Older Consumers and Well-being in Malaysia

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Introduction

• Aging in Malaysia
  • In 2010, 7.4% of the population aged 60+
  • Life expectancy of women and men: 71.6, and 76.4, respectively
  • More serious among the Chinese than among the other ethnic groups
  • Malaysia – an aged society by 2020, 11.2% (60+); 7.1% (65+)

• Research on aging: under-researched, tend to concentrate on demographics, social aspects of aging, health and health care, social protection, quality of life, and etc. BUT rarely on older people as consumers.
Research on Older Consumers: An Overview

• **Research on older consumers:**
  • Fairly recent, started about a decade ago.
  • More research needed.
  • Because of the pluralistic society, studies in Malaysia allow for cultural and sub-cultural comparisons.

• **Past research:**
  • Life events, stress, coping, changes in consumption preferences
  • Consumption patterns: grocery, pharmaceutical products, eating-outlets, apparel, financial services, tourism products
  • Behavior as consumers: complaint behavior
• **Past research:**
  - Health care seeking behavior
  - Transportation needs and usage patterns
  - Cognitive aging and consumption of defensive aging products
  - Older consumers as models in advertising

• **Most of these studies include:**
  - Materialism
  - Religiosity
  - Subjective Well-being
    - Self-esteem
    - Physical Health
    - Satisfaction with life
    - Stress
Older Consumers and Subjective Well-being (Study 1, N = 645)

• The first study is about life changing events, coping, changes in brand preferences and store/service providers, and the impact on subjective well-being measured by stress, life satisfaction, self-esteem and health.

• In this study, we examine how consumers of different ethnic groups differ in consumption activities in response to stress-induced life events.

• We also examine the consequences of emotion-focused coping on consumers’ well-being.

• We test the extent to which emotion-focused responses mediate and moderate the effects of stress on well-being.
Demographic Profile

- Age: 40% aged 59 or younger, 37% were 60-69, remaining aged 70 or older
- Males and females were about equal
- Malays: 45%, Chinese: 31%, Indians: 24%
- Religion: Muslims: 46%, Buddhists: 25%, Hindus: 19%
Results

• (i) The three ethnic groups (Malays, Chinese, and Indians) which also differ in their religious commitment, also differ in their use of emotion-focused coping.

• (ii) Religiosity is likely to increase the person’s well-being, greater life satisfaction, stronger self-esteem, and better physical health, but it does not necessarily reduce depression.

• (iii) No evidence of mediation, i.e. emotion-focused coping strategies did not mediate the effects of stress on well-being.

• (iv) Some moderating effects of emotion-focused coping on the adverse effects of stress on well-being.
Older Consumers and Well-being (Study 2, N = 1025)

- Covers four major towns/cities of Peninsular Malaysia
- Data collected include: major life events, changes in consumption of goods and services, stress, life satisfaction, self-esteem, materialism, physical health, religiosity, social desirability, and demographic variables.

- Overall, the Malays, Chinese and Indians differed in regards to well-being: life satisfaction, self-esteem, physical health, and stress.
Demographics

- Age: mean = 48.07 (SD=16.57),
- Age groups: 44 years or younger: 44.8%
  - 45-59: 25.3%
  - 60-69: 18.4%
  - 70 or older: 11.5%
- Male: 48.6%, Female: 51.4%
- Malays: 52.9%, Chinese: 29.4%, Indians: 15.6%
## Summary Statistics: Study 2

<table>
<thead>
<tr>
<th></th>
<th>Malays (N=543)</th>
<th>Chinese (N=301)</th>
<th>Indians (N=161)</th>
<th>F-Stats</th>
<th>Significant difference among groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REL</strong></td>
<td>33.39 (4.66)</td>
<td>27.39 (6.04)</td>
<td>29.88 (4.83)</td>
<td>136.178***</td>
<td>All three groups***</td>
</tr>
<tr>
<td><strong>Stress</strong></td>
<td>4.13 (3.78)</td>
<td>4.99 (3.83)</td>
<td>5.66 (3.51)</td>
<td>12.280***</td>
<td>Malays differed from Chinese and Indians*</td>
</tr>
<tr>
<td><strong>LSAT</strong></td>
<td>17.98 (4.39)</td>
<td>17.38 (3.88)</td>
<td>16.58 (3.67)</td>
<td>7.550**</td>
<td>Malays differed from Indians**</td>
</tr>
<tr>
<td><strong>MAT</strong></td>
<td>49.97 (8.66)</td>
<td>50.65 (8.79)</td>
<td>52.65 (8.04)</td>
<td>6.022**</td>
<td>Malays differed from Indians**</td>
</tr>
<tr>
<td><strong>SESM</strong></td>
<td>29.31 (3.41)</td>
<td>27.53 (3.74)</td>
<td>28.04 (3.47)</td>
<td>26.638***</td>
<td>Malays differed from Chinese and Indians***</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>.74 (1.41)</td>
<td>.48 (.99)</td>
<td>.64 (1.40)</td>
<td>3.897*</td>
<td>Malays differed from Chinese*</td>
</tr>
</tbody>
</table>

REL=religiosity, LSAT= life satisfaction, MAT = materialism, SESM = Self-esteem

***significant at .001, **significant at .01, * significant at .05
Further Analyses

• We find a negative relationship between materialism and life satisfaction.

• We introduced stress as the mediator. Our results show no mediation effect for the relationship between materialism and life satisfaction for the whole sample.

• Stress partially mediates the relationship between materialism and life satisfaction for the most religious group, the Malays.
• Religiosity as a moderator.

• We tested the role of religiosity and we expected that the most religious participants in our study to experience more stress when they also valued material possessions, compared to their less religious counterparts.

• Results show that the most religious group – the Malays who are also Muslims, and who also valued material possessions. had the most stress.
Moving Forward...

• More research on older adults as consumers:
  
  • Greater sensitivity and awareness for industry/marketers
  • Age neutral products (older consumers are neglected) such as automobiles, iPad, self-service technologies adoption, and etc.
  • Specific care services for older consumers with implications for well-being

• **On subjective well-being:**
  • Longitudinal studies on life course changes, coping, and the consequences of coping that impact on well-being.

• The consequences of life satisfaction: For example, does higher life satisfaction lead to volunteerism and charitable activities? Or should it be that volunteerism lead to life satisfaction?
  
  • Personality and life satisfaction
  • More research on subjective well-being to include domain satisfaction (e.g., satisfaction with consumption) and overall life satisfaction.
Thank You

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