

Exploring the Link Between Informal Caregivers' Knowledge and Practices in Dementia Care among Older Adults in Malaysia

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ABSTRACT

Mental health issues among the elderly are increasingly gaining attention in today's society. This study was conducted to examine the relationship between caregivers' level of knowledge and their practices in providing mental healthcare for older adults living at home. The primary objectives were to assess caregivers' knowledge of mental health, evaluate their caregiving practices, and explore the relationship between these two aspects. This research employed a quantitative design using a survey method. A structured questionnaire was distributed to 30 informal caregivers who provided home-based care to older adults. Data were analyzed using SPSS version 27, involving both descriptive and inferential statistics. Findings revealed that caregivers' knowledge of mental health was at a high level, with a mean score of 4.064. In contrast, the level of caregiving practices was moderate, with a mean score of 3.374. Although caregivers demonstrated good understanding of mental health issues, the implementation of caregiving practices was not yet comprehensive. Pearson correlation analysis showed a positive and significant relationship between knowledge and mental healthcare practices for the elderly ($r = .669$, $p < 0.01$). This suggests that caregivers with higher levels of knowledge are more likely to adopt effective caregiving approaches. The study proposes a caregiving practice framework that can strengthen the national care system and contribute to the development of policies related to the mental well-being of the elderly in Malaysia.

Keywords: mental health, elderly, knowledge level, caregiving practices, informal caregivers

INTRODUCTION

Malaysia is in the process of demographic shift to the ageing country status where it is experiencing the proportion of the population aged 60 and above progressive increase. The proportion of older adults has increased as the Department of Statistics Malaysia (DOSM, 2022) reported that it was 9.24 in 2015 but in 2020, the number was 11.1%. This value is likely to rise to 15 percent in 2030. This demography shows that Malaysia is on the way of having an old society. The increasing number of people aged over 65 together with the need created by the elders population significantly elevates the necessity of a comprehensive treatment, which is especially required in the sphere of mental health care. In most cases, depression, anxiety, dementia, and loneliness are some of the mental health-related problems that older adults are very susceptible to due to physical decline, loss of a spouse, or isolation (World Health Organization [WHO], 2017).

Informal caregivers, especially family members, are also essential in this scene, so that they can help older individuals who live in their own houses to maintain the mental health. In the case of Malaysia where the population is multi-ethnic, cultural values, functions of family and beliefs regarding mental illness may differ widely between various ethnic groups. These cultural aspects govern care giving behaviour, seeking assistance, stigma attached to mental health that, consequently, influence the quality and continuity of the informal care given.

Nonetheless, it is common that caregivers encounter various conflicts, such as emotional pressures, physical fatigue, a disjunction of support systems, and poor mental health literacy. This is further surrounded with issues

when caregivers do not possess proper knowledge about mental health challenging issues, which weakens the care they issue (Alzheimer's Disease International, 2021). Also, among older adults, older adults, there is stigma associated with mental illness, which also causes delays in stigma and intervening at an early stage (Subramaniam et al., 2019). The key question is, how does the knowledge of the caregiver affect the practice, or in other words, how knowledgeable should a caregiver be? Without bridges between knowledge and practice, the possibility of the decline of mental health in the elderly is present especially at the post-COVID-19 time, which is a pitiful experience not only to caregivers but also to those who are in need of the care (Idris & Akhir, 2022).

Consequently, the research was carried out in the following purposes: (i) to evaluate the degree of mental health literacy among informal caregivers to older adults; (ii) to assess the home-based caregiving activities that are performed by the caregivers; and (iii) to represent and describe the association existing between the expertise level of caregivers and their mental healthcare behavior. The results of this research will be used to inform the formulation of training programmes, intervention patterns, and policy suggestion to help enhance the elderly care system in Malaysia through an empirical framework.

In this study, there are several similarities between this study and the National Policy of Older Persons as well as the Mental Health Policy in Malaysia, in that this study supports the need to increase caregiver knowledge to enhance elderly mental health support at community level.

LITERATURE REVIEW

Mental Health Issues Among Older Adults

Older-adult mental health is becoming a worldwide concern since the current rate at which the world population is aging is very high. Older adults are severely susceptible to suffering depression, worry, poorly organized way of living, dementia, and psychosocial anxiety because of lack of lifestyle, getting rid of a life partner, loneliness, and bodies getting crippled (World Health Organization [WHO], 2017). IPH in Malaysia found that at least 20 percent of persons over the age of 60 have mild-to-moderate symptoms of depression (IPH, 2019). This makes their living standard bad and has an effect of making them more dependent on informal home carers.

The Role of Informal Caregivers in Elderly Care

Family members who are the informal caregivers are very critical in administering holistically to older adults in their homes. Just as much as they take care of physical requirements like food and hygiene they also take care of emotional and mental health. Vahia et al. (2020) know of studies in which caregiver engagement with social life, communication, and cognitive stimulation schedules helps lessen the probability of depression and advance psychological well-being in elderly people. Nevertheless, caregivers without proper knowledge and training may suffer and become at risk of emotional exhaustion, persistent stress, and burnout, which inevitably can lead to compromised care quality (Zarit et al., 2014).

Malaysia adalah masyarakat dan keluarga yang sarat dengan budaya, di mana komuniti etnik tertentu mungkin mempunyai perkara yang berbeza yang diharapkan daripadanya berdasarkan pemberian penjagaan. Contohnya ialah kewajipan mengambil berat terhadap ibu bapa yang sudah tua dengan nilai tertentu pada ajaran agama, ketaqwaan anak atau nilai kepada masyarakat. Semua ini perlu diambil kira dalam menentukan kesesuaian dan kerelevanan model atau intervensi penjagaan (Kong et al., 2021).

Caregivers' Level of Knowledge on Mental Health

Happy informal caregivers who have a high mental health literacy level i.e. possessing knowledge about the symptoms of mental disorders that should be recognised early, require early intervention, and strategies that can manage the behaviour of older adults exhibit a tendency to deliver high-quality and meaningful care (Low et al.,

2021). Poor caregiver health literacy can influence the caregiving practices negatively as it includes medication management or late intervention, which are revealed in systematic reviews (Andrade et al., 2022).

It has been found that cross-cultural and longitudinal studies revealed that family caregivers experience low mental health literacy especially in an environment where stigma and misinterpretation are dominant. An example is a longitudinal study that was conducted in India (1993-2016) where there was shown an improvement in the number of people aware of mental health literacy, though the belief that people with mental illness are to be avoided or despised was still very strong, which shows that knowledge is not enough to change practices and community acceptance (Mehrotra, 2018).

The results of the study conducted in Italy showed that about 45 percent of the family caregivers related to the older adults with dementia had weak health literacy and the availability of relevant information and systematic training would allow mitigating the effects of the disease and also improve care (Lorini et al., 2023). These results suggest the necessity of formal education and assistance of caregivers, particularly, in the Malaysian context.

In addition, a Chinese-developed model determined a direct positive relationship between the knowledge of caregivers and their ability to provide care with the support of social support structures (path coefficient = 0.561 of knowledge to caregiving ability) (Li et al., 2020). This confirms that caregiver literacy has a direct relation with the quality of care available to the older adults.

The Relationship Between Knowledge and Caregiving Practice

Another study conducted by Kim et al. (2018) determined that the level of knowledge of caregivers was strongly positive with the quality of the interaction and methods used by the caregiver in relation to mental care of older people. The better aware the caregivers, the more well rounded and successful their care response can be to those they are caring.

However, studies on Nasreen et al. (2024) reveal that knowledge is not the only solution to the consistency and effective caregiving behaviors. The presence of life stressors, time limitation, a burden of care, and inadequate social support may impede the best practice implementation despite sufficient caregiver literacy.

Teichmann et al. (2022) also stressed that better literacy, particularly in symptom management of psychological polytherapy and behaviours in patients with dementia, combined with confidence and educational interventions, contribute to the overall better attitude and competencies of the care giver and, consequently, better care giving practices.

Moreover, the conceptual synthesis by Jung et al. (2022) that contributed to the framework of caregiver competence can be summarised that managing behavioural symptoms of dementia belongs to four attributes, namely: judging, empathizing, adjusting and reflecting. Education and training focusing on these qualities can fill the gap between knowledge and practice of providing a child with care.

MATERIALS AND METHODS

Research Design and Data Collection Method

The quantitative survey research design was used to conduct a study to identify how the extent of knowledge can relate to the practice of the caregivers in the mental healthcare of the elderly. The questionnaire was considered as the primary instrument that enabled the development of a systematic data collection process in a short period of time. The purposive sampling method was used to bring 30 of the present caregivers of older adults residing in Kampung Mukim Panji in Kota Bharu, Kelantan based on their relevance as respondents to the study objectives

The questionnaire consisted of three major parts: a section of defining demographic data, a part of evaluating the level of knowledge of the caregivers as far as elderly mental healthcare is concerned, and the last section of defining the actual behavior of the caregivers. A Likert-scale with five points was included to facilitate the possibility of quantitative measurement of their knowledge and real care giving behaviour. The survey involved in this research paper integrated the questions that were copied in the Mental Health Knowledge Schedule (MAKS) as a validated questionnaire that was used to understand the degree of perception on mental health among the masses. The MAKS has been very much implemented across different cultural settings and is associated with adequate psychometric development in the measurement of mental health literacy. In the current case, the items chosen in the MAKS were adapted to the Malaysian caregiving setting so that they could have relevance in relation to the contents of the instrument, and the validity of the instrument is still retained. Data was collected on face-to-face basis to allow the respondents to get full comprehension of the questions with modification done to accommodate those with reading problems.

Validity and pre-testing of the instrument were carried out to make sure that this instrument is valid and reliable. Besides, the research got references of secondary data like library sources and internet materials in order to reinforce the background and analysis. The use of such dimensional method allowed the data recorded to allow the research objectives to be captured accurately and in detail.

Data Analysis Method

These data were analysed in terms of descriptive as well as the inferential statistics. The histories of the respondents were described based on their profile using descriptive analysis and knowledge and caregiving practices mean and standard deviation were calculated. The scale proposed by Pallant (2007) was used to interpret the means scores: the high degree of practice implied the scores of 3.67-5.00. It was then followed by inferential analysis whereby Pearson Correlation Test was used to find out whether There is any relationship between the level of knowledge (independent variable) and the practices of care giving in mental healthcare (dependent variable). The correlation coefficient (r) was interpreted in the framework of the study by Cohen et al. (2011) that was used as the reference in the work by Hussain and Shiratuddin (2017) with a level of significance of $p < 0.01$.

RESULT AND DISCUSSION

Demographic Profile

In Table 1, the demographic composition of 30 caregivers of the aged people living in Kampung Mukim Panji, Kota Bharu in Kelantan is presented. They were also predominantly women (70.0%) as the norms of the country insist on women being the principle care givers in the family. As far as age is concerned, the respondents belonged to different age groups with a significant number represented by younger adults (1825 years, 30.0%) and middle aged (4655 years, 30.0%) indicating intergenerational participation in eldercare. The number of family members living in the household was 2 to 5 people in the majority of caregivers (73.4%) and resembles the availability of domestic social support which might reduce the levels of caregiving stress in the future. The distribution of employment status was balanced between the individuals who were at work and non-working (50.0% and 50.0%, respectively), which demonstrates the different backgrounds of caregivers in terms of their commitment that might insert certain effect on their level of caregiving and stress.

Demographic study showed that most elderly caregivers were females (70%), which goes in tandem with local Malaysian cultural backgrounds which assign most of the family caregiving roles to women (Kong et al., 2021). This observation is also linked to the rise of caregivers between the age of 36 and 59 years who will probably deliver long-term care; working caregivers having less support and having stress related to health are more likely to suffer the adverse effects of caregiving load. The equal distribution between the working and non-working caregivers shows that caregivers have diverse social and economic backgrounds, as they reflect the demand, which is time and money, and is also in line with the results of Jawahir et al (2021), who note that caregiver

well-being is greatly affected by the intensity of caregiving and by the caregiver employment status. The cross-generational care can further be regarded as an indicator of the need to embrace informal social support networks as essential to the enhancement of eldercare in Malaysian societies (Kong et al., 2021).

Table I Demographic Profile

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	9	30.0
	Female	21	70.0
Age (Years)	18 – 25	9	30.0
	26 – 35	8	26.7
	36 – 45	2	6.7
	46 – 55	9	30.0
	Above 60	2	6.7
Number of Family Members	1 person	1	3.3
	2 – 3 persons	11	36.7
	4 – 5 persons	11	36.7
	More than 5 persons	7	23.3
Employment Status	Employed	15	50.0
	Unemployed	15	50.0

Caregivers' Knowledge Level on Mental Health among Older Adults

Table 2 shows that, generally, the knowledge of mental-health caregivers of elder adults is high (mean score = 4.064) which shows good awareness of the symptoms of depression, cognitive disorders and emotional support. Nevertheless, a meta-analysis by Cham et al. (2022) revealed that in spite of the significant literacy of caregivers, the magnitude of the care burdens is significant- with a cross-national rate of having a significant number of the caregivers reporting a significant psychological distress in consequence of deficiency in resources and support, as well as exposure to an intensive caregiving scenario. In addition, research has indicated that across-the-border research indicates that the degree of knowledge among caregivers bears a strong correlation with the capacity to deal with psychosocial stress and utilize coping mechanisms; illiteracy and inadequate social support have a positive correlation with anxiety and depression (Zhou et al., 2021). Thus, as much as the knowledge remain high, there is need of structured interventions like psychoeducational programs to caregivers so that the knowledge gained gets to be translated effectively as a way of supporting a consistent and practical way of facilitating mental health support to the old people.

Table II Interpretation of Caregivers' Knowledge Level on Mental Health among Older Adults

Caregivers' Knowledge Level	Mean Score
High	4.064
Total	4.064

Mental Healthcare Practices for Older Adults

The average of 3.374 implies that caregivers have an average engagement in mental healthcare provision to the elder adults (TABLE . This implies that this takes place in some aspects of emotional and psychological support provision, including mood monitoring, cognitive stimulation and promotion of social interaction, though not reliably or comprehensively. This can be compared with the studies that point out unaddressed gaps in practice among caregivers in case of insufficient training or assistance. And, as an example, the evidence presented in the Scoping review implies that psychoeducational interventions and skills training have the propensity to enhance the caregiving knowledge and diminish the caregiver burden, yet, disparities remain undesirable when such Structured support is absent (Rouch al., 2021).

Likewise, the qualitative results found in BMC Geriatrics suggest that a vast majority of caregivers have a large amount of barriers that hinder the consistency of practice even in instances where there is knowledge of the specifics of care (e.g., lack of formal training, confusion regarding the role requirements in care delivery, and emotional impacts) (Sunde et al., 2025). These observations highlight the need to develop interventions specifically aimed at transferring knowledge into better and long-term practice (the need to develop specific interventions focused on transferring the knowledge into the practice of better and lasting caregiving).

Table III Interpretation of Mental Healthcare Practices for Older Adults

Mental Healthcare Practices	Mean Score	Level
Caregiver Practices in Mental Healthcare for Older Adults	3.374	Moderate
Overall Mean Score	3.374	Moderate

Correlation Between Caregiver Knowledge and Mental Healthcare Practices for Older Adults

The strong positive correlation ($r = .669$, $p < .01$) reveals that caregivers with higher levels of mental health knowledge tend to exhibit better caregiving practices when supporting older adults. This finding aligns with broader research showing that increased caregiver knowledge—especially regarding behavioural and psychological symptoms of dementia (BPSD)—enhances caregiving attitudes and self-efficacy, which in turn improves caregiving performance (Hu et al., 2022).

Furthermore, the literature emphasizes that knowledge alone may not suffice; self-efficacy and positive caregiving attitudes act as mediators between knowledge and practice. Caregivers with greater confidence in applying their knowledge tend to translate it into more impactful care (Hu et al., 2022). Interventions such as psychoeducational training and skills-building programmes have demonstrated significant improvements in caregiver capability and reduced burden (Scerbe et al., 2023).

Table IV Correlation Between Caregiver Knowledge and Mental Healthcare Practices for Older Adults

	Practice	Knowledge Level
Pearson Correlation (r)	1.000	0.669**
Significance (2-tailed)	—	0.000
Sample Size (N)	30	30

Note: $r = 0.669$, indicating a strong, statistically significant positive correlation ($p < 0.01$).

Although there was a strong association between knowledge and providing care practices, it is worthwhile to consider the study in the Malaysian cultural background. Different ethnic groups could potentially affect the way knowledge in its practice takes place, given that different beliefs surround the area of mind illness or taking care of the elderly. Culturally sensitive interventions and training on a case-by-case basis in accordance with the expectations and values of various communities of caregivers should therefore be provided in the future.

CONCLUSIONS

In this study, it was revealed that there is a strong positive correlation that exists between the level of knowledge of the caregivers and their practices vis a vie the provision of mental healthcare needs of the elderly. The informative levels of caregivers would better prepare them to apply more effective, responsive, and informed care practices through the conceptualization of psychosocial needs of the older adults. In as much as a quantitative study design was employed, caregivers have a lived experience, which can be enriched by the use of qualitative data which can be in the form of in-depth interviews. Thus, a future study is suggested to take a mixed-methods approach to get more insight into cultural values, emotional struggles and everyday care giving patterns. All in all, the research is an indication that caregivers need to be trained and taught about mental health care among the elderly, and that education can play a pivotal role in enhancing the armed populations as far as mental health care is concerned among the elderly. Investing in psychoeducation training programmes is more than investing in mental health literacy amongst the care givers, it can also help to alleviate stress on the caregivers and the well being of the seniors with whom they interact with. Hence, a set of organised caregiver-support tools and modules should be provided by government entities and welfare organisations indicative of provision of caregiver support structures especially in the communities with more pressure of an ageing population. These results highlight the importance of ensuring educational provision to caregivers as part of national policies on geriatric mental health and, in particular, on aged care programs in the community sponsored by the Ministry of Health and the Department of Social Welfare.

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