HEALTH NEEDS OF OLDER PEOPLE
IN A SEMI-URBAN VILLAGE IN MALAYSIA

SIDIAH SIOP
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Sidiahs Siop

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PREFACE

This book is based on a research study that assessed, from a nursing perspective, the health care needs of people aged 60 years and over that live in a village in Sarawak, Malaysia. This book's purpose is to share with others my experience of conducting health needs assessment among community-dwelling older people. Furthermore, the dearth of literature on ageing/older people from Sarawak propelled me to have this work published.

In Malaysia the vast majority of older people live in the community. As is typical of developing countries, the needs of the older people are provided for by the families, but with increasing urbanization the health and well-being of older people could be affected. Thus there is a need for assessment of the healthcare needs of this population. The assessment process needs to be a comprehensive conceptualization of community health issues, covering environmental, psychosocial, physiological and health-related behaviour domains.

Chapter 1 provides a demographic profile of older people, and an overview of the ageing population in Malaysia, and its implication for health care providers. It provides a discussion of issues associated with health and health promotion, needs and needs assessment and the role of public health nurses and community nurses in Sarawak.

Chapter 2 examines the term “health assessment” and health assessment tools and it discusses the applicability of the latter in the local context. A review of the few Malaysian studies does show implications for the development of policy and health care programmes. Nursing studies identifying health needs of older people in the communities as well as studies of health needs of communities are examined for the conduct of health assessment.

Chapter 3 describes the process of the study, addressing the population and sample, ethical issues, design, application of the Problem Classification Scheme and the analysis of data. Chapter 4 provides a description of the problems identified among the older people, grouped under four domains namely environmental, psychosocial, physiological and health-related behaviour. With the ageing process, physiological functioning generally deteriorates and multiple health problems are quite common.

Implications for clinical practice and research are discussed in Chapter 5. A need for comprehensive health screening services for older people and homevisiting services are further explored. Older people are in need of education regarding their rights to health care, information concerning their health, along with alternative treatments and their respective consequences. The significant role provided by family in the care of older persons also illustrates the need to include them in any health care programme. Furthermore, health care workers could play a critical role in the promotion of health among older people. The book concludes that continued research in the area of aged care is essential for nursing to expand the profession’s knowledge base.

Sidiah Siop
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This book is based on the contribution of many colleagues and friends. The study on which this book is based would not have been possible without the involvement of the good people of Kampung Sibuluh in Bau, Sarawak, East Malaysia, or the assistance of the State Health Department, Sarawak that facilitated access to their administrators, especially administrators of the Maternal and Child Clinic in Bau. Special thanks are due to Community Nurse Jipem who assisted with data collection.

I also wish to express my sincere gratitude to my supervisors, Professor Max Abbott and Ms. Lynne Giles, for their unfailing guidance, support and patience throughout the research project. My thanks to Ms. Lucienne Frey-Hoogwerf who was my supervisor during the initial phase of the project, to Professor Alison Johnston who provided valuable statistical advice and support during the data collection, and Associate Professor Dr. Hashami Bohari for verification of the translation. Special thanks also to Dr. Marion Jones, for her advice and support. Thanks also to Ms. Filomena Davies for the editorial support. Her valuable advice and forbearance is greatly appreciated.

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DEMOGRAPHIC PROFILE OF OLDER PEOPLE

Growing old is inevitable for it is a life process that begins at birth and it is increasingly apparent that we live in an ageing world. A triumph of Twentieth Century technology and scientific advancement has been the extent of population ageing that has resulted from reduced fertility, better health and increased longevity (Kinsella, 1997). Globally, the number of older people is on the increase. Today there are approximately 580 million aged 60 years and over. Of these, 355 million live in developing countries. By the year 2020, it is projected that there will be one billion elderly people around the world of whom 700 million will be in the developing countries (WHO, 1999a).

The number of older people and the rate of ageing are expected to increase steeply, with implications for a vast increase in the number of persons requiring special services such as health, recreation, housing and nutrition as well as formal and informal care (WHO, 1998). Developing countries will face even more serious challenges given their economic difficulties, the rapidity
with which populations age, the lack of social service infrastructure and the decline in traditional care provided by family members (Nakajima, 1998). It is particularly important to "recognize that increased longevity without quality of life is an empty prize - that health expectancy is more important than life expectancy" (Nakajima, 1998, p.5).

Ageing itself is not a disease; however, it is associated with increased susceptibility to disease. The last years of life are frequently accompanied by an increase in disability and sickness. There is a strong positive correlation between the increasing incidence of pathological conditions and increasing age (Fried & Guralnik, 1998; Fried, Ettinger, Lind, Newman & Gardin, 1994). The "giants" of geriatrics are immobility, instability, incontinence and intellectual impairment. They have in common the qualities of multiple causation, chronic course and deprivation of independence (Isaacs, 1992). Isaacs (1992) refers to the conditions as "giants" because they afflict a gigantic number of older people and "make their victims dependent on others for care" (p.1).

Health is indeed vital to maintain well-being and quality of life in old age. The health of older people is intrinsically tied up with both biophysical and psychosocial factors. Birren (1999) affirms that in human ageing sequences of biological, behavioural and social environmental factors influence both life span and well-being. Over the years, gerontology and research into the problems relating to older people have gradually been established in the developed countries, but have yet to be established in the developing countries (Chen, 1987a). The process of socioeconomic development has proceeded in tandem with population ageing in the developed countries, however, very different scenarios are emerging in the developing countries where economic and social service infrastructures are not in place (WHO, 1999a). This poses a challenge to countries like Malaysia that have to cope with the ageing phenomenon with limited available resources (Arokiasamy, 1997).
THE AGEING POPULATION IN MALAYSIA

Malaysia, like many other countries world-wide, is experiencing a growing number of older people. Declining fertility rates and mortality rates coupled with increased longevity have resulted in rapid population ageing. If 1950 is taken as the base year, the population of Malaysia is projected to grow by 5.1 times between 1950 and 2025, while the population aged 60 years and over will grow by 8.8 times. Table 1 demonstrates this projection.

Table 1: Projections of the total and elderly populations in Malaysia 1950 to 2025

<table>
<thead>
<tr>
<th>Year</th>
<th>Total population</th>
<th>Elderly population (No.)</th>
<th>Elderly population (%)</th>
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<tbody>
<tr>
<td>1950</td>
<td>6,110,000</td>
<td>446,000</td>
<td>7.3</td>
</tr>
<tr>
<td>1990</td>
<td>17,891,000</td>
<td>1,037,700</td>
<td>5.8</td>
</tr>
<tr>
<td>2025</td>
<td>31,274,000</td>
<td>3,940,500</td>
<td>12.6</td>
</tr>
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</table>

Source: United Nations 1993

By 1995 the number of persons aged 60 years and over had increased to an estimated 1.2 million (5.9%) of a total population of about 18.1 million (Department of Statistics, Malaysia, 1995). In the 1970s, the average Malaysian life expectancy at birth was 63 years for males and 68 years for females (Ministry of Health, Malaysia, 1995); Malaysians born in the year 2000 can expect to live to the age of 70.2 for males and 75.0 for females (Department of Statistics, Malaysia, 2000). These observations taken as a whole serve to illustrate the dimension of population ageing in Malaysia but do not capture the differences that exist between Peninsular Malaysia and East Malaysia, in particular Sarawak.
In 1999 the mid-year population of Sarawak was estimated at 2,027,100, giving a population density of 16.3 persons per square kilometer (Department of Statistics, Malaysia, Sarawak Branch, 1999). The Sarawak population consists of various ethnic groups. The majority (90.4%) of the population comprises the following ethnic groups: Iban (28.4%); Chinese (26.9%); Malay (21.4%); Bidayuh (8.1%) and Melanau (5.6%). The remainder is made up of the other indigenous groups namely Kenyah, Kayan, Kedayan, Murut, Punan, Bisaya, Kelabit, (5.8%), Indian and others (0.9%), and non Malaysian citizens (2.9%).

The proportion of persons aged 60 and over was 5.9% (3.2% female and 2.7% male) (Department of Statistics, Malaysia, Sarawak Branch, 1999). The proportion of the elderly population is still small and its impact on social and health services is only beginning to be evident. Regardless of the elderly proportion of the total population, the increase is sufficient reason to warrant close monitoring of the health care needs of this population.

As is characteristic of most developing countries, the Malaysian community has its own systems of family and kinship that provide for the needs of the older people. These systems are strongly influenced by the structural features of the extended family, household living arrangements and interactions among family members. Cultural norms encourage this practice since filial piety is deeply respected (Yassin & Terry, 1990; Ho, 1988). The family is undoubtedly the most valuable and significant source of support for the older people (Chen, 1987b; Tracy & Tracy, 1993). However, increasing industrialization, urbanization, modernization and socio-economic changes are rapidly affecting the lifestyle and well-being of the older people. This changing social trend has caused growing concern for the health and well-being of the older people (Yassin & Terry, 1990; Chen, 1987a; Andrews, 1987).

In addition, the demographic shift presents a challenge to health care professionals. National attention is now being focused on the special needs of this group and their rights to services. The Ministry of Health, Malaysia, in 1996 postulated that growing old
is an expensive burden to the country in terms of health care needs to be provided to the elderly population. Besides that, there is also a need to look into related areas such as the design of homes, hospitals, commercial and recreational facilities to allow day-to-day activities with as few health risks as possible (Ministry of Health, Malaysia, 1996). The level of unmet need is great and to date there are few cost-effective services that are available for the older people. Residential care, home care and care in hospices are still in their nascent stages (Ministry of Health, Malaysia, 1996).

The need for health care services, particularly for the increasing and vulnerable population of older individuals, presents a major challenge for the health care delivery system. Malaysia is still inadequately equipped to deal with its increasing ageing population (Arokiasamy, 1997). Health care of the elderly under the expanded scope of the Family Health Services was approved in the Seventh Malaysia Plan. This was in line with the government’s policy on care of the elderly under the "Dasar Warga Tua Negara" translated as National Policy for Elderly Care (Ministry of Health, Malaysia, 1997). A better understanding of health needs in the elderly population will provide health care professionals with information that could be used to meet these needs and also serve as an impetus to facilitate changes in health care delivery. This sentiment is supported by the President of the National Council of Senior Citizens’ Organization Malaysia (NASCOM), who, in March 1998, recommended that proper health services and facilities need to be addressed urgently (Tajang, 1998).

The health of older people is an important issue to be addressed by policy makers, professionals and health care providers given the trend in the increasing number of older people. The challenge is to maintain a healthy older population of people who can lead independent lives. Health promotion and disease prevention efforts targeted towards this group can contribute towards meeting this challenge. There is a need for comprehensive health care services for older people. However, providing comprehensive services for this population requires knowledge of
HEALTH AND HEALTH PROMOTION

Health

Health is a concept that has multiple meanings and interpretations that are continually changing. The variations between individuals are influenced by health values, beliefs and practices derived from culture and vary between and within culture (Leininger, 1985). In addition, the individuals can define health in relation to their expectations and to their "optimum level of functioning in everyday living" (Roper, Logan & Tierney, 1985, p.6).

In 1946, the Constitution of the World Health Organization (WHO) defined health as a "state of complete physical, mental and social well-being, not merely the absence of disease or infirmity" (WHO, 1982, p.1). This stance allows us to include good health. In actuality, health is a process that is continuous and eventually evolves into wellness, where illness lies on one end of the continuum and wellness on the other end (Bruhn, Cordova, Williams & Fuentes, 1977).

Health as the absence of disease or disability may not be appropriate for many older people for whom chronic diseases have become a way of life. One main attempt to define and classify the wider implications of health problems objectively has been the International Classification of Functioning and Disability (ICIDH-2) that systematically groups functional states associated with health conditions (disease, disorder, injury or trauma or other health-related state) at body, individual and society levels (WHO, 1999b).

In the eyes of many older people health is often equated with independence and an older person may suffer from multiple medical conditions but as long as she/he is able to do housework,
she/he claims to be healthy (McMurdo, 1998). Chronic diseases are the most important influences on health today, particularly in relation to older people. New diseases are uncovered or defined in new ways, and in the process of increasing our understanding of morbidity in the hope of postponing it, there is always a risk (or hope) of uncovering “new” or neglected areas of need (Bury, 1988).

Health Promotion

The Ottawa Charter (WHO, 1986) asserted that the basic prerequisites for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. It called for strategies in five areas: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorient health services. The Ottawa Charter states that “health is created and lived by people within the settings of their everyday life” (WHO, 1986 p.4), for example, by caring for oneself and others, and by being able to take decisions and take control over one's life circumstances and, most importantly, by ensuring that the society one lives in provides conditions that allow the attainment of health by all its members.

Demographic trends such as urbanization, an increase in the number of older people and the prevalence of chronic disease pose new challenges to health. These determinants of health were discussed during the 4th International Conference on Health Promotion in Jakarta (WHO, 1997a). The systematic assessment of the health impact of a rapidly changing environment on local populations is therefore essential.

NEEDS AND NEEDS ASSESSMENT

A fundamental aim of local health services should be the assessment of the health care needs of the population. The assessment of needs which take into account the whole population
in a locality is certain to reveal useful information for health care, such as what health care should be provided and to what extent the provision should be made.

First, it is useful to define what is meant by "needs". There are multiple meanings to the concept. The concept of needs is constructed as an instrument in several academic disciplines in that "a need is recognized as a need for something" (Lightfoot, 1995, p.106). Sociologists, health economists, epidemiologists and public health physicians in the past have defined needs from their own perspective (Stevens & Gabbay, 1991).

Broadly, the sociological view is exemplified by Bradshaw (1972) and whose taxonomy of normative need, felt need, expressed need and comparative need remains influential in health care. It distinguishes the difference between needs as identified by professionals (normative needs) and those wanted by the individual (felt). This distinction is evident in community nursing (Billings & Cowley, 1995). According to Bradshaw expressed need is felt need transformed into action, while comparative need is a measure of need identified by studying the characteristics of those in receipt of service and those of the same characteristics but not in receipt of service. Alternatively, it is the gap between what services exist in one area and what services exist in another (Bradshaw, 1972). Felt need measures are regularly used in studies of older people and community development (Bradshaw, 1972) but it is important to note the power of the professional in the normative construction of needs if the objective is to improve service provision (Bradshaw, 1977).

The traditional epidemiological approach to needs assessment has been to use morbidity and mortality data to measure the amount of ill health in the community. Subsequently, this would be depicted as relative needs created by the different diseases and are used to set priorities for allocating resources for the treatment or prevention of the different diseases (Donaldson & Farrar, 1993). Need is thus defined in terms of lives lost, life years lost, morbidity or loss of social functioning. This approach has the potential to
provide valuable information about the need for health that aims towards an overall healthier population. However, Stevens and Gabbay (1991) argue that if needs assessment is to provide effective service, the need for health care should be the focus. They further argue that a sound understanding of the epidemiology of health needs is vital for the future development of health service as it focuses on prevalence of diseases and death. This view is supported by Shanks (1995) who affirms that the strength of the epidemiological approach is the ability to look beyond people who demand health care to those who do not demand it but “need” it.

Another approach that is gaining interest and application is the community health profile which incorporates sociological and epidemiological perspectives (Billings & Cowley, 1995). Community profiling is appealing in that it is a combination of quantitative data, such as demographic information, epidemiological data and indicators of deprivation, with qualitative data, such as information from professional caseloads and individual assessments (Richards, 1991 cited in Billings & Cowley, 1995). Advocates of the profile emphasize that it provides a comprehensive picture of population needs for health care, giving a more accurate indication for health service provision and highlighting the differences between need and health care delivery (Hugman & McCready, 1993; Snee, 1991; Cernik & Wearne, 1992).

However, the problem with profiling from a research viewpoint is the difficulty involved in the identification of an appropriate research design for data collection and analysis (Billings & Cowley, 1995). Generally, data are collected in an ad hoc manner using available information, and there is minimal description of how broad census data are aggregated with perspectives from the individual. In reality, it is beyond the scope of practitioners to have a complete profile due to the constraint of time and resources. Moreover, the accuracy of the data sources is also rarely questioned for reliability (Billings & Cowley, 1995).

An approach as in defining the need for health care described by Donabedian (1974, cited in Acheson, 1978) is based on “some
disturbance in health and well-being”. Need, therefore, is defined in terms of “phenomena that require medical care services”. The phenomena underlying needs are: the risk of morbidity; pain and discomfort, dysfunction inclusive of disability and impairment, and risk of mortality. Within health care, needs assessment can be seen as a diagnostic process leading to appropriate medical and nursing interventions and, for policymakers, it is a process that aids the task of setting priorities for the provision of health services (Vernon, Ross & Gould, 2000).

ASSESSING THE HEALTH CARE NEEDS OF OLDER PEOPLE LIVING IN THE COMMUNITY

Most care of older people now takes place in the community as the vast majority of older people throughout the world live in the community (WHO, 1997). The concept of community care is to provide services that are needs-led (Cowan, 1998) and which involve activities such as screening, assessment or case finding and an attempt to identify unmet needs (Davison & Reed, 1995). Thus, the challenge for health care worker is to ensure that the assessment process is comprehensive enough to encapsulate not only the physical aspect of health, but also the psychosocial and environmental which may have a significant impact on health and well-being (Vernon, Ross & Gould, 2000). Furthermore, it is generally agreed that a thorough and systematic assessment of older people is the most effective way of meeting their health care needs.

ROLE OF PUBLIC HEALTH NURSES AND COMMUNITY NURSES IN SARAWAK

Public Health Nurses and Community Nurses operate under the Family Health Development Division, both of which are under the umbrella of the Division of Public Health in the Ministry of Health, Malaysia. They are based in the Maternal and Child
Health Needs of Older People in a Semi-urban Village in Malaysia


As elsewhere in Malaysia, Public Health Nurses and Community Nurses in Sarawak provide primary health care services to individuals, families and the communities. An important component of their work involves assessing health needs and creating people's awareness of health needs. As outlined in the Community Nurse curriculum (Ministry of Health, Malaysia, 1995) the emphases are on (a) assessing the health needs and making appropriate referral, (b) providing promotive, preventive, simple curative and rehabilitative care, (c) providing health education, (d) providing effective midwifery services, (e) maintaining good interpersonal and public relations and functioning effectively as a member of the health team, (f) utilizing available resources and using primary health care approach when delivering health care to individuals, families and the communities.

The ability to carry out a full assessment of the needs of individuals, families and communities has always held a central place in the practice of community nursing. An individualized or personalized approach to assessment is advocated, recognizing that an assessment of individual client needs is fundamental to ensuring appropriate service provision. To assess needs also requires the skills to elicit, measure, articulate and record the multiple aspects of needs, and it requires knowledge of available and suitable services and the ability to work collaboratively with other agencies, as appropriate, to ensure adequate service provision.

The administrative function of Public Health Nurses and Community Nurses is to maintain health information on clients served in their operational areas, and to compile their work returns (caseloads) in addition to the day-to-day services provided in the Maternal and Child Health Clinic, Health Clinic or Rural Health Clinic. Currently, the predominant focus is on maternal and child health especially in the home nursing/home visiting service. Recently, the primary health care concept was introduced wherein a comprehensive family health service is emphasized, providing
care to all age groups of the whole family (Ministry of Health Division of Public Health, 2000). The Family Health Programme now has to include other members as their target group, including, adult and elderly members in the family.

**EXPANDED ROLE OF PUBLIC HEALTH NURSES AND COMMUNITY NURSES**

The ageing population necessitates the provision of services for older people and in 1995 new programmes were introduced including care of older people (Ministry of Health Malaysia, Division of Public Health, 2000). With the introduction of these new programmes, Public Health Nurses and Community Nurses will have to maintain a register of older people in their respective operational areas and to continue updating the information. Collection of information in this aspect is ongoing. In a Working Paper by the Family Health Development Division, Ministry of Health Malaysia (1999), a few health screening tools/protocols for older people have been identified to be tested in the pilot project.
This chapter examine the various theoretical frameworks and health needs assessment tools used in identifying health needs of community-dwelling older people. A review of a few Malaysian studies on ageing and nursing studies identifying health needs of communities are presented. Thus the chapter provides a framework for the conduct of health needs assessment.

Health care assessment embraces the full spectrum from medicine to nursing to the professions allied to medicine. Assessment is an important component of professional practice. Most importantly, assessment focuses on identifying the needs of the individual being assessed with a view to determine how those needs might be met (Ross & Mackenzie, 1996).

The development of multidisciplinary needs assessment tools requires an understanding of what they measure. Clarity about what is being measured is also essential. It is likely that many needs