but three million left. The largest average
annual flow of Indians into Malaya occurred during 1911-1930, when more than 90,000 persons arrived per year (Sandhu: 1993).

6.1.2 Early History of Hinduism, Buddhism and Islam in Malaysia

According to Wheatley (1978), Indian culture and the Hindu religion were initially transmitted through the Malay courts. The Malay rulers invited Brahman priests who were skilled in protocol and rituals to legitimate their status as rulers (Wheatley: 1978). They realized the value of Indian concepts as a means to enhance their mythological genealogies of kingly power, to infuse ceremonial court life, magical rites and Hindu religious formulae (Moorhead: 1963; Wheatley: 1978). This fact helps to explain the comparative ease with which Indian culture spread throughout Malaya. But, it was also through Indian traders that the Hindu religion spread. As the Malay Peninsula is the first landfall of most Indian voyagers to Southeast Asia, traders imparted their culture and religion to cement better trading relations. The spread of Hinduism is also attributed to the expansionist policy of the kingdom of Majapahit in Java which was at one time the sovereign power in the eastern states of Kelantan, Trengganu and Pahang.

The spread of Buddhism in the Malay Peninsula was associated with military and political expansion of the Sri Vijaya Empire located in Sumatra. The theology of Buddhism also spread through zealous missionaries of the faith (Moorhead: 1963: 34). Sri Vijaya was an important center of Buddhist learning where thousands of monks devoted their days studying the path of enlightenment. Because of its proximity to the Malay Peninsula, the religion persisted with the construction of Buddhist temples in Selangor, Kedah and Perak.

Islam proliferated around the thirteenth century, introduced by Indian traders and not through organized missionary movements. An inscribed letter dated 1326 A.D. which was found in Trengganu suggested that Islam could have been introduced by merchants from China although their interest mainly lay in politics
and trade. Islam had long found its roots in China. It had also been a known fact that the Grand Eunuch of China, Admiral Zheng De (Cheng Ho) who led many naval expeditions around the world and visited Malacca in 1409 to 1411, was a Muslim serving in the palace (Menzies, 2002, Sabri: 2004). And when Sri Vijaya became a Muslim empire, its effects were far reaching. The founder of Malacca, Parameswara converted to Islam when marrying a Pasai princess of the kingdom. But it was Sultan Muhammad Shah who led the conversion of Malacca to a Muslim empire. The religion persists until today.

However, it is important to note that prior to British colonialism, ethnic and religious identities were more fluid, and prevailed among the local conditions and differences of the Malay states. But, with the imposition of the British formal administration, such epithets like ‘Indian Muslims’, ‘Chinese Buddhists’, ‘Malay Muslims’, ‘Indian Hindus’ became salient (Nagata: 1993). Thus began the identification of ethnicity with religion. It should be added that Malay is the lingua franca throughout southeast Asia and among international traders, owing to the rise of Malacca as a great port, centre of culture, and to its position as the centre of the Portuguese empire during the 16th and 17th century (Moorhead: 1963).

6.1.3 Present Day Malaysia: Peoples, Religion, Culture and Language

Peoples

Malaysia comprises the Peninsula or West Malaysia and Sabah and Sarawak or East Malaysia on the island of Borneo, and the Federal Territories of Kuala Lumpur and Labuan. The total population is approximately 25.3 million (Malaysia, [Department of Statistics]: 2004). Malaysians can be classified into those with cultural affinities indigenous to the region, also known as bumiputera ('sons of the soil'); and the non-bumiputera whose cultural affinities lie outside the region.
The bumiputera which make up approximately 62 percent of the population are distinguished into three broad categories: the indigenous aborigines or orang asli, Malays, and non-Malay bumiputera. The indigenous peoples of Peninsular Malaysia consist of 18 sub-ethnic groups classified under Negrito, Senoi and Proto-Malay. Among some of the sub-ethnic groups are the Temuan, Senoi, Jakun, Semelai, Mah Meri, Jah Hut and Semog Beri (Nicholas: 1997). Malays include the original Melayu population and Malays of Aceh, Banjar, Bugis, Minangkabau, Java, Boyan and Mandeliang origins. The non-Malay bumiputera are in Sarawak and Sabah and comprise the Iban, Bidayuh, Melanau, Kenyah, Kayan and Bisayuh in Sarawak. In Sabah, the Kadazandusun form the largest single ethnic group with the Murut, Kelabit, and Kedayan forming significant minorities. The non-bumiputera's, mainly comprise Chinese (Hakka, Teochew, Hokkien, Hokchiu, Cantonese) and Indians (Tamil, Malayali, Gujarati, Sikhs and Punjabi), and smaller communities of Arabs, Sinhalese, Cambodians, Vietnamese, Eurasians and Europeans (Leung: 2001, Walters: 2004)

Religion

Although Malaysia is not an Islamic state, Islam is the official religion. There is mutual respect among the different faiths. Religious freedom is guaranteed by the constitution. Religion is highly correlated with ethnicity. Almost all Malays are Muslims. Some Tamil, Malayali, Gujarati, Punjabi and around 20 per cent of the indigenous tribal peoples are also Muslims (Walters: 2004). Therefore, Islam is the most widely professed faith with about 60.4 percent of the total population made up of Muslims. Buddhists constitute 19.2 percent, Hindus form 9.1% [8.0%]; Christians 6.3% [6.4%]; Confucianists/Taoists/other traditional Chinese religionists 2.6% [5.3%]; Folk/Tribal Animistic Religionists 1.2% and Others 2.1% of the total population (Walters: 2004).

Muslims abide by the teachings of Islam, are of the Sunni stream and follow the Shafie school of law. The Five Pillars of Faith are adhered to: the shahada, or statement of faith; salat, daily prayers; zakat, almsgiving to the poor; saum,
fasting during the holy month of Ramadan; and haj, the pilgrimage to Mecca, which Muslims must make once in a lifetime if they can.

Chinese are mainly Buddhist of the Mahayana sect (Guanyin, Kek Lok Si, Cheng Hoon Teng and Goddess of Mercy Temples) or adhere to the Taoist faith. ‘Chinese religious belief and practice are open to additions, and accommodate to changing needs’ (Nagata: 1995). Buddhists seek enlightenment and detachment from worldly matters, and hold a belief in social justice and good conduct, the acceptance of life's difficulties, and honour ancestors as part of their religion.

Symbols are important in Hindu religion. There are many temples, each with their own deities including Shiva, Vishnu and Devi. Hinduism is a religion that stresses a code of behaviour more than a uniform set of beliefs. Hindus perceive a clear social order and feel that in life they have a distinct place in that order. Reincarnation allows them to move through the social order.

The meanings of Christianity among Bidayuhs are more common compared with other ethnic groups in Malaysia. Bidayuhs experience the same problems with some Kadazans in Sabah who are generally ‘dissatisfied with what they see as the refusal of the Anglican church (Catholic Church for some Bidayuh) to acknowledge the religious validity of ethnic thought and, allow them to work out/through the relations between the systems in a way which honours ancestral teaching and personal perceptions of village life’ (Koepping: 2004). Their observances of traditional rituals continue even though the church censures such practices.

**Culture and Custom**

The Malays would say, Biar mati anak, jangan mati ada’ (Let the child perish, but not the custom). In other words, culture is so important that they would literally sacrifice their child as long as the culture is protected (Hamid: 1964). The culture of the Malays is influenced by Indians, Arabs and Chinese. As
discussed earlier, the Malays originally practised Hindu culture before Islam was introduced. Slowly, Arabic culture, music and food were accepted. But there was no Arabisation of the Malay people. Many of old Malay traditions are still practised today such as, *gotong-royong*, where every person in the community helps each other during a wedding, or padi planting etc. (Ooi: 1963).

Most of the culture is entrenched in Islamic beliefs. For example women sit separately from the men at mosques, but when it is time to care for the family, they work together. The man of the family has as much responsibility in raising the children as the woman does (Gafoor: 1999). The most important Malay festivals are the Hari Raya Aidifitri which follows immediately after the 30 days fasting in the month of Ramadan and, Hari Raya Haji in celebration of the annual pilgrimage to Mecca.

Hague (2002) asserts that the culture of Malaysian Chinese is different from that of mainland China with respect to social beliefs and expectations, attitudes and values. This is in part due to the Chinese having assimilated with the local population. The Chinese participated in a ‘modern culture movement’ while at the same time developing traditional cultural practices like ‘chingay’ (DeBenardi: 2001). The Baba Chinese, for example, creolized Chinese and Malay languages and lifestyle while continuing with Chinese religious beliefs (DeBenardi: 2001). Several times a year, the Chinese get together with relatives and neighbours to celebrate the Chinese New Year or the new lunar calendar, the Mooncake Festival, and Hungry Ghost Festival. Similar gatherings also occur at weddings, births and deaths. On all the occasions, Chinese rites and rituals are observed (Loh: 1988: 166, Nagata: 1995). As a result, numerous shrines and temples are constructed to enshrine these practices. Chinese education continues to form an important element in maintaining Chinese language and culture. Primary and secondary levels of education with Chinese as the medium of instruction for all academic subjects are catered in approximately 1300 schools throughout Malaysia (Tan: 2001).
The Indians who came to Malaysia brought with them the Hindu culture – its unique temples, delicious cuisine and colourful garments. Hindu tradition remains strong today in the Indian community of Malaysia. The Indians have also assimilated into the society to the extent that the Chitties who live in Malacca and Penang adopt the lifestyle, food, clothing and language of the local population while still practising Hindu religious ceremonies but with a unique blend (Pillay: 2005). They do not speak their mother-tongue anymore. The most important Hindu festival is Deepavali, a celebration of the triumph of good over evil, light over dark. It is also known as the ‘festival of lights’. Another important Hindu celebration is Thaipusam, when the Indians converge in the Batu Caves to make a sacrifice, or, to fulfill their vows.

Iban, Bidayuh and Kadazan culture exists in Sarawak and Sabah. Traditionally, Ibans and Bidayuhs live in longhouses. These homes were built to house over 200 people, consisting of separate family units, and headed by the tuay (which literally means “old” in the Iban language). Their main celebration is the Gawai Kenyalang, or victory of the head hunters. The tradition of head hunting has ended. Nowadays, Gawai celebrations are celebrated by family and guests. A large majority of Ibans and Bidayuh still maintain their strong traditional beliefs (Minos: 2000). As such, rituals and festivals that pay reverence to mythical and legendary heroes and deities are still practiced. Examples include the Gawai Dayak (Harvest Festival), Gawai Kenyalang (Hornbill Festival) and Gawai Antu (Festival of the Dead). The continuing existence and practice of traditional rituals and festivals has, in turn, ensured the continued relevance (and survival) of many of the art forms of the Iban and Bidayuh people. An example is the Ngajat Dance which is performed during the Gawai Dayak (AllMalaysiaInfo: 2004).

Language

Language is seen as an important means of linking the nation together. Bahasa Melayu is the official national language in administration, and the medium of instruction for education (Andaya and Andaya: 1982, 2001). English is widely
spoken since the language is taught to everyone receiving primary education. Chinese dialects (Cantonese, Mandarin, Hokkien, Hakka, Hainan, Foochow), Indian dialects (Tamil, Telugu, Malayalam, Punjabi), Thai and other minority languages are also spoken. In East Malaysia, several indigenous languages are spoken; the largest are Iban and Kadazan. Most Malaysians are fluent in two languages, is one being of mother-tongue language and one Malay, Chinese, Indian or English. Most Chinese and Indian languages are lavishly sprinkled with Malay words, and so will differ slightly from the original.

In sum, the history of Malaysia acknowledges the origins and roots of the different ethnic groups that exist today. While conceding that the peoples are different, the strength of association lies in their ability to live alongside one another, over the generations, under the same governance. The peoples of Malaysia created conditions under which their differences could operate. Hence, this project posits culture as a powerful tool to understand the way of thinking of peoples of different ethnic groups. Against this backdrop, the cultural-values of the Malaysian elderly can be properly analysed.

6.2 CULTURAL DIMENSIONS THEORY

Having established the foundation of multi-ethnicity in Malaysia, this section presents the main features of the required task. Culture is contextualised to a theory and Malaysia’s position in it is assessed.

Geert Hofstede, an eminent anthropologist, formulated a theory that world cultures are different from each other and that the differences vary along consistent, fundamental dimensions. He identified five dimensions that describe the metaphysics (knowledge, myths, stories, customs, common sense, system of frames, assumptions) by which a society operates (Hofstede: 1993, Ross: 1997). Hofstede’s five dimensions of culture are namely: power-distance, collectivism vs individualism, feminity vs masculinity, uncertainty avoidance, and long vs short-term orientation.
6.2.1 Cultural Dimensions

Power Distance ‘refers to the extent to which less powerful members expect and accept an unequal power distribution within a culture’ (Marcus and Gould: 2000). It is interesting to note that when power distance is high, it shows a country with centralized political power and organizations that tend to exert control over employees. Prevalence of inequality is typical. Low power distance would have organizations functioning in smoother hierarchies. Equality is generally desired.

‘Individualism in cultures implies loose ties; everyone is expected to look after one's self or immediate family but no one else. Collectivism implies that people are integrated from birth into strong, cohesive groups that protect them in exchange for unquestioning loyalty (Marcus and Gould: 2000). Attributes of an individualistic culture include the value placed on honesty/truth in family relations. During conflicts, members of the family prefer to discuss problems openly. They also use guilt to achieve behavioral goals, and maintain self-respect. Individuals in these societies tend to form looser relationships. Collectivist cultures value harmony more than honesty/truth (and silence more than speech) in their family relations (Price and Crapo: 2002). They use shame to achieve behavioral goals, and strive to maintain face.

Masculinity vs. Femininity (MAS) refers to work culture and the degree of reinforcement of the traditional masculine role. Following Hofstede’s dimension, high masculinity indicates expensive gender differentiation. Males dominate decision making. Low masculinity indicates less discrimination between genders. Females are treated equally with males in all aspects of the society. In the family environment of the multi ethnic culture in Malaysia, it is the gender roles and not physical characteristics that often reveal how decisions are being made.
Uncertainty Avoidance (UAI) measures the extent to which people try to avoid uncertainty in their everyday life. It can be expressed as the need for predictability as a result of formal or informal rules. For the elderly, it is not uncertainty avoidance that impacts them, rather, it is certainty that they are looking for. Thus, home is regarded a security of shelter in old age. Since the elderly have a very strong preference for environments that reduce risk this index is not much use as reference to the elderly housing situation or decision making purposes. And for that reason alone, uncertainty avoidance is not explored any further.

Hofstede believes that long-term or short-term orientation plays an important role in Asian countries. According to Marcus et al. (2000), Asian countries shared beliefs are largely influenced by Confucianism. The beliefs are as follows:

- A stable society requires unequal relations.
- The family is the prototype of all social organizations; consequently, older people (parents) have more authority than younger people (and men more than women).
- Virtuous behavior to others means not treating them as one would not like to be treated.
- Virtuous behavior in work means trying to acquire skills and education, working hard, and being frugal, patient, and persevering.

However, although shared belief is largely influenced by Confucianism, it is a generalization that could not be applied for every country in Asia. I would not characterise the Confucianism value as that of the whole of Asia, but perhaps East Asia. By contrast, other values of Islam and Hinduism are values that are deep-rooted in other parts of Asia. Nonetheless, the generalization espoused by Marcus is similar to some observed values of Muslim societies and the Hindu societies in Asia.
6.2.2 Malaysia’s Dimension in Hofstede’s Dimension

Based on Hofstede’s (1997) cultural dimensions theory, Malaysia’s cultural profile was classified as having large power distance (PDI-104), collectivism (IDV-26), an average balance between feminine and masculine values (MAS 50), and low uncertainty avoidance (UAI-36) (Mazhatul: 2003). A comparison with world average and lowest-highest scores is shown in Table 6.1.

Table 6.1: Hofstede’s Cultural Dimensions: Malaysia and World Average (1997)

<table>
<thead>
<tr>
<th>Cultural Dimensions</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaysia Highest Lowest World Average</td>
<td></td>
</tr>
<tr>
<td>High Power Distance (PDI)</td>
<td>104 11 55</td>
</tr>
<tr>
<td>Individualism and Collectivism (IDV)</td>
<td>26 91 43</td>
</tr>
<tr>
<td>High Uncertainty Avoidance (UAI)</td>
<td>36 112 64</td>
</tr>
<tr>
<td>Masculinity (MAS)</td>
<td>50 95 50</td>
</tr>
</tbody>
</table>

Note: The scores are calculated from answers by IBM employees in 56 countries and three regions. Answers are represented by score numbers 1,2,3,4 or 5. A statistical procedure (factor analysis) was used to sort the survey questions into groups called factors or clusters. Malaysia was not included in the study on Long vs Short Term Orientation.


- Malaysia was highly ranked in the power distance cultural dimension (PDI-104). Highly ranked power distance cultures correspond to strong cohesion in the family, dependence on one another, respect and commitment to older people and authorities. A high Power Distance ranking indicates that inequalities of power and wealth have been allowed to grow within the society (Hofstede: 1997).
- Tunkkari and Koiranen (2000) studied cross-cultural comparisons of family business characteristics in Finland and Malaysia. They revealed that Malaysia was a collectivist society, IDV-26, that emphasizes the
achievement of communal as opposed to individual goals. Communal pride and respect are highly regarded over individual pride.

- According to Hofstede (1997), countries that are low on uncertainty avoidance can prefer a structure and a culture of minimizing uncertainty within the population by enacting rules, laws, regulations to cover all situations and circumstances. The popular saying in Malaysia, ‘to be on the safe side’ is reflected on Malaysia’s UAI at 36.

- Malaysia’s masculinity index (MAS) is on par with world average at 50. It is indicative of a balanced society in which males and females are treated equally (Figure 6.1).

![Figure 6.1: Malaysia’s Position in Comparison to Highest and Lowest Scores of Hofstede’s Cultural Dimension (1997)](image)

The combination of high PDI score and low UAI scores is interpreted as indicative of a society that prefers structure and clear rules in order to reduce the amount of uncertainty, while preference adheres to the authority of leaders to decide what is best. Although Malaysia is high in PDI, and people regard leaders with respect, whatever benefits leaders create should transmit to all. Communal benefit (low IDV) is therefore a strong agenda. As males and females are treated equally, the current viewpoint is that equal opportunities exist for all to share.
There can of course, be doubts that the index is nationally representative of Malaysian culture. Central to most debates on Hofstede’s dimensions is that one company cannot provide information about the entire national culture. Since the survey was based on IBM employees, it is difficult to accept that the samples represent the profile of national populations (McScweeney, 2002). On the other hand, large scale surveying of many peoples in countries around the world is, in research terms, close to a logistical nightmare. Hofstede took up an opportunity afforded by one multinational firm to provide access across nations and centralized research procedures and documentation. His approach, while maybe imperfect, remains the best available in depicting cultural norms and differences by nation.

6.3 CULTURAL DIMENSION OF MALAYSIANS

With some understanding of the overall Malaysian cultural disposition, it is possible to move further to examine potential interaction with preferences in and the provision of accommodation, with particular reference to the elderly. The tasks in this section are: to introduce the ethnic groups which constitute Malaysian society and briefly sketch their cultural orientations; to set out the core cultural values of the elderly in Malaysia; to interlink cultural values and facets of the accommodation system; and, finally, to offer a pair of case studies which exemplify the relation between cultural values and resultant accommodation patterns. These tasks are handled respectively in the following four subsections.

6.3.1 Malaysian Ethnic Groups

Now that we have established the national representation of Malaysian culture in Hofstede’s dimension, we can pursue the identity of the ethnic groups. We compare values of the Malays (Bumiputera), Chinese and Indians. The reader will be able to see if there is a national norm or common national cultural-values which can be extricated to form a basis for the planning of accommodation for the elderly.
Abdullah (1996) categorised Malaysian cultural dimension into five sub-groups: hierarchical, collectivistic, relationship oriented, face and religion. He describes them as follows:

- Malaysians are hierarchical in that power and wealth are distributed unequally; this inequality manifests itself in respect for the elders and ‘is considered normal as manifested in the way homage is paid to those who are senior in age and position’ (Abdullah: 1996: 105). In fact, efforts are made to act and look older to accrue the prestige and authority associated with that stage of life (Fry, 1990 in Merriam et al., 2000).
- Malaysians are collectivistic: Synonymous with Hofstede’s dimension, ‘identity is determined by the collective group to which one belongs, not by individual characteristics’ (Merriam et al: 2000).
- Malaysians are relationship oriented. Their lives are embedded in a complex web of ties to family, village, country, and/or social group, where mutual and reciprocal obligations are clearly understood and acted upon.
- Face, or ‘maintaining a person’s dignity by not embarrassing or humiliating a person in front of others’ is key to preserving social harmony and personal relationships (Abdullah : 1996: 106; Tong: 1998).
- Malaysians are religious. Happiness comes ‘from suppressing self-interests for the good of others or discovering it from within oneself through prayers and meditations’ (Abdullah: 1996: 106).

Further, Malaysians are born into cultures in which the following characteristics predominate:

- Strongly and tightly integrated to groups, cooperation in groups (e.g. as a family),
- Family is a source of a person’s identity; earnings have to be shared with the whole family,
- Conformity is regarded as a virtue.

One example of cultural values which is present among the Malaysians is respect for the elderly. The emphasis on respect has traditionally reflected in the Malay term balas jasa, the Chinese word xiao, the Indian word nandri
kadan, the Bidayuh word malas jasa. Domingo et al. (1993) define balas jasa, xiao, nandri kadan, malas jasa as 'a debt of gratitude that can never be completely repaid and the failure to fulfil this obligation results in considerable shame among children. Reverence is practiced in all aspects of everyday life. Ingersoll-Dayton and Saengtienchai (1999) in quoting Silverman and Maxwell identifies seven different kinds of deference for the elderly which is classified as:

‘Spatial (e.g., special seat for old people), victual (e.g., given choice food), linguistic (e.g., addressed in honorifics), presentational (e.g., special posture assumed in their presence), service (e.g., housekeeping performed for the elderly), prestative (e.g., given gifts), and celebrative (e.g., ceremonies held in their honour)’ (Silverman et al.: 1978, 91).

The cohesion of values at the national level is particularly important for multi-ethnic Malaysia. And for that reason alone, Malaysia is unique in being able to have cultural-values mutually acceptable by all the ethnic groups of the country. Similarly, some distinct characteristics are identifiable with each group. As a result, the ethnic groups display differences recognizable as follows:

Malays

Malays are low on individualism. They may be considered to be more collective because the social order is closer to collectivism. Malays who are mainly Muslims subscribe to the understanding that Islamic values transcend racial values. The cultural-values show that there is an obvious upward-downward respect between the younger people and the elderly. It is common among children to balas jasa, or is honour-bound to repay parents for bringing them up, by taking care of their elderly parents (Doling et al.: 2002).

Chinese

At the ethnic level, the Chinese are low on individualism. There was, for example, among the Teochews of Province Wellesley in Penang, an absence of strong class organization (Purcell: 1964). They have close kinship ties. But they
are high on individualism at the national level. Among the Malaysian-Chinese the most important human relationship has traditionally been with one's parents. Elderly people are excused from working, are financially supported by their dependants, and are shown great respect and obedience. The family usually nurses them through their final illnesses (Michael.S and Diana.S; 2003).

**Indians**

Indians are high on individualism at the ethnic level with a loosely integrated system, and free of a predominant authoritative tradition. Many Indians live in extended families and homes are quite crowded. Indians Tamils are known for their intense loyalty to language (Schiffman: 2004). But language maintenance is eroding, especially among urban Indians who found it advantageous to be literate in Malay and English.

In sum, individual ethnic value orientation is maintained ‘as members of distinct and self-conscious cultural communities where the Malays, Chinese and Indians naturally were inclined to identify with and treasure their respective languages, cultures and religions, and thus actively strived to preserve and propagate them’ (Lee: 2000). Even though individual ethnic groups have their own distinct orientation, they co-exist peacefully alongside each other but at the same time live separate lives. Harmony is possible in that their global cultural orientations derive from backgrounds from the south to the east of Asia and show significant similarities.

### 6.3.2 Core Cultural-Values of Elderly Persons in Malaysia

Cultural-values are often referred as the cultural values of the present generation of persons (Abdullah: 1993, 1996; Merriam et al: 1996; Storz: 1999; Thong: 1998). According to Bisin and Verdier (2000), cultural-values are inter-generationally transmitted. Present values are the product of adjustment and interpretation from the past. Therefore, the core values of the society are a true manifestation of the main values of the elderly. Along the way, some values can
be lost or adjusted to suit the dynamics of the present time. The core cultural-values of Malaysians at large are identified by Abdullah (1993, 1996), Tong (1998), Merriam et al (1996), Lim and Baron (1996) Storz (1999). They can broadly categorized as:

- Compliance
- Preserving Face
- Adab
- Harmony
- Community Spirit
- Spiritual Well-being

Five of the cultural-values represent customary tradition and one is oriented to religion. Cultural-values are heavier on customary traditions compared with religious tradition, probably as a result of the ethnic groups having managed to live alongside each other and making compromises along the way (Figure 6.2).

![Figure 6.2: Core Cultural-Values and Description](source: Abdullah (1993, 1996), Tong: 1998, Merriam et al (1996), Storz (1999), Lim and Baron (1996).)
Compliance

Elderly persons strive to get along with their family and other people without friction. They prefer to avoid interpersonal conflict. It is their conviction that, at that stage of their life, maintaining connectedness and fostering harmony is preferred. Tender minded and conformity to decisions makes it easier to avoid confrontational situations.

Preserving Face

The concept of “face” in the Malaysian culture connotes the dignity of the person resulting from an interpersonal relationship with others, and is also regarded as a reflection of social acceptance and respectability (Torrington, and Tan, 1994 as quoted in Tong: 1998). Generally an older person will not argue with a younger person, for it will be seen as a loss of face and dignity. For the same reason, they are often reluctant to ask for help when they need it. “To some, they found it was impossible to ask for pocket money from their children or other relatives” (Pedersen: 1993).

‘Adab’ or Mannerisms

The ethnic communities share common values of being helpful and considerate, even though they differ in individual values. However, they galvanize where the treatment of the elderly is concerned. For example, during Hari Raya Puasa (following the Islamic fasting month of Ramadan), Chinese New Year (the new lunar calendar), and Indian Deepavali (festival of lights), all family members return to their parents house for an annual reunion and to reinforce family ties.

The Malays are particularly polite, courteous and self-effacing. The elderly among them are given a special place in society because it is with ‘adab’ that respect is accorded. The Chinese bow to their elderly as a sign of respect. At dinner tables, all elderly will eat first and get the best portion. The Indians show respect and lower their body to touch their parent’s feet to seek blessing each time they meet.
Harmony

The elderly prefer compromise to confrontation, and often seek consensus and harmony. Often the elderly person avoids criticizing, in an attempt to foster harmony. Different from the elderly in developed countries, they are not outspoken. Every attempt is made to preserve self esteem or face. Contrary to an individualist culture where equality and personal determination and importance are uppermost, the Malaysian elderly pay greater attention to shared responsibility (Tunkkari et al. (2000); Raja Mazhatul, Y.S. 2000). It is not uncommon to find elderly Malay, Chinese or Indian caring for their grandchildren. Among those who are in retail or service industries, elderly parent are also involved in the running of the business.

Community Spirit

The gotong royong community spirit value implies that decision making is less confrontational than aggressive. Consensus and co-operation is preferred in decision making (Storz: 1999:115). Hence, decision making is often made after in-depth consultations and discussions are carried out in smaller groups, and approval is achieved. Often in larger groups, the elderly are the silent majority.

Spiritual Well-Being

Almost every Malaysian believes in religion and spirituality. It is an aspect of life that provides hope and strength. Often it is necessary due to the variegated mix of the Malaysian people, to simplify an understanding of spirituality in Malaysia, by correlating religion with ethnicity to varying degrees. It is commonly accepted that the Malays adhere to Islam, Chinese are Buddhist, Taoist or Confucian, Indians are mainly followers of Hinduism, and some indigenous ethnic groups in Sabah and Sarawak are animist.

Although religions are different, the people who practice them observe the rituals as a way of life. Among the Malays, the key identifying value is religion (Smolicz: 1981).
For example, resorting to fate or will of Allah is a typical practice of Malays. This total consecration becomes more obvious as they age. They will frequent the mosque more now than before, to share existential needs and concern with others of the same faith. In addition, it is typical for Chinese and Indians not to compete with the forces. Chinese use personal prayer as a coping measure in times of misfortunes. For Hindus, through worship and prayers, they hope to attain divine protection from the effects of bad karmas and to get guidance to the proper path in their late life (Aiyer: 1994). Perhaps Hofstede was right in his study to rank Malaysians' low on the uncertainty avoidance index. In fact, in their old age, Malays, Chinese and Indians place more emphasis on spiritual well-being than material possessions (Merriam et al: 2000). They are similar in following a path of low anxiety in the face of uncertainty.

### 6.3.3 Cultural-Value Paradigms and Accommodation

Cultural-values have significant impact/influence/significance on the way the elderly perceive their housing requirements. Although there could be other explanations such as temporal influence of time, or economic reasons, remarkably, it is that sense of culture that emancipates or enslaves the elderly into certain decisions based on cultural practice/norms. Because cultural-values represent a ‘dominant metaphysic (this includes knowledge, myths, stories, common sense, customs, systems of frames, assumptions) by which a society operates’ (Ross: 1997), they exert a compelling influence on the decision process. So imbued become the elderly with the culture they inherit, in the long run they themselves are an agent of cultural-values. Smolicz (1981: 75) reasserts that ‘core values can be regarded as forming one of the most fundamental components of a group’s culture’. Such is the significance of values that how the elderly perceive themselves, and how they are perceived, become a reflection of the tapestry of cultures of the immediate society around them.

The relations of cultural values and accommodation can be portrayed more clearly by means of Figure 6.3. It incorporates the World Health Organisation
definition of accommodation which recognises the inclusion of housing environment, physical planning and housing choice. These elements can be seen to form an equilateral triangle through the arrayed cultural values, all elements interlocked in the provision of social services, either through private or public means.

According to the definition of World Health Organisation, the immediate housing environment consists of the collectively shared spaces of/around the residential building, plus the private outside spaces such as gardens and balconies (WHO: 2002). The collectively shared space can be defined on the basis of administrative (management, economic responsibility), judicial (legal and ownership aspects), physical (architecture, landscaping) and behavioral (symbolic) borders and differences (WHO: 2002). The housing environment should satisfy both the individual and collective decision maker in providing a good environment. In Dietz (2003), a similarity is also established when
‘utilitarians’ label as good those outcomes that provide greatest satisfaction to the greatest number of people’. Two aspects of housing environment which relates most to this project are (a) housing spaces with regard to shared spaces and (b) physical demarcation which is explained by behavioural (symbolic) borders.

To the World Health Organisation, the physical planning of housing should recognise the mobility of elderly and their relationship with the community around them. Mobility is recognised by the separation of traffic users (free flowing pedestrian system). Relationship with the community is expressed in the degree of interaction with persons in the neighbourhood.

The WHO considers that aspects of housing choice are related to living arrangements. The United Nation’s (1999) further explains that under the principle for older persons, the elderly should be able to live at home for as long as possible. In accordance with each ethnic system of cultural values, the indicators of housing choice are the multiplicity of housing arrangements (multiple household, single household and nuclear households).

At this juncture, following the WHO and UN, the six broad categories of cultural-values can now be refined and grouped according to their commonalities with accommodation.

Cultural-values of preserving face and adab presume common values which influence physical planning as shown in Figure 6.3. Because dignity is a reflection of how others perceive them, people use self-effacing social mannerisms to induce respect. And because individual dignity means giving, and accepting differences, their domiciliary preference implies they are able to live in tightly knit society and at the same time preserve their individual integrity.

Community spirit and compliance are the strongest common values influencing accommodation choices. A preference for extended family implies housing that
is fairly large to accommodate the family. Outdoor spaces are also needed for family gatherings.

Spiritual well-being and harmony cultural-values influence the environment where the elderly live. While a harmonious relationship with family members implies a high level of interaction, a harmonious relationship with immediate surroundings suggests ease in social interaction with neighbours and immediate community

With the nexus between cultural values and accommodation established in the literature, it is timely to offer a practical illustration of the way these elements work in a practical setting. Two of the most explicit demonstrations are arguably those of (a) the Malay kampong, found in rural areas throughout the peninsula and the eastern States and (b) the pondok spiritual community which occurs in the northern States of Kedah, Perak, Kelantan and Trengganu.

6.3.4 Kampong Accommodation

In a study by Lee (1997), the kampong or village is described as randomly distributed, featuring Malay houses, trees, compounds and paths. Graphically sketched as in Figure 6.4, the houses look similar and blend harmoniously with the environment. There are usually not many main roads in the kampong. Instead, paths link the village, leading from one house to another, winding through the houses and leading to other parts of the village. Paths are unclear as many of them merge into the sandy open compounds of houses.

There is no clear geometric order in the layout of the Malay kampong. Instead, it is determined by the social relationships and the culture and lifestyle of the villagers. House compounds flow into each other. Informal public space is emphasised (Chang: 2000: 10). Social interaction is maximised by the free-flowing, open and clear public-private areas. The kampong is under a huge canopy of coconut and other trees which keeps it well shaded and allows use of the open compounds even during hot afternoons.
Figure 6.4: The Traditional Malay House: Kampong Layout

Source: Lim: 1997: 83
'The kampong environment is an expression of the culture and needs of the users, unlike modern settlements which are expressions of a larger socio-economic world order which has imposed its physical, social and economic structures on us' (Lee: 1997: 84).

The informal kampong environment features the underlying concept of intimate housing and barrier-free layout, which incidentally is currently promoted at international levels, as one of the tools to achieve an elderly friendly living environment. Vital to the shaping of the kampong’s existence is the cultural values of the peoples who observe compliance and preserving face, conforms to adab, practice harmony, community spirit, and spiritual well-being.

**Intimate Housing**

The elderly prefer intimate housing which allows for privacy. Intimate social relations remain a preferred social order. Thereby housing in an informal setting permits an open interaction with neighbours. This sort of environment promotes inclusiveness.

**Barrier-Free Housing Layout**

The kampong layout is the epitome of barrier-free housing design. Each unit is separate but physical barriers are minimised. Units are connected by free flowing pedestrian connection.

In contrast, Chinese kampongs have set pathways along which houses are located. A property or house is fenced, illustrating a greater sense of territoriality than the Malays (Chua 1988, 206 quoted by Chang: 2000). They are normally constructed of cement or brick, and are square in shape. In accordance with the practice of feng-shui, a Chinese art of perfect placing for happiness and prosperity, houses faces south to take advantage of harmony with the surroundings (Walters: 1988). Unlike the Malay kampong, Chinese kampong houses are built on the ground and not on stilts. Physical expansion of homes is impeded by boundaries, resulting in over-crowding as married children continue to live with parents (Lim, Hin Fui and Soong, Wan Yin: 2003). However, both
Malay and Chinese kamponds share common public spaces for recreation and socialization.

A Bidayuh *kampong* is comprised of longhouses which are interspersed with detached houses each with their own *limbang* or compound. A longhouse, as its name implies, is a few units of homes under one roof. It is elevated above the ground on stilts. Each longhouse is connected to the next by an elevated path (Feliciano: 2005). The *kampong* is compact and connected by free flowing pedestrian routes.

There is no defined Indian *kampong* in Malaysia. Indians who reside in rural areas normally live in an existing Malay *kampong*. Otherwise, most of them live in living quarters provided by their employees. The quarters are not categorised as *kamponds*.

### 6.3.5 Pondok Accommodation

Local historians agree on the consensus that the ‘pondok’ originated as mainly religious schools and ethnically populated by the Malays (Khoo: 2000). *Pondoks* are scattered in the states of Kedah, Perak, Trengganu and Kelantan. In Kelantan, the arrival of foreign teachers from Bahrain, Pattani (Thailand), Afghanistan inspired many young Kelantanese to take a deeper interest in Islamic education. According to Salma and Fuziah (1995), 87.5 percent of residents chose to migrate from other villages, district or state to stay in a chosen *pondok*. Eventually, the *pondok* took welfare as a function apart from the established religious school. About 5.3 percent of residents were sent to a *pondok* for spiritual engagement and to tap on the communal welfare offered by *pondok* living.

To further understand how cultural-values influence decisions, especially where their living arrangements are concerned, Salma and Fuziah (1995) revealed a pattern among Malay elderly persons who chose to move into a *pondok* or huts. Those interested in living in *pondoks* characteristically exhibit strong values of
spirituality and community orientation. Pondok communities are also compliant, thereby enabling them to live in harmony.

Pondoks are a specialized housing in which youths, families, and particularly the elderly, move in for the lifestyle it offers. The pondoks are rudimentary but in most instances, basic amenities like water and electricity are available. In this case, the incentive is the pursuit of religious satisfaction with like-minded people. Elderly persons, who move into a pondok community, do so voluntarily. On the part of the elderly, it is an independent value different from traditional culture-bound values to maintain a collective family life (Khoo: 2000; Salma and Fuziah: 1995). Contact with family is still maintained. However, at this point, the burden of care no longer rests on immediate family; instead, the pondok community takes over care functions.

The account of the pondok community is exceptional. Such a lifestyle has currently lost its appeal. The advance of modern lifestyles have beckoned the elderly to either stay at their own homes and still enjoy the privilege of having family close by, or, to live in better living conditions if they can afford it.

6.4 PROJECT WAYPOINT

Based on the foregoing discussion, cultural-value is a new and important paradigm in determining future planning for housing. Cultural-values of societies are used to determine three aspects of housing for the elderly: housing environment, physical planning, and choices of accommodation. Those aspects are directly influenced by two indigenous cultural-values indicators, namely, the ‘customary tradition’ (compliance, preserving face, adab or manners, harmony, community spirit) and ‘religious tradition’ (spiritual well-being).

The values displayed by the main ethnic groups indicate why elderly Malaysians prefer to stay in their own homes, yet close to their children. It is also a compelling explanation as to why elderly parents live with their children where care and respect are received from, rather than imposed, on the children. At the
same time, the commonly observed values of the elderly explain why some elderly people prefer to be detached or involved in the community; or bear living in unfavourable conditions so that they can save face.

Malaysia is not unique in being a multi-ethnic nation but there is harmony and tolerance in the multi-cultural dimension (Voon: 2003). The interaction between the ethnic groups might not be brilliantly dynamic, but it is truly unique. The ethnic groups live separate lives within the community, yet they remain civil and respectful to each other.

In addition, it has also been revealed through the complex relationship among the Malays, Chinese, and Indians in Malaysia, that cultural-value influences much of the decision on housing-accommodation. If culture-values were so important as to shape future housing-accommodation patterns of the elderly, than surely, cultural-values should be treated as a total system of learned decision-making processes on housing-accommodation, which have not been addressed by the previous models in Chapter 4.

This being the case, a new deterministic paradigm that considers cultural-values should become an imperative to the provision of successful housing-accommodation for elderly persons. As reasoned by Aliu (2004), ‘a nation’s economic destiny is defined by its cultural-values, attitudes and sensibilities’ as ‘culture is a dynamic process, and it is also deterministic to the extent that it determines the prevailing societal ethic’. The task of building an appropriate model to aid understanding of housing for the elderly and formulation of policy is thus established for the next chapter.
Cultural-values can shape decisions on housing among elderly persons. This observation challenges the existing models of well-being of the elderly and reinforces the need for new schemes appropriate to local conditions. Further review reveals that current models are discrete, and that no study to date has proposed a concept which incorporates the cultural-value dimensions into the housing equation. Since the second part of the element Repositioning has provided the background for integrating the specific concept of cultural-values into an overall housing-accommodation system, the third part, the task in this chapter, is to derive a prospective model that should be able to adapt/replicate different cultural-values in different regions. The derivation of the model is explained in the coming sections:

- critique of previous models,
- explication of the model, its content and procedure,
- establishment of enquires within the research project.

### 7.1 SHORTCOMINGS OF PREVIOUS MODELS OF WELL-BEING

#### 7.1.1 Limitations

Five major models were being considered in the analysis of the well-being of the elderly. They are the three pillar income retirement model, the social model of welfare, the model of health, the Williams’ ring model of services and the housing model. As discussed earlier, well-being deals effectively with issues of income, social welfare, health, services and housing. Bearing in mind those concerns, it is only fitting to say that each of the models resolves one aspect of income, social-welfare, health, service and housing problem and relates to
certain parts of the UN Principles for the Older Persons (UN: 2000), which aim to allow the elderly to attain independence, participation, care, self-fulfillment and dignity.

Each model emphasizes a particular feature of the well-being of the elderly. Rather than dealing with the issues in an all-inclusive manner, they take parallel approaches. Far from integrating possible solutions to the elderly problem and bringing all the main stakeholders together, the five models do not advance a comprehensive plan to deal effectively with accommodation. It is not surprising. Current approaches to planning of housing of the elderly appear to be largely ad hoc, and frequently fall short of success.

The basic argument for this shortcoming runs as follows: when it takes five separate models to address the future housing-accommodation of the elderly, then the initiative to plan for older persons is lost in diversity and does not achieve the effective delivery of accommodation. Sociologists who deal with well-being tend to do so from an ideological position: e.g. Maslow's Hierarchy of Needs. A comprehensive model was not forthcoming in that discipline; but specific models were developed in the United Nations (Three-pillar retirement income), developed countries (welfare, health and housing), and (Williams ring model of service).

In arriving at this point, the project chooses to analyze those groups which are directly impacted by the models of well-being. As recalled in Chapter 1, the main stakeholders can be seen to be the elderly, government, families, and taxpayers. Depending on which interest groups is being considered, there is, however, general consensus about the crucial shortcomings of the models of well-being without minimizing the importance of each.
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7.1.2 View Points of the Major Stakeholders

Elderly Persons

From the point of view of the elderly, accession to their present stage has been a long journey, at times accompanied by trials and tribulation. In this phase, the most logical request to family members, community and the government (whenever made), is to live a happy fulfilled life. There are, for example, the Australian Council of the Ageing (COTA), and the American Association of Retired Persons (AARP), which are established organizations with resource centres that provide information for all elderly persons. Unfortunately for the elderly who live in developing countries, information on how to access amenities is lacking. This lack of transparency leads to a chain of other events, in which needs become clouded.

Government

From the perspective of the government of Malaysia, responsibility for the elderly lies with their children. Care rests in the family. Failure to carry out this responsibility is not punishable in Malaysia, by contrast, a fine and publication of the offender's name in the national newspaper is imposed in Singapore and Taiwan (Chang, 1998). The governments in both countries are committed to ensure individuals and family members take their care giving duties seriously. Families, seniors' groups and academics have criticized the policy of the Taiwanese government. It was perceived as being unable to distinguish between the ideal family relationship and the reality of present family structure. Even though the government provides other forms of social security in old age, it is not adequate and families expect more help.

On the other hand, governments of developed countries which provide welfare and social security for all their population are seen as sensitive and caring to the need of the elderly. In Australia, America, Canada and other advanced countries, the state funds public health, social services, welfare, income security and a host of supplementary care. In addition, Hawkins (2002) noted strong
involvement of non-profit groups like the United States of America’s Massachusetts Council of Human Services Providers which do not require government assistance.

However, funding of services for the elderly has impacted public budgets, and governments lament over sustainability in the long run. Even outside the government sphere, the issue of sustainability of the welfare state is hotly debated, especially concerning expenditure on ageing populations and the anticipated affordability of welfare programs (e.g., Mitchell: 1997, Beilharz et al.: 1992, Jones: 1996, Robertson: 1998). The way in which funding of services is disbursed is based on the requirements of each sector of health, social welfare, income and housing of the elderly. This model of financial allocation is similar to that of well-being in that the sub-model is individual and it attends to a specific issue (in the case of well-being, they are the models of income, social-welfare, health, service and housing). Nothing has come along to replace this type of separate model. With this system in view, planning for the elderly should start with or from the elderly and not from their ‘issues’, if an answer to the housing-accommodation problem is to be derived.

**Families**

Families of the elderly can certainly take over responsibilities for finances, physical well being, accommodation and care. Neither the elderly nor their adult children find this role reversal comfortable. As carers, it is most important to identify the support services that are available in the neighbourhood. Families need to know the location of the nearest health facility with a geriatric unit in case of an emergency. Most importantly, families must locate financing strategies in for long-term. They will ease the pressure on carers who are not only providing for the needs of their elderly parent, but who are at the same time balancing their own families, careers and social lives. The whole picture shows that caring for the dependent and vulnerable elderly is a task that requires a combination of tools in order to address the onset of ageing in a positive way.
The taxpayer’s point of view on well-being and the elderly is fairly obvious. Inter-generational generosity has its possibilities and limitations. While taxpayers are subject to some form of taxes to maintain public services and infrastructure, there is a ceiling to the contribution. In the past, for example in the US, federal income tax has grown from a relatively small surcharge on the highest incomes into a bigger, broad-based tax (McCaffery: 1994). In Malaysia, carers of elderly parents are given tax rebates to offset a rise in income tax payment. Given the likely consequences of an increase in tax, national wealth accumulation might become problematic.

Bearing this in mind, the elderly support ratio or dependency ratio (the number of people aged 65 and over per 100 people aged 20-64) in Malaysia was 8 in 2000 and will increase to 17 in 2030. In Singapore it was 10 in 2000, to be 23 in 2030, and in Thailand it was 11 in 2000, to be 27 in 2030. Shown in Figure 7.1, for a developed country like Australia, the elderly support ratio was 21 in 2000 and is projected to be 37 in 2030, while in Japan it was 27 in 2000 and is anticipated to increase to 52 in 2030 (Kinsella and Velkoff: 2001). Every country mentioned has an increase in the number of persons to support. While dependency exemptions will make it worthwhile for taxpayers with an elderly parent, those without one will naturally feel the burden of contributing more to a cause which does not relate to them, at least for the time when they are still young.
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Chapter 7

Youth Elderly Support Ratios 2000

Youth Elderly Support Ratios 2015

Youth Elderly Support Ratios 2030

Note: The elderly support ratio is defined as the number of people aged 65 and over per 100 people aged 20-64.

Figure 7.1: The Elderly Support Ratio for Selected Countries (2000, 2015, 2030)

Source: Kinsella and Velkoff: 2001
The analysis of stakeholders does demonstrate, however, that the question of accommodation of the elderly is complex. The multifaceted nature of elderly housing encompasses the following pointers:

- involvement of many stakeholders, namely; the elderly, the government, families and taxpayers,
- the economic situation of the elderly is a dominant factor that governs their well-being, especially their housing,
- interlocking relationships between care, services and housing, implying that the place where care is located determines the housing requirements,
- how effectively to provide long term care in residential settings,
- health and housing determine the design of homes,
- health conditions instigate changes in lifestyle and living options,
- social welfare means gains in housing access.
- the way in which an elderly person decides where to live and in what accommodation or whose house to locate in is influenced by his/her cultural-values.

Together, all these concerns constitute a challenging view of the issues to be addressed by policy makers. Sifting through the evidence, one can surmise that any one model is not sufficient to cover the accommodation of elderly persons and their well-being. A contention in Figure 6.1 is that cultural-values which lie in the heart of the community are a malleable fact of life that can effectively shape housing-accommodation. After all, the Malays and other bumiputeras, Chinese, Indians and Bidayuh have lived lives imbued in culture, ever since birth.

Given the many imperfections of the real world, to achieve a state of total well-being is an insurmountable task. Hence, to achieve the required standards of accommodation will involve shifts in paradigms. As Kuhn (1996) explains, the changes are dynamic. There is a gap that needs to be addressed in view of the cultural values of peoples. Given those thoughts, housing-accommodation should then be distinguished by the cultural-value of elderly persons and population of a country.
By integrating the specific concept of cultural-values into an overall housing-accommodation system, a prospective model should be able to adapt/replicate different cultural-values in different regions. In doing so, a culturally-modified housing-accommodation model is proposed.

### 7.2 THE CULTURALLY MODIFIED HOUSING ACCOMMODATION MODEL

Cultural-value is a new paradigm in determining future planning for housing. Its key feature is the cultural-values of societies which are used as parameters to determine three aspects of housing-accommodation outcomes: housing environment, physical planning, and choices of accommodation, as introduced via Figure 11 in Chapter 6.

In Malaysia, the housing environment, physical plans and housing choices are directly influenced by two indigenous cultural values indicators; namely, the ‘customary tradition’ and ‘religious tradition’ (Figure 6.2).

A desired and preferred housing environment for elderly Malaysians is derived from examining these various values. Physical planning aspects emulate the unique customary preference for village-like or ‘kampong’ housing, which is intimate but provides privacy at the same time. Housing choices are derived from the various cultural sensitivities universal to all the ethnic groups and those that are particular to certain groups.

Now, recalling the research aim of defining constructive directions in the future housing-accommodation of the elderly in Malaysia, it is pertinent to develop a new, original Culturally Modified Housing-Accommodation Model (CMHAM) which allows us to determine:

- accommodation options and preferences,
- appropriate care and service infrastructure, and
- important policies to ensure equity to access security in income, social welfare, health and housing.
The culturally modified concept of housing-accommodation proposes the notion that a stimulus will motivate a percussor and housing accommodation system to operate, which in turn results in a response.

Cultural-value is thus the percussor\(^a\) of housing-accommodation which predetermines where an elderly person lives and, which will influence social welfare (facilitate a happy ageing experience and help the elderly retire in dignity), and care and service (incorporating the elements of housing-accommodation and social welfare) and which will in turn influence private responses and policy responses.

Explication of the model presupposes a statement of: (a) content and (b) procedure. In the content section, each dimension is explained. The procedure brings together the assumptions, inputs and mechanisms in which the culturally model of housing-accommodation operates.

### 7.2.1 Architecture
As shown in Figure 7.2, the content of the model pulls together five key dimensions:

- Stimulus (environmental, health, financial and family)(derived from the Housing Model)
- Percussor or (cultural-values);
- A Housing-Accommodation System (social welfare, care and service);
- A private response (housing choices, environment)
- A policy response (policy and physical planning).
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Figure 7.2: Culturally Modified Housing-Accommodation Model
Source: Author

- As per Figure 3.10 taken from the Health Model, the stimulus consists of environmental, health, financial, and family triggers. A stimulus elicits a response, motivating the operation of the CMHAM (Figure 7.3).

Figure 7.3: Stimulus in the Culturally Modified Housing-Accommodation Model
Source: Author

- In applying the CMHAM, the percussor also acts as a filter. Its essential feature is the cultural-values of the elderly (ref. Chapter 6). The filter is a prerequisite from which accommodation options and preferences are determined. Such intangibles as cultural values are critical in multi ethnic societies, where variations in cultures seem endless. But, it is possible to focus on a few related values as is necessary to the project (Figure 7.4).
The housing-accommodation system (HAS) is composed of social welfare, care and service. Essentially, the HAS represents the conditions associated with inputs and the mechanisms required in producing the outputs (Figure 7.5).

Figure 7.4: Filter in the Culturally Modified Housing-Accommodation Model
Source: Author

Figure 7.5: Expanded Housing-Accommodation System in the Culturally Modified Housing-Accommodation Model
Source: Author
• The private response is stimulated by an involvement of the private sector in the provision of housing choices/options and housing environment. Private responses are a reaction to the supply conditions of housing for the elderly. There is evident involvement of stakeholders directly related to the project as discussed in previous paragraphs (Figure 7.6).

![Diagram: Private Response in the Culturally Modified Housing-Accommodation Model](source: Author)

- The policy response is led by the public sector and is a reaction to the demand and requirements of the elderly. Decision-makers are therefore able to map the housing-accommodation of the elderly. It is a tool for decision-makers and policy planners to catalogue housing preferences, and subsequently the choices in housing-accommodation and features of the social environment (care, services) that have the greatest potential to benefit the elderly (Figure 7.7).
7.2.2 Contents of the Model

In order to access the CMHAM’s outputs, namely choice in housing-accommodation, care and service, policy and physical planning, a procedure must be followed consisting of a statement of:

- assumptions,
- inputs, and
- outputs.

Assumptions

In application of the CMHAM in Malaysia, seven general assumptions, A1-A7, capture most adequately the framework of the project. Table 7.1 shows a summary of the assumptions.
Table 7.1: Content Dimensions and Assumptions

<table>
<thead>
<tr>
<th>Content Dimensions</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural-values</td>
<td>A1. Assumption 1: There are diverse cultural values in the Malaysian elderly population.</td>
</tr>
<tr>
<td>Cultural-values</td>
<td>A2. Assumption 2: Family is the prime line of support and community is the secondary line of support.</td>
</tr>
<tr>
<td>Housing-Accommodation System</td>
<td>A3. Assumption 3: The CMHAM operates within a housing-accommodation system.</td>
</tr>
<tr>
<td>Housing-Accommodation System</td>
<td>A4. Assumption 4: Every individual elderly person is responsible for his/her old age.</td>
</tr>
<tr>
<td>Physical Planning</td>
<td>A5. Assumption 5: Elderly persons are not sophisticated consumers of housing.</td>
</tr>
<tr>
<td>Physical Planning</td>
<td>A6. Assumption 6: An overwhelming majority of elderly persons in Malaysia will age in place.</td>
</tr>
<tr>
<td>Policy Response</td>
<td>A7. Assumption 7: Stakeholder participation is necessary.</td>
</tr>
</tbody>
</table>

Source: Author

**A1**, Assumes that there are diverse cultural values in the Malaysian elderly population. Due to the differences in religious beliefs and social and economic backgrounds and perceptions towards housing the elderly are also different. Cultural-value emphasizes clear understanding of what constitutes acceptable characteristics for the elderly. The contextual component of culture-value according to Hofstede (1993) is that ‘cultures are different and the differences vary along consistent, fundamental dimensions by which a society operates’. In this research, values of elderly Malaysians synchronize with Hofstede’s cultural dimension. Malaysia was highly ranked in the power distance dimension. Highly ranked power distance cultures correspond to strong cohesion in the family, dependence on one another and respect and commitment to older people and authorities.

From **A2**, family is the prime line of care and support for an elderly person with the community the secondary line of support. It is important to establish that
care is still within the family. This acknowledgement enables assistance to be channeled to the elderly at home. Much of the care-giving and support for an elderly person is undertaken voluntarily by immediate family members. However, with increasing trends of children migrating for employment and education, it should be recognized that the elderly are becoming physically isolated from their immediate family members. Thus, the second line of support comes in the omni-present role of immediate neighbours looking out for the elderly.

In A3, it is assumed that the CMHAM operates with a housing-accommodation system. The formulation embedded in this project is a total approach in which the house or accommodation is the focus of all activity and relationship with the environment, community, and family. This assumption co-ordinates the housing-accommodation system (a dynamic structure) with housing-accommodation instruments (welfare, care, and service). Interconnection of all the instruments is graphically presented in Figure 7.5 above.

In A4, again with reference to housing-accommodation system, every individual elderly person is responsible for his/her old age. One of the most significant assumptions of the model is that every elderly individual would prepare for old age, technically beginning in Malaysia at the age of 16. In the process, she/he would have accumulated wealth in the form of children, property, shares, a pension, and savings. Wealth is a pointer to determine where she/he would be spending his/her old age.

Assumption A5, relating to physical planning, holds that elderly persons are not sophisticated consumers of housing. It is true that elderly Malaysians are either living in their own homes which were originally constructed to cater for an extended or single household family. Another common feature of elderly housing is co-residence with children, through which means they are using spaces which are designed for a younger age-group. These houses are not retrofitted with the elderly in mind, nor served by support services that enable a
preferred lifestyle. However, with changing demographic trends in nuclear family formulation, increased disposable incomes in retirement, better health in old age accompanied by longevity, the elderly are requiring better housing-accommodation to lead a lifestyle of their choice. The need is arising also due to awareness of choices that are available in other countries but which are not present in Malaysia.

Assumption A6, regarding physical planning, is viewed as a specialization of A5. The overwhelming majority of elderly persons in Malaysia will age in place. An industry expert pointed out that data and experience in developed countries have established that, as people age, ‘they tend to become more attached, not less, to the places in which they have lived for a protracted period of time’ (Vladeck, 2002). In Malaysia, although limited migration occurs among the elderly population, those who migrate will live in precisely the same place where they will retire. In other words, it is assessed that elderly persons will age in place and thus will require infrastructure, facilities and services developed for them. On the other hand, there will always be some elderly persons who are attracted to relocate in specially designed housing areas and some who will eventually require care in private and public institutions.

In A7, which is linked to policy responses, stakeholder participation is deemed necessary. Stakeholders are identifiable by their need, involvement in the housing planning process, and in the provision of living options. This assumption determines the commitment required of elderly persons, the family members who are carers, the community who could provide services, NGOs, housing developers, private service providers, and the departments involved in the elderly, namely, the Social Welfare Department, the Department of Family, the Department of Health, and the Department of Housing.
Inputs

With the assumptions set out, the next stage in the explication of the CMHAM is a statement of inputs. The inputs in this project form the basis of inquiry. In order to achieve the objectives in the context of this project, three inputs (I1-I3) are drawn from Chapter 1 Part A Key Operational Definitions, namely:

- characteristics of elderly persons (I1),
- state of dependency (I2), and
- opportunity for housing (I3).

At this point, it is important to refine the components in each input I1-I3. The input components, as shown in Figure 7.8, are drawn from Chapter 6. Each supporting component determines how different inputs affect the outcome of an optimal housing-accommodation strategy. And, because each input behaves differently, treatment is required of each input component. Hence separate hypotheses can be formulated around each input.

![Figure 7.8: Inputs and Components](image-url)

Source: Author
Following the same line of discussion, the characteristics of elderly persons (I1) are determined by the input components of cultural characteristics, socio-economic behavior, social interaction patterns, and migration patterns.

- Cultural characteristics expose the intrinsic values of the elderly insofar as their cultural and religious beliefs are concerned and how language proficiency affects access to welfare receipts and community facilities.

- Socio-economic behavior reveals attitudes towards employment, how it correlates with educational attainment and personal income.

- Social interaction reveals the network of relationships with others. It can become limited because of mobility difficulties and, at times, ‘the number of existing relationships is smaller than an individual finds desirable or acceptable’ (De Jong Gierveld, 2004).

- Migration patterns often complicate the provision of adequate social service infrastructure and the possibility of housing refurbishment and upgrades. These provisions are only possible with knowledge on whether the elderly are staying put or moving away from their traditional homes.

The state of dependency (I2) is distinguished by the input components of co-habitation pattern, support networks, income dependence and present occupation.

- A co-habitation pattern would emerge if the elderly are in a specific living arrangement. It would also show the outliers in living arrangements which are different from the norm.

- Support networks reveal the intensity of care-support from family, neighbors and friends and the attitude of the elderly towards requesting support.

- Income dependence occurs when the elderly depend on members of the family for financial support.

- Present occupation provides the elderly the chance to participate in active employment or to disengage from any form of work.
Opportunities for housing the elderly (I3) are derived from an examination of the input components of housing culture, the housing environment that is desired, and the housing form which is best suited to elderly needs.

- Housing culture reveals the pattern of accommodation and lifestyle an elderly person prefers. The pattern of housing could either be collectivist or independent in nature. Because cultural values shape the physical manifestations of living arrangements and housing, the details of family relationships with an elderly person and how many persons live with him/her will also reveal the willingness to participate in certain forms of living arrangements.

- The housing environment relates to the conditions of the living environment of the elderly person. His happiness is examined in relation to the persons with whom he is living. His aspirations and the environment he is looking for are examined.

- Housing form reveals the preference for certain house designs/character. On examining home ownership, we can clearly distinguish the ability to own or rent a house. The present condition of a home distinguishes the design and building materials in which an elderly person is most comfortable.

Concurrent with the CMHAM elucidating cultural-values as the percussor to housing-accommodation, it is necessary to identify a cultural-value paradigm for optimum housing-accommodation. Given the previous discussion of cultural-values, there are six observed cultural-value paradigms that exert the most influence on housing-accommodation outcomes (housing environment, physical planning, and housing choices). The cultural-values are: (a) compliance; (b) preserving face; (c) ‘adab’/mannerism; (d) harmony; (e) community spirit; and (f) spiritual well-being. They can be associated with inputs and input components as demonstrated in Figure 7.9.
Inputs
- Characteristics of the elderly persons
- State of dependency
- Opportunity for housing

Input Components
- Cultural characteristics
- Socio-economic behaviour
- Social interaction pattern
- Migration Pattern
- Co-habitation pattern
- Support networks
- Income dependence
- Present occupation.
- Housing culture
- Housing Environment
- Form of housing

Cultural Values of Housing Accommodation
- **‘Compliance’**
  - Strive to get along with other people without friction, prefer to avoid interpersonal conflict.
- **‘Preserving face’**
  - Connotes dignity resulting from an interpersonal relationship with others, a reflection of social acceptance, respectability.
- **‘Adab’ or mannerism**
  - Refers to behavioural norms
- **‘Harmony’**
  - Avoid criticizing others to foster harmony; preference for shared responsibility, willingness to forego part of personal freedom.
- **‘Community spirit’**
  - Decision making is made after in-depth consultations, discussions and overall approval.
- **‘Spiritual well-being’**
  - High spiritual orientation, prominence of places for receiving religious instructions and social interaction.

Figure 7.9: Inputs, Input Components and Supporting Cultural Values
Source: Author

Outputs
The output of the CMHAM is the map of housing-accommodation which is diagrammatically represented in Figure 7.10. It sets out policies on choice in housing-accommodation, care and service, policy and physical planning. It is a tool for decision-makers and policy planners to catalogue housing preferences, housing alternatives, and the social environment of care and services that have the greatest potential to benefit elderly persons.
Having refined the assumptions of CMHAM, the inputs and their supporting input components, and the cultural-values that act as the percussor, the next step is to establish the *mechanisms* by which the model operates.
7.2.3 Mechanisms of the Model

Mechanisms

The Culturally Modified Housing Accommodation Model comprises two stages; those of motivation and operation. In the first stage, the macro framework of stimulus-response theory and the hierarchy of needs theory are adapted as the motivational element of the model. In the second stage, application of the stimulus-response theory and the hierarchy of needs theory constitute the micro framework of the CMHAM’s operation.

Macro Framework

Stimulus-Response theory and the Hierarchy of Needs theory provide the dynamics of the CMHAM. In an earlier discussion, we have been exposed to the definition of absolute and relative policy responses which connects policy responses to the individual, community and the nation. Primarily, the individuals are the smallest unit, the community is the micro unit and the nation is the macro unit of policy responses. An aggregation of individual responses contributes to the CMHAM’s operation as a macro model.

The application of CMHAM is derived and adapted from Pavlov, Thorndike, Watson and Skinner’s stimulus-response theory and Maslow’s Hierarchy of Need. Theorists believe a response follows a stimulus. Thorndike (1965), Watson (1914), Pavlov (1927), and Skinner (1961) are among many exponents of stimulus-response theory. In Skinner’s classic examination of behaviorism, he explains the behaviour of humans and animals in terms of the responses of the organism to external stimuli. He perceives that changes in behaviour are determined by the way an individual responds to stimuli in the environment. An example of stimulus-response: ‘I sneezed because dust flew up my nose’ (Burton: 2005). The stimulus is something from the environment while the response comes from the learner and the reaction is called a response.
Thorndike (1965), on the other hand, believed the law of effect could explain all human behavior in terms of the development of stimulus-response. In his definition, the term stimulus is used widely for any event which influences a person, for example, a word spoken to him, a look, a sentence which he reads, the air he breathes, etc. The term response is used for any reaction made by him, a new thought, a feeling of interest, a bodily act, and any mental or bodily condition resulting from the stimulus (Thorndike in Lionni: 1993). A reward acts to strengthen or weaken the stimulus-response.

As much as Skinner believed behavior is learned, either as a respondent (salivating when smelling food) or operant (such as reaching for a pencil), his theory is based on stimulus and response, which is similar to Thorndike. Thus a change in an environment is the stimulus; the reaction is the response (Thorndike: 1965, 1971; Skinner: 1961). In the field of medicine, stimulus triggers symptoms. Otherwise in this project, a stimulus elicits a response.

Response, in the work of Thorndike, Watson and Skinner can produce a desired behaviour or result. But, what is the next direction after a response, what happens? According to Maslow (1970: 163), human nature has ‘the wonderful capacity to appreciate again and again, freshly and naively, the basic goods of life’. More aptly, humans have the ability to reinvent their lives. For example, in the case of people with mental illness, it is observed that there is improved quality of life when their locus of care is shifted from mental institutions to community care, and when patients participate in vocational rehabilitation programs to gain employment (Shankar et al.: 2002). There is motivation to improve the condition of life for the better. This is what Maslow meant in his theory of the Hierarchy of Needs; that after achieving one need, human beings will try to achieve the next level of satisfaction until they fulfill all that is needed to lead a satisfying life.

Consequently, the logical framework for the motivation and operation of the CMHAM is derived by integrating the theory of stimulus-response into the approach of hierarchy of needs. A stimulus elicits a filtering action which in turn
gives rise to a reaction. In other words, the stimulus does not directly elicit a response, but the action of considering or sieving through the filter is the process that produces a response.

Unless there is a change in the condition of the stimulus, the CMHAM will not be activated. Therefore a change in any one element of the stimuli (environmental, health, financial, family stimuli) will motivate the CMHAM to operate. Having discussed the motivational conditions of the CMHAM, its operation is now considered.

_Micro Framework of Stimulus-Response and the Hierarchy of Needs Theory_

Four sets of stimuli impinge on the elderly within the CMHAM: environmental, health, financial and family. The environmental stimuli are associated with aspects of daily living that can encourage a reorganization of residence. Health stimuli are recognized to be the positive or negative aspects of functional health and cognition which can influence changes in lifestyle and living options. A financial stimulus relates to the economic situation of the elderly. A positive or adverse economic situation could trigger changes, therefore necessitating lifestyle adjustments. Family stimuli look into the quality of social interaction with family, friends and neighbours, and satisfaction with housing and personal security.

It is re-emphasized that a change in the condition of the stimulus can trigger the CMHAM to operate. Let us take, for example, the environmental stimulus. When there is a change in the environment (e.g., a living option), decisions have to be made by the affected individual. The person has two possible courses of action; do nothing or take some form of action. The person encounters filters before making a decision. In the view of this project, the filters are the cultural-values of the elderly. Due to the deeply embedded Malaysian cultural-value to ‘preserve face’, the individual will formally not embark on any change in the housing environment and will prefer to age-in-place. The response of the individual has now been staged and diagrammatically represented in Figure 7.11.
Note: HAS: Housing Accommodation System

Figure 7.11: Individual Response to a Stimulus
Source: Author

Stimulus Response at Individual Level
The four stimuli of this project (environment, health, financial and family) are now conceptualized to illustrate the foundation of the analytical process in a housing accommodation system. The stimulus-response framework of the CMHAM indicates a number of determinants which can alter either (a) a housing accommodation system or (b) the balance of private/public support involved in maintaining an existing or entering a new housing accommodation system.

The indicator of each stimulus is extracted from the Housing Model in Chapter 3, as per Figure 7.12 below.
It is likely that, at the onset of a stimulus, an individual will consider the options in accommodation that are available to him/her before making a decision. The stimulus inputs are, in effect, filtered or screened in correspondence with the cultural values of the individual. The process becomes a basis for accommodation decisions.

Decision making can be clearly identifiable, as outlined by Dicken (1971: 431-432), by subdividing the process into three phases:

- The perceived stimulus and definition of the nature of problem;
- The search for a satisfactory solution; and,

---

1. Lawton (1983)
2. Havinghurst and Friedman (1969)
3. Atchley (1972, 1999)
The evaluation of consequences of alternative courses of action and choice of solution.

Aiding in the process of understanding decision making, Alchian's (1950) approach of adaptive or imitative behaviour among business firms is cited. Alchian’s notion was that even though all companies may not maximize profits, those that survive will be the ones which actually realise positive profits. In order to reach decisions or conclusions on ways to achieve ‘positive profits’, firms adapt, imitate the observed strategies of others or engage in trial and error behaviour before a satisfactory decision is reached.

As implied by Alchian, we propose that an approach which imitates or mutates observed (‘tried and tested’) strategies is a close fit to the stimulus-response process of this project. Suppose that a stimulus exerts stress on an individual who would hold certain expectations of his/her own future accommodation. If the stimulus is perceived to exceed a stress tolerance threshold, then a housing accommodation system response is prompted. Facets of the housing accommodation system are the housing environment, physical planning and housing choices. One or all three can be activated, depending on the uncertainty and power of the stimulus. Therefore, it is necessary to search for a satisfactory solution, one which elicits a response, which could variously be to:

- Adapt (no changes),
- Modify (make some changes),
- Shift (changes involved).

According to the Alchian approach, first, an individual elderly person can imitate patterns of action observable from past precedent and adapt them to the present situation.

A response to a similar stimulus, which has been adopted by other elderly folk in the same suburb, village or locality, can be adapted by an elderly person beset by the same situation. Thus, by customizing the process to his/her situation, an adaptive outcome is achieved. No change is involved.
Second, ‘it is quite conceivable that the first approach may not yield a solution’ which meets the aspiration of the elderly (Alchian: 1950: 434). In an imperfect world, each individual is perceived to have his/her own desires that do not fit with others, e.g. an elderly parent prefers to live with a daughter but the daughter’s house is small and cannot accommodate additional people on a long-term basis. Hence, in an effort to minimize uncertainty, thereby reducing the risk of insecurity in old age, the Alchian line would be for the elderly to modify his expectations, reorganize his accommodation, or alter both of these elements simultaneously. The incentive to modify an individual’s expectation is to find an acceptable solution to relieve the pressure of the stimulus. Presumably, some form of change is needed.

Third, an infrequent path which involves a shift in location can be an economical decision for an elderly person, in view of the discomfort experienced at the stress tolerance threshold. Dicken (1971) defines a threshold limit when stress reaches or exceeds a critical level. In such circumstances, an elderly person who no longer has any family support and is financially dependent on welfare could undertake a shift in residence. Obviously, the decision involves change and a spatial re-organisation.

The preceding discussion utilizes Alchian’s and Dicken’s approaches of adaptation, modification or mutation, and shifts in a response to stimulus in a decision making process. This development of the CMHAM can be conceived in a straightforward implementation diagram (Figure 7.13).

- The backdrop is the chronological age of an elderly subject, more advanced years generally proposing more acute experience of a stimulus.
- As taken from the Housing Model (Fig.3.10) there are four stimulus types: environmental, health, financial and family. As per Figure 3.5 each is measured on a scale of poor, fair, good, excellent (environmental and health); poor, medium, affluent (financial); and, never available, sometimes available and always available (family).
- The six cultural values have been introduced before: compliance, preserving face, adab, harmony, community spirit and spiritual well-being.
The housing accommodation response is the final line of action whereby a decision is reached by doing nothing about the present condition of old age, staying in situ, or moving to a new situation.

<table>
<thead>
<tr>
<th>STIMULUS TYPE</th>
<th>CULTURAL VALUES (FILTER)</th>
<th>HOUSING ACCOMMODATION RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
<td>PF</td>
</tr>
<tr>
<td>Poor (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair (F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good (G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent (E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young-old (aged 60-70 years)</td>
<td>Environmental</td>
<td>Compliance (C)</td>
</tr>
<tr>
<td>Old-old (aged 71-80 years)</td>
<td>Health</td>
<td>Preserving face (PF)</td>
</tr>
<tr>
<td>Very old (aged 81 years and over)</td>
<td>Financial</td>
<td>'Adab'/mannerism (A)</td>
</tr>
<tr>
<td>Family</td>
<td>Harmony (H)</td>
<td>Community spirit (CS)</td>
</tr>
<tr>
<td></td>
<td>Community spirit (CS)</td>
<td>Spiritual well-being (SW)</td>
</tr>
</tbody>
</table>

Figure 7.13: Matrix of Individual (Private) Responses under the CMHAM  
Source: Author

The general effect of a response and the impacts that follow interact with three possible housing accommodation outcomes (Figure 7.14). If a ‘do nothing’ decision is forthcoming, individuals maintain the present form of existence. As regards the housing environment (HE), it implies that monitoring from the community can be high but the possibility of change is low. The major housing accommodation response is to effect improvements to or within the existing accommodation where an elderly person is staying. Others are secondary. As
to housing choice (HC), the individual and private, suggest no changes in accommodation but, some public assistance is foreseeable. There will be no foundation for individual physical planning (PP) but some public involvement is inevitable.

![Figure 7.14: Impacts of Response](image)

If an ‘in situ’ decision is made, then individuals rather opt to stay in their present village or suburb, thus generally proposing high public involvement in housing accommodation (HE). Private intervention is an intermediate measure to ensure elderly persons continue to reside in an elderly friendly home. Some private participation might occur, e.g. retrofitting old family homes, and some public involvement will be set up, e.g. day care centre, facilitative services. Public interventions can ensure that there are sufficient infrastructures to allow ageing-in-place thereby necessitating high public commitment in physical planning (PP).
When the decision is to ‘move’, individuals must look forward to a new lifestyle. It is possible that there will be high private commitment and the possibility of change is high. As regards the housing environment (HE), elderly person decides the living arrangement of their choice. Housing choice (HC) is also a prerogative of the individual. However, public participation is implicated e.g. policies to facilitate the retirement housing industry to actively provide options in elderly housing that are tailored to the needs of this group of decision makers. As to physical planning (PP), the elderly will decide where to move in view of the choice in housing, or to affect a move into another accommodation of a family member.

Amalgamating ideas from Figures 7.14 and 7.15, in mutually exclusive iterations of the implementation diagram of the CMHAM (Figure 7.11), a ‘template’ explanation of each stimulus is possible based on the case of a nominal, ‘typical’ and decidedly ‘secular’ Malaysian, not influenced by cultural values and able to exercise free choice on the economic front (Figure 7.15). (This Malaysian is a model figure, akin to the ‘traditional economic man’ of classical economics).

- Environmental Example
  The ‘secular’ Malaysian finds that his housing has assumed a ‘poor’ condition. Not influenced, excessively by any particular cultural values, s/he decides to effect a moved (M), which could be from a family home to an institution/ old folks home/ another house/ children or relatives house.

- Health Example
  The ‘secular’ Malaysian finds that his/her health has deteriorated to ‘fair’. Still able to conduct activities of daily living and not particularly influenced by any cultural values, s/he decides to stay (S) in the same house, in the same village or suburb and seek private and public services-in-aid.

- Financial Example
  The ‘secular’ Malaysian finds that his/her finances remain ‘excellent’. Not influenced by any particular culture values, s/he decides to move from a
family home to a retirement home/gated community/house close to children in the city (M).

- Family Example

The ‘secular’ Malaysian finds that his/her family are ‘always available’ to assist in daily chores. Since s/he is not excessively influenced by cultural values, s/he decides to do nothing, and continues living in situ (S).

<table>
<thead>
<tr>
<th>Environmental</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical House Loss of Community</td>
<td>C PF A H CS SW</td>
<td>Do nothing (N) In situ (S) Move (M)</td>
</tr>
<tr>
<td>Poor (P)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Fair (F)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Good (G)</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Excellent (E)</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset of Stimulus</td>
<td>Acute (P,F) Chronic (G,E)</td>
<td>Do nothing (N) In situ (S) Move (M)</td>
</tr>
<tr>
<td>Poor (P)</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Fair (F)</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Good (G)</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Excellent (E)</td>
<td>N.S,M</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset of Stimulus</td>
<td>Affluent Poor</td>
<td>Do nothing (N) In situ (S) Move (M)</td>
</tr>
<tr>
<td>Poor</td>
<td>N,M</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>N,M</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>S,M</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset of Stimulus</td>
<td>Security Proximity</td>
<td>Do nothing (N) In situ (S) Move (M)</td>
</tr>
<tr>
<td>Never available</td>
<td>N.M</td>
<td></td>
</tr>
<tr>
<td>Sometimes available</td>
<td>N,M</td>
<td></td>
</tr>
<tr>
<td>Always available</td>
<td>N.S</td>
<td></td>
</tr>
</tbody>
</table>

Note: cf. Figure 7.19 for the potential private/institutional point of transition

Figure 7.15: Putative Responses to an Accommodation Stimulus of a Typical ‘Secular’ Malaysian
Source: Author

From these templates, which have worked from worst to best case examples, it will soon be appreciated that an individual’s stage of ageing (young-old, old-old, very old) and deteriorating posture to the key stimuli, will suggest the crossing of a stress tolerance threshold, at which point, she/he needs assistance to conduct his activities of daily living. But, assistance cannot always be provided
on an individual basis, particularly high level care when immediate carers and infrastructure for the elderly are unavailable. Assuming the principle of economies of scale, the provision of infrastructure, services and care is cheaper, tenable and sustainable when the recipient is part of a group or a community. In order to facilitate the well-being of elderly persons, the micro environment, which in this project is the village or suburb, is assessed for availability and deficit in its infrastructure, services and care. In such cases, the ultimate solution of a locational shift could be necessary (Dicken: 1971).

Hence, in this section, the content of the Culturally Modified Housing Accommodation Model has been explained and its procedure of application has laid out the assumptions, inputs, and mechanisms of operation at the individual, micro and macro level. The task now remain to generate a number of inquires to guide the research.

7.3 ESTABLISHING THE INQUIRIES

Following a detailed explication of the project model, it is now possible to apply it. However, before this exercise can be executed, we refer to the outlined content and procedure of the CMHAM, its three inputs, and the mechanisms by which the model operates. Within each input, a series of inquiries are designed.

Thus the purpose of this section is to formulate the critical inquiries based upon observations of cultural values in Malaysia. Hypotheses will follow in later chapters. Kalleberg (1990) emphasises that the elements of inquiries should involve solid documentation, an adequate analytical model, and results presented to other members of the scientific community (Moller: 1998). Scientific method determines the inquiries and subsequent hypothesis which follow. Some of the latter will be accepted and others might be rejected after being tested.
Thus, the ultimate value of the formulation of inquiries is to prepare the backdrop for the conduct of analysis and an investigative process to perform empirical research. The usual procedure in empirical research would be to extrapolate from the data in order to come up with a reasonable prediction of an answer to the research question. In this way, the introduction of inquiries and hypotheses as shown in Figure 7.16 will complete part of the process of the scientific method for this project.

![Figure 7.16: Role of Hypothesis in the Scientific Method](http://www.phys-astro.sonoma.edu/courses/a231/required_concepts.html)

### 7.3.1 Concept of Multiple Working Hypotheses

According to Railsback (2004), the work of TC Chamberlin’s 1897 Multiple Working Hypotheses is an effective way of organizing one’s research. Platt (1964) developed the idea further into an efficient means for scientists in general to work. ‘Scientific study follows at least three different intellectual methods. They can be called the method of the ruling theory, the method of the working hypothesis, and the method of multiple working hypotheses’ (Railsback: 2004: 68). All the methods have their advantages, but Chamberlin believed that multiple working hypotheses avoid the trap of the single working hypothesis which can degenerate into a ruling theory.
Furthermore, Lipps (2000) considers the method of multiple working hypotheses as allowing a creative scientific process that involves the development of several postulates which clarify the phenomenon under study. All the possible explanations of the phenomenon are considered, including the possibility that none is correct and the possibility that some new chance could emerge (Railsback: 2004). The benefits of this method are that it is more likely to reveal the interaction of several causes and effects of the study, the thoroughness of lines of inquiry, and creative solutions that appear to hold particular promise. This research features multiple working hypotheses keeping in tandem with Railsback’s argument for the same methodology.

### 7.3.2 Formulating the Research Inquiries

The research question, ‘What should happen to the future accommodation of the elderly in Malaysia?’ should now be restated. The CMHAM foresees two types of responses (Figure 1.7, Chapter 1):

- A private response originating from inter-generational relations in which members of the family, relatives, friends and neighbours and the community are involved, and include, other stakeholders who provide care and support in the care, housing and social services.
- A public response stemming from strategic policy intervention of the government which is reflected in the disbursement of welfare measures and safety-nets, health, housing, and income.

There are three dimensions to a complete answer to this broadly-stated question:

- Cultural characteristics of the elderly which influence planning of accommodation,
- A change over from private to public dependency of care,
- An acceptable point of transition.
A complete research answer would consist of two types of recommendations:

- policy-makers so they can determine the infrastructure and measures to ensure preparedness for ageing among the elderly.
- the community so they can conceptualize their preparation for old-age.

From this standpoint, three inquiries which are individually necessary and collectively sufficient to resolve the research question are now set out. They need to establish, and then examine, the relationships of the major stakeholders in ageing (comprising elderly persons and family), the implications for policymakers, and the strategies the community can follow to reach an acceptable point of transition before undertaking public intervention. The elderly, the policy makers and the community are linked by cultural values. The actual form of the linkage and the influence on planning of accommodation could be expected to entwine with the cultural characteristics of the subject groups.

Inquiry 1 thus seeks to determine the cultural characteristics of elderly persons which are identified as reflecting cultural values (traditional and religiosity); and social interaction patterns (cultural value of community spirit and participation in community activity). Differences in cultural characteristics will assist in planning for suitable accommodation. In this instance, it became clear to ask the following question:

**Inquiry 1: What are the cultural characteristics of aged persons which facilitate planning of their future accommodation?**

After identifying cultural characteristics of the elderly and the conditions that facilitate the planning of accommodation, policy makers are expected to formulate their involvement as one of the stakeholders of ageing. In Chapter 2, the profound effects of physical and economic dependence of the elderly have been examined. The upshot is found to impact on well-being, in particular, accommodation needs. The onset of biological ageing as shown in Figure 1.5, results in physical dependency. It implies that people with incapability can
become dependent on others for care. A direct consequence is the imbalances it creates as certain sections of the community rely more on the social system compared with others.

One of the indicators of dependency is the support networks (other indicators are co-habitation patterns, income dependence and occupation). They reflect the intensity of care and assistance from kin, neighbours, friends and the community. It will be remembered that this form of support network constitutes the bulk of private care available in Malaysia. Requests for public support, especially for the economically dependent elderly, could impinge upon a social system that might be fragile because of an increase in the dependent population. The implication is that existing social arrangements will become unsustainable as the population ages and potentially places a heavy burden on the public purse.

The state of dependency can have an intense effect on choices in accommodation of the future. There is therefore a need to inquire:

**Inquiry 2: When does care which is normally provided within the private realm becomes a public responsibility?**

In a similar way, Inquiry 3 addresses strategies to encourage the elderly to age-in-place prior to entering public care, if needed. It was established in Chapter 6 that the opportunities are drawn from housing culture, the type of environment that is desired, and the form of accommodation which is best suited to the elderly needs. Housing culture is indicated by the pattern of housing, the willingness of elderly persons to participate in certain forms of living arrangements, and features of persons living together with them. The housing environment is identified by the conditions of the living environment, the living space in which an elderly person is most comfortable and, the preferred type of environment. Home ownership and the present condition of homes are associated with the preference for the elderly to reside in a particular setting.
It will be recalled that the housing pattern is different in rural and urban areas. It is the objective of Inquiry 3 to establish the relationship between elderly persons’ living arrangements and the actions which result. Thus the question becomes:

**Inquiry 3: How can the elderly be encouraged to age-in-place for as long as possible before requiring institutional and /or public sector support?**

The mixture of private and public responses comprises the aggregate provision of support for the elderly individual. However, the reality of life in a developing economy like Malaysia is that public funding is limited and the government is committed to modest expenditure on welfare (Malaysia, Department of Welfare: 2001). There exist competing claims for redistribution to policy areas other than the elderly.

The strong family relationships and favorable features of Malaysian cultural values are assets that can help to sustain the care of elderly persons. Dawson (2002) asserts that nothing can replace the powerful influence of cultural tradition. Hence, such values can generally assist private support of the elderly while the formal response of the public sector determines the social welfare outcomes.

### 7.3.3 Formulating the Minimum Standard of Care

Social welfare among the developing countries focuses on upholding or sustaining the family as an intact support or care unit for the elderly, and how to facilitate the continuity of family care. As discussed in Chapter 4, there is a propensity to regard social security needs as a private issue. The involvement of the government is mainly limited to security of income of some elderly people who have previously engaged in employment. The arguments among elderly persons are for a universal system whereby they are maintained on a minimum income so that they are able to live a standard of living like the rest of the community.
The Scandinavian welfare model is often used as a generic one to describe the way in which economically advanced countries like Denmark, Sweden and Norway organise and finance their social security systems, health services and education.

It is one of the welfare systems for the elderly that provides universal coverage. The principle behind the welfare model is that benefits should be accorded all citizens regardless of their employment or family circumstances (Ministry of Foreign Affairs, Denmark: 2004).

In Sweden, the social welfare system provides full coverage and entitlements to basic social security benefits. The benefits are calculated at approximately 75-80 percent of the recipient’s previous income. Three levels of benefits are defined: basic needs, longer term basic needs and other benefits. The system is universal and benefits are based on citizenship rather than employment (International Reform Monitor: 2004).

In Denmark, the social welfare service and health-care system is based on free comprehensive medical and social care benefits financed by the government through a relatively high personal marginal tax of 50 to 70% and a tax on goods and services of 25%. Current policy is aimed at providing conditions that allow elderly to stay in their homes for as long as possible. The trend is to bring the care to the patient instead of expecting the patient to seek out care. Traditional Nordic social welfare solves problems of the elderly through institutional care. However, social welfare is now considering privately organized home-care approaches. The idea is to provide conditions allowing the older person to remain at home for as long as possible. This policy is reflected by the large shift in expenses from the secondary to the primary sector (Jarden et al.: 2002).

Australian policies toward social services are moving away from the supply-oriented to demand-oriented. The social security system provides incentives to older persons in the community. There has been less need for private provision of welfare since the government provides welfare benefits (Norton: 1998).
Health policies had their origin in the collective welfare model of mutual assistance societies and became formalised in state provision for health care in the post-war years. There are two elements to the ‘collective welfare rating’: first, those who are currently well contribute to the health costs of those who are currently sick, and the second is the associated cross-generational subsidy through which a younger generation pays for an older generation (Duff: 1997).

Distilling and specifying the experience of small economically advanced countries lead to a common understanding that, among developed countries, the culture in provision of welfare is universal. It is implied that cost is a component of care that continues to impact the standard of provision of services and the point of entry into specific elderly infrastructure. Although the culture in provision of care is to provide fair coverage for all elderly persons, the significant cultural values attached to the embodiment of care in the Scandinavian countries are that society is wealthy enough to engage in a single policy of welfarism. Scandinavian welfare is explicit to regulate that minimum acceptable standard of care is implicit in the long-term well-being of the elderly.

At the heart of advanced and liberal democracies like Australia and the United States are individualism and a capacity to choose. So ingrained are these ideologies that they go back to the days and writings of John Stuart Mill (1806-1873). Individuals are ‘exhorted to choose, and to believe that a lack of options from which to select, or of the freedom to decide among them, deprive persons of the individuality and the freedom that is a person’s birthright’ (Cannold: 2005: 52). In a gerontological context, this ideology is vividly represented by the evolution of the retirement village industry in Australia and the surge in a range of options in accommodation that an elderly person can choose from (Stimson (ed): 2002). Translated, the fundamental values and beliefs of the peoples in those countries are positively transformed to provide an answer to the accommodation needs of the elderly.
Malaysian society is also steering towards a demand for supply of choice in development. Following Hofstede (1997), it is proposed that the desire is not the result of values of individuality, as in the west (Tunkari et al.: 2000); rather, it is driven by the necessity to accommodate swift and ongoing progress in development, urbanism, and modernism.

Given such a context, the ultimate purpose of the CMHAM is to capitalise upon cultural values of elderly Malaysians, to turn an unconscious backdrop into a conscious process for housing-accommodation. Underpinned by the CMHAM, Malaysia’s stance to the elderly should be based on three premises which arguably optimize social welfare:

- **Principle 1**: Society attempts to promote and satisfy individual accommodation choices. Harris (1999) has explained the process as a pattern of learned behaviour which continually ‘increases or decreases well-being, increasing benefits or lowering costs to the individuals’ (Dawson: 2002: 53).

- **Principle 2**: Society nevertheless, from a utilitarian viewpoint, minimizes the collective burden on welfare. There are other needy persons apart from the elderly who deserve some form of support. The disabled, homeless, children and the poor are among those who require economic assistance.

- **Principle 3**: Society therefore determines the point of transition from private to public at which it assumes responsibility. As suggested by Harris (1999), since everything starts with individual choices, Malaysian society can indicate when long-term private responses will cease, either completely or in part. Public provision will take up thereafter.

The reason for formulating these three principles in a situation of public resource scarcity concerns to relative cost of ageing in place as opposed to institutional care, those costs to be potentially borne by private or public means. It can be argued that, as ageing progresses, the cost profile of care assumes a concave exponential form: that is, it is relatively cheap to maintain the young-old
in a private setting but becomes progressively more expensive to care in this way with increasing age (Figure 7.17). This is because the frail, ill or demented elderly eventually need 24/7, one-on-one care, or at least constant surveillance which can be extremely costly on an individual basis. Alternatively, it would be excessively expensive to maintain the young-old in an institutional setting, particularly if that level of care was unwarranted (Figure 7.18). When the two conceptual graphs are superimposed, a point could be determined at which society is better off if the elderly take up institutional care, using either private or public funds (Figure 7.19). In this sense, as per Principle 3, society could determine the point of transition.

Given this overall scenario of increasing age (and cost of care), the project seeks to employ the CMHAM to ensure that premature access is not forthcoming to institutional accommodation provided under either private or public auspices. This move is sensible since experience in the developed economies suggests that the supply of institutional accommodation is invariably insufficient, irrespective of the basis upon which it is provided. In this regard, it
is necessary to specify more explicitly the elements of cultural value which bear in the CMHAM on the housing accommodation system.

Given the various concepts which have been introduced subsequent to the explication of the CMHAM, the task now is to pursue the three inquiries listed as a means to resolve the research question.

7.4 PROJECT WAYPOINT
The chapter began with a critique of the shortcomings of previous models of well-being. The discussion infers that no one model is sufficient to address the accommodation of the elderly and their welfare. Taking into consideration the contention in Chapter 6 a new deterministic paradigm that considers cultural-values as imperative to the provision of successful housing-accommodation for elderly persons, a culturally modified housing accommodation model (CMHAM) was proposed.

The CMHAM advances the notion that a stimulus will motivate the percussor and housing accommodation system to operate which, in turn, results in a response. The content and procedure of the CMHAM has explained key dimensions of the assumptions and inputs of the model. The mechanisms of operation at the individual, micro and macro level were described.

After a restatement of the research question, three inquiries which are individually necessary and collectively sufficient to answer it were proposed. The inquiries are founded in the cultural characteristics of the elderly, the change over from private to public care and, an acceptable point of transition at which society assumes public care. The role of next chapter is to pursue the first inquiry concerning cultural characteristics of the elderly which influence planning of accommodation.

a In medicine, percussor is a small hammer with a rubber head used in percussive examinations of the chest and in testing reflexes (Hyperdictionary: 2004) www.hyperdictionary.com/dictionary/.
CHAPTER 8:
ACCOMMODATING THE MALAYSIAN ELDERLY:
THE CULTURAL PRECURSORS

The preceding chapter elucidates the Culturally Modified Housing Accommodation Model, its contents and procedures. Following clarification of the mechanics of CMHAM, the setting has been prepared for an empirical application. Chapter 8 is thus devoted to the treatment of Research Inquiry 1: what are the cultural characteristics of aged persons which facilitate planning of their future accommodation? To address the inquiry, the tasks include the provision of an overview of the methodology including the selection of subject cultural groups and study locales, a sequence of hypothesis formation and an empirical component which tests out the hypothesis so developed ‘on the ground’. More substantively, having established the loadings on individual cultural values of rural and urban ethnic groups in Malaysia, the need is to convert those patterns of loadings into composite cultural profiles and hypothesise likely accommodation responses. Thereafter, the responses are teamed with field data in two settlement situations to gauge actual leanings of the study groups as predicted.

In order to fulfil the tasks, the arrangement of the coming sections is as follows:

▪ Overview of methodology
▪ Cultural values and accommodation issues
▪ Rural and urban responses
▪ Actual cultural leanings in accommodation.
8.1 STUDY FOCI

Any application of the CMHAM which is to be seen as comprehensive and robust should take a number of practical situations into account. The obvious test is among ethnic groups in Malaysia, in which case, in view of resource constraints, exemplars will be necessary since all possible contenders cannot be studied in a project of this scale. In addition to ethnic comparisons of accommodation situations and intents, it is appropriate to consider the rural-urban dimension of national life, of which much has been made to date in this research. It reflects Malaysia’s situation as a developing country and the particular problems it poses in the field of gerontology.

On this basis, the following analytical framework is proposed. The ethnic comparisons are conducted in two domains, rural and urban. Each will involve a pairing of two ethnic groups. Thus, in rural areas, Malay and Bidayuh will be evaluated while, in cities, the Malays and Chinese are the foci of attention. The inter-linking thread or ‘common denominator’ of the Malays provides the wherewithal for the suggested rural-urban comparison. Use of the same ethnic group allows a control in so far as observations are made on a common cultural basis as between physical settings.

The general nomenclature and procedure of the analysis are thus:

- Rural ethnic (Malay/Bidayuh)
- Urban ethnic (Malay/Chinese)
- Rural / urban (Malay).

By approaching all three research inquiries in this manner, an attempt is made to apply the CMHAM across Malaysia, both ethnically and in settlement terms.

It is also possible via this design to incorporate a geographical dimension which takes into account the fragmented nature of the country. Two areas in Malaysia are chosen to test the application of the CMHAM. Tebakang is a typical rural Malaysian village which is accessible by all land transport modes, close to a city.
yet retaining its agricultural hinterland while Petaling Jaya fulfils the necessary criteria in light of its urban characteristics. Tebakang is situated in insular Borneo in the state of Sarawak whereas Petaling Jaya is on the Malay Peninsula in the state of Selangor.

**Tebakang**

Tebakang is located in the district of Serian approximately 82 kms to the south of Kuching, the capital city of Sarawak (Figure 8.1). Tebakang has a long history which started as a small settlement originally inhabited by the Bidayuh community. Bidayuhs, are believed to be among the earliest people in Borneo and the principal inhabitants of the original territory acquired by James Brooke (Roth: 1896). Bidayuhs speak the Bukar-Sadong dialect. Currently 17,465 Bidayuh (Dayak, Chinese and Malays) live in Tebakang. The Bidayuhs value village life and communal gatherings, particularly the Gawai festival. Tebakang is a rural village and the majority of its population is involved in agricultural pursuits like planting padi, rubber, cocoa, pepper and subsidiary activities involving fresh water fishery and poultry rearing.

![Figure 8.1: Location Map of Tebakang, Sarawak.](source: Shell Malaysia (1993))
Petaling Jaya

Petaling Jaya is located in the Petaling District, one of the nine districts in the state of Selangor, approximately 17kms from Kuala Lumpur (Figure 8.2). Petaling Jaya, better known as PJ, began to develop in 1952 as Malaysia's first satellite town. PJ was to support the fast-emerging capital city of Kuala Lumpur. The Sungai Way-Subang (SS) area, the new township of Subang Jaya, the Damansara area which includes Bandar Utama, Kota Damansara, Damansara Perdana, Bandar Sri Damansara and Damansara Impian, and the Old and New PJ (Section 1-52) are prime areas for residential and commercial advance. PJ started out as a town of slightly over two square kilometres in 1952 and, by 1964, the area had extended to 19.9 square kilometres. In 2000, PJ covered an area of 97.2 square kilometres and had a municipal population of approximately 432,619 persons (Malaysia, Department of Statistics: 2000).

Figure 8.2: Location Map of Petaling Jaya, Selangor.
Source: Shell Malaysia (1993)

8.1.1 Research Traditions and Methods

Before embarking on the application of the model, a suitable method of analysis must be chosen. For many aspects of research, according to Leahey (2004), there are relatively well-established standards for practice. Neuman (2000) states that, in the social sciences, in which the subject matter is human life,
researchers have many specialized techniques to observe and indirectly measure aspects of the world. He cites three approaches to social science research; positivism, the interpretive and the critical.

Positivism and interpretive approaches are adopted in this project. Positivism is associated with quantitative data and the use of experiments, surveys and statistics to achieve a result. The approach implies that a researcher begins with a general cause-effect relationship which leads to examination of the evidence, and is followed by an empirical test to confirm the research. Interpretive social science approaches can be traced to Max Weber (1863-1920) and William Dilthey (1833-1911). They noted that people share a meaning system, but contend that its interpretation depends on the cultural backdrop (Neuman: 2000: 70-71).

Good evidence in positivism is observable and precise. Thus, the strength of interpretive social science is that evidence is objective and neutral and focuses on the real values, meanings and motivations of an individual.

Positivism and interpretive social science approaches follow a scientific paradigm. A paradigm, according to Kuhn (1970), represents a whole system of shared thinking within a framework of basic assumptions, values, and the research technique. A paradigm shift occurs when existing theories can no longer adjust to discrepant findings (Dooley: 1995). Shifts in paradigm are a significant background of this project, in which cultural values are examined to determine housing-accommodation instead of the more common focus on the economics of housing demand-supply. Another alteration is empirical: the rural to urban drift which has altered the situation of the elderly as Malaysia modernises.

All the above methods, according to Neuman (2003), share common features in that they are empirical, systematic, open-ended, and constantly evolving and changing, and belong to the whole body of scientific method. An overview of the basic methods in research, their purpose, advantages and challenges, is
provided in Table 8.1. Researchers use one or a combination of methods in order to validate their claims apropos a specific theory.

Some of the basic methods which are in use are, for example: the questionnaire, quickly to collect a great deal of information from a lot of people; interviews, to get more in-depth information from certain respondents to the questionnaires; and case studies, for in-depth analysis of unique and notable cases. All are employed in this project.

A few researchers have influenced the methods to gather data on cultural values. Hofstede (1996) uses quantitative data as an ultimate means to measure cultural dimensions of organizations and societies. Schall (1983) uses qualitative data collection as an initial exploratory approach, leading to the development of quantitative measures and hypothesis testing. Denison (1990) first collected quantitative data, which were subsequently enriched with qualitative data for deeper understanding of the meanings of the result.

Rosenthal et al. (1985) in their study of young ethnic immigrants in Australia also used the same method. Other researchers (Ashkanasy and Holmes: 1995) included convergent interviews, surveys, interviews and further surveys. There is no doubt that in typical research on cultural-values, multiple methods of data collection would include individual in-depth interviews, questionnaires, observations and archival records information (Kavanagh: 2002).
### Table 8.1: Overview of Basic Methods to Collect Data

<table>
<thead>
<tr>
<th>Method</th>
<th>Overall Purpose</th>
<th>Advantages</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| Questionnaires, surveys, checklists | to quickly and/or easily get information from people | • can complete anonymously  
• inexpensive to administer  
• easy to compare and analyze  
• administer to many people  
• can gather a lot of data  
• many sample questionnaires already exist | • feedbacks can be incorrect  
• wording of survey can bias responses  
• impersonal  
• may need sampling expert  
• does not get full story |
| Interviews                     | to fully understand someone's impressions or experiences, or learn more about their answers to questionnaires | • get full range and depth of information  
• develops confidence with respondent | • can be time consuming  
• can be hard to analyze and compare  
• can be costly  
• interviewer can bias responses |
| Documentation review            | to seek impression of articles by review of literature, maps, records, etc. | • get comprehensive and historical information  
• information already exists  
• few biases about information | • time consuming  
• information can be incomplete  
• need to be clear about the information to gather  
• restricted to existing data |
| Observation                     | to gather accurate on ground information about how a community function | • view information as actually occurring  
• direct examination of social phenomena in their natural setting. | • complex information  
• categories of observations can be fuzzy  
• can be expensive |
| Focus groups                   | explore a topic in depth through group discussion | • quickly and reliably get common impressions  
• efficient way to get much range and depth of information in short time  
• can convey key information  
• useful in evaluation of programs | • difficult to analyze responses  
• need good facilitator for safety and closure  
• difficult to organize large group of people together |
| Case studies                   | to fully understand or depict experiences in a program, and conduct comprehensive examination through cross comparison of cases | • fully depicts respondents experience  
• powerful means to portray ideas to outsiders | • usually quite time consuming to collect, organize and describe  
• represents depth of information, rather than breadth |

Taking into consideration the complex dimensions of cultural values and housing accommodation, the methodological approach needed for this study is one that captures their various inter-relationships. Quantitative and qualitative methodologies are applied to facilitate an organized and systematic gathering of data and to enhance the descriptive and observational features of the project. The empirical work proposes a study which is sensitive to individuals at the micro level. In order to gather high quality data, the following methods are used:

- convergent interviews during the initial phase of research,
- quantitative data collection via one-on-one interviews, and
- reconnaissance and observation surveys aimed at identifying existing infrastructure in the case study areas.

8.1.2 Procedure in Data Collection

Survey Approval

First, project approval was obtained from the University of Queensland, School of Geography, Planning and Architecture. The presentation of a letter from the Head of School assisted in maximising responses during the various interview phases (Appendix 3). Approval to conduct a survey was sought from the Malaysian Department of Welfare, which is the main government body which administers program and projects for the elderly (Appendix 4). Approval was also sought from the Petaling Jaya Municipal Council to conduct the survey in Petaling Jaya, particularly at the Golden Society in Section 14. In Sarawak, the Chief Minister’s Office for Adat Istiadat approved the study in Tebakang (Appendix 5) The Serian District Authority provided an acknowledgement to proceed with a survey among the Bidayuh community in Tebakang. The Penghulu of Tebakang (Head of Tebakang Village Council) granted permission to enter the village and interview elderly persons.
Training of Enumerators

Three enumerators assisted with the survey in Sarawak. Two students from the University Technology Mara and a teacher from Tebakang High School volunteered to assist in the one-on-one interviews. All enumerators were paid RM$20.00 per day and given intensive training over two days to achieve an understanding of the aim of the survey, how to approach elderly subjects and to conduct the survey. The importance of willing participation and rights to terminate the survey at any time were addressed.

Sampling

In order to meet the aim of the study, the sampling frame in Petaling Jaya and Tebakang consists of those persons aged 60 years and over, who are either an ethnic Malay, ethnic indigenous Bidayuh (Dayak), or a Chinese resident of Malaysia. Other considerations included the cost and time involved in collecting and processing the data. The sampling frame presented considerable logistical difficulties considering that it necessitated a trip to two different parts of Malaysia. As indicated, Petaling Jaya is located in peninsula west Malaysia, while Tebakang is in Sarawak, east Malaysia, on the island of Borneo.

In order to portray the variability of cultural values, the sample needed to include at least four different ethnic groups. Originally, the Malays, Chinese, Indians and Bidayuhs were considered, but due to low representations of elderly Indian in the study area, Malays, Chinese and Bidayuhs were subsequently selected. As discussed earlier in the section on Study Foci (p. 243), the elderly are found in nucleated rural areas or scattered in urban areas. Given constraints of finance, time, and accommodation unavailability in rural areas, elderly Indians were finally omitted since most are located in agricultural plantations.

When considering the limitations together, a combined procedure of convenience sampling and random sampling was adopted to obtain a reliable sample and an acceptable level of sampling error (Zikmund: 2000; Harrison and
Tamaschke: 1997). Random sampling was selected because it is a reliable method when surveying elderly populations who are located unevenly throughout the selected study areas.

The project having now been set within a framework based on scientific approaches, the next step is to define the methodology for empirical data collection.

### 8.1.3 Field Study Methodology

The empirical research methods include an interpretive study oriented to quantitative measures and a qualitative study to examine cultural values and their effects on future accommodation. The research engages three stages of data collection that is, convergent interviewing in the first phase (Dick: 1990; EMVI: 2004), one-on-one interviewing in the second, and reconnaissance surveys in the third stage (Table 8.2).

<table>
<thead>
<tr>
<th>Research Phase</th>
<th>Method</th>
<th>Stakeholders Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Convergent Interviews</td>
<td>Malaysia Department of Social Welfare; Petaling Jaya Municipal Council; Serian Municipal Council; Sarawak Department of Welfare; Sarawak Chief Ministers Department of Majlis Adat Istiadat; Village Head or Penghulu of Tebakang and Pichin.</td>
</tr>
<tr>
<td>Phase 2</td>
<td>One-on-one questionnaire interview</td>
<td>Elderly Persons in Petaling Jaya and Tebakang</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Reconnaissance/observations</td>
<td>Petaling Jaya Section 14 and Tebakang (Tebakang Village and Pichin Village).</td>
</tr>
</tbody>
</table>

Source: Author

**Phase One: Convergent Interviews**

Convergent interviewing is the first stage of data collection. It involves conducting a series of exploratory interviews in which data are collected and
analysed. The process is structured, although the content of each interview allows for the flexible exploration of the subject matter (Dick: 1990). Convergent interviews are especially appropriate for the first phase of research in view of the need to define and confirm relevant issues among elderly populations of subjects. Rao et al (2003) argue in favor of the convergent interview because it provides a way of quickly focusing on key issues in the project. Dick (2000) states that it is more flexible than other forms of exploratory techniques such as in-depth interviews, because it enables information to move backward and forward and allows a change in the focus and direction as a researcher progresses through the interviewing process (shown in Figure 8.3). Information from the interviews is then used to refine the content of the one-on-one interview.

![Figure 8.3: Convergent Interview](http://www.scu.edu.au/schools/gcm/ar/arp/datadriv.html)

**Phase Two: One-On-One Interviews**

The second phase involves action research. One-on-one interviews are conducted. In this process, respondents are selected based on a random
statistical sampling method. Two aspects of one-on-one interviews are emphasized. They involve:

- a selected sample of people,
- observation of surroundings and the environment of the researched population.

One-on-one interviews can extract practical, participative, collaborative, interpretive and critical insights into the real situation at hand. They are used after the theoretical framework and research issues have been determined from the literature review (Chien, Cook and Harding: 1988). They involve working in a collaborative group of the sampled population to solicit information, input, responses, and to seek assistance to implement the theoretical framework that had been defined before. The one-on-one interview is conducted in both the study regions.

Phase Three: Reconnaissance Survey

A reconnaissance survey might be most profitably employed when gathering data about a developed site, as in appraising the presence or absence of specific property types (EMVI: 2004). In this regard, a walk-through survey of the study area is the best method to gather land-use characterisations of specific activities. This method of surveying will give a complete view of the surrounding environments where the elderly live. As per Table 8.3, the reconnaissance survey should document:

- the types of public infrastructure
- the types of community infrastructure
- health facilities for the elderly.
With all methodological elements now described and in place, it is possible to proceed to a resolution of the first research inquiry, namely to determine the cultural values and its influence on accommodation responses among the elderly persons in Malaysia.

### Table 8.3: Reconnaissance Survey

<table>
<thead>
<tr>
<th>Observable Elements</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houses</td>
<td>Layout (Compact/Scattered) Materials (General construction) Design (single/terrace/extensions/permanent/temporary)</td>
</tr>
<tr>
<td>Commercial Area</td>
<td>Location Proximity to residential area</td>
</tr>
<tr>
<td>Employment Area</td>
<td>Agriculture Fishing Forestry</td>
</tr>
<tr>
<td>Water Supply</td>
<td>Drinking water (gravity-fed/wells Household use (piped water/river)</td>
</tr>
<tr>
<td>Electrical/Energy Supply</td>
<td>Electricity Kerosene</td>
</tr>
<tr>
<td>Communication</td>
<td>Public Telephone Private landlines</td>
</tr>
<tr>
<td>Transportation</td>
<td>Road (all weather/dirt track) River (Sampan/ferries) Buses Taxis</td>
</tr>
<tr>
<td>Recreational Facility</td>
<td>Playing fields, indoor courts</td>
</tr>
<tr>
<td>Religious Facility</td>
<td>Mosque Temple Church</td>
</tr>
</tbody>
</table>

Source: Author

### 8.2 CULTURAL VALUES AND ACCOMMODATION ISSUES

In Chapter 6, we established the national representation of Malaysian culture via Hofstede’s (1997) dimension. Malaysians are highly ranked in the power-distance cultural dimension (PDI-104) which corresponds to strong family units and respect for authority; they score low individualism (IDV-26) suggesting a collectivist society; they exhibit low uncertainty avoidance (UAI-36) which
implies preference for structure and minimizing risks; and average masculinity (MAS-5) which indicates a balanced treatment of the genders. The combination of scores is interpreted to mean that, as a society, Malaysians prefer structure and clear rules in order to reduce the amount of uncertainty; they accept the authority of leaders to create and transmit benefits to all and therefore communal benefit is important, and equal opportunities exist for males and females.

The four Hofstede dimensions are descriptive of the values of Malaysians, young and old alike. In this section, these dimensions are now taken to the next level of discussion in their translation into cultural values, their relevance to the elderly and implications for accommodation.

8.2.1 Influence of Cultural Values on Accommodation

The six cultural values foreshadowed in Chapter 6 and modelled in Chapter 7 now require elaboration. Table 8.4 proposes a preliminary interrelation of those values with the three WHO-inspired elements of an accommodation system. The procedure is to take each value in sequence, to offer a more detailed account of its precepts and to show how it relates to or interacts with the three accommodation elements, namely the housing environment, physical planning and housing choice.

Compliance

‘Compliance’ in Malaysian society denotes four key behavioral norms. First is adherence to regulations. Second, compliance is characterized by tender-mindedness, meaning that elderly persons are of pleasant disposition, which adds the third orientation, getting along with people. The fourth, avoiding interpersonal conflict, eschews aggressive behavior.
Table 8.4: Cultural Values, Manifestations and Accommodation Interactions

<table>
<thead>
<tr>
<th>Cultural Values</th>
<th>Manifestations</th>
<th>General Implication for Accommodation System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customary Tradition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance</td>
<td>• Follow regulations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tender-mindedness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Get along with people</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Avoid interpersonal conflict.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do not voice their disagreement even in matters relating to housing need and living arrangements.</td>
<td></td>
</tr>
<tr>
<td>Preserving Face</td>
<td>• High sense of dignity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Close interpersonal relationship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Respect for one another</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High sense of propriety. To live in dignity is preferred.</td>
<td></td>
</tr>
<tr>
<td>Adab</td>
<td>Conform to accepted norms of behavior (polite, cordial, considerate, courteous, self-effacing, helpful)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Easier to get along with the wider community. Integrated living is accepted.</td>
<td></td>
</tr>
<tr>
<td>Harmony</td>
<td>• Avoid criticizing others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Share responsibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Willing to forego part of personal freedom.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prefer inclusion to exclusion.</td>
<td></td>
</tr>
<tr>
<td>Community Spirit</td>
<td>• Looking out for one another.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• In-depth consultations,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Doing work together</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Self-supportive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community bonding, prefer easy access to reach persons within the community.</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual well-being</td>
<td>• High spiritual orientation,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Observance of rituals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Social interaction.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religious symbols (mosques, temples, shrines) are part of the living arrangement.</td>
<td></td>
</tr>
</tbody>
</table>


Compliance relates to the accommodation system in the following ways. First, in respect of the housing environment, it insists that the family remains as the basic social unit that provides physical protection. In regard to physical planning, compliance creates the impression that the elderly readily accept decisions on accommodation which are agreed to by the family. As a consequence, the autonomy to make free choices is affected by the level of congruence to accept or reject decisions made on housing (Randel et al.: 1999). Most commonly, the needs of the elderly are not perceived to be as important as other people’s needs since they are regarded as being content with whatever is given to them.

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*a Khairul, Mastor A., Putai, J. and Cooper, M. (2000)
Preserving Face

Preserving face denotes three behavioural norms. First, a high sense of dignity is predicated on the individual. It is ideally associated with being cared for and supported by the family, an absence of which causes malu or shame to the elderly. Second, regular visits from children help to reaffirm that there is reciprocal support from the family (Mohamed et al.: 2004) which relates to close interpersonal relationships. The third facet is respect for one another.

Preserving face relates to the accommodation system in the following ways. First, in regard to the housing environment, the desire to avoid malu is the primary force for social cohesion, not to say conformism, particularly in the Malay village (Goddard et al.: 1997). Imagine that a frail older person requires assistance to conduct activities of daily living. When preserving face is violated, the elderly person feels malu, the result of which could be withdrawal from the family and community. This reaction will lead to other repercussions, for example, depression in old age. However, preserving face has no impact on physical planning. In housing choice, support from members of the family gives the elderly person the choice of one form of accommodation or another.

Adab

The most important aspect of adab which is of relevance to housing is conforming to accepted norms of behaviour (polite, cordial, considerate, courteous, self-effacing, and helpful).

In terms of the accommodation system, adab relates to the housing environment in that the elderly are particularly adept at living in mono-cultural surroundings; it seems likely, too, that they can live with people of other cultures, at least to the extent of living together in the same building, street and suburb. Adab has no particular effect on physical planning. In housing choices, adab reflects the flexibility to accept many forms of housing arrangements and designs.
Harmony

Harmony is denoted by three behavioural norms. The first is to avoid criticizing others as it is seen as demeaning and confrontational. The second is to share responsibility, especially in the conduct of household chores. Third is a willingness to forego facets of personal pleasure so that other members of the family can be accommodated in the same house.

With regard to the housing environment, living harmoniously with children often means that an elderly person is adept at mixing in an integrated surrounding. Second, harmony is allied to physical planning because it reveals an elderly person’s preference for inclusion in a total, rather than an exclusive milieu (that is, avoiding an enclosed environment). Third, housing choice should reflect harmony. To illustrate this point, typical Malay families living in rural areas are home owners as well as land owners. Elderly parents would have sub-divided their parcel of land in order to encourage children to live close by (Gullick: 2003). Therefore it is common practice to see a few houses, each belonging to a member of the family, on a single plot of land. From this small social unit where communalism is prevalent, the spirit transcends to the community at large, resulting in enhanced community bonding.

Community Spirit

Community spirit is indicated by four behavioral norms. They include looking out for one another in the family and community, in-depth consultations with family members before making a decision, doing work together, and support of each other’s roles in the family and community. There are two ways of looking at community spirit. The first is from the perspective of the carer/children, the second from that of the elderly themselves. Children take turns to care for their elderly parents. Although daughters normally shoulder the responsibility of care, financial cooperation comes from other members of the family as well.
Community spirit relates to the accommodation system in the following ways. First, in the housing environment, it suggests the elderly are self-supporting and look out for one another. *Gotong-royong* (‘lending a hand’) is a highly valued attribute among them (Abdidin: 2002). Second, physical planning ultimately means that physical barriers between home allotments are minimized to ease the free flow of pedestrians and improve connections (Chang: 2000). Third, housing choice implies acceptance of various forms of accommodation.

**Spiritual Well-Being**

Spiritual well-being denotes three behavioural norms. First a high spiritual orientation offers a sense of solace and fulfilment in carrying out activities which relate to spirituality. Observance of rituals includes the performance of actions to appease the spirits and perform religious observations. Social interaction is channelled through structured activities which are organized by the mosques, temples, elderly people’s associations, and other groupings.

Spiritual well-being relates to the housing accommodation system in the following ways. First, in respect of the housing environment, there is a vital and well established connection between place (religious and private venues) and spiritual work, and activity (interacting with other people) that creates a sense of being. A sense of being is crucial for the dignity of the elderly of whatever race. Hence, the surrounding of homes and villages or suburbs is to exude an aura of tranquillity. Second, physical planning relates to religious symbols as places of socialization and interaction, an academy for continuous learning and a place for receiving religious instructions. Seedsman and Feldman (2002) remind us that spirituality assists ageing positively. Physical planning therefore will have to include elements of spiritual building. Third, in housing choices, providers and religious organizations can introduce accommodation that is based on, or incorporates, spiritual orientations of the community because it has been observed that older people with a strong sense of spirituality are less likely to be depressed (Davies: 2002).
8.2.2 Orientations of Study Groups and Likely Accommodation Effect

Now that the general interrelationships among the six cultural values (compliance, preserving face, adab, harmony, community spirit and spiritual well-being) and the three accommodation elements (housing environment, physical planning and housing choice) have been explained, the next step is to gauge the emphasis or strength of the cultural effect. This sub-section will progress through the six cultural values and hypothesise outcomes regarding key facets of the three accommodation elements.

For ease of exposition, two extreme expressions of the cultural variable are anticipated: one revealing a high loading and the other low. In other words, we are asking: what would be the likely manifestations in the accommodation system of a high adherence to, for example, compliance? Alternatively, if subjects in a study group exhibited low compliance, what would be the expected accommodation outcome?

In order to address such issues, it is necessary to specify in advance the key points of interest in the accommodation system. They are arranged in Figure 8.4. In the housing environment, the chief outcomes in relation to the current research inquiry and, therefore, to the research question, are to do with the willingness to accept changes in accommodation and the preference for barrier free spatial forms. Other elements of possible interest include public and functional space and behaviour borders, and the nature of kinship or inclusiveness of the community or the privacy found in exclusiveness of the society.
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Legend:

- HE: housing environment
- PP: physical planning
- HC: housing choice
- C/A: change in accommodation
- S/F: barrier free spatial flow

Figure 8.4: Cultural Effects

Source: Author
In respect of physical planning, the salient outcome concerns preferences in interaction, which occur along a spectrum, and mobility to move from one place to another. That is, people can favour expanded interaction, connoting access within the immediate community. To move from one place to another, individuals choose free flowing pedestrian links that runs through a village or neighbourhood and road linkages to other land uses. Instead, limited interaction suggests that the elderly will be moving fairly exclusively within their family circle, among relatives and selected groups.

Housing choice can be calibrated along the dimension of single to multiple home options which directly relate to the functional units of a family. Those preferring the single route would seek their own home (not private living space within another home). Those oriented to multiple home options would accept shared accommodation within a family, multiple home styles (e.g. terrace homes, longhouses or condominiums) or institutional living.

With this categorisation, a start can now be made with ‘compliance’, prior to considering the five other manifestations of culture.

**Compliance**

Within the housing environment, subjects in study groups who indicate high levels of compliance are expected to be accepting of changes in accommodation and also barrier free spatial forms. They should therefore be willing to move from existing accommodation to new forms and, therein, would seek fluidity in their daily patterns and movements. By contrast, low compliance would be expressed in a resistance to changed accommodation and a rejection of the dynamism enabled by a lack of boundaries and barriers (Figure 8.4).

In physical planning, high compliance would be associated with expanded interaction, suggesting ease in communication with immediate neighbours and acquaintances. No significant variation in this position is hypothesized if low compliance is observed.
Housing choice in association with high compliance would indicate a willingness to consider multiple home options, a direct contrast to low compliance whose adherents would strongly prefer single or detached home options (with themselves in control).

**Preserving Face**

People strongly concerned with preserving face would normally, in respect of a housing environment, resist changes in accommodation. They would seek residential satisfaction within a small social unit but with many shared values and interests. On the other hand, a low loading on preserving face assumes the opposite reaction. A change in accommodation is accepted since the loss of control of one’s own private space, which can also be exaggerated with the loss of an inclusive environment, does not pose a threat to persons so oriented. They would be happy with limited interaction as distinct from those persons with the opposite outlook.

With regard to physical planning, a focus on preserving face would indicate preference for expanded interaction. In this form of interaction, persons who share essential identities and values form a closer association, analogous to friends and families, as opposed to a person in a different suburb or neighbourhood. It is expected then that a low concern with preserving face would find persons engaging in limited interaction. Family and relatives are preferred over external relationships within the broader community.

Housing choice allied with a strong regard to preserve face would translate as the inclination to accept single/detached homes, presupposing that other occupants in the same home share the same value. Meanwhile, persons who are low on preserving face should prefer multiple home options where they are not confined to a particular group of people with whom they are intimate.
Adab

Within the housing environment, individuals who in exhibit high levels of adab are presumed to accept changes in accommodation and also barrier free spatial forms. These positions are likely since they prefer to retain the present home and spatial connections with surrounding neighbours which would invariably keep them connected in familiar surroundings. They would retrofit their immediate private space and maintain open connections with neighbours. By contrast, low adab is marked by a resistance to change in accommodation and a rejection of barrier free spatial forms, since loss of control over the environment might look unsettling.

In physical planning, high adab would be associated with open and fluid interaction with the family and community. It is suggested that the relationship is substantial in everyday life. A free flowing interaction with the community is assumed if high adab is exercised. If adhering to low adab, individuals do not choose to participate much in interaction with the community.

Housing choice in association with strongly expressed adab indicates a preference for single/detached homes, in contrast to low adab which leans toward multiple home options. Elderly people so oriented can have access to a range of physical environments, but all along, minimise their interaction with others in the neighbourhood.

Harmony

On the whole, in a housing environment where people readily identify with high harmony, it is proposed that the subjects would accept a change in accommodation. It is expected that they are willing to move to other forms of residence and embrace new types of immediate housing environments pertaining to private, communal and public spaces. Where there is low harmony, resistance to a change in accommodation is expected. On this basis, low harmony neither relates to tight family units nor will a close-knit society indicate a preference for clear, bordered private property.
In physical planning, subjects who respect high harmony would engage in free interaction among neighbours and the community at large. In order to complete this interaction, spatial flows from one property to another are blurred in favour of indistinct boundaries. In low harmony, subjects would limit interaction with neighbours and community, suggesting exclusive use of social space.

Housing choice in association with high harmony would suggest a willingness to consider multiple home options. The difference with subjects with low harmony is that the group of people will confine themselves to single/detached homes, acknowledging that they prefer privacy rather than living in company or in a group.

**Community Spirit**

In the housing environment, among individuals with high levels of community spirit, the view is for a ready agreement to changes in accommodation and a high degree of tolerance to barrier free spatial forms. They should be in favour of experimenting with new forms of accommodation, which can be different from their existing homes, and are therefore willing to move. By contrast, low community spirit may retard such ideas and so will resist any change in accommodation. This sort of restraint will limit functional and spatial connectedness with other categories of accommodation.

In physical planning, high community spirit would necessarily associate with free interaction which can presage voluntary communication with the community at large. The hypothesis for subjects with low community spirit is that interaction with relatives and friends is limited; instead retreat and minimal connection are preferred.

Housing choice in association with high community spirit would indicate a willingness to consider multiple home options. No significant variation in this position is hypothesized if low community spirit is observed.
Spiritual Well-being

The hypothesised housing environment where the subjects indicate high levels of spiritual well-being is that they would resist a change in accommodation. By contrast, low spiritual well-being would be expressed by a willingness to change accommodation. The immediate housing environment would be functionally connected but with fixed borders to control direct access.

In physical planning, high spiritual well-being would be associated with expanded interaction with friends and neighbours. There is no significant variation in this hypothesized position if low spiritual well-being is observed.

Housing choice in association with high spiritual well-being would indicate a willingness to consider multiple home options, which is also the preferred choice in accommodation of subjects who demonstrate low spiritual well-being. Since spiritual well-being is voluntary, it is expected that a variety of housing options is compatible with spirituality.

The differences between likely effects of cultural values on the housing environment, physical planning, and housing choice have been schematised. Wolf (1982), Sherry (1986), Levine (1984) agree that culture is essentially comprised of shared meaning systems (patterns of thought, feelings, interpretation) and that the difference in orientation of each cultural value depends on individuals aspirations. The differences thus explain the deviation in loading on the three accommodation elements. It is assumed that the cultural elements would have different meanings to the Malays, Chinese and Bidayuh. The next sub-section deals with the cultural effects in the ethnic groups.

8.2.3 Study Groups, Individual Cultural Values and Accommodation

Haniffa et al (2000) confirm that the attitudes and behaviour of each race in Malaysian society are to some extent different. Even between individual elderly persons, these differences can become quite significant (Smith: 2002, Fontaine
et al.: 2003). The aim in this subsection is to consider the value orientations of the three ethnic groups chosen for intensive study to assist in answering the research question of what should happen to the future accommodation of the elderly in Malaysia.

The solution lies in a procedure which first suggests the strength of the orientation of the Malay, Chinese and Bidayuh to the six cultural values and, second, schedules the likely effects of such adherence on the accommodation system. The procedure is accordingly to set out a tableau of ethnic groups by cultural values and fill in notional ‘loadings’ in each cell (Table 8.5). These loadings are hypothesized not only from the literature, as indicated in each case, but also more than 30 years of personal experience on the part of the author of life in Malaysian society.

**Rural Malays**

Rural Malays score high on all cultural values. A string of authors (Shepherd (1960); Hooker (1972); Latiffah (1999); and Lim, Beng S. (2003), Lim (2003)) has provided numerous accounts, especially in the cultural values of rural populations, where the ideal demeanour in interaction with the elderly is part of a practised skill.

Table 8.5: Attributes of the Rural Ethnic Malays: Notional Loadings on Cultural Values

<table>
<thead>
<tr>
<th>Rural Ethnic Malays</th>
<th>Compliance (C)</th>
<th>Preserving face (PF)</th>
<th>‘Adab’ (A) Harmony (H)</th>
<th>Community spirit (CS)</th>
<th>Spiritual well-being (SW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malays</td>
<td>High&lt;sup&gt;b&lt;/sup&gt;</td>
<td>High&lt;sup&gt;c&lt;/sup&gt;</td>
<td>High&lt;sup&gt;d&lt;/sup&gt;</td>
<td>High&lt;sup&gt;e&lt;/sup&gt;</td>
<td>High</td>
</tr>
</tbody>
</table>

Source: Author

<sup>b</sup> Hooker (1972);
<sup>c</sup> Latiffah (1999);
<sup>d</sup> Lim, Beng S. (2003);
<sup>e</sup> Lim (2003); Shepherd (1960)
Rural Malays load highly on compliance. They abide by the Malay Adat which is a unitary system of law that relates to customs, land, and the family (Hooker: 1970, 1972). High scores on compliance imply that rural Malays are resistant to potential changes in accommodation.

Malays in rural areas score high on preserving face. Backed by a list of do’s and don’ts, they subscribe to a code of behaviour. Thus they are subject to strict moral statements of good and bad behaviour to preserve face and especially to heed their parents (Latiffah: 1990). In the case of the elderly, the strong attitude to preserve face enables them to live life in dignity which, incidentally, is concurrent with the UN’s (1999) principles for the elderly. Therefore since preserving face is highly regarded, rural elderly Malays are most likely willing to accept changes in accommodation when conditions are reasonable enough.

Furthermore, rural Malays scores high on adab. It can be argued that adab is more observed in the rural than urban areas. It is the way of life for rural Malays to conform to accepted norms. Rural areas are small, nucleated and therefore tightly knit. It is better to stay within the norm and assimilate in the local culture, rather than go against it. Karim (1992) wrote that “on the level of ethnicity, adab tends to permeate preferential rules of marriage much more strongly than Islam” (p. 134). Therefore a high score on adab implies that the Malays will be resistant to change in accommodation.

Harmony is highly regarded among rural Malays. By avoiding disagreements, criticisms, complaints and any other face-threatening acts that might reduce the quality of the housing environment, they will at times resort to using hedges or even white lies to avoid conflicts (Lim: 2003; Shepherd: 1960). Harmony meets the essential requirement of Malay etiquette which shows forbearance to the elderly. It is likely that with harmony in the family and the surrounding community, the elderly are resistant to changes in accommodation.

Rural Malays load highly on community spirit. From the family to the community level, most things are done to achieve communal gains. The elderly live in
harmony with the overall community; in return, in times of need, the community will lend a helping hand. Therefore, it is possible that, with high community spirit, rural Malays will accept changes in accommodation which relate to a local improvement of the environment, but relocation would otherwise meet resistance especially when they are happy in their present state of strong communal union.

Rural Malays score highly on spiritual well-being. Of further relevance here is that cultural values of the Malays are inseparable from those of Islam. Introducing change to rural Malays would arouse suspicion, especially among the less educated. However, structural adjustment infrastructure, for example, better roads or accommodation, will be accepted.

*Rural Bidayuh*

Rural Bidayuh elderly are likely to demonstrate high regard for all cultural values. Especially in compliance, they follow the adat Bidayuh closely in order to maintain a proper balance between daily living, livelihood, and supernatural forces (Walker: 1998) and to keep their rights in a customary land system of tenure (Bujang: 2004; Ryoji: 2003: 474). Any change that might cast aside the elderly person’s natural rights to land is a threat to their source of livelihood. In this case, resistance will be high. On the contrary, because the elderly Bidayuh are compliant in nature, an in-situ improvement of their longhouses and surroundings will be accepted (Table 8.6).

Preserving face is highly regarded among the rural elderly Bidayuh. Spiritual hierarchies which are practised among them are an emphasis of the need to preserve the material bases of their existence (Walker: 1998). Common among the elderly is to avoid loneliness and the need to be taken care of by their children (Essau: 1987). Taking care of the elderly is an act of reciprocity to preserve face by both siblings and the elderly. Nothing is more shameful to a son than an elderly parent unattended in his or her final days.
Table 8.6: Attributes of the Rural Ethnic Bidayuh: Notional Loadings on Cultural Values

<table>
<thead>
<tr>
<th>Rural</th>
<th>Compliance (C)</th>
<th>Preserving face (PF)</th>
<th>‘Adab’ (A)</th>
<th>Harmony (H)</th>
<th>Community spirit (CS)</th>
<th>Spiritual well-being (SW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bidayuh</td>
<td>High(^{f})</td>
<td>High(^{g})</td>
<td>High(^{h})</td>
<td>High(^{i})</td>
<td>High(^{j})</td>
<td>High(^{k})</td>
</tr>
</tbody>
</table>

Source: Author

The rural elderly Bidayuh score highly on adab. The Bidayuh live in a closely-knit society. *Malu* is a value which is subconsciously obeyed and practised. In the family, it is required by the Bidayuh cultural values that one has to *biradat*, meaning that polite words are always a custom and offensive or provocative words are withheld (Sarawak: 2000: 19). The practice of adab is to the advantage of the elderly. Circumstantial change would mean the erosion of such values and would be resisted.

The rural elderly Bidayuh score highly on harmony. Harmony is reflected in their living conditions. To the Bidayuh, the longhouse is not merely a home - it is a way of life. The longhouse is comprised of number of doors, or *pintu*, which can vary from half a dozen to more. Each door is the entrance to an apartment or *bilik* with a combined living room and bedroom, a kitchen at the rear and an attic which is used to store rice. Harmony is perpetuated through Bidayuh Adat. If a person has an argument that affects the tranquillity of other longhouse occupants, s/he is punishable and has to appease the village council with a plate, bowl, and a candle stand (Richards: 1964: 38). Life is communal and the rural elderly Bidayuh thrive on this style of housing as it provides security in accommodation. A change in the environment will definitely be resisted.

\(^{f}\) Sarok and Mamit (2003); Minos (2000); Walker (1998); Richards (1964).
\(^{g}\) Sarawak, Ministry of Finance and Public Work (2000):
\(^{i}\) Richards (1964)
\(^{j}\) Sarok and Mamit (2003); Minos (2000); Sarok et al. (2003); Sarawak Ministry of Finance and Public Work (2000); Aichner (1950, 1955).
\(^{k}\) Sarok and Mamit (2003)
The rural elderly Bidayuh score highly on community spirit. They see an extremely important role for communalism and cooperation. In every aspect of daily living, doing work together is a norm. Rice planting is done *pengiris* or *gotong-royong* or community style. 'In the olden days, if a hunter brought home a deer, he would share his hunt with relatives and the whole community' (Sarok et al.: 2003: 8). This is the *bisawah* value of sharing which is upheld by the rural elderly Bidayuh to this day. A change of environment is accepted when everything that resembles the original living condition is replicated.

The rural elderly score high on spiritual well-being. Sarok et al (2003) establish that Christianity, which was introduced during the time of James Brooke, actually shaped much of the present spiritual culture of the Bidayuh. Christianity has changed the Bidayuh’s paganism into a belief in God. However, even though they are Christians, funerals rituals follow traditional beliefs. A *bulu boyung*, a bamboo receptacle to hold water, is smashed by an immediate relative as a way to say good-bye to the departed' (Sarawak: 2000: 44). The elderly are caretakers of the Bidayuh spiritual culture. If changes were introduced, symbols of spirituality should be enhanced to gain acceptance; otherwise, changes are resisted.

Imagery of rural Malaysians has a long established genealogy in the literature (Aichner: 1955; Richards: 1964; Hooker: 1972). From the European view, rural Malaysians are readily steeped in culture (Richards: 1964) coupled with the fact that in the Malay, and Bidayuh worlds, a cooperative and communal society is evident. Having discussed cultural values of rural Malays and Bidayuh, their urban counterparts are now examined (Table 8.7 and 8.8).

**Urban Malays**

Urban Malays are hypothesized to score highly on preserving face, adab and harmony, but medium on compliance, community spirit and spiritual well-being (Table 8.7).
Table 8.7: Attributes of the Urban Ethnic Malays: Notional Loadings on Cultural Values

<table>
<thead>
<tr>
<th>Urban Ethnic Malays</th>
<th>Compliance (C)</th>
<th>Preserving face (PF)</th>
<th>‘Adab’ (A)</th>
<th>Harmony (H)</th>
<th>Community spirit (CS)</th>
<th>Spiritual well-being (SW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malays</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Source: Author

Evidence for these settings can be derived from Windstedt (1961) and Ranawana (2000); who insist that, in compliance, Malays, who have always been derided for being passive and docile, have started in the cities to become openly critical on many issues including politics, business and administration (Muzaffar et al.: 1998). Culture is dynamic and evident among the Malays. Therefore, a change in living circumstances is accepted but carefully weighed for its opportunities and constraints.

Urban Malays strive to preserve face. Malay adat emphasises age, seniority and marital status rather than gender (Latiffah: 1990). Preserving face is linked to almost all aspects of everyday ritual. Specific to the accommodation needs of the elderly is the expectation that children help to maintain the home of parents before it collapses or ‘menyembah bumi’. Among people who practice adat pepatih (mostly located in Negeri Sembilan, parts of Malacca and Perak), to preserve face in the matrilineal system is to ensure that property and inheritance stays with the female members of the family.

Urban Malays are thought to hold harmony in high esteem. They have retained the traditions and beliefs of their forefathers. During any holiday, especially one of religious significance, large cities will see a mass exodus called balik kampong or return to kampong or hometowns to reunite with their families and friends (Alloexpat: 2005). With regard to the implication of such values for

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1 Muzaffar et al. (1998); Hooker (1970).
2 Latiffah (1999)
3 Windstedt (1961); Ranawana (2000); Farish (2003); Cheu (2001)
accommodation, it is likely that changes in the housing environment will be accepted if they do not impact on the will to maintain harmony in the family, as well as the community.

Urban Malays also hold adab in considerable regard. The Malay adab is a faculty of knowledge on interpersonal relationships. Even in the most obscure of situations, the cultural values of forbearance, respect, and morality govern Malays everyday behaviour. With a high loading on adab, urban Malays continue to promote family unity and the social order (Lim: 2003). Thus, change is accepted as long as no restrictions on the conduct of adab are imposed.

Urban Malays take a moderate view of community spirit. The urban lifestyle leaves little time for community participation. However, they maintain relationships with immediate neighbours. The desire to look out for one’s neighbours is still strong, but the will to action is hampered by everyday commitments. Because of the ability to adapt, a proposal to change the quality of the living environment would be accepted.

Urban Malays are expected to score medium on spiritual well-being. Cheu (2001) and Farish (2003) write that the instability of the Malay family is largely due to the rapid erosion of absolute values in traditional culture. The migration of youths from rural to urban areas has not contributed to an increase in mosque attendance in cities (Cheu: 2001). According to Farish (2003), there are increasing numbers in the Malay middle class and elites and the urban Malay bourgeoisie. All profess their faith in religion, but their presence in the mosque is only substantial during Friday prayers. Urban Malays are unwilling to accept new forms of spiritual change but will not resist changes in their living environment.
Urban Chinese

Urban Chinese score highly on preserving face and harmony, and medium on compliance, adab, community spirit and spiritual well-being (Table 8.8).

Table 8.8: Attributes of the Urban Ethnic Chinese: Notional Loadings on Cultural Values

<table>
<thead>
<tr>
<th>Urban Chinese</th>
<th>Compliance (C)</th>
<th>Preserving face (PF)</th>
<th>‘Adab’ (A)</th>
<th>Harmony (H)</th>
<th>Community spirit (CS)</th>
<th>Spiritual well-being (SW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>Medium(^a)</td>
<td>High(^p)</td>
<td>Medium</td>
<td>High(^q)</td>
<td>Medium</td>
<td>Medium(^r)</td>
</tr>
</tbody>
</table>

Source: Author

The stance of the urban Chinese to compliance is a difficult one. Loh (2004) calls for the Malaysian Chinese Association, in particular, to contribute towards ushering in democracy and human development. Medium compliance is reflected in some Chinese who have chosen to ‘exit’ Malaysia, while others join opposition parties to ‘voice’ their displeasure or ‘defy’ governments (Lam et al.: 2004: 147). On the accommodation front, the description of Chinese attitudes to compliance implies the need for change and drive to achieve long-term results in social affairs.

Hence, when the circumstances are right and the benefits high, urban Chinese will participate in change in the environment of the home and the area surrounding them.

Urban Chinese score highly on preserving face. Concern with avoiding loss of face is probably responsible for a number of accommodation outcomes. In a family where the decision to care for an elderly member usually weighs on the Chinese son, despite the obvious lack of income, he will accommodate elderly

\(^a\) Loh (2004); Lam et al. (2004)
\(^p\) Chong (2002); Redding (1990).
\(^q\) Lam et al. (2004)
\(^r\) Sin Chew Daily (2003); DeBenardi (2002); Clarke (2000)
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parents with him. Elderly parents would be seen to lose face if they receive welfare stipends when their children are around. In a culture that places an emphasis on preserving face, a proposed change in the housing environment is only favourable if it involves a move into better surroundings; to move into an old folks’ home is humiliating and negatively impacts on the dignity of an elderly person.

Urban Chinese score medium on adab. The stress on adab started to wane with exposure to other education systems apart from the Chinese. In Malaysia, part of the education syllabus incorporates the local culture of the Malays, Indians and other ethnicities. Changes are also voluntarily brought about via the circumstances and environment of urban living. Originally, adab in the Chinese people originated from Confucianism. The main theme of the teaching is preservation of the state and preservation of the family as a stabilising factor in the state (Ryan: 1971). Underlying the whole teaching is the idea of filial piety, respect for the head of family, and the father. Based on the entrenched belief in piety is the present tradition to care for elderly parents. As a member of the society, the features of Chinese adab is thus concerned with obedience, correct behaviour, and rituals of proper conduct. Thus, in describing the urban Chinese, adab within the society permeates into peaceful co-existence with other communities in the neighbourhood or village.

Urban Chinese score highly on harmony. Rabushka (1967: 62) points out that Chinese in Kuala Lumpur and Penang are more willing to eat, work, join and live with members of the Malay community, implying they are more tolerant of the Malays. However, Rabushka hesitates to expose the charity of religions in Malacca, where Muslim mosques stand close to Chinese deities and the Hindu temple in Banda Kaba. The implication is that, at the community level, the Chinese are high on harmony; in the family, harmony in inter-generational relationships is especially emphasized. Therefore changes in the immediate living environment are not easily accepted.
Urban Chinese take a measured view of community spirit. Lee (2003) reflects on a possible inflection of placelessness of the Chinese in urban neighbourhoods and questions the existence of community integration. The Chinese communities are somewhat less convivial, according to Alloexpat (2005). Urban Chinese community spirit can also be examined through education. Chinese-medium primary schools are regarded by many in the Chinese community as important safeguards of their cultural heritage, the one bonding element within the community. Therefore, any attempt to alter the Chinese education system will be resisted.

Urban Chinese also have a mixed regard for spiritual well-being. They donate money to temple-building funds but are less munificent when it comes to a contribution towards public education. Their quality of life can never be improved if they remain conservative, no matter how powerful they are in the economy (Sin Chew Daily: 2003 and Tan: 1999). The impact of spiritual well-being on accommodation is related to the preservation of symbols. Adaptation provides flexibility for the urban Chinese to continue observing their spirituality in a new environment.

8.2.4 Urban and Rural Differences

According to Ismail et al. (2000), the Malay is a practising Muslim who is endowed with a cultural heritage, lives in a positive environment, and follows the path of temperance, making him a gentle and considerate person. Ismail continues that, over time, Malays have learned to manage their boundaries, which can be interpreted as physical or psychological.

On the subject of modern Malays, they are said to be suave, savvy, enterprising and values-driven. Ismail has obviously traced the progression of the Malays, giving it a space dimension, from a wholly rural to the present day situation.

The next obvious undertaking is to circumscribe the differences between rural and urban Malays. In sub-section 8.2.3, the rural Malays are depicted to score
highly on all aspects of the cultural values of compliance, preserving face, adab, harmony, community spirit and spiritual well-being. It was argued that in adab, rural Malays conform to accepted norms in order to increase the quality of the housing environment. The elderly live respectable lives, in harmony with the community at large. In times of need, neighbours and the community will lend a helping hand. Most of all, rural Malay are stoic Muslims whose Islamic identity is inseparable from their cultural values.

Urban Malays on the other hand, place high emphasis on the cultural values of preserving face, adab and harmony, and afford a subtle importance to compliance, community spirit and spiritual well-being. The difference is thus obvious: urban Malays have changed their cultural values from total circumspection to an adjusted form. In retrospect, cultural values of the Malays have always been one of change. From Hindu influence during the twelfth century, to Islamic influence in the fourteenth, to western influence in the eighteenth century, and looking east to Japan as late as the 1970’s, the Malay values have adopted, adapted and modified various influence of the times. Education has been one of the driving forces that had manifested change in values (Zaaba: 1987). Urban Malays began to be more educated and developed their individual orientations. Life in a city is multicultural compared with the monoculture of rural areas. Some strains of culture, for example harmony, have to be further enhanced to be able to move in-between other cultures, while cultural values like community spirit are diluted due to the limited time that is available for socialisation.

But rural Malays possess far more independence of spirit than is usually depicted. They are not easily manipulated and wished away: their resilience is obvious in the values of communality. Much work is done on communal basis. So much so, the village becomes a reservoir of true Malay cultural values or the last bastion of the Malay culture.

The reason why culture values are intact among rural elderly and not in urban areas is due to the fact that the city is much more the hub of cultural and
intellectual life than the villages. Because of the accessibility to modern technologies like the internet, better telecommunication services, media and news coverage, new values are far more likely to arrive in, or arise in, the cities. We do not contend that the erosion of cultural values is bad, in fact, what is seen today is the emergence of a new breed of Malays who are no longer ‘labeled’ as ‘indolent and lazy’ (Windstedt: 1961), but a man with whom others prefer to work (Clifford: 1882: 95-97), and someone who has the culture to compete without assistance, who is also educated, learned, disciplined and trustworthy (Mahathir: 1999).

Effectively, however, most city families have relatives in the village, visits are exchanged and the repartee between rural and urban peoples is still high. These two sides, rural and urban, are really made of the same culture, they still need each other.

8.3 CULTURAL VALUES AND ACCOMMODATION RESPONSES

Having now established in some detail the loadings of different rural and urban ethnic groups in Malaysia on individual cultural values, the next step must be to convert those patterns of loadings into composite cultural profiles and examine likely accommodation responses. The quest, then, is to project the cultural profiles into the three WHO accommodation elements and hypothesise the outcome on each.

The approach at this stage is to incorporate a best-fit solution which is commonly used in cross-cultural comparisons. The main assumption of this approach is that shared frames of references ultimately allow common absolutes to be applied across cultures (Ronen and Shenkar, 1988). It broadly involves the identification of cultural values of the individual elderly, the rural/urban location of subjects, the identification of loadings on those values, and the projected accommodation outcome. A composite of the individual values is thus required.
By way of example, the situation with rural Malays is that they exhibit high loadings on all cultural values. What does this pattern mean as regards their orientation to accommodation? High loadings on one value could suggest one course, but such a loading on another value could prescribe something different. Procedurally, to investigate these issues in the creation of cultural profiles, it is convenient to create subsections for the rural and urban populations respectively.

### 8.3.1 Rural Study Groups

**Rural Malays and Bidayuh**

Rural Malay and Bidayuh exhibit similar high loadings on all cultural values of compliance, preserving face, adab, harmony, community spirit, and spiritual well-being (Figure 8.5). They are handled together to expedite the present discussion.

![Figure 8.5: Loadings on Cultural Values (or the Cultural Profile) of Rural Malays and Bidayuh](source: Author)

<table>
<thead>
<tr>
<th>C: Compliance</th>
<th>PF: Preserving face</th>
<th>A: Adab</th>
<th>H: Harmony</th>
<th>CS: Community spirit</th>
<th>SW: Spiritual well-being</th>
</tr>
</thead>
<tbody>
<tr>
<td>high</td>
<td>CA - accept</td>
<td>SF - accept</td>
<td>CA - resist</td>
<td>SF - resist</td>
<td>CA - resist</td>
</tr>
<tr>
<td>medium</td>
<td>CA - resist</td>
<td>SF - resist</td>
<td>CA - resist</td>
<td>SF - resist</td>
<td>CA - resist</td>
</tr>
<tr>
<td>low</td>
<td>CA - accept</td>
<td>SF - accept</td>
<td>CA - accept</td>
<td>SF - accept</td>
<td>CA - accept</td>
</tr>
</tbody>
</table>

Note:  
CA: change in accommodation  
SF: barrier free spatial form
Based on subsection 8.2.3, the high loadings of rural Malays and Bidayuh present some issues in interpretation. The question emerges as to which of the cultural values are the strongest in respect of their effect on the accommodation system. For example, it will be observed that, apropos preserving face and harmony, the housing environment response is completely different – one value suggesting acceptance of change, the other resistance. The task in compiling a cultural profile or composite of values is obviously to resolve these hypothesized discrepancies on a ‘best fit’ basis. Detail will inevitably be lost and variations subsumed, but such is the process of generalization in model building.

In respect of the housing environment, Figure 8.5 first indicates that four cultural values propose acceptance of housing change, while two suggest resistance. Figure 8.5 also indicates that rural Malay and Bidayuh are accepting of barrier free spatial forms. Free flowing pedestrian linkages between dwelling units are preferred. All six cultural values show a strong disposition for barrier-free behaviour borders.

Obviously, therefore, the housing environment outcome provides some sense of tension in the accommodation predispositions of elderly rural Malay and Bidayuh. We therefore have to speculate about the sources of resistance, namely from the desire to preserve face and spiritual well being. It is suggested with respect to change in accommodation that these two values are insufficient to outweigh the other four values of compliance, adab, and harmony and community spirit especially when the overwhelming orientation is thought to be in favour of barrier free spatial form. On balance, rural Malays and Bidayuh will be accepting of housing infrastructure changes in accommodation. This position is substantiated in Minos’s (2000: 137-143) suggestion that, for the Bidayuh, their homes are ‘topat asal toh’ (our original place) which should be continually improved to keep alive the identity of the community. Malay kampong houses and environments are also an expression of the culture and needs of the users, in which appropriate change in housing infrastructure only serves the purpose better (Lee: 1997).
These housing environment outcomes are unlikely to have particular bearing on physical planning issues. To illustrate, three cultural values support free flowing interaction among communities and the other three support expanded interaction. The first type of interaction is broader and can integrate the second interaction. There is consensus that all cultural values propose an uninterrupted flow in communication from one to another individual person.

As suggested earlier, rural Malays and Bidayuh are likely to accept changes in the infrastructure of accommodation. This means that improvements to the internal and external structure of accommodation are validated. But the other issue with cultural values is to do with housing choice. Two cultural values propose single/detached homes while the other four propose multiple home options. The dissent is anticipated from preserving face and adab, via which single detached homes are preferred. The evaluation suggests that the strengths of housing choice in compliance, harmony, community spirit and spiritual well-being will absorb housing choices indicated by preserving face and adab, in that a wider variety of housing will provide opportunities for long term flexibility in choice and adaptability in housing structure.

In summary, based on further consideration of Figure 8.3, the hypothesized cultural profile or composite for rural Malays and Bidayuh is as follows:

- Accepting changes in infrastructure of accommodation
- Preference for barrier free spatial forms
- Preference for free and expanded interaction
- Preference for multiple home options.

It remains in the following section to see whether these predictions are demonstrated in reality among rural study groups in Tebakang.
8.3.2 Urban Study Groups

Urban Malays

Urban Malays exhibit high loadings on the values of preserving face, adab and harmony, but medium values on compliance, community spirit and spiritual well-being (Figure 8.6). The cultural profile for the urban Malays differs from their rural counterpart. It is not clear whether the differences result from an adjustment to life in an urban setting, whereby the Malays adapted themselves, or whether it is a normal process of acculturation, thereby slowly but visibly blurring values of Malay societies in the cities.

![Figure 8.6: Loadings on Cultural Values of Urban Malays](source)

Source: Author

The proposition for the housing environment of urban Malays is that they will accept changes in accommodation and should show preference for expanded interaction. Figure 8.6 indicates that, in general, there is an indication that preserving face, adab, and harmony dominate the decision on the housing environment, possibly supported by compliance, community spirit and spiritual well-being.
well-being. Resistance to change in accommodation arises from the need to preserve face. Spiritual well-being neither aids nor hinders change in accommodation. But from previous description of urban Malays, we can conclude they are not opposed to crossing neighborhoods or residence boundaries (Rabushka: 1973: 62). We can therefore safely suggest that change is accommodated by spiritual well-being. In uniformity, change in accommodation is generally accepted; the strength of association lies in the cultural values of compliance, adab, harmony and community spirit.

Next, barrier free spatial form in the housing environment would be strongly accepted by reference to adab and harmony. Two cultural values (preserving face, spiritual well-being) oppose it. To expedite a generalization, community spirit and compliance are examined; both values have not indicated resistance. However, it has been shown that Malays in urban areas not ethnocentric (Lim: 2003). Due to the relative marginal social distance and high degree of tolerance among urban Malays, it is proposed they should accept barrier free spatial form.

In respect of housing choice, preserving face and adab suggest a preference for single/detached homes, while, via harmony, multiple home options are favored. Since urban Malays are medium on compliance, and the majority living in the city is of medium income and would barely have enough financial resources, it is suggested that multiple home options is accepted. Similarly, in the pursuit of racial unity, multiple home options should be accepted in the spirit of the community. Hence for urban Malays the weight is on multiple home options compared with single/detached units, in concert with the cultural values of compliance, harmony, community spirit and spiritual well-being.

In summary, the hypothesized accommodation response of urban Malays is as follows:

- Accept changes in accommodation
- Accepting barrier free spatial forms
- Preference for free and expanded interaction
- Preference for multiple home options.
Urban Chinese

Urban Chinese maintain high loadings on preserving face and harmony. There is a change from low to medium loading on the cultural values of compliances to adab and spiritual well-being, (Figure 8.7).

Based on the discussion in subsection 8.3, the variance differences in cultural loadings of urban Chinese present some issues in interpretation. In respect of the housing environment, three values posit change in accommodation, two resist, while one neither accepts nor resists. Therefore, it is important to tackle the culture value of adab which presupposes neither acceptance nor resistance to change in accommodation. Rabushka (1973) suggested that urban Chinese are more adaptive to urban living. Considering that adab is held medium in regard it is proposed that they will accept changes in accommodation.
Next in the housing environment is the issue of spatial forms. Figure 8.7 indicates that there is no congruence in a preference for barrier free spatial forms. While through harmony, community spirit, and spiritual well-being, there is the acceptance of barrier free spatial form, in preserving face there is resistance. This tension can be resolved by looking at the cultural values of compliance and adab: both pose no objection. Believing that Loh’s (2004) calls for Malaysian Chinese to contribute towards human development are taken up, the Malaysian Chinese comply, and therefore, barrier free spatial form should be accepted. We can now generalize that the urban Chinese should accept barrier free spatial form in their accommodation arrangements.

There is an acceptance of expanded interaction coming from the cultural value of compliance, and there is an acceptance for free flow interaction from harmony. Revisiting Rabushka’s (1973) perception of urban Chinese leanings toward higher levels of daily social interaction through the culture of food, entertainment and consumerism, the proposal is that the cultural values of compliance, adab, community spirit and spiritual well-being will facilitate at least an expanded form of interaction with friends and immediate neighbours. Considering the discussion of social interaction between urban Chinese and other communities, the straightforward suggestion is that they should accept expanded forms of interaction.

The cultural values of compliance, adab, community spirit and spiritual well-being are indefinite on the matter of housing choice. As housing is very much influenced by the finances of individual, cultural values would not normally have a strong hold. Among the urban Chinese, the cultural value of preserving face influences the selection of single/detached homes; harmony assumes attachment for multiple homes. Acknowledging the importance of finance in housing decisions, it is suggested that the housing choice of urban Chinese is toward multiple home options.
In summary, the hypothesized cultural profiles of urban Chinese are as follows:

- Accept changes in accommodation
- Accept barrier free spatial forms
- Preference for expanded interaction
- Preference for multiple home options.

### 8.3.3 Rural/Urban Distinctions

Having argued the loadings of cultural values among the rural and urban ethnic study groups, the accommodation system element of the housing environment, in particular, the prospect of a change in accommodation, generally distinguishes them apart.

In the rural elderly Malay populations, changes in infrastructure would appear to be preferred over changes in accommodation. There is a strong suggested attachment to homes, inculcated from years of living in harmony with the community. The emphasis on the dynamics of group harmony and the support system of interdependent/dependent family relationships, indicate the likelihood that change in external and internal infrastructure is accepted.

Urban elderly Malays, however, are probably more receptive to a change in accommodation. It suits the lifestyle of the city and also suits the adjustments in cultural values that people have made over time since migrating into the city.

Other elements of the accommodation system (physical planning and housing accommodation) seem to span both the rural and urban elderly. They appear to concur on the preference for barrier free spatial forms, incorporating free and expanded interaction, and prefer the choices that are available from a multiple home option. It now remains to be seen whether these distinctions manifest when tested in the field.
8.4 CULTURAL FACILITATIONS IN ACCOMMODATION

Foregoing sections have constructed a case in line with the CMHAM as follows: stimuli of certain kinds predispose responses among elderly Malaysians in terms of the accommodation system which are much influenced by the filter of cultural values. In a stepwise procedure, these values have been explicated and identified with ethnic groups of rural or urban origin. Further, a relation has been postulated among the cultural value profile of each group with the accommodation system response. Work to this stage has been based on insights from the literature or personal experience of Malaysian society.

The issue now is to examine with field data whether actual leanings and responses of the target Malaysian groups correspond with the series of hypotheses outlined to date. Specifically, it is intended to visit the three ethnic groups in their two settlement situations to see whether, from interviews, they express accommodation preferences and hold orientations as predicted earlier in this chapter.

In order to accomplish this task, five subsections are required. The first is a specification of methodology relating more precisely to local field situations – that is, the sampling frame, questionnaire design and so forth. The second relays the findings among rural Malaysians and the third deals with results among urban Malaysians. The fourth compares findings among the rural and urban groups using the Malays as an example, while the fifth assesses the correspondence of actual to predicted results for the entire section 8.4.

8.4.1 Local Fieldwork Methodology

As scheduled in subsection 8.1.4, the field studies proceeded in three phases: convergent interviews, one-on-one interviews, and a reconnaissance survey. The present need is to spell out these procedures in more detail at the local level.
Personal interviews and reconnaissance of peoples under investigation can reveal much of the character which underlies their preferred form of living arrangements. In both Petaling Jaya and Tebakang, the process of convergent interviewing consisted of meeting local identities and practitioners in the field of aged care. The Malaysian Department of Welfare and Petaling Jaya Municipal Council (especially the Welfare Unit) were relevant. In Sarawak, the State Department of Welfare, the Department of Adat Istiadat and the Museum Department were the major depository of information for this layer of the survey. The one-on-one interviews were arranged by the Sarawak Department of Welfare and the Chief Ministers Department of Majlis Adat Istiadat in Tebakang. Officers from those departments were instrumental in choosing the study area, in terms of the mix of population and the concentration of elderly persons. Transportation to and from the study area from Kuching was also arranged courtesy of Majlis Adat Istiadat. Accommodation was pre-arranged by them at the teacher’s residence in Tebakang. Even though some language difficulty was encountered, the research assistants were from the local population. Interviews were conducted from door to door. Each elderly person was interviewed in the setting of his or her own home.

Petaling Jaya was selected based on numerous communications with local elderly associations. Many interviews were conducted at the Association Building in Section 14. Since the elderly Chinese like to be interviewed in a social setting, interview sessions were conducted on daily basis. Most of Malay respondents prefer home interviews. Individual contact with each elderly person had the advantage of allowing the preparation of selected case studies, results of which will be relayed at various points in the remainder of this project.

The reconnaissance survey in each study locale was conducted in the following way. A teacher from Tebakang Secondary School assisted with driving through the villages. On some occasion, the author hired a motorcycle to go to areas where travel by car is impossible. On most occasions, the whole village was accessed on foot. In Petaling Jaya, a walk through of the whole study area
made it easier to recognise the infrastructure available. Those areas which were further away were accessed via public transportation.

The size of sample and homogeneity of the population affect the degree of sampling error (Schutt: 1999). Using a randomly selected sample, the survey involved a total of 189 elderly persons living in Tebakang and Petaling Jaya. It consisted of 59 questions. As developed throughout the preceding discussion, specification of the variables is shown in Table 8.9. The questionnaire is available on request. While scholars like Clark et al. (2003) focus on the household head as the appropriate unit of analysis representing the household, Hofstede (1971) argues that individual persons are the main unit of analysis. For this project, individuals were selected, concurrent with the theme of the cultural profiles in 8.3.

Table 8.9: Outline of Variables

<table>
<thead>
<tr>
<th>Cultural Value</th>
<th>Variable</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance</td>
<td>Personal gratification/fulfilment</td>
<td>independent decision, own personal space, authority over household, responsibility over self, having family in attendant, surrounding designed to suit needs,</td>
</tr>
<tr>
<td>Preserving Face</td>
<td>Co-residency</td>
<td>spouse, sons, daughters, sons-in-law, daughters-in-law, grandchildren, relatives, in-laws, maids</td>
</tr>
<tr>
<td>Adab</td>
<td>Contribution to household maintenance</td>
<td>yes, no</td>
</tr>
<tr>
<td>Harmony</td>
<td>Decisions in the household</td>
<td>household spending, purchase of property, grandchildren’s education, children’s family size, social activities</td>
</tr>
<tr>
<td>Community spirit</td>
<td>Involvement in voluntary/charity work</td>
<td>yes, no</td>
</tr>
<tr>
<td>Spiritual well-being</td>
<td>Religion</td>
<td>Muslim, Buddhist, Christian, Others</td>
</tr>
<tr>
<td></td>
<td>Preferred environment</td>
<td>independent living with children in close proximity, independent living with persons of same age, integrated living with special infrastructure, living in present village environment, living in present urban environment, retirement communities/resorts, old-age homes.</td>
</tr>
</tbody>
</table>

Source: Author
An ideal statistical sample would be one which reflects the composition of Malaysia’s ethnic population: Malays 65 percent, Chinese 25 percent, Bidayuh approximately two percent.

However, the configuration of the study areas and the ethnic composition are not ideally proportioned. Two particular issues were of concern. Firstly, a good mix of population ethnicities is not visible in rural areas. Populations either consist of one ethnic group or a combination of one dominant ethnic and the others in minority. Secondly, ethnic group representations in the urban areas are mainly Chinese. Therefore, one of the ethnic groups would be under-represented in rural or urban sampling.

In Table 8.10, overall statistics of the sampled population show that for the rural population, the sample is comprised of the Bidayuh (60 percent), and Malays (40 percent). The urban population consisted of Chinese (67 percent) and Malays (30 percent).

More males were surveyed in the rural (62 percent) compared with urban areas (40 percent). The elderly in both study areas are mostly married (approximately 76 percent): a further 16 percent in Tebakang and 21 percent in Petaling Jaya are widowed. The single elderly account for slightly more than two percent in Tebakang and one percent in Petaling Jaya. Most of the sampled population are in the young-old to old-old age categories. Very-old persons were the least represented.

The multi ethnicity of the study is also reflected in the languages that are used in everyday communication. In Tebakang, 72 per cent of the sampled population communicate in one language that is their mother tongue, the rest are either bilingual (Malay, English) or trilingual (Malay, English, Chinese). This means that 68 percent do not speak the national language of communication namely Bahasa Malaysia. In Petaling Jaya, 65 percent of the elderly are trilingual (Malay, Chinese, English) and approximately 11 percent speak one language (Malay, Chinese or English).
### Table 8.10: Social and Demographic Profiles of the Elderly in Tebakang and Petaling Jaya

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Rural</th>
<th>Percent</th>
<th>Urban</th>
<th>Percent</th>
<th>Total N=189</th>
</tr>
</thead>
<tbody>
<tr>
<td>51-55</td>
<td>15</td>
<td>12.8</td>
<td>12</td>
<td>16.7</td>
<td>27</td>
</tr>
<tr>
<td>56-60</td>
<td>35</td>
<td>29.9</td>
<td>13</td>
<td>18.1</td>
<td>48</td>
</tr>
<tr>
<td>61-65</td>
<td>12</td>
<td>10.3</td>
<td>11</td>
<td>15.3</td>
<td>23</td>
</tr>
<tr>
<td>66-70</td>
<td>30</td>
<td>25.6</td>
<td>17</td>
<td>23.6</td>
<td>47</td>
</tr>
<tr>
<td>71-75</td>
<td>11</td>
<td>9.4</td>
<td>10</td>
<td>13.9</td>
<td>21</td>
</tr>
<tr>
<td>76-80</td>
<td>6</td>
<td>5.1</td>
<td>7</td>
<td>9.7</td>
<td>13</td>
</tr>
<tr>
<td>80+</td>
<td>8</td>
<td>6.8</td>
<td>2</td>
<td>2.8</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>100</td>
<td>72</td>
<td>100</td>
<td>189</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>73</td>
<td>62.4</td>
<td>30</td>
<td>41.6</td>
<td>103</td>
</tr>
<tr>
<td>Female</td>
<td>44</td>
<td>37.6</td>
<td>42</td>
<td>58.3</td>
<td>86</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>100</td>
<td>72</td>
<td>100</td>
<td>189</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Rural</th>
<th>Percent</th>
<th>Urban</th>
<th>Percent</th>
<th>Total N=189</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>3</td>
<td>2.6</td>
<td>1</td>
<td>1.4</td>
<td>4</td>
</tr>
<tr>
<td>Married</td>
<td>95</td>
<td>81.2</td>
<td>58</td>
<td>80.6</td>
<td>153</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>2</td>
<td>1.7</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Widowed</td>
<td>17</td>
<td>14.5</td>
<td>13</td>
<td>18.1</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>100</td>
<td>72</td>
<td>100</td>
<td>189</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Attainment</th>
<th>Rural</th>
<th>Percent</th>
<th>Urban</th>
<th>Percent</th>
<th>Total N=189</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Degree</td>
<td>1</td>
<td>0.9</td>
<td>14</td>
<td>19.4</td>
<td>15</td>
</tr>
<tr>
<td>Diploma</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>12.5</td>
<td>9</td>
</tr>
<tr>
<td>Completed MCE/SPM/STP</td>
<td>1</td>
<td>0.9</td>
<td>24</td>
<td>33.3</td>
<td>25</td>
</tr>
<tr>
<td>Completed LCE/SRP/PMR</td>
<td>3</td>
<td>2.6</td>
<td>6</td>
<td>8.3</td>
<td>9</td>
</tr>
<tr>
<td>Completed Primary School</td>
<td>27</td>
<td>23.1</td>
<td>1</td>
<td>1.4</td>
<td>28</td>
</tr>
<tr>
<td>Other Qualification</td>
<td>9</td>
<td>7.7</td>
<td>12</td>
<td>16.7</td>
<td>21</td>
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<tr>
<td>No Qualification</td>
<td>72</td>
<td>61.5</td>
<td>0</td>
<td>0</td>
<td>72</td>
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<tr>
<td>Not Sure</td>
<td>4</td>
<td>3.4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Chinese Education</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>8.3</td>
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<tr>
<td>Total</td>
<td>117</td>
<td>100</td>
<td>72</td>
<td>100</td>
<td>189</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnic Groups</th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Malay</td>
<td>43</td>
<td>36.7</td>
<td>22</td>
<td>30.6</td>
<td>65</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
<td>0</td>
<td>50</td>
<td>69.4</td>
<td>50</td>
</tr>
<tr>
<td>Bidayuh</td>
<td>74</td>
<td>63.2</td>
<td>0</td>
<td>0</td>
<td>74</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>100</td>
<td>72</td>
<td>100</td>
<td>189</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spoken Languages</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Malay</td>
<td>39</td>
<td>33.3</td>
<td>5</td>
<td>6.9</td>
<td>44</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4.2</td>
<td>3</td>
</tr>
<tr>
<td>Bidayuh</td>
<td>55</td>
<td>47.0</td>
<td>0</td>
<td>0</td>
<td>55</td>
</tr>
<tr>
<td>Malay, English, plus Chinese or Bidayuh</td>
<td>5</td>
<td>4.3</td>
<td>47</td>
<td>65.3</td>
<td>52</td>
</tr>
<tr>
<td>Malay, English</td>
<td>18</td>
<td>15.3</td>
<td>17</td>
<td>23.6</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>100</td>
<td>72</td>
<td>100</td>
<td>189</td>
</tr>
</tbody>
</table>

Source: Author
The level of education ranges from university degree to no education at all. About 63 percent of the sampled population in Tebakang have not attended any form of schooling. It must also be recalled that public schools were only available after Sarawak joined Malaysia in 1963.

Most elderly people would have by then missed out on education. In Petaling Jaya, all respondents have at least cleared their lower secondary education. There were 20 percent university graduates and eight percent Chinese school educated among the elderly sampled.

Apart from these precepts relating to local methodological issues, the matter of the approach of the remainder of this section needs addressing. Using aggregated one-on-one interview findings and more specific case study material, the procedure is to take the hypothesized accommodation responses of study groups from the prior subsection and determine their application in reality. For this reason, the coming analyses are organised in terms of the housing environment (accommodation change and barrier free spatial forms), physical planning and housing choice. As throughout the chapter, the overall aim remains that of addressing the first research enquiry concerning identification of cultural characteristics of aged persons which facilitate planning of their future accommodation.

*Interpretation of Results*

To measure perceptions of the accommodation system we look at whether respondents identify preference for any of the living choices (Table 8.11):

- Independent living with children in close proximity
- Integrated living, special infrastructure for older persons
- Independent living with persons of same age only
- Living in the present suburban environment
- Integrated living, mix of young and old
- Ageing in place
- Independent on my own
Interpretation of the results occurs in the following order:

**Housing Environment:**
- change in accommodation is measured by the response to integrated living or special infrastructure for older persons.
- barrier-free spatial form is measured by the response to integrated living, mix of young and old.

**Physical planning preference** is indicated by the response to:
- free flow interaction is measured by the response to independent living with children in close proximity and integrated living and special infrastructure for older persons.
- expanded interaction is measured by the response to living in present village or rural environment and ageing in place.

**Housing choice** is indicated by the response to:
- independent living with children in close proximity.
- ageing-in-place.

### Table 8.11: Cultural Values Template

<table>
<thead>
<tr>
<th>Accommodation Variables</th>
<th>HE</th>
<th>PP</th>
<th>HC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent living with children in close proximity</td>
<td></td>
<td>PP</td>
<td>HC</td>
</tr>
<tr>
<td>Integrated living, special infrastructure for older persons</td>
<td>HE</td>
<td>PP</td>
<td></td>
</tr>
<tr>
<td>Living in present village/urban environment</td>
<td>PP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrated Living, mix of young and old</td>
<td></td>
<td></td>
<td>HC</td>
</tr>
<tr>
<td>Ageing in place</td>
<td>PP</td>
<td>HC</td>
<td></td>
</tr>
</tbody>
</table>

HE: Housing Environment  
PP: Physical Planning  
HC: Housing Choice  

Source: Author
8.4.2 Results among Rural Malaysians

In section 8.3, it was hypothesised that the rural Malay and Bidayuh will accept a housing environment that will include changes in accommodation and barrier free spatial forms. They should also favour free flowing interaction and an expanded form. In respect of housing choice, both groups prefer multiple home options (Table 8.12).

Interview Findings

In respect of the housing environment, results in Table 8.12 reveal that, as predicted:

- Rural Malays resist change in accommodation (11.9 percent) which however implies acceptance of changes in infrastructure of accommodation. They prefer to live in present living environment which is of barrier free spatial form.

Table 8.12: Interview Findings for Rural Malays and Bidayuh

<table>
<thead>
<tr>
<th>Accommodation Variables</th>
<th>HE</th>
<th>PP</th>
<th>HC</th>
<th>Malay (%)</th>
<th>Bidayuh (%)</th>
<th>Total N=117</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent living with children in close proximity</td>
<td></td>
<td>PP</td>
<td>HC</td>
<td>20 (17.1)</td>
<td>37 (31.6)</td>
<td>57</td>
<td>48.7</td>
</tr>
<tr>
<td>Integrated living, special infrastructure for older persons</td>
<td></td>
<td>HE</td>
<td>PP</td>
<td>14 (11.9)</td>
<td>23 (19.7)</td>
<td>37</td>
<td>31.6</td>
</tr>
<tr>
<td>Living in present village/urban environment</td>
<td></td>
<td>PP</td>
<td></td>
<td>4 (3.4)</td>
<td>6 (5.1)</td>
<td>10</td>
<td>8.5</td>
</tr>
<tr>
<td>Living in urban environment</td>
<td></td>
<td>HE</td>
<td>HC</td>
<td>0 (0)</td>
<td>1 (0.9)</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Ageing in place</td>
<td></td>
<td>PP</td>
<td>HC</td>
<td>5 (4.3)</td>
<td>4 (3.4)</td>
<td>9</td>
<td>7.7</td>
</tr>
<tr>
<td>No preference</td>
<td></td>
<td></td>
<td></td>
<td>0 (0)</td>
<td>3 (2.6)</td>
<td>3</td>
<td>2.6</td>
</tr>
<tr>
<td>All Groups</td>
<td></td>
<td></td>
<td></td>
<td>43 (36.3)</td>
<td>74 (63.2)</td>
<td>117</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: HE= Housing Environment, PP= Physical Planning, HC= Housing Choice
Source: Author

- The rural Bidayuh will resist changes in accommodation but will accept changes in accommodation infrastructure. This combination is reflected by 19.7 percent of them who prefer to live in an integrated surrounding but
with special infrastructure. Most Bidayuh villages are not planned; they sprouted out of necessity to escape the onslaught of the Sea Dayak people in the early 20th century (Purcell: 1967). Tebakang is no different in that housing in the village is randomly laid out as a result of land allotments which have not been demarcated. The local centre is a row of shops with a community hall with a football field in close proximity. Therefore, willingness to accept changes in infrastructure obviously emerges only out of a desire to leave existing conditions of the village for better ones (Figure 8.8 to 8.11).

Figure 8.8: Tebakang Village, Sarawak

Figure 8.9: A Malay House

Figure 8.10: A Typical Malay Kampong

Figure 8.11: A Bidayuh Longhouse
Physical planning preference is indicated via: free flow interaction (independent living with children in close proximity and integrated living, special infrastructure for older persons) and expanded interaction (living in present village or rural environment, ageing in place).

- Malay elderly demonstrated a preference for independent living with children close by (17.7 percent) implying a preference for expanded interaction. Besides they favour integrated living with special infrastructure, which corresponds to free flow interaction. For the Malays, this is not a surprising finding. Gullick (2003) observes that a Malay girl will marry and stay in her parents’ house until she starts a family: thereupon, a house is built close-by. Among the Malays, independent living means living in one’s own home.

- Among the Bidayuh elderly, however, independence is construed as having in a longhouse one’s own unit which is different from the present sharing system. About 31.6 percent Bidayuh prefer independent living and integrated living with infrastructure. A combination of both points to an expanded and a free flowing interaction with the community.

It is noted that rural elderly Malay and Bidayuh value the importance of collectivism over individualism (Kuo and Kavanagh: 1994). Hence, most communication within the village is conducted on foot, bicycle or motorcycle. From the reconnaissance survey, it has been observed that to go from one house to another, the Malays and Bidayuh use ‘short-cuts’, that is, walking through another persons property to get to the target. Whereas, in the west, this is an act of trespassing, in the rural Malay and Bidayuh village, it is only an act of fluidity in informal communication. Hence the rural Malays and Bidayuh prefer free flowing and expanded interaction.

The following are literal translations of elderly persons’ perceptions of a preference for barrier free spatial forms:

“To get to my friend’s house, I cross over the pepper field at the back of my house which adjoins his pepper garden (Bidayuh man).
“The kids are playing in my neighbour’s garden. It will take them two minutes to return home for lunch. We don’t have fences between our boundaries” (Malay woman).

“During a bountiful harvest, I sometimes, dry my peppercorns in my friends’ garden” (Bidayuh man).

Housing choice is indicated in independent living with children in close proximity and ageing-in-place.

- The rural elderly Malays have strong preference for separate homes or single homes as identified by independent living but having children close by (17.1 percent)
- The rural Bidayuh have the same preference as rural Malay elderly (33 percent). In addition, approximately four percent prefer to age-in-place and live in an urban environment where there are multiple house options.

The analysis indicates that both rural Malay and Bidayuh show strong preference for single homes. However, the Bidayuh would prefer some choice in accommodation added to their present living environment.

Based on repeated examples of this kind of evidence, the contention developed in subsection 8.3.1 can be corroborated that rural Malays and Bidayuh will express a preference for barrier free spatial form housing accommodation.

**Case Studies**

The rural elderly seem to accept their ageing conditions and limitations. For most elderly Malay and Bidayuh, the similarities are evident in their aspirations for the housing environment, physical planning and housing choices.

“I worked very hard during my young days. My dream then was to build a palace for me and my family. Of course I cannot afford a palace. But this double storey detached house is grand enough for me” (Malay man, on accommodation).
“All my friends are here in this long house. We keep each other company. But to tell you frankly, I prefer if we can have a nicer bedroom and kitchen” (Bidayuh woman, on retrofitting).

“To go to my cousin’s longhouse, I use my motorbike. It is easier because I can go along any footpath or walkways” (Malay man, on barrier free spatial forms). “Our longhouse welcomes you anytime you want to see us. Just inform my niece here, she will fetch you over” (Bidayuh woman, on free and expanded interaction).

“We want the government to build more houses; perhaps some like the ones in the city” (Bidayuh man, on multiple home options).

In both the Malay and Bidayuh sub-groups, the culture of preserving face, compliance, harmony, and spiritual well-being is evident from the following views:

“Sometimes I don’t have enough food to eat. But I am too old to work. So, I will wait for my son to bring me rice, fish, anchovies, vegetables, sugar, biscuits, and a few other things. You see, my son works in Kuching. He doesn’t return every day. He will come by once a week to bring me provisions. But there are days when I eat more, so the food he brought is not enough.” (Bidayuh man)

“What do I do when there is no more food in the kitchen? Sometimes, my best friend will share his food with me. But he is also poor. When he is in the same situation, I will give some of mine.” (Bidayuh man)

“I don’t want to call my son to inform news of my predicament. O we can’t! It will be a great shame. If there is little, I try to economise and eat little. Sometimes when there is more, I can have more.” (Malay man)

“When I am sick my neighbour’s daughters takes care of me. All is well.” (Malay woman)

Outcome of Investigation

Using the accommodation response of both rural Malays and Bidayuh, a homogenous character in housing is displayed. Both groups will not engage in change in accommodation, but are open to infrastructure change to the internal and external structure of the accommodation. Both accept barrier free spatial form which subsequently points to free flowing interaction and some expanded interaction in the community.
However, change from within is taking place among the Bidayuh, so apparent in the elderly who expressed a need for choice in housing options. The preferred choice is the traditional longhouse, but an introduction of new housing design is appealing the elderly. The overall analysis for rural Malaysians is summarised in Table 8.13.

Table 8.13: Summary of Hypothesis for Rural Elderly

<table>
<thead>
<tr>
<th>Accommodation System Element</th>
<th>Malay and Bidayuh Hypotheses</th>
<th>Malay and Bidayuh Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing environment: Changes in accommodation</td>
<td>resist</td>
<td>resist</td>
</tr>
<tr>
<td>Barrier free spatial forms</td>
<td>accept</td>
<td>accept</td>
</tr>
<tr>
<td>Physical planning</td>
<td>free flowing, expanded interaction</td>
<td>free flowing, expanded interaction</td>
</tr>
<tr>
<td>Housing choice</td>
<td>multiple homes</td>
<td>single and multiple homes</td>
</tr>
</tbody>
</table>

Source: Author

8.4.3 Results among Urban Malaysians

It was hypothesised in section 8.3 that the urban Malays and Chinese will accept a housing environment that includes changes in accommodation and barrier free spatial forms. Both subject groups should also favour free flowing interaction in which expanded form is especially preferred by the urban Chinese elderly. In respect of housing options, both groups prefer the flexibility of a multiple home options which suits their financial conditions.

Interview Findings

The housing environment is reflected in the following components: living in present urban environment, ageing-in-place, independent living with persons of same age and independent own living. The interview findings reveal the following preferences:
• Urban Malay elderly resist changes in accommodation. None chose to live on their own, or independently with persons of same age. There is a greater preference to live in the present environment, which does not involve any change in accommodation but includes barrier-free spatial form (Table 8.14).

• Among urban Chinese, on the contrary, only four percent of participants are receptive to changes in accommodation (independent living with persons of same age). Approximately 20 percent of the subject group prefer to continue living where they presently are. The result is therefore contrary to the hypothesis that both urban elderly Malays and Chinese will accept changes in accommodation.

Table 8.14: Interview Findings for Urban Malays and Chinese

<table>
<thead>
<tr>
<th>Accommodation Variables</th>
<th>Malay (%)</th>
<th>Chinese (%)</th>
<th>N=72</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent living with children in close proximity</td>
<td>PP</td>
<td>8 (11.1)</td>
<td>5 (6.9)</td>
<td>13</td>
</tr>
<tr>
<td>Independent living with persons of same age</td>
<td>HE</td>
<td>0 (0)</td>
<td>3 (4.2)</td>
<td>3</td>
</tr>
<tr>
<td>Integrated living, special infrastructure for older persons</td>
<td>HE</td>
<td>2 (2.8)</td>
<td>12 (16.7)</td>
<td>14</td>
</tr>
<tr>
<td>Living in present village/urban environment</td>
<td>PP</td>
<td>4 (5.6)</td>
<td>13 (18.1)</td>
<td>17</td>
</tr>
<tr>
<td>Integrated Living, mix of young and old</td>
<td>HE</td>
<td>8 (11.1)</td>
<td>15 (20.8)</td>
<td>23</td>
</tr>
<tr>
<td>Ageing in place</td>
<td>PP</td>
<td>0 (0)</td>
<td>1 (1.4)</td>
<td>1</td>
</tr>
<tr>
<td>Independent on my own</td>
<td>HE</td>
<td>0 (0)</td>
<td>1 (1.4)</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>22</td>
<td>50</td>
<td>72</td>
</tr>
</tbody>
</table>

Note: HE= Housing Environment, PP= Physical Planning, HC= Housing Choice
Source: Author

Physical planning is reflected in the form of accommodation which is chosen by the elderly: independent living with children in close proximity, independent living with persons of the same age, integrated living with special infrastructure, living in present urban environment, and ageing-in-place.
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

- Approximately 11.1 percent of Malay elderly are in favour of independent living which means that expanded interaction is needed (Table 8.14). They also prefer integrated living with a mixed cohort of people, which means that free flow interaction is required.
- Approximately 16.7 percent of the Chinese elderly indicated preference for integrated living with special infrastructure, implying a desire for free flow integration (Table 8.14). A further 18.1 percent indicated a preference to live in the present urban environment, where there is free flow interaction. Integrated living scores highly among the Chinese elderly, which would mean that free flowing interaction is needed.

Therefore, the Malays prefer a mix of free flowing and expanded interaction, while the Chinese elderly prefer free flowing interaction. The hypothesis as proposed has been corroborated in the field.

Housing choice is reflected via the variables: independent living with children in close proximity and integrated living with a mix of young and old and ageing-in-place. The general view of the urban Chinese elderly is that they prefer fenced homes while Malays prefer house compounds which flow into each other (Chang: 2000). So much is predictable because the Malaysian ethnic groups differ in their socio-economic background and the way they interact with one another in the community. The analysis reveals the following aspects of housing choice among elderly Malays and Chinese.

Urban elderly Malays indicated a strong preference for both independent living with children close by which means that homes are separate (11.1 percent) and, as shown in Table 8.14, about 11.1 percent prefer integrated living which means that homes offer multiple options (could be apartments, single units, terrace housing etc).

Urban Chinese exhibited a preference for an integrated living environment with a mix of the young and old. About 20.8 percent are inclined to this form of housing. A further 6.9 percent prefer to live on their own but with their children in close proximity (Table 8.14).
The responses indicate that urban Malays prefer a housing mix where there are single housing and also other housing options. Urban Chinese also prefer multiple housing options in which a variety of choices is provided.

**Case Studies**

The urban elderly have shown reservation in terms of change in housing accommodation. One participant revealed that the suburb, spaciousness of the house, and good neighbourhood address, are among the reasons to stay put.

“I am comfortable in the house I am living. There are enough rooms for my children when they come and visit me. Moreover, Damansara is a prime property area. I don’t think I will trade it to live elsewhere” (Chinese man).

However, there are others whose priority to stay put is based on the fact that their acquaintances are located close to them:

“I lead a very active social life. My week is fully scheduled with activities from dancing classes to high tea, golf and mahjong. If I were to move elsewhere, I suspect I will not have the same lifestyle. Anyway, my children are only half an hour from my house. They visit us every week. It is the time for us to catch up with our granddaughter” (Chinese woman).

“I can live only in my present house since it is conveniently located. We are close to Pantai Medical Centre and the major shopping facility. The last time when I had difficulty in breathing, my maid brought me to the hospital. It only took us 10 minutes to get there” (Malay woman).

In essence, the elderly are said to embody the cultural values which the present generation of young people inherit. This is consistent with the understanding that culture in general contains determinants based on the beliefs and perception of people, groups, or identity groups (Galanti: 1991). According to Swift (1995), a cultural concept particular to the Malays is the sense of propriety, which relates to adab in this project. One male Malay respondent gave an insight of how adab is considered part of his housing environment decision:
“My wife and I are old and we rely very much on a pleasant living environment to continue a happy existence. When most of our neighbours are also like us, we are living in adab, we cooperate and keep our area safe, clean and friendly. For example, during Hari Raya (a celebration at the end of the fasting month), we visit each other just like in the old days.” (Reminiscing is one of the ways an elderly man will relate his housing experience).

Further, in terms of spiritually the notion that religion teaches trust and forbearance as a way of life is expanded by this short prose from one elderly male Malay participant:

“Hari Khamis hari Jumaat,
Banyak Pak Haji pakai jubah,
Walau pun hari nak kiamat,
Pokok pangkal janji jangan berubah.”

This passage literally translates as:

“On Thursday on Friday,
Many religious men wear the prayer jacket,
Even though the world will come to an end,
The bottom line is that a promise should never change.”

The insight from this piece is that, while a person is encouraged to instill goodness in character and pray as routine, s/he should not fake his commitments and promises; especially in this context, a promise to care for an elderly parent in his or her dying days.

Outcome of Investigation

Divergence is demonstrated throughout the analysis of the urban elderly (Table 8.15). First, urban elderly Malays resist change in accommodation, contrary to the hypothesis that they will be accept it. Filled with a deep sense of contentment, urban elderly are not willing to move. Urban Chinese are of the same character. Rather than the reasoning behind the hypotheses (subsection 8.3.2), this result supports the general theory on housing which recognise that home ownership provides stability and security in old age (Kendig: 1990b).
Table 8.15: Hypotheses and Results for the Urban Elderly

<table>
<thead>
<tr>
<th>Accommodation System Element</th>
<th>Malay Hypothesis</th>
<th>Malay Result</th>
<th>Chinese Hypothesis</th>
<th>Chinese Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing environment: Changes in accommodation</td>
<td>accept</td>
<td>resist</td>
<td>accept</td>
<td>resist</td>
</tr>
<tr>
<td>Barrier free spatial forms</td>
<td>accept</td>
<td>accept</td>
<td>accept</td>
<td>accept</td>
</tr>
<tr>
<td>Physical planning</td>
<td>free flowing, expanded interaction</td>
<td>Free flow</td>
<td>expanded interaction</td>
<td>free flow</td>
</tr>
<tr>
<td>Housing choice</td>
<td>multiple homes</td>
<td>single and multiple homes</td>
<td>multiple homes</td>
<td>multiple homes</td>
</tr>
</tbody>
</table>

Source: Author

Second, as predicted, both study groups accept barrier free spatial forms. Third, all urban elderly Malays display a preference for free flow interaction, whereas the preferences of urban Chinese depart from those hypothesised. Perhaps, life in a metropolitan multi-ethnic society has created a sense of openness in community interaction. Alternatively, harmony could be an over-riding factor in the spatial form outcome. Fourth, urban Malays and Chinese accord with the hypothesis that multiple home options are a favourite choice though with less conviction among the Malays.

8.4.4 Rural / Urban Differentials

The composite results of the analysis of accommodation of the rural and urban elderly are presented in Table 8.16. To assess the differentials between the two groups percentaging is employed.
Table 8.16: Preferences in Rural and Urban Malay Accommodation

<table>
<thead>
<tr>
<th>Accommodation Variables</th>
<th>Key Influence on:</th>
<th>Rural N = 43</th>
<th>%</th>
<th>Urban N = 22</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HE</td>
<td>PP</td>
<td>HC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent living with children in close proximity</td>
<td>PP</td>
<td></td>
<td>HC</td>
<td>20</td>
<td>46.5</td>
</tr>
<tr>
<td>Integrated living, special infrastructure for older persons</td>
<td>HE</td>
<td>PP</td>
<td></td>
<td>14</td>
<td>32.6</td>
</tr>
<tr>
<td>Living in present village/urban environment</td>
<td>PP</td>
<td></td>
<td></td>
<td>4</td>
<td>9.3</td>
</tr>
<tr>
<td>Integrated living, mix of young and old</td>
<td>HE</td>
<td></td>
<td>HC</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maintaining present accommodation</td>
<td>PP</td>
<td></td>
<td>HC</td>
<td>5</td>
<td>11.6</td>
</tr>
<tr>
<td>All Groups</td>
<td></td>
<td></td>
<td></td>
<td>43</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: HE= Housing Environment, PP= Physical Planning, HC= Housing Choice
Source: Author

**Housing Environment**

Noticeable differences in the preference of housing environments are found among rural and urban Malays.

- Rural Malays are not in favour of a change in accommodation. Emphasis is placed on a change in external infrastructure which involves the provision of special facilities for older persons (32.6 percentage points).
- While urban Malays are also not in favour of a change in accommodation, there is low emphasis on special infrastructure for the elderly (9.1 percentage points).

**Physical Planning**

- Rural Malays prefer free flowing interaction as indicated by high responses to the variables of independent living with children in close proximity (46.5 percentage points) and integrated living, special infrastructure for older persons (32.6 percentage points) with some expanded interaction which is preferred by 20.9 percent of respondents.
• Urban Malay elderly prefer a mix of free flow interaction as shown in the preference for living in the environment and integrated living with special infrastructure (36.4 and 9.1 percentage points respectively) and expanded interaction shown in ageing in place (18.2 percentage points).

**Housing Choice**

• Rural Malay elderly prefer single homes which were indicated by the preference towards independent living with children in close proximity (46.5 percentage points).

• Urban Malays elderly also prefer single homes as they are able to lead an independent life but with children close by (36.4 percentage points).

• A small proportion of the rural elderly prefers multiple home options that are available to allow age living-in-place (11.6 percentage points).

• A higher proportion of urban elderly prefer multiple home options that are available through integrated living among young and old people (36.4 percentage points).

From the evidence, it emerges that the differences in respect of the preferred accommodation system of rural and urban Malays lie in the level of physical interaction and housing choice. These divergences can be succinctly explained by reference to Ismail (2000) who argued that the cultural profile of urban Malays has been modified as a result of modernisation. That being said, the basis of future housing for the elderly has been sketched out through the analysis so far.

**8.4.5 Resolving the Research Inquiry**

The first research enquiry was stated in these terms: ‘what are the cultural characteristics of aged persons which facilitate planning of their future accommodation’. In the rural area, the Malays and Bidayuh resist change in accommodation; rather, they prefer a change in housing infrastructure instead. Free flowing interaction is maintained and a mix choice of single and multiple homes are preferred. Along with the accommodation responses, high loadings
on cultural values resulted in an almost homogenous outcome in accommodation.

In the urban area, the Malays and Chinese are equally resistant to a change in accommodation. Barrier free spatial forms are accepted in both study groups. However, some elderly Malay acknowledge that a multiple housing option provides more congruence to an existing financial situation. The diversity in responses of the urban elderly is also supported by modification and adaptation of cultural values of the Malays and Chinese. On the rural/urban front, Malays are both party to resist a change in accommodation.

Based on the results of the first inquiry, it can now be seen that the cultural characteristics of the elderly which facilitate planning of their future accommodation are (a) strong positions on cultural values and (b) subscription to certain values which, from the viewpoint of the accommodation system, come to dominate others and hence can be considered generic to the particular ethnic group or even Malaysian society.

**Strong Positions**

Strongly held cultural characteristics facilitate the estimation of likely accommodation system responses.

- All six cultural values of compliance, preserving face, adab, harmony, community spirit, and spiritual well-being are strongly held by the rural elderly Malays and Bidayuh.
- Preserving face, adab and harmony load highly among urban elderly Malays.
- Compliance, preserving face and harmony are core values having the biggest impact on housing decisions among urban elderly Chinese.

**Dominant Cultural Characteristics**
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

• The dominant cultural characteristics can be categorised as those which are frequently held and individually influential. The highly operative values which are strongly regarded and effective in effecting accommodation responses are those of preserving face and harmony. Both feature high loadings in all study groups. Preserving face influences the privileges and support an elderly person receives in determining the preferred housing form. Harmony is an indicator of the type of environment which is required for a happy accommodation experience in the society.

• In seeking to preserve face, the elderly characteristically aim to live in their own home for as long as possible.

• In harmony, the elderly look for sublime co-existence with immediate neighbours, the community at large and the physical aspects of their surroundings.

Effects of Cultural Characteristics

The main effects of the cultural characteristics on the accommodation system include the following:

• Collectively, both preserving face and harmony strongly impact on the outcomes in the housing environment. There was evident resistance among all study groups to a change in accommodation. There was found to exist a solid acceptance of barrier free spatial forms as opposed to exclusive spatial arrangements.

• Preserving face and harmony dictate that the accepted physical planning features incorporate free flowing and expanded interaction as opposed to limited interfaces.

• The two values are instrumental in a preference for single/detached home options among the elderly Malay and Bidayuh in the rural area, and a mix of single/detached home for the urban elderly Malays and multiple home options among the elderly Chinese in urban areas.
8.5 PROJECT WAYPOINT

As per the brief of Research Inquiry 1, cultural characteristics in Malaysian society have been examined by way of ethnicity and rural/urban settlement locale in order to identify those values that influence the accommodation system. The chapter has identified and modelled values of the Malays and Bidayuh in a rural area and those of the Malays and Chinese in urban areas. The common thread among the possible combinations of study groups is the Malays. Six cultural values consisting of compliance, preserving face, adab, harmony, community spirit and spiritual well-being, foreshadowed in Chapter 6, were examined in greater detail, and the likely accommodation responses hypothesised and tested in the field.

Two case study areas, Petaling Jaya, Selangor and Tebakang in Sarawak were identified. The research methodology was based on convergent interviews, one-on-one interviews and a reconnaissance survey. Having visited the communities to test the CMHAM, qualitative and quantitative methods yield results which were in parts consistent with the hypotheses, and in some cases diverged from the predictions.

Despite a measure of inaccuracy within the deductive process, sufficient evidence has been discovered concerning cultural values and the elderly to promulgate some definite views on facilitations within the accommodation system. As set out above, the keynote findings are that the operative variables are preserving face and a desire for harmony, with compliance a third factor. These values have been shown to influence the decisions on housing accommodation system, particularly in determining change in accommodation and barrier free spatial forms in the housing environment, and shaping free flowing interaction with the community and choice in housing options.

Given the outcomes outlined, the next task is to answer the second research inquiry regarding the elderly: namely, ‘when does care which is normally provided within the private realm becomes a public responsibility?’
CHAPTER 9:
ACCOMMODATING THE MALAYSIAN ELDERLY:
THE TRANSITION TO PUBLIC CARE

While Chapter 8 focused on aspects of accommodation facilitation, this one considers the private and public care of the elderly in Malaysia. As noted earlier, care of the elderly is linked to housing because that is where much care is located. The ageing between a home and a public setting depends on the duration of the care period, whether it is short-term or long-term. Additionally, as noted in Chapter 3, care is induced by physiology of the elderly. Triggers originating from the environment, health, financial and family matters act as stimuli which generate responses in the patterns of care. Thus the chapter is aimed at answering Research Inquiry 2, ‘when does care which is normally located within the private realm becomes a public responsibility?”

To address the inquiry, the tasks include identifying the triggers that could lead to a change in accommodation, examining the hypothesized impacts of cultural values on the environmental, health, financial and family stimuli and an analysis of the actual responses study groups in Tebakang and Petaling Jaya. The analysis focuses on the four stimuli and the influence of cultural values in manipulating accommodation preferences.

In order to fulfil the tasks, the arrangement of the coming sections is as follows:
- Overview of elderly care in Malaysia
- Triggers for changes in care
- Cultural values and accommodation responses
- Fieldwork among elderly rural and urban Malaysians.
9.1 PRIVATE AND PUBLIC CARE IN MALAYSIA

The economic situation and demographic trends presented to date in the project reveal that:

- Malaysia is suspended between the situation of a developing and developed country.
- Chinese are ageing at a faster rate than Malays, Indians and other ethnic groups.
- The young-old (60-70 years) are the largest elderly group.
- There is an increasing trend towards nuclear family formation both in urban and rural areas.
- There is an increase in the number of elderly living alone.

Elderly persons are concentrated in nucleated rural communities and dispersed in urban areas. Specifically, those in rural areas live in their own homes without relevant infrastructure to facilitate ageing, while those in urban areas live in a constrained environment where most housing units are designed with the young in mind. Mason (1991) writes that living arrangements are likely to be altered by the processes of industrialization, urbanization and migration. Consequent upon the increasing trend to nuclear families and, with regional emigration as another factor, the elderly can become bereft of a traditional source of carers.

In view of dynamic changes in the lives of the elderly persons, a National Policy for the Elderly was formulated in 1995. It advocates elderly persons remaining in the community. Specifically, the policy maintains the family as the main unit of continued care and protection, with the society and nation being responsible for improving the potential of older persons and the provision of facilities. The policy on housing the elderly is mostly concerned with the under privileged and poor. The potential for delivery of housing choices to all elderly persons is underdeveloped.
With this comprehensive background and, particularly, in light of precepts of National Policy for the Elderly, it is now possible to contemplate the transitional context of private and public care in Malaysia. The tasks in Section 9.1 are thus to set out the private care arrangements via families and other means to examine the provision of public care.

In order to accomplish them, the organisation of the section is as follows:

- A discussion on private care arrangements
- Identifying public care infrastructure and facilities
- Public policies on aged care

### 9.1.1 Private Care Arrangement

Much of this study has been oriented to private means of support of the elderly in Malaysia. They include principally the family, but also private charities and business providers. The keynotes are as follows. In Chapter 3 it was pointed out that income, welfare, health services and housing all contribute to a comprehensive plan of well-being. It is recognised that these modes of well-being are apparently lacking in Malaysia while, in developed countries, the needy elderly have regularly been cared for by the state.

The case was amplified in Chapter 5 where it was shown that, in developed countries, private care arrangements are strengthened with a social safety-net. By comparison, Malaysia’s living arrangements are tenable for the time when carers for the aged are around, but depleted when support is not available. There have arisen greater expectations that, apart from family support, the security of income, health and housing opportunities should be considered jointly with the public sector in the future.

Given the comprehensiveness of the foregoing account of the private care response in Malaysia, it remains here to add a few supplementary details relevant to the second research inquiry.
Family members represent the major sources of support available to the aged. Within the family, adult children are the primary givers of care for many older people, particularly parents who are widowed or physically impaired (Smith: 1998). Under changing household structure conditions, the extended family is gradually being replaced by a nuclear one. In reality, an extended household comprises not one but a number of carers, and an elderly person will be supported around the clock. By contrast, the only carer in a nuclear family is usually the adult female member. More responsibility is thereby exerted on the individual carer. It was observed that, in 1991, 31 percent of the elderly lived in nuclear family households, and 58 percent were in extended families; in 2000, however, 37.6 percent of elderly persons were in nuclear family households and 49.2 percent in the extended (Malaysia, Department of Statistics: 1991; Rabieyah and Hajar: 2003). The changes in family and household structure could alter care and support arrangements in a rather abrupt way.

Key dimensions to consider are rural/urban differences and the construction of ageing in those areas. In rural areas, out-migration of both male and female family members who are perceived as appropriate carers is diminishing the number of carers available. Although there is evidence that those young members who work 40 kilometres from their home villages will commute, and those living 100 kilometres away make frequent visits, the security of care is effectively lost as the elderly can require continuous monitoring (Mohammed and Dennis: 2000). In the urban areas, while the elderly have access to the infrastructure to age well, the problem can be the price of quality services and care.

Having elaborated upon private care arrangements, we move to discuss the situation of public care in Malaysia.
9.1.2 Public Care Infrastructure and Facilities

Public care infrastructure generally comprises home services, health, and geriatric and care homes. A full range of services for the elderly has been discussed in Chapter 5 with particular reference to Table 5.13. Primary health care services cover all elderly persons in rural and urban areas. However, intensive and specialist care is only available in cities. The worry in geriatric care is that it is only accessible for the elderly in urban areas, and in certain health clinics access to services can be limited depending on their location.

Home services are provided by the Central Welfare Council which is a unit of the Malaysian Department of Welfare. The services are delivered on case by case basis comprising the following items:

- home nursing
- home visits by doctors-case-to-case basis
- basic medical tests, health assessment
- activities of daily living
- counselling
- occupational therapy
- follow up at geriatric clinics, hospital visits

Health centres

For further health assessment, the elderly are required to seek medical assistance in a health or geriatric hospital. There are 16 geriatric hospitals throughout the country which cater to the specific needs of the elderly. The geriatric unit is one of the facilities found in 72 national Health Centres. Throughout east and west Malaysia, there are 450 health clinics which conduct specific geriatric services.

Care homes

Homes for the chronically ill, nursing homes and old folks homes are usually located in cities or on their fringes. Day care centres and homes for the chronically ill are provided through public funding.
Some nursing homes and old folks homes are run by private providers, NGOs and the National Welfare Council (Figure 5.13). Altogether, there are 132 old folks homes or Rumah Sri Kenangan, of which 103 are managed by NGOs.

As can be seen, the government plays a provider role in the provision of public care to the elderly. In addition, a regulatory role is also perceived in mixed private/public care settings. There has been an increase, to some extent, in privately funded care services and NGO-related community services, but they are yet to be fully integrated into a comprehensive body of service for aged persons in Malaysia.

9.1.3 Public Policies on Aged Care

One would expect that the public policies for the elderly would cover the five main requirements of income, welfare, health, services and housing, a discussion of which has been provided in Chapter 3. The emphasis now is to discuss policies on access to aged care.

The overarching policy that applies to all Malaysian families is articulated through a social project called the ‘caring society’. Supposedly, it is an alternative to the western ‘welfare state model’ (Doling and Omar: 2002). The ‘caring society’ aims to achieve stability in the care of the elderly through the benevolence of the younger generation. Hereby, the traditional family is envisaged as the basis of social support.

To encourage carers to continue their role of supporting elderly parents or an older relative, the government of Malaysia has initiated:

- A tax rebate of RM1000.00 for children living with their parents.
- Tax incentives of RM1000.00 for medical expenses incurred by adult children in the health care of elderly parents.
- A tax deduction of RM1000.00 for the purchase of necessary equipment for a disabled parent (Da Vanzo and Chan: 1994).
Access to Health Care

The elderly in urban areas have greater access to various levels of health and community care. Private geriatric facilities are also available to those seeking an alternative to the public sector. They are: the Cheras Geriatric Center in the Pantai Cheras Hospital, KL; the Columbia Pacific Geriatric Hospital in Shah Alam (Selangor); and the Strand Geriatric and Rehabilitation Centre in Sungai Petani (Kedah).

For the rural population, health care is delivered throughout the country and to more than 700,000 elderly. Primary health care services are the focus and are available through a two-tier system: a health unit system which has an operational area within 4.8 kilometre radius, and a community clinic which serves the population that falls outside the health care area (Figure 9.1).

<table>
<thead>
<tr>
<th>HC</th>
<th>Health centre</th>
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<tbody>
<tr>
<td></td>
<td>Immediate operational area (within 4.8km radius, come to clinic)</td>
</tr>
<tr>
<td></td>
<td>Extended operational area (within 12km radius, served by Village Health team)</td>
</tr>
<tr>
<td></td>
<td>Outside extended operational area (more than 12km radius, served by Flying Doctor Service)</td>
</tr>
</tbody>
</table>

Figure 9.1: Operational Area of a Health Clinic in Sarawak
Source: Kamil and Teng (2002)

Access to Community Care

As national ageing proceeds apace, social conditions of the elderly in rural and urban areas, as discussed in Chapter 5, have begun to indicate the necessity for supplementary support from the community. The government’s response was piecemeal until the creation of a special unit in the Department of Welfare
which specifically promotes projects which can ease part of the daily care burden of elderly persons.

NGOs and private providers have also devised a few programs which concentrate on the delivery of home care service for dependent elderly persons during temporary, chronic or terminal illness. The beneficiaries are targeted by some needs assessment and benevolence of service providers who are mostly charity oriented. In this way, the project is able to adapt a rehabilitation plan as is needed by each elderly person.

9.2 TRIGGERS FOR CHANGES IN CARE

Given completion of the fuller exposé of private and public facilities for ageing in Malaysia, it is now possible to make some deductive progress toward answering the second research enquiry as to when care which is normally provided privately become a public concern. There are two aspects to this inquiry to do with a more precise definition of societal ‘care’. On one hand, it could refer simply to income support. However, this is not the main focus in this section. Income has been examined in Chapter 3, and is dealt with according to established procedures of welfare provision including means testing of asset stocks and income flows.

The other sense of care is to do with specialised services and institutions for ageing. They could be supplied by either the private or public sectors but, whichever the case, will have a price attached implying some degree of economic scarcity. Indeed, a simple cube model could be developed of the interaction of private and public income with provision of care via private and public services and institutions (Figure 9.2).
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

Figure 9.2: The Interaction of Public and Private Support
Source: Author

Employing this model of the impact of ageing on society, a best case scenario is that healthy, fulfilled elderly persons need no support, income or otherwise, at all. When they do come to need support, it is in the first instance desirably funded by private means. Thereafter, one can work through the cells of the cube to see other possibilities: private funding of publicly provided services or institutional care, and publicly-derived funding of the same facilities. The societal worst case scenario involves publicly-funded elderly people occupying places in publicly-funded institutions—deep and expensive welfare care, in other words.

The issue is thus about the interfaces within this cube model and, in particular, stages and points involving a transition from private to public services and institutional care arrangements. The tasks involved in this and the following section are (a) to undertake more theoretical development invoking provisions of the CMHAM and (b) to re-examine the study groups introduced previously in terms of their cultural pre-dispositions to transitions along the private/public spectrum.
The first step is concerned with a theoretical explanation of the relationship between the private and public response. The second takes the argument into the realm of the study groups, hypothesising how different cultural backdrops can influence the transition process.

9.2.1 The Private/Public Care Transition

A diagram of the relationship between private and public care, shown in Figure 9.3, clarifies other aspects of the private and public response to old age. It can be deduced that young-old persons are the lesser users of public support services and institutions. Severely dependent elderly persons, mostly those who are in the old-old category, will require specialised care which will normally be rationed by price and can be offered by the public sector. The question is at what rate these services and institutions will be accessed and under which auspices they will be provided and paid for.

The transition from a private to a public response marks the point at which care becomes a social responsibility and or cost. It is at this stage that policy makers within a planning process will have to review infrastructure and assistance and face a budgetary imposition. Public availability will reassure carers of elderly persons of the continuous support for the well-being of the elderly.

Western-level health systems can make the costs of care soar, not least under the impact of societal ageing (Jacobzone et al.: 2001). Using too much medical technology in areas where marginal benefits are low and costs are high will lead to fiscal pressure. The strength of the CMHAM is that it can perhaps help to hinder the process of care shifting ‘downward’ into the public realm (Figure 9.3).
Deterioration in physiological condition is anticipated in old age and the need for specialized care can be emphasised. Yet, cultural values can also intervene. It could be possible to avoid admitting elderly parents into nursing homes unless really necessary by, for example, retrofitting the parent’s or the children’s house (parent co-residing) to facilitate ease of movement and mobility. Hence, falls or other untoward accidents among elderly parents can be prevented and kept to the minimum and the elderly can continue to live independently or with their family or carers. Thus, the CMHAM can counter secular factors pushing down into public welfare in Figures 9.3 and 9.4 to society’s disbenefit.
9.2.2 Elaborating the Individual Response Matrix

From the theoretical backdrop about change in responsibility for aged care developed above, the next step is to move to the stimulus-response component of the CMHAM outlined in Chapter 7. It will be recalled that, based on the Housing Model, Figure 7.16 proposed four stimuli which could affect the accommodation system of elderly persons, in the process potentially triggering partial or full reliance on the state with the attendant necessity for ‘gatekeeper’ functions in allocating scarce public resources.

The procedure now is to advance beyond predictions for the ‘average, secular’ Malaysian set out in Section 7.2 to consider the elderly groups of this project. The issue is to what extent, if any, the cultural profiles developed in Chapter 8 could vary the response of the four study groups, not only from this archetypical Malaysian, but also from each other. The reason for this speculative analysis is to determine whether cultural variables could prompt or hinder an
accommodation transition with all its potential implications for greater reliance on community and public sources of care.

The study groups are thus revisited in the foregoing order to see in each case what their post stimuli accommodation system settings are likely to be in terms of: doing nothing (maintaining the status quo); making in situ adjustments; or undertaking a locational change in accommodation (i.e. moving from one residential ‘title’ to another).

### 9.2.3 Hypothesised Study Group Responses

**Rural Malays**

**Environmental**

<table>
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<tr>
<th>ONSET OF STIMULUS</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical House</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Loss of Community</td>
<td>M</td>
<td>M</td>
</tr>
</tbody>
</table>

**Health**

<table>
<thead>
<tr>
<th>ONSET OF STIMULUS</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
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<tbody>
<tr>
<td>Acute (P,F)</td>
<td>S</td>
<td>S</td>
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**Financial**

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<th>ONSET OF STIMULUS</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
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</thead>
<tbody>
<tr>
<td>Affluent</td>
<td>M</td>
<td>M</td>
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</table>

**Family**

<table>
<thead>
<tr>
<th>ONSET OF STIMULUS</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
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</thead>
<tbody>
<tr>
<td>Security</td>
<td>N</td>
<td>N,S,M</td>
</tr>
</tbody>
</table>

MAL: Malays   SEC MAL: Secular Malaysian

Figure 9.5: Rural Malay Stimuli Matrix

Source: Author
Rural Malays load highly on all cultural values in Chapter 8. Going through the matrix according to sequence (environmental, health, financial, family) and with the assumption that a chance for different accommodation is eventually available, the view is that:

- Environmental stimuli should not induce rural elderly Malay to change accommodation even if they represent poor or fair conditions (Figure 9.5). According to Asan (1999), Malay participants in the Federal Land Development Agency (FELDA) in Kedah do not institute changes in their homes within the land-schemes, even with dilapidated surroundings. Prompted by the cultural values of compliance, preserving face and harmony, the results should be more conservative than those of the ‘secular’ Malaysian.

- Health stimuli should elicit accommodation responses which are similar to those of secular Malaysians. When health is poor, a move is anticipated; when health is fair or good, rural elderly Malays will adapt in-situ because they are still able to conduct activities of daily living with the help of the family and neighbours. Motivated by all relevant cultural values when there is excellent health, rural Malays will do nothing, preferring the familiar environment of the village.

- Financial stimuli would be anticipated to bring forth mix responses from rural elderly Malays, which are different from the norm of secular Malaysians. The poor among them will move because of destitution and a chance for better accommodation. An example is the home for the poor in Mukim Endau in Pahang (Endau sub-district) (Rompin District Office: 1988). However, when the strong cultural values of compliance, preserving face, adab, harmony, community spirit and spiritual well-being are consulted, the affluent will stay in-situ and/or do nothing.

- Family stimuli should elicit responses which are similar to these of secular Malaysians. Male rural Malay elderly, whose families are never available to assist, will accept a change in accommodation. Asan (2004) notes in his research findings that houses are left behind in FELDA areas when elderly
males, on the demise of a spouse, follow their children who have migrated elsewhere.

**Rural Bidayuh**

It will be recalled from Chapter 8 that rural elderly Bidayuh arguably demonstrate high regard for all cultural values. Accordingly, the following responses are predicted to the circumstances in question.

- Environmental stimuli could be expected to often induce a change in accommodation among rural elderly Bidayuh. According to Boulanger (2002), they want to modernise, but at the same time, it is important to hold on to cultural traditions. In assimilating those ideas, and considering the key cultural value of compliance, the preference is to adapt in-situ especially when the condition of the house and physical surrounding is excellent. The response is the same as any secular Malaysian. However, if the environment were to deteriorate to fair or poor, it would be expected that they will move to someplace better (Figure 9.6).

- Health stimuli might cause a change in accommodation responses similar to those of secular Malaysians. When health conditions deteriorate to poor, in view of what family members will think of them, and in order to preserve face and sustain harmony, the Bidayuh will move and make adjustments to achieve better health status. Otherwise, when health is rated as excellent, elderly Bidayuh will do nothing to existing accommodation arrangements.

- Financial stimuli are unlikely to elicit changes in accommodation. During the Bidayuh Cultural Symposium 2003, Brade (2003) argued that the people are an easily contented lot who do not venture into new territory. If they are financially poor, they will do nothing. According to Winzeler (1996: 15), the most important thrust of architectural change among the Bidayuh has been the abandonment of longhouses for individual family dwellings.
When the Bidayuh are financially better off, prompted by cultural values of compliance, preserving face, adab and harmony, they will move into better accommodation options even if it involves moving only a few meters from the present house.

Family stimuli should normally yield a ‘do nothing’ response from the rural elderly Bidayuh. When family members are rarely available to assist them, they exhibit a quiet acceptance of the existing situation. Moreover, according to Sarok (2002), they are not inclined to leave their traditional longhouses and customary land. Among the elderly, a move away from the longhouse community and the *baruk*\(^{25}\), can create loneliness since they are detached from familiar surroundings. This response is different

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\(^{25}\) a circular building which is a symbol of community cohesiveness where the *gawai* or celebrations are normally held.
from secular Malaysians who will move in with their children, even if it means that they have to move into the city.

**Urban Malays**

It is emerged from Chapter 8 that urban elderly Malays are expected to exhibit strong loadings on preserving face, adab and harmony.

- Often things being equal, poor environmental stimuli should be provocative enough to elicit a decision among the urban elderly Malay to change accommodation. Thomson (2003) described the ambivalent attitude of urban Malays towards new surroundings but, urged by a strong desire to preserve face, a move could be imminent. The response is similar to that of secular Malaysians. But when conditions are excellent, urban Malays they prefer to do nothing (Figure 9.7).

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<thead>
<tr>
<th>Environmental</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
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<tbody>
<tr>
<td>Physical</td>
<td>MAL</td>
<td>SEC MAL</td>
</tr>
<tr>
<td>House Loss of Community</td>
<td>C P F A H C S W</td>
<td>Do nothing (N) In situ (S) Move (M)</td>
</tr>
<tr>
<td>Poor (P)</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>Fair (F)</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Good (G)</td>
<td>S</td>
<td>S</td>
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<tr>
<td>Excellent (E)</td>
<td>S</td>
<td>N</td>
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<tr>
<th>Financial</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
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<tbody>
<tr>
<td>Affluent</td>
<td>MAL</td>
<td>SEC MAL</td>
</tr>
<tr>
<td>Medium</td>
<td>C P F A H C S W</td>
<td>Do nothing (N) In situ (S) Move (M)</td>
</tr>
<tr>
<td>Poor</td>
<td>N</td>
<td>N,M</td>
</tr>
<tr>
<td>Medium</td>
<td>S</td>
<td>N,M</td>
</tr>
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<td>Excellent</td>
<td>N</td>
<td>S,M</td>
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<th>Health</th>
<th>CULTURAL VALUES</th>
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<td>Acute (P,F) Chronic (G,E)</td>
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<td>SEC MAL</td>
</tr>
<tr>
<td>Poor (P)</td>
<td>C P F A H C S W</td>
<td>Do nothing (N) In situ (S) Move (M)</td>
</tr>
<tr>
<td>Fair (F)</td>
<td>N</td>
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<tr>
<td>Good (G)</td>
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<td>Excellent (E)</td>
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<table>
<thead>
<tr>
<th>Family</th>
<th>CULTURAL VALUES</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Proximity (Available)</td>
<td>MAL</td>
<td>SEC MAL</td>
</tr>
<tr>
<td>Never</td>
<td>C P F A H C S W</td>
<td>Do nothing (N) In situ (S) Move (M)</td>
</tr>
<tr>
<td>Sometimes</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Always</td>
<td>S</td>
<td>N,M</td>
</tr>
</tbody>
</table>

**Figure 9.7: Urban Malay Stimuli Matrix**

Source: Author
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

- Health stimuli should elicit responses reflecting those of the society. Encouraged by a high motivation to preserve face and maintain harmony with children or other carers, when an urban elderly Malay’s health is poor or fair, a move is almost mandatory. When they are in excellent health, they will likely do nothing.

- Poor financial stimuli should encounter a non-responsive stance from elderly urban Malays. Suriati (2002) met families in Penang who have to work on many jobs to make ends meet. Urban Malays, who are characterised by their emphasis on harmony rather than conflict, would not insist on changes in their accommodation. To preserve face and to ensure that they do not have to beg money from others, they prefer to stay in the same place but, most of time, instead of finding ways to alleviate their economic misery, they will do nothing. No move is anticipated.

- Family stimuli, as a result of the non-availability of members to tend to the needs of the elderly, should rarely be conducive to create a change in accommodation. According to Lie and Lund (1994), many mothers feel they are becoming distanced from their daughters, and that the latter are less available for housework. Thus, to maintain harmony in the family, elderly parents make some sacrifices in their comfort. They retain their present accommodation.

Urban Chinese

Apropos Chinese cultural values, it was hypothesised in Chapter 8 that the urban elderly score highly on preserving face and harmony.

- It is assumed that poor environmental stimuli will induce the elderly Chinese to change accommodation. It is not only in the interest of the elderly, but also in the interest of children, that parents are seen living in pristine surroundings or nice homes. Once children start working, it is common to find them renovating their parents’ home to enhance living conditions. And if that happens, the elderly Chinese does not anticipate a locational change (Figure 9.8).
Poor health stimuli encourage an elderly person to adopt a realistic stance in accommodation. They will probably seek a change. However, there are situations when it is not possible for elderly parents to change their accommodation. The cultural value of preserving face is so high among the Chinese that they endure such circumstances. Hence, a move is not anticipated.

A combination of a poor financial stimulus and an effort to preserve face will likely push an elderly person into adapting new surroundings. Filial piety, for instance, is an essential construct, engendering respect and financial support of parents (Matthews: 2000). Therefore, when parents decide to move into a son’s or daughter’s family, in consideration of the values mentioned, the move is acceptable.
• Unfavourable family stimuli which affect an elderly urban Chinese person will likely persuade him/her to co-habit with children; thus a move is involved. But Chin (2000) reiterates that urban Chinese are having fewer children and some could have moved elsewhere for employment opportunities. It is argued that small families could hinder co-residence in the future. When family members are sometimes or always available, the elderly person does not envisage a move. Lam et al (2004: 15) relates the situation of a Malaysian woman who worked in the day in Singapore and took the night flight home (to Malaysia) to look after her parents and then the morning flight back to Singapore. It is her filial duty which encourages her to react the way she does. At the same time, we are inclined to think that her availability is one among many reasons which persuaded her parents to stay put.

9.2.4 Hypothesised Influence of Cultural Values

The preceding discussion was developed around 16 matrices of responses to accommodation from the rural Malay and Bidayuh and the urban Malay and Chinese. Four stimuli in the culturally modified housing accommodation model, CMHAM, became the basis on which putative responses were derived. Environmental, health, financial and family stimulus were viewed jointly with the six cultural values of the project, namely, compliance, preserving face, adab, harmony, community spirit and spiritual well-being. The hypothesised responses are indicative of whether cultural variables could prompt or hinder the transition from private to public care via the medium of accommodation as shown in Figure 9.5.

Among the rural Malays, the environmental and health stimuli are the determining ones, which act in concert with the six highly loaded cultural values, eventually prompting a change in the locus of accommodation. The Malays have often been known, by necessity, to choose the occasion on which they will take action concerning care of the elderly. On the other hand, financial and family values suggest that care of the elderly should stay in the family. It can
therefore be argued that the generally strong cultural values of the rural Malays will not invite public intervention immediately, but this explanation admits a change in accommodation in the long run.

Private troubles can become a public issue: it seems an applicable remark where care of the elderly is concerned. The rural elderly Bidayuh are influenced by the six strongly regarded cultural values. The response to poor environment and poor health will be to move the elderly out of the family into another accommodation situation which could involve public support. When financial and family stimuli are examined, the former is seen to result in no change in accommodation. Likewise, poor family support results in a do nothing stance. The implication is that elderly persons will continue to stay in the private confines of care.

Values which are divergent from the archetypical response of the secular Malaysian are important for policy ramifications. In summary, urban elderly Malays replicate the setting of the lay Malaysian in their responses to environmental stimuli, but they differ on all other accounts of health, finance and family. These settings bring to light that when relevant cultural values filter the four stimuli, results will be different from those attributed to a typical situation in which culture is omitted in making a decision to respond to circumstances which can emerge.

There are several grounds for accepting the unappealing notion to move, but careful reasoning shows that cultural values to preserve face and to maintain harmony are decisive factors that influence responses of the urban Chinese elderly. They could be forced into public support because of poor environmental and poor health stimuli. Unlike their Malay urban counterparts, a poor financial stimulus could impel an elderly urban Chinese person into public support while poor family stimuli will further endorse private care.
There are two distinct correlations between the responses of the study groups and that of the secular Malaysian. One is based on cultural values: the hypothesised outcome among study groups is a general tendency to stay in private care as long as preserving face and harmony are constructively considered.

The other correlation is the general acceptance by both the study groups and the secular Malaysian in which, when conditions of environment and health worsen, they will move into other accommodation which could thus invoke public support. One strategy, therefore, could be to improve the environment of the elderly. When both stimuli are in excellent condition, the general idea is to age-in-place.

The variation in the push-pull of private/public support occurs when financial and family stimuli set in. First, rural and urban Malays should differ in their responses: the rural group would likely move but urban Malays will do nothing: yet, the resulting action in each case is a further consolidation of private care. This happens because rural Malay elderly move in to family care and urban Malays stay on with their present private care. Second, the rural Bidayuh can be expected to adopt a ‘do nothing’ stance in adverse financial and family situations. Hereby they will likely be pushed into public support. Third, urban Chinese will move, denoting a possible move into public support. In summary, cultural values could be seen to a certain extent to influence responses from the elderly, thus altering the balance of support between the private and public sectors.

9.3 THE STUDY CONTEXT

The foregoing section has painted a picture based essentially on incremental hypothesising about the effects of cultural variables in the transition of the aged from private to public care. The interest now is whether field results lend any credence to the sequence of postulates developed above. To bring about a nexus of deductions and outcomes, some preliminary steps are required.
Hence, this section first describes the actual facilities and services available in the study areas since, without some account of them, any discussion would be meaningless. Next a brief comment about local analytical procedures is offered. From this introduction, it is later possible to bring empirical evidence to bear on the research inquiry of this chapter.

9.3.1 Services and Facilities in the Study Areas

The following reports are based on reconnaissance surveys undertaken in the rural setting of Tebakang and the urban context of Petaling Jaya.

*Tebakang*

Tebakang was the previous administrative centre for the district of Serian. Commercial activities in the early days were linked to the importance of river transportation. Sungai Sadong (the Sadong River) flows through the town and connects it to Tebedu, the main entry point from west Kalimantan, Indonesia, and surrounding villages like Kampong Lingga, Kampong Mongkok, Kampong Krusen, and Kampong Pichin. But nowadays, a motorway links Tebakang to Serian and Kuching, the latter about 80 kilometres away (Figure 9.9). Around the 1960s, the administrative centre of the district moved to Serian which is about 11km distant. Ever since then, Tebakang has lost the lustre it once used to have.
There are 43 villages in the Tebakang sub-district of Serian. Altogether, 2,833 households live there with a total population of 17,465 persons (Jabatan Pertanian Tebakang: 2001). Out of the 43 villages, four were chosen to constitute the case study due to their proximity to each other and their formation of an effective settlement bloc. They are Tebakang Dayak, Tebakang Melayu, Kampong Pichin and Tebakang Cina. The individual population profiles appear in Table 9.1.
Table 9.1: Population of Tebakang Study Area

<table>
<thead>
<tr>
<th>Village</th>
<th>Households</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Tebakang Bidayuh</td>
<td>173</td>
<td>474</td>
</tr>
<tr>
<td>Tebakang Cina</td>
<td>68</td>
<td>138</td>
</tr>
<tr>
<td>Tebakang Melayu</td>
<td>150</td>
<td>506</td>
</tr>
<tr>
<td>Kampong Pichin</td>
<td>216</td>
<td>703</td>
</tr>
</tbody>
</table>

Source: Jabatan Pertanian Tebakang (2001)

Further examination of population data shows there are more women compared with men. The main reason is out-migration of the male population to Kuching, where there are better employment opportunities. Those persons left behind are active in farming.

Sealed all-weather roads connect Tebakang to Serian, nearby villages, Tebedu at the border of Malaysia/Indonesia and the state capital, Kuching, a city of roughly half a million people. The village group is dissected by the Sadong River into two parts: to the north is the Malay settlement, to the south is the Chinese village, with the Bidayuh village to the west. Villagers from both sides of the river use a long *perahu* or boat to reach each other (Figure 9.10). All villages are linked by a network of dirt tracks and connected by sealed all-weather roads.

Facilities available in Tebakang include a national primary and secondary school with full boarding facilities, a community clinic, and three community halls (Figure 9.11). For recreational purposes, a football field and children’s playground are located close to the village centre. There are two Catholic churches and a mosque to cater for religious pursuits. The Old Tebakang Bazaar which comprises about 20 shop-units is the heart of this village. A post office is located in one of the shops. Business activities range from groceries to trading. All villages are supplied with fully treated water, electricity and
telecommunication, but poor families resort to other means of energy use. All four component villages are connected by a regular 30-seat bus service.

Accordingly, what is of interest and available to the elderly in this rural setting includes: the community clinic (with an on-site community nurse, inoculations, basic examinations and diagnosis, and a home service for elementary health check-ups on a case to case basis); churches and mosque, the Bazaar and shops; and a transport depot for trips to regional centres and Kuching. Any other facilities must be accessed outside the complex of villages. The nearest old folks’ home is in Kuching.

*Petaling Jaya*

Situated 20 kilometres from Kuala Lumpur and forming part of the Klang Valley region, Petaling Jaya is a modern city of approximately 65 suburbs. The landuse is comprised of 10 zones in which are located an industrial district, commercial and administrative areas, recreational facilities, and residential suburbs. The Chinese form 55 per cent of Petaling Jaya residents, while 30 per cent are Malays, 13 per cent Indians and two per cent comprise other races (Petaling Jaya Net: 2005). The study area is located in Section 14, which is one of the first suburbs built in the early 1960.
Befitting a city, all manner of transportation is available. An LRT or light rail links Petaling Jaya to Kuala Lumpur while a metro train links it to the port in Klang (Kelang) and to the main central train terminal in Kuala Lumpur. All parts of the city are serviced by two bus operators. Telecommunications are widely available, and so are potable water and electricity.

The city is also the location of significant educational facilities. There are now 30 primary schools, 16 secondary schools, 23 private colleges and universities including the International Islamic University campus branch, a University Technology Mara campus branch, a University Tunku Abdul Rahman (Utar) campus branch, and the University Tun Abdul Razak (Unitar) and the Malaysia University of Science and Technology (MUST).
There is much choice for the elderly. Around Section 14, there are, for example: one university hospital and the Pantai specialist hospital (within five kilometres), numerous clinics and doctors’ surgeries, pharmacies, day care centres, short term residential care facilities for aged persons, clubs and associations, air conditioned shopping centres, international hotels, transport depots including a direct connection by train to the international airport, and so on. Section 14 is generally flat for walking but does not have a well developed pedestrian network. There are, however, appealing parks and public areas. The nearest retirement village is elsewhere in Petaling Jaya, about eight kilometres from the study area. Other residential institutions for the elderly are located further away in the state of Selangor.

Aged persons in Petaling Jaya are therefore catered for as well as any in Malaysia and better than those in most other cities.

9.3.2 Analytical Technique

This analysis focuses on the perceived rather than actual need to move from present accommodation of the elderly in Tebakang and Petaling Jaya. Data from one-on-one interviews were analysed using the Statistical Package for Social Scientist (SPSS) and Statistica. SPSS and Statistica were selected due to their flexibility to supplement qualitative information.

In the treatment of the research inquiry, qualitative is mixed with quantitative analysis. Qualitative data sets are enumerated to address patterns and themes which imply a frequency of occurrence or counts of observations. (Onwuegbuzie and Leech: 2004). In doing so, the transformed data are then subjected to quantitative analysis. Tests of co-relation can explore the theme concerning the perceived move in accommodation.

Seven different questions were used to measure responses to environmental, health, financial and family stimuli. For the environmental stimulus: ‘what is the condition of elderly persons’ house?’ Through preceding discussions, when the
physical condition of the house is poor, the secular Malaysian will be prompted to move, whereas cultural values were assumed variously to influence the four study groups. For the health stimulus, the question was: did you face any major unforeseen circumstances in health the last year? Three questions were asked to ascertain the state of financial stimulus: ‘what is your personal income per month?’; ‘what is your household income?’; and ‘do you receive remittances from children?. Apropos the family stimulus, two questions were asked of respondents: ‘how frequently do your children, relatives and friends visit you?’ and ‘how many persons live in the same house?’ (Table 9.2).

With the question schedule established this way, it is now possible to explore the actual responses of the rural and urban elderly.

Table 9.2: Variables for the Second Research Inquiry 2

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Criterion variable</th>
<th>Predictor variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental</td>
<td>Satisfaction with present living arrangement ('lhappy')</td>
<td>Condition of house (‘sdf5’)</td>
</tr>
<tr>
<td>Health</td>
<td>Present health condition</td>
<td>Present health condition</td>
</tr>
<tr>
<td>Financial</td>
<td>Personal income (‘income’), household income (‘ldetinc1-9’), remittances from children (‘einc4’)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>Frequency of visits from children, relatives and friends Number of persons living in the same house (‘lmany’)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Author

9.4 STUDY GROUPS: ATTITUDES AND RESPONSES

9.4.1 Environmental Stimuli

It has been suggested that condition of the house of an elderly person influences decision outcomes on the accommodation system. Therefore we asked all the respondents to self-assess their house, that is, whether it was in excellent good, fair or poor condition. It is important to know if those elderly
living in perceptibly good houses are satisfied with their situation. Non satisfied elderly could become the outliers who have the propensity to move into other accommodation.

**Rural Malay**

Hypothesised conditions from subsection 9.2.3 were that rural Malay would differ from the response of the ‘secular’ Malaysian with respect to housing conditions. That is, regardless of whether conditions were adjudged ‘excellent’, ‘good’ or ‘poor’, rural Malays would ‘do nothing’.

About 95.4 percent of rural Malay homes are considered to be in good condition and the rest were in a lesser state (Table 9.3). None of the elderly considers their houses to be in excellent condition. Table 9.3 also shows that 86 percent of respondents were happy with the homes, while 9.3 percent were dissatisfied. On the other hand, about 4.6 percent of houses were in poor condition but the occupants were content nonetheless.

Based on the framework of sub-section of the secular Malaysian in subsection 9.2.3, it is likely that those elderly persons, who are unhappy with their present housing circumstances, will have a higher propensity to move. However, Table 9.3 data do not indicate this tendency among rural Malays. Indeed, only one person was dissatisfied with their current accommodation. In general, cultural values prevail; the elderly can be expected to do nothing in response to environmental stimuli.
Table 9.3: Rural Malay Environmental Stimuli

<table>
<thead>
<tr>
<th>Adjudged Condition of House</th>
<th>Satisfaction with House</th>
<th>Satisfaction With Accommodation (Number (%) )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>0</td>
<td>Yes 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Good</td>
<td>41</td>
<td>Yes 37</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 36 (83.7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>Yes 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 2 (4.7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Totals</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td></td>
<td>43 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author

A number of personal statements about accommodation plans were collected from rural Malays in Tebakang which corroborate the pertinent hypothesis on environmental surroundings. Of two particularly relevant ones, the first points directly to the stabilising influence of the cultural value of preserving face:

‘Where can I hide my face if I move somewhere else? All I need to do is change some of the timber panels of the wall. I am also planning to make a nicer bathing area. But then, I think I will wait for my son to return from the Peninsula. He will help me and so will the rest of the Malaysian children.’

Unwittingly, the second statement from a shy Malay woman reflected a strong compliance with tradition and attitudes to housing:
'Together with my husband, I worked hard for this property, cleared the land, build this house. Even though I am now old and weak, I want to die in this house........ 'do you hear this Along 26.......I want to die in my own house.'

Having examined the rural Malays, it is timely to compare perceptions of the rural Bidayuh.

*Rural Bidayuh*

Hypothesised conditions from subsection 9.2.3 were that rural Bidayuh would not reflect the response of the ‘secular’ Malaysian with respect to housing conditions. That is, when conditions were adjudged ‘excellent’ or ‘good’, rural Bidayuh would ‘do nothing’; only when housing was considered ‘poor’ would they contemplate a change in accommodation.

As shown in Table 9.4, with the exception of four percent of homes which were considered in poor condition, approximately 6.8 percent elderly Bidayuh think their homes are in excellent condition and a further 89.2 percent categorised their homes as good. As a whole, only 2.6 percent of the elderly were dissatisfied with their homes; the rest were content.

As shown by the responses indicating overwhelming satisfaction with existing accommodation, the odds of moving into a new environment are fairly low among the Bidayuh rural elderly. However, one person who was poor indicated dissatisfaction with his/her environmental context and would be considered a possible candidate for a change in accommodation.

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26 Along is a nickname for the eldest child in the family. Similarly, Pak Long is for the eldest uncle.
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

Table 9.4: Rural Bidayuh Environmental Stimuli

<table>
<thead>
<tr>
<th>Adjudged Condition of House</th>
<th>Satisfaction with House</th>
<th>Satisfaction With Accommodation (Number (%))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Yes</td>
<td>Yes 4 (5.4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Good</td>
<td>Yes</td>
<td>Yes 62 (83.8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Poor</td>
<td>Yes</td>
<td>Yes 2 (2.7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Yes 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 1 (1.3)</td>
</tr>
<tr>
<td>Totals</td>
<td>74</td>
<td>74 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author

Some account of accommodation plans was collected from rural Bidayuh in Tebakang. The statements relay how closely the answers relate to the hypothesis set out above. Three statements in particular are highlighted, the first indicating the influence of harmony in the housing environment:

‘Well, I don’t mind moving somewhere else as long as everyone is happy about it. My house is shabby and I don’t think it can withstand the next rainy season. I think if there is a better house somewhere or if the government can help us build a stronger house, I am happy to move’ (Bidayuh man)

The view is an uncommon reaction from an elderly Bidayuh. Otherwise, most elderly Bidayuh prefer to do nothing in their existing housing situation. The next statement was from an elderly woman who stated community spirit as among reasons to adapt in-situ.
‘The last time I moved was when I married my husband. We came here from Bau. Now, 30 years on, with my grandchildren and children around me, I will not move anywhere. Our house is small, but we have a big land area for pepper. I am contented the way we are now in our present environment.’ (Bidayuh woman)

The response of rural elderly Malay and Bidayuh has shown a strong inclination to stay in existing circumstances. The situation of their urban counterparts is now examined.

_Urban Malay_

It was hypothesised in subsection 9.2.3 that urban Malays will reflect the response of other lay Malaysians in their housing environment. It was emphasised that when conditions were evaluated as ‘excellent’ and ‘good’ urban Malays would adapt in-situ, when ‘fair’ they would ‘do nothing’, and only when housing environment was ‘poor’ would they consider a change in accommodation.

<table>
<thead>
<tr>
<th>Adjudged Condition of House</th>
<th>Satisfaction with House</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>8</td>
<td>Yes 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Good</td>
<td>14</td>
<td>Yes 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>Yes 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Totals</td>
<td>22</td>
<td>22 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author
The empirical evidence among urban Malays reveals unison in contentment with their present housing environment. About 36.4 percent of urban elderly Malays rated their housing environment as excellent, while 63.6 percent rated it good. Table 9.5 shows that none of the respondents were dissatisfied with their existing housing environment.

Based on the framework of section 9.2.3, people with a poor and fair housing environment are more likely to move. Since none of the urban Malays falls into that category, the assumption is not tested. Urban Malays therefore replicates the secular Malaysian’s views on staying in-situ when their housing is in good or excellent condition.

‘There is no need for a better house. Ours is already good enough. Ours is on the ground floor, and we are very close to the mosque. We are happy in our current home. My husband and I can go to the mosque daily’ (Malay woman).

‘On a good day, when my bones are not aching, I will walk around our neighbourhood and thank God for my health. I will stop at every few houses to say hello to my friends. Our friends are dear to us. I believe that when we live in terrace homes, we have more friends. I am growing old, so there is no need to move into another house.’ (Malay woman)

Urban Chinese

In subsection 9.2.3, urban elderly Chinese responses to the housing environment are thought to reflect the responses of the secular Malaysians. Therefore, when conditions were ‘excellent’, they would ‘do nothing’, when ‘good’ or ‘fair’ they would ‘stay in-situ’ and would consider a change in accommodation only when housing environment was ‘poor’.

Among the urban elderly Chinese, about 42 percent regarded their housing environment as excellent while another 58 percent ranked it as good. Their response for excellent housing is slightly higher than the Malays. In Table 9.6, there is one respondent who is not satisfied with his or her housing environment but the house is in good condition. The possibility of a change in
accommodation is close to nil in view of the fact that the house is still in good shape. The rest of respondents are satisfied in existing environment.

Table 9.6: Urban Chinese Environmental Stimuli

<table>
<thead>
<tr>
<th>Adjudged Condition of House</th>
<th>Satisfaction with House</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>21</td>
<td>Yes 19 (38.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 2 (4.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Good</td>
<td>29</td>
<td>Yes 28 (56.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 1 (2.0)</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>Yes 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Totals</td>
<td>50</td>
<td>50 50 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author

Perhaps, urban housing provides better opportunity in terms of support facilities for the elderly. Considering compliance and harmony, the following statements reinforce beyond the evidence in table 9.6 the closeness of fit between empirical evidence and the hypothesis that was set out.

‘You know it is bad for your health if you don’t have a good place to live in. Being one of the pioneer engineers in Kuala Lumpur, we were offered this property in Damansara. In those days nobody wanted to live here because it is far from KL and in the middle of a jungle. But I am glad I took up the offer. Now I should say I am living at a prestigious address, I am 82 and I am considered healthy for someone my age. I don’t think I am moving anywhere’ (Chinese man)
‘The problem is: I have beautiful memories in this house. It has good feng shui, our children do well academically and are all living in their own homes about 30 minutes away, we have nothing to fret about’ (Chinese woman)

The observed predicted similarities in the responses of environmental stimuli are now pursued challenged to see if they are repeated in the health stimuli.

9.4.2 Health Stimuli

The next sequence in this section is to look for evidence from the elderly that health stimuli influence decisions on the accommodation system. The elderly in both the rural and urban areas were asked to self-assess their health, whether they have experienced any major illness that requires a visit to the doctor. The issue is, of course, whether the elderly who face health problems are more likely to change accommodation than those elderly with fewer health problems.

Rural Malays

With respect to health stimuli, the hypothesised conditions from subsection 9.2.3 were that rural Malay would imitate responses of the ‘secular’ Malaysian. It is perceived that when conditions were adjudged ‘good’, rural Malays would adapt in-situ; when health deteriorates to ‘poor’, they would instigate a change in accommodation.

From the empirical survey, ‘good’ health is perceived by the elderly as having minor ailments, for example having the flu, coughs, and having poor vision and poor mobility. If they need to stay in hospital for any form of treatment; according to respondents, that equates to poor health. Table 9.7 shows that about 42 percent of rural elderly Malay reported they were in good health while 59 percent thought they were in poor health.

Based on the self assessment, all elderly Malay in good health are satisfied in their current living environment. The results shown in Table 9.7 reveal that 55.8 percent who were in poor health were satisfied with the present accommodation. In contrast, one elderly person in poor health is dissatisfied
with his/her housing. Guided by the framework of sub-section 9.2.3, the respondent would likely change accommodation if there were a good chance of doing so. The hypothesis of health stimuli for the rural Malays is effectively corroborated.

Table 9.7: Rural Malay Health Stimuli

<table>
<thead>
<tr>
<th>Adjudged Health</th>
<th>Satisfaction with Health</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>18 (42.0) Yes</td>
<td>Yes 18 (41.9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Poor</td>
<td>25 (59.0) Yes</td>
<td>Yes 24 (55.8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 1 (2.3)</td>
</tr>
<tr>
<td>Totals</td>
<td>43 (100.0) Yes</td>
<td>43 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author

Some accounts of health stimuli were collected from rural Malays. The statements also reveal convergence with the operating hypothesis. Two statements in particular were highlighted, both indicating the influence of harmony:

‘If it is only aches in my joints, I am not that worried. I know I am getting on with life. As long as I can hammer a nail into the wall, I think I can still live here and at the same time take care of the house.’ (Malay man)

‘My brother became too sick to move. We finally managed to send him to the hospital. The place looks very nice and clean but, secretly, I think my brother wasn’t happy there. I think, if I ever reach that stage in life, I will move in with my son. I know he can take care of me. I am afraid of hospitals.’ (Malay woman)
Rural Bidayuh

With respect to health stimuli, the hypothesised conditions for the rural Bidayuh were that they would emulate responses of the ‘secular’ Malaysian, in that, when health conditions were considered ‘good’, they would adapt in-situ, but when health deteriorates to ‘poor’, change in accommodation is initiated.

Rural Bidayuh agree with the Malay definition of ‘good health’. When they are hospitalised they feel in poor health. Referring to Table 9.8, 43 percent of Bidayuh considered they were in good health as opposed to 57 percent who felt they were in poor health.

Table 9.8: Rural Bidayuh Health Stimuli

<table>
<thead>
<tr>
<th>Adjudged Health</th>
<th>Satisfaction with Health</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good 32 (43.0)</td>
<td>Yes 32 Yes 32 (43.2)</td>
<td>No 0</td>
</tr>
<tr>
<td>Poor 42 (57.0)</td>
<td>Yes 36 Yes 41 (55.4)</td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td>No 6 Yes 0</td>
<td>No 1 (1.4)</td>
</tr>
<tr>
<td>Totals 74 (100.0)</td>
<td>74 74 (100.0)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Author

Based on this self assessment, those elderly in good health are comfortable with their surroundings and accommodation. They are the least disposed within this group in terms of a change in accommodation. As shown in Table 9.8, approximately 55 percent of respondents who were in poor health were content with their housing environment. There is a small chance that they will move out of their existing accommodation. By contrast, one respondent who is in poor health...
health is unhappy with his/her living circumstances. Based on the framework of sub-section 9.2.3, it is likely that the respondent is poised to move. The hypothesis regarding health stimuli for the rural Bidayuh appears sound.

Some reports of health stimuli were recorded from the rural Bidayuh in Tebakang. Two statements are noted, the first indicating the influence of harmony in the housing environment. The Bidayuh man who narrated this excerpt had a form of muscular disorder:

‘I lie down most of the time, everyday, every month. I wouldn’t go to a doctor any more (a physiologist is what he meant). Nothing much can be done to alleviate my misery. Sometimes I will cry alone when it gets unbearable. When my son hears me crying, he will massage my body, give me medication and then I can sleep. My daughter-in-law is helpful too. I have no problem living with them.’ (Bidayuh man)

The second statement is an acceptance of spirituality which commits an elderly Bidayuh woman to continue living in the longhouse at the expense of her health:

‘As you see, when it rains for a few days continuously, it becomes cold in Tebakang. I can feel the chill in my bones. But it is the will of God that I am among my Bidayuh family in this longhouse. So, it can get uncomfortable during the monsoon months, but the presence of my family and my church, makes me feel comfortable.’ (Bidayuh woman)

We now proceed with the examination of health responses from the elderly. The next discussion is that of urban Malays and Chinese to see if there are any differentials from the lay Malaysian.

**Urban Malays**

Hypothesised conditions from subsection 9.2.3 were that urban Malay would differ from the response of the ‘secular’ Malaysian in respect of health stimuli. It is suggested that when health conditions were assessed as ‘good’, they will ‘do nothing’, when ‘poor’ they will move.
Urban Malays shared a common opinion, that is, to be in good health they occasionally see a doctor for coughs, colds, fever, flu, and bodily aches associated with age. Poor health is interpreted as needing intensive care in a hospital. About 73 percent of urban elderly Malays declared they were in good health while 27 percent believed their health was poor.

Table 9.9: Urban Malay Health Stimuli

<table>
<thead>
<tr>
<th>Adjudged Health</th>
<th>Satisfaction with Health</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Yes 16 (72.0)</td>
<td>Yes 16 (72.7)</td>
</tr>
<tr>
<td></td>
<td>No 0</td>
<td>No 0</td>
</tr>
<tr>
<td>Poor</td>
<td>Yes 6 (28.0)</td>
<td>Yes 6 (27.3)</td>
</tr>
<tr>
<td></td>
<td>No 0</td>
<td>No 0</td>
</tr>
<tr>
<td>Totals</td>
<td>22 (100.0)</td>
<td>22 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author

On the basis of the self assessed health and satisfaction with accommodation it was seen in Table 9.8 that all urban elderly Malays were satisfied with their residence. Following the postulate in sub-section 9.2.3, a change in accommodation is unlikely to occur among them. In summary, the hypothesis of health stimuli in the urban elderly Malay has not been related though a larger sample would have provided a fuller and more convincing test.

Some personal statements were taken into consideration further to assess the health/accommodation hypothesis for this study group. Two descriptions of responses from the elderly Malays, which point to an influence of harmony, revealed that when the study group’s health is ‘good’, the response is similar to
other Malaysians, but when health is ‘poor’, the response is opposite to that of lay Malaysians.

‘If I am sick, I go to the doctor. It’s that easy. There’s no need to bother my children. They are married and have responsibilities too. I will continue on like this until something happens, God forbid, than perhaps, I can bother them more. For the time being, we are better off doing things our way.’ (Malay woman)

‘If I am sick, I will certainly want my children to look after me. Even if I am hospitalised, I expect them to care for me, in fact, that is exactly what the children will do. And, they will probably ask me to stay with them, which I will; it would be nice for a change.’ (Malay woman)

Urban Chinese

Hypothesised conditions from subsection 9.2.3 were that urban Chinese would replicate the response of the ‘secular’ Malaysian in the health stimuli. It is suggested that when health conditions were assessed as ‘good’, they will ‘do nothing’, when ‘poor’ they will move.

Urban elderly Chinese concur with the Malays on the interpretation of health. To be in good health mean they occasionally see a doctor for coughs, colds, fever, flu, and bodily aches associated with age and to be in poor health means that they require specialist care and treatment. About 60 percent of urban elderly Chinese reported they were in good health and 40 percent in poor health. As shown in Table 9.9, urban elderly Chinese in good health were happy with their housing environment. About 43 percent of the elderly in poor health were content with the conditions of present accommodation. There were however, three persons or six percent of the elderly, who were in poor health and dissatisfied.

Since they profess dissatisfaction in their present housing circumstances, the possibility of a change in accommodation is likely. An overwhelming majority are more comfortable in own home and will stay in-situ since they can find all necessary infrastructures care in Petaling Jaya. The hypothesis of health stimuli
among the urban elderly Chinese is rejected when health is poor, and accepted when health is good.

Table 9.10: Urban Chinese Health Stimuli

<table>
<thead>
<tr>
<th>Adjudged Health</th>
<th>Satisfaction with Health</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>30 (60.0)</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Poor</td>
<td>20 (40.0)</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Totals</td>
<td>50 (100.0)</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: Author

Next are presented some transcripts from the elderly Chinese which bear upon the relevant hypothesis. One is an account of good health, the other of poor health. In both study cases, respondents profess that preserving face was a major determinant in their decision on the health/housing interface.

‘I’d never been so far from Petaling Jaya in my life as I was two years ago, in a hospital in Kuala Lumpur. I had heart surgery. And yet I had never felt closer to home since my children were with me all the time.’ (Chinese man)

‘Ten years ago, we wouldn’t even discuss health. It was always taken for granted because we were then younger. Now, in my current stage, I have planned a strategy to move in with my children’s family.’ (Chinese man)

Next is the examination of the influence of financial stimuli on the accommodation system. The same format which has been used with environmental and health stimuli is followed through.
9.4.3 Financial Stimuli

Income dependence occurs when the elderly rely on members of the family for financial support. The next sequence is to reaffirm the conception in 9.2.3 that financial stimuli can influence outcomes in the accommodation system. The elderly in both the rural and urban areas were asked to self-assess their financial states and whether a combined income with their family would have a bearing on their likely accommodation.

Rural Malays

Hypothesised conditions from subsection 9.2.3 were that rural Malays would diverge from the response of the ‘secular’ Malaysian in respect of financial stimuli. It is suggested that when financial conditions were ‘excellent’, they will adapt ‘in-situ, but when ‘poor’ they will move.

Table 9.7 shows that, approximately 63 percent of rural elderly Malay in Tebakang were living below the official poverty line, which was set at RM540.00 per month in Malaysia (Malaysian Ministry of Welfare: 1999). Given the cost of living in the country, it is hard to imagine how the families survive day by day. About 16.3 percent of them earn more than RM2500.00 per month.

There is one elderly person who was dissatisfied with his/hers housing condition in contrast to the rest of the rural elderly Malays who are satisfied with their housing condition. The dissatisfied elderly person, would have a higher propensity to move given a chance as, not only was s/he financially poor and living below the poverty line, but s/he was also unhappy with the housing environment. Following the postulate in sub-section 9.2.3, a change in accommodation is likely to occur for the elderly poor.
An account of rural Malay perception of their financial position is shown by way of two examples. One illustrates an elderly individual with more than RM2500.00 per month in household earning; the other is an elderly male with RM500.00 per monthly income.
'There wasn’t much emphasis on university education in my days. Your situation is different. So, we learned our trade as we got along with our lives. I am earning this much thanks to some solid lessons in trading from a Chinese man. I will grow old here. But it will be different with my children; they will want the excitement in the city.’ (Malay man)

‘That same daughter, Linda, lives in Kuching. She has only two children, and since she has a large house, she and her husband want us to move in but we will wait before deciding whether to leave this village. I feel we should, but we must discuss it further.’ (Malay woman)

*Rural Bidayuh*

With regard to financial stimuli, the hypothesised conditions for the rural Bidayuh were that they would emulate responses of the ‘secular’ Malaysian in that, when money is in abundance, they will move and when money is scarce, they will ‘do nothing.

From Table 9.12, 44 rural elderly Bidayuh have expressed dissatisfaction with their income. Around 60 percent of respondents declared themselves living below the poverty line. At the same time, there were 9.5 percent who profess a combined personal and family income of more than RM2500.00 per month. The income patterns among rural elderly Bidayuh reflect their past employment history. Those who are living in poverty have always depended on agriculture, and thus been subjected to seasonal variations of the climate and availability of farm subsidies.

Two Bidayuh were dissatisfied with their housing environment. Based on the postulate in sub-section 9.2.3, a change in accommodation is, however, unlikely considering their strong attachment to the land and village. Those with better incomes are happy with current housing environment and so a change in accommodation is also unlikely. The hypothesis on the poor rural elderly Bidayuh response is not substantiated by this slight evidence and does not imitate that of the lay Malaysian.
Two findings from rural Bidayuh, concern their present financial conditions. In both cases, remarks are illustrative of a great sense of community spirit and spiritual well-being that influenced decisions on accommodation.
‘I am taking care of my grandchildren. My daughter is working as a shop assistant in Serian, so her children stay with me. When my daughter returns in the evening, I can rest. I am happy doing this for her. We do not have much but we help one another. It keeps us close and, most importantly; we are together as a family in this house’ (Bidayuh woman)

This sort of response is commonly echoed by the elderly in both rural and urban areas. The next commitment from relatively well off man reveals another aspect of financial stimuli.

‘I attribute my current financial success to a strong belief in God. I am deeply humbled. I make sure that my community shares some of my wealth. I create jobs for them in Serian.’ (Bidayuh man)

**Urban Malay**

With regard to financial stimuli, the hypothesised conditions for urban Malays were that they would replicate responses of the ‘secular’ Malaysian. Therefore, when their financial situation is considered ‘excellent’, their reaction would be to ‘do nothing’, and when ‘poor’, they would also ‘do nothing’.

As shown in Table 9.13, approximately 14 percent of the urban elderly Malay were living on less than RM500.00 per month. On the other end of the spectrum, about 41 percent were living on more than RM2500.00 per month. The extent of disparity is high among urban Malay elderly. A precursor of higher income and security in old age is whether the elderly have been gainfully employed during his lifetime. Therefore, it is only expected that all 14 percent of elderly with an income of less than RM500.00 express dissatisfaction with their financial standing.

Ultimately, the question arises is ‘will the elderly Malays in urban areas change their housing environment knowing the drift in their financial conditions?’ Table 9.13 shows however, that no person was encountered in the survey who found higher accommodation to be unsatisfactory. Only a partial test of the relevant hypothesis can thus be applied and to that extent the outcome is positive.
Further research among the poor and dissatisfied urban Malays would be required for a complete appraisal.

Table 9.13: Urban Malay Financial Stimuli

<table>
<thead>
<tr>
<th>Adjudged Monthly Income</th>
<th>Satisfaction with Income</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;RM500</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RM501-RM1200</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>6 (27.2)</td>
<td>6 (27.2)</td>
</tr>
<tr>
<td>RM1202-RM1800</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>4 (18.2)</td>
<td>4 (18.2)</td>
</tr>
<tr>
<td>RM1800-RM2500</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&gt;RM2500</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>9 (40.9)</td>
<td>9 (40.9)</td>
</tr>
<tr>
<td>Totals</td>
<td>22 (100.0)</td>
<td>22 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author

To validate the above findings by way of insights from the elderly, one account each of excellent and poor financial conditions is illustrated. Both were evidence of the need to preserve face in the face of financial stimuli.
‘I will not move-in with my children, even though they have been pestering me. I have a servant, my house is secured with an alarm system, I am always on the phone with my children, no there are no reasons for me to change my housing environment.’ (Malay woman)

‘You know, to make ends meet, I help my son to sell banana fritters. The income from my late husband’s pension is not enough. He was only a gardener in a nearby school. So, when I work, I have some money. It’s not only for me, it is for the whole family. We want to live a decent life; in working I can contribute to that end. It is a shame if I stayed home and did nothing. Anyway, it is a good way of meeting other people…..no, I will not move elsewhere.’ (Malay woman)

**Urban Chinese**

For the urban elderly Chinese, the hypothesised conditions for financial stimuli were similar to those of the ‘secular’ Malaysian in that when their financial situation is considered ‘excellent’, their response would be to ‘do nothing’, and when their financial condition is ‘poor’, they would try to instigate changes in accommodation.

Table 9.14 is a representation of results of the urban elderly Chinese who have self assessed their financial standing. About 46 percent have a combined income of more than RM2500.00. By contrast, only two percent (or one person) lived below RM500.00 and also reported their unhappiness with the current state of their income.

Among the urban elderly Chinese, six percent (or three of them) were dissatisfied with their housing environment. Following the postulate in 9.2.3, it is unlikely that those dissatisfied will move as they professed to have higher income. The rest of elderly who expressed contentment with their present housing environment would similarly be unlikely to make a change in accommodation.
Table 9.14: Urban Chinese Financial Stimuli

<table>
<thead>
<tr>
<th>Adjudged Monthly Income</th>
<th>Satisfaction with Income</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>&lt;RM500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RM501-RM1200</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>RM1202-RM1800</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>RM1800-RM2500</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>&gt;RM2500</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>43</td>
<td>43</td>
</tr>
</tbody>
</table>

Source: Author

To validate the relevant hypothesis, some personal ideas accounts of the urban elderly Chinese were taken into consideration. One account each of ‘excellent’ and ‘poor’ financial condition is addressed. An influence of harmony is detected from both responses.
'There is a Chinese behaviour which is very funny...or annoying to you...in order to express your appreciation to your generous host who invited you for dinner, remember to throw in a loud belch. Well, your host may not necessarily be rich, but they still invite you for dinner. The moral is, even though poor, we are proud of our home and the little wealth we have.' (Chinese man)

'I live in a modest home even though I can afford a better house. But considering that my daughter sends her daughters here, I will stay on living here.' (Chinese woman)

Next, we will consider responses to family stimuli among the urban and rural elderly to ascertain whether, as predicted, there are any replications of responses from the secular Malaysians.

9.4.4 Family Stimuli

It has been suggested that family stimuli influence decisions on accommodation. Therefore we asked all the respondents to self-assess the availability of their family, that is, how often they come in contact with each other. Satisfied elderly people who are always in contact with family and friends would stay in their present residence, while non satisfied elderly people are more likely to move house.

For the rural elderly Malays, the hypothesised conditions for family stimuli were similar to those of ‘secular’ Malaysian in that, when their family is never available, they would instigate a move in accommodation. The opposite should occur when they family are always available.

In Table 9.15, about 37 percent of visits to the elderly rural Malay were conducted more than twice a fortnight and about 19 percent on a basis of once per month. Some 28 percent of trips were conducted on a yearly basis. The responses indicate that, at any time of the week, there will be at least one visit from a family member.

The level of visitation indicates that family ties are strong and that the elderly are a favoured recipient of respect and affection. Perhaps, it is due to the
frequency in children visiting the elderly Malay that they are satisfied with their living arrangements. Apart from that, all the elderly are satisfied with their housing environment. Only one person is dissatisfied with his or her living environment. In that instance, the individual will likely move if given the chance; the rest would be staying put because of the support which is shown by the frequency of meeting with children and satisfaction in their housing environment.

Table 9.15: Rural Malay Family Stimuli

<table>
<thead>
<tr>
<th>Adjudged Visits</th>
<th>Satisfaction with Visits</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than two times a fortnight</td>
<td>Yes</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once a month</td>
<td>Yes</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than two times a year</td>
<td>Yes</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During festivities only (Aidilfitri, Chinese New Year, Gawai)</td>
<td>Yes</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>43 (100.0)</td>
<td>43 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author
Some personal accounts from the elderly are now presented to corroborate the relevant hypothesis.

As expected, rural Malays have a strong feeling for their village and the community around them. The odds of venturing into a new place are curtailed when they begin to think of family relationships and the happiness when all children will return home for Hari Raya, which is a celebration to mark the end of the fasting month of Ramadan. A Malay woman insisted:

‘Everyone comes home during the fasting month and especially for Hari Raya. We will cook and eat to our hearts content. Since we have so much space in the garden, we will cook our favourite rice in bamboo under the huge tree over there. You cannot find a bigger space than this in the city.’ (Malay woman)

‘My son comes home every weekend. Kuching is only an hour away.’ (Malay man)

Rural Bidayuh

Among the rural elderly Bidayuh, the hypothesised conditions for family stimuli were similar to those of the ‘secular’ Malaysian. Thus, when their family is never available they will instigate a move in accommodation: the opposite happens when family are always available.

There are many personal commitments by siblings and friends of the rural elderly Bidayuh. As shown in Table 9.16, altogether a total of 35 percent of visits to rural elderly Bidayuh were made at least twice a fortnight, and about 23 percent were made once in a month. There are 18 percent of visits which were made every year. The pattern shows that a strong relationship exists among family members and friends.

Almost all elderly people are satisfied with the visits made by their children except for three who apparently are dissatisfied with the frequency. From the
foregoing discussion and the framework in 9.2.3, frequent visits indicate a ready supply of children and friends to provide social and emotive support. This is reflected in the contentment with the housing environment showed by almost 99 percent of the elderly. Only one person is dissatisfied. It is highly unlikely the elderly will change accommodation because of the strong support of family. The hypothesis thus appears strong.

Table 9.16: Rural Bidayuh Family Stimuli

<table>
<thead>
<tr>
<th>Adjudged Visits</th>
<th>Satisfaction with Visits</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than two times a fortnight</td>
<td>Yes 27 (34.5)</td>
<td>Yes 24 (32.4)</td>
</tr>
<tr>
<td></td>
<td>Yes 3</td>
<td>Yes 2 (2.7)</td>
</tr>
<tr>
<td></td>
<td>No 0</td>
<td>No 1 (1.4)</td>
</tr>
<tr>
<td>Once a month</td>
<td>Yes 17 (22.9)</td>
<td>Yes 15 (20.2)</td>
</tr>
<tr>
<td></td>
<td>Yes 2</td>
<td>Yes 2 (2.7)</td>
</tr>
<tr>
<td></td>
<td>No 0</td>
<td>No 0</td>
</tr>
<tr>
<td>More than two times a year</td>
<td>Yes 16 (21.6)</td>
<td>Yes 16 (21.6)</td>
</tr>
<tr>
<td></td>
<td>Yes 0</td>
<td>Yes 0</td>
</tr>
<tr>
<td></td>
<td>No 0</td>
<td>No 0</td>
</tr>
<tr>
<td>During festivities only (Aidilfitri, Chinese New Year, Gawai)</td>
<td>Yes 13 (17.6)</td>
<td>Yes 13 (17.6)</td>
</tr>
<tr>
<td></td>
<td>Yes 1</td>
<td>Yes 0</td>
</tr>
<tr>
<td></td>
<td>No 0</td>
<td>No 0</td>
</tr>
<tr>
<td>Totals</td>
<td>74 (100.0)</td>
<td>74 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author

To corroborate the findings, two statements are recounted as follows:

‘During Gawai festival, all my children will take a holiday. They will stay over for a week and it really makes me happy.’ (Bidayuh man).
‘I am not worried about being alone. There are many people here. My children visit me very week without fail.’ (Bidayuh woman).

**Urban Malays**

For the urban elderly Malays, it has been hypothesised that when family is never available they will instigate a move in accommodation and when the family is always available they would ‘do nothing’. The hypothesis for family stimuli of the urban Malays was similar to that for the ‘secular’ Malaysians.

From Table 9.17, about 50 percent of total visits to the Malay elderly were conducted on yearly basis, and another 50 percent were conducted more than twice in a fortnight. It is observed that there is a strong relationship among family members and also among friends.

The urban Malay elderly have also expressed satisfaction with their housing environment. From the framework in 9.2.3, there is little evidence of an inclination to move to another housing situation. Children’s availability has made it possible for the elderly to stay in place. The hypothesis is substantiated.

Some personal accounts from the elderly back the postulate which has been set out in the preceding discussion.

‘Strong family ties are very important to all of us. It is enhanced by the fact that I am babysitting my two grandchildren. So, my daughter and son-in-law are here every day for dinner and to fetch the kids. Sometimes they sleep over. There is no need for me to move elsewhere or move-in with my children. They come to me instead.’ (Malay woman)

‘I am moving in with my unmarried daughter soon. It is lonely staying here since my husband passed away.’ (Malay woman)
Table 9.17: Urban Malays Family Stimuli

<table>
<thead>
<tr>
<th>Adjudged Visits</th>
<th>Satisfaction with Visits</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than two times a fortnight (11)</td>
<td>Yes (11)</td>
<td>Yes (11) (50.0)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Once a month (0)</td>
<td>Yes (0)</td>
<td>Yes (0)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>More than two times a year (0)</td>
<td>Yes (0)</td>
<td>Yes (0)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>During festivities only (11)</td>
<td>Yes (11)</td>
<td>Yes (11) (50.0)</td>
</tr>
<tr>
<td>(Aidilfitri, Chinese New Year, Gawai)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Totals (22)</td>
<td>22</td>
<td>22 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author

Next, we will consider responses of urban elderly Chinese where family stimuli are concerned.

*Urban Chinese*

The hypothesised conditions regarding family stimuli among urban elderly Chinese were that when their family is never available they will move and when the family is always available they will stay in-situ.

An examination into the responses of the elderly indicated that there were many visits at least twice a fortnight (46 percent) or conducted once a month (14
percent). It is also shown in Table 9.18 that 24 percent of visits were undertaken annually. The frequency of visits indicates that the elderly have a constant flow of visitors from family members which directly reflects strong familial support. The elderly were happy for all the attention.

Table 9.18: Urban Chinese Family Stimuli

<table>
<thead>
<tr>
<th>Adjudged Visits</th>
<th>Satisfaction with Visits</th>
<th>Satisfaction With Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than two times a fortnight</td>
<td>Yes</td>
<td>25 (46.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 23 (46.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2 (4.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once a month</td>
<td>Yes</td>
<td>7 (14.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 7 (14.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than two times a year</td>
<td>Yes</td>
<td>6 (12.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 6 (12.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During festivities only</td>
<td>Yes</td>
<td>12 (24.0)</td>
</tr>
<tr>
<td>(Aidilfitri, Chinese New Year, Gawai)</td>
<td></td>
<td>Yes 12 (24.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>50 (100.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50 (100.0)</td>
</tr>
</tbody>
</table>

Source: Author

The frequency of children meeting their elderly parents could have been one of the reasons for the elderly to be satisfied with their accommodation. Two people were not content with their housing. However, strong family values are deeply held by the elderly Chinese, and following the postulate in 9.2.3, the elderly are highly unlikely to instigate a change in accommodation.
The social environment of the elderly urban Chinese is vibrant as demonstrated by the flow in visits. Under such circumstances, there would be no great incentive to change accommodation. Some personal accounts from the elderly should aid in accepting the hypothesis of family stimuli among urban elderly Chinese.

‘Even though my children are living overseas, we communicate every alternate day via the internet webcam. In fact, our relationship is better now than before. Although physically they are not present with us, our friends and other family compensate. But we are not moving overseas. We are too old!’ (Chinese man)

‘Like it or not, my relatives hardly visit me. Instead, in these days and times only those who are close to me are important. I am lucky my children come over for dinner every week. Then, there are my old buddies and we bird watch on Fraser’s Hill as much as we can’ (Chinese man).

A detailed account of responses of the elderly based on field trips in Tebakang, Sarawak and Petaling Jaya, Selangor has demonstrated some close fit and some differentials in the way elderly people were hypothesised to respond to stimuli potentially influencing the accommodation system. The obvious step is now to sum up the findings so as to enable some general observations on the potential impact of the four stimuli.

9.4.5 Propensity for Adjustment in Accommodation

Throughout the analysis in the preceding section, the assumption of responses of the ‘secular’ Malaysian has been used as a benchmark to study differentials in the observations among study groups which were located in rural and urban area. The operationalisation of the CMHAM was undertaken by way of a self-assessment of the environmental, health, financial and family stimuli against a backdrop of cultural values of compliance, preserving face, adab, harmony, community spirit and spiritual well-being.

Common to all study groups were the following foundations: apropos the environmental stimuli, those elderly who have excellent housing environment are not interested to effect a change in accommodation and therefore will stay
in-situ or do nothing, while those whose environment is assessed as ‘poor’ are the ones most likely to seek a move from the present place of residence (Figure 9.13).

<table>
<thead>
<tr>
<th>Study Groups</th>
<th>Environment</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
<td>Good</td>
</tr>
<tr>
<td>Rural Malays</td>
<td>move</td>
<td>stay</td>
</tr>
<tr>
<td>Rural Bidayuh</td>
<td>move</td>
<td>stay</td>
</tr>
<tr>
<td>Urban Malays</td>
<td>non</td>
<td>stay</td>
</tr>
<tr>
<td>Urban Chinese</td>
<td>non</td>
<td>stay</td>
</tr>
</tbody>
</table>

**Figure 9.13: General Environmental Outcomes**
Source: Author

It can subsequently be argued that for health stimuli, the responses from the rural study groups also imitate those of the Malaysian. Evidence from the empirical tests as well as case studies suggests that, when an elderly person is in good health, the tendency is to stay put. When health conditions deteriorate, rural Malays and Bidayuh will move, but urban Malays and Chinese will continue to stay put. The response among urban study groups does not concur with that of the secular Malaysian (Figure 9.14).

<table>
<thead>
<tr>
<th>Study Groups</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
</tr>
<tr>
<td>Rural Malays</td>
<td>move</td>
</tr>
<tr>
<td>Rural Bidayuh</td>
<td>move</td>
</tr>
<tr>
<td>Urban Malays</td>
<td>stay</td>
</tr>
<tr>
<td>Urban Chinese</td>
<td>stay</td>
</tr>
</tbody>
</table>

**Figure 9.14: Health Outcomes**
Source: Author

Furthermore, financial stimuli were predicted to generate contradictory responses from the study group. Evidence shows that only poor rural elderly Bidayuh will continue to stay on in the village environment; responses from the
other study groups mimic those of the ‘secular’ Malaysians (Figure 9.15). The difference in the response of the Bidayuh is due to strong attachments to land and community as outlined in the discussion. Therefore, the overall outcome is as expected from the CMHAM.

<table>
<thead>
<tr>
<th>Study Groups</th>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
</tr>
<tr>
<td>Rural Malays</td>
<td>move</td>
</tr>
<tr>
<td>Rural Bidayuh</td>
<td>stay</td>
</tr>
<tr>
<td>Urban Malays</td>
<td>move</td>
</tr>
<tr>
<td>Urban Chinese</td>
<td>move</td>
</tr>
</tbody>
</table>

Figure 9.15: Financial Outcomes
Source: Author

Responses among the study groups for family stimuli were different from those of ‘secular’ Malaysians. Instead of moving into new territory in the housing environment, poor rural and urban study groups prefer to stay in-situ. The result is interesting: the secular Malaysian is predicted to initiate a change in accommodation, while the study groups prefer to stay put. There is an explanation for the differences. While the secular Malaysian response is based entirely on pragmatic decision-making, those of the study groups have been subjected to the influence of cultural values cited in Chapter 8. Thereby, the actual results were not entirely unexpected, but were of a kind anticipated from the application of the CMHAM.

<table>
<thead>
<tr>
<th>Study Groups</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never Available</td>
</tr>
<tr>
<td>Rural Malays</td>
<td>stay</td>
</tr>
<tr>
<td>Rural Bidayuh</td>
<td>stay</td>
</tr>
<tr>
<td>Urban Malays</td>
<td>stay</td>
</tr>
<tr>
<td>Urban Chinese</td>
<td>stay</td>
</tr>
</tbody>
</table>

Figure 9.16: Family Outcomes
Source: Author
In general, it can be reasonably concluded that a propensity to make adjustments in accommodations could occur under any of the four stimuli. The responses differ between each study group. However, the groups most affected can be categorised as:

- In environment: poor rural Malays and Bidayuh have a high propensity to move.
- In health: rural Malays and Bidayuh in poor health will move.
- In financial status: likely movers are rural and urban Malays and urban Chinese.
- In family matters: this stimulus appears unlikely to occasion a desire for changes in accommodation.

The four study groups will ultimately decide themselves when it is an appropriate time to seek a move which, especially for the poor, could involve an entry into public care. For the time being, this culturally-grounded analysis has shown itself capable of identifying fragile groups which could be poised to make major accommodation changes and/or seek greater social support.

9.5 PROJECT WAYPOINT

This chapter has paid further attention to the context of private and public care in investigating the research inquiry concerning possible transitions of elderly Malaysians from one setting to another. Various theoretical schema were employed to conceptualise the milieu and it became evident that variables implicit to the CMHAM could be influential. Responses to stimuli as proposed by the Health Model were presaged among the four respondent groups studied to date and compared with likely results from the archetypical secular Malaysian first introduced in Chapter 8.

The working reply to the second research inquiry is that one potential occasion when care which is normally provided in the private sector could become a public responsibility is when accommodation arrangements change. Such
events represent a ‘break in sequence’ for the elderly, often being of a major and stressful nature (Dicken: 1971). Empirical investigations were able to identify segments of the study groups oriented to accommodation change, though the general inclination among interviewees was to ‘do nothing’ or adapt in situ to the various stimuli. This latter predilection might at first appear comforting from the viewpoint of the public purse: cultural variables are seemingly pushing ‘upwards’ to private care, not ‘downwards’ to public responsibility in the economic space represented in Figure 9.5. The question which this situation poses, however, is whether ageing in place is socially sustainable or whether it could propose a less than optimal trade off of short and long term benefits and costs. It is to this matter which the following chapter turns.
CHAPTER 10:
ACCOMMODATING THE MALAYSIAN ELDERLY:
AGEING IN PLACE?

In Chapter 7, the third research inquiry was established, founded on a view supported in the literature and in official Malaysian government statements that ageing in place is desirable. Indeed, the inquiry asks, ‘how can the elderly be encouraged to age in place for as long as possible before requiring public support?’ It is the business of this chapter to weigh up the pros and cons of this proposition in a comprehensive way.

To this end, three tasks are involved. The first is to adumbrate and appraise the national context of ‘ageing in place’, in terms of popular sentiment and facilitation and the official stance of the Malaysian state. The second requirement from the four study groups is to draw remaining evidence on this issue: to date, their future perception is generally one of ageing in place and they have demonstrated a strong propensity towards this modus operandi. Are these, however, the views of elderly dreamers who have little idea of the exigencies of very-old age and take scant account of the eventual social cost of their inclinations? The third task, therefore, is to raise a number of policy realities which could apply as Malaysia develops in the next half century and which bear on the hopes of the elderly and their ultimate accommodation outcomes.

In order to accomplish these tasks, the chapter divides into three sections, oriented respectively to the three tasks just outlined.
10.1 AGEING IN PLACE: THE NATIONAL CONTEXT

Like all expressions to do with the elderly, ‘ageing in place’ suggests more than three simple words might indicate. In the first instance, an approach to the third research inquiry involves a practical account of the concept so that it is clear what is involved. Next, the ‘popular sentiment and facilitation’ mentioned above, which might support ageing in place, needs examination by way of an investigation of the continued viability of the important, underpinning cultural concept of filial piety. The background becomes complete when relevant official policies in terms of the ‘caring society’ and the National Policy for Older Persons are added to elements under consideration.

10.1.1 Practical Ageing in Place

A discussion of ageing in place must rely on some actual definition of the concept, quite likely from the time of formal retirement until the stage in which there is no alternative for an elderly person but to enter an arrangement of institutional care which, of necessity, would embody an accommodation change and could also involve public support. An argument could be put that the only reason elderly people should do other than age in place (i.e. enter institutional care) is that their health fails. All other causes – environmental, financial and family – could be counteracted in some way by other forms of private and public service support.

In this context, the chief health events which could determine the onset of longer term institutional care are disability, behavioural impairments, and those chronic health problems that affect the ability to perform everyday activities. Depending on a person’s genetics and history, such events could occur at any stage in old age and require a near-immediate care response. Until such time as they do occur, several portraits can be sketched which trace the elderly through their remaining life cycle (young-old, old-old and very-old) and show the level of services they would need to support activities of daily living and ageing in place.
Ageing in place is a gerontological concept which is defined as remaining in one’s own home independently and living in a familiar environment for as long as possible (Tsao Foundation: 2003). According to the Journal of Housing for the Elderly, ageing in place is understood as not having to move from one’s present residence in order to secure necessary support services in response to changing need. Scott (1999) revealed that the idea came about in the early 1980s in recognition of the strong preference among the elderly to remain in their own homes and continue their living arrangements as usual. The idea is an implicit one in social theory upon which long-term planning derivatives are based.

The young-old in good health essentially need little support to follow a normal life. They are able to undertake activities of daily living which are categorised by three groups of activities, namely sociability, domestic tasks and personal tasks. According to the Williams Ring model tasks (Table 3.2), sociability activities include visiting friends and other recreational activities; domestic tasks are related to independent living (preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone); and personal tasks concern feeding, dressing, hair care, moving unaided and remaining continent.

Young-olds normally have minor health concerns and, in Australia’s policy nomenclature, need only Level 3 support functions. The level of support functions has been discussed in the Health Model in Chapter 3 but it is sensible to rehearse them now in relation to this discussion. Level 3 support would involve those services that facilitate social and leisure activities (someone to accompany them to the movies or on the daily walk), and especially help in domestic cleaning, household repairs, and minor medical care.

The situation of the old-old only becomes of concern in terms of ageing in place when they are unable to perform instrumental activities of daily living like toileting and their own physical care (bathing, eating, cutting nails). When the actual types of assistance required relate to problems with incontinence, help
with a bed pan for the non-ambulant or assistance with physical disability, the levels of care must be upgraded to Level 2. The base of support is extended to include all those services in Level 3 with the inclusion of shopping, laundering, bathing, and personal care.

The very old normally require more comprehensive services, even if they are healthy and ageing happily in place. They are consistent with assistance at Level 1 where the range of support functions is broader. Help at this level is also aimed at activities of daily living, sociability, domestic and personal tasks. Given limited resources, ageing in place can be a debilitating experience especially among the elderly who are undergoing rapid functional decline. If they remain sound and well, staying at home would not be a problem.

**10.1.2 Filial Piety**

Joined by compliance, adab and preserving face, filial piety is a most significant proposition to facilitate ageing in place. It reaffirms the notion that each individual has a responsibility to look after his or her parents. By virtue of past support, an adult child is duty bound to provide care.

Virtually all religions advocate filial obligation. Islam stresses the duty of children to love, respect and support parents, especially in old age (Quran 31.014). Similarly, Buddhism emphasizes eternal love of the mother and filial obligation to help the parents while in Christianity, from Ephesians (6: 1-3) and the fifth commandment one is instructed to honour one’s father and mother (Lewis: 1946). The core of filial piety is to demonstrate respect and care for the elderly parent with affection, responsibility and gratitude (Sung: 1998). In the book of Analects of Confucius, the basis of filial piety is set out in the following terms:

“Filial piety is taken to mean providing nourishment for parents, but even dogs and horses are provided with nourishment. If it is not done with reverence for parents, what's the difference between men and animals?” (Quoted from Pang: 2000).
In most countries, ageing in place is not embodied in legislation. It is a concept which has not yet been well articulated into the policy framework. Several facets which suggest ageing in place have been demonstrated in the caring policies which were passed in Singapore and Taiwan. They require children to engage in elderly care; disobedience will provoke legal action. In Singapore, for example, an elderly parent could sue a son/daughter should they fail to take care of them (Woon: 1994). Being sued by parents would cause a massive loss of face. Cynics have dubbed the Bill through which parents can sue their children as the ‘sue your son law’. Despite all the commotion, the government cannot ultimately enforce the continued existence of filial piety.

The ways of practicing filial piety have gradually changed due to the adjustment to the social order in newly industrialised countries, the trends toward smaller families, the increase in women entering the work force and the geographical mobility of family members (Fischer: 1978). However, as shown in Chapter 8, tradition has survived modernisation. Certain cultural values have been adapted to suit present day living, or are still practised in subtle form.

There is one sense in which filial piety is still tenable today and does encourage care of the elderly. In fact, it is a form of safety net an elderly person can expect to use, especially in societies which are conservative enough to adhere it. It might have relevance to the young-old whose demands are light, but is increasingly unreliable in the more serious case of the very-old, the infirm and the demented who demand heavy care.

Simply, with the increase in two income families, the carer is no longer always available or might have moved upstate, interstate or overseas. Thus parents can no longer assume that a son/daughter will be able personally to assist them. The bulk of provision of care rests upon a chain of other providers who are ‘sub-contracted’ for the job (Lan: 2001).
What is a realistic appraisal of this quality and tradition of certain Asian societies? Will filial piety still exist in 2050? One scenario can be drawn from present-day western societies. There, filial responsibility in the welfare of the elderly is understood to be a moral obligation to be carried out explicitly and not in an imposed way (Daniels: 1988). In the west, children grow up and leave their parents, so they are not obligated to take direct care of them. It is acceptable for offspring not to be physically present in care giving if situations dictate but, at least, they would be expected to assist outsourced arrangements and to ensure that parents were not left solely reliant on the state or, worse, destitute.

In the west when other aids break down or funds are simply unavailable, the government, according to Lan (2001), is the ‘filial son’ who sends money to the elderly without any bargaining or complaint. Developed countries can thus afford to put an ultimate safety net in place. Whether Malaysia can adopt such a position by 2050 will depend on maintenance of strong economic development and the social persuasions of its inhabitants. It is, for the time being, fair to comment that there appears little popular or governmental enthusiasm for comprehensive ‘nanny state’ organisation (see the Eighth Malaysia Plan, 2000). The current policy settings are explained in more detail immediately below.

10.1.3 Malaysia, the Caring Society

An introduction to Malaysian policy and programs to support the elderly was provided in Chapter 5. There the focus was on housing provision within the National Policy on the Elderly: the account was amplified in Chapter 9 with initial mention of the ‘Caring Society’ program. The intent now is to spell out national initiatives in more detail as they relate to ageing in place.

As a starting point, the International Year of the Older Persons in Malaysia was declared in 1991. Various policies and programs designed to improve the quality of life of the elderly followed the United Nations Declaration of 1999 as
the year for the elderly. A policy of "Welfare, a Shared Responsibility" was devised to complement the nation’s Vision 2020, whereby the establishment of a ‘Caring Society’ was equally emphasized within the aspiration for a fully developed nation by 2020.

The concept of ageing in place has never fully spelled out in Malaysia. In developed countries, it has been given due endorsement through acts and bills which regulate and standardise services and support facilities. In Australia, for example, the Home and Community Care Act 1985 and the Community Aged Care Packages (CACPs) 1992 provided the necessary leverage for a comprehensive range of integrated home care and community–based services for persons who are at risk of premature or inappropriate institutionalization. It was funded by the Commonwealth under four Acts – the Delivered Meals Subsidy, Home Nursing Subsidy, State Grants (Home Care) and State Grants (Paramedical Services) in addition to other services and facilities (community respite care, transport, assessment and referral services) (Stimson: 2002, AIHW: 2002).

A range of initiatives to encourage ageing in place has been implemented in Malaysia. The scope and coverage were not nearly as comprehensive as in Australia, but it is an incremental effort that has been built since independence in 1956. Two government instrumentalities are directly responsible for preparing the foundation for ageing in place. The Ministry of Health and the Social Welfare Department of Welfare have initiated services in health and care for elderly people at home. Subsequently, services can generally be categorised under welfare and health, both delivered by the state, NGOs and charity organisation.

In regard to the welfare of the elderly, the Social Welfare Department provides financial and material assistance for poor older persons. In rural areas, assistance is given for building new homes or repairing existing ones, so that the elderly can continue to stay within the community (Malaysia, Department of Social Welfare: 2001). Such assistance is not available for the elderly in cities. Retrofitting one’s home will be an individual’s responsibility. A small monthly
stipend benefit is paid to selected recipients. A universal retirement pension is not available for persons 60 years and over, but those who have been employed would have a pension.

Health services are a priority to facilitate ageing in place. Various services have been organised in order to encourage the elderly to access care at the initial stage of illness, to undergo routine medical surveillance, and follow-up health checks. One of programs is the National Mental Health Policy. Early detection of mental disorders, group therapy, home visits, counselling, rehabilitation, screening, setting up of day-care centres at health clinics are among the services provided at nominal cost. Rehabilitative services such as physiotherapy and occupational therapy are offered to older people as a support to medical care in the city but are not available in rural areas.

Day-care centres are available for older persons who are not capable of performing some of the ADL. They are located in major cities. Plans are under way for the rural areas. The concept of day-care is to facilitate four or more people to receive care for more than three hours a day and at least three days a week (Ong: 2002)

The Welfare Council of Malaysia, an NGO, provides home-care services to older persons. In an outreach program provided by the council, the elderly receive home visits, hospital visits, occupational therapy, simple medical tests while counseling, and day centres exist for social interaction. Another NGO actively involved in home service for the elderly is the Golden age Foundation or Usiamas. It operates in Melaka providing home care and home visits, as well as social visits for single elderly people (Malaysia, Department of Social Welfare: 2001).

Health centres with community-based activities offer: home visits; health screening for high-risk groups; referral to geriatricians; counselling on exercise, nutrition, diabetics and social support needs; home mobility and rehabilitative
facilities; special care management, such as for incontinence; day-care nursing; and community education on issues associated with the health of older persons. The ‘Caring Society’ program which, in a way, advocates older persons to age in place is conceptually sound but its success can only be measured if parallel mechanisms are instituted to deal with other aspects of remaining at home. As discussed in Chapter 5, Malaysian elderly persons are not homogenous and can be financially disadvantaged. Instead of offering services which could end up unutilized, it is better to actually counter-seek their involvement in the planning process. A comprehensive program would preferably reflect some of components of ageing in place in developed countries.

10.2 ENCOURAGING THE ELDERLY

Malaysian elderly are indeed ageing at home, the majority living with a spouse, in a nuclear or an extended family. Living in special facilities for the aged has not generally caught on. Perhaps this was one of the reasons why cultural values represent a strong influence in the accommodation decision. Cultural values were not only strongly held by the elderly but also practised to a wide extent among the younger generations.

If living arrangements and accommodation expectations are based on cultural values then, surely, there is much reason to commend the elderly in adapting to life at home in their golden years. To address this point, a worthwhile step is to re-examine the results and supplementary information collected in the field surveys to find out what the people themselves think about ageing in place.

10.2.1 Survey Expectations

Based on the field studies, how robust can be the intention to stay put, adapt and age-in-place? Traditionally, ageing in place was of lesser significance in Malaysia since in 1950 life expectancy was 53 years for males and 56 years for females. By 2000 longevity had reached 71 years for males and 75 for females, likely higher around the average in urban than rural areas (Malaysia, Department of Statistics: 2000(b). It can reasonably be suggested that the
issue of where and how to age is being faced for the first time in national history.

The findings in Chapter 9 reveal that the elderly are characterised as (a) fragile groups which could be poised to make major accommodation changes and/or seek greater social support, and (b) stable groups who will stay in-situ and adapt to ageing in their own homes.

Both groups are found in rural and urban areas. In the former, fragile respondents representing 8.5 per cent of the rural sample are socially disadvantaged, with a poor environment and poor health the main determinants that could push them into institutions and further into public care and support. It was first mentioned in Chapter 7 (Figure 7.13) that the condition of the house, poor infrastructure in the neighbourhood, and loss of community are highly important to the elderly in rural areas. Malays and Bidayuh from the study group will most likely move to better facilities given that favourable incentives are given.

However, given the present government standing on the ‘caring society’, it is highly unlikely that publicly-sponsored re-housing would be on offer to them. An alternative would be for the elderly to move in with their children elsewhere, but this is subject to other conditions which are out of the scope of this project. The alternative is to encourage the elderly to stay put.

This alternative ties in with the 95.8 per cent of rural survey respondents who indicated no intention of changing accommodation. Chief reasons for their resolve include, first, satisfaction with the home they already have. About 91.5 percent of homes are in good condition and another 4.3 percent are in excellent condition. Second, members of the family are always available to support them in activities of daily living and provide them companionship. Loneliness therefore is not an issue among the rural elderly persons.
In Petaling Jaya, ageing in place is preferred by all Malay and Chinese respondents. Their grounds include, first, satisfaction with the existing housing environment. About 92 percent of urban Malays and Chinese in the study group are home owners whose homes are located close to leisure facilities, shopping centres and clinics and, thus, living is amenable. The other eight percent are living with a member of the family and the elderly are satisfied with these housing conditions. Due to the attachment to the property and surrounding environment, ageing in place is favoured. Second, members of the family are always available to help; therefore, the elderly are secure in getting support when it is needed.

As committed as these views might be, old age is about facing the unexpected and sometimes unwanted. The next step must therefore be to see whether the residents’ outlooks concerning their own capability and futures are significantly corroborated by other evidence collected in the survey, including reports from health and aged care workers, a welfare administrator, and district officers with a responsible stance to the situation.

**10.2.2 Supplementary Information**

While the elderly residents of Tebakang and Petaling Jaya might harbour hopes and plans, the other view of ageing in place comes from those who regularly observe their progress. Background interviews collected in the field can be drawn upon to calibrate the survey respondents’ ideas. Several examples suffice, oriented to the issues of health, housing sustainability, and housing infrastructure.

To protect the privacy of informants, all names used in this project are pseudonyms, and some details that could reveal their identities are slightly modified.
Sarah, a community nurse in Tebakang, Serian, keenly recognised the effect of health on the determination of an elderly person in Tebakang to age in place. During the author’s visit in 2001, she gave a detailed explanation:

**YMY:**  ‘How many cases of elderly people with poor health do you encounter in a month?’

**SJ:**  *Many, most with minor ailments. But there are a few who are really sick and vulnerable.*

**YMY:**  So, are the vulnerable elderly in hospital?

**SJ:**  *You must be joking. The truth of the matter is that they are at home nursing their health. It is that hard to urge them to go to the hospital.*

**YMY:**  They prefer to stay at home, rather than seek medical treatment?

**SJ:**  *They are comfortable at home, surrounded by family members, There are no regulations to abide by and [they] can eat whatever they like. We don’t force them to do something they are uncomfortable with, except in a few cases where the condition is life threatening.*

**YMY:**  Are you suggesting that the elderly prefer to age in their own home?

**SJ:**  *Exactly! The Bidayuh have such strong attachments to their home village, especially the elderly among them, they will stay in the village rather than move.*

This conversation describes the influence of health on ageing in place. Sarah has shown that a sense of place is circumscribed not only around the house but also towards the village as a whole. With such strong feelings for their existing home, there is little doubt that the elderly Bidayuh will attempt to age in the same place where they are now residing.

On housing, an officer in the Department of Social Welfare in Kuching, Sarawak, explained during the author’s visit in the same year that:

‘Every year, the various villages in the state of Sarawak will submit a report on the status of village infrastructure (road, water, electricity and telephone), condition of homes, community facility and poor people to the district office. An annual meeting among all district officers is held at the Economic Planning Unit in Kuching where a decision is arrived on the amount of financial allocation for various projects in the coming year. There are also inter-departmental meetings to consolidate budgetary requirements of the year. Sometimes, the fiscal situation of the state limits the amount of funds going into certain programs.'
Let us take, for example, rehabilitation of homes. On one hand, we rehabilitate homes of the very poor population which include younger families with children. On the other hand, when we rehabilitate homes of our senior citizens, our priority will go to the poor among them. As you would know, some of our population are living in longhouses, others in single, terraced or semi-detached homes. And, the further inland you travel, the more dilapidated houses you will see. One of our departmental objectives is to assist those people to upgrade their homes. Obviously, longhouses need more resources and finance compared with single houses. However, the longhouses will benefit more persons compared with single units. Therefore, we have to distribute our resources carefully to cover as many people as possible and try to minimise inequality.

It is obvious that, with limited resources, equity of access to home refurbishment becomes selective in nature. Therefore those who benefit from it can be considered the lucky ones since it will obviously assist ageing-in-place.

Mr Zane works for the Serian district office and among his duties is to ensure the continuous physical and human development of villages in the area. He reports that:

‘In the old days, there was no question of where you wanted to age. It was obvious that we stay at home till our dying days. But, now, the choice is in our hands. Elderly people of Tebakang should stay there if they want to. They have their land, their pepper, it will keep them occupied. Tebakang is not that far from Tebedu, the cross-border town to Kalimantan in Indonesia. It is also an hour’s drive to Kuching. Given the rate of development in this part of the region, Tebakang will receive some spill-over as a result of progress. It will be a matter of time before it happens. My main concern is migration of our educated youths to Kuching. Then, those left behind are either the very young or the very old with women as carers. If you look at the profile of the population in Tebakang Bidayuh and Cina, women form the larger proportion of the population. If this trend continues, we will have more women ageing in place. But, at present, the facilities in Tebakang are not women-friendly. Even as I am saying this, I feel it a daunting task to provide services for a female-dominated culture of ageing in place.’

Mr. Zane was surprised with his conclusion. It had never occurred to him more clearly than on that day in 2001 that Tebakang and a few other villages in the district are undergoing the same process whereby the elderly will age in place.
He quietly confided his concern:

‘Perhaps this is a slow path to the feminisation of villages like Tebakang.’

How insightful it was. The revelation that ageing in place could be gender-oriented is cause for concern, especially in rural areas where facilities are inadequate. Plans for ageing in place should not only internalize but, instead, facilitate the adaptation process for the elderly in Tebakang. Some measures will be needed to rectify the problems associated with houses and locale. Although the Department of Social Welfare has provided the funds for rehabilitation of old homes, especially those in rural areas, help is, limited to a few recipients (Department of Social Welfare: 2001).

Matters are somewhat different in the urban setting of Petaling Jaya. Two professionals who hold different opinions towards ageing in place further elaborated their observation and spelled out the impacts. First, we encounter a geriatrician from a hospital in Petaling Jaya and, second, a lecturer at the University of Malaya who specialised in gerontology and was a strong advocate of ageing in place (and who sadly passed away in 2002).

Dr Chin’s remarks about his male and female patients in his unit of care and touched on the realities of ageing in place in an urban environment:

‘My patients tell me they don’t know whether they will remain healthy or will need care in the future, and they are concerned whether they can still get along with their children. They want to have choices in the type of housing available to them due to these uncertainties. While they are here, everything is taken care of, at a cost. Some, however, will require further treatment when they are discharged. I notice some of them would like to stay in a hotel-like or serviced-type place but with a medical practitioner for peace of mind. There are a few places where they can take up long-term care, but in terms of choice, it is limited.’

In contrast, Dr Chang was not interested to talk with the author when the word ‘housing the elderly’ was mentioned. She relented when ‘ageing in place’ was brought up. Dr Chang strongly believes that growing old for a city dweller
connotes many responses in terms of housing. However, the best place to be, according to her, is in one’s own home:

‘There are various ways of facilitating ageing in place. We can have a two-way approach: where the care for ageing persons takes place, and who gives care to the aged. First, we should include as a curriculum item in our architecture school, a design component for architecture for the elderly. As we see it today, our architects are hardly specialized in the field of architectural gerontology, so most of the fittings in so-called elderly friendly homes are not up to standard. When there is standardization in features of elder-friendly accommodation, it makes it easier to retrofit one’s house. Second, given the decline in our three-generational cohabitation, elderly persons are sometimes forced to stay on their own the whole day while their sons and daughters are out at work. Day centers are one of the ways to encourage our elderly parents to maintain social contacts and be cared for, but sometimes, a hired helper is worth the money spent.’

At the time of discussion, day centers for the elderly were about to be introduced on a national scale. The regret is that Dr Chang did not live to see such centers around the country, nor could she examine their effectiveness. Her last noteworthy suggestion was to incorporate elements of the Malaysian culture into the way care is offered in a day centre.

From these statements and evidence, the view on ageing in place of relevant professionals concerned with the welfare of the elderly is somewhat mixed and, anyway, varies between the rural and urban setting. In the long run, culture and other variables of the housing environment, health, finance and family have a significant influence in predisposing ageing in place within the accommodation system. Notwithstanding centuries of tradition (accompanied by lower life expectancy), the question might still be posed ‘is ageing-in-place socially rational, particularly in rural areas?’

10.3 POLICY REALITIES

The attractive but problematic nature of ageing in place has been revealed in preceding passages and now the need is to take an overview of the situation which applies not just in Tebakang and Petaling Jaya but throughout Malaysia. This section shoulders that task by way of three subsections. The first
encompasses the issue by a more focussed review of Malaysian demographics than has been required to date. The second attempts to examine and attribute some tentative costs to the process of ageing-in-place, with reference to rural and urban situations. The third raises some possible responses within the analytical framework of the housing environment, physical planning and housing choice which has been used throughout this project.

10.3.1 Date with Demography

It is anticipated that an annual increase of about 65,000 persons per annum till 2020 will swell the elderly population in Malaysia. In terms of absolute numbers, there will be 2.3 million elderly persons by that year and the aged count is expected to grow by 277 percent from 2000 to 2030 (Kinsella and Velkoff: 2001) (Figure 10.1). Indeed, Malaysia will be one of the countries in its region most markedly affected by the phenomenon.

The factors underlying demographic change in Malaysia were introduced in Chapter 5. Among the, the reduction in fertility and increase in longevity have contributed to ageing. The most striking features of Malaysia’s transition into a greying society are the locational dimension of the rural and urban elderly, ageing among the ethnic groups, and feminisation.
By way of background, Table 10.1 presents historical and projected data on the distribution of the overall Malaysian population from 1985 to 2025. It shows that the country’s urbanisation ratio is estimated to increase from the present 60.6 to 70.6 per cent within 20 years, in demographic terms a huge and rapid shift in emphasis. The relevance of the transition is that more extensive care could be easier to provide in urban settings. Conversely (and perhaps perversely for the policy makers), the Malaysian elderly could concentrate in the harder-to-service rural areas. Some further exploration of this conundrum is now required.

Table 10.1: Overall Urban and Rural Populations, Malaysia, 1985 - 2025

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<tr>
<td>Urban population</td>
<td>7,190</td>
<td>8,898</td>
<td>10,796</td>
<td>12,767</td>
<td>14,744</td>
<td>16,689</td>
<td>18,524</td>
<td>20,395</td>
<td>22,282</td>
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<td>Rural population</td>
<td>8,487</td>
<td>8,994</td>
<td>9,344</td>
<td>9,532</td>
<td>9,585</td>
<td>9,550</td>
<td>9,446</td>
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<tr>
<td>Urbanization (%)</td>
<td>45.9</td>
<td>49.7</td>
<td>53.6</td>
<td>57.3</td>
<td>60.6</td>
<td>63.6</td>
<td>66.2</td>
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Source: http://www.unchs.org/habrdd/conditions/soeastasia/malaysia.htm

Rural Elderly

In 1990, there were approximately 9.0 million people overall in the rural areas (Table 10.1). By 2000, rural populations had increased to 9.5 million. From that year, as a result of rapid urbanisation, rural populations peaked. It has been projected that by 2025, they will decrease to 9.2 million. However, the number and share of the elderly within the rural total can be expected to increase.

The Malaysian elderly population has been traditionally rural (Table 10.1). In 1990, 6.5% of the population living in rural areas and villages were over 60 years and by 2000, their number increased to 666, 000 (7.5% of the total rural population) (Economic and Social Commission for Asia and the Pacific, ESCAP: 2001). There is therefore a decided difference in the total urban-rural elderly population distribution.
Urban Elderly

In 1991, 470,000 of the elderly population lived in urban areas (5.3% of the urban total). By 2000, their number increased to 785,000 (5.4% of the urban total population) (ESCAP: 2001). However, with current migration trend to cities, the proportion of the population living in urban areas has increased from 61.8 per cent in 2000 to 66.9 per cent in 2005 (UN-Habitat: 1999). The existing urban population is, of course, ageing in place.

10.3.2 Locus of Care

It could prove difficult to ensure secure ageing in place nationwide. As per the discussion in Chapter 9, when the elderly are dissatisfied with their housing environment coupled with poor health, the decision would be to instigate a change in accommodation. From the viewpoint of the older citizen, the most desirable and least disruptive way would be to move-in with children, but that option might not be available.

Beyond adjustments to living arrangements which might offer some relief, other possible ways of facilitating secure ageing in place are through the availability of domestic and health services and accommodation refurbishments. There are, however, cost implications. A casual domestic worker who came in to help an elderly person on a daily part time basis with cleaning, shopping and other basic tasks would likely ask RM20.00 for four hours.

To have a live-in carer to work six days a week on home chores and errands for elderly individuals whose capability corresponds to the Australian health model Levels 2 and 3, the wages bill would be around RM450 per month. The worker’s sustenance and expenses would add another RM150 to this account, along with the imputed costs of a bedroom and use of facilities. Personal services including nail cutting, bathing, dressing, toileting and so on would likely add another 50 per cent to the wages bill. Live in, in-home care would therefore cost from between RM600 – 850 per worker per month in round figures.
These costs are beyond the reach of many elderly Malaysians but not people of developed countries. Just as westerners are now seeking medical operations in Thailand and India because of their favourable rates, Malaysia has experienced inward migration from some thousands of people from Britain and Europe who take advantage of ageing in place at what they see as most reasonable rates (Malaysia, Immigration Department: 2005).

Retirement villages are in their infancy in Malaysia. The few operating have also attracted western residents on the basis of their apparent price competitiveness. An example of the financial arrangements is derived from a mid-market facility named the Sri Seronok Retirement Village in Kuala Lumpur. The self contained units were priced at RM82,000 (pers. comm. Kathy Revi, Sri Seronok Retirement Village, April 2005).

From Chapter 5, it must be appreciated that, despite the existence of these villages (resort style or otherwise), Malaysia does not regularly feature three-level institutional care as found in the west. It is therefore not possible to outline costs for hostel care which might suit the ambulatory and continent elderly, since such facilities do not yet exist. The choice in institutional arrangements is at best effectively an independent living unit (as in a retirement village) or a nursing home with no direct transition from the former to the latter.

Healthcare provision in the country is highly subsidised to a level of about 98 percent and this subsidy is enjoyed even by those who can afford to pay. Some account of out-of-pocket expenses as we proceed up the staircase of health care should now be forwarded. All the steps involve the elderly in visiting health facilities. The home care concept has not been fully explored, since aged care is still very much undertaken in clinics in what the computer industry would call a ‘back to base’ arrangement.
A visit to a health clinic for a basic service (see subsection 9.3.1) will thus cost a Malaysian -- able-bodied, elderly or otherwise -- approximately RM1.50. A more detailed consultation for diagnostic or remedial purposes with a private doctor will cost RM20-30 (Kamil: 2002). An elderly person in a rural area can therefore access basic health care at an affordable price. Most elderly people in a rural area would be within five kilometres of the nearest health centre.

Further up the health care stairway, but only in the urban areas, the cost for the first four hours of day care varies between RM40 in a six-bedded unit to RM150 in a single room. To access nursing care, an elderly person would expect to pay RM30 to RM35 per day at Tung Shin Hospital in Kuala Lumpur and RM60 at the Sunway Hospital in Petaling Jaya (Association of Private Hospitals Malaysia: 2005).

When private hospitalization is necessary, a senior expects to incur RM1,955 for each course of care (e.g. X-ray, other health checks, medication, nursing and some hospitalization) compared to RM81 in the public sector. According to Lim et al (1999), the real per diem cost of providing hospitalisation is estimated at RM270 per day on average. However, hospital charges are also based on the selection of hospital beds. Room charges in major private hospitals around the country show that a single deluxe room varies from RM190 to RM530 per day and RM60 - 90 in a four bedroom unit with meals included.

At a more significant level, Ooi (2005) states that nursing homes in Kuala Lumpur, which are mostly privately managed, charge RM1,500 per month per elderly resident for a stay in the common ward. For those who want a room equipped with a television and exclusive use of a bathroom, a much higher charge is applicable.

To illustrate the costs of health insurance, financially accessible by some Malaysians, a passage which sums the Employment Provident Fund’s marketing and policy material is quoted below:
‘The EPF allows a member to use up to 10% of contributions for medical purposes, functioning as a medical savings account. The scheme offered would appear attractive to those under 35 years old, for whom the annual premium of an assured sum of RM10,000 to cover 13 critical illnesses would only be RM30; but for those who are in the 65-70 year age group, the corresponding premium is RM1,883. The difference is greater for higher coverage: RM20,034 for 65-70 year olds to cover 36 critical illnesses for an assured sum of RM100,000, compared to RM347 for under 35 year olds’ (Chee: 2004).

Despite all these data culled from fieldwork and secondary sources, the keynotes for the viability of ageing-in-place lie in the differential of high level in-home care (RM850 per month) and the costs of institutionalisation in its various forms. While they apply irrespective of health care costs, it is incontestable that an elderly person can reach a point at which they require nursing level services and 24/7 medical availability which can be provided only in an institution.

Reference is again made to Figure 7.20 where a cross-over from non-institutional to institutional care is posited at some cost level, with either the private individual or the state picking up the bill. This notional figure can now be modified by the introduction of real cost data as in Figure 10.2 below. It shows that, in any instance in which public funds are involved, it can be in the state’s interest to provide subsidies for relatively high level in-home assistance without outlaying anything like the costs of a basic nursing home place. In this sense, the transition in Figure 7.20 might occur at quite an elevated cost level and could be prompted more by physical factors (infirmity etc.) than cost. It remains even more relevant, however, that nursing home places are rationed and proper entry assessments are carried out. They command a high price in the market and, if provided with public funds, have a strong impact on the state purse.
What Should Happen in the Future Accommodation of the Elderly in Malaysia?

Figure 10.2: Cost of Elderly Care per Month

Source: Author

Seen another way, in a year, the state could afford to provide high level, live-in care for RM850 per month and still have RM7,800 available for accommodation refurbishments for an elderly person, as opposed to the cost of admitting him or her to a nursing home common ward for the year [(RM1,500 – 850) x 12 = RM7,800]. This amount would provide the average house with all the necessary fixtures (bathroom rails and handles etc.), non-slip flooring, access ramps and other facilities. By the same comparison, a new wheelchair would cost about RM3,000.

10.3.3 Rational Planning Compromises

The physiological process of ageing might not be the most attractive in life but it can at least be ameliorated if sufficient funds are brought to bear. Often, as the experience in western countries shows, with adequate money, the burden of ageing is reduced and offset due to the independence that comes with economic security in old age. Of course there are other problems associated with income, for example, the source, the amount and access. However, countries like Malaysia will not be able to imitate the initiatives in welfare as organized in western welfare models for the elderly. Malaysia is in effect caught in a bind between the rate of increase in the size of the elderly population and that of its national wealth in terms of gains in gross domestic product and the
ascent up the ladder of economic development. It will be this contest which will determine its ability to pay for the cost of a greying society.

Approximately 247,000 households are living in poverty in Malaysia. The incidence of rural poverty was 12.4 per cent in 1999, while in urban areas it was 3.4 per cent (Economic Planning Unit, Malaysia: 2001). More than 22 percent of people over 60 years are living in poverty. Although such people do not represent a time bomb that could create a scramble for policy decisions, they are, however, the direct candidates who will fall into such of the state’s social security nets as might exist (i.e. can be afforded).

Similarly, in this project’s surveys, approximately 60 percent of the subject group in Tebakang and two percent in Petaling Jaya, identified themselves as low income earners. The rural village could be considered as one of low to middle income, whereas Petaling Jaya is middle to high income area. Tables 9.10 to 9.13 reveal that a RM500 per month income will not be enough to engage domiciliary care as per costing of Table 10.2. From the income evidence, it is possible to argue that at least 12 percent poor among the rural elderly and three percent poor of the urban elderly would require assistance in the form of income security. Reference to Table 5.3 shows that up to 19 percent of the Malaysian elderly who are in the old-old cohort could require at least domiciliary services by 2010. By way of comparison, Table 8.8 suggests that about six percent of the study group in the very-old age category in Tebakang and nine percent in Petaling Jaya would require in-home domestic service to assist in activities of daily living. It will be recalled that these services are at present mostly provided by members of the family.

Accordingly, theoretical concerns expressed in Chapter 7 about rationing of accommodation and care for the elderly in Malaysia is likely to be real.

In respect of the present inquiry on how the elderly can be encouraged to age in place before requiring institutional and/or public sector support, a set of rational planning compromises needs to be established which take account of the
CMHAM inputs (figure 7.8) and encapsulate as much as possible the three welfare principles outlined elsewhere in Chapter 7. It will be recalled that they are concerned with:

▪ Making individual choices in which gains and benefits are considered part of a conscious process in the accommodation decision.
▪ An obligation to the society in reducing welfare receipts, such that only truly needy recipients would directly benefit from the system.
▪ The decision on when to leave home care and assume institutional or public care is the prerogative of society.

Against this background, it appears that the policy of the Malaysian government to encourage ageing in place is fiscally sound. Even if its pursuit were to retard the transition of a small number of elderly people into institutional care, the social cost of such delay would likely be small compared with a premature entrance of larger numbers into institutional facilities. Therefore, investment by the government in ageing in place is likely to be rational and should be supported.

The keynotes of rational planning for ageing in place will be compromises around a series of policy areas: accommodation, extension services and domiciliary care (ref. Figure 7.7).

In many respects, as shown in this project, accommodation is the broadest base of ageing in place, assuming services can be delivered. When the accommodation environment is correct, everything else that facilitates a happy ageing experience at home can fall into place. An appropriate mix of initiatives in the accommodation environment in respect of the internal and external structure set out in Table 8.9 appears essential. The fundamental challenge, therefore, is to integrate the needs in accommodation of the elderly and physical planning to facilitate the ageing in place.

This project, however, provides some positive sentiment about the housing accommodation systems. In two representative settings which act as income
proxies for many others in Malaysia, the incidence of housing perceived as of ‘poor’ quality was very slight (Tables 9.3 - 9.6). Even in cases of poor housing, occupants expressed satisfaction and a host of cultural reasons was uncovered to suggest that people would put up with untoward conditions for the sake of remaining in their own surroundings. Policy toward accommodation might, therefore, be less demanding than expected.

The onus on the Malaysian government in supporting the elderly is likely first to fall in the area of welfare, care and services. Mainly, they will be required to be multiplied in number and carefully located. Healy (1998:109-114) emphasises the importance of geographical access to central points from which services can be efficiently offered. So much applies especially in rural areas.

In Tebakang, for instance, there is no need for further shops or religious facilities but road access needs to be significantly improved among the villages to allow safe pedestrian usage along with motor vehicles via segregated carriageways. The community clinic focuses principally on the needs of children and women. It operates solely under public auspices and is open only six days a week, prompting logistical problems and long journeys to other facilities should a person fall ill on the seventh.

Clinic services are distinctly basic in light of any aim to facilitate long term ageing in place. On the health front, what is needed is more regular visitation by a qualified medical practitioner, instead of the present one day a week when both home visits and clinic hours are conducted. A basic surgery fit out would benefit not only the elderly but the entire community. The doctor might undertake home visits more regularly to supplement the existing activities of the community nurse. Upgrading in Tebakang would need to be accompanied by improvements, too, at larger district level centres such as at Serian.

Healy (1998:116-118) has more to say about the importance of community centres. Although Tebakang has three, they are not well organised for the needs of the elderly, who might find increasing time on their hands. What is
needed is a aged-care community worker to facilitate physical and mental activities including regular exercises, handicrafts, musical events (e.g. with the local sape instrument), cooking and meals etc.

Community programmes are an integral element in the care of the elderly. Chen et al. (1998), following the results of the WHO study, recommended that day care centres, home care services and respite care be developed through health centres, local councils, district hospitals and voluntary organisations in order to assist families with elderly members (Ariokasamy: 2002). According to Ariokasamy (2002), the community in turn could provide pondoks, companionship, meals on wheels, counselling and support in crisis.

To strengthen care for elderly persons, another community-based service of relevance is the provision of home nursing which provides health service for the non-ambulant and aged sick (Mafauzy: 2000). It is now a well established programme in Singapore which aims to retain care of the elderly in the community for as long as possible. Home nursing ensures the continuity of health care for the elderly who have been discharged from hospitals. An important function of this service would also be to train the community, including family members, neighbours and friends, to take care of their elderly at home (Ariokasamy: 2002).

Tebakang has other advantages with regard to in-home domiciliary care. For those able to pay, there is actually a plentiful female labour supply occasioned by male employment outside the villages and in the state capital, Kuching (Table 9.1). These women would require some training to carry out functions appropriately which could assist ageing in place. Health aspects could easily be provided by the local clinic while the community centres could operate as teaching venues. Training could be government sponsored but is also an ideal activity for national charities and NGOs.

Problems will inevitably arise in fee for service payments. In the rural areas, the elderly do not benefit from pensions since they have not been working in structured employment. Malaysia’s employment provident fund (EPF) has not
included self-employed agricultural workers in its scheme. Thus, those elderly people engaged in agriculture have never been included in the fund. It seems inevitable that public assistance will be required and, though it might be costly, it has been shown to be more efficient from a social welfare viewpoint than the alternative of premature or permanent institutionalisation.

Sufficient has been written about Tebakang, as a representative example of a more difficult geographical situation, to show the types of infrastructure and planning which will be required if the Malaysian government is to pursue the first-best alternative of ageing in place. The inquiry would be less than complete were some rejoinder not offered about institutional facilities. This is the aim of the next section.

10.4 AGEING “BEYOND’ PLACE

While an argument can be made for the provision of other forms of accommodation and care for the elderly, the institution could be a less expensive model of service than ageing in place for those requiring level 1 care. Historically, institutions were developed in response to the failure of communities to meet the needs of the elderly. While this situation can be true to some extent, urbanisation and modernity have contributed to a fair share in diversity of choice.

The absence of suitable programs could most likely accelerate the need for higher level such accommodation and care options. In the current Malaysian context, the key shortcoming is the lack of transitional arrangements between ageing in place and the full institutional offering of heavy-duty nursing care (normally associated with the frail, physically incapacitated, the demented or the very old) (ref Figure 3.12).

In respect of the gap posed at the levels of assisted independent living and hostels, as understood in western settings, some further comment is appropriate.
Take, first, the case of retirement villages offering any level of care but with the critical inclusion of on-site nursing capability or medical access (i.e. independent living, hostel or nursing home) (ref Table 3.4). In Malaysia, there are no public facilities of this type at the first two levels of care mentioned: the state-sponsored old folks homes offer accommodation and meals for the poor elderly but do not have on-site ancillary health professionals normally found in retirement villages.

That leaves private sector retirement villages. As most extensively developed in the west, this model offers tri-level care, with occupants able to move seamlessly from independent to assisted living within the institution. The industry is so underdeveloped in Malaysia at present that there is no national association of operators, no register, and no provision for government accreditation and regulation. In these circumstances, it is hard to speak of the villages’ structure, conduct and performance.

Expanding on their traditional role as providers of primary and curative care, many private hospitals have included in their services retirement homes which combine care and health components at high levels (Ong: 2002). Recipients are mainly those who can afford the comprehensive payments involved.

Stemming from the deficiencies of level 1 services of care, homes for the chronically ill with a capacity of 150 beds are available in the states of Selangor and Trengganu. Such a development is in itself a facet of institutional care for long-term medical and residential services. The development of the full step-up range of services including home helpers, day care services, visiting and meals services and home nursing is its infancy (Phillips: 2000). The difficult challenges in caring for such patients are tackled through medical treatment, counselling, physiotherapy apart from primary care which is provided on site. Clearly however, the transition into institutional care can be made less sharp by the provision of public and private assisted independent living unit and hostels to create three-level, long term care system. The ideal tri-level arrangement
demands a large facility which will, however, offer certain scale of economies, competent management and trained professionals in care of the elderly. Beyond any shortcomings in private and public means to encourage aging in place in Malaysia, this ‘missing market’ in the private sector is the biggest single hurdle to comprehensive planning for the elderly. Development along these lines should be a focus of government’s planning and policy.

10.5 PROJECT WAYPOINT

The chapter has engaged with the concept of ageing in place, even though it has never been fully spelled out in Malaysia. The culture of filial piety has been a key proposition. The values attached to it reaffirm the responsibility to look after the elderly parent. They clearly reflect the spirit of the official ‘caring society’ program which is aimed at ensuring that adults in society are morally obligated. For a developing country, such a policy is sensible given restrictions on funding.

In order to gain insights into ageing in place, the study groups’ responses were recalled as per the brief of the third research inquiry. In Tebakang, ageing in place is preferred by all rural Malays and Bidayuh, and the same was espoused by the urban Malays and Chinese in Petaling Jaya. The encouragement to age in place was not a result of national propaganda, but of inherent cultural values. Family has always featured as a strong support factor. Thus, it also emerges that despite modernisation, cultural values remain deep. A strong attachment to place, especially as aided by a good housing environment, was part of the mix that allowed ageing to be seen as a natural process that should take place in familiar surroundings.

Ageing in situ is more than just an elderly dream. The government has slowly and with restraint infused infrastructural support but much more could be done on what is demonstrably a cost-effective basis compared with other alternatives in managing the Malaysian elderly.
So, to the third research enquiry which asked, ‘how can the elderly be encouraged to age in place for as long as possible before requiring institutional and/or public sector support?’, a straightforward answer can now be offered. It is as follows: given demographic realities, ageing-in-place is an economically viable concept in Malaysia and, from survey results, is likely to be supported for cultural and other reasons by a great majority of the populace. From the viewpoint of social welfare, it should be encouraged, and can be via provision of selected public extension services, supported by charity and NGO involvement, and the fostering of facilities, arguably centred in the private sector, in the transition to institutional care.

With the three research inquiries undertaken, the next task is to sum up the results of the project to provide a comprehensive answer to the overall research question as outlined in the first chapter.
CHAPTER 11:
ACCOMMODATING THE MALAYSIAN ELDERLY:
A VIEW TO THE FUTURE

In the 20 years from 2000 to 2020, the number of people aged 60 and above in Malaysia will have climbed from 1.42 million to 3.21 million, a gain of 1.79 million or 126 per cent. This change constitutes a profound turn in the demographic transition of a rapidly developing country. While fecundity has declined, death rates have fallen and longevity has increased. Given inevitable national budget constraints, the result is a policy and planning issue of major proportions.

In light of these forecast changes, this project was positioned in the fields of gerontology, and town and social planning with a backdrop in microeconomics. There, it posed a research question which is timely, relevant and applied: 'what should happen to the future accommodation of the elderly in Malaysia?' Its uniqueness and originality can be gauged in that there were only three academics in the country who specialise in gerontological issues in 1995, and perhaps a little bit more now.

With the research agenda now complete, the tasks of this Chapter are to outline the study process and key findings, draw out the implications, suggest directions for later investigation and, then, answer the research question via the thesis emanating from the project. Three sections are assembled to fulfil these aims. The first reviews the conceptual and assessment stages involving the elements of proportions, conditions and repositioning set out in Figure 1.1. The second suggests follow-on examinations which are assuming increasing urgency lest the Malaysian government be caught off-guard by a surge in
elderly demographics and needs. The third section proposes a direct response to the research question so that the contribution of this project is clearly established.

11.1 PROJECT REVIEW

This project has worked in a milieu of demographic development in which age frontiers in Malaysia are being pushed further than ever before. To this environment, it has added cultural variables, existing policy, budgets and infrastructure. In order to make sense of this dynamic context, early recourse was had to a means of project organisation which proposed a design schema consisting of stages, arranged at deeper levels into elements and parts of research.

The first stage was devoted to the background of the study and the identification of key issues concerning the elderly in Malaysia. The research question stated above was duly derived and, from it, commonly accepted definitions of ageing were recounted. General concepts, trends and problems of the elderly in developed and developing countries were each given detailed treatment.

The background research identified the major housing and care arrangements for the elderly in Malaysia, ranging from extended family households to institutional housing, religious abodes and old folks homes. Existing infrastructure available for the elderly including home help services, homes for the chronically ill, nursing homes and public hospitals were also identified.

The conceptual framework presented in the project’s first stage led to the second, the assessment, which encompasses the bulk of the work. Key insights on social welfare in neighbouring countries region provided the backdrop that contextualised policy and program responses in the well-being of the Malaysian elderly. In developed economies such as Singapore and Japan, the policies on the ageing society are based on the principles of comprehensive national legislation, social integration, collective responsibility and sustainable policies.
However, in a typical developing country such as Indonesia and Thailand, policies for the elderly are based on national directives, regional initiatives and social welfare measures. Malaysian legislation is enshrined in the National Policy for the Older Citizen (NPOC) of 1995 and is aimed at creating an older society that is healthy and treated with dignity.

It soon became evident that the research question would require a theoretical schema if it were to be resolved. Thus, in the lead up to the proposal of the Culturally Modified Housing-Accommodation Model (CMHAM), the cultural values of the Malaysian elderly were identified. This culturally appropriate model is based partially on existing models for well-being including the Income Model, the Social Welfare Model, the Health Model, the Williams Ring Services Model and the Housing Model.

Once the model was brought to bear on the research question, it was possible to disaggregate the latter by way of three inquiries, each necessary and collectively sufficient to produce a complete answer. These inquiries proposed comprehensive field research and investigations of secondary sources in Malaysia and Australia which addressed the accommodation and welfare of the aged. The inquiries were successfully pursued in three results chapters of the project.

An account of the findings, their implications and future directions in research in this field is now appropriately based on two case study areas in Tebakang, Sarawak and Petaling Jaya in Selangor. The analysis, which draws upon both quantitative and qualitative techniques, comprises convergent interviews with relevant professionals involved in the elderly welfare and care, interviews of older persons in their own surroundings, and a reconnaissance of the area, its institutions and planning officials to identify the conditions governing the life and prospects of senior citizens.
11.2 RESEARCH OUTCOMES, IMPLICATIONS AND DIRECTIONS

11.2.1 Research Outcomes

Background work in the conceptual stage to this project (Figure 1.1) uncovered some important findings which have significance to the eventual solution to the research question. They concerned the strong growth rates of the elderly population in Malaysia, the emerging policy and service response of the national government and its devolution through the states, the postures of other developing and developed countries to difficult issues of ageing, differing approaches to welfare, the richness of ingrained cultural values in Malaysia and their acceptance among the population, and locational divergences in attitudes and infrastructure for the elderly and the general conduct of their lives.

The research inquiries themselves produced deeper insights into the context of ageing in Malaysia. The first asked, ‘what are the cultural characteristics of aged persons which facilitate planning of their future accommodation?’ It was found that a number of characteristics were dominant, principally the drive for compliance, the need to preserve face, and the desire for harmony. These values especially when they were strongly held were found to govern many of the responses of the elderly to issues surrounding their accommodation.

In so far as care can affect accommodation issues, the second inquiry was directed to finding out when care which is normally located within the private realm becomes a public responsibility. The reply was framed in the identification of study groups deemed likely to effect an adjustment in housing for reasons of environment, health, finances, or family. Overall, however, the volition to move was noticeably low.

On this basis, the third inquiry investigated means by which the elderly could be encouraged to age in place for as long as possible before requiring institutional and/or public sector support. Via field and secondary research, ageing in place was found for cultural reasons to be a viable and popular concept in Malaysia. It could be assisted via the provision of selected public extension services and
attention to the home/institution interface by way of development of managed independent living units and hostels for the elderly.

11.2.2 Implications of the Project

This project has implications which are of both a theoretical and an empirical character. They are treated in turn.

Theoretical Implications

The main limitation of the CMHAM is that cultural values are malleable, naturally adapted and modified, which could lead to the erosion of strongly held values in any of the ethnic groups. In order to maintain its continued resilience, various steps have to be taken:

- monitoring of cultural values on a regular basis can be done at a regional scale by tagging questions in a population census. Since population censuses are conducted on regular basis, such an opportunity could thereby introduce longitudinal analysis of cultural values
- development of more sensitive scaling of cultural variables than was used in this project could ensure that each one used makes a clear contribution to the research outcome.

This second point addresses a potential weakness of the model in that, if the general response to a cultural variable is ‘moderate’, ‘medium’ or ‘average’, very little guidance is afforded in issues to do with the accommodation of the elderly. It could be, however, that as a society homogenizes via integration and assimilation, formerly held cultural values dissipate in an acculturation of national unity, outlook and purpose. In this setting, a model such as the one used here would be of less applicability.
Empirical Implications

It was stated in Chapter 1 that a complete answer to the research question would involve recommendations to policy makers and the community. Now is the appropriate time to outline them.

In respect of policy recommendations, the Malaysian government is potentially the most significant new player in the provision of services for the elderly. Initially, it will need to select a framework for such intervention as it wishes to undertake phased in over either the short or long term. Based on the theoretical research in this project, it is suggested that continuity theory (subsection 2.4.3) provides the best platform for planning action. Compared with its counterparts represented in the disengagement and activity theories, it has the advantage of facilitating the desired orientation to ageing in place with its underpinnings of filial piety as a modus operandi in handling increasing numbers of aged persons.

With a theoretical structure to hand, the key accommodation issues for policy makers concern appropriate retirement ages, the facilitation of extension services and new infrastructure and the home/institution transition.

- Experience from western countries like Australia shows that one way of dealing with an apparent excess of ageing is carefully to monitor retirement ages and, effectively, the entry into ‘elderly’ status. Foregoing shorter longevity has perhaps truncated the length of work lives and accelerated retirement perceptions among Malaysians. A mandatory retirement age in the public service is currently 56 years, whereas the Australian Treasurer was recently speculating that Australians might consider working well beyond 65.

- The facilitation of extension services using existing facilities can pose only operating costs. Thus, this process can be relatively cheap and reversible if numbers of aged persons vary in localities over time. Much more expensive is the use of dedicated infrastructure involving fixed assets.
Public authorities, in providing such infrastructure, should aim to ensure that it can regularly be used by groups other than the elderly in the event that aged populations shift or demand lessens.

- Whether there is greater public sector involvement or not, it will remain incumbent on government to regulate standards in aged care facilities and services.
- Planners should pay greater attention to the home / institution transition which will become of increasing importance as Malaysia acquires more old-old persons. From 2005-2010, their numbers are expected to rise from 267,000 to 388,000 (Table 5.3).

For the Malaysian community, the main points in the future accommodation of the elderly revolve around the individual, the family and community.

- Individuals will likely lead the sequence of responses to ageing, since they are the ones directly affected. Here one is putting weight in the first instance on a demand-driven scenario within resource constraints. There is little point in instituting supply-driven solutions which are inappropriate to needs.
- Families will continue to facilitate productive ageing. The state should continue to support filial piety in that the family remains the basic unit of society. For this reason, compassionate leave and other state measures which put family first should continue. Families, however, should adapt a new conception of filial piety which admits ‘contracting’ of services (to use an emerging American gerontological expression). The ‘quantity’ of piety might not change, but its expression might have to under economic development and nuclearisation of families.
- The Malaysian community needs to accept the reality of greater numbers of elderly people in existence, with or without gainful employment. There will need to be compromise to share facilities, given the present emphasis of planning upon younger populations. A higher level of community participation is indicated in aspects like the security of neighbourhoods,
involvement in and incorporation of the elderly, voluntary organizations and charities, and so on.

11.2.3 Research Directions

Any major research program suggests its own extension in a number of possible ways. They are characteristically through time and space via generalization, and through deepening via the inception of spin-offs or new initiatives which are discovered and found relevant in the investigatory procedure.

This project, in fact, requires a form of generalization through time in that it should be replicated using larger sample sizes. This remark suggests not marginally but much larger samples to fill and flush out all the possible response categories to key issues addressed in the inquiries. It has emerged that numbers of interviewees in the tens are insufficient: hundreds would be better; thousands not out of the question. Such expansion of scale would, of course, require resources quite beyond the scope of the present study.

Spatial generalization would occur first within Malaysia and employ different ethnic and racial groups to those studied here. Inclusion of Indians and those termed ‘others’ by the Malaysian Department of Statistics would be early candidates for study. More indigenous ethnic groups exist in Sarawak and Sabah. These extended studies might not invoke the rural/urban distinction to the level demonstrated in the current project, but that point rests with the design and groups studied, and are not a major concern.

Once the situation in Malaysia was well understood, a logical next step would be to apply the CMHAM in other countries with mixed ethnicities which are also facing simultaneous problems of ageing and economic development. An obvious choice would be Singapore which, despite its recent geopolitical elevation, is disinclined to move from private support structures in ageing. A
second clear application would occur in other Asian metropolises in which the ethnic mix is far more pronounced than in rural areas.

11.3 ANSWERING THE RESEARCH QUESTION

So, in the final analysis, ‘what should happen to the future accommodation of the elderly in Malaysia?’ There are two ways to approach the issue: via the establishment of a context and in terms of a succinct thesis.

The Context

From the outset, the answer to this question must be framed within the housing accommodation system and the private and public response parameters of the CMHAM as outlined in Figure 7.2. In the case of the system, the elements include location, social welfare, care and service: together they should provide appropriate living arrangements, housing form and affordability. The private and public responses revolve around the housing environment, physical planning and housing choices.

Within the housing accommodation system, location is critical in terms of the distribution of services for the aged, rural areas necessarily faring worse at present. However, it has been shown that this situation can be addressed by provision of a number of well directed extension services. Comments have been made above about the exigencies of infrastructure.

Social welfare should be addressed in the first instance by the development and promulgation of principles of allocation. They currently appear to be not well known in Malaysia, partly perhaps because of the traditional blanket of filial piety and the reserve of government. It was pointed out in this project that one ideal is to maximise individual choice consistent with personal means and the capacity of society to deliver that choice through geriatric in-home and institutional services to the highest level of quality attainable in a developing country. The orientation presupposes a macroeconomic perspective on social demographics in which fiscal matters like pension schemes, entitlements and
contributions, safety nets and standards of care need constant monitoring and adjustment.

For its part, aged care, located principally in the family, must be assumed to have been of variable quality in the past. The challenge in future must be to improve its overall quality, cognisant of emerging difficulties in the family and constraints in public funding. Even so, business opportunities can exist in aged care, many so far undeveloped in Malaysia. The incipient interest of expatriates in retirement in the country underscores what could even be export possibilities if facilities are brought up to scale.

Much has already been written about service aspects of Malaysian ageing. The points which need re-iterating are the need for priorities, flexibility, leverage and cost-effectiveness.

The private and public responses proceed in the context of the housing environment, physical planning and housing choice.

Findings in this project support responses and policies which encourage ageing in place, integration of generations and spatial fluidity in terms of barrier-free forms. The physical design of any new home to institutional arrangements should consider these points to avoid the creation of gated and walled, elderly ‘ghettos’ as per the tendency in some developed countries.

Physical planning should incorporate free and expanded interaction within the community, so as not to lose at the large scale the micro-sale ethos of the extended family which has served Asian societies well for aeons. Even in the example of the reasonably advanced and established urban environment studied here, there was much at a basic level which could be improved for the welfare of the elderly. On the other hand, the emigration of children from suburbs has potential to create elderly concentrations of undesirable proportions. Some attention should be given to encouraging regeneration and re-mixing of such areas with the assistance of market forces.
Housing choice for the Malaysian elderly is limited. There is little special-purpose accommodation, as reflected in the cited comments of one of the country’s leading (but late) gerontologists who called for greater emphasis on the needs of the aged in tertiary architecture courses. Development and greater popular understanding of functional standards are an ongoing requirement, as could be the emergence of best practice examples and display units for the elderly.

**The Thesis**

Based on all the reasoning and evidence brought to this project, the answer to the research question of what should happen in the future accommodation of the elderly in Malaysia can now be stated as follows:

- Ageing should be a consciously planned process from both the private and public points of view, not something haphazard and incremental
- The process should retain people’s core beliefs and traditional cultural values, but with sufficient flexibility to incorporate changes along the way
- To the extent that resources permit, the process should feature ownership and guidance by the elderly individual and local community
- Research findings about preferred housing environments and accommodation types are becoming better known and should be incorporated into planning processes
- Ageing in place can be validated as a desired and general modus operandi but will need augmentation by developments on the home to institution interface.
BIBLIOGRAPHY


Bibliography
What Should Happen in the Future Accommodation of the Elderly in Malaysia


What Should Happen in the Future Accommodation of the Elderly in Malaysia


What Should Happen in the Future Accommodation of the Elderly in Malaysia


Malaysia, Department of Statistics (DOSM) (1999). *Yearbook of Statistics Sarawak,* Department of Statistics, Malaysia (Sarawak Branch), Kuching.


What Should Happen in the Future Accommodation of the Elderly in Malaysia


What Should Happen in the Future Accommodation of the Elderly in Malaysia


Bibliography


What Should Happen in the Future Accommodation of the Elderly in Malaysia


## APPENDIX 1

### Legislation Affecting Older People in Australia: Commonwealth of Australia

<table>
<thead>
<tr>
<th>Year</th>
<th>Service/Legislation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1953</td>
<td>The National Health Act</td>
<td>This Act provides, in part, for the approval, determination of bed numbers and standards for nursing homes. Provision is made for benefits in respect of nursing home care. The Act also provides for pharmaceutical benefits.</td>
</tr>
<tr>
<td>1954</td>
<td>Aged or Disable Persons Homes Act</td>
<td>The purpose of this Act is to provide the groundwork to enable the Commonwealth to provide capital subsidy grants to religious and other charitable no-profit organizations and local governments, for the construction of purchase of accommodation of purchase of personal care for the aged and disabled.</td>
</tr>
<tr>
<td>1956</td>
<td>Home Nursing Subsidy Act</td>
<td>The Act provides provisions for grant of subsidies to non-government, non-profit home nursing organizations.</td>
</tr>
<tr>
<td>1967</td>
<td>State Grants (Paramedical Services) Act</td>
<td>This Act allows the Commonwealth to grant financial assistance to the states in relation to the provision of paramedical services for aged persons.</td>
</tr>
<tr>
<td>1969</td>
<td>State Grants (Home Care) Act</td>
<td>This Act allows the Commonwealth to grant financial assistance to the state in relation to the provision of certain home care and other welfare services by the state, local government bodies and community welfare organizations.</td>
</tr>
<tr>
<td>1970</td>
<td>Delivered Meals Subsidy Act</td>
<td>The purpose of this Act is to provide a subsidy towards the provision of delivered meals for aged and invalid persons.</td>
</tr>
<tr>
<td>1974</td>
<td>Nursing home Assistance Act</td>
<td>The Act allows for the Commonwealth to enter into an agreement with charitable and other non-profit organizations conducting nursing homes, by which the government will meet the financial deficits incurred by these organizations in operating the homes.</td>
</tr>
<tr>
<td>1985</td>
<td>Home and Community Care Act</td>
<td>The purpose of this act is to provide by way of financial agreement between the commonwealth and states, a comprehensive range of integrated home care and community-based services for persons who are at risk of premature or inappropriate institutionalization. The states, local government and community organizations would be assisted to provide a range of sub-programs covering services and capital facilities currently funded by the</td>
</tr>
<tr>
<td>Year</td>
<td>Act</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1991</td>
<td>Social Security Act</td>
<td>Commonwealth under the four Acts – Delivered Meals Subsidy, Home nursing Subsidy, State Grants (Home Care) and State Grants (Paramedical Services) in addition to other services and facilities (ie community respite care, transport, assessment and referral services). The Act sets out the eligibility criteria and rate for the age pension. It establishes guidelines for payment of pensions overseas as well as other benefits available under the Act. These include: supplementary assistance, fringe benefits such as health care cards, and medical entitlements; guardianship allowances; additional pensions for children and funeral benefits.</td>
</tr>
</tbody>
</table>
APPENDIX 2

Penang circa 1780: ‘Light insisted, further, that land should be easy for immigrants to acquire’. Such an open door policy, he hoped, would persuade people to come and trade despite the risk of reprisals either from the Dutch or Siamese. As a result, settlers arrived so fast that Light did not have the staff to do proper land surveying. The Company lured a polyglot mix of Chinese and Indians from Kedah and other Malay and Siamese ports like Junk Ceylon (now Phuket). Muslim Bugis from Sulawesi, Chulias (a class of Muslim merchants) from India, Arabs, African Negroes, Armenians, Persians, Siamese, Burmese and Sumatrans flocked to the island. Long-time Chinese residents from Malacca also migrated to escape the Dutch monopoly. Sir George Leith, Lieutenant-Governor at the beginning of the nineteenth century, remarked, 'There is not, probably, any part of the world where, in so small a space, so many different people are assembled together, or so great a variety of languages spoke' (Hoyt, Sarnia Hayes (1991: 20), Old Penang, Oxford University Press, Singapore).
DEPARTMENT OF GEOGRAPHICAL SCIENCES AND PLANNING

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Dear Sir/Madam

Ms. Yusnani Mohd Yusof – Student No. 199725964

I am writing to inform you that Yusnani Mohd Yusof is enrolled as a PhD candidate with the Department of Geographical Sciences and Planning, at the University of Queensland.

She is currently doing research into her topic “Planned Communities for Retirees in a Newly Industrialised Country: The Australian Model as a Stimulant for Planned Communities in Malaysia”. The aim of her study is to analyse the potential for planned communities for retirees in a newly industrialised country and to appraise the consistency between the extended family system and independent senior living in Malaysia.

The data and information relevant to the study should be obtained from various agencies, institutions and individuals directly related with the study. This being the case, I am requesting your cooperation in supporting Ms Yusnani’s research by supplying her with relevant information and data she would be seeking from your organisation. It would also be extremely useful if she can use the facility available in the main Library at your organisation.

With Best Regards,

[Signature]

Geoff McDonald
Professor and Head of Department
To Whom It May Concern

MS YUSNANI MOHD YUSOF – POST GRADUATE STUDENT
NO. 199725964 UNIVERSITY OF QUEENSLAND

With regards to the above, this is to confirm that Ms. Yusnani Mohd Yusof is now pursuing her PHD with the Department of Geographical Sciences and Planning at the University of Queensland.

2. Her research topic “Planned Communities For Retirees in a Newly Industrialised Country: The Australian Model as a Stimulant for Planned Communities in Malaysia” aims to analyse the potential for planned communities for retirees in newly industrialised country and to appraise the consistency between the extended family system and independent senior living in Malaysia.

3. The Department of Social Welfare fully supports the research focus as the findings would be of benefit to government in planning new initiatives to enhance the well being of older persons in the country. Malaysia is fortunate that the National Policy For The Elderly was approved in 1995 which aims to develop a society of older persons who are contented, with dignity and possess a high sense of self-worth by optimising their self-potential and ensuring that they enjoy every opportunity as well as care and protection as members of their family, society and nation.

4. Thus, any assistance rendered to Ms. Yusnani in her research efforts would be appreciated.

Thank you.

( MEME ZAINAL RASHID )
for Director General Of Department Social Welfare
Malaysia
APPENDIX 5

Yusnani Mohd. Yusof
C/o Majlis Adat Istiadat
Tingkat 4, Bangunan Satok
Kuching

Puan,

PERMOHONAN MENGALANKAN PENYELIDIKAN DI SARAWAK

Adalah saya dengan hormat saya merujuk kepada perkara di atas, dan sukacita memaklumkan bahawa kelulusan adalah diberi kepada puan untuk menjalankan penyelidikan berhubung dengan tuju "Planned Communities For Retirees In A Newly Industrialised Country: The Australian Model As A Stimulant For Planned Communities In Malaysia" bermula dari 20 April 2001 hingga 5 Mei 2001.

2. Untuk makluman puan kelulusan ini adalah tertakluk kepada syarat-syarat berikut:

   (i) Kajian ini diwakili melibatkan apa-apa bantuan kewangan dari pihak Kerajaan Negeri Sarawak;

   (ii) Setelah kajian disiapkan, satu salinan laporan akhir penyelidikan haruslah dikemukakan secara percuma kepada Unit ini dan agensi yang berkaitan dengan kajian (Jabatan Kebajikan Masyarakat dan Majlis Adat Istiadat), Sarawak;

   (iii) Kelulusan ini boleh ditarik balik sekiranya puan menyimpang dari tujuan asal dan tarikh kajian seperti yang dikemukakan dalam permohonan ini.

Sekian, terima kasih.

"BERSATU BERUSAHA BERBAKTI"

(MASBAH HJ. ARIFFIN)
Unit Perancang Negeri
b.p Sediausaha Kerajaan Negeri
SARAWAK

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2/6/01
Ketua Majlis, Majlis Adat Istiadat
(Surat tuan ruj: 12/MAL/AD/036 bertarikh 19/4/2001 adalah dirujuk)