



SEACO POLICY BRIEF 010

Social support and care arrangements of older people living alone

South East Asia Community Observatory
(SEACO):
Research for a Healthy Community

This research-based evidence brief highlights potential policy options

Who are the readers of this Policy Brief?

Policymakers and other stakeholders who are interested in addressing the problem based on research evidence

Why was it prepared?

To inform stakeholders about health policies and interventions by summarizing the best available research-based evidence about the problem

What is Research-Based Evidence Brief for Policy?

Research-Based Evidence Brief for Policy generates from the studies implemented by SEACO; an ISO accredited health and demographic surveillance site which acts as a research platform for health-related research

Full Publication

The research-based evidence describes in detail in the SEACO publication

Evans, N., Allotey, P., Imelda, J. D., Reidpath, D. D., & Pool, R. (2017). Social support and care arrangements of older people living alone in rural Malaysia. *Ageing & Society*, 1–21. <https://doi.org/10.1017/S0144686X17000472>

<https://www.cambridge.org/core/journals/ageing-and-society/article/social-support-and-care-arrangements-of-older-people-living-alone-in-rural-malaysia/119185281FB4209D180029FEBDD5FFF1>

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The Problem:

Malaysia is having an ageing population due to increased life expectancy. A high proportion of people aged 65 years and above is living especially in rural Malaysia due to the rural-urban migration of young-productive adults. Traditionally, the Asian culture prefers family to provide care to the older people. However, due to increasing economic development and greater opportunity for employment in urban areas and overseas, women and others who performed these informal care roles are leaving the older population to work outside the home without having any resident family support. As a result, an increasing number of older people has started to live alone. The South East Asia Community Observatory (SEACO) data revealed that 4 percent of all households in Segamat district is occupied by an older person (65 years and above) who are living alone. This finding merits further investigation to explore the social support and care arrangement of older people living alone, particularly because, in Malaysia, where family unity and devoutness were strongly emphasised.

Evidence to Support Policy Options:

The study took a qualitative approach with a purposive sample of the two largest ethnic groups: Malay (n=20) and Chinese (n=20) Malaysians, comprising 63 and 25 percent of the national population, respectively. All study respondents lived alone. The instrumental support in the form of provision of meals and goods, help in cleaning and maintaining the house, transport to shops and medical appointments and help during emergencies differed between Malay and Chinese respondents. For Malays, most support comes from nearby adult children and relatives, whereas Chinese participants, who less frequently had adult children living locally, receive support from friends and neighbours. Emigrant adult children's assistance was mostly informational and financial mainly during periods of ill-health. Physical decline, limited telephone use, inadequate transportation and fears of crime were identified as their barriers to get the social support. Hereafter, participants often avoid thinking or talking about future care needs. Instead of planning for care, they generally pray for good health and quick death, as they do not know who will take care if they are sick.

Recommendations:

The study findings have implications for Malaysian old age policy which is currently focused on supporting families to care for older relatives. It provides evidence to respond to the needs of an older population at the time of child migration and a growing preference for a period of independent living in old age. It also provides evidence to strengthen the policy to improve older people's living environment, networks of social support outside the family and access to social assistance and health and social care services.