

# The Impact Of Covid-19 Pandemic On Malaysian Senior Citizens: A Review

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**Abstract:** *In Malaysia, the presence of more aggressive variants with higher infectivity has influenced the decision to enforce the nationwide total lockdown on June 1, 2021 under the third Movement Control Order (MCO 3.0). Based on the overall fatality of COVID-19 statistics, studies have found that risk for severe illness with COVID-19 increases with age, with older adults and patients with comorbidities are more likely to have a more severe course of disease and a higher chance of death compared to other age groups. The impact of COVID-19 on this vulnerable group is likely to be multifaceted; disruptions in socioeconomic, health, sociocultural, and familial intergenerational support are expected to be important components impacted that are specific to Malaysia when compared to other nations. Furthermore, many older Malaysians may be reliant on their children for support, which could complicate matters further, particularly during a lockdown when visits are limited. Finally, the growing importance of digital platform use among the elderly is an issue that should be addressed. The goal of this article is to analyse the influence of the COVID-19 on older people in the context of exploring the prospects for their social and economic independence, emphasizing the importance of promoting efficient supports and networks to ensure the well-being of these vulnerable older people during a pandemic.*

**Keywords:** *Older people, COVID-19, Intergenerational support*

## 1. INTRODUCTION

The global vaccine distribution has resulted in a favourable decrease in daily new COVID-19 cases in 2021. However, the majority of the world is still susceptible to COVID-19, and cases persist at a relatively high level, with worldwide figures masking substantial discrepancies across countries and locations. Since COVID-19 was discovered in Malaysia in February 2020, there have been 646,411 cases, with a total of 3,768 deaths. As of June 6, 2021, a total of 3,330,436 vaccination doses had been administered. Malaysia has reporting improvements in the number of cases at the end of June 2020, but confirmed cases began to rise gradually in September 2020, reaching a peak by the end of January 2021. Confirmed cases then decreased until mid-March 2021, when they began to rise dramatically, peaking at the end of May 2021 (Worldometers, 2021).

Nevertheless, the elderly has the highest risk of complications and death from COVID-19 infections due to age and chronic illness, which is a worldwide concern confronting all countries affected by the pandemic. In Malaysia, the COVID-19 infection rate per 100,000

people is highest among those aged 55-59 and 60-64(MOH, 2021). Statistics revealed that two age groups in the community had the largest number of mortality cases due to COVID-19 when compared to other age groups, namely 50-59 and 80 and above. This is a serious issue since older people are more prone to become infected with COVID-19, necessitating hospitalization, intense care, and thorough health monitoring from caregivers where the availability of resources is insufficient to meet all need.

COVID-19 is altering older people's daily routines in various ways. The abrupt changes include the care and assistance older people receive, their ability to maintain social connections, and their perspective of the future. The obligations to spend more time at home with social distancing in practice, a loss of physical contact with other family members, acquaintances, and co-workers as MCO is observed, a temporary halt of job and other social activities, and worry and fear of disease and death - their own and others' – pose challenges to the elderly. Thus, this study is critical to be studied as it evaluates the impact of COVID-19 on older people in Malaysia based on past and current literature, with the purpose of developing opportunities to enhance healthy ageing while retaining their kinship support and network in this challenging time of the pandemic.

### **Characteristics of Older Malaysian & Asian Culture**

The impact of COVID-19 on older persons is a cause for concern, given Malaysia's 3.5 million, or 10.7 percent of population aged 60 and above(DOSM, 2020). Owing to the lower fertility rate, mortality rate and the rise in life expectancy, Malaysia is expected to become an ageing society by 2030(Jacob, 2016).Based on the report on the Key Findings of Fifth Malaysian Population and Family Survey [MPFS-5] in 2014 the majority of older Malaysians are between the age of 65 and 69. Almost two-thirds of older Malaysians (64 percent) are Malay, with the Chinese coming in second (18 percent). The Indian ethnicity is the smallest, accounting for approximately 7 percent of the total population. There is a greater proportion of older females (55percent) than males (45 percent).The majority of Malaysia's elderly are Muslims, as Islam is central to and dominant in Malay culture, as well as being recognized as the state's official religion.Religious mass gatherings are common in Malaysia due to the country's religious and cultural diversity, and the recent COVID-19 outbreak in the country highlighted those religious gatherings are one of the country's public health problems. While the majority of elderly people (55 percent) live in urban areas, almost half of older people (45 percent) continue to live in rural areas and enjoy the kampung or village lifestyle. In terms of the highest level of education attained, the majority of older person's only complete primary school (50 percent). MPFS-5 has also found that 55 percent of older Malaysians are co-residing with at least 1 child, while another half of the population are not co-residing(Pazim, 2019). This may indicate concerns about intergenerational exchange and support, as well as older adults' changing living arrangements, which include the rise of nuclear families and living alone in modern society.

The Malaysian culture practices respect to the elderly. When it comes to the family network and care for the elderly, Malaysians, like other Asians, place a high value on family-centered commitments and behaviours(Kooshiar et al., 2012). The strong filial piety directs the adult children's responsibility to provide financial and physical support for the elderly and sick, the old's reciprocal duty to care for the young, and the necessity for familial consensus in health care decisions(Zhang et al., 2014). As someone who has "took more salt" (experience) and as a recognized community member, the senior figure serves as a role model and mentor, and is

sought out for guidance, ideas, and leadership. Thus, while it is critical to protect the older people from infection, it is equally critical to respect them and assist them in this difficult situation.

### **Health& Vaccination**

COVID-19 death statistics recorded so far showed that 62.6 per cent of fatalities involved those aged 60 and above. Looking at the comorbidity factor, 80.7 per cent of the death cases involved those suffering from chronic illnesses such as diabetes, hypertension, kidney problem, heart and other diseases (MOH, 2021). Among the elderly, increasing age is associated with higher morbidity, higher use of health services (number of visits to doctors and hospitalisations) and greater demand for specialised services. All these factors will lead to an increase in the complexity of health services required and increased expenditure.

The national Covid-19 immunisation programme began since February 2021. According to current figures as of June 2021, 5.51 million doses of vaccine have been administered, with 1.55 million accounting for 4.9 percent of Malaysians being fully vaccinated (Our World in Data, 2021). The low rate of registration among senior citizen is due to various reasons. Based on a survey of 1411 respondents among Malaysians aged 18 years and above by Syed Alwi et al. (2021) respondents aged 60 years and above were five times more hesitant to take the vaccine compared to other age groups. This cross-sectional study found that numerous senior citizens would be left behind due to a lack of Internet connection and competence in using online services, inaccurate information about the vaccine's efficacy, fear of probable side effects, religious and cultural factors (Syed Alwi et al., 2021). For example, when vaccine registration is conducted using the application "MySejahtera," older adults with limited ability to use a smart device may have issues due to the fact that they require assistance from others, which may be troublesome in a self-isolation situation.

Thus, there is an urgent need to rethink the approach for mass vaccination and to boost the speed and accessibility of immunization, particularly for individuals classified as high-risk. To simplify the vaccination process for senior citizens, they should be able to receive their Covid-19 vaccinations on-site via walk-in appointments and register using only their MyKad. For example, in remote locations, particularly in areas with limited Internet connectivity and communities without digital devices, face-to-face registration for Covid-19 vaccination has been launched. Additionally, nursing homes and assisted living facilities can use the MySejahtera platform to register residents in bulk, expediting and simplifying the immunization procedure.

### **Intergenerational and familial support**

The pandemic has affected nearly every part of the individual's life, from work to our interactions with others. In terms of intergenerational support exchange, the pandemic may also alter the support that older people received and provided both in the terms of types of support and the frequency of support (McDarby et al., 2021). These types of support may include the financial support transfers (eg. Cash and paying the bills), the instrumental transfers which relates to physical support with daily activities including personal care and childcare (eg. Grandparenting), and finally the emotional transfers which includes companionship, listening and the feeling of closeness towards each other (McDarby et al., 2021; Pazim, 2019).

This involves interruptions in the care and assistance provided to the elderly. The pandemic has an influence on care networks in a variety of ways. A disturbance in caregiving would be especially challenging for an elderly person living alone. Social distancing is a challenge for the elderly, especially when older people function as caregivers for their grandchildren while their parents are at work, making it impossible to materialize social isolation, home confinement, and quarantine. According to evidence from the UK, the typical person's daily contact number has been reduced by up to 74 percent (Jarvis et al., 2020). The “stay at home” or home confinement strategy may necessitate complicated home visits by family, friends, and relatives who can assist older persons in their everyday lives. The interstate travel restrictions have also made it difficult for people to see their elderly parents in their hometown, especially when those parents are in need.

While active social participation in religious, sports, cultural, recreational, political, and volunteer community organizations are found to improve the health and well-being of older people (Aroogh & Shahboulaghi, 2020), social distancing policies to combat the virus's spread have limited older people's social interaction with families, friends, and the community (Sepulveda Loyola et al., 2020). Participation in religious activities among the elderly, such as performing prayer at the mosque, visiting the sick, participating in Tahlil recitation, offering alms, and attending social functions, which are widely participated among older people and practiced within the Muslim community (Ismail et al., 2012), was also restricted during the pandemic (Min et al., 2021). Evidence suggests that social isolation and loneliness (Hwang et al., 2020) caused by social distancing strategies resulted in physical inactivity among elderly adults during the pandemic (Puccinelli et al., 2021).

### **Isolation and loneliness**

Adult children's visits to their elderly parents have been restricted by the movement control order (MCO), resulting in social isolation for older individuals (Sepulveda Loyola et al., 2020). While limiting in-person contacts is critical for lowering the risk of ageing family members contracting COVID-19, it may be difficult for older persons who value time spent with friends and family. Isolation and home confinement could also increase some mental problems in elderly and have very negative effects on their psychological status (Chang et al., 2020). Persistent and intense loneliness can be detrimental to an individual's well-being, increasing the risk of depression, anxiety, suicide and other medical condition in older adults (Hwang et al., 2020) particularly in older adults who live alone (Fingerman et al., 2021; Savage et al., 2021). The loss of spouse, close family members, relatives and friends due to COVID -19 increases the risk for older people falling into loneliness. Early evidence suggests almost one quarter of adults in the UK have experienced loneliness when living under lockdown. A study done by the Singapore Management University's (SMU) Centre for Research on Successful Aging (Rosa) using the longitudinal Singapore Life Panel survey discovered that older adults were less socially fulfilled and lonelier throughout the Covid-19 circuit breaker period (Tan et al., 2021).

### **Digital technology among older people**

Information and communication technologies (ICT) have been presented as the current accessible solution for reducing the consequences of social isolation (Conroy et al., 2020) and maintaining basic everyday activities such as appointments, connecting with family and friends and also shopping. According to a study, the digital technology has an impact on older persons' well-being, with those who use social media platforms, e-commerce websites,

and video conferencing platforms reporting better levels of happiness and well-being, as well as a lower sense of social isolation (Hajek & König, 2021).

The pandemic has resulted in changes in the digital lifestyle, including an increase in the usage of cashless transactions among the elderly. Traditionally, adults would gift children money in the form of cash sealed in envelopes during the holiday season. During this period of self-isolation, older adults began to send “*duitraya*” electronically via e-wallets and money transfers, when the conventional method seemed unattainable. Internet-based tools can be integrated into crisis communications, public health measures, and care programs to address difficulties affecting the elderly during a pandemic. For example, the Malaysian Ministry of Health webpage offers Virtual Health Advisory, a telemedicine platform that links patients with its network of doctors and medical practitioners via audio or video chats (MOH, 2021).

Given the positive impacts of digital use, however, some older people still suffers from a lack of digital skills, making it more difficult to adjust to the new paradigms imposed by the pandemic (Martins Van Jaarsveld, 2020). Previous research has also indicated that older individuals rely on family members like as grandchildren to provide technical support to senior persons who may be adopting new gadgets or platforms to keep connected (Moore & Hancock, 2020). This scenario becomes more challenging during a pandemic if physical barriers hinder outsiders from assisting elderly individuals in need of digital assistance. That could explain why Malaysian elderly aged 60 years and above had the lowest percentage of internet users in 2020, accounting for only 3.4 percent of the Malaysian internet users (MCMC, 2020). Other challenges include being a large target for disinformation and scams (Moore & Hancock, 2020).

## 2. CONCLUSION

COVID-19 is affecting the daily routines of older people, the care and support they receive and their capacity to maintain social connections. Older adults experience a variety of obstacles, including increasing time spent at home, decreased physical engagement with other family members and friends, decreased social participation, and anxiety and fear of disease and death - both their own and those of others. Digital becomes a tool for reducing loneliness when integrated into crisis communications, public health initiatives, and care programs designed to address the difficulties faced by the elderly during a pandemic. Policymakers implementing infection control measures for the COVID-19 pandemic should consider cultural and societal norms to guarantee that imposed policies are acceptable and practical to the general public. This study is therefore important to investigate the impact of COVID-19 on older people in Malaysia with the goal of creating opportunities to foster healthy ageing while maintaining kinship support and network during this challenging time of the pandemic.

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