

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

Key Findings



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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/>





Photo by Alex Boyd at [Stocksnap.io](https://www.stocksnap.io)

Overview and Methodology

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

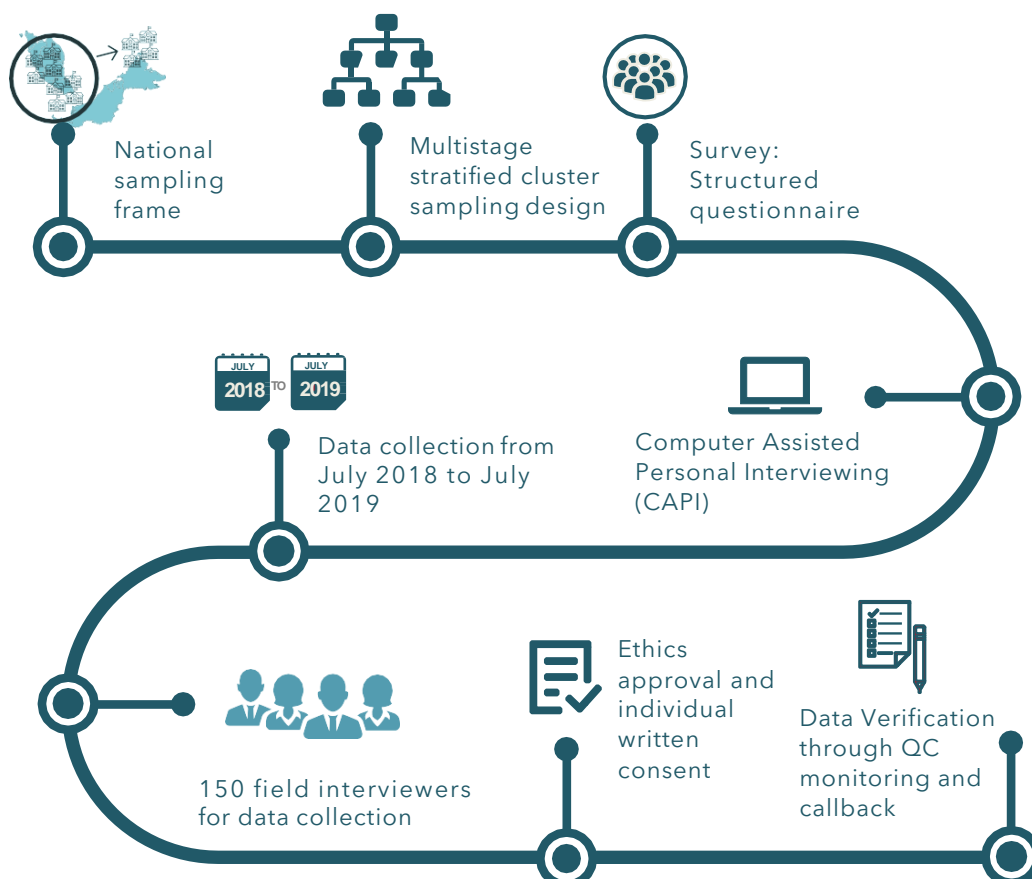
17% people will be 80 and older

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 Malaysia Ageing and Retirement Survey (MARS) Wave 1 data collection commenced in July 2018 and completed in July 2019 using Computer Assisted Personal Interviewing (CAPI).

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

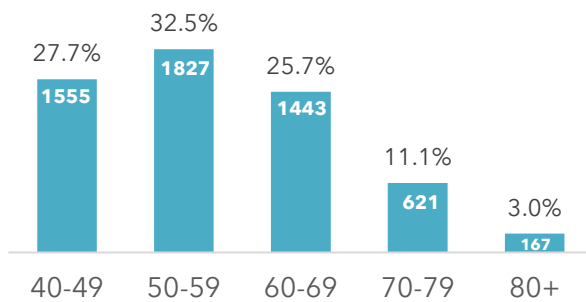
OBJECTIVES	COMPONENTS
 Input for healthy and active ageing framework in Malaysia	 Family support and living arrangement
 Comprehensive baseline data on individual, family, social, economic and health	 Health, healthcare utilisation, psycho-social cognition, physical measurements
 Longitudinal data on life histories and experiences	 Work, employment and retirement
 Evidence-based recommendations to policy makers & stakeholders	 Income and consumption
 Part of global platform research through data harmonization	 Housing, savings and assets

SAMPLE RESPONDENTS

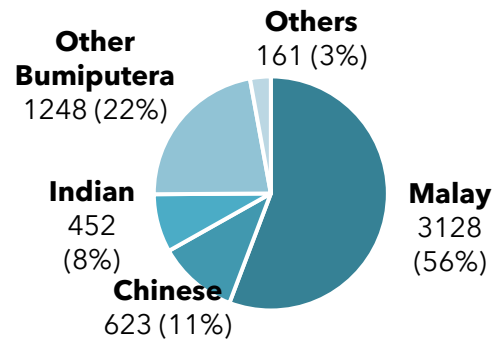
State	No	%
Sabah	1010	18.0
Selangor	762	13.6
Sarawak	587	10.4
Johor	569	10.1
Perak	510	9.1
Kedah	481	8.6
Kelantan	405	7.2
Pahang	366	6.5
Terengganu	267	4.7
Pulau Pinang	228	4.1
Negeri Sembilan	157	2.8
Wilayah Persekutuan	150	2.7
Melaka	82	1.5
Perlis	39	0.7
Total	5613	100.0

Respondents' Characteristics

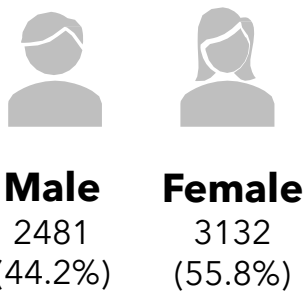
AGE



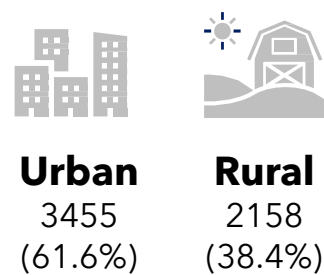
ETHNICITY



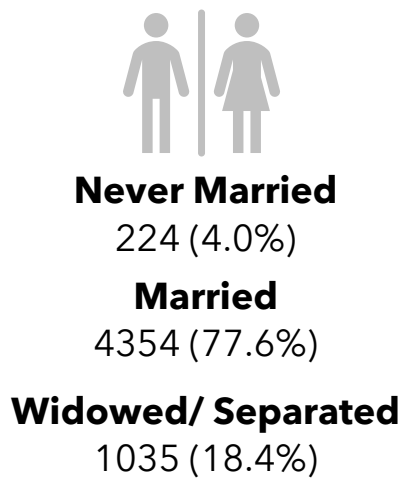
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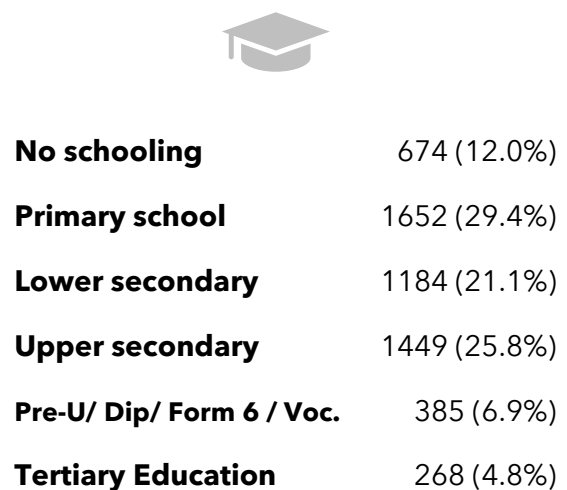
STRATA



MARITAL STATUS



EDUCATION



01 Strong Family Ties and Connectedness

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.

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

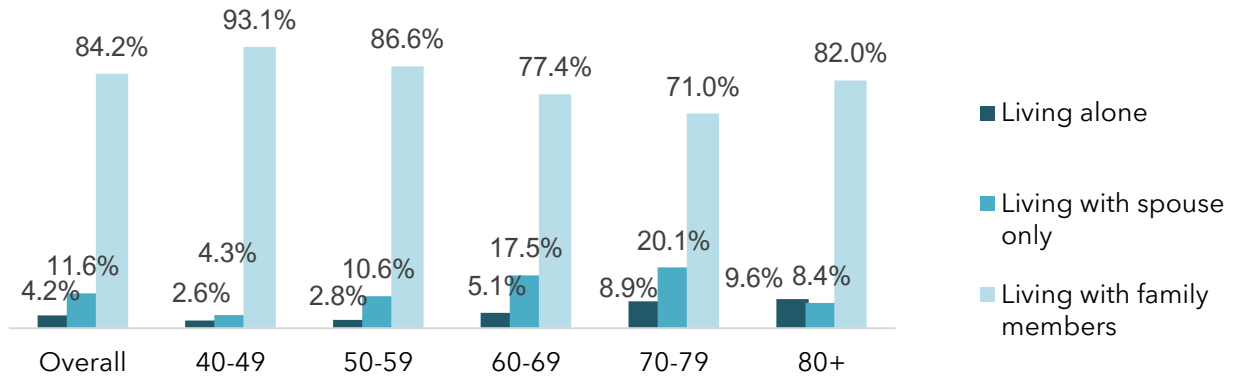
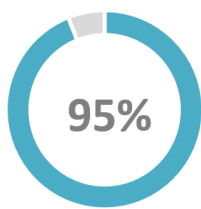
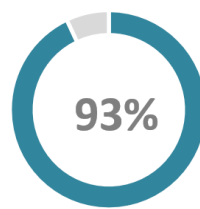


Figure 1.2: Respondents in contact with children in the past 1-year

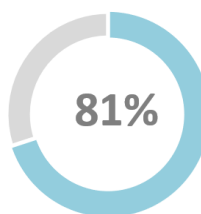


Respondents meet in person with any children in the past 1-year

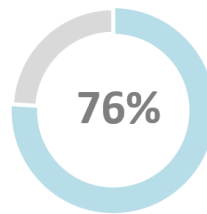


Respondents communicate with any children in the past 1-year

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



Respondents meet in person with any parent(s) in the past 1-year



Respondents 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.

02

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

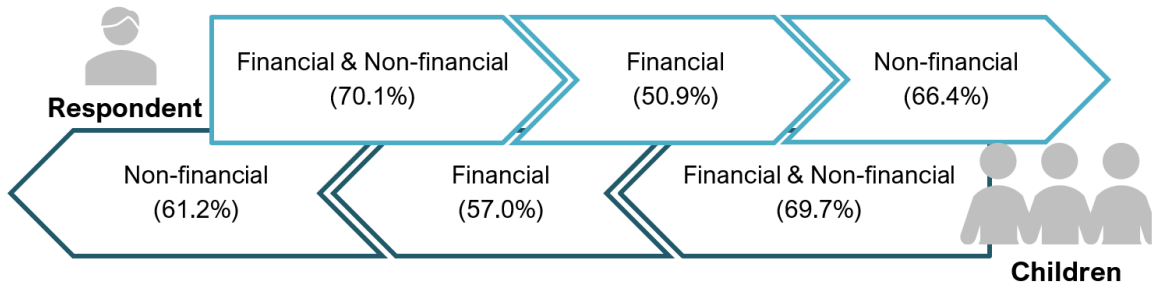
8 in 10

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.

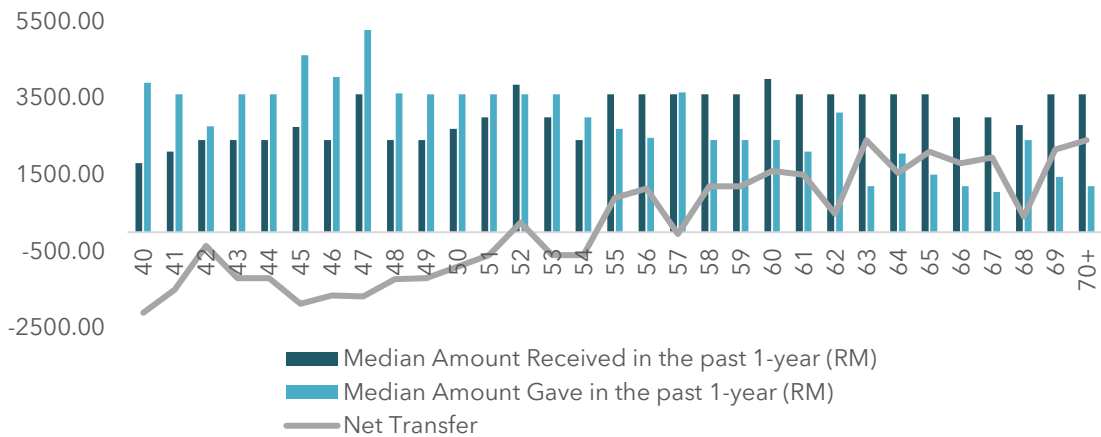
More respondents received financial support from their children compared to those who gave financial support to their children.

Figure 2.1: Family support from and to children



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

Figure 2.2: Amount of transfer from and to children in the past 1-year



Women received slightly more financial support from their children compared to men. **Men gave slightly more financial support** to their children compared to women.

Figure 2.3: Median amount received from children in the past 1-year

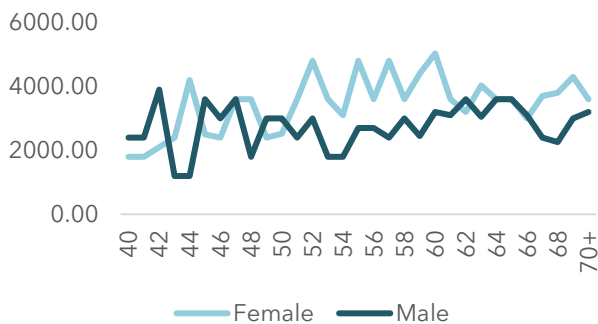
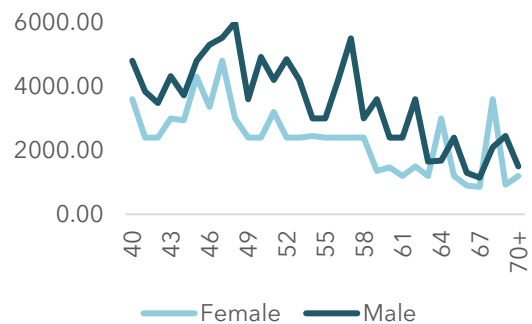


Figure 2.4: Median amount given to children in the past 1-year



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

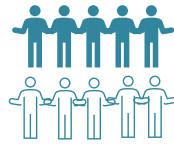
Ageing is often associated with a gradual decline in physical and mental capacities and health. It is also associated with the onset of chronic diseases including hypertension, high cholesterol, diabetes, Alzheimer's disease, arthritis.

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.

03

Generally, respondents rate their health as good and have positive outlook of life



5 in 10

Respondents reported good health

58%

Have at least one disease diagnosed by doctor

Top 3 Doctor-diagnosed illnesses



37%

Hypertension



21%

High Cholesterol



19%

Diabetes

Positive Outlook of Life

8 in 10

Agree with positive statements about life

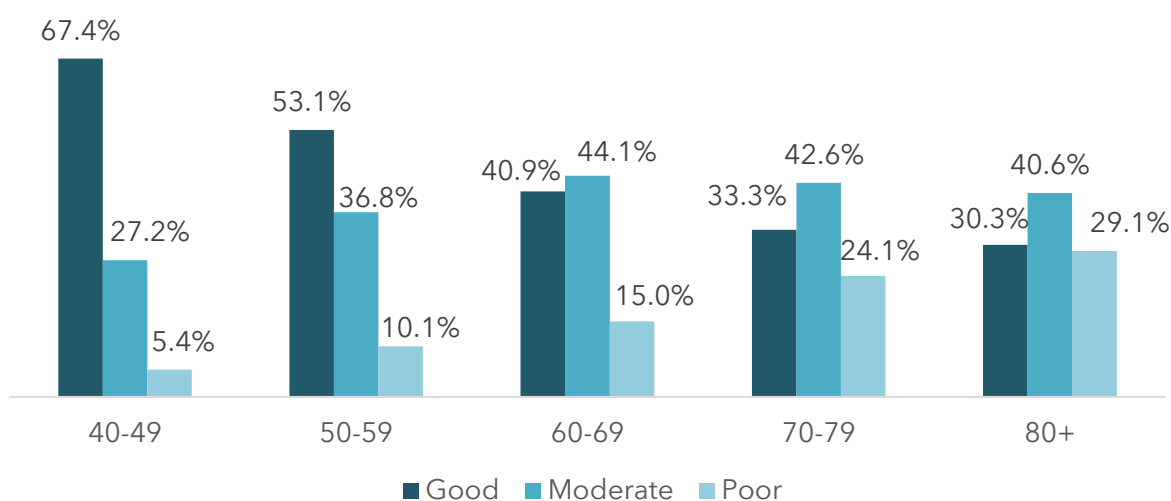
Almost

9 in 10

Lead a meaningful life

Proportion of respondents with **good health declines with age.**

Figure 3.1: Self-rated health by age



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

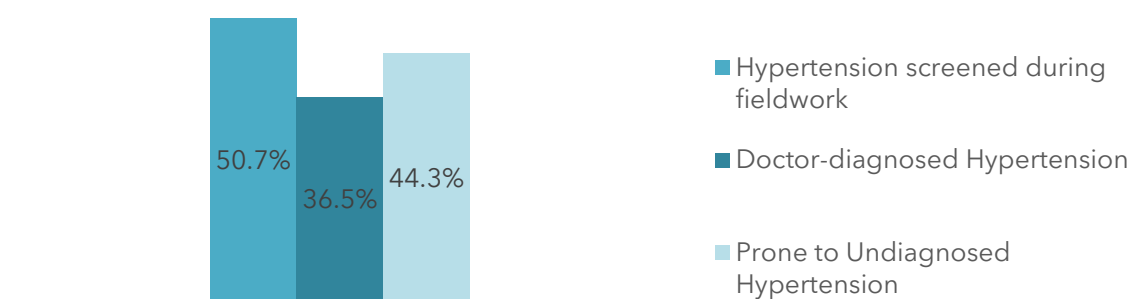


Figure 3.3: Statements of Positive Outlook on Life

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

04 Majority utilise government healthcare facilities

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

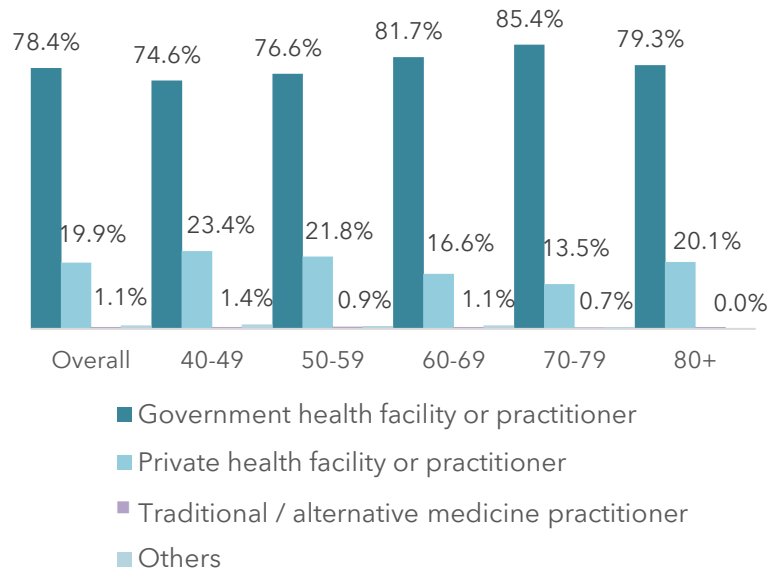


Figure 4.1: Reasons for not going for medical check-ups

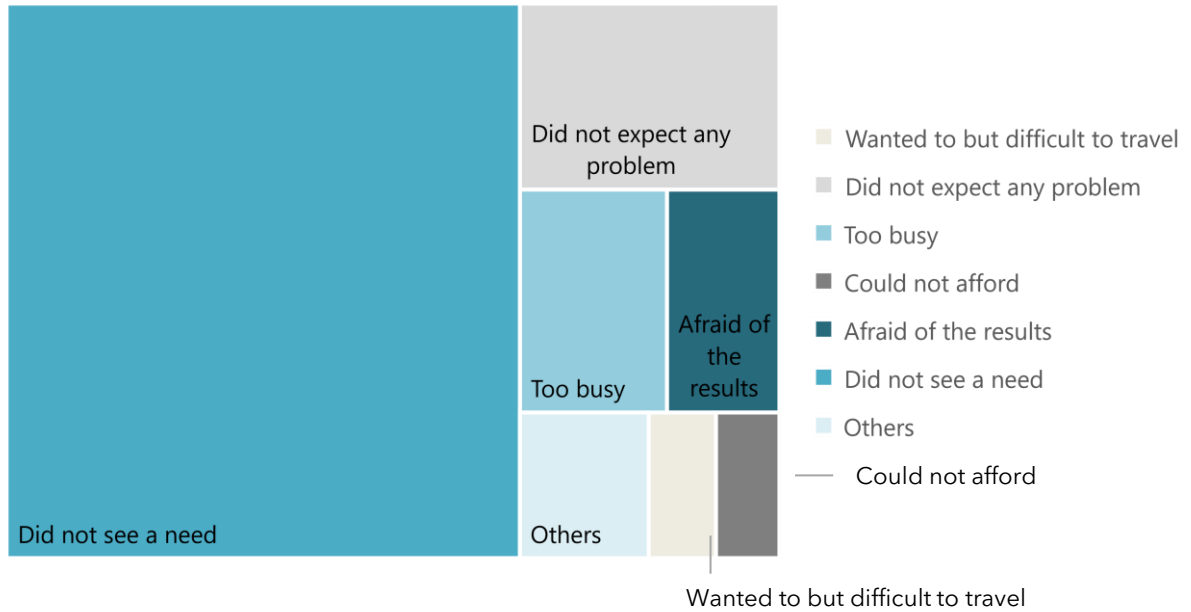


Figure 4.2: Frequency of hospitalisation by age in the past 1-year

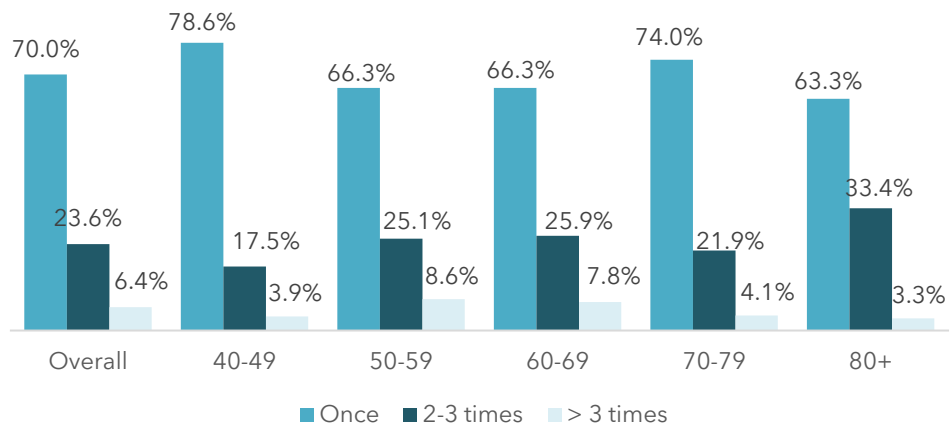
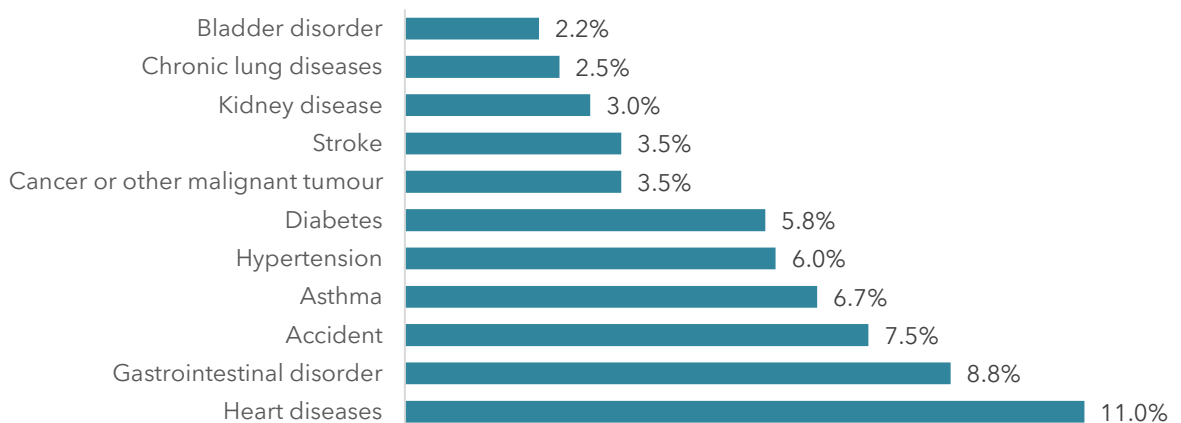


Figure 4.3: Top reasons for hospitalisation



05

High proportion of respondents would like to age in their own homes / with family

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.



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.



06

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

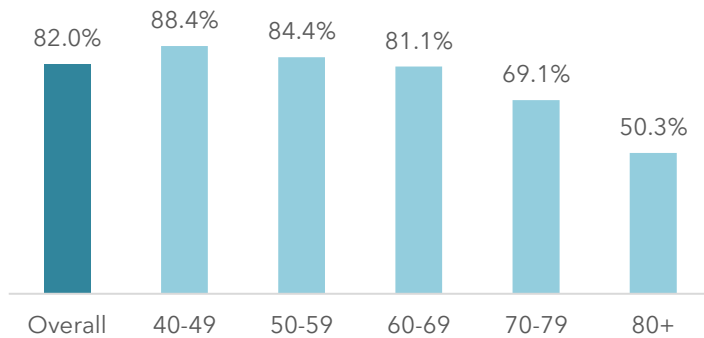
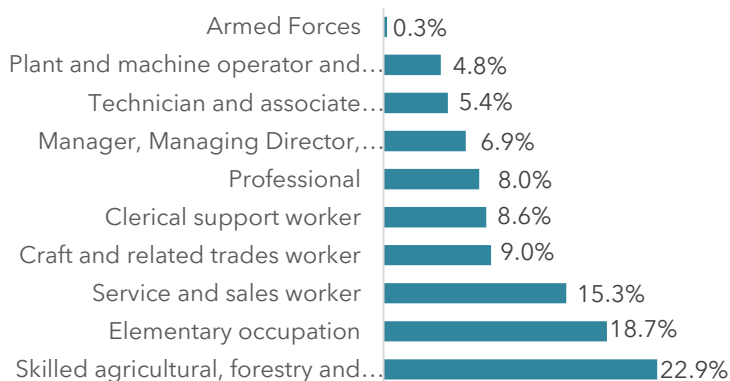


Figure 6.2: Respondents' occupation among those who are working



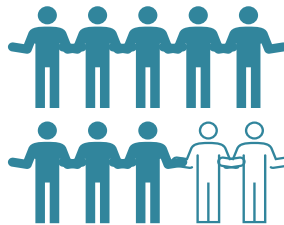
Psychosocial wellbeing is closely linked with general health and wellbeing of individuals, more so among older adults as it relates to their emotional state and feelings. It is an important aspect of older persons' lives to be considered in addressing issues of care in old age.

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.

07

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



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;

The Survey Research Center (SRC), University of Michigan for providing technical support and training.

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.

To the field interviewers, thank you for your tireless efforts and dedication.

Last but not least to individuals and organisations that has directly or indirectly contributed to the success of MARS.

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Charting a Global Footprint



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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 (SOCISO), 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.

