INSTITUT MASA DEPAN MALAYSIA

MASA POLICY DEVELOPMENT PROGRAMME

POLICY BRIEF

14

Combating Ageism in Healthcare

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MASA POLICY DEVELOPMENT PROGRAMME

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PREFACE

Institut Masa Depan Malaysia (MASA) is an independent think tank that brings together experts in government and academia to provide quality research, policy recommendations, and analysis on the full range of public policy issues guided by the shared prosperity values.

Since its inception, MASA has been actively involved in shaping national policies and frameworks. MASA Policy Development Programme (MPDP) was introduced as a pioneering initiative aimed at promoting policy research among researchers from public and private universities across the country, in alignment with the Shared Prosperity Vision 2030 and the Sustainable Development Goals, which are integrated with the 12th Malaysia Plan.

Through the MPDP 1.0 initiative, 30 Policy Briefs have been successfully produced, encompassing policy input and recommendations across sectors such as economics, social issues, education, and sustainable development.

MASA expresses its gratitude to Professor Dr. Choo Wan Yuen and her team for the production of this policy brief. The commitment of the MPDP grant recipients, along with close cooperation with relevant stakeholders, is highly appreciated and is hoped to continue making a positive impact on national policy development.

Azril Mohd Amin
Chief Executive Officer
Institut Masa Depan Malaysia

ABOUT MASA

Institut Masa Depan Malaysia (MASA) is an independent think tank that brings together experts in government and academia to provide quality research, policy recommendations, and analysis on the full range of public policy issues guided by the shared prosperity values.

MASA was established in January 2019. The formation of the organisation was inspired and mandated by the Seventh Prime Minister, YABhg. Tun Dr Mahathir Mohamad and the Eighth Prime Minister, YB Tan Sri Dato' Haji Muhyiddin Bin Haji Md Yassin. It was founded out of a passion to forward the philosophy of shared prosperity in Malaysia and this region.

MASA also was commissioned by the government of Malaysia to author and develop the Shared Prosperity Vision 2030 plan as the new socioeconomic plan for Malaysia.

Our Vision

To be a thought leader on policy ideas and analysis guided by shared prosperity values.

Our Mission

To create a world where no one is left behind by influencing policymakers to develop data-driven policies that ensure equitable wealth distribution and continuous improvement of people's well-being.

ABOUT MPDP

MASA Policy Development Programme (MPDP) is a pioneering effort in promoting policy research that has become part of MASA's flagship project, in line with the 12th Malaysia Plan which is aligned with the Shared Prosperity Vision and the Sustainable Development Goals.

The research grant, introduced for the first time in 2021, received an encouraging response public and private institutions of higher learning as well as non-governmental organizations.

MPDP researchers have produced studies across various strategic areas, including multidimensional poverty, education for the B40 group, sustainable urban planning for low-income communities, regional inclusivity in Sabah and Sarawak, social enterprise models for Micro, Small and Medium Enterprises (MSMEs), green economy potential and food security.

Other strategic areas of studies include empowerment of the ecotourism sector, climate change, health preparedness and crisis resilience, addressing learning loss, business acceleration, affordable housing and social protection.

All these are reflections of the initiatives and aspirations, inspired by the 8th Prime Minister and Chairman of MASA, Tan Sri Dato' Haji Muhyiddin bin Hj. Md. Yassin.

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BIOGRAPHY

CHOO WAN YUEN

Choo Wan Yuen is a distinguished Professor of Social Epidemiology at the University of Malaya, with a robust academic background and a Ph.D. from Queensland University of Technology. She has held significant positions, including Associate Professor and Senior Lecturer at the University of Malaya. Choo's expertise encompasses Elderly Health, Elder Mistreatment, Adolescent Health, and Sexual & Reproductive Health, along with strong research methodology and biostatistics knowledge. She has played key roles in research management and has led the groundbreaking Preventing Elder Abuse and Neglect Initiative (PEACE). Her prolific contributions to academic literature and mass media demonstrate a deep commitment to public health and community well-being.

NORAN NAQIAH HAIRI

Noran Naqiah is a renowned epidemiologist and public health expert with a distinguished career spanning decades. With a strong academic background, including a Ph.D. from the University of Sydney, she has become a leading authority in the field of aging-related research, focusing on issues like physical disability, elder abuse, and neglect. Her groundbreaking work as the Principal Investigator for the "Prevent Elder Abuse and Neglect Initiative (PEACE)" led to significant policy changes in Malaysia, highlighting her impact on public health and advocacy. Her substantial contributions, including over 100 peer-reviewed journal articles, showcase her dedication to improving the well-being of older adults.

TENGKU AMATULLAH MADEEHAH TENGKU MOHD

Tengku Amatullah Madeehah is an accomplished healthcare professional and academic. She holds a DrPH and an MPH and currently serves as a Senior Lecturer at Universiti Sains Islam Malaysia. She is dedicated to teaching community health and research methodology. Her research focuses on cataract prevalence, COVID-19 impact, family planning, and mental health. She has secured research grants and received awards for her contributions to healthcare and academia. Her career reflects a commitment to advancing public health knowledge and mentoring future healthcare professionals.

Executive Summary

Combating ageism was recognised as one of the four priority areas for action in the Decade of Healthy Ageing: 2021–2030, a global strategy and action plan on ageing and health and the United Nations 2030 Agenda for Sustainable Development. Ageism can influence society's attitudes regarding its older population, as well as impacting the self-perception of older people toward themselves.

Ageism can be very damaging to health and well-being and acts as a major barrier to enacting effective policies and taking action on healthy ageing. The progressive aging of the Malaysian population brings along the subject of biases against older persons.

The goals of this policy brief are to:

- raise awareness about the extent of stereotypes and ageism faced by older persons, particularly in health services in this country.
- draw attention to the need to prevent ageism and recommends specific actions against ageism to improve the health of older people in Malaysia.

Stereotyping of aging among the Malaysian public is rather common. It is clear from the findings that ageism and stereotypical attitudes were subtle but perpetuated in the healthcare sector. It did encroach into other different aspects of living for older adults such as their employment and social participation which may pose a significant impact on their health and social wellbeing.

The stereotyped attitudes towards aging may be contributed by older adults' poor awareness of their rights for respect, older adults internalising ageism themselves, or deeply-rooted social norms ingrained in the community. The findings found four major areas of concern related to aging and ageism among older people. They are:

(1) Limited understanding of aging and ageism

- Ageism is not always explicit and thus is sometimes difficult to recognise or defined by older persons.
- Some have misconceptions about aging and assumed as normal parts of aging such as functional decline and memory loss although these are untrue.

(2) Barriers in accessing healthcare

- Age-friendly facilities in healthcare centres are insufficient for older adult patients
- Lack of direct communication between patient-physician older people
- Lack of empathy, care and patience from healthcare staff to older adults' needs
- Older persons with poor technology skills faced difficulties in assessing healthcare.
- Over-acceptance of poor attitudes from healthcare staff reflects older persons' poor awareness of their rights to quality care.
- Older people are not empowered to express their needs.

(3) Unmet needs for social networking and long-term care among older people

- Older persons need to socially interact with others to reduce social isolation.
- Older persons preferred aging in place and open to day-care program rather than long term placements such as nursing home or institutions

(4) Discrimination in financial and social security

- Older adults with financial resources have greater ability to afford private healthcare as an alternative and greater autonomy to decide their own health matters.
- Older adults struggled to find employment despite good physical and mental functioning.

Challenging and eliminating ageism in any society requires an anti-ageism movement involving all sectors, actors and community members to play an active role in advocacy and changing social norms.

Four major recommendations for actions that aim to combat ageism in healthcare and other related sectors are proposed. It is important to emphasize that these recommendations should not be viewed as solo interventions because often, the successful implementation of these programmes requires inputs and efforts that cut across all sectors and stakeholders.

These recommendations could be implemented concurrently to intensify its potential benefits. They revolve around four major areas:

(1) Raise older adults and community's awareness on ageing and ageism to increase empowerment of older people

- Foster positive view about aging and health literacy among older adults and the general community through education interventions.
- Media campaigns and social medias to be utilised to change social norms by challenging the inaccurate stereotypes about older people.
- Healthcare professionals should educate older persons on issues regarding ageing issues and their health during their consultations.
- Implement programmes on successful aging for adults and during pre-retirement sessions at workplace.
- Provide platform for older adults to voice their health and other related needs.
- Governments and civil society organizations, academic and research institutions, and business forms a coalition to advocate, collaborate and work together in combating ageism.

(2) Policy and legislation

- Implement policies that provide social protection and financial security for older adults when they retire.
- Enact legislation that eliminate discriminatory practices towards older people and promote equality at the workplace.
- Encourage employers to employ older adults for work through tax relief.

(3) Create Age-Friendly Healthcare Environment

- Implement training of healthcare professionals' programmes to increase awareness on ageism, improve communication skills and practices targeted to address older adults' care and needs.
- Incorporate older-persons friendly concept in designing physical facilities to improve access.
- Increase competency in digital skills of older adults so that they can use technology with ease and safe.

(4) Building intergenerational relationships and encourage active social participation of older adults

- Create a culture promoting intergenerational interactions by conducting regular activities combining older adults and children or younger people to encourage cultivation of intergenerational relationships.
- Build a well-planned inclusive, integrated, and supportive residential environment whereby childcare centres and older persons day-care centres or long-term care facilities are in the same vicinity.
- Introduce the time banking scheme to encourage younger generation and older persons to care for senior citizens in need of care.
- Encourage active engagement of older persons in their local organisations to reduce social isolation.

Introduction

Ageism is a widespread phenomenon in many societies and poses a significant threat to older people's active ageing. According to WHO, ageism refers to the stereotypes, prejudice and discrimination towards others or oneself based on age [1].

The findings from the World Values Survey involving 57 countries, revealed that 60% of the participants felt that older people do not receive the respect they deserve [2]. Ageism may be much more prevalent in many sectors in society including health care, social care, workplace, media, or legal system [3].

In the health sector, older adults are major consumers of services, but they often receive inadequate care due to ageist attitudes. For example, health care is sometimes rationed based on age, where treating younger adults are given priority before older adults.

Chang and colleagues found age was a determinant factor of who received certain medical procedures or treatments in more than 80% of the 149 studies included in their review [4]. In a USA study involving five medical centres, the authors also found that the age of patients determined the decisions of medical staff to withhold life-sustaining therapies in 9,000 patients who had illnesses with high mortality rates [1].

During the COVID-19 pandemic heightened ageism attitudes was seen, which has implicitly become a significant risk factor increasing physical and psychosocial vulnerability of older persons [5].

The suffering for the elderly has also worsened due to increased marginalization and human rights deprivation of older persons during COVID-19 pandemic.

Poorer health outcomes due to ageism may have a direct or indirect effect of reduction in older people's quality of life, increased social isolation and loneliness which are associated with serious health problems and increased risk of violence against older people.

However, the WHO Global report on ageism also identified significant gaps in our understanding towards cross-cultural differences of ageism due to the scarcity of data from low- and mid-developing countries especially from the Southeast Asian region [1] and Malaysia is underrepresented.

A recent Malaysia report stated that the country will become an ageing nation much earlier than predicted, after Malaysia recorded the lowest fertility rate in four decades. The total fertility rate (TFR) of women in reproductive age dropped to 1.7 babies in 2020, compared to 4.9 in 1970, based on figures from the Malaysian Statistics Department [6].

Malaysia's fertility rate has been below the United Nations' Statistics Division's replacement level of 2.1 babies since 2013. Longer life expectancy and decline in total fertility rate has been the driving force accelerating the aging population.

The elderly population aged 60 years and above is expected to reach 15.3% by 2030. In view that population ageing is inevitable in Malaysia, this phenomenon will generate new challenges in terms of health and social services.

The dearth of directed policies to address this issue effectively would likely to contribute to ageism prevalence in the coming decades.

This policy brief outlines the extent of stereotypes and ageism faced by older persons, particularly in health services; and recommends specific actions and solutions against ageism to address improving the health of older people in Malaysia. The narrative around age and ageing requires a major shift for us to move forward in combating ageism and achieve the development purposed in the Sustainable Development Goals.

Key Messages and Recommendations

Recommendation 1

- To raise older adults and community awareness on ageism and empowerment of older persons.

Recommendation 2

- To create Age-Friendly Healthcare Environment.

Recommendation 3

- To build a stronger intergenerational relationships and encourage active social participation among older person.

Critique of Current Policy Option

The concerns around Malaysia becoming an aged nation have brought about the establishment of several health and ageing policies. The Ministry of Health and Ministry of Women, Family and Community Development (MWFCD) are major providers of publicly funded health and social services for the older people.

Thus, the health and ageing policies in Malaysia are mainly driven by the Department of Social Welfare under the Ministry of Women, Family and Community Development (MWFCD), while policies related to health of older people are provided by the Ministry of Health (MOH). Other ministries involved in policies related to older people include the Ministry of Housing and Local Government, Ministry of Human Resource, Ministry of Finance and Ministry of Transport [7-15] .

(1) National Policy for the Elderly, National Policy for Older Person and the National Older Persons Advisory and Consultative Council

The Malaysian government was among the first few countries in the Asia Pacific region to have formulated its own policy for older people. The National Policy for the Elderly (NPE) under the Department of Social Welfare, Ministry of Women, Family and Community Development was developed in 1995.

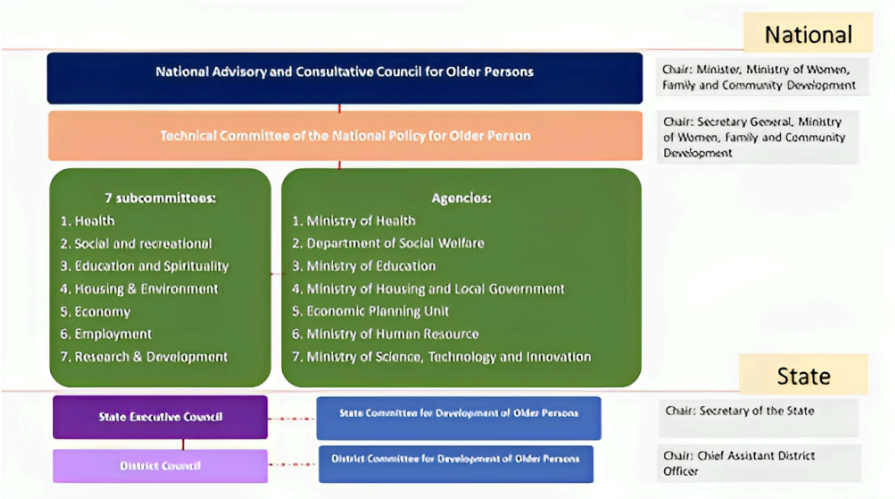
Independence, care, participation, self-fulfilment, and dignity were the broad themes in this policy which was similar to the UN Principles for Older Person 1991. The NPE's Plan of Action (1997 – 2005) was developed and adopted in 1998. The National Policy for the Elderly was later revised in 2011 and termed as National Policy for Older Persons.

This revised policy adopts a life-course approach aiming at empowering the individuals, family and community while making provisions for age-friendly services and enabling environment for the well-being of older persons.

As a result of the NPE, the National Older Persons Advisory and Consultative Council was established and first convened in 1996. This is the main body that overlooks the implementation of Malaysia's National Policy for Older Persons, monitors and evaluates the effectiveness of programmes carried out for older persons.

Chaired by the Minister of Women, Family and Community Development, this council meets twice a year and serves as the focal point for issues related to older people in Malaysia. Members of the council consist of representatives from various government agencies, private sectors and NGOs on ageing (see Figure 1), with the Department of Social Welfare serving as the custodian and secretariat of this council. The council has been established as a means of sharing findings and receiving updates from the ground.

Figure 1
Governance structure for the Implementation of the National Policy for Older Person and its Action Plan (reproduced from Dasar Warga Emas, 2011)



(2) National Older Persons' Health Policy

In 2008, the Ministry of Health developed its own National Older Persons Health Policy and Action Plans. The National Older Persons Health Policy outlined six principles - maintaining the autonomy and independent ability, realising the specific needs of older persons, assisting careers, promoting healthy ageing, providing ongoing care as well as the rights of older persons for better quality living and peaceful death. As with the Department of Social Welfare for the National Policy of the Elderly and the National Policy for Older Person, the Family Health Development Division (Ministry of Health) is responsible for driving the implementation of National Older Persons Health Policy.

Being the main custodian for healthcare programmes in the country, there are several other policies under the Ministry of Health that place significant reference to older people.

These include the National Oral Health Plan for Malaysia (2011 - 2020), National Strategic Plan for Non-Communicable Disease II (2016 - 2025), National Plan of Action for Nutrition of Malaysia III (2016 - 2025), National Strategic Plan for Tobacco Control 2015-2020, Salt Reduction Strategy to Prevent and Control NCD For Malaysia 2015-2020, National Strategic Plan for Cancer Control Program 2016-2020, National Strategic Plan for Active Living (2017 - 2025), National Palliative Care Strategy and Policy (2019 - 2030).

Each of these policies are placed under different sections of the Ministry of Health, for example the National Oral Health Plan for Malaysia was developed and carried out by the Oral Health Division, while the National Strategic Plan for Non-Communicable Disease II (2016 - 2025) and other policies related to Non-Communicable Disease (NCD) is carried out by the Non-Communicable Disease (NCD) Section, Disease Control Division.

(3) National Social Policy (NSP)

National Social Policy (NSP) is a social development policy which is based on values and human capacity building to achieve unity and social stability, national resilience as well as progressive and reputable Malaysians (Department of Social Welfare, 2021).

The specific objectives of NSP include lifelong development and empowerment of individuals, strengthening and developing social support systems and social services as well as generating multi sector synergies.

The NSP also focuses on the basic needs of older persons such as social inclusion, strengthening and developing the social support system and social services for older persons as well as empowering them in social fields such as the entrepreneurial fields.

(4) National Community Policy (NCP)

The National Community Policy (NCP) was established in 2018. It was designed to develop community initiatives in creating a quality environment, empowering the community, and encouraging their involvement in the local developmental planning.

This policy was enacted in harmony with the National Housing Policy (2018 – 2025) as manifested by the Ministry of Housing and Local Governance in ensuring that these dual holistic and comprehensive policies bring about the wellbeing of the community.

(5) Shared Prosperity Vision 2030 (SPV2030) and Malaysia Plan

The Shared Prosperity Vision 2030 (SPV2030) aims to develop Malaysia into a country with sustainable growth and prosperity for all over the next 10 years. The SPV2030 blueprint consists of three core objectives, fifteen guiding principles, seven strategic thrusts and eight enablers. Older adults were included under the nine target groups in the SPV2030 blueprint.

The national development plan (Malaysia Plan) is one of the key documents that the government ministries and agencies refer to. Since the 1990's to date, the topic of older persons has changed from being one of social welfare to one that involves greater active participation. There are now many more government ministries and agencies involved in issues relating to older people.

In conclusion, several policies on older persons have been introduced by the Malaysian government, but its implementation and enforcement have yet to achieve the optimal level. While affordable health care and financial security for older persons are affirmed in various policies, a sustainable solution are needed to ensure equitable healthcare access for all. Other domains relating to the wellbeing of older persons need further review to accommodate the evolving challenges facing an aging population.

Policy Implication

Malaysia has made progress in incorporating the needs of older people into various health and ageing policies. Our general ageing policy has been in place since 1995 and Malaysia's health policy for older people was developed in 2008.

These policies and plans of actions are well structured and are overseen by several ministries and agencies. Malaysia's health and ageing policy should be addressed holistically as part of a larger framework that considers the economic and social well-being of older people. Provision of healthcare needs to be coordinated efficiently across several sectors focusing on aligning these policies into one aged-friendly ecosystem.

Key challenges identified for revisions and improvement of the current policies include:

- Malaysians are living longer but not necessarily in good health. NHMS 2018 report indicates the high prevalence of NCD and Multimorbidity, and high dependency in daily living (ADL and IADL). Coupled with COVID-19 and other infectious diseases, the demand for health care increases, which directly places constraints on our existing healthcare resources.
- Malaysia's current national health care financing arrangements has been put under scrutiny as the ever-increasing and huge healthcare costs would make it non-sustainable in the long run. Notwithstanding the existing tax-funded system undergoing huge strain, the government has been slow in making the necessary reforms.

- Dichotomous healthcare system – with the public receiving almost free of charge heavily subsidised health care from the government and fee for service private health care. Disparities between the health services offered in the government versus private sectors is observed where patients experienced shorter waiting times and able to choose their preferred healthcare provider(s) in the private sector. The fragmentation of health care systems into public and private sectors, can be a major hurdle for health equity in terms of accessibility and affordability of care among older persons. Resources across the public sector and private sector, needs to be more effectively and efficiently utilised.
- Pathways to keep older persons remain active and productive while living longer is prerequisite to healthy ageing. However, the current healthcare places more focus on curative care as compared to prevention measures. Human health needs are always in a continuum - from disease prevention to early and prompt treatment as well as rehabilitation. All preventive measures promoting healthy lifestyles and preventing chronic diseases later in life should develop during childhood, extend to adulthood, and continues throughout their life cycle. A strong emphasis on life-course approach in health promotion and prevention should be prioritized to ensure healthy and active ageing. Malaysia needs to invest more in our health promotion and disease prevention strategies over the life course.

- Malaysia’s rapid transition to an aged nation is not in sync with the provision of Long-Term Care for older adults. This segment of care is scarce and largely fragmented. Many factors contributed to the current state of affairs including the dissection of health and social care provision placed under two different ministries. Although efforts were put forth by setting up coordinating councils or bodies between different ministries, the significant overlap and implementation issues of some programmes and activities remain a challenging task to be resolved. This issue magnified, in particular when policy is centrally designed at the national level but requires implementation at state and district level.

To meet the future needs of Malaysia's older population, our National Policy for Older Persons, National Older Person Health Policy and their associated Plan of Actions must be monitored and evaluated regularly. Although many policies have been established, the legal structure to support these policies are still not in existence. A specific Malaysian elder law to protect the rights and promote health and well-being of our elders is necessary and timely.

Result and Discussion

Issue 1: Poor understanding of ageing and ageism

Older people described ageing in three major dimensions in the in-depth interviews: physical, psychological and social health. Most older adults expressed physical health changes including functional declines, slower mobility, and memory loss, where they normalised these as part of the ageing process.

While most have maintained an accepting attitude toward these changes, several refused to be stereotyped and dissociated "being old" with "ill health", as diseases are not limited to older people but affect younger people too:

"I don't agree in that, because you are old you will get all sorts of diseases. Even young even young people…I see newspaper news, even sometimes babies also so they got cancer, what is that. They don't eat anything they only drink milk." [P6]

"Yang itu hanya Allah yang tahu, tak boleh kata, eh engkau muda kenapa kau sakit? Allah nak bagi tak boleh pula kata, aku muda tak sakit. Sakit tu Allah bagi juga. Kadang orang tengah tu 30 tahun pun dia sakit semua sakit tulang sakit macam macam macam." [P4]

Some older people stated several actions needed to compensate the undesired effects of aging through actively engaging in healthy lifestyle behaviours. Physical activity and "eating healthily" were regarded as an essential part of adopting healthy lifestyle. They tend to associate these behaviours to disease prevention and ability to maintaining functional independence among older people.

Older people viewed good physical health as an important characteristic for staying independent and not becoming a burden to others. Another related important attribute that older person associates with being independent is the state of their psychological health.

Participants valued the state of their mental alertness because it allows them to continue remain autonomous and having control over their own affairs. Having positive and not "self-defeating" attitudes towards aging are deemed necessary for older people to stay mentally healthy.

"And also, well, people might think that you know, and, and some old people, they may have a self-defeating, they will self-defeatist, oh I'm old I'm not able to move around, you know,' I'm useless to the family'. So things like this might get them into depression. And then they will avoid you know to be in the…. they will avoid mixing around in the community or with the friends and neighbours. Definitely, I'm sure that this will be a big issue." [P10]

The participants also emphasised the importance of older adults being socially active and how they could stay active within their local community via religious and community participation. Being part of a religious group is considered as essential for older adults with similar beliefs as this increases their sense of belonging and purpose in life.

Weekly attendance to place of worships such as mosque, temple or church enhance social engagement and connectedness of older persons with people outside of their family circle. In addition, staying socially connected with people, e.g. neighbours, is essential for socially isolated older persons or older people who live alone to keep a lookout for each other as described:

"Dia pertama anak-anak tak tinggal dengan dia, nombor dua… nombor dua pasal kejiranan. Kejiranan pun satu peranan juga. Sekarang ni menganggap lah dia kalau kata kita dah makin usia sementara kita ada kesihatan ni nombor satu, saya nasihatkan dia memang saya Pak Uda untuk diri sendiri lah memang kita nak kena bersama dengan masyarakat maknanya surau dan masjid tu kita mesti, haa join. Bila kita join orang tahu, kadang 4..5… 3.. 4 hari dia tak ada, eh mana dia pergi. Haa kan kalau tinggal suami isteri pun orang tahu kan, haa kenduri-kendara itu penting." [P1]

When asked to define ageism, what stands out is most older people found it difficult to define ageism because most have not heard or recognise the word. For older people who have heard about the terminology, the vocabulary used to describe is limited. Older adults may themselves also hold age stereotypes that could affect their interpretation of other peoples' behaviour towards them including their own behaviour.

It is clearly that older people do not commonly use the word 'ageism', although the manifestation of discriminatory practices and treatment against them is not uncommon in their everyday lived experiences. One participant relates her observation of the presence of social discrimination in the community due to age differences:

"Memang ada. Itu ada, diskriminasi tu ada, tengok dekat majlis je lah kadang-kadang...dekat majlis apa kan, majlis bukan majlis keluarga, orang tua mana ada yang dibagi peluang untuk bercakap tak. Tak ada, melainkan orang tua tu ketua kampung....Yang berpendidikan.... Ada, tengok kalau dekat warung kampung je, you akan tengok di situ boleh differentiate orang." [P2]

The poor understanding of older adults on what constitutes aging and ageism were also reflected in a survey among community members conveniently recruited during a health promotion campaign in a hospital and a government housing programme area located in an urban city.

The respondents were surveyed on the facts about aging and the results suggest that awareness about aging is generally low (mean =11.0 out of a total score of 25). When analysed by age groups, older people (≥60 years old) did not have better views about aging than their younger counterparts.

Older people scored lower (mean 11.58) than middle-aged respondents between 40-59 years old (mean 11.91) although slightly higher than younger respondents (<40 years old) (mean 10.78) but again these differences are not significant.

The findings found that older adults are often stereotyped as being slow, unable or take longer time to learn and adapt, at risk of accidents and poor health.

Ethnicity, gender and education level are not associated with negative stereotypes about aging. This suggests that awareness education to raise understanding about ageing and ageism should be targeted to all and not to specific age groups, ethnicity, gender or education level in cognizance that stereotyping of aging among the general community is rather pervasive and common.

Issue 2: Barriers in accessing to healthcare

(A) Need for supportive hospital environment

The older people generally expressed a positive view and appreciative attitudes towards the Malaysian health care system due to its relatively low cost for consultation and treatment accessible to all public members.

"Haa itulah makcik kata terima kasih ingat dengan kerajaan tu, bagi kami walaupun dari muda dulu. Dulu ambil kad tu seringgit. Anak ke demam sakit, pergilah klinik Bangsar seringgit. Haa klinik gigi, dulu dia bawah klinik budak, atas tu klinik gigi." [P4]

The need for a more supportive hospital environment in government facilities, however, is a major topic that the participants discussed. The physical structure particularly the facilities of the hospital was not appropriate or insufficient for older adult patients especially the absence of age-friendly facilities such as access and distance to toilets and parkings, adequate wheelchairs, rams, and lifts, and quality eateries.

"…I think the built environment is also very important. The senior citizens we should have designated places …. that environment should support them to be able to get to be more healthy things like you know, if they say there is a path, you know, they must have certain places where you have specific area for the senior citizen to exercise and also on the I mean it is to be kind of more environmentally friendly for them.....I think I think there are certain newer hospitals I think they do cater for that. But I think older setups, no, probably, they do not have the type of facilities. Like wheelchair facilities like rams for the wheelchairs, and then enough, you know, enough lift for them to go about. I think probably that has to be looked into as well. [P10]

Other challenges encountered by older persons was the relatively lack of geriatricians or specialists in geriatric care in some healthcare facilities, forcing some older persons to relocate to other health facilities with geriatric care.

Participants also indicated that due to the long waiting time for consultation, treatment and surgical procedures at public healthcare facilities, some participants with financial means in the study preferred to migrate to the private facilities for 'quicker' treatment.

Despite the complaints expressed on public hospitals, the participants in general offset these negative feeling of dissatisfactions with the idea of relatively cheaper options for treatment in government hospitals compared to private hospitals.

While private hospitals offer "friendlier" services, the out-of-pockets expenditure can be very expensive and demanding for older people who lack of financial means or income to support huge expenditure. One participant who accessed to public facilities expressed this in despondence:

"Kalau macam tu kena terima je, tunggu je, kita tak boleh buat apa dah. Duit nak cari kat mana dah tak mampu. Aku yang boleh maya yang percuma yang kerajaan itu, tunggulah, kalau kata mati matilah, kalau hidup kau hiduplah, haa itu je." [P5]

(B) Ineffective communication of health information to older people

(1) Lack of direct patient-physician communication

While the ageist attitudes may not pervasive when it comes to treatment options and access, there is a tendency where healthcare providers tend to communicate issues relating to the health of older persons to their families (for example, children, caregivers) rather than discuss them directly with the older persons themselves.

This informational prejudice, which could be in the form of not talking to older adult patients or not providing them with the necessary information, is rather common when healthcare providers made a personal judgement or perceived the inability of older patients to understand what they are trying to relate.

The lack of direct patient-physician communication during clinical consultation and treatment may result in an unfair distribution of information and excluding older patients from the decision-making process. The need of older persons to be part of the interaction is reflected in this statement:

"I was conscious….. Together la what is there to hide. I mean if you want to explain to me that. You know, my CT scan report come back I had no bleeding and all that the families are outside you know… they could have just called the family in and then just confirms that… you're the doctor… you're the husband and all that because I'm conscious I'm alert.....It's not like I was out (conscious). So even if they go to [clinic], if husband and wife come, I suppose usually… I see… they go alone. There's nothing wrong. There's nothing wrong in explaining together. Why was it there to hide?" [P9]

(2) Need empathy, care and patience from healthcare providers

Participants also described the poor attitudes of the healthcare staff, especially nurses, medical assistants, or personnel at the counter in some public hospitals. Older adults expressed that healthcare staff lacked patience, empathy, and consideration for their physical and mental conditions. The lack of quality services was mentioned:

"….tulah dia tak dapat nak bagi tumpuan sepenuhnya, personal touch kita tu yang yang anu sangat, tak boleh pasal dia kena touch and go. Nak tengok ni ah mana saya pergi sana , kata lah Pak Uda ada pengalaman jugak pernah masuk wad kan, jadi dia datang tengok kita tuntang tuntang tuntang tuntang pakcik sekejap saya pergi tengok sana pulak sekejap pakcik ye, haa jadi tak adalah dia haa after that dia dah serahkan dekat staff nurse. Staff nurse tu lah yang haa hospital assistant tu la yang banyak mainkan perangai, jadi doktor, pasal maknanya dalam satu waktu orang ramai, jadi dia ada ada berapa orang hanya bertugas…" (P1)

"Doktor is baguslah, tapi kakitangan punya sokongan yang kadang-kadang karang ni terlampau banyak orang, haa dia jadi bad mood. Jadi kita lah kena tu pulak, haa kadang-kadang kita ni dah tua pula kita mudah lupa, jadi dia kena dia waktu dia tak betul kita kenalah, tapi kita sabarlah sebab kita nak yang murah dan percuma kan, jadi kita kena banyak sabarlah." (P2)

"Because you know why I tell you we are very very short of manpower in the ward. But in the in the clinic, I have seen, I mean I've seen in my own eyes some of the nurses are quite rude, but I suppose they're stressed out what it is we don't know but they you know patient try to ask them something they are very rude they say oh pergi duduk dulu lah, nanti bagi tau jangan usik kita dekat sini. So things like that, but we… I wouldn't comment on anyone because we don't know what the situation there is." (P3)

Older persons were of the view that the poor attitudes of healthcare staff may be attributed to the overwhelming number of patients accessing services and the relatively lack of manpower and resources in public healthcare facilities.

"But sometimes the people at the counter are not so friendly. You know registration is not so friendly. I don't blame them because there are too many people, they also got their stress level. So it's okay. I find it's alright…..I think it's overloaded they are overloaded...I think they should be they should have some like no, the government should give them some free time where they have their getting together and then they have what to say there's some function for them to release that stress. I think that'd be a good idea." [P6]

"I think we need to, I suppose train them you know, actually, I feel nurses, those working with patients need counseling once in a while. They've not there should be someone who will tell. Okay, this is I know you're stressed out but this is what all people need these are the things they need some kind of counseling." [P3]

Majority of older persons also indicated that they did not receive adequate information from healthcare personnel regarding access to different departments, especially in the hospital setting. This has caused older persons to wander around the hospital environment in order to seek treatment in the relevant departments.

They pointed out that they should not be made to wander around especially if they are sick or have physical problems such as osteoarthritis. Another issue that was brought up was the language barrier. Older persons found it difficult to seek help or communicate their needs when they or the healthcare staff were not familiar with certain languages.

"The children lah. They have to seek help to the children to make appointments. And that was very difficult. If the children they are not English educated or Malay indicated that will be a big problem, then they have to seek other people." [P6]

"Haa Opah tak reti cakap orang putih, cakap Melayu lah dulu lah, bagi nombor telefon sekian, haa ni nak masuk nak pergi hari apa hari apa nak."[P4]

(3) Poor awareness of rights to quality care and lack of empowerment of older persons

One interesting observation from the participants' reactions towards the poor treatment from staff during their encounter with healthcare services was the relatively passive acceptance and high tolerance of their poor behaviour and impersonal communication. Despite the hostile attitudes received from the healthcare staff, they dismissed them as staff overburdened and cheaper healthcare costs.

This over-acceptance of poor attitudes suggests that older persons' may have poor awareness of their rights to quality care. One participant felt strongly about older people acted as a passive recipient of poor treatment from the staff and expressed the need to have a collective voice and greater empowerment among older people when dealing with this problem:

"I always tell them (senior patients) if you're not happy…. I always tell people come and complain. You're not happy, not happy with the nurses, tell the doctors...Okay, or tell the Sister if you see the Sister there, you must tell them. If you keep quiet, nobody knows what is happened, what has happened to you. So I see in the ward, especially if the nurse attendants have said something very nasty to you. When the doctors come to see, you must tell them, must tell them, says I can't take this kind of, you know, language or this kind of talk." [P3]

(4) Technology barrier in assessing healthcare

The COVID-19 pandemic had drastically changed how patients seek medical treatment. With the usage of health services heavily depends on digital technology especially after the pandemic, such as having to make an appointment online and teleconsultation was a barrier for older persons to access health services. Older people expressed concerns that they are not able to make appointments and have to rely solely on children or younger people who are technology savvy for assistance.

"…..Tapi kita memang booking online, booking online senang sebab kita sekarang dah ada anak-anak kan yang boleh benda ni. Kita orang tua tak reti nak buat melainkan pergi sana, tapi problem dia satu, kalau orang tua tidak tinggal bersama anak-anak macam mana, datang kalau kita tak buat booking online kan kalau kita tak ada appointment online, still kena beratur kena tu, memang makan masa lama....." [P2]

Issue 3: Unmet needs for social networking and long-term care

Family members have been the main pillar for the care of older adults, however with demographic shifts and changes in family structures, their roles are expected to undergo tremendous change. Older adults are still reluctant to live in nursing or residential home, where possible prefer to age in their own place. The majority have expressed the need for geriatric daycare centres around the country, where their children can drop them off at these centres during the day and pick them up after work (similar to a childcare centre or kindergarten). This option is deemed attractive to older persons as they have the opportunity to socially interact with others and learn new skills in the daycare centres during the day but continue to receive love and care from their children.

"You go there in the morning. You spend the day there evening you go home with elderly people..... So you see you mix around with your own age group you do dancing, they do games. It's so good. But isn't it so? Few that is NGO, some NGO is doing. I think government should do that lah, they should do give them, they should make a few centres everywhere. For all this old people to get together plant, do some planting, so their mind is occupied. This one (referring to nursing homes) the old people are sitting down doing nothing looking into space. It's very, very sad.... This is [day care centre] how that's only way you can empower old people that you are still needed, you have not forgotten you to contribute to the country. We need." [P3]

Issue 4: Financial security

(A) Financial independence equates to autonomy and power in decision making

The personal economic situation of the older person was described as an important determinant for accessibility and affordability of healthcare. All participants emphasized the need for their own financial independence and not rely on family members to healthcare services. The two major reasons behind this are that older people felt having adequate financial resources provided them with: (1) having greater ability to afford private healthcare as an alternative and (2) they have greater autonomy to decide on their own health matters. Several older persons with financial ability had expressed that they had opted for 'faster' services in private hospitals if government facilities require a longer wait especially for surgical procedures or treatment or when an emergency occurs.

"Dari sudut kesihatan pun kita simpan duit untuk kesihatan lah. Pasal apa kita nak harapkan anak, kalau nasib kita baik, Insya Allah adalah anak yang boleh anu kan. Tapi kalau nasib tak baik, kadang-kadang anak pulak pergi dulu, siapa nak jaga kita...Kita harapkan memanglah ikutkan kata dia kan maknanya lumrah kehidupan memang yang muda pergi, kemudian kita yang pergi dulu". [P1]

"Kurang ke, kan. Tapi ada pendapatan tak mengharapkan anak, nak pergi klinik okey kata emergency demam gigil-gigil tengah malam, ada duit nak pergi klinik berbayar, itulah dia bezanya. Bukan cerita pasal anak lah, anak bagi ke tak bagi ke tu belakang kita..... Haa (Warga emas) stand up.. Haa jangan give up. Kita kena perjuangkan diri kita itu je." [P2]

(B) Discrimination in employment and job opportunities

While experiences of ageism were more subtle in the healthcare setting, it is probably more prominent in the employment sector. Although most older persons are keen to return to work, they are also realistic about the opportunity available in the labour market. Some participants described feeling frustrated, as they felt they are healthy enough to return to work, but yet they were not given the opportunity.

"*Dia senang je, kalau awak perlukan pekerja saya masih boleh bekerja. Kalau awak rasa saya tak tak tak layak, okey awak hantar saya pergi medical check-up, saya ni sihat ke, tidak ke, dengan kadar kerja yang awak nak bagi saya, kan. Kalau awak suruh saya angkat besi memang saya tak boleh buat. Tapi kalau setakat saya jadi cleaner atau jadi cashier atau jadi tempat orang orang tukang susun buku susun barang yang ringan-ringan di supermarket, apa lah salahnya. Kalau apa tu tempat...petrol station, bukan susah, susun barang saja kadang-kadang sapu-sapu kat luar tu. Kalau setakat 1000 sebulan orang tua macam Mak Teh...*" *[P2]*

In summary, based on the findings of this study, ageism and stereotypes are not limited to the healthcare sector but seep through different sectors and actors that may have a significant impact on the health of older adults and social well-being.

The poor awareness and stereotyped attitudes towards aging may stem from older adults internalising ageism themselves, or deeply-rooted social norms ingrained in the community due to constant negative portrayals of older adults in practices, or in the media that undermine the active role of older adults play in society.

Regardless of its causes, the society needs a radical change in how we think about aging to a positive direction, in light of the landscape change with the aging population approaching this country in less than a decade.

Policy Recommendations

Combating ageism is one of the four action areas (age-friendly environment, integrated care and long-term care) prioritized by the Decade of Healthy Ageing: 2021–2030. Recommendations for actions to reduce ageism in the health and related sectors that manage older persons' agenda requires a multisectoral approach with strong inclusive political commitment and leadership at the highest level. Table 1 provides a summary of the issues, strategies and recommendations in addressing ageism.

Strategy 1: Raise older adults and community awareness on ageism and empowerment of older persons

One important strategy for tackling ageism is to raise older adults' and community awareness about the myths and realities of ageing through education interventions.

At the individual level, positive view about aging and health literacy among older adults can be improved by educating older adults in the community through social organisations and social media. Healthcare professionals should also take every opportunity to educate older persons on issues regarding ageing issues and their health during their consultations. Programmes to improve health literacy and successful aging should be implemented for the adult workforce and during pre-retirement sessions. Aging and its processes, common health issues, how to prevent or overcome health issues should be taught to older adults.

At the community level, media campaigns are important avenues to change social norms by challenging the inaccurate stereotypes about older people.

Media has a major influence in propagating ageist stereotypes, and they can play a powerful role in dispel myths about aging and disseminate positive messages about aging. For example, videos and infographics that capture and disseminate positive information on older people and illustrate how older persons can be a valuable resource to our communities should be widely distributed. To encourage active media participation in preventing ageism, media campaigns that challenge how the public think about ageing, or confer awards to media that challenges ageist stereotypes can be initiated.

Efforts to empower older persons is important to ensure that their needs are met. An environment that promotes active discussions about ageism and views from the older persons should be encouraged. Older persons should be encouraged to voice their opinions and needs so that services and policies would align towards improving their lives. If they find themselves in certain circumstances that are uncomfortable for them, older persons should voice up their feelings and opinions.

Active engagement of older persons in their local organisations such as religious places, societies and clubs help to reduce social isolation and loneliness. The existing number of Senior Citizens Activity Center establishment (known as PAWE) under the Department of Social Welfare is still inadequate. As of end of 2021, there is only 143 existing PAWEs with registered 49,675 senior citizens located in 131 parliamentary constituencies suggests that the activity centre for the elderly has not reached the majority of older people in the country [16].

Strategy 2: Create Age-Friendly Healthcare Environment

Capacity building and improvement of existing facilities are two major aspects important to build an Age-Friendly Healthcare Environment.

(1) Training of Healthcare Professionals

Training of healthcare professionals is required to boost awareness on ageism. This can be in the form of introducing fundamental issues surrounding ageism, improving skills in communication and shared decision-making processes. The concepts of ageism should be understood by all healthcare professionals to provide services that are catered for the care of older persons. For example, Ageism First Aid, an online training programme has been designed to combat ageism developed by the Gerontological Society of America.

It imparts fundamental knowledge on ageism, explanations on how ageism developed from child to adulthood and how to be respectful, effective, and appropriate in communicating with older adults [17]. Such training can be implemented to all healthcare professionals and also introduced to all medical and allied healthcare undergraduate curriculums

Language barriers have been highlighted by the older persons whereby they are not able to understand healthcare professionals' information or explanation due to language restriction. Doctors and healthcare professionals are mostly proficient in English due to existing training, however, not all patients in particularly older persons, are proficient in English language.

Training at the undergraduate level can incorporate basic common medical terminology and phrases in all major spoken languages in Malaysia for better communication and translation of information with older patients. They should then practice speaking with patients during their training and assessment on how to communicate with patients should be conducted.

Asking patients for common symptoms and explaining in simple layman terms and language understandable to older adults is crucial for them to give informed consent and play an active role in their own healthcare decision. Cultural and language competency instituted among health care professional can make a distinctive improvement in older adults' health seeking experience and decision making.

The process of shared decision-making processes should be emphasised among healthcare professionals. Healthcare management options should be discussed with older adults where possible. This should mean that (i) all options that are available be discussed with the older patients, (ii) care or treatment options should be explored in full, including the risks and benefits, and (iii) older patients makes the decision together with their health and social care professional [18].

Therefore, healthcare professionals should take time in ensuring the older persons understand their conditions and be given the opportunity to explore management options involving their own health.

The involvement of the family in making health decisions should be with the agreement of the older person if they are mentally competent. The National Institute for Health and Care Excellence (NICE) in the United Kingdom has outlined a guideline on shared-decision making which includes both patients and healthcare professionals [19].

This guideline has been made public on their website with a simple patient decision aid (PDAs) for specific conditions. In the PDAs, a simple explanation of a disease management is given in layman terms and provide information regarding the pros and cons of such a decision. A checklist guide of shared decision making should be taught to all healthcare professionals and the awareness should be given to the community on their rights to decision making.

(2) Improving access to healthcare facilities and digital technology

Healthcare facilities should be designed with older persons friendly concept in mind. This would include the layout of multiple toilets nearby, plenty of seating area, easy layout for registration and clinic, and disability access. The facilities are required to install non-slip or anti-fall mechanisms and grab handlebars for easier mobility. The current health facilities should be evaluated and refurbished to ensure that they fulfil the older persons' needs of access.

Where possible, a separate clinic day for older adults is also recommended which would consider an easy registration process and staff that are trained in dealing with older persons. This clinic may also consider giving longer appointments to patients since older adults tend to have multiple health problems.

An appointment system that reduces waiting time should also be put in place. Having such a setting may make it easier to arrange transport as it can be arranged for the older persons to go to the clinic together reducing absentees.

Digital technology has become an integral part of our daily lives. The COVID-19 pandemic has accelerated the use of technology such as the use the MySejahtera app for COVID-19 vaccination and entering all premises and report COVID-19 status among older people. The movement control order has also forced older adults to learn how to order food or supplies using apps, conduct video calls and use social media to contact family members and keep up with the latest information.

Some healthcare providers have started using teleconferencing for older persons' medical follow-ups. A few steps can be taken to continue supporting older adults to use technology in their daily lives. First, older adults should be educated on how to use technology. From learning how to browse the internet, to making video calls, accessing social media, using apps, online banking and also how to avoid getting scammed.

Programmes to enhance the skill of using digital technology should be conducted for older adults in the community. This can be conducted in community centres, religious centres and non-governmental organisations. Awareness information can also be disseminated through social media by governmental bodies. Older adults are very vulnerable to scammers and this issue is very prevalent lately in Malaysia.

Safe digital skills should be taught to older adults to protect them from being victims. The Malaysian Communications and Multimedia Commission (MCMC) have collaborated with telecommunications providers on increasing the awareness of the public on their rights in telecommunication but should be further enhanced and target vulnerable groups such as older adults.

Secondly, locally developed technologies should always consider older adults' users where necessary. Consideration should be given to simplifying the algorithm, develop older persons' friendly interface such as having large font size and simple layouts. Given that older adults are using more and more digital technology, guidelines on how technology should be developed and include older adults in their design can be enforced.

Strategy 3: Building stronger intergenerational relationships and encourage active social participation among older persons

For a more sustainable and long-term plan for preventing ageism, a culture that is nurturing for older adults should be developed. Creating a culture promoting intergenerational interactions to inculcate communication and understanding between different ages of society is a priority in changing social norms and stereotyping attitudes.

A well-planned inclusive, integrated and supportive residential environment whereby childcare centres and older persons day-care centres are in the same vicinity may be the first step to promote bonds and strong intergenerational relationships.

Interactive activities such as art, cooking sessions, or playtime that bring together older adults from daycare centres and children from child support centres (or kindergarten) that allow older adults and children to interact and build intergenerational relationships should be organised.

Older adults could teach children life skills and provide the attention during the activity, while children would be able to learn how to communicate with older adults. Early exposure to older adults during children's development would build a culture of caring for the older persons in the future generation. Older adults, in reciprocal, generate positive feeling and motivation about themselves while playing an active role in shaping the future generation.

Such a programme has been implemented in Singapore with success. The long-term aim for instituting this programme is to build a community that is caring and an environment that is conducive for older adults to remain in the community for longer.

Another important strategy in combating ageism and creating cohesion between generations is the introduction of the time banking scheme. The time banking policy, such as practised in Switzerland, Japan, Korea and other developed countries encourages the younger generation and older persons to care for senior citizens in need of care.

Under the time banking scheme, any persons can volunteer and offer their assistance to provide care and support for older persons. Every hour spent by the volunteer in providing care will be recorded as a "deposit". The deposit can be subsequently used to 'pay' for care workers' time if the volunteer in turn requires care assistance in the future.

This mechanism would attract more people into volunteer services for older persons, which could reduce financial pressure on local governments and family members. The time bank potentially brings a positive economic and social value in the long run as the system could offer equal access and better financial security to all without involvement of monetary transactions in the caring process.

Strategy 4: Policy and legislation

Malaysia requires a comprehensive policy for older adults that covers financial and social security, and protection from abuse and exploitation. The following elements that would cover protection of older adults are:

(1) Provision of affordable healthcare for older persons

Older persons may face financial hardship when catastrophic health expenditure occurs of which out-of-pocket health spending exceeds the threshold of their household's ability-to-pay, particularly among low-income older persons.

As such, provision of affordable healthcare in the current system should be continued for financially marginalised older people. While Malaysia is widely recognised for its achievement in its universal health coverage, the escalating healthcare cost requires a relook into its financing mechanism to ensure a sustainable healthcare system in the long run. The Ministry of Health has launched the PEKA B40 programme covering non-communicable diseases that offer health screening, medical equipment aid, incentive for cancer treatment, and transport incentive for individuals in the low-income group since 2019.

Health care for older persons is not limited to medical treatment and supplies, thus such programme should be expanded in the future to increase its coverage to other aspects of healthcare such as nursing care, home care or informal caregiving costs (e.g. lost-work productivity or job loss) for caring an ill older adult.

(2) Encourage older adults to return to work and ensuring a minimum wage for older adults

Policies that encourage the return of older adults into the labour market if they are able-bodied and independent should be advocated. Currently, such policy has been penned in the Action Plan for Older Persons but its implementation in various economic sectors remains to be seen.

To encourage employment of older adults rather than depending on foreign workers, companies should be given incentives including tax-cuts. The working environment should be older persons-friendly, and also provide wider options such as working part-time. A minimum wage for older persons, that has been applied to foreign workers, should be recommended.

In addition, any discriminatory practices within a work environment against the older persons is punishable. digital economy. Ageism in the workplace must be made into a culture that is not tolerated. As such, labour legislation should protect older adults against any form of discrimination or exploitation.

Older persons should be given the equal opportunity as their younger counterparts for retraining and reskilling to cater the needs of the digital economy.

(3) Protection of retirement funds

A good retirement plan for all working adults is necessary to ensure that adequate savings is accumulated and sufficient funds to support life after retirement. The Malaysia Employees Provident Fund (EPF) have reported that only 3% of EPF contributors can afford to retire due to COVID-19 related withdrawals and majority of those who withdrew their entire EPF savings upon reaching age 55 utilise all funds within three years has triggered concerns about financial risk to be faced by majority of older adults in the country [20].

Preventive measures must be taken to fill up this huge gap including expanding the coverage of the EPF system for informal types of occupation to mandatorily contribute to the system at a regular basis, allowing more people to be covered when they retire. Other alternatives include a monthly allowance or a gradual increment of the payment to EPF withdrawals instead of allowing a lumpsum payment so that the participants can continuously benefits from the system over a longer period. Malaysia has a system of providing financial assistance for older adults who are in severe poverty.

The Financial Assistance for Elderly (BWE) scheme aids of RM500 monthly per senior citizen whose household income below the poverty line. This assistance needs to be analysed and revised periodically to cater for current economic context and inflation rates. Subsidies on basic utilities such as electricity and water bills may be helpful to older adults who live in their own house.

Table 1

Strategies and Recommendations in Combating Ageism

Issue	Strategy	Recommendations
Limited understanding of aging and ageism	Raise older adults and community awareness on ageism to increase empowerment of older people	• Foster positive view about aging and health literacy among older adults through education interventions. • Media campaigns and social medias to be utilised to change social norms by challenging the inaccurate stereotypes about older people. • Healthcare professionals should educate older persons on issues regarding ageing issues and their health during their consultations. • Implement programmes on successful aging for adults and during pre-retirement sessions at workplace. • Provide platform for older adults to voice their health and other related needs. • Governments and civil society organizations, academic and research institutions, and business forms a coalition to advocate, collaborate and work together in combating ageism.
Barriers in accessing healthcare	Create Age-Friendly Healthcare Environment	• Provide training to healthcare professionals to increase awareness on ageism, improve communication skills and practices • Incorporate older-persons friendly concept in designing physical facilities to improve access. • Increase competency in digital skills of older adults so that they can use technology with ease and safe.

Table 1 *(continued)*

Issue	Strategy	Recommendations
Unmet need for social networking and long-term care	Building intergenerational relationships and encourage active social participation of older people in society	• Create a culture promoting intergenerational interactions by conducting regular activities combining older adults and children or younger people to encourage cultivation of intergenerational relationships. • Build a well-planned inclusive, integrated and supportive residential environment whereby childcare centres and older persons day-care centres or long-term care facilities are in the same vicinity. • Introduce the time banking scheme to encourage younger generation and older persons to care for senior citizens in need of care. • Encourage active engagement of older persons in their local organisations to reduce social isolation.
Discrimination in financial and social security	Policy and legislation	• Implement policies that provide social protection and financial security for older adults when they retire. • Enact legislation that eliminate discriminatory practices towards older people and promote equality at the workplace. • Encourage employers to employ older adults for work through tax relief.

Conclusion

Malaysia must accelerate its steps in planning and preparing the country progressing towards an aged nation in 2030. The stereotype of older adults where they were perceived as dependent, loss in value and worth of older adults at retirement requires a radical change in mindset and social norms, supported by updated policies and legislations that eliminate any potential forms of discriminations against older people in the society. The Senior Citizens Bill that is scheduled to be tabled in Parliament in 2022 could serve as an impetus in protecting and safeguarding the rights of older persons in Malaysia.

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