NATIONAL STUDY ON ELDERLY PERSONS (NSEP) IN BRUNEI DARUSSALAM

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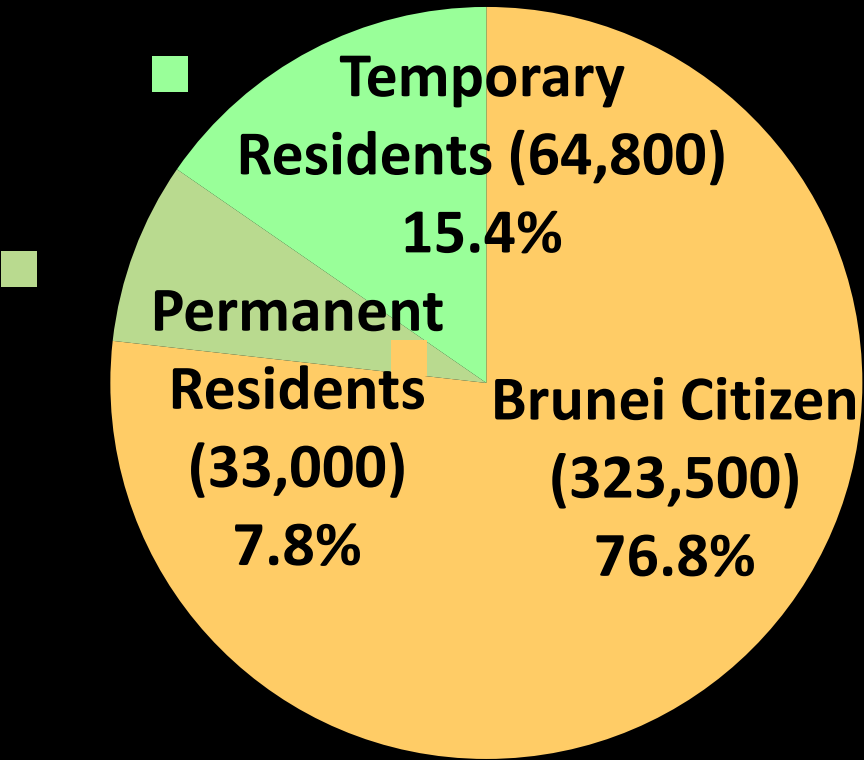**Associate Researcher – Centre for Advanced Research (CARe)**
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BRUNEI- BACKGROUND

POPULATION AGEING IN BRUNEI, 2018

POPULATION BY RESIDENTIAL STATUS

Temporary Residents (64,800) 15.4%

Permanent Residents (33,000) 7.8%

Brunei Citizen (323,500) 76.8%

## The share of the ageing structure

Young-old (aged 60-70 years) – 69%
Old-old (aged 71-80 years) – 23%
Oldest-old (aged 81 years and over) – 8%

Total Ageing Population:

39,795 (9% of the total population) or (10.7% – combined Brunei citizen and Permanent Resident population)

Age Grp	Male	Female	Total	%
60-64	8619	8148	16767	42.1
65-69	5154	5406	10560	26.5
70-74	2722	2889	5611	14.1
75-79	1599	1789	3388	8.5
80-84	902	1231	2133	5.4
85-89	413	551	964	2.4
90-94	139	176	315	0.8
95-99	19	34	53	0.1
100+	1	3	4	0.0
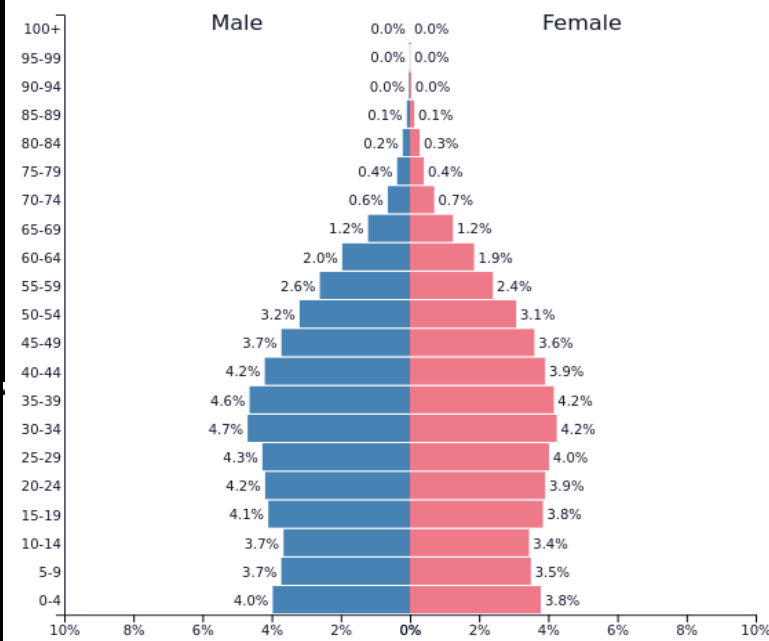
Brunei Darussalam - 2018
Population: **439,908**
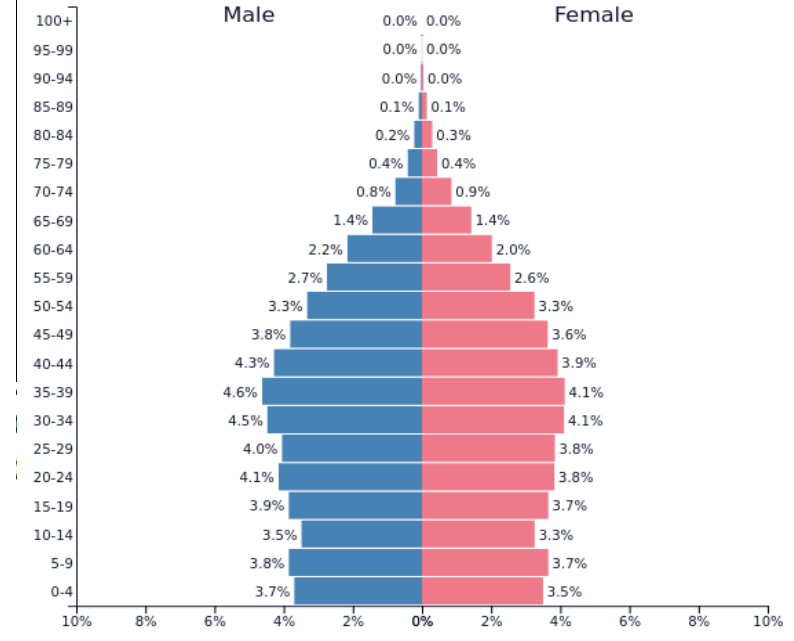
Brunei Darussalam - 2020
Population: **450,477**
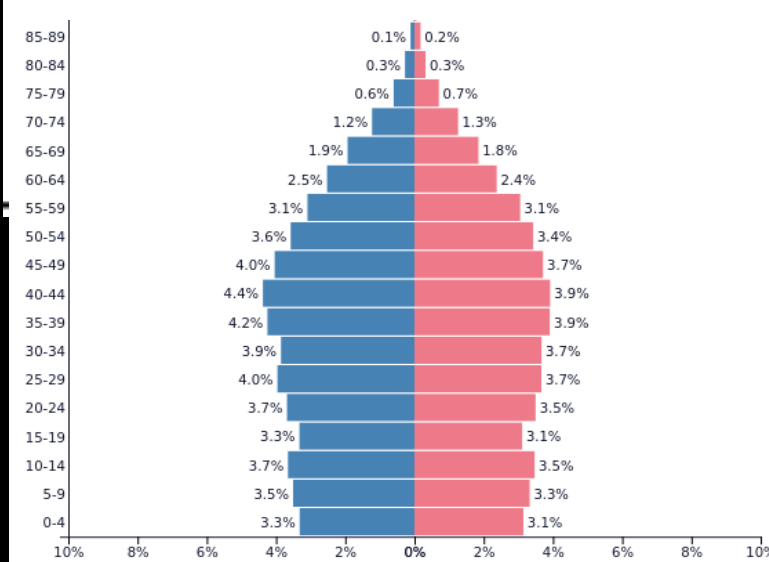
Brunei Darussalam - 2025
Population: **474,772**
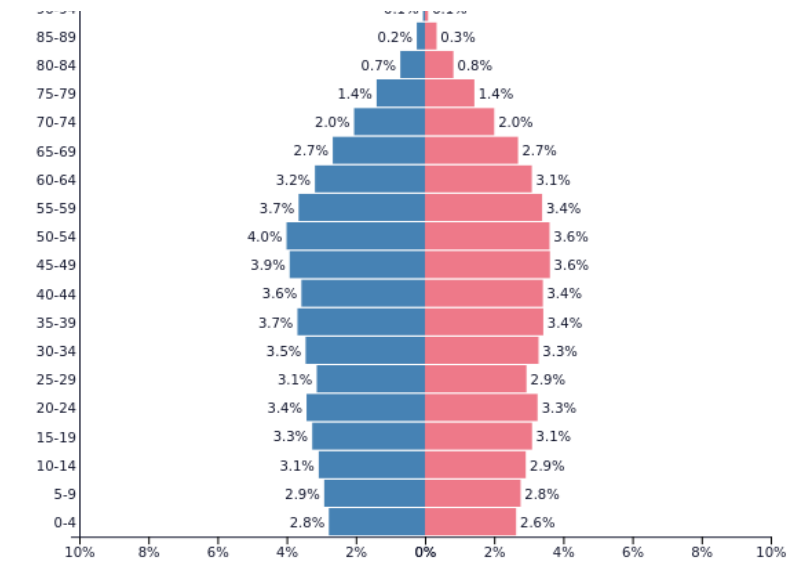
**Brunei Darussalam - 2035**
Population: **513,417**

United Nations

BRUNEI AGEING CROSS-CUTTING ISSUES

Uniqueness of Ageing in Brunei

- **Ageing is urbanizing** – the share of urban population to the total population is 78%, living in urban areas and suburbs
- **Living in extended family** - strong traditional family support system that extends beyond the nuclear structure
- **Culture** – filial piety, care which is voluntary and mutually obligatory (normally cared for in cash or in kind by the family or surrounding neighbours), the family remains the principal source of welfare support , religious and traditional values
- **Geographical size** – small land size, making it easy to visit parents almost everyday
- **Data** – dearth of relevant, detailed and comparable data
- **Low physical exercise participation** – due to lack of suitable facility, sedentary lifestyle
- **Institutional arrangements to address population ageing** – government structures, legislation and national policies

AGEING – AN URBAN PHENOMENON
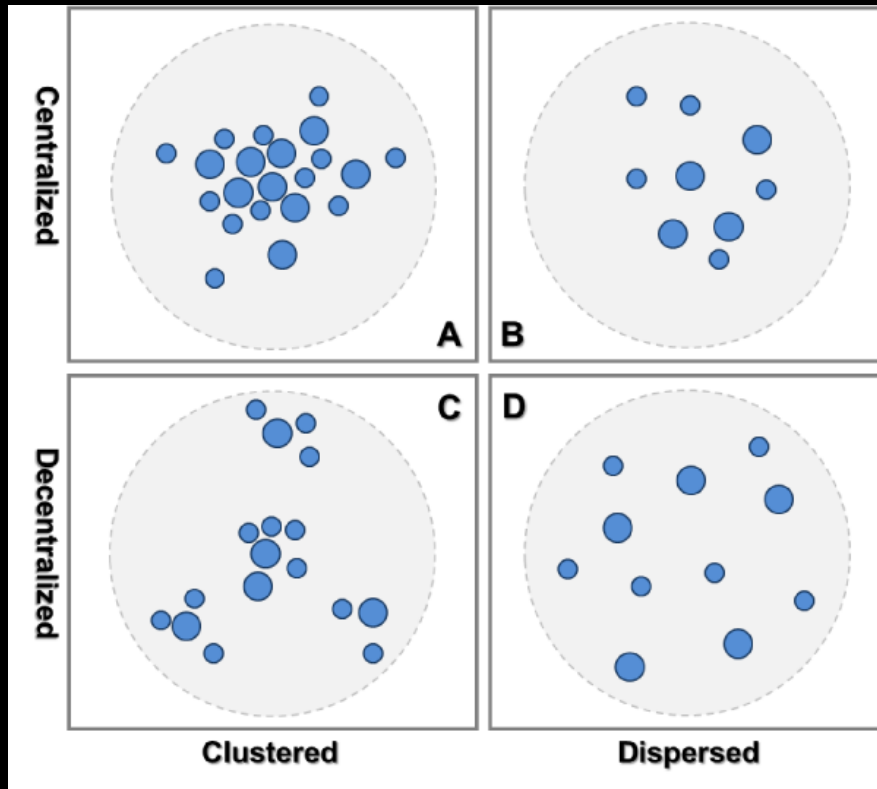
URBAN SPATIAL STRUCTURE

- Ageing adds a spatial complexity
- The urban spatial structure can be characterized by its level of centralization and clustering

- In Brunei, decentralization have impacted the urban spatial structure while maintaining a high level of clustering (Type C)

- Infrastructure and urban form need to be redesigned to increase the attractiveness of and well-being in cities

- Urban areas are designed to provide housing for young families

- Remodeling the existing housing stock stimulate the housing market

CULTURAL-VALUES, HOUSING: AGEING POPULATION

Customary Tradition

Religious Tradition

'Compliance'
Strive to get along with other people without friction, prefer to avoid interpersonal conflict, tender minded.

'Preserving face/dignity'
Connotes dignity resulting from an interpersonal relationship with others, social acceptance, respectability.

'Adab' or mannerism
Refers to behavioural norms

'Harmony'
Avoid criticizing others to foster harmony; shared responsibility, willingness to forego part of personal freedom.

'Community spirit'
Decision making is made after in-depth consultations, discussions.

'Spiritual well-being'
High spiritual orientation, prominence of places for receiving religious instructions and social interaction.

...and these values defines

1. housing environment (harmonious house)
2. physical planning (pathways, boundaries etc.)
3. choices of accommodation (apartments, detached etc.)

HOUSING CHOICE: AGEING POPULATION

Typical Brunei house

National Housing Scheme -Subsidised housing

Multi-generational family house

NHS Housing - interest free, 10-20 years installment, house ownership

OUR RESEARCH – NATIONAL STUDY ON ELDERLY PERSONS (NSEP) IN BRUNEI DARUSSALAM

First study on the elderly persons in Brunei Darussalam which is conducted at state level

Purpose:
- Identify and observe different dimensions of the aged population
- Obtain the basic data on elderly
- Use data for developing and implementing effective social economic policies to address the trends emerging out of population ageing.

Objectives of the study

1. Collect information on aspects of elderly lives: the economic (pensions, employment, living standards); health (physical, mental, service needs and usage); and social and family aspects (contact with friends and kin, formal and informal care, social participation, housing)

2. Examine the composite impact of ageing and health and rising dependency ratio
   a. Impacts on housing
   b. Increasing significance for sellers of goods and services

Objectives of the study

3. Extract scientific findings regarding the lives of elderly persons in Brunei
   a. diversity across mukims and individuals within Brunei (population ageing)
   b. establish trends and pattern of ageing

4. Link new scientific findings from the study to enhance the effectiveness of policy-making

5. Examine the relevant needs of elderly population, health, welfare, assisted daily living (ADL), infrastructure (house, public areas, transport-mobility), and culture.

What do we want to understand?

- Do people have sufficient funds upon retirement to support them the rest of their lives? What role should public pensions play in supporting retirement? Answer to these two questions will clarify what constitutes an appropriate allocation of pension benefits.

- What impacts do the pension system, the system of mandatory retirement at a fixed age, and the health status of the elderly have on labor supply? This is important from the viewpoint of how Brunei should prepare for the predicted labor shortage.

- How should roles be allocated between in-home and facility-based nursing care? What types of people can rely on family care? What is the role of the family?

What do we want to understand?

- What are effective measures to prevent the deterioration of health conditions, i.e., need an increase in the level? Clarifying these points is essential for enhancing the medical and nursing care systems.

- How would genderisation of the elderly bears effect on dependency, mobility, support, welfare receipts?

- What are the evidence for access to health care, cost, risk factors (alzheimers, dementia, biometrics) quality of life and infrastructure for the elderly person?

Sampling

Population age 50 and above in 2016 (about 18.7% of total Population)	**80278**
sample size (95% C.I. & plus/minus 5% Margin of Error)	383
out of chosen sample, the number of male respondent would be:	193.7
out of chosen sample, the number of female respondent would be:	189.3
sample size (99% C.I. & plus/minus 5% Margin of Error)	661
out of chosen sample, the number of male respondent would be:	334.4
out of chosen sample, the number of female respondent would be:	326.6

The Instrument

Develop with reference to:

➢ **HRS** (Health and Retirement Study)
   (https://hrs.isr.umich.edu/about/international-sister-studies)

➢ **ELSA** (English Longitudinal Survey on Aging)

➢ **SHARE** (Survey on Health, Ageing and Retirement in Europe)

➢ **TILDA** (Irish Longitudinal Study on Ageing)

➢ **KLOSA** (Korean Longitudinal Study of Ageing); and

➢ **JSTAR** (Japanese Study of Ageing and Retirement) elderly panel data on ageing and retirement)

The Instrument

Consist of 77 close-ended questions and 3 open-ended questions comprising the following themes:

- ➢ Demography

- ➢ Employment, Income and Assets

- ➢ **HEALTH**

- ➢ Subjective expectations and satisfaction

- ➢ Housing

- ➢ Family bonding

The Work-in-Progress (Preliminary Result)

- 386 elderly persons participated in the study to date.

- Mean age: 60.8 years.

- 205 are married while the rest are either single, divorced or widowed.

- Elderly persons whom stayed with the household members: 314.

- Amongst the total of 386 elderly persons, about 170 (44%) have 1 to 2 children, 133 (34.5%) have 3 to 4 children and the rest have 5 children or more.

The Work-in-Progress (Preliminary Result)

- In terms of academic background:

  - ➢ 204 of these elderly persons have Secondary Schools education;

  - ➢ 35 with pre-university background;

  - ➢ 57 acquire diploma and higher diploma; and

  - ➢ 37 have degree and above.

  - ➢ The rest either have no formal education or only have primary education background.

The Work-in-Progress (Preliminary Result)

Estimated income (B$)	No	%
250 and below	119	(30.8)
251 to 500	37	(9.6)
501 to 1000	66	(17.1)
1001 to 1500	55	(14.2)
1501 to 2000	37	(9.6)
2001 to 2500	28	(7.3)
2501 to 3000	25	(6.5)
3001 to 3500	12	(3.1)
3501 and above	7	(1.8)

The Work-in-Progress (Preliminary Result)

- Out of 386 elderly persons:
  - ➤ 297 (75%) of them are not members of any organizations, clubs or societies.
  - ➤ This implied that elderly persons have limited involvement in social activity.

The following table also indicate the limited socialization of elderly persons in Brunei:

Frequency engaging in club activities	No.	%
Almost every day	27	(7.0)
2 -3 times a week	35	(9.1)
Once a week	16	(4.1)
Every two weeks	14	(3.6)
Once a month	16	(4.1)
Every two months	7	(1.8)
Three or four times a year	4	(1.0)
Once or twice a year	13	(3.4)
Not participating or Never	267	(65.9)

The Work-in-Progress (Preliminary Result)

PHYSICAL & EMOTIONAL CONDITION LAST WEEK	n	(%)
1. Felt unusual in some way		
Not at all	285	(73.8)
Sometimes	73	(18.9)
Always	11	(2.8)
Not applicable	17	(4.5)
2. Had no appetite		
Not at all	253	(65.5)
Sometimes	78	(20.2)
Always	45	(11.7)
Not applicable	10	(2.6)
3. Felt depressed		
Not at all	295	(76.4)
Sometimes	68	(17.6)
Always	12	(3.1)
Not applicable	11	(2.8)

PHYSICAL & EMOTIONAL CONDITION LAST WEEK	n	(%)
4. Felt could not do a normal person could do		
Not at all	44	(11.4)
Sometimes	56	(14.5)
Always	272	(70.5)
Not applicable	14	(3.6)
5. Could not concentrate what I was doing		
Not at all	237	(61.4)
Sometimes	56	(14.5)
Always	77	(19.9)
Not applicable	16	(4.2)
6. Something that is normally effortless was difficult to do		
Not at all	237	(61.4)
Sometimes	90	(23.3)
Always	43	(11.1)
Not applicable	16	(4.2)

The Work-in-Progress (Preliminary Result)

PHYSICAL & EMOTIONAL CONDITION LAST WEEK	n	(%)
7. Felt the future is bright	n	%
Not at all	35	(9.1)
Sometimes	70	(18.1)
Always	236	(61.1)
Not applicable	45	(11.7)
8. Felt life so far has been a failure		
Not at all	310	(80.3)
Sometimes	42	(10.9)
Always	5	(1.3)
Not applicable	29	(7.5)
9. Felt frightened		
Not at all	270	(69.9)
Sometimes	94	(24.4)
Always	6	(1.6)
Not applicable	16	(4.1)

The Work-in-Progress (Preliminary Result)

PHYSICAL & EMOTIONAL CONDITION LAST WEEK	n	(%)
10. Could not sleep well		
Not at all	225	(58.3)
Sometimes	110	(28.5)
Always	46	(11.9)
Not applicable	5	(1.3)
11. Felt happy		
Not at all	38	(9.8)
Sometimes	32	(8.3)
Always	302	(78.2)
Not applicable	14	(2.7)
12. Felt more reserved than usual		
Not at all	275	(71.3)
Sometimes	85	(22.0)
Always	13	(3.4)
Not applicable	13	(3.4)

The Work-in-Progress (Preliminary Result)

PHYSICAL & EMOTIONAL CONDITION LAST WEEK	n	(%)
13. Felt lonely		
Not at all	254	(65.8)
Sometimes	110	(28.5)
Always	14	(3.6)
Not applicable	8	(2.1)
14. People around me seem cold to me		
Not at all	318	(82.4)
Sometimes	44	(11.4)
Always	6	(1.6)
Not applicable	18	(4.6)
15. Cried or felt like crying		
Not at all	291	(75.4)
Sometimes	78	(20.2)
Always	6	(1.6)
Not applicable	11	(2.8)

The Work-in-Progress (Preliminary Result)

PHYSICAL & EMOTIONAL CONDITION LAST WEEK	n	(%)
16. Felt sad		
Not at all	262	(67.9)
Sometimes	108	(28.0)
Always	5	(1.3)
Not applicable	11	(2.8)
17. Felt people around me disliked me		
Not at all	320	(82.9)
Sometimes	40	(10.4)
Always	5	(1.3)
Not applicable	21	(5.4)
18. Didn't feel like doing anything		
Not at all	258	(66.8)
Sometimes	97	(25.1)
Always	9	(2.3)
Not applicable	22	(5.8)

The Work-in-Progress (Preliminary Result)

Satisfaction with current life	n	(%)
Satisfied	285	(73.8)
Fairly satisfied	78	(20.2)
Somewhat satisfied	15	(3.9)
Unsatisfied	4	(1.0)
Unspecified or refused	4	(1.0)

Have you undergone health screening/medical check	n	%
Yes	336	(87.0)
No	50	(13.0)
What type of health services you received?		
Medical assistance device (e.g. wheelchair)	29	(7.5)
Physiotherapy	9	(2.3)
Hospital services (Appointment, medicine)	202	(52.3)
Others §	5	(1.3)
Not applicable or unspecified	141	(36.5)
Have you been diagnosed with any chronic illnesses		
Yes	67	(17.4)
No	291	(75.4)
Not applicable	28	(7.3)

Health problems (Multiple)	n	%
Vision problem	8	(1.3)
Kidney problem	5	(0.8)
Heart problem	23	(3.9)
High blood pressure	204	(34.3)
Diabetes	129	(21.7)
Arthritis	11	(1.9)
Others §§	214	(36.0)
Does these health problems limit daily activities?		
Yes	34	(8.8)
No	261	(67.6)
Sometimes	45	(11.7)
Not sure	8	(2.1)
Refused	38	(9.8)

GIS (GEOGRAPHICAL INFORMATION SYSTEM) ON THE DATABASE OF THE ELDERLY

This is a big project which will provide a comprehensive information system of the elderly in terms of the geographical location and all there is to know about the elderly person and elderly population as a whole.

THANK YOU