

**ELDERLY CARE CENTERS CHALLENGES AND DIFFICULTIES IN MALAYSIA:
A CASE STUDY OF PERTUBUHAN KEBAJIKAN DARUL INSYIRAH****Syarah Syahira Mohd Yusoff¹, Rusni Hassan¹, Syed Ahmed Salman²**¹, IIUM Institute of Islamic Banking and Finance², Faculty of Business, Lincoln University College**Abstract**

Malaysia is a developing nation experiencing a significant rise in the proportion of its elderly population. This phenomenon occurs worldwide and has excellent repercussions for every facet of human life. Even though the management of currently registered elderly care centers in Malaysia is working hard to provide the best possible amenities and services to the country's elderly population, a significant number of goals still need to be achieved because the phenomenon of people living longer is a worldwide trend. This study investigates the difficulties senior care facilities in Malaysia face to better serve their patients. It is a topic of significant concern in Malaysia, and efforts are currently being made to solve the rapidly aging population problem. This research will look into the significant challenges and difficulties that Pertubuhan Kebajikan Darul Insyirah in Malaysia is currently up against and the potential solutions. It was decided that the qualitative approach would be suitable to address the issue. An interview has been requested for each of the five members of the Darul Insyirah staff currently employed there. A focus group was incorporated into this study so that the required data could be gathered for the investigation being conducted. The interviewees bring up various problems and difficulties that Pertubuhan Kebajikan Darul Insyirah experiences. In conclusion, the researchers offer suggestions for overcoming these problems and obstacles.

Keywords: Care Centers, Elderly, Darul Insyirah, Sustainability, Islamic Social Finance**1.0 Introduction**

The aging population occurs globally and has excellent repercussions for every aspect of human life (Appleton et al., 2002; Mori & Leung, 2010; Skirbekk et al., 2022; Newmyer et al., 2022). Malaysia is a developing country undergoing a significant rise in the proportion of its elderly population (Md Isa et al., 2022; Tey et al., 2016; Zainalaludin & Saidi, 2022; Aljunid et al., 2022; Hussin & Liew, 2022). The data provided by the Department of Statistics Malaysia (DOSM) in 2020 indicate that in 2030, Malaysia will experience the phenomenon of an aging nation. It is anticipated that the elderly population in Malaysia, which includes people aged 65 and older, will reach 5.8 million people by the year 2030, which will represent 15 percent of the total population. The report indicates that Malaysia will be among the ranks of countries with an aging population until 2030, and the country's population will continue to get older (Yen et al., 2012; Rashid et al., 2015). Most European nations recognize an obvious demographic challenge posed by an aging population, mainly attributable to the elderly's significant impact on the pension system, kinship, and healthcare facilities (Aigner-Walder et al., 2012). According to a report published in 2004 by the World Health Organization of the United Nations, an aging population will exacerbate the problems that exist in providing

medical care in developing countries. The longer life spans of people will bring about medical issues concerning aging, such as dementia, hypertension, Alzheimer's disease, Parkinson's disease, respiratory diseases, arthritis, mental and neurological disorders, and so on (Tan et al., 2014).

On the other hand, according to The World Bank (2020), Malaysia will be considered an aged society by the year 2044, when 14% of the population will be 65 or older. By 2056, Malaysia will be a super-aged society, with over 20% of its population aged 65 or older. This phenomenon demands immediate attention because it can potentially give rise to challenges, including unemployment, income security, and care for the older. Even though an increased life expectancy is a blessing for some people, it also means an increase in the amount of care required by the elderly. The cost of providing the care that older adults need is relatively high, necessitating additional assistance analogous to that of infants. As a result, a daycare center for seniors has emerged as a lucrative business opportunity, particularly among the non-Muslim population of the Klang Valley. The idea is comparable to a nursery or kindergarten, where the children deliver their parents to the daycare center in the morning and fetch them in the evening.

On the other hand, compared to the daycare center for children, the cost of care for older adults at the center for the elderly is significantly more expensive each month. It was also highlighted by the Minister for Housing and Local Government in 2021 that the primary challenge for the elderly group is providing a friendly living space and environment. It is highlighted as the main challenge. It was further admitted by the Malaysian Healthy Aging Society (MHAS), which stated that there is a lack of good elderly care homes and centers built by the public and private sectors.

Currently, 365 aging care centers are registered to provide services across the many states that make up Malaysia. These establishments are joint ventures or sole proprietorships (Aged Care, 2018). In order to meet the requirements of Malaysia's senior care facilities, the government, public sector, and private sector all need to work together (Ong et al., 2009; Akil et al., 2014). To address the issue of an aging population and keep up with the demands of a modern economy, Malaysia needs to have 2,000 care facilities for the elder people up and running by 2030. It is because Malaysia will be in the vanguard of countries with an aging population until 2028 (Aged Care, 2018). Even though the management of currently registered elderly care centers in Malaysia is working hard to provide the best possible amenities and services to the country's elderly population, there are still a significant number of goals that need to be accomplished because the phenomenon of people living longer is a growing trend all over the world. The purpose of this study is to investigate the challenges that senior care facilities in Malaysia face. In Malaysia, this is a topic of more significant concern, and efforts are currently being made to solve the problem of the country's rapidly aging population.

2.0 Literature Review

According to research conducted by the World Health Organization, the United Nations Population Fund, and Help Age International (Australian Local Government Association, 2006; Hagen, 2013), there has been a consistent rise over the past few years in the number of

conversations that center on the idea of aging in place, particularly in developing countries where the aging process is more pervasive. Despite the growing number of discussions that have taken place over the years, there still needs to be more evidence concerning the development of the idea within the gerontological canon of knowledge. Nevertheless, beginning in the 1990s and continuing through 2010, the concept of "aging in place" was discussed in both official policies and scientific research, and it was voiced both directly and indirectly (Tan, Y.L. US Magazine, 2014). According to the Centers for Disease Control and Prevention (2009), aging in place is as follows: "The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

Alternately, aging in place refers to developing services and facilities that enable a person to remain in their home or preferred environment for as long as they age. Many views aging in place as a desirable concept because it provides an alternative to institutional care where individuals can remain independent as their health conditions evolve (Hagen, 2013).

Studies (Hartje, 2004; Australian Local Government Association, 2006; British Columbia Ministry of Health, 2004) indicate that the majority of elderly individuals prefer to age in place as opposed to moving to another location or a residential care facility. It is because aging in place allows older people to maintain their independence, social engagement, and networks while remaining safe and comfortable (Lee et al., 2015). In addition to referring to the physical environment or living at home, research indicates that aging in place also focuses on improving services and facilities that affect the well-being of seniors and other community members, including healthcare services, technology, social, etc. support, and more (Granger & Asay, n.d.; Tan, Y.L. US Magazine, 2014).

Aging has been defined in many different ways, one per author writing on the subject. Considering that there is no universally accepted definition of aging, it is safe to say that there is none.

The book "Evolutionary Biology of Aging," published in 1991, offered the following definition of aging: a continuous decline in the age-specific fitness components of an organism due to the progression of internal physiological degeneration (Rose, 1991).

There is a wide variety of vantage points from which the aging process can be analyzed and understood. The concept of "aging" encompasses many different aspects. "The medical definition of aging is predominately pathology-based, focusing on individuals who are ill or in decline in their later years. This medical model was the sole focus of basic biomedical and clinical research and the delivery of health services for aging people until recently (Lois S. Lamdin, Mary Fugate, 1997); sociologists have opposed these definitions for various reasons. First, the association of aging with pathology and disease may negatively affect the public image and the self-image of older adults. Sociologists are also concerned that the public perception of aging and older adults will become more negative when aging is viewed as a disease. Second, these definitions only emphasize the negative aspects of physical and mental decline while ignoring the positive aspects of aging, as John Vincent explains: "The emphasis

on biological failure creates a cultural construction of old age that perpetuates its low esteem" (Maartje Schermer, 2013). The World Health Organization (WHO) provided the following definition: "The aging process is, of course, a biological reality with its own, largely uncontrollable, dynamic."

Nevertheless, it is also subject to each society's constructions to make sense of old age. In developed countries, chronological time is of paramount importance. Old age is said to begin at 60 or 65 years of age, roughly equivalent to most developed countries' retirement age.

Al-Allama al-Majlisi stated, "Physicians determined the age of growth to be between 28 and 30 years old, depending on temperament, and they refer to this as the young age. The age of decadence follows the cessation of growth, which ends between the ages of 35 and 40. Middle age (*sin al-kuhlah*) is the period between the end of the cessation of growth and the age of 60. Then old age begins at sixty and continues until death".

3.0 Research Methodology

This study adopts a qualitative approach, particularly the case study method. Five members of the Darul Insyrah staff have each been asked to participate in an interview. To collect the information necessary for this investigation, this study was accomplished through the use of a focus group. Focus group research is conducted with the primary objective of eliciting responses from respondents regarding their attitudes, feelings, beliefs, experiences, and reactions in a manner that would not be possible with the use of other methodologies, such as observation, one-on-one interviewing, or questionnaire surveys. These attitudes, feelings, and beliefs may be partially independent of a group or its social setting. However, they are more likely to be revealed through the social gathering and the interaction that comes with participating in a focus group. Focus groups, instead of individual interviews, which aim to obtain individual attitudes, beliefs, and feelings, elicit multiple views and emotional processes within a group setting. It contrasts individual interviews, which aim to obtain individual information. A focus group, in which participants may take the initiative independently, is more difficult for the researcher to maintain control over than an individual interview. A researcher can collect more information through focus groups instead of traditional observation methods in less time. When conducting research using an observational method, the researcher typically waits for events to occur, whereas, in a focus group, the researcher uses an interview guide. In this sense, focus groups are not natural events but events that have been organized. When there are power differences between the participants and decision-makers or professionals, when one wants to explore the degree of consensus on a given topic, and when the everyday use of language and culture of particular groups is of interest, focus groups are beneficial (Morgan & Kreuger, 1993).

In order to better understand the interview's content, content analysis is performed. According to Alhojailan and Ibrahim (2012) and Attride-Stirling (2001), it enables the researcher to gain a more comprehensive and in-depth understanding of the issues being discussed. It is an appropriate method of qualitative analysis (Fereday & Muir-Cochrane, 2006), and it is suitable for exploring the thoughts, experiences, and opinions related to the theme from more than one

participant for each issue. The reason for this is that it is practical to do so. Hassan and Salman (2018) and Kasim, Htay, and Salman (2015) used a thematic approach for their research.

4.0 Findings

From the FGD, there are key issues and challenges faced by DI. Firstly, there is a shortage of trained staff in Malaysia's elderly care facilities. The caregivers, in particular, have inadequate education and training; most workers in these facilities are maids. However, only a small percentage of facilities have staff that has been trained to provide care for elderly patients, particularly in the areas of counseling, recreation, and spiritual pursuits. Only a few centers appropriately educated them before employing them as carers. Despite this, Malaysia's elderly care facilities continue to struggle to meet the requirements of their elderly patients due to a shortage of trained personnel who can manage, counsel, and otherwise care for older people by medical jargon and standards. Aging people suffering from conditions associated with old age, such as dementia, hypertension, and Alzheimer's disease, require specialized care. These are the behaviors, not the illness, and the carer must receive adequate training to address them appropriately.

Secondly, it was also highlighted that the administration of the elderly care center is having trouble obtaining loans or financing from banks to expand their company's operations. The bank has responded that it could be more favorable regarding authorizing loans for senior care facilities. Due to this, there is a disparity between the facilities some centers provide for older people and others.

The above challenge resulted in a need for more cash to pay for the overhead and maintenance of the centre. The amount needed to pay the rent for the home care centre is a lot: According to the interviews, researchers learned from Darul Insyirah that they have always rented the two houses to provide housing for older people. They mentioned that the rent alone was more than RM 7,000.00 per month for each centre, with a 10% yearly increase in the lease cost. The management of the Centre then has to use their own pocket money to ensure the sustainability of the Centre.

Next, the absence of responsibility on the part of the family members or the participant in making the payment (fees). The members of Darul Insyirah have stated that they have had the experience of dealing with family members of the elderly who have been dithering and delaying the payment until it has accumulated to debt of thousands of Ringgits.

Fifthly, there is a lack of assistance and support from government agencies. When asked about the government's role in supporting Darul Insyirah, they responded that the government only reaches out to them to ask whether they can take up for the elderly for free. This means the Centre has to "babysit" the elderly without any fees or income.

On the other hand, another significant challenge is that to manage and recruit the staff. The employees have informed the researcher that the search for a staff nurse (to accommodate the bedridden) is the most challenging obstacle to overcome when it comes to maintaining the institution from the administration's perspective. They also said that other challenges they faced included managing the relationships between the elderly patients who received home care. It was in addition to the management challenges. The employees acknowledged that they must improve their carefulness, accuracy, and patience when interacting with senior citizens. When

interacting with older people, you should expect them to be more sensitive than younger people.

Lastly, the ability to continue existing is contingent on the contributions of the people. Even though the organization never turned a profit, Darul Insyirah remained operational thanks to the financial support of many individuals. The contributions of visitors and researchers who come to the institution are solicited and accepted regularly by Darul Insyirah. Aside from that, Darul Insyirah also receives support for its operations from contributions made through crowdfunding.

5.0 Suggestions and Recommendations

Training employees is essential in the health and social care industries to guarantee the well-being of those receiving and providing care and uphold rigorous standards. Training carers help instill the behaviors, attitudes, skills, and knowledge necessary to provide high-quality, safe care and focus on the individual receiving it. It guides them in the appropriate actions to prevent risk and prepares them to respond appropriately if a risk arises while providing care for someone. Everyone is protected from potential danger as a result of this.

If someone does not have the appropriate training, there is a greater likelihood that something (either minor or significant) will go wrong. People could be put in hazardous situations as a result of this. Training employees to understand how to communicate more effectively, manage people with behavioral difficulties, and work towards their outcomes are just some examples of how the proper training regime can boost the quality of care for individuals and across care services.

One reason why staff training is so essential, particularly in the fields of health and social care, is because of its role in increasing staff retention. Most people know that the social care industry faces significant difficulties in hiring new employees and retaining the ones they already have.

Staff training is one strategy that can help anyone keep their best employees, providing increased recognition for employees and distinct paths for career advancement. According to a study conducted by Skills for Care, "87% of employers felt that offering learning and development opportunities improved staff commitment."

Staff training can also help people feel a level of professionalism that sometimes needs to be improved in social care; this is something that staff training can help remedy. In addition, providing the appropriate staff training can help individuals feel more confident and better equipped to handle the stresses, complexities, and challenges inherent in their jobs. People with increased confidence and a sense of security in their role often report feeling more satisfied in their work and experiencing less stress.

As part of a more significant investment in staff development and progression, care providers reported in other research carried out by Skills for Care that staff training can even be necessary for attracting and recruiting more applicants. When asked how they could improve recruitment, for instance: "Demonstrate a commitment to the training and development of your staff, as well

as clear career progression routes." (Risedale Estates Limited, Residential care provider). Provide a positive culture and environment that allows people sufficient time to deliver outstanding care to patients [and] provides education and training to support the delivery of outstanding care and to help staff maximize their potential."

Financial Institutions Should Provide an Interest-Free Loan

Home care facilities for older people require receiving financial support. How can elderly care centers function and be successful in the long run if they do not receive support from financial institutions like banks? To ensure everything runs smoothly, the banks should make interest-free loans available to the senior centers. It may be possible for the care centers to regain financial stability and get back on their feet with the assistance of loans that do not accrue interest. Older people's care centers are aware that even a tiny amount of money can go a long way toward assisting them. Bank Negara Malaysia should consider this arrangement with the older people care centers.

5.1 Suggestions for Senior Care Centers

A senior living community that is of sufficient quality should offer a wide range of different activities. Doing so can assist them in overcoming feelings of isolation and give them the impression that they are part of a community. Various activities should be available to accommodate the requirements of residents with varying degrees of mobility. It includes activities in which participants with visual and hearing impairments take part. They will not have such a sense of loneliness this way. Even though only some residents will participate in every activity, they should still be able to find something that meets their needs.

A senior care facility with an adequate number of carers benefits the health of elderly loved ones. The best facilities providing care for older people should have a high ratio of residents to staff members. When this is done, it prevents those providing care from becoming overworked. For instance, there should be a sufficient number of medical professionals who pay regular visits to the facility for nursing homes. It includes medical professionals such as physicians and nurses, licensed counselors and social workers, physical therapists, wound care specialists, and certified nursing assistants.

In the meantime, there should be an adequate supply of certified nursing assistants, medical attendants, aides, and personal care assistants working in assisted living facilities to assist residents with their daily personal care needs. The carers at a senior care facility are one of the most critical factors in determining the residents' quality of life. Because of this, it is necessary to have staff members who are considerate, compassionate, and kind in order to provide high-quality care to residents. They should be patient with the residents and treat them respectfully while catering to their needs and demands. In addition to this, they should have excellent verbal and written communication skills. It demonstrates that they are capable of helping handle senior citizens with all their unpredictable mood swings and needs.

The staff needs adequate training in their respective fields to deal with medical and non-medical emergencies. It is because such a facility has a high probability of unanticipated events.

Check to see if residents at the potential senior care facility are addressed by their first name as they go through the tour. When this is done, patients are less likely to experience feelings of dehumanization and are more likely to have a sense of community.

Residents should be treated with respect, encouraged to engage in pleasant conversation with other residents, and given opportunities to socialize with their neighbors. They can lead a comfortable existence for the rest of their lives. Older people will likely experience comfort and security in a facility with excellent security features. The mind will be at ease when someone realizes that trustworthy people care for loved ones. One must ensure the facility is secure before conducting any tour, whether over the phone or in person.

Moreover, by "safe," we mean that they guard against seniors tripping and falling, offer to monitor 24 hours a day, seven days a week, and have smoke detectors. Every resident has their own unique set of mental and physical requirements. The very best homes for seniors provide individualized treatment plans for all residents.

It is done so we can accommodate them if they suffer from illness or disability. The plan is also flexible enough to be adjusted to fit any life circumstances. In addition, most older adults are already at an age where they require routine medical care. To ensure they receive the appropriate care, well-trained physicians and nurses should be on call around the clock. Also, an excellent facility for the care of older adults should be outfitted with the appropriate technology to assist the staff in providing the appropriate medical assistance.

The finest residential care communities for older adults are distinguished not only by their luxurious amenities and opulent living quarters. Rooms are just rooms. It is critical to ensure that a senior family member is well cared for and has the independence to pursue whatever interests they still have. Anyone can have peace of mind knowing that someone is attending to the requirements of an elderly family member in this manner. In the meantime, they do not experience feelings of isolation or being cut off from their loved ones. The seniors' relationships with those around them ultimately contribute to their sense of belonging and ease. Make it a point to surround them with people who deeply understand what it means to age and the significance of showing respect to one's elders.

6.0 Conclusion

The elderly support system in Malaysia needs to be improved so that the elderly can continue to live with their dignity while also seeing an increase in the overall quality of their lives. Consequently, society must provide the required assistance, aid, and care for the elderly citizens of the nation. Developing policies in Malaysia necessitates increasing administrative levels' capacity for better coordination and communication. Regarding this matter, the private sector is required to involve partners additionally. There are many problems associated with care facilities for the elderly. Now is the time to find solutions to all of the problems and difficulties. The government ought to direct its attention to these pressing concerns and work to find solutions to the problems. On the other hand, Zakat, Waqf, and Takaful play the best role in minimizing difficulties and problems. The relevant authorities and researchers should

concentrate their efforts on this subject and devise the most effective strategy for ensuring that Zakat, Waqf, and Takaful continue providing financial assistance to elderly care facilities in Malaysia.

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