



Are We Up to the Challenge?: Current Crises and the Asian Intellectual Community

The Work of the 2005/2006 API Fellows

2005/2006



The Nippon Foundation Fellowships for Asian Public Intellectuals

Are We Up to the Challenge?:
Current Crises and the Asian Intellectual Community
The Work of the 2005/2006 API Fellows

Handwritten signature



Are We Up to the Challenge?: Current Crises and the Asian Intellectual Community

The Work of the 2005/2006 API Fellows

© The Nippon Foundation

First published 2008

All right reserved. No part of this book may be reprinted, reproduced, or utilized in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from The Nippon Foundation Fellowships for the Asian Public Intellectuals.

A PDF version of this book is available online at <http://www.api-fellowships.org>

Printed by: ABENO PRINTING CO., LTD.

180, 182, 184, 186 Soi Chok Chai Jong Junrean, Rama III Bang Phong Phang, Yannawa, Bangkok 10120

Tel: 66-2-2295-0022 Fax: 66-2-2294-0176

CONTENTS

About the Book	vi
Acknowledgements	vii
The Contributors	viii
I. WELCOME SPEECH	xi
Future of API Community YOHEI SASAKAWA, Chairman of The Nippon Foundation	
II. KEYNOTE ADDRESS	xiii
An Asian Vision for the Asian Century: What Differences Can Asians Make? SURIN PITSUWAN, Former Foreign Minister of Thailand	
III. INTRODUCTION AND SUMMARY OF THE WORKSHOP	xvii
UTHAI DULYAKASEM, Workshop Director	
IV. PAPERS	
Session I: HUMAN RIGHTS AND THE UNDERPRIVILEGED	
The Protection of Migrant Workers' Rights: Experiences in Malaysia and Learning from the Philippines SRI WAHYONO	1
Workers' Conceptions of Decent Work: A Case of Female Workers' Identities and Better Conditions of Work JUNKO SATO	12
The Effectiveness of the Role of National Human Rights Institutions on Human Rights Education: The Experience of the Indonesian National Commission on Human Rights SARAWUT PRATOOMRAJ	20
Session II: ECOLOGICAL DESTRUCTION AND MODERN RESOURCE MANAGEMENT	
Decentralization and Devolution of Forest Management: Fostering Relations between State and Local Communities to Improve Forest Management in Thailand and the Philippines YULI NUGROHO	30
Compensation in Environmental Litigation Cases: Experiences from the Philippines and Japan DARUNEE PAISANPANICHKUL	40
Management, Behavior and Public Perception of Asian Wildlife: A Case Study of Malayan Tapirs (<i>Tapirus Indicus</i>) SITI KHADIJAH BINTI ABDUL GANI	48
Session III: YOUNG AND OLD IN THE MODERN WORLD	
The Management and Development of Social Services for Senior Citizens in the Philippines and Malaysia ORANUCH LERDKULLADILOK	54

Gender Issues in Elderly Care in Malaysia and Japan EKAWATI S. WAHYUNI	67	Regionalism and Inter-Ethnic Relations: The Case of the Acehnese in Indonesia ALISA HASAMOH	196
Looking at Programs and Services for Children and Adolescents with Disabilities across Cultural Boundaries and Economic Conditions: A Study in Chiba City and Selected Neuromuscular Centers in Japan FE A. DELOS REYES	77	Constructing New Stages of Education for Muslim Children: Impacts of the Dissemination of the <i>Iqro'</i> Method Textbook on Islamic Education in Indonesia and Malaysia YUKI NAKATA	206
Punishing Delinquents: Incarceration vs. Community Work, a Study on Juvenile Justice Systems in Malaysia, Thailand and Japan NORAMALINA BINTI MUSTAFFA	87	Session VIII: SELF-PERCEPTION IN A CHANGING SOUTHEAST ASIA	
Session IV: HUMAN LEARNING IN THE CONTEMPORARY WORLD		Text Messages and Images: Art and Short Message Service in the Philippines NERFITA PRIMADEWI	212
Learning from Pollution Campaign Experiences in Japan PENCHOM SAETANG	95	Sidewalk Capitalism: Notes on a Critical Visual Ethnography of Street Vending in Baguio City, the Philippines YEOH SENG GUAN	216
The Integration of Environmental Education into School Curricula in the Philippines, Japan and Indonesia NARUMOL APHINIVES	108	Representations of Migrant Workers in Malaysian Newspapers NINA WIDYAWATI	222
A Village in the Making: A Video Report on "The Song as Venue for Developmental Education and People's Advocacy in Okinawa, Chiang Mai and Yogyakarta" JESUS M. SANTIAGO	118	Session IX: CULTURE AND NATIONAL PRIDE	
Open and Distance Learning Institutions in Thailand: Lessons for the Philippines THERESITA V. ATIENZA	123	Molding Asia's Future Leaders: Perspectives in Education and Training from the Military Academies of Japan, Thailand, Indonesia, Malaysia and the Philippines MICHAEL C. MORALES	230
Session V: BRIDGING TRADITION AND MODERNITY		Meditations on Culture, Cosmology and Sustainability in Asia NADARAJAH MANICKAM	238
Key Players in Sustaining the Survival and Growth of Traditional Theatre SAID HALIM SAID NONG	133	Okinawa <i>Mabuil</i> Palawan <i>Gimbaran</i> : A Comparative Documentary-Research on Palawan and Okinawan Rituals ARTURO ARISTOTLE C. SOLITO, JR.	251
Modern Development of Thai Contemporary Art and its Social Significance: Chalood Nimsamer and Printmaking TOSHIYA TAKAHAMA	142	V. APPENDICES	
The Bridging of Cultural Divides in Contemporary and Traditional Theatre in Japan LIM HOW NGEAN	152	Appendix I: Workshop Schedule	254
Session VI: ART IN A BORDERLESS WORLD		Appendix II: Workshop Participants	256
Building a Contemporary Dance Network between Indonesia, Malaysia, Thailand and Japan RITSUKO MIZUNO	159	Appendix III: Abstracts of Papers	262
Keeping the Kilns Burning: Revitalizing the Thai Ceramics Industry ITSUE ITO	167	VI. CONTACT DETAILS	270
Projections of an/other Space: The Cities of Three Contemporary Southeast Asian Cinemas—the Philippines, Indonesia and Thailand JOSEPH T. SALAZAR	175		
Session VII: IDENTITY AND SELF-DETERMINATION			
The Effectiveness of the Autonomous Region in Moslem Mindanao (ARMM) in Coping with Separatism and the Role of the National Reconciliation Commission (NRC) in Peace Building CAHYO PAMUNGKAS	185		

The DVD attached to the back cover of this book contains materials from the following API Fellows:

Jesus M. Santiago, Yeoh Seng Guan, Nadarajah Manickam, and Arturo Aristotle C. Solito, Jr. (Names listed in order of their presentations).

To access the contents, insert the disc into the DVD drive of a PC-based computer. The following programs may be required on the computer to properly view the DVD contents:

Operating system Microsoft Windows XP or later version
Adobe Acrobat Reader 6.0 or later version for PDF files
Internet Browser for HTML files and web links
Media Player for video files (mpeg, wmv, avi, etc.)

If the DVD does not open directly to the menu, open Windows Explorer to view the contents.

ABOUT THE BOOK

Are We Up to the Challenge?: Current Crises and the Asian Intellectual Community, is a collected work of the 2005/2006 Asian Public Intellectuals (API) Fellows. The 29 papers cover key areas as heritage, identity, change and conflict; engaging modernity; religion, gender, and art; changing lifestyle and health; the state, development and globalization; empowering the poor and the vulnerable; and social justice, human rights, and civil society. API publications can be downloaded at <http://www.api-fellowships.org>.

The API Fellowships Program

As Asian enters the 21st century, it faces political, economic, and social challenge that transcends national boundaries. To meet these challenges, the region needs a pool of intellectuals willing to be active in the public sphere who can articulate common concerns and propose creative solutions. Recognizing that opportunities for intellectual exchange are currently limited by institutional, linguistic, and cultural parameters, The Nippon Foundation (TNF) has launched the Asian Public Intellectuals (API) Fellowships Program 8 July 2000. The Program's primary aim is to promote mutual learning among Asian public intellectuals and contribute to the growth of wider public spaces in which effective responses to regional needs can be generated.

The API Fellowships Program is open to academics, researchers, media professionals, artists, creative writers, non-governmental organization (NGO) activists, social workers, public servants and others with moral authority, who are committed to working for the betterment of society by applying their professional knowledge, wisdom and experience. It is designed to stimulate the creation of a pool of such intellectuals in the region.

Each participating country—Indonesia, Japan, Malaysia, the Philippines, and Thailand—has a designated academic institution called Partner Institution. Representatives of these Partner Institutions comprise the API Executive Committee that discusses and decides on program policies in consultation with The Nippon Foundation. A Coordinating Institution, selected on a rotational basis amongst the Partner Institutions, manage the Program regionally.

The three main themes determined are:

- Changing identities and their social, historical, and cultural contexts;
- Reflections on the human condition and the quest for social justice; and
- The current structure of globalization and possible alternatives.

Within these themes, the Fellows are required to:

- Propose and carry out a research and/or professional activities in a participating country or countries other than their native country of country of residence;
- Conduct research and/or professional activities in compliance with the schedule accepted by the Selection Committee;
- Attend the API Workshop to exchange results of their research and/or professional activities with other fellows;
- Disseminate their findings and results to a wider audience; and
- Pursue a deeper knowledge of each other, and hence of the region.

The API Follow-Up Grant was initiated in 2005-2006 to encourage API Fellows to undertake collaborative work.

The Nippon Foundation

The Nippon Foundation (TNF) is an independent, non-profit, grant making organization that was founded in 1962. It supported projects both in Japan and overseas. It funds activities in three areas: social welfare and volunteer support; maritime research and development; and overseas cooperative assistance. It works with other non-profit organizations, government, non-government organizations and international organizations.

ACKNOWLEDGMENTS

API Coordinating Institution secretariat team at the Institute of Asian Studies (IAS), Chulalongkorn University, oversaw the publication of this book and wishes to express its sincere appreciation for the following:

The API Fellows for their papers/presentation materials and revising them whenever necessary for content and technical purposes;

Uthai Dulyakasem, the 5th API International Workshop Director, who guided the Fellows for their preparations of the papers/presentation materials;

Tatsuya Tanami and Michiko Taki of The Nippon Foundation;

API Program Directors, Program Coordinators, and Program Assistants for their valuable inputs and cooperation;

Marian Chua, the Workshop rapporteur for her meticulous work;

Rebecca Dawn Sooksom who handled most of the technical editing with patience and dedication; and

Gundh Supasri for his assistance in layout work.

GENDER ISSUES IN ELDERLY CARE IN MALAYSIA AND JAPAN

Ekawati S. Wahyuni

67-76

Introduction

Background

Worldwide, the population over the age of sixty-five is growing more rapidly than any other population segment. By 2050, around fourteen percent of the total population (an estimated 1.3 billion people) will be over sixty-five, about eighty percent of whom will reside in less developed countries. In Asia, the proportion of the population over sixty-five has been growing at a high rate over the last fifty years. It grew from 55 million in 1950 to reach 207 million in 2000, and it is projected to reach 865 million by 2050 (Asia-Pacific Population and Policy 2000). Demographic changes have become an important phenomenon in the Asian continent in the last fifty years, and this has had a great influence on human living conditions. Ageing has become a research interest in various fields of study, such as demography, nursing, sociology, psychology, economics, and geriatric studies. In recent decades, gender scholars increasingly insist that elderly welfare is also a gender issue.

The gender issues surrounding elderly care can be identified from two points of view, that of the care receivers and that of the caregivers. The increase in life expectancy has led to the feminization of the elderly population, as women tend to have an advantage in life expectancy over men. According to Miller (1995) in Weaver, those in the oldest group of 85+ years are more likely to be women, on medical assistance, have less income and fewer economic resources, are less likely to be married and have no living spouse to care for them, and have chronic rather than acute illnesses. This means that the main care receivers will likely be elderly women.

On the other hand, in almost any society in the world, the main gender role of a woman is as the caregiver for any family members in need, whether children, husband or elderly parents. For most women, in their middle life they have to give care to all of these groups at the same time. A woman in this position has been described as a "sandwiched woman" (Hooyman and Gonyea 1999), and she will usually give up her own needs in life, whether a career, an interesting job, or just a moment

for herself. However, when she needs to be cared for in her old age, sometimes no one is available for her. A woman who has spent her whole life caring for other people is more likely to end up in an institution.

The above situation may be more appropriate to describe women in industrial western societies, where formal elderly care is already established, and the elderly live in a nuclear-family household arrangement. In the majority of traditional societies in Asia, older persons live in extended, multigenerational households and rely on their adult children for financial and personal care support. The sons are expected to provide financial support to their elderly parents, while the daughters give personal care. An elderly woman is more likely to live with the family of one of her children following the death of her husband. However, as many young mothers and fathers have migrated to urban areas or overseas, the responsibility to care for their children is extended to maternal grandmothers. This means that the role of family caregiver is still carried to the end by elderly women in many traditional societies.

The on-going demographic, social and economic changes have challenged the traditional family support system in Asia (Asia-Pacific Population and Policy 2000). As a consequence of declining fertility and mortality, more people are surviving into old age. However, with smaller family sizes, the number of potential caregivers for the elderly is also decreasing. Some support of the elderly's welfare, then, should be taken over by the state, community, or extended family. How quickly this pressure will undermine the traditional family elderly support system and the implications of this situation for gender roles in elderly care is examined in Malaysia and Japan.

Objectives

This report focuses on describing the on-going implementation of an elderly care support system by the state, communities and families in Japan and explaining the consequences arising due to on-going demographic changes for family life and gender roles in Malaysia and Japan. Gender issues will be examined from both the caregivers' and the elderly's points of view.

Methodology

Definitions

When does one begin to be called an old person? Hooyman and Kiyak (1992: 3-4) explain that gerontology, a field of study of the biological, psychological, and social aspects of the ageing process, acknowledges four distinct terms for the ageing process. The most known definition of ageing is *chronological ageing*, which defines ageing on the basis of a person's years from birth. By this definition a forty year old person is definitely older than a twenty year old person. Chronological ageing is probably the most common definition used by people when they talk about ageing matters, and it is the easiest ageing definition to understand for most people. In addition to the chronological age definition, there are three other definitions of the ageing process with different references. *Biological ageing* refers to physical changes that reduce the functioning of the organ systems. *Psychological ageing* is related to the decline in sensory and perceptual processes, mental functioning, personality, drives, and motives. The last definition is *social ageing*, which is understood as an individual's changing roles and relationships within the social structure. As people age chronologically, biologically, and psychologically, their social roles and relationships also alter. The social context determines the meaning of ageing for an individual. This report applies a chronological ageing definition, with "elderly" being defined as those above sixty-five years of age.

Another term used in this report that needs clarification is that of elderly care. There are two aspects that are interlinked in elderly care, economic support and physical care (Mason 1992). According to Mason (1992), financial support can be accomplished impersonally, whether by family members, governments, or a pension scheme, while physical care must be performed personally by a caregiver and involves more emotional attachment than does just providing financial support. These two aspects should be considered when formulating policies for the elderly support system. In their old age, people may need policies to ensure their physical care, or they may need both continuing financial support as well as care giving services. This report focuses more on physical care giving providers, while also considering the existence of a financial support system for the elderly.

The main focus of this report is to probe gender issues in elderly care. Gender issues are issues, concerns and problems arising from (a) the different roles played by men and women in society; (b) questionings of the relationship between women and men; and (c) undesirable or unjust gender inequalities. Based on this

concept, gender issues in elderly care are concerns and problems that arise due to undesirable gender inequality and inequity in the implementation of elderly care in the family, community and state. Gender issues in elderly care emerge from the different roles played by men and women in society, which can create gender bias in the implementation of policies or programs concerning elderly care.

Data Collection Methods

This research employed qualitative methods, using a combination of direct observation, in-depth interviews and written documents to collect data. A sampling method based on convenience was used to decide which research subjects or informants would be interviewed or observed. The choice of subjects was based on the consideration of easy access to the households of the elderly or elderly care facilities by using either formal or informal permission. This study is intended to address the gender issues in the overall elderly care system in each country, although the data was collected only in small area of each country. This research was conducted in Malaysia between 18 August to 17 October 2005 and in Japan between 1 April to 30 May 2006.

In Malaysia, interviews were conducted with government officers in the Welfare Office and state nursing homes, with nurses and other caregivers in Ward 16 Kuala Lumpur Hospital and a private nursing home in Kuala Lumpur, with family caregivers and senior citizens living in urban and rural areas, and with NGO volunteers. In addition, observations were made in state and private nursing homes, the geriatric ward in Kuala Lumpur Hospital, and *Klinik Memori Khas* in Seremban Hospital. In Japan, interviews were carried out with elderly-care providers and caregivers in private nursing homes in Kyoto Prefecture, Kochi Prefecture, and Mie Prefecture, with volunteer and family caregivers, and with senior citizens, while observations were conducted in private nursing homes at the locations previously mentioned. In addition to primary research, secondary research in terms of population data analysis and a literature study was also carried out during the research period.

Ageing Process in Malaysia and Japan

The ageing process in Malaysia is taking place at a different speed than in Japan. Based on the data presented in Table 1, the percentage of the population that is elderly in Malaysia at the present time is similar to that of Japan in the early twentieth century. Although the percentage of the population that is elderly in

Malaysia has been increasing over time, the Malaysian population is still categorized as a “young population”, with less than five percent of the total population over sixty-five.

Japan’s population reached the level of an “old population” in the 1980s, and since then the Japanese population has been rapidly ageing. It has taken only twenty-five years to double the percentage of the elderly in the population from ten to twenty percent in Japan. In most European countries, the same process took more than fifty years (Horlacher 2002: 6). In 2005, the percentage of the elderly in the population in Japan was more than twenty percent, meaning that one in every five people in Japan is over the age of sixty-five.

Table 1: Percentage of Elderly to Total Population by Gender in Malaysia and Japan, 1920-2005.

Year	Malaysia (65+) ¹			Japan (65+) ²		
	Male	Female	Total	Male	Female	Total
1920	-	-	-	4.64	5.87	5.26
1930	-	-	-	4.07	5.44	4.75
1940	-	-	-	4.13	5.45	4.80
1950	-	-	-	4.23	5.62	4.94
1960	-	-	-	5.06	6.37	5.73
1970	3.17	2.98	3.08	6.33	7.78	7.07
1980	3.58	3.67	3.62	7.81	10.34	9.10
1990/1 ³	3.47	4.05	3.75	9.86	14.16	12.05
2000	3.58	4.23	3.89	14.88	19.75	17.37
2005/6 ³	4.31	5.33	4.83	17.50	22.70	20.10

Notes: 1) Source: Statistics Office of Malaysia 1972, 1982, 1993, 2003.

2) Source: Statistics Bureau and Japan Aging Research Center.

*The estimated number of military personnel who resided outside of Japan was subtracted from the census data by estimated age group.

3) The 1991 and 2006 data are for Malaysia.

The rapid ageing process in both countries is a logical consequence of declining fertility and mortality, and increasing life expectancy at birth. In Malaysia, the decline in fertility has been significant since the introduction of the National Family Planning Programme in 1967. The total fertility rate (TFR) nearly halved between the 1960s and 2000, from a high of six to three. The increase in the average age at marriage and the lowering of marital fertility related to contraceptive usage has been contributing to the decline in overall fertility. In Japan, the main causes of fertility decline are similar to those in Malaysia, such as the delayed age at first marriage, the increasing number of never married women, and the high proportion of married women using contraception. However, the TFR in Japan is lower than in Malaysia. The TFR in Malaysia in 2005 had already been reached by Japan fifty years earlier. Table 2 shows the decline in the TFR between 1950

and 2005 in Malaysia and Japan.

In addition to their success in lowering fertility, Malaysia and Japan have also made achievements in medical and health services that have resulted in a significant decline in mortality rates among the young, and an increase in life expectancy at birth. Consistent with the timing of the fertility decline, on average Japanese people live longer than Malaysian people. Table 3 presents the life expectancy at birth in Malaysia and Japan during different time periods. We see that the difference in life expectancy between men and women in Japan is becoming wider over time. This situation will result in a greater number of elderly women in Japan in the future.

The demographic changes in Malaysia and Japan are an outcome of the modernization process that is related to industrialization, urbanization and education. Although modernization affects both men and women, its impacts on women are crucial to demographic changes. The delayed age at marriage among women is caused by increasing opportunities for women to pursue higher education and women taking wage work outside the home, which is not compatible with childrearing and lowers fertility. Industrialization has created more employment opportunities for men and women to work in non-agricultural sectors. The industrial sectors have mostly developed in urban areas, and this, then, drives young people from rural areas to migrate to urban areas. However, the effect of fertility decline and the increase in life expectancy at birth on the overall population situation is different between Malaysia and Japan.

Table 2: Total Fertility Rate (TFR) in Malaysia and Japan, 1950-2005.

Time Period	Malaysia	Japan
1950 – 1955	6.83	2.75
1955 – 1960	6.94	2.08
1960 – 1965	6.72	2.01
1965 – 1970	5.94	2.00
1970 – 1975	5.15	2.07
1975 – 1980	4.16	1.81
1980 – 1985	4.24	1.76
1985 – 1990	4.00	1.66
1990 – 1995	3.62	1.50
2000 – 2005*	2.9	1.4

Source: Skeldon 1995.

*Statistics Office of Malaysia and Japan.

Table 3: Life Expectancy at Birth in Malaysia and Japan, 1947-2025.

Year	Malaysia ¹ (yrs.)			Japan ² (yrs.)		
	Male	Female	Diff. ³	Male	Female	Diff. ³
1947	-	-	-	50.1	54.0	3.9
1960	-	-	-	65.3	70.2	4.9
1970	61.64	65.64	4.0	69.3	74.7	5.4
1980	66.44	70.54	4.1	73.4	78.8	5.4
1990	69.2	73.4	4.2	75.9	81.9	6.0
2000	70.2	75.0	4.8	77.7	84.6	6.9
2005	71.8	76.2	4.4	78.1	85.2	7.1
2025 ⁵	-	-	-	79.7	87.5	7.8

- Notes:*
- 1) *Source:* Statistics Office of Malaysia 2005.
 - 2) *Source:* National Institute of Population and Social Security Research 2005.
 - 3) Difference in Life Expectancy between male and female population.
 - 4) For Peninsular Malaysia only.
 - 5) Estimated by Statistics Office of Japan 2006.

In Japan, the decline in fertility and population ageing is followed by a population decline and negative population growth in the near future. This is caused by the very small flow of international migrants into Japan. On the other hand, Malaysia may take a longer time to experience a population decline or negative population growth, even with the decline in its fertility rate. This is attributed to the influx of international migrants into Malaysia. Since the 1980s, international migration has altered population growth. It has contributed about 0.4 percentage points to population growth, with the growth rate of non-Malaysians at six per cent per annum (POP Info Malaysia, January 2005).

The rapid ageing process increases the number of elderly who are in need of support in their daily life. The longer people live, the greater is the possibility that they will suffer from an illness of old age or have dementia. Therefore, to deal with the increasing number of elderly in the population, various long-term care systems, pension schemes, and medical care systems need to be built or rebuilt.

Aged-Care Support System and Gender Issues

Malaysia

In Malaysia, a specific policy for older persons was first stated in 1995. Before 1995, policies and programs to maintain the welfare of the elderly were integrated into general social welfare policy development, which

considered elderly people as one its target groups (Ong 2001). The objectives of the National Welfare Policy for the Elderly are: (a) to promote the dignity and self-worth of elderly people within the family, society, and nation; (b) to improve the productivity of the elderly; and (c) to increase the number of elderly care facilities to ensure care and protection for them. The policy emphasis is on social aspects and does not adequately cover employment and income security (Ong 2001). To implement the National Policy for the Elderly, the Social Welfare Department initiated a Plan of Action, and established a National Senior Citizens Technical Committee in July 2006. There are six sub-committees under this Committee, namely social and recreational; health; education, religion and training; housing; research; and publicity. Under each sub-committee, various activities and programs for elderly care are planned and implemented. Various ministries and departments are involved in the implementation of the National Policy for the Elderly, while the Department of Social Welfare, Ministry of National Unity and Social Development, plays the role of coordinating body.

However, Malaysia does not yet have a long-term care policy. The government encourages and expects families and communities to continue to provide care to older persons. The principle is that institutional support should be the last resort in elderly care. Malaysians still believe that the best place to care for the elderly is within the family home. Children have an obligation to take care of their ageing parents. It is considered disgraceful for the family to put their ageing parents in nursing home. Elderly people who currently stay in nursing home are homeless people or those without eligible family caregivers. The National Policy for the Elderly and other policies are basically gender neutral—the policy is applied to all senior citizens who meet the criteria for assistance, regardless of their gender.

Although various ministries and departments are involved in the implementation of the National Policy for the Elderly, two departments have already had a long involvement in elderly care, namely the Ministry of Health and the Department of Social Welfare. The role of the Malaysian Ministry of Health in elderly care became more apparent with the implementation of Health Care Programs for the Elderly in 1995, which integrated elderly health services and geriatric medicine into medical care programs. Meanwhile, for the Department of Social Welfare in Malaysia, elderly care has become one of its services to the community (Ong 2001). Below some of the two departments' activities in carrying out elderly care are explained, with an emphasis on gender issues.

Department of Social Welfare, Malaysia

There are two programs for elderly care under the Department of Social Welfare, Ministry of Women, Family, and Community Development namely institutional care and financial support. There are several types of institutional care or nursing homes in Malaysia, some of them specific to a particular state. Only *Rumah Seri Kenangan* (RSK) or the "Home to Cherish Fond Memories", a government fully-funded nursing home, is established in almost all states with a similar concept. There are nine RSKs in Malaysia sheltering 1,886 people. RSKs were established beginning in 1977 under the *Akta Orang Papa 1977* (Destitute Persons Act 1977), as part of the social welfare support system. In Selangor State, there are several types of nursing homes, such as an RSK in Cheras, community-based nursing homes with government support, special private sector and NGO-funded nursing homes (*Rumah Tunas Budi*), and *Rumah Ehsan*—a nursing home especially for poor elderly people who need long-term medical treatment.

Another program for the elderly is financial support or *Bantuan Orang Tua* (BOT). BOT refers to temporary financial support for poor senior citizens who live alone in their homes. In 2005, each BOT recipient received RM 135 per month. A single household with two elderly members can receive two BOT packages. There were 13,000 BOT recipients throughout Malaysia in 2005. The Department of Social Welfare also provides assistance for poor elderly people to obtain eye glasses, walking sticks, walking frames and other equipment to decrease their discomfort due to their declining physiological function and abilities.

Rumah Seri Kenangan (RSK), Negeri Sembilan State, Seremban

One of the RSKs is located in Seremban, the capital of Negeri Sembilan State. The capacity of RSK Seremban is 200 beds; in September 2005, only 153 beds were occupied by destitute people of all ethnicities, comprised of 83 men and 70 women. Several people were hospitalized because of their illnesses. Some of the occupants were homeless people aged less than sixty, as the RSK also sheltered homeless people who were not necessarily senior citizens to keep them from living on the street.

The RSK Seremban complex consists of several detached buildings with different functions. There are several separate wards to accommodate its inhabitants—for healthy, less-healthy, bedridden, and mentally ill residents—as well as individual buildings for a

physiotherapy unit, meeting rooms, a counseling unit, the management office, and a kitchen with an adjoining dining room. Each ward is equipped with twenty single beds, toilets, a table for the RSK personnel in charge, and a dining table for frail or sick residents to have their meals at. The kitchen and dining room buildings are located at quite a distance from the wards. All residents are free to use the facilities in the RSK and move around the complex, and they are allowed to go out for recreational or family gathering purposes. Each resident received meals, snacks, medical check ups, medical treatment, and pocket money of RM 10 per month in 2005.

According to the RSK's manager, there are no special conditions applying to the residents based on gender differences, except that they sleep in different wards. However, the reasons for their stay in the RSK are slightly different between the male and female residents. Elderly women were sent to RSK because they had no children, they had no caregiver at home, they were poor, or sometimes because they had fought with their family. Meanwhile, elderly men stayed at the RSK because they had abandoned their family, were poor and had no caregiver, were sick and could not work, or were alcoholics.

The RSK had forty-five caregivers who worked in twenty-four hour shifts to take care of the residents, most of whom were women. The male staff worked as drivers, security guards, and general helpers to maintain the facilities in the RSK. Some healthy residents worked on a volunteer basis in the RSK, with women helping as cooks and men maintaining the gardens.

Rumah Tunas Budi (RTB) or Special Old Folks Home in Selangor

This is a new concept nursing-home, where the residents must be active elderly able to help themselves with day-to-day living without too much assistance from caregivers. The one year-old RTB intends to support senior citizens in surviving their ageing process as self-reliant beings. RTB is a cooperative venture between an NGO (the BAKTI Foundation), the private sector (Amway), and the government. The private sector provided the building and other facilities, the NGO runs and manages the home, and the government provides financial support and the land on which the RTB complex was built. The residents receive free meals, medical check-ups and medical treatment. Unfortunately, the concept of RTB is not yet popular among the active elderly. The two RTB buildings for men and women are almost empty. The capacity of

each building is twenty beds but, in September 2005, there were only five men and two women living in the RTB complex. One of the women residents clearly did not fit with the RTB's criteria for eligible residency as she was ninety-two years old, bedridden, and needed continuous assistance. The management of RTB suggested that healthy and active ageing residents of an RSK be transferred to RTB, but the RSK refused the suggestion because the healthy and active residents are needed to help in preparing meals and snacks in the RSK.

Rumah Orang Tua (ROT) or Community-based Old-folks Home in Ampang, KL

This is an old nursing-home established and run by the Chinese community in Ampang, Kuala Lumpur. The ROT was established by a group of Chinese dignitaries. There were fifty-three elderly people living in ROT Ampang in September 2005, comprised of twenty-six women and twenty-five men. They were poor senior citizens with no children and family to take care of them, and they had no secure income to support their lives. The residents receive free beds, meals, medical check-ups and treatment, and can enjoy recreational activities in the ROT. The government provides financial support to pay for part of the operational costs, and provided land for the building, while the rest of the operational costs are paid out of donations made on a regular and casual basis. The ROT's operation costs are around RM 15,000 per day. One source of casual donations is from visitors to the Chinese Temple near the ROT. These guests park their cars in the ROT compound and usually they will give a donation to the ROT. They might give money or food to the manager or give pocket money directly to the residents. In the main entrance to the building a table is set and one of the ROT management members sits there to receive donations from the many people who come and go throughout the day. The healthy residents also move back and forth from the parking area to the kitchen, bringing in cartons of milk, sacks of rice, and other food stuffs. During that month, September 2005, a special prayer festival for Chinese people was held; therefore, many visitors came and made donations to the ROT.

One of the ROT residents, Miss Lay, who was 66 years old and had never been married, said that she had already collected RM33 in tips from the visitors. Usually the visitors come to the wards to distribute money to the residents, in amounts of RM1, RM3, and sometimes RM5. Miss Lay used to work as a waiter and later as a cook in various Chinese restaurants. Two years ago, her left knee-joint began hurting and the pain

was unbearable when she stood too long; this made her stop working. She does not have any family to support her nor does she have any pension, so she applied to the ROT Ampang and, after three months of waiting, her application was successful. As she is still young and relatively healthy compared to the other residents, she voluntarily helps to prepare meals, and sometimes she helps other residents to wash their clothes, with compensation of RM0.50 per piece. The money she gets from washing clothes and donations is vital for buying the medicine that she has to take everyday to ease the pain of her left knee-joint, which is not covered by the ROT medical treatment expenses. There is also no rule or requirement that implies a gender consideration for acceptance to the ROT.

Community Care

Under the National Policy for the Elderly, the involvement of the community in elderly care is important, in line with the future reality of the rapidly increasing number of elderly. The role of communities in elderly care in Malaysia is still limited to specific NGOs, such as Usiamas, NASCOM, and GEM; within the wider community, elderly care is still considered a family matter. These NGOs are working to increase community awareness about elderly care problems in their own communities. Some activities being carried out by these NGOs for the elderly are home visits, cooking meals, accompanying them on errands, or helping them to get formal assistance. The staff of these NGOs are mostly middle-aged women or senior citizens themselves. For the middle-aged women, their involvement in elderly care is part of an awareness of their own path of life in the future that makes them want to prepare for their own ageing process. There is also no particular gender consideration in community elderly care except that most of the caregivers are, by nature, woman. Most of the NGOs still rely on government funding to do their activities.

A new community-based elderly care activity that is being developed by the Ministry of Health Malaysia in villages is *Kumpulan Warga Emas* (Golden Citizens' Club). One of these is located in *Klinik Kesehatan 14*, Mukim Hulu Langat, Selangor. The Club members are people aged fifty-five years and over who meet every Wednesday and Friday to do activities such as exercise, counseling, and sharing. According to the Sungai Takali Village Head, there are around fifty members of the Club, although he is not sure how many of them are Sungai Takali Village residents. One of the village elderly, Mr. Umar, aged eighty-three years old,

said that he was too lazy to attend the Club meeting and, according to him, most elderly people in the village never go to the Club. A few elderly people who owned their own vehicles might be attending meetings regularly. Mr. Umar does not know about the activities of the Club, as it is a new activity in the village.

Family Care

"... children should take care of their parents until they die ... they cannot put their parents in nursing homes ..."
(Mr. Harry, forty-eight years old, Seremban Negeri Sembilan)

Caring for one's parents is a form of the Malay principle of *balas jasa*. It is considered a great honor for children to be able to cherish and take care of their parents until they die. Therefore, according to Mr. Harry, it is not wise to promote institutional care in Malaysia, because it does not fit with Malaysian culture and beliefs about elderly care. The promotion of institutional care will erode children's obligation to take care of their elderly parents using their own hands and merely replace it with money. He suggested that the elderly should live and be taken care of at home by their children, while the government should focus on improving health services that cater to the elderly. Better medical services for the elderly will help both the elderly and their caregivers to receive medical assistance. Mr. Harry and his wife are the prime caregivers to his sick and disabled mother, who is eighty-two years old. Although she is a strong-willed woman, with her health and physical condition Mrs. Harry Senior has no other option than to accept Mr. Harry and his wife's help in living her life at the moment.

In contrast to Mr. Harry, Mr. Umar, who is eighty-three years old, said that a nursing home might be a good alternative living arrangement for him in his last days because there, there would always be someone to take care of him, although it might be very expensive. He was talking about a private nursing home in Kuala Lumpur that costs RM1,200 per month per person. According to Mr. Umar, a nursing home is a good place for old people who do not have family members or relatives to be their care-givers. However, his sons might not allow him to stay in a nursing home, even in a private one. It is not common, as yet, for the Malay and Muslim community to send their elderly parents to a nursing home for care, even when they have a severe illness. This act will only make the children lose face in their community. There are still many possible living arrangements for Mr. Umar and his wife in the future. At the moment, assisted by a maid, Mr. Umar is the

prime caregiver to his sick and disabled wife.

Mr. Umar's home is next door to his son's home, and everyday his daughter-in-law prepares breakfast and dinner for him and his wife; however, he has to provide his own lunch. Usually, he rides his motorcycle to buy lunch from one of the small food stalls near his house. The maid in the house is hired to care for his wife only during the day. She arrives in the morning at seven o'clock and leaves in the evening after Mr. Umar's daughter-in-law returns from work. In the evening Mr. Umar gives full care to his wife. Besides caring for his wife, Mr. Umar also looks after for his grandchildren after school, although this does not imply any physical care for the children.

Anywhere in the world, women are the prime caregivers in the family. Although Mr. Harry and Mr. Umar claim themselves as the prime caregivers to their old and sick family members, physical care giving is still done by women, such as Mr. Harry's wife or Mr. Umar's maid and daughters-in-law. Mr. Harry's mother refuses to bathe with the help of her son. Care giving is a traditional woman's role. Even in formal care, caregivers such as staff in nursing homes or nurses in geriatric wards are usually women. The difference is in formal care, women get paid for care giving activities, while care giving within the family is done free of charge.

Japan

According to Ibe (2000), in Japan a policy on elderly care was first established by the Japanese government in 1989, called the Gold Plan. It was a ten-year strategy to promote health care and welfare for the elderly that consisted of seven main projects, including the urgent adoption of more effective in-home welfare policies in every municipality, the promotion of a campaign to reduce the number of bedridden elderly to zero, and the urgent establishment of related facilities. After five years, the Golden Plan was been revised in December 1994 to promote home-care services over long-term institutionalization, and was renamed the New Gold Plan. The New Gold Plan was then replaced by a public Long-Term Care Insurance system (*kaigo hoken*) on April 1, 2000, which was designed to cover growing long-term care expenses. The system covers ninety percent of the costs of nursing-care services received—either at home or in nursing homes—by elderly people who have been certified as being in need of care. Now, all Japanese citizens aged forty and over must pay a mandatory premium for long-term care insurance. The implementation of the new insurance system for the elderly has been boosting nursing care businesses,

such as care-related services, nursing products, and meal delivery services.

Naimo no Sato (NS), a Group Home in Mie Prefecture

NS opened in June 2005 under a private company, "Fuco", owned by Mr. Naimo's family. He is also the manager of NS, assisted by his wife. The property is owned by Naimo's family and, to operate, NS is financially supported by the local government and its clients. It is the only such home in Tado Town, and one of seven homes in Kuwana City. In May 2005, NS was fully occupied with nine residents—one man and eight women. NS is a nursing-home for early dementia sufferers who are not eligible for overnight treatment in the hospital, as they are physically healthy. One of NS's resident is Mr. Naimo's mother who has been suffering from dementia for the past five years. She was not eligible to be treated in a hospital, and she refused to be cared for by her daughter-in-law at home. Mrs. Naimo Sr. had lived with Mr. Naimo and his wife since they were married, and did not reject her daughter-in-law until she began to suffer from dementia. She refused Mrs. Naimo Jr. because she was not her own daughter. She preferred to be cared for by her own daughter, which was impossible since she does not have a daughter. So Mr. Naimo admitted her into a group home in Kuwana City, while he started to learn about the procedures for operating a group home. When he retired from his job as a teacher, he started NS.

In May 2005, NS was operating with nine staff, all of whom were women aged forty to sixty years old and one of whom was a certified nurse. The staff worked on a part-time basis and their salary was paid by the local government. They worked in teams of four staff on each shift. The main job of the staff was to give close care to the residents, and assist them anytime they needed it. Besides the paid staff, there were also volunteers who occasionally visited the group home to entertain the residents. Volunteering was not yet common in Toda Town.

The "group home" concept is a modification of similar nursing homes in Sweden. Here, the residents live as if in their own home. They are allowed to bring their personal belongings and to decorate their bedroom similar to their own bedroom at home. They can do what they used to do at home, including cooking, gardening, walking or exercising accompanied by the staff. The dementia sufferers need twenty-four hour close care to prevent them from hurting themselves.

Other types of institutional care for the elderly in Japan are *roken* (a transit-home care for elderly patients after discharging from a hospital before they return home), retirement homes and complete-care facilities. All types actually have similar concepts, in line with the long-term care insurance system requirement. Similar to Malaysia, gender is not a consideration for one to get formal care. One of the institution directors explained that there is no difference in treatment between men and women in the institution. Different treatment is given based on different levels of disability. Before an elderly person is admitted to a particular institution, a care manager together with a local government officer will evaluate the application and decide the level of disability and what treatment should be given to the applicant, how much the treatment will cost, and how much will be paid by the insurance.

The residents in the institution are those with a high level of disabilities, Level Two and higher, and therefore the quality of care is more important than other considerations. Even those who are in disability Level Four or Five are only in need of intensive physical care. Residents with Level Four or Five mostly are suffering dementia and already bedridden, so they will get a similar care without differentiating their gender. Another example of the least gender consideration in nursing home is the toilet facilities. If we are used to with information on "Gentlemen" or "Ladies" toilets in public places, but in a nursing home the toilets are differentiated by the equipment inside to support the residents who are left-handed or right-handed, because certain diseases can cause them to become disabled on one side. The indication of which toilet is the right one for use is shown with a picture of a left-hand palm or a right-hand palm instead of a picture of a woman or a man painted on the toilet door.

Community and Family Care

The role of the community in elderly care in Japan is important. Many people, usually middle-aged women, volunteer to visit institutions caring for the elderly or provide meals for them. They entertain and speak to the residents and, because of their intense involvement with elderly care, these women become aware about the situation that they might face in the future. They prepare themselves to welcome their old age. Not all Japanese women carry the burden of giving care to their elderly parents, as not all of them are married to the first son in the family. Nevertheless, they will become old in the future and will become care receivers. They also realize that they cannot expect too much to receive care from their children, and prepare themselves to live

in an institution later on. Based on their experiences in elderly care, these women realize that staying healthy in old age is a key to becoming a happy and worthy senior citizen. Two stories of Japanese women represent this point of view.

Mrs. Katana, the fifty-eight year old mother of a twenty-three year old daughter, is married to Mr. Katana, a retired sixty-four year old. She lives in a small town in Mie Prefecture with her husband, while her daughter lives in another city where she studies. Mrs. Katana is a housewife and once a month, for two hours, she teaches a painting class for the residents of a nursing home in her town. She has been a volunteer in the nursing home for ten months. She received elderly care training courses from the Japanese Red Cross. According to Japanese family traditions, as a daughter she is not burdened with a duty to care for her elderly parents, because it is her elderly brother's wife's duty, and she is also not responsible to care for her parents-in-law as her husband is not the eldest son in his family. However, according to Mrs. Katana, this Japanese familial system has been changing recently. Any daughter or son can become the primary caregiver to their own elderly parents. It is not the sole responsibility of the eldest son in the family anymore. As for the parents themselves, in recent times they prefer to live independently rather than be cared for by their children. Mrs. Katana herself will live with her husband in their old age, as the future of her daughter will be with her own family and perhaps she will carry a duty to be her parents-in-law's primary caregiver. She is preparing for her old age by keeping herself healthy, physically and mentally, because she realizes that the cost of elderly health care is very expensive. She wants to live the elderly part of her life like her healthy and independent eighty-three year old mother, and living in an institution at the end of her life is her least expectation.

Mrs. Araki, who is seventy-seven years old, is married to eighty-three year old, retired Mr. Araki. They have a son and a daughter. The Arakis have lived in an apartment built for elderly residents in Kyoto for nearly nineteen years. They chose this living arrangement to ease Mrs. Araki's burden as a "sandwiched woman". At one time, she had to care for her husband while also helping her son with his twin premature babies. The Arakis sold their property in the city and bought a mansion for their son and an apartment for themselves. By living in this apartment, Mrs. Araki can rely on the apartment staff, who are all trained in elderly care techniques, to look after her husband when she is away to care for her twin grandsons. The living arrangement between Mr. and Mrs. Araki and their son's family is not a traditional Japanese family, because according to tradition the two

families should live under one roof, and it is the duty of her daughter-in-law to care for her and her husband.

Mrs. Araki used to be a volunteer for community-based care for the elderly for many years and she has learned that Japanese society is changing. She observes that many problems emerge because elderly parents are not fit to live with their children, and she thinks that a multigenerational household is not an ideal living arrangement for elderly Japanese anymore. Mrs. Araki explained that her husband is a typical Japanese man who does not want to be involved with any household work or childcare matters and depends on her to do it for him, while her son shares the household work and childcare with his wife. Mrs. Araki lives her elderly life by accommodating the old style of living with her husband and the new lifestyle of her children in the changing Japanese society with dignity.

Conclusion

The ageing process is inevitable. The number of elderly people in Malaysia and Japan is growing rapidly, while the availability of caregivers is decreasing. This demographic process is accompanied by economic and social development processes that influence the elderly care support system.

The process of economic development has created more formal jobs in urban-industrial areas for women that are not compatible with domestic work including care giving. In the industrialization process, women have to juggle between their jobs and home, and women usually have to give up their job, or endure the double burden. Along with economic development, social development in terms of education has also been taking place. More and more women are become educated and financially independent, and they prefer to do paid jobs and buy substitute laborers to do the domestic work, including taking over their care giving role. In Malaysia, some women are able to pay for maids to take over their domestic jobs, including caring for their elderly parents at home, because it would bring shame to their family to put their elderly parents in an institution. In Japan, with a stronger economic position, the government has taken over elderly care with its comprehensive long-term care insurance system.

Although substitute labor and a long-term care insurance system can relieve some of women's burden as elderly caregivers, there is another gender issue that needs attention. Elderly women are not in the same situation as elderly men. The current situation in Asia is that the situation of most elderly women is the product

of past discrimination against women, such as low or no education, never having had a paid job and therefore having no pension, fewer daughters to care for them, dependence on others to support them, and their natural tendency to live longer. Therefore, many elderly women are poor, living alone and still working to support themselves or staying in an institution.

"Are we up the challenge?"

Global ageing is inevitable. Are we ready for it? When we are young, our attitude towards the elderly is defined by the culture we are socialized in. In Asian society, we generally respect the social position of the older generation, but at the same time we underestimate them because of their decreasing biological and psychological condition. As a consequence of declining fertility and mortality rates, we expect to live longer but with fewer potential caregivers for us. This means that we should prepare to live our old age on our own, as our few potential family caregivers live far away from us, earning their living. For women, do we still expect that our sons will take care of us, and for men, are we preparing to anticipate that our wives may not want to take care of us without a similar obligation toward her from ourselves?

Do we have a secure income to support our old age without expecting too much from our children or the government for assistance? Do we have a pension? When do we start to save to secure our old age? Actually, we can start to prepare for our old age by keeping our health always in prime condition. Our health will be our savings in the future, as the inevitable problem of old age is our declining health status.

Are we prepared to end up in an institution?

References

- Asia-Pacific Population and Policy No.53. *Population Aging Raises Questions for Policymakers*. April 2000.
- Bearon, Lucille B. "Successful Aging: What does the "good life" look alike? Concepts in Gerontology" in *The Forum* (NC State University) 1.3 (Summer 1996): (Cited from the internet on 5/12/2006: <http://www.ces.ncsu.edu/depts/fcs/pub/aging.html>).
- Hooymann, Nancy and H. A. Kiyak. *Social Gerontology: A Multidisciplinary Perspective*. Boston: Allyn and Bacon Inc., 1992.
- Hooymann, Nancy R. and J.G. Gonyea. "A Feminist Model of Family Care: Practice and Policy Direction." *Journal of Women & Aging* 11.2/3 (1999): 149-169.

Horlacher, David E. "Population Ageing in Japan: Economic Issues and Implications for Southeast Asia" Paper presented at the 2002 IUSSP Regional Population Conference, Bangkok, Thailand, 10-13 June 2002.

Ibe, Hideo. "Ageing in Japan." *WP 2000-2 International Longevity Center-USA, Ltd.*, 2000.

Jenike, Brenda Robb. "Parent Care and Shifting Family Obligations in Urban Japan." *Demographic Change and the Family in Japan's Aging Society*. Ed. John W. Traphagan and John Knight. New York: State University of New York Press, 2003.

Mason, Karen Oppenheim. "Family Change and Support of the Elderly in Asia: What Do We Know?" *Asia-Pacific Population Journal* 7.3 (1992): 13-32.

Ong Fon Sim. "Chapter 4. Ageing in Malaysia: A Review of National Policies and Programmes." *Ageing and Long-term Care National Policies in the Asia Pacific*. Ed. David R. Phillips and Alfred C.M. Chan. ISEAS/IDRC, 2002.

Japan's Long-Term Care Insurance Programs. <<http://www.mhlw.go.jp/english/topics/elderly/care/4.html>>. Cited at the internet on 5/24/2006.

Traphagan, John W. "Contesting Coresidence: Women, In-laws, and Health Care in Rural Japan." *Demographic Change and the Family in Japan's Aging Society*. Ed. John W. Traphagan and John Knight. New York: State University of New York Press, 2003.

Weaver, Suzanne. "Gender and Age as Categories of Analysis in Biomedical Ethics." <<http://cae.hkbu.edu.hk/html/vol6-prof.weaver.html>>. Cited at the internet on 5/12/2006.