Being Old in Malaysia: Issues and Challenges of Older Women

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Introduction

Until recently, elderly people have not been a priority in international development policies. However, with changing demographic scenarios in many countries, older people have become key targets in development agendas. This shift has led to a new paradigm for looking at issues of older persons. Apart from this, gender implications of aging are said to be a major concern at both international and local levels in many countries today including Malaysia, the focus of this paper. Governments, there and elsewhere, are engaged for the first time in considering policy options to meet the challenges of older populations (Gorman 1999).

Demographic figures have indicated that older women outnumber older men throughout the world's population. As noted by Heyzer (1999), among people aged 75 and above, almost two-thirds are women. An obvious trend in many developed and developing countries today is that while people are living longer, a majority of them are marginalized and even excluded from the mainstream of society. The graying of the population is currently experienced globally, incuding in industrializing Malaysia. At present, out of its population of 23 million, Malaysia has a total of 1.8 million people above 55 years of age. Key points in understanding the issues related to the increased number of elderly are: 1) that 50% or more of the population of elderly and very old in these countries are, and will continue to be, women, and 2) that women are often excluded from the economic, political, and social lives of their own societies.

In the case of Malaysia, it is important to note that the current status of a majority of older women in the country is the outcome of generations of discrimination, throughout every stage of the life cycle. Given the neglect of basic socio-economic opportunities and educational needs, the burdens of childbirth, childcare, and unpaid physical labor, the denial of property rights, and the exclusion from decision making that women face, it might be considered miraculous that so many survive to old age. Indeed, many women become "old" in what would be their middle years in many societies (Ewing 1999).

Thus, in view of the increasing number of older women in many societies and the persistent inequities faced by women, the issues and challenges of women and aging deserve close attention from various governments and communities. It is

important for a country like Malaysia to begin to critically address this situation, and strive to be more equitable and gender-sensitive in its attempts to bring development and gender equality to the country.

Methodology

The data for this paper derives from primary and secondary sources. The secondary sources include government documents, research reports, and literature on gender and aging. Much of the primary data is extrapolated from the writer's own field studies on Malaysian older people, reproductive health, poverty, and gender. Over the last five years I have been involved in international research on women and aging, focusing particularly on issues related to inequality and poverty among elderly in both rural and urban Malaysia. I have recently completed a nationwide study of older people in rural and urban Malaysia, focusing on the impact of urbanization and modernity. The primary data for this paper has been obtained from these studies, among others, which have often combined four methodologies: quantitative methods, qualitative methods, interviews, and focus group discussions (Doling and Omar 2000).

Female Life Expectancy

A pattern of increasing life expectancy is apparent in many countries. Industrialized and developing countries have made great progress in this regard. Japan, for example, enjoys the highest life expectancy of the world's major nations. Japanese today can expect to live 80 years on average, while average life expectancy for Europeans is reported at 79 years. The explanation for this trend lies in the improvement in quality of life for many of the world's populations including, most importantly for this research, women. In many industrialized nations, life expectancy for women reaches 80 to 85 years, while men on average survive to 76 or 78 years of age. In many developing countries life expectancies for women are reaching 70 years or more and men may expect to live up to 67 years (see Table 1).

Table 1: Life Expectancy at Birth for Selected Countries 1990 - 1998 (in years)

Developed Countries:

Region/country	Circa 1900		Circa 1950		1998	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Western Europe:						
Austria	37.8	39.9	62.0	67.0	74.1	80.7
Belgium	45.4	48.9	62.1	67.4	74.1	80.7
Denmark	51.6	54.8	68.9	71.5	73.6	79.1
France	45.3	48.7	63.7	69.4	74.6	82.6
Germany	43.8	46.6	64.6	68.5	73.8	80.3
Norway	52.3	55.8	70.3	73.8	75.4	81.2
Sweden	52.8	55.3	69.9	72.6	76.5	82.0
United Kingdom	46.4	50.1	66.2	71.1	74.8	80.1
Southern and Eastern Europe:						
Czech Republic	38.9	41.7	60.9	65.5	70.8	77.7
Greece	38.1	39.7	63.4	66.7	75.8	81.0
Hungary	36.6	38.2	59.3	63.4	66.5	75.4
Italy	42.9	43.2	63.7	67.2	75.3	81.7
Spain	33.9	35.7	59.8	64.3	73.8	81.6
Others:						
Australia	53.2	56.8	66.7	71.8	77.0	83.0
Japan	42.8	44.3	59.6	63.1	76.9	83.3
United States	48.3	51.1	66.0	71.7	72.9	79.6

(Source: Kinsella and Gist 1998)

Developing Countries:

Region/country	Circa 1950		1998	
	Male	**Female**	**Male**	**Female**
Egypt	41.2	43.6	60.1	64.1
Ghana	40.4	43.6	54.8	58.9
Mali	31.1	34.0	45.7	48.4
South Africa	44.0	46.0	53.6	57.8
Uganda	38.5	41.6	41.8	43.4
Congo (Brazzaville)	37.5	40.6	45.3	48.9
Asia				
China	39.3	42.3	68.3	71.1
India	39.4	38.0	62.1	63.7
Kazakhstan	51.6	61.9	58.1	69.3
South Korea	46.0	49.0	70.4	78.0
Syria	44.8	47.2	66.5	69.1
Thailand	45.0	49.1	65.4	69.1
Latin America				
Argentina	60.4	65.1	70.9	78.3
Brazil	49.3	52.8	59.4	69.6
Costa Rica	56.0	58.6	73.5	78.5
Cuba	57.8	61.3	73.0	77.9
Mexico	49.2	52.4	68.6	74.8
Venezuela	53.8	56.6	69.7	75.9

(Source: Kinsella and Gist 1998)

Why do Women Live Longer?

Part of women's advantage in relation to life expectancy is biological in origin. Far from being the weaker sex they seem to be more robust than men at all

ages. In all societies, significantly more male fetuses are spontaneously aborted or stillborn and in most societies this pattern of excess male mortality continues during the first six months of life. The reasons for the greater robustness of female babies requires further investigation, but they seem to include sex differences in chromosomal structures and the possibility that boys' lungs mature more slowly than girls' due to the effects of testosterone. Also, in adult life women may have a biological advantage, at least until menopause, as endogenous hormones protect them from ischaemic heart diseases. That is, their innate constitutions seem to give women an advantage over men (Doyal 1998:12).

Trends of Aging in Malaysia's Population

Since Independence in 1957, great progress has been achieved in pushing Malaysia to the economic forefront of the Asia Pacific region. At the time of independence, Malaysia's rich natural resources were central to its economic development. The government continued the practice established in the colonial period of drawing up national five year plans to guide the country's long-term project of economic growth. Between 1960 and 2000, GDP increased by an average annual rate of 6.8 per cent (Malaysia 2000). As development and urbanization become more widespread in Malaysia, economic growth inevitably led to improved life expectancies for its people.

Malaysia's population has increased from 18.6 million in 1992 to 23 million in 2000, of which half are women. The population is estimated to further increase to 33.7 million by 2020. The Malaysian Total Fertility Rate in 1992 was 3.4 per woman, a decrease from 3.8 in 1990. The dependency ratio will change with the increase in the older age component and a decline in the youth component. A decline in both fertility and mortality has brought changes in the country's age structure and family size. This situation is gradually changing with fertility continuing to decline, resulting in a decline in household membership from 5.4 in 1970 to 5.2 in 1980, and to 4.8 in 1991, while the population of elderly has increased proportionately (Johari 1992).

The development agendas of the Malaysian government are aimed at improving the quality of life for its population by expanding the economy and ensuring more equitable and accessible healthcare and services. As a result, they have extended the life expectancies of its population (see Table 2). At present, life expectancy at birth for men in Malaysia is 69 years and for women 73. This figure had improved by more than 40 percent since Malaysia Independence in 1957. It is projected that life expectancy by 2020 will be 80.4 for women and 75.4 for men. The overall reduction in mortality and improved health indicators, together with greater educational opportunities for women, have been major influences in achieving longer lives for more women in Malaysia.

Table 2: Life Expectancy (Peninsular Malaysia)

Ethnic	1957		1988		1989		1990		1991		1992	
	M	F	M	F	M	F	M	F	M	F	M	F
Malays	50.0	58.2	66.5	68.9	68.9	72.2	68.9	72.4	69.1	72.5	69.2	72.6
Chinese	59.4	66.3	68.0	74.0	70.5	76.2	70.5	76.3	70.6	76.4	70.6	76.5
Indians	57.2	54.2	62.1	67.0	64.3	69.8	64.2	70.4	64.2	70.6	64.3	70.9

(Source: Kinsella and Gist 1998)

Women and Aging in Malaysia

Malaysians characteristically respect and revere old age for the experience and wisdom it brings. While acknowledging this, it is also important to note that an overwhelming majority of older women in Malaysia are economically vulnerable and frequently marginalized from the mainstream of society. They suffer from incomes that are low or at the poverty level while facing escalating medical and other costs of living. As a result, they must rely on inadequate and dwindling pension funds and/or heavy dependence on their children, who have families of their own to support. In addition, Malaysia's experience of urbanization and industrialization has eroded traditional values that engendered and sustained the positive value placed on the elderly.

The remainder of this paper will focus on these, the most vulnerable of Malaysia's people: its poor, aged, often widowed, and socially excluded women. One can say that to a very large extent these elderly women are discriminated against because they are poor, and they are poor because they are discriminated against. It is a circular tragedy of cause and effect. Despite its industrialization, Malaysia provides no social security for its aged (Malaysia 1995). Even if they are widows eligible for their husbands' pensions, the benefits are too small to support them. Women in Malaysia rarely have savings or property of their own. In short, they often become victims of their gender as defined and enacted by their society (Omar 2000).

Thus, an important premise of this paper is that women, especially poor older women, face problems different from those facing men. Because women tend to outlive men, it is especially important that we be informed of, and respond to, the actual crises facing elderly widowed women. As has been mentioned above, there are more women than men above 75 years of age in most societies, including Malaysia. Therefore problems of aging and elder care are to a major extent issues confronting

women. It must also be kept in mind that we are all the sum of our life experiences and fortunes. Thus, to understand and empathize with older women one must look not simply at their present circumstances, but at the entire trajectory of their lives. Only then will it be possible to create programs, policies, and institutions that contribute positively and effectively to their well being (Omar 1994, 1995).

Some Issues Facing Older Women in Malaysia

Family Support and Living Arrangements

Malaysia is a country that lays claim to a firm hold on tradition, religious values, and close family relationships. Despite the wave of modernity, these values remain significant. In all of the state's development programs the family remains pivotal and it steadfastly champions the ideals of a "Caring Society." The institution of the family is acknowledged as the fundamental source of care for its members, for their shelter, financial well-being, health, and emotional support. Therefore it is the primary support system for Malaysia's elderly, a majority of whom live with their children, who are encouraged to remain with the family into their adult years when they are employed and earning their own incomes. This is commonly the case even after they have married and are raising children of their own (Haron 1991). This pattern has remained especially strong in rural areas where extended family living is the rule.

Today, however, things are changing significantly as many rural residents have migrated from their villages to urban areas, leaving their elderly parents behind (Tan and Ng 1998). In cases where they have brought their parents with them to urban areas, many problems have occurred. Parents from villages generally feel uncomfortable with urban environments and lifestyles. They complain about living in small flats, often in slums, about unfamiliar neighbors, difficulty of access to mosques, and high costs of living. Often they are unable to share households with their children, in which case they try to live nearby so that they can have frequent contact with them. Research by Haron (1991) has indicated a trend toward an increasing prevalence of nuclear family households, especially in large cities. Nevertheless, in spite of these forces of change, for the overwhelming majority of elders the extended or co-resident family remains functional. This is in sharp contrast to the experience of many fully developed societies where small, isolated nuclear family units have virtually replaced extended families. There elder care has been largely relegated to impersonal public institutions.

An important and related issue of family and care is that of spousal dependence. Women in most developing countries are traditionally dependent on men for income security. When they migrate to the city with their husbands they do so with the understanding that their husbands are the caretakers—the ones who will look

after their mutual and familial well-being. The woman's main function is to run the house and look after the children. They did not have to worry about financial and bureaucratic matters as those are the responsibility of the husband (see Omar 1994). A majority of women above age 55 in Malaysia today are of this newly urban generation. They have had minimal education or none at all, no formal employment, and are not backed by social security. These are women who have worked hard to raise their families and have never had an income.

Research conducted in many western countries has demonstrated that nearly 75% of older men are cared for by their wives, while only 30% of older women are cared for by their husbands. Widowed women, who often lack financial security, face great stress and many problems (Beland and Zunzunnegui 1996). A majority of women in Malaysia, even today, have no financial resources of their own, relying entirely on their husbands. When their husbands die, women often have to resort to financial reliance on their children, especially sons. Recently, as women have increasingly joined the workforce, employed daughters are likely to join in supporting their ageing mothers. The only resort for those without heirs or money is to apply for welfare from the state, which is grossly inadequate. They are very likely to end up in government-run old folks' homes, or continue to live in poverty.

An emerging trend in Malaysia is for older women to live alone after being widowed. This does not pose a serious problem for the middle class minority of elderly women who have adequate social security. But for poor women the situation is bleak because Malaysia does not provide universal social security for its citizens. In contrast to their elderly female counterparts in western societies, who frequently prefer to live on their own while supported by social security, poor elderly Malaysian women who live alone are vulnerable to every kind and consequence of inequality and poverty that is inherent in the society.

It is important to note that in multiethnic Malaysia, some ethnic groups have cultural and traditional values that have had negative consequences for widows' lives. Indians, for example, are known to look down on widows, as do the Malays to a certain extent. Therefore the circumstances of widowhood must be addressed seriously as one among many social problems that afflict the marginalized poor, the illiterate, and otherwise disadvantaged members of society. These are the people who most urgently require society's attention and help in any state concerned with improving the quality of life of its people.

Health

Health is a topic of concern in every society, and inequalities—including those of sex and gender—are reflected sharply in the health of its citizens. The natural course of a disease may differ for women and for men. The sexes are afflicted

by different ailments and often respond differently to the same illnesses. Society at large tends to respond differently to sick males and sick females. Women and men often have differential access to health care, they may be treated differently by health providers, and state policies regarding health may make invidious distinctions between males and females (Doyal 1998:19).

Increasing health problems are part of the aging process; health is a matter of constant concern to the elderly. Eighty percent of people over 65 in Malaysia have long-term disorders and five percent have disability that requires continuous medical supervision. Health problems specific to old age and poverty include malnutrition, undernutrition, and chronic diseases such as cardiovascular disease, osteoporosis, diabetes, anemia, cataracts, arthritis, and glaucoma, all of which can cause severe stress, anxiety, and even mortality. In addition, elderly women tend to suffer ailments resulting from the history of their reproductive health. Menopausal symptoms, cervical and uterine cancers, and thyroid disorders are examples of such diseases and disorders that typically afflict elderly women (Chen 1986; Omar 2000, 1995; Zulkifli, et al. 1995). Because early experiences of Malaysian women's lives have significant impacts on their health in later life, the issue of older women's health must be discussed within the context of their position and roles in society over their entire life cycles.

Studies in Malaysia have found that besides diseases of poverty, older rural women are, in addition, prone to additional illnesses of their reproductive health. They are more prone to women related illnesses, and suffer from osteoporosis and cancer of the uterus as well as poverty related illnesses such as anemia and undernutrition (Omar 2000; Omar 1995; Zulkifli, et al. 1995).

A major problem confronting those who seek to deal with these issues is thedifficulty of obtaining data and information on the health of older women (Kinsella and Gist 1998). In many instances, health studies have excluded older women. Research has focused most heavily on diseases that affect men. When it has addressed women's health, it has dealt primarily with diseases of their reproductive years, neglecting those of the elderly. Of late, however, a life cycle approach to health studies has become popular. Researchers are looking at the health of women from birth, through first menses, pregnancy, and childbirth, to menopause and beyond (Omar 1994).

Despite the critical importance of health care, both the extent and accessibility of health services for older people remains limited in many countries (Gorman 1999). A recent study in Malaysia found that older women's health and their access to health care are related to their income, the location of their residence relative to health care facilities, and to persistent societal gender inequalities in attention to reproductive and sexual health (Omar 2000). While older women in Malaysia are predominantly rural, most health infrastructural development is in big cities. Women, especially those

living in rural areas and remote parts of the country, have less access to quality health services than do their urban counterparts. Inadequate education, lack of awareness of nutritional needs, and lack of entitlement to health care, all contribute to the relatively low level of health among poor older women in rural Malaysia (Zulkifli, et al. 1995).

One of the greatest problems confronting the elderly in Malaysia is mental health: loneliness, social isolation, alienation, and feelings of being unloved. Depression and the "empty-nest" syndrome (following departure of children to their own nuclear families) are said to be more common among older women than among men (Turner and Helms 1996). Why this is the case is a problem that needs to be looked into seriously in order to devise strategic interventions to counter these psychosocial problems. In Malaysia, there has been little in the way of research to provide evidence of increased loneliness and depression among the elderly. However, in a study carried out in both rural and urban areas of four Malaysian states, I obtained ample evidence of depression and loneliness directly from the voices of Malaysian elderly (Omar 1995). Migration of rural youth and young adults to cities, leaving their elderly parents behind as they seek greener pastures, creates gaps in communication among family members. Because of their tight working schedules and their leisure activities, the young urbanites rarely have time to interact with their parents, so they are forced to hire maids to look after their elderly parents. In a study of social support and the elderly in the Malaysian city of Petaling Jaya, older women felt loneliness more than men did. Older men were more mobile than women, as they went out frequently to meet their friends in coffee shops and, in the case of Muslim men, spending time at mosques and in local political activities. Chinese men joined Senior Citizens' organizations or remained active in their businesses. Elderly women were more housebound than men and experienced greater loneliness as their sources of enjoyment and fulfillment were more limited. They enjoyed visits from their children and grandchildren and looking after grandchildren while their parents were otherwise occupied. Muslim women attended Koranic lessons at the mosques. Chinese women reported spending leisure time playing mahjung or watching cable TV and were less likely than the Muslims to look after grandchildren—presumably because the children's mothers were more likely to be at home.

Social Security

Financial security largely determines the range of alternatives that people have in adjusting to their everyday lives. Older people without sufficient money fall further into poverty as they get older. The threat of poverty is therefore very real particularly in aging populations (Calleja 1997). Many of the elderly poor in Malaysia have never experienced leisure, and find it difficult to fulfill even their basic needs. Many poor elderly Malaysian women were poor long before they reached "old age."

As has been noted above, most older women are ineligible for social security assistance. The nature of their work (if any) in their younger years in agriculture, manufacturing, or—the least recognized occupation of all—as housewives, means these women are not covered by income security. Thus, many of them are heavily dependent on their children. Often their children are poor themselves and can hardly support their own families. Some women do enjoy the benefits of a widow pension scheme. However, the number who are eligible is small and so is the amount to which those few who are eligible are entitled. According to Lum (1992), only 10% of the elderly are covered by pensions. Inflation adds further to the problem. Thus, besides turning to family as a source of financial assistance many older women, especially in rural areas, continue to work. Blackburn (1988) stated that older men and women try to remain self-reliant and will only seek financial assistance when health prevents them from working. Among the endeavors of older women in rural Malaysia are as caretakers of grandchildren, teaching Koranic lessons, selling food at night markets, weaving mats and selling agricultural produce at local farmers' markets. However, declining physical strength leads to lower job performance and reduced income. In a study conducted in three communities in the state of Kelantan, Malaysia, it was found that older women not only provide child care, but also physical and financial care for their husband (Karim, et al. 1998).

Addressing the Needs: National Policy on Older Persons in Malaysia

The Malaysian government was one of the first countries in the Asia Pacific region to have established its own Policy for Older People. It was formulated in 1995 with the basic objective of building a society in which older people are healthy, dignified and possessing high social esteem. It is geared to promote more involvement of the elderly in all sectors of the society. This Policy provides that older persons are to be given adequate care as members of family, community, and nation. The Policy's objectives are ultimately to increase the dignity and respect of older people. One of its strategic goals is to create surroundings that provide in every way for the well being of the elderly. The poor and disadvantaged elderly are central beneficiaries of this Policy as it aims to promote an improved quality of life for all elderly irrespective of class, ethnicity, and geographical location (Malaysia 1995).

At the same time, the Policy aims to promote active and productive aging by recognizing and capitalizing upon the potentials of all elderly people wherever their contributions are useful to the community and nation. Under this Policy, support programs and infrastructures are to be implemented to provide the necessary platforms from which the elderly can take advantage of opportunities to be independent and active. To fulfill these aims, the Malaysian government has developed a variety of programs in education, culture, the arts, religion, and recreation. These are avenues enabling the elderly to make productive use of their own potentials and strengthen their self-esteem and self-reliance, thereby contributing to their financial security and

good health. Opportunities for the elderly to avoid being burdensome to family members and others are promoted through various systems of savings and insurance. Greater emphasis on preventive healthcare is a prominent feature of the Seventh Malaysia Plan Health programs. It is crucial for the nation that the Malaysian government implement these programs in order to meet the new challenges that will affect the lives of older people as the country moves into the twenty-first century. If carried out in a timely and forthright manner, these programs can be very important in assuring that older people will have more comfortable and healthier lives in the years to come than they have had in the past (Omar 2000).

Women in Old Folks' Homes

Women comprise more than half of the population of residents in Malaysia's old folks' homes. These institutions come under the jurisdiction of the Department of Social Welfare, but it is not usual for people to enroll in them. The number of residents in government old folks' homes is small compared to the population of elderly in Malaysia, although there are a substantial number of elderly who have neither families nor any resources with which to maintain themselves. It is these people for whom the old folks' homes are intended and who are eligible for admission to them. Many avoid taking advantage of this opportunity because these institutions are regarded as a last, desperate resort that reflects the irresponsibility and unethical behavior of family members who commit their elderly relatives to live in them. Nevertheless, the poor, elderly widows, and others without family and in dire need of food, shelter, and care, often have no alternative but to stay in such homes. The *Rumah Seri Kenangan* (House of Good Memories), are government sponsored old folks' homes that provide these elderly with shelter, food, and such services as occupational rehabilitation, counseling, guidance, and medical care. In general, there are two avenues by which an elderly person can become a resident of *Rumah Seri Kenangan*. These are:

> Voluntary admission: A person can apply to be a resident by submitting an application to a Welfare District Officer. The application will be reviewed and approved if the requirements such as age, health status, income, and family status are fulfilled.
>
> Department of Social Welfare instruction: A person can be declared unable to care for herself or himself and therefore be committed to admission.

The Pondoks (Muslim Huts)

Another source of shelter and care for many elderly women, especially in the east coast Muslim states of Kelantan and Trengganu, and to a lesser extent, Kedah and

Johor, is the Pondok or Huts. This is a community involvement project subsidized by the Malaysian government. The Pondoks system encourages communities in the rural areas to set up a form of shelter and an activities-based religious center for the elderly.

The organization of the Pondok is different from Rumah Seri Kenangan, in that the former involves more community participation and its budget comes mainly from donations supplemented by allocations by the state. Its core activities center on the concept of an Islamic learning center as well as a shelter and home for rural Muslim elderly.

Social Welfare and Women

The state, through its Welfare department, provides a yearly budget for allocating aid to the poor elderly, including both men and women. Each recipient of the aid is required to have a guardian from among his or her family members. If no family member is available, a person close to the elder such as a friend or neighbor can fulfill that role. In 1991, the number of aid recipients was only 9,828 and costs to the government amounted to a mere Malaysian Ringgit 5,066.31 each. The figure has not increased much over the years, as it is not the intent of the government to bear the burden of welfare for its people. However, it would be more realistic and humane if the government were to make adjustments in its expenditure on this program. The present amount is inadequate in view of increasing costs of living in Malaysia over recent years.

Conclusion

In this paper I have explored a multiplicity of issues relating to older women in Malaysia. In conclusion, it is important to assess the implications of these issues and challenges in the interests of achieving more effective strategic and tactical planning for the future. There is an urgent need to translate such planning into effective action to address the issues of well-being for older women and, for that matter, for elderly of both sexes.

My research and discussion have identified some urgent issues related to the life circumstances and experiences of being a woman, old, and in many cases poor and marginalized, in the context Malaysia's modernization and industrialization. It is crucial for Malaysia to be pro-active and gender-sensitive in dealing with its ageing population

My aim in highlighting gender within the topic of aging is to push for more comprehensive and gender-sensitive programs. Development policy should stop regarding older people as a homogeneous mass, and understand instead that there are different consequences of ageing for men and women, and that each sex and every

individual will devise their own strategies, based on their own circumstances, to achieve healthy, productive, and fulfilling lives (Ewing 1999).

A range of strategies employing the life cycle approach is needed to promote well-being for both men and women throughout their lives. Structural interventions to reduce inequality at all levels and spheres in society should be intensified. The hope must be to establish and maintain more comprehensive policies involving the poor, especially women, in Malaysia.

The Policy for Older Persons and its Plan of Action need to be implemented effectively and soon in order to ensure the well-being of Malaysia's marginalized elderly women. A culture of productive and successful aging should be promoted from early in an individual's life cycle to prepare our younger generations to plan for healthier, more active, and disability-free older years. In addition, collaborative efforts among government ministries must be more actively mobilized in the interests of promoting the well-being of women of all ages in the country. The Women Ministry of Malaysia should work cooperatively with other ministries in developing strategies to this end.

Structural, behavioral, and attitudinal interventions should be instituted in preparation for more stable and active later years for women as their longevity increases. By highlighting more gender-sensitive programs in its Action Plans for Older Persons, the implications of such programs for marginalized older women will become more apparent and therefore more effectively addressed.

The state must be brought to full awareness of the complexities of gender issues in its attempts to respond to the capabilities, as well as the needs, of poor and aged women. Only by developing and implementing such strategies and action programs as those suggested in this paper can poor women, young and old alike, be able to fully participate in, and contribute to, the productive sectors of society.

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