

Health Conditions of Older Persons in Rural Malaysia

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Abstract: Health condition is an important element for the maintenance of human visions, hearing and mobility. The objective of the present paper is to examine the health conditions older people in terms of type of illness, frequency of going to see physician to seek medication, self-health assessments, comparison of health with health status in the past and the comparison of health status of older persons with peers. A total of 214 older populations, from a population aged 60 years and above living in rural areas in the district of Limbongan, Kelantan, Malaysia were selected as respondents. Results of the study show that not many respondents are suffering from chronic illness that requires ongoing medical treatment. There are quite large proportions of older respondents who never come to see physician to get treatment. Only a small number of the respondents are less satisfied with their health condition. The majority of respondents perceived their health at the time of the study more or less similar to the previous health status and compare their health condition with their peers, almost half felt their health status is not much different with their peers. The nature of health condition of older people is felt important to understand to help government creating a good action plan to address the needs of older persons.

Key words: Population aging • Older population • Health condition • Illness

INTRODUCTION

Physical or psychological well-being is not only matters of person but also social concern as well. This is true because health and illness affect an individual's performance of daily living [1]. As human organs gradually diminish in function over time there are increasing demands for health care in old age. While it is true additional gains in longevity is possible, it is not certain that added years to life will be healthy ones [2]. Most often later years of life is generally characterized by a decrease in physical capacity. Following the process known as demographic transition that is taking place in most of the population, nowadays the number of older persons is increasing in Malaysia.

In recent years, the older persons in general, are not only grows in number, but once they reach old age, they live longer. As the number of older population grows, there are increasing demands for health care. This is particularly true because human organs will gradually diminish in function over time. As a result, human bodies

will also gradually experiencing a number of physiological changes in their function especially in visions, hearing and mobility. Health condition, therefore, is important to the maintenance of these functions. This article presents the results of a survey on health condition of older people in rural Malaysia. The objective of the present survey was to examine the health condition older people in terms of type of illness, frequency of going to see physician to seek medication, self-health assessments, comparison health condition with health status in the past and comparison of health status with peers. It is felt important to have a good knowledge on the nature of health condition of older people in order to make a good decision making to address the needs of older persons in the community.

Although population aging is a twenty first century phenomenon, it was during the last century, there has been considerable interest in the understanding of aging experiences. While the world's older population has been growing for centuries, only at the turn of the twentieth century, a number of individuals began to study various

aspects of aging seriously. Among the major individuals interested in explaining the phenomenon of aging in the century as reviewed by Ward [3] are Minot with *The Problems of Age, Growth and Death* (1908), Metchnikoff with *The Prolongation of Life* (1908), Child with *Senescence and Rejuvenescence* (1915) and Pearl with *Biology of Death* (1922). Because of its global implications, population aging has now received considerable attention in most societies. In the year 2000, the global population aged 65 years and above was estimated to be 420 million. The net balance of the world's older persons grew by more than 795 000 people each month. By the year 2010, it was projected that this net monthly gain of older people will be 847 000 each month [4].

Parallel to this development, today the world has a relatively high proportion of older people. For most of demographers, we are now living in an aging world. Population aging represents a human success story of increased longevity [5] and today most people live longer than ever before. During the last 50 years, significant improvements were achieved in the health services [6]. Infectious diseases prevailed in the past that often caused many people to die in the early ages, has now started to decrease in their importance. The scientific development has contributed to the decrease of the infectious diseases and lead to the reduction in mortality rate and thus allowing more persons to live longer. Kart [7] also points out that today there has been a reduction in the incidence of infectious diseases all over the world and at the same time the incidence of chronic conditions has increased as major causes of illness and death in the old age.

MATERIALS AND METHODS

This is a mixed method study, particularly this study employs both quantitative and qualitative methods for data collection and analysis. The materials for this study are taken from a larger survey examining the level of well-being among rural elderly in Kelantan, Malaysia. From that study, a wide range of quantitative as well as qualitative data were collected, particularly data regarding demographic, socio-economic, marriage and family background, health, participation in social and religious activities and the like. Relevant to this paper are variables measuring health conditions of the respondents.

Thus the purpose of the present paper is to examine health conditions of older persons rural Kelantan.

The focus of the analysis is restricted to examine the health condition older people in terms of type of illness, frequency of going to see physician to seek medication, self-health assessments, comparison of health with health status in the past and comparison of health status with peers of these respondents.

Population from which samples of this study were drawn, was the older people aged 60 years and above living in rural areas in the district of Limbongan, in the state of Kelantan, Malaysia. From this population, a sampling frame was created and a total of 214 older populations, were selected as respondents. As this study was a mixed method study, data needed were collected through a combination of the quantitative method of face-to-face interviews and the qualitative method of unstructured interviews. At the end of the data gathering process, the study has collected a wide range of quantitative and qualitative data and these kinds of data are to be used to answer problems, whether related to quantitative as well as qualitative problems. Major data for the quantitative analysis are derived from a survey. All interviews took place at the respondents' home and this interview ended within one hour. Survey is useful in research of a large population [8]. Data for the qualitative analysis are derived from unstructured interviews with 10 participants. Information from key informants and field observation also important elements for the study.

RESULTS AND DISCUSSION

Socio Demographic Profiles: Although the majority of older persons in any society are women, in this study the majority of the respondent is elderly men. The average age of respondents was 68 years, while median and mode of age was 67 and 60 years respectively. The age of oldest respondent was 95. In terms of marital status, three respondents were never married. The respondents currently married were 143, four divorced and 64 were widow/widower. Male respondents who currently married outnumber female respondents (112 male compared to only 31 female respondents). The educational level of the respondents was quite low. More than half of them were never attend formal school (58%). Around one-third has an elementary school level. The elderly woman who did not attend formal school was higher than the elderly man. Not many respondents, especially those in rural areas, have the opportunity to attend formal school in Malaysia fifty years ago.

Table 1: Health Conditions of Respondents

Health Conditions	Frequency	Percent
Type of Illness		
Old Age	50	43.5
Hypertension	29	25.2
Diabetes	4	3.5
Heart Failure	3	2.6
Renal Failure	3	2.6
Asthma	22	19.2
Tuberculosis	2	1.7
Diabetes + Hypertension	2	1.7
Frequency of Seeing Physician		
Twice/More	99	46.3
Once	99	46.3
Never	16	7.4
Self-health Assessments		
Good	70	32.7
Fare	84	39.3
Bad	60	28.0
Comparison of Past Health Status		
Somewhat Equal	121	56.5
Last Year Better	90	42.1
This Year Better	3	1.4
Comparison of Peer Health Status		
Healthier	55	25.7
Somewhat Equal	87	40.7
Not as Healthy	72	33.6

Health Conditions of Respondents: The respondents in this study, as described, are older persons aged 60 years and above. As described by Shanas and Maddox [1], chronological age is a basic and the best single general predictor of mortality. Thus, it is felt important to examine health conditions of the respondents. Health condition of older persons generally is measured through the presence or absence of illness, or through the ability of the older individuals to function in their daily lives. Health condition is an important indicator that provides an initial overview of the level of well-being of older persons. A healthier elderly are generally more prosperous and with less healthy, the elderly will often feel less prosperous. Older persons who feel healthier will be willing to participate actively in social activity, while older person who feel facing problem with their health will unlikely to participate in any social activity. Following the importance of health conditions for older persons, we decided to explore this issue with reference to rural elderly in Kelantan, Malaysia. Health condition in this study was measured using the level of seriousness of the illness suffered by respondents. To analyze it, the elderly were

asked five aspects of health, namely (1) type of illness, (2) frequency of going to see physician to seek medication or treatment in the past three months, (3) their self-health assessments, (4) comparison of health status in the past and (5) comparison of health status with their peers. Table 1 summarises health status of the respondents in the study area.

Type of Illness: The elderly were asked to list any significant type of illness they experienced during three weeks prior to the study. Data on the type of disease revealed not many respondents in the study area are suffering from chronic illness that requires ongoing medical treatment. Of respondents reported having illness, the most common type suffered among respondents was old age, amounting to almost half of the respondents reported having illness (43.5%). Other illness is hypertension (25.2%) and asthma (19.2%). There are also older people who suffered from diabetes, heart failure, renal failure, or tuberculosis, but the amount is small.

Frequency of Seeing Physician: In rural areas the number of physician is very small compared with the number of population as a whole. Very often the frequency of seeing physician represents health condition of older persons. Problems in health will eventually forced older persons to see physician to get whatever treatment. Based on the frequency of going to see physician to seek medication or treatment, there were 16 respondents who never come to see physician and there were no older people who come to see physician more than two times in the last three months. A total of 46.3% of respondents reported to see physician only once. The same percentage was for twice. Data also showed 53.7% of the respondents came to see physician between 0-1 times in three months prior to the study. Based on the large proportion of older people who rarely see physicians prior to the study, it can be considered that most of the elderly respondents in study area have a relatively high health status.

Self-health Assessment: Health condition is difficult to measure. Gerontologists developed several measures to measure health condition of older persons. Self-assessment of health is one of the measures used in this context. Self-health assessment is a perception older person has about his own health conditions. Normally the older the respondents the more they feel their health condition is bad. This is particularly true as old age is a time of disability. Respondents were asked to rate their

health condition whether good, fare, or bad (unhealthy). Based on this, 32.7% of respondents view their health condition as good and they were very satisfied with it, while 39.3% felt their health condition as fare. Only a small number of respondents were less satisfied with their health indicating that old age is not always associated with illness.

Comparison of past Health Status: From the comparison of health status at the time of survey with before, it was found that health status of most of the elderly at the time of the study as not much different from their previous state of health. Although the vast majority perceived their health at the time of the study more or less similar to the previous health status (56.5%), there was a relatively large proportion of respondents even felt their health was better before (42.1%). There were also three respondents felt their health status at the time of the study better.

Comparison of Peer Health Status: If we compare health status of the respondents with their peers, almost half (40.7%) of them felt their health status was not much different with their peers. The proportion of older people felt they were not as healthy as other peers were (33.6%) larger than the elderly who felt they have better health status (25.7%). Positive perception of health status is important because it can prevent the elderly from loneliness that can reduce their level of well-being.

CONCLUSION

Health condition is an important element for the maintenance of human well-being. This article presents the results of a survey on health status of older persons in rural Malaysia. Results of the study revealed that not many respondents are suffering from chronic diseases that require ongoing medical treatment. There is quite large proportion of older respondents who never came to see physician to get treatment. Only a small number are less satisfied with their health condition. The majority of

respondents perceived their health at the time of the study more or less similar to the previous health status and compares their health status with their peers; almost half felt their health status was not much different with their peers. Following the growing number of older persons the nature of their health condition is felt important to understand. Thus research on this issue should be promoted in order to provide a strong basis for plan of action to address the needs of older persons in the future.

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