This is not an ADB material. The views expressed in this document are the views of the author/s and/or their organizations and do not necessarily reflect the views or policies of the Asian Development Bank, or its Board of Governors, or the governments they represent. ADB does not guarantee the accuracy and/or completeness of the material's contents, and accepts no responsibility for any direct or indirect consequence of their use or reliance, whether wholly or partially. Please feel free to contact the authors directly should you have queries.

Psychosocial Wellbeing of Older Adults in Malaysia

Halimah Awang PhD

7 September 2021

UNIVERSITI MALAYA

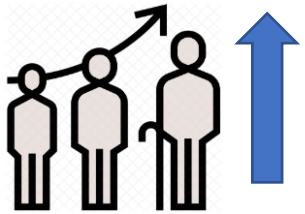
Social Wellbeing Research Centre (SWRC)

Introduction

Malaysia is projected to become an aged nation by 2040

fertility rate

Mortality rate



Life expectancy

WELLBEING

Subjective:
Emphasis on pleasure and happiness:

- Life satisfaction
- Presence of positive mood
- Absence of negative mood

Psychological:
Emphasis on living good life

- Environmental mastery
- Personal growth
- Purpose of life
- Self-acceptance
- Positive relation
- Autonomy

Motivation to study psychosocial:

- Increasing trend in the number & proportion of older people.
- Importance of psychosocial wellbeing => mental & overall health

What affects psychosocial wellbeing of older people?

Socio-economic background

- Age
- Gender
- Marital status
- Financial status
- Employment status

Physical & emotional health status

- Subjective health
- Functionality - ADL & IADL
- Physical activities
- Loneliness

Social support system

- Social environment
- Living arrangement
- Support from children
- Participation in religious activities

Objective, Data & Methods

Objective:

- Examine the psychosocial wellbeing and its determining factors

Analysis:

- Descriptive analysis
- Multiple regression analysis

Data:

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

Dependent variable:

- Psychosocial wellbeing – measured by 17 statements

Independent variables:

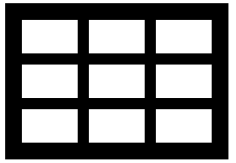
- Demographic & socio-economic
- Health status
- Social support

Malaysia Ageing and Retirement Survey (MARS) Wave -1

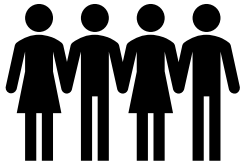
- MARS is a **nationwide panel study** with repeated observations every 3 years
- The first longitudinal study in Malaysia which focuses on ageing population.
- MARS is conducted by SWRC **Universiti Malaya** with technical support from Survey Research Center (SRC), **University of Michigan.**
- Data collection – **CAPI**

MARS main components:

- **Demographic background**, family support and living arrangement
- **Health**, healthcare utilization, psycho-social and cognition
- **Physical measurements** of blood pressure, height, weight, waist, hip, and handgrip strength
- **Work**, **employment** and **retirement**
- **Income** and **consumption**
- **Home ownership**, wealth and **assets**



260
Questions –> Sub questions



5,613
Respondents (Aged≥40)

84.1%
Response rate

For this paper – Respondents ≥60

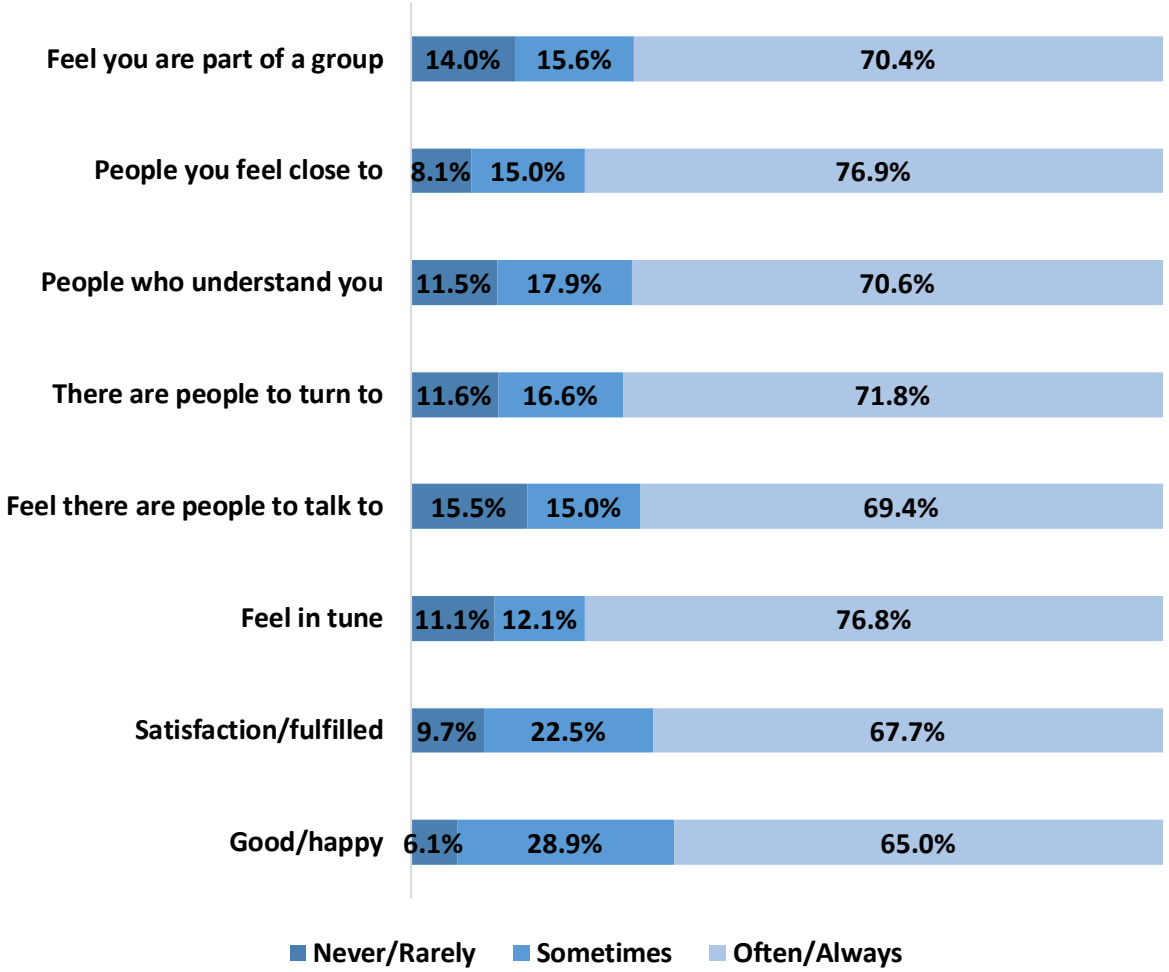
Responses for statements of outlook on life (%)

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
Statement of Negative Outlook on Life	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
Lack of companionship	49.1	26.8	13.6	6.3	4.1
You feel isolated	58.4	24.9	12.5	2.8	1.4
You feel down/worthless	51.4	26.5	16.3	4.6	1.3
You feel disappointed with life	42.2	31.1	20.1	4.7	1.8
You feel lonely	35.6	26.9	24.7	8.8	3.9
You experience anxiety/stress	31.1	29.0	27.9	8.4	3.7
You feel sad/depressed	31.6	28.2	29.7	7.1	3.3
You have trouble concentrating	42.3	25.4	22.1	7.3	2.9
You experience boredom/lose interest	38.5	25.3	27.1	5.4	3.7

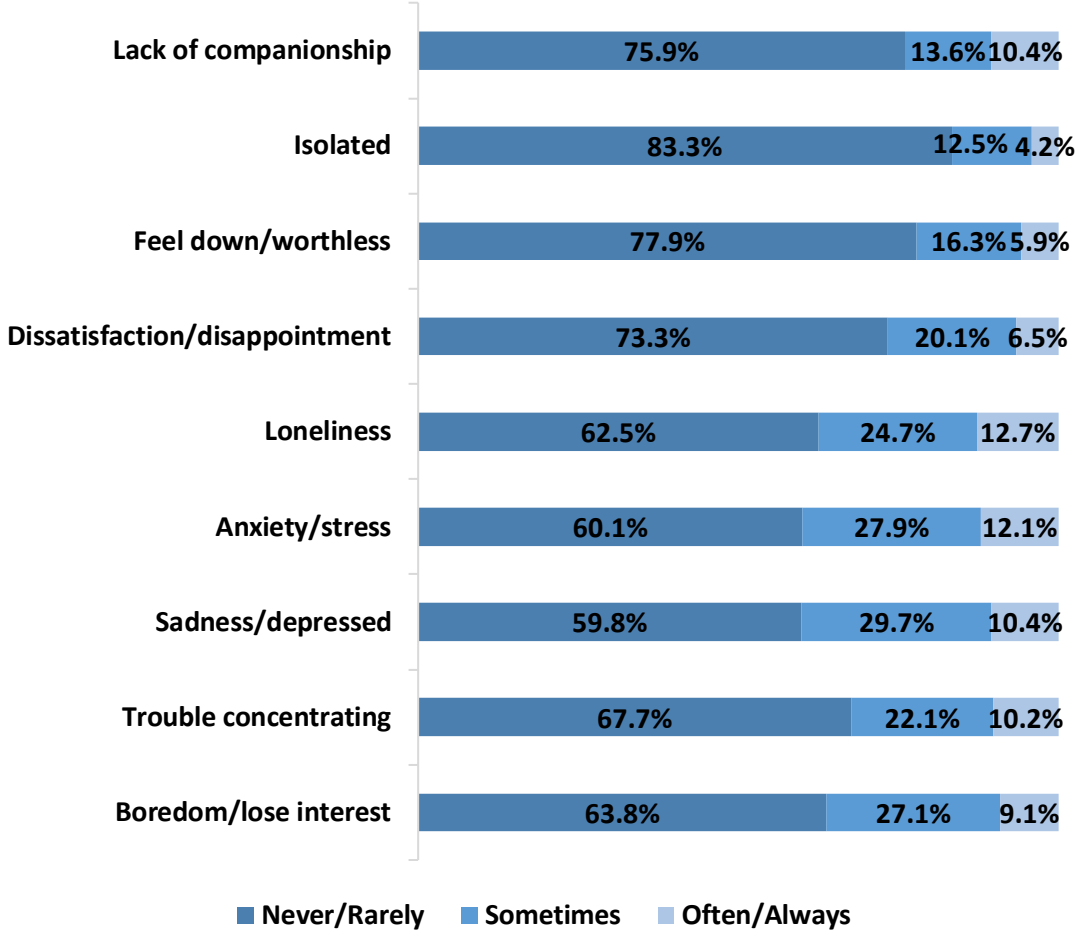
- 17 statements: 8 positive & 9 negative
- Cronbach Alpha for the 17 statements was 0.851.
- Each statement was measured on a 5-point Likert scale.
- Response scale for negative statements were inversely converted.
- A composite score was computed forming a psychosocial indicator.
- The composite scores ranged from 17 to 85 points.

Mean score = 67.2 ; Median score = 68

Outlook on life: Evidence from MARS (Age≥ 60)



8 positive outlook statements



9 negative outlook statements

Mean score for psychosocial wellbeing indicator

Variable	Percent (N=2231)	Mean score	SD
Age	Mean = 68.1		
Sex			
Female	54.0	66.2	10.1
Male	46.0	68.4	9.3
Marital status			
Never married	2.7	66.7	10.7
Married	67.1	68.5	9.2
Widowed/Divorced/Separated	30.2	64.4	10.4
Place of residence			
Urban	61.2	66.7	10.4
Rural	38.8	68.1	8.7
Education level			
No schooling	22.2	64.1	9.8
Primary	41.7	67.0	9.7
Secondary	29.7	68.9	9.5
Tertiary	6.3	71.4	9.0
Employment status			
Working now	16.9	69.1	9.0
No longer working/Never worked	83.1	66.8	9.9
Have source of income			
Yes	58.7	67.8	9.6
No	41.3	66.3	10.0
I am financially independent			
Disagree	21.5	63.3	10.5
Neutral	15.3	64.0	9.0
Agree	63.2	69.4	9.1
Self-reported health			
Good	38.0	69.8	8.7
Moderate	43.4	67.1	9.3
Poor	18.6	62.1	11.0
Diagnosed illness			
Yes	28.4	66.9	10.0
No	71.6	68.1	9.2
Need help with ADL			
Yes	6.6	60.6	10.7
No	93.4	67.7	9.6
Living arrangement			
Alone	4.8	65.6	10.3
With other family members	80.3	67.1	9.8
With spouse only	14.9	68.2	9.7
Have living children			
Yes	94.3	67.4	9.6
No	5.7	63.8	11.8
Receive monetary support			
Yes	67.6	67.7	9.5
No	32.4	66.2	10.4
I have a loving family			
Disagree	2.2	53.2	15.9
Neutral	6.5	58.5	9.2
Agree	91.3	68.2	9.1
I have caring friends			
Disagree	11.7	60.9	11.5
Neutral	10.2	61.9	9.2
Agree	78.1	68.9	8.9
Total	**100.0**	**67.2**	**9.82**

Multiple regression analysis

Variable	Coefficient (Standard error)
Age	-0.01 (0.03)
Sex *(ref Female)*	
Male	-0.125 (0.43)
Marital status *(ref Widowed/Divorced/Separated)*	
Never married	5.004 (1.50)*
Married	2.012 (0.46)*
Place of residence *(ref Rural)*	
Urban	-1.476 (0.38)*
Education level *(ref Tertiary)*	
No schooling	-3.594 (0.88)*
Primary	-2.641 (0.79)*
Secondary	-1.608 (0.79)*
Employment status *(ref No longer working/Never worked)*	
Working now	0.036 (0.52)
Have source of income *(ref No)*	
Yes	0.438 (0.39)
I am financially independent *(ref Neutral)*	
Disagree	0.189 (0.61)
Agree	3.006 (0.53)*
Self-reported health *(ref Moderate)*	
Good	2.156 (0.41)*
Poor	-2.639 (0.52)*
Diagnosed illness *(ref No)*	
Yes	0.33 (0.42)
Need help with ADL *(ref No)*	
Yes	-2.479 (0.78)*
Living arrangement *(ref With spouse only)*	
Alone	-0.701 (0.95)
With other family members	-0.289 (0.51)
Have living children *(ref No)*	
Yes	3.100 (1.07)*
Receive monetary support from family *(ref No)*	
Yes	1.295 (0.41)*
I have a loving family *(ref Neutral)*	
Disagree	-5.013 (1.43)*
Agree	5.597 (0.76)*
I have caring friends *(ref Neutral)*	
Disagree	-0.588 (0.78)
Agree	4.029 (0.62)*
Adjusted R-squared	0.273
***Significant at 1%**	

Summary & Conclusion

- A median score of 68 indicates that at least 50% of respondents experienced positive outlook.
- Being married and never married are associated with better psychosocial wellbeing compared to those who are widowed/divorced/separated.
  - Importance of companionship in old age.
  - Being single allows older people to live independently and not subject to the grief that comes with losing a partner.
- Higher education and financially independent are better off in older people's psychosocial wellbeing.
  - Better education -> higher socio-economic status, allows older people to live a secured & comfortable life.
- Psychosocial wellbeing of urban respondents significantly < rural respondents.
  - Hectic life, different living environment & social interaction experience.

Summary & Conclusion

- Good health and having no physical limitations are important predictors.
  - No disruption in their ability to be independent in daily functioning.
- Psychosocial wellbeing comes from having good social support system.
  - Living children, loving family, caring friends – financial support, feeling of being wanted, emotional attachment.

- The determinants of psychosocial wellbeing include the demographic and socioeconomic factors, health and social support.
- Initiatives to improve psychosocial wellbeing should include those that would strengthen family relationships, companionship and social connectedness as well as financial independence.

THANK YOU

halima@um.edu.my
swrc.um.edu.my