Malaysia Ageing and Retirement Survey (MARS)
Wave 1 – 2018/2019

Key Findings
Malaysia Ageing and Retirement Survey (MARS) is a major research undertaking by the Social Wellbeing Research Centre (SWRC) to produce nationwide longitudinal micro-level data relating to ageing and retirement involving personal interviews of individuals aged 40 years and older in Malaysia.

MARS collects information on vital issues impacting their lives which include personal (background characteristics, etc.), family (relationship with spouse, parents, children, siblings, transfers, etc.), health (health status, diagnosed illness, healthcare utilisation, physical measurement, etc.), economic (work, employment, retirement, income, etc.) and other social factors (friends, social participation, etc). MARS data are to be harmonised with leading international research data so as to enable adoption of best practices and comparability of findings across participating countries around the world.

It is hoped that the rich potential of MARS data from such a longitudinal study will become a pivotal source of invaluable inputs in promoting research and development opportunities, and enhancing policy making for healthy and active ageing in Malaysia.

This booklet presents a short description on MARS and selective key findings of the study using frequencies, proportions and averages based on the total sample as well as subgroups of the sample. The calculation of certain categories may not always be the same between tables due to independent rounding. Percentages shown in the charts or graphics were computed from actual absolute figures and may not always add up exactly to 100 per cent because of the rounding method used.

For further information about the study’s methodology and findings, please refer to the MARS Wave 1 - 2018/2019: A Snapshot (2021), which is available at SWRC website http://swrc.um.edu.my/
The United Nations population projections estimates Malaysia will reach an aged nation status by 2045:

- **20%** population will be 60 and older
- **15%** population will be 65 and older
- **17%** people will be 80 and older

There is a need for a comprehensive database on ageing related issues which will provide useful input towards strengthening social protection policies for older persons in the country.


The components include family relationships, connectedness and support, work and employment, income and expenditure, savings and assets, retirement and social participation, health and healthcare utilisation, cognition and psychosocial wellbeing.

Being part of the Gateway to Global Aging platform at University of Southern California USA, MARS is Malaysia’s first-ever globally comparable survey data with other leading family studies which include the Health and Retirement Study USA (HRS), Survey of Health, Ageing and Retirement in Europe (SHARE) and Japanese Study on Aging and Retirement (JSTAR).

**Overview and Methodology**

The components include family relationships, connectedness and support, work and employment, income and expenditure, savings and assets, retirement and social participation, health and healthcare utilisation, cognition and psychosocial wellbeing.

Being part of the Gateway to Global Aging platform at University of Southern California USA, MARS is Malaysia’s first-ever globally comparable survey data with other leading family studies which include the Health and Retirement Study USA (HRS), Survey of Health, Ageing and Retirement in Europe (SHARE) and Japanese Study on Aging and Retirement (JSTAR).
### Objectives and Components of MARS

#### Objectives

- Input for healthy and active ageing framework in Malaysia
- Comprehensive baseline data on individual, family, social, economic and health
- Longitudinal data on life histories and experiences
- Evidence-based recommendations to policy makers & stakeholders
- Part of global platform research through data harmonization

#### Components

- Family support and living arrangement
- Health, healthcare utilisation, psycho-social cognition, physical measurements
- Work, employment and retirement
- Income and consumption
- Housing, savings and assets

### Sample Respondents

<table>
<thead>
<tr>
<th>State</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sabah</td>
<td>1010</td>
<td>18.0</td>
</tr>
<tr>
<td>Selangor</td>
<td>762</td>
<td>13.6</td>
</tr>
<tr>
<td>Sarawak</td>
<td>587</td>
<td>10.4</td>
</tr>
<tr>
<td>Johor</td>
<td>569</td>
<td>10.1</td>
</tr>
<tr>
<td>Perak</td>
<td>510</td>
<td>9.1</td>
</tr>
<tr>
<td>Kedah</td>
<td>481</td>
<td>8.6</td>
</tr>
<tr>
<td>Kelantan</td>
<td>405</td>
<td>7.2</td>
</tr>
<tr>
<td>Pahang</td>
<td>366</td>
<td>6.5</td>
</tr>
<tr>
<td>Terengganu</td>
<td>267</td>
<td>4.7</td>
</tr>
<tr>
<td>Pulau Pinang</td>
<td>228</td>
<td>4.1</td>
</tr>
<tr>
<td>Negeri Sembilan</td>
<td>157</td>
<td>2.8</td>
</tr>
<tr>
<td>Wilayah Persekutuan</td>
<td>150</td>
<td>2.7</td>
</tr>
<tr>
<td>Melaka</td>
<td>82</td>
<td>1.5</td>
</tr>
<tr>
<td>Perlis</td>
<td>39</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5613</td>
<td>100.0</td>
</tr>
</tbody>
</table>
**Respondents’ Characteristics**

### AGE

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>1555</td>
<td>1827</td>
<td>3382</td>
</tr>
<tr>
<td>50-59</td>
<td>1443</td>
<td>1827</td>
<td>3270</td>
</tr>
<tr>
<td>60-69</td>
<td>11.1%</td>
<td></td>
<td>1279</td>
</tr>
<tr>
<td>70-79</td>
<td>621</td>
<td></td>
<td>678</td>
</tr>
<tr>
<td>80+</td>
<td>167</td>
<td></td>
<td>183</td>
</tr>
</tbody>
</table>

### SEX

- **Male**: 2481 (44.2%)
- **Female**: 3132 (55.8%)

### STRATA

- **Urban**: 3455 (61.6%)
- **Rural**: 2158 (38.4%)

### MARITAL STATUS

- **Never Married**: 224 (4.0%)
- **Married**: 4354 (77.6%)
- **Widowed/ Separated**: 1035 (18.4%)

### ETHNICITY

- **Malay**: 3128 (56%)
- **Chinese**: 452 (8%)
- **Indian**: 623 (11%)
- **Other Bumiputera**: 1248 (22%)
- **Others**: 161 (3%)

### EDUCATION

- **No schooling**: 674 (12.0%)
- **Primary school**: 1652 (29.4%)
- **Lower secondary**: 1184 (21.1%)
- **Upper secondary**: 1449 (25.8%)
- **Pre-U/ Dip/ Form 6 / Voc.**: 385 (6.9%)
- **Tertiary Education**: 268 (4.8%)
Various studies have stressed on the importance of family and kinship network in strengthening intergenerational relationships.

In most cases, the relationships between older parents and their adult children remain intact over the life course through co-residence, contact, care, support and assistance that are exchanged between them.

These exchanges provide the foundation of sustainable bonding and reciprocal obligation, an important element in times of need especially so in the context of the wellbeing of older adults in later years.

01 Strong Family Ties and Connectedness

- **94%** Have a loving family
- **80%** Respondents live with at least one family member
- **12%** Live together with spouse only
- **4%** Live alone
- **16%** Communicate and meet with children through phone (daily)
- **27%** Meet with children in person (daily)
Figure 1.1: Respondents by living arrangement and age

- **Living alone**:
  - Overall: 4.2%
  - 40-49: 11.6%
  - 50-59: 10.6%
  - 60-69: 5.1%
  - 70-79: 9.6%
  - 80+: 9.6%

- **Living with spouse only**: 2.6% for each age group.

- **Living with family members**: 2.8% for each age group.

Figure 1.2: Respondents in contact with children in the past 1-year

- **95%** meet in person with any children in the past 1-year.
- **93%** communicate with any children in the past 1-year.

Figure 1.3: Respondents in contact with parent(s) in the past 1-year

- **81%** meet in person with any parent(s) in the past 1-year.
- **76%** communicate with any parent(s) in the past 1-year.
Studies have shown positive impact of intergenerational transfers on older adults’ health, economic and psychological wellbeing, and life satisfaction.

Older adults who provide and receive support to/from children have higher life satisfaction than their counterparts.

**Significant intergenerational financial and non-financial transfers from and to children**

6 in 10 Receive financial support from children

9 in 10 Receive RM150 on average monthly

5 in 10 Give financial support to children

8 in 10 Give RM100 on average monthly

Family support can be in the form of financial or non-financial support. Non-financial support include clothes or household items, medication/supplement, household appliances, food/groceries, look after the house, take on a trip or vacation, advice or keep company and more.
More respondents received financial support from their children compared to those who gave financial support to their children.

The amount of financial support received from children increases with age. The amount of financial support given to children decreases with age.

Women received slightly more financial support from their children compared to men. Men gave slightly more financial support to their children compared to women.
Generally, respondents rate their health as good and have positive outlook of life.

Longevity does not mean having an extended period of good health.

Ageing is often associated with a gradual decline in physical and mental capacities and health. It is also associated with the onset of chronic diseases including hypertension, high cholesterol, diabetes, Alzheimer’s disease, arthritis.

Despite reporting good health, high incidence of Non-Communicable Diseases (NCDs) among respondents calls for stronger prevention and care strategies.

Studies on successful ageing highlighted broad and multidimensional nature with psychosocial factors being one of the important components, where psychosocial aspects were the most frequently mentioned factors.

Respondents reported good health

58% Have at least one disease diagnosed by doctor

Top 3 Doctor-diagnosed illnesses

Hypertension 37%
High Cholesterol 21%
Diabetes 19%

Positive Outlook of Life

8 in 10 Agree with positive statements about life
Almost
9 in 10 Lead a meaningful life
Proportion of respondents with **good health declines with age.**

Figure 3.1: Self-rated health by age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Good (%)</th>
<th>Moderate (%)</th>
<th>Poor (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>67.4</td>
<td>27.2</td>
<td>5.4</td>
</tr>
<tr>
<td>50-59</td>
<td>53.1</td>
<td>36.8</td>
<td>10.1</td>
</tr>
<tr>
<td>60-69</td>
<td>40.9</td>
<td>44.1</td>
<td>15.0</td>
</tr>
<tr>
<td>70-79</td>
<td>42.6</td>
<td>33.3</td>
<td>24.1</td>
</tr>
<tr>
<td>80+</td>
<td>40.6</td>
<td>30.3</td>
<td>29.1</td>
</tr>
</tbody>
</table>

The number of respondents screened during fieldwork as having hypertension is much higher than doctor-diagnosed hypertension. Among respondents who were not doctor-diagnosed with hypertension, 44.3% was found to have high blood pressure measurement.

Figure 3.2: Diagnosed and undiagnosed hypertension

<table>
<thead>
<tr>
<th>Hypertension screened during fieldwork</th>
<th>Doctor-diagnosed Hypertension</th>
<th>Prone to Undiagnosed Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.7%</td>
<td>36.5%</td>
<td>44.3%</td>
</tr>
</tbody>
</table>

Figure 3.3: Statements of Positive Outlook on Life

<table>
<thead>
<tr>
<th>Statement of Positive Outlook on Life</th>
<th>Never (%)</th>
<th>Rarely (%)</th>
<th>Sometimes (%)</th>
<th>Often (%)</th>
<th>Always (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel you are part of a group</td>
<td>4.4</td>
<td>9.6</td>
<td>15.6</td>
<td>35.4</td>
<td>35.0</td>
</tr>
<tr>
<td>There are people you feel close to</td>
<td>2.8</td>
<td>5.3</td>
<td>15.0</td>
<td>39.7</td>
<td>37.2</td>
</tr>
<tr>
<td>There are people who understand you</td>
<td>4.1</td>
<td>7.4</td>
<td>17.9</td>
<td>36.7</td>
<td>33.9</td>
</tr>
<tr>
<td>There are people to turn to for help</td>
<td>4.6</td>
<td>7.0</td>
<td>16.6</td>
<td>37.5</td>
<td>34.3</td>
</tr>
<tr>
<td>There are people you can talk to</td>
<td>5.8</td>
<td>9.7</td>
<td>15.0</td>
<td>36.8</td>
<td>32.6</td>
</tr>
<tr>
<td>You feel in tune with others</td>
<td>4.1</td>
<td>7.0</td>
<td>12.1</td>
<td>36.4</td>
<td>40.4</td>
</tr>
<tr>
<td>You feel satisfied with your life</td>
<td>2.3</td>
<td>7.4</td>
<td>22.5</td>
<td>38.0</td>
<td>29.7</td>
</tr>
<tr>
<td>You feel good/happy</td>
<td>1.8</td>
<td>4.3</td>
<td>28.9</td>
<td>34.9</td>
<td>30.1</td>
</tr>
</tbody>
</table>
There is a growing trend in the healthcare utilisation by older adults.

Information on the patterns of healthcare utilisation is essential to facilitate the development of healthcare policies, and planning for prevention, early diagnosis and management of health conditions.

This would eventually allow decrease in the health care cost, facilitating sustainability as well as reduce disability and death from medical conditions.

- **74%** Health check-ups in the past 1-year
- **11%** Seek medical treatment/hospitalisation in the past 1-year
- **16%** Have private health insurance

Figure 4.1: Types of outpatient medical treatment by age

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gov.</td>
<td>78.4%</td>
<td>19.9%</td>
<td>23.4%</td>
<td>21.8%</td>
<td>16.6%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Priv.</td>
<td>74.6%</td>
<td>1.1%</td>
<td>1.4%</td>
<td>0.9%</td>
<td>1.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Traditional/Alternative</td>
<td>76.6%</td>
<td>0.9%</td>
<td>0.9%</td>
<td>0.7%</td>
<td>0.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Others</td>
<td>81.7%</td>
<td>85.4%</td>
<td>79.3%</td>
<td>81.7%</td>
<td>85.4%</td>
<td>81.7%</td>
</tr>
</tbody>
</table>

- Government health facility or practitioner
- Private health facility or practitioner
- Traditional / alternative medicine practitioner
- Others
Figure 4.1: Reasons for not going for medical check-ups

- Wanted to but difficult to travel
- Did not expect any problem
- Too busy
- Could not afford
- Afraid of the results
- Did not see a need
- Others
- Could not afford

Figure 4.2: Frequency of hospitalisation by age in the past 1-year

<table>
<thead>
<tr>
<th>Age</th>
<th>Once</th>
<th>2-3 times</th>
<th>&gt; 3 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>70.0%</td>
<td>23.6%</td>
<td>6.4%</td>
</tr>
<tr>
<td>40-49</td>
<td>78.6%</td>
<td>17.5%</td>
<td>3.9%</td>
</tr>
<tr>
<td>50-59</td>
<td>66.3%</td>
<td>25.1%</td>
<td>8.6%</td>
</tr>
<tr>
<td>60-69</td>
<td>66.3%</td>
<td>25.9%</td>
<td>7.8%</td>
</tr>
<tr>
<td>70-79</td>
<td>74.0%</td>
<td>21.9%</td>
<td>4.1%</td>
</tr>
<tr>
<td>80+</td>
<td>63.3%</td>
<td>33.4%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Figure 4.3: Top reasons for hospitalisation

- Bladder disorder: 2.2%
- Chronic lung diseases: 2.5%
- Kidney disease: 3.0%
- Stroke: 3.5%
- Cancer or other malignant tumour: 3.5%
- Diabetes: 5.8%
- Hypertension: 6.0%
- Asthma: 6.7%
- Accident: 7.5%
- Gastrointestinal disorder: 8.8%
- Heart diseases: 11.0%
High proportion of respondents would like to age in their own homes / with family

05

9 in 10 Are not prepared to live in assisted living facility

8 in 10 Agree that government make it mandatory for children to look after parents

4 in 10 Believe they do not need long term care beyond 65

Majority of respondents are not prepared to live in an assisted living facility such as a nursing home, suggesting that they wish to continue to live in their own homes.

Those who are prepared to live alone, and frequently participate in social outings, are more likely to want to live in an assisted living facility.

Relationships and connectedness between family and community members are significant factors in strengthening family institutions. This can be done through co-residency, family support, care of the aged parents and promotion of ageing in place.

Ageing in place can reduce the rate of institutionalisation of older persons where some may choose to continue to live in their own homes rather than in an assisted living facility.

For many countries, this would be more cost-effective and sustainable than building and maintaining more nursing homes and similar facilities.
Many would like to continue working for as long as their health permits

8 in 10 Would like to continue working beyond retirement

8 in 10 Feel they can still contribute to society

One major concern of ageing is the fact that there will be more older individuals who are out of employment.

This will affect their economic wellbeing, especially when they do not have enough retirement savings and become more dependent on the family.

Figure 6.1: Respondents who will continue to work for as long as mental and physical capability permit by age

Figure 6.2: Respondents’ occupation among those who are working
Psychosocial wellbeing is closely linked with general health and wellbeing of individuals, more so among older adults as it relates to their emotional state and feelings. It is an important aspect of older persons’ lives to be considered in addressing issues of care in old age.

Studies have shown that older people who perceived that they live in a better social environment are found to be happier owed to feeling of security and reliability at time of need.

Having a reliable social network through family and friends is beneficial to their wellbeing.

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### Active social participation among respondents

**8 in 10**

- Have caring friends

**47%**

- Frequently participate in activities with family and children

**40%**

- Frequently participate in activities related to hobbies

**30%**

- Frequently go for social outing

**24%**

- Frequently involve in social activities & community participation
SELF-CARE
• Emphasis in strengthening health care efforts for older persons.
• Advocate self-care such that individuals are responsible for their own health and wellbeing.
• Promote active and healthy lifestyle, good nutrition, participation in physical activities and regular health screenings.

FAMILY
• Strengthen family institutions through co-residence, support and care of the aged parents.
• Government to provide incentives such as old age support allowance and income tax rebate for families to care for their elderly.

SENIORS@WORK
• Incentives in the form of tax relief and support for retraining and hiring of seniors.
• Create programmes to encourage seniors to continue working.

AGEING IN PLACE
• Promote sustainable ageing in place.
• Professionalise the care economy to cater for the increasing need in the social and care sector.

COMMUNITY
• Encourage community participation among older adults through establishment of community centres as a one-stop centre for intergenerational activities.

EDUCATION
• Educate the young and the very young about ageing and ageing related issues to inculcate positive attitudes and respect towards older persons.
Fieldwork Experience

Bintulu, Sarawak

Kg. Dada Kering, Pahang

Kg. Ulu Lakai, Negeri Sembilan

Johor

Perak
Acknowledgement

Social Wellbeing Research Centre (SWRC) would like to express its gratitude to the Employees Provident Fund (EPF) for funding MARS without which the project would not have materialised.

We would like to thank;

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The Department of Statistics Malaysia (DOSM) for selection of enumeration blocks and household samples.

MARS respondents, thank you for believing in us and in participating in the survey.

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Charting a Global Footprint

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SOCIAL WELLBEING RESEARCH CENTRE (SWRC)

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THE WORLD BANK

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United Nations Population Fund

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South Korea

KDI School of Public Policy & Management

South Korea

Research Institute of Economy, Trade and Industry (RIETI)

Japan - JSTARC

University of Tokyo

Japan

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Canada

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Canada

North Carolina State University

USA

University of Southern California (Gateway to Global Aging Data)

USA

University of Hawai’i

USA

University of Michigan (Survey Research Center, Institute for Social Research)

USA

National Institute on Aging

USA

THE WORLD BANK

USA

United Nations Development Programme

USA

United Nations Population Fund

USA

KWSP EPF

MY

PTPTN

SICD

SIDC

ILO

LPPKN

UNICEF

IOMCA
The Social Wellbeing Research Centre (SWRC) is an academic multi-disciplinary research entity, focusing on conceiving and implementing research in social security and old age financial protection. Since its inception in March 2011 at the Faculty of Economics and Administration (FEA), Universiti Malaya, SWRC has been providing evidence-based expertise and consulting in the aforesaid domains to elevate economic development and social cohesion in Malaysia.

Both developed and developing nations are concerned about social security and old-age financial protection due to the increase in the life expectancy of the population in tandem with decreasing fertility rates. These nations are concerned that their current social security provisions are inadequate and/or may not be sustainable. On the public finance side, merely incurring further expenditure may not solve the issues that challenged the development and growth objectives of the society. Therefore, innovative policy solutions, stimulated by international collaborations and based on an empirical grounding in national data and analysis, is essential.

The Employees Provident Fund (EPF) of Malaysia has kindly provided an endowment fund to create the nation’s first endowed Social Wellbeing Chair (SWC) in Universiti Malaya to support the research in social security and old-age financial protection.

Aside from being highly privileged to be collaborating and partnering EPF in its research projects, SWRC has also formed partnerships and collaborative agreements with other esteemed institutions that includes the Social Security Organisation (SOCSO), University of Tokyo, University of Michigan, and government agencies locally and internationally to provide a steady stream of innovative projects and revolutionary investigations on social security issues.

SWRC has had a strong interdisciplinary emphasis from the beginning. Scientists, researchers, consultants and experts from diverse disciplines, on a global scale, convene in SWRC to work on providing solutions to common ageing problems encountered in today’s society.