



YOUR OPINION

Can you afford to grow old?

PLANNING for retirement should include planning for the years when we may need help caring for ourselves. As Malaysia's population ages, I believe the cost of such care deserves a place alongside everyday living expenses in our retirement budgets.

According to the Statistics Department's (DOSM) preliminary estimates, Malaysia's population aged 60 and above grew from 3.9 million in 2024 to 4.1 million in 2025, increasing its share of the total population from 11.6% to 12.0%. Almost one in eight people in Malaysia was aged 60 or older in 2025.

DOSM's population projections for 2020-2060 indicate that Malaysia is expected to become an ageing nation by 2036, when this age group will account for more than 15% of the population.

Meanwhile, Malaysia's total fertility rate fell from 2.0 children per woman in 2013 to 1.6 in 2024, below the replacement level of 2.1. Sustained lower fertility contributes to population ageing over time. For families with fewer children, the responsibility of supporting ageing parents may eventually fall on fewer shoulders.

These changes should prompt us to reconsider the assumptions about who will look after us.

Caring for ageing parents is an expression of filial responsibility among Asians. For adult children balancing work, household expenses, and the needs of their own children, however, these responsibilities can be difficult to sustain. Smaller families may also have fewer siblings to share the cost and work of caregiving.

People without children must likewise consider whom they could turn to for support.

In my view, the cost of future care should be part of our retire-



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ment calculations from the outset. Whether we plan to retire at 60 or earlier, we should ask how our pensions, Employees Provident Fund (EPF), and other savings and investments, will support us throughout the years ahead.

Consider, purely as an illustration, a basic residential care fee of RM2,000 a month. That amounts to RM24,000 a year, or RM240,000 over 10 years, assuming the fee remains unchanged.

If adult diapers, medication, medical treatment, and additional nursing assistance are included, the total cost would be even higher. Even a seemingly manageable monthly payment can become a substantial long-term commitment.

The length of time we may need care is equally important.

None of us knows exactly how long we will live or how our health will change.

We should therefore consider whether our resources could sup-

port a longer stay, rising fees, or a move to more intensive and potentially more expensive care.

Retirement centres and nursing homes serve different needs.

Someone who initially requires only accommodation and companionship may later need help with bathing, eating, mobility, or more personal care.

Before choosing a facility, families should ask what its fees include, how charges change when care needs increase, and what happens if it can no longer provide suitable support.

We should also avoid treating our children's financial contributions as guaranteed.

If family support forms part of the plan, an honest discussion about what each person can afford is essential. Retirees should retain accessible savings for unexpected expenses and check their insurance coverage, rather than assume that residential care will be covered.

I believe these conversations

should take place while we still have time to make informed choices. A health crisis can leave families making expensive decisions under pressure.

These are not challenges we should have to face alone. Greater transparency in how care providers set and raise their fees, alongside the development of suitable insurance and long-term care financing options, would help families plan with greater confidence. As the country ages, building this support deserves the attention of policymakers, insurers, and care providers alike.

The question is not simply whether we have enough money to retire today. We must also ask whether we have planned for the care we may need tomorrow.

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