

# PENANG INSTITUTE MONOGRAPHS

#10

21 OCT 2020

## Innovations in Elderly Care Needed in Malaysia and in Penang

*By* **Dr. Choong Pui Yee**

**PENANG**  
INSTITUTE  
making ideas work

10, Brown Road, 10350 George Town  
Penang, Malaysia  
T +604 228 3306 F +604 226 7042  
E [enquiry@penanginstitute.org](mailto:enquiry@penanginstitute.org)

# Innovations in Elderly Care Needed in Malaysia and in Penang

---

*By Dr. Choong Pui Yee (Senior Analyst, History & Regional Studies Programme)*

## **EXECUTIVE SUMMARY**

- Challenges facing senior citizens in Malaysia include financial security, housing, health and social inclusion. Senior citizens who do not have any immediate family members and poor face even harder struggles.
- In Penang, there are abundant choices of long-term care facilities such as Old Folks Home or Nursing Homes for senior citizens who need such services. However, there is the challenge of accessibility and affordability.
- The Penang state government and private nursing homes are facing an impasse on the issue of licensing. It is recommended that a One Stop Task Force which involves all the various state departments to be created to iron out conflicting guidelines.
- There is a need to involve the private sector as well as volunteers when designing policies for senior citizens. Private companies have the possibility of benefiting from the experience of the elderly by creating positions that are suitable for senior citizens.
- Inter-generational interactions should also be promoted.
- Policymakers should also consider introducing a law to protect senior citizens who are abused and neglected by family members. The Federal government should invest in educating geriatricians and also in improving mobile clinic services.

## Introduction

In Malaysia, senior citizens are defined as those who are 60 years and above. In 2019, senior citizens constituted 10.3 percent of the total population of Malaysia,<sup>1</sup> and by 2035, that figure is expected to reach 15 percent.<sup>2</sup> As Malaysia moves towards becoming an aging population, relevant and updated policies need to be in place to cater to the needs of this specific demographic.

To be sure, social policy for senior citizens has been given some attention, especially in the past decade. For instance, under the Tenth Malaysia Plan (2011-2015), the government committed to enhancing elderly-friendly infrastructure, improving access to affordable healthcare, ensuring adequate provision of shelters, and improving financial security and opportunities for employment. In addition, access to healthcare has also been improved through provision of free transport to hospitals and clinics by the Health Ministry.<sup>3</sup> These commitments continued in the Eleventh Malaysia Plan (2016-2020).<sup>4</sup> More significantly, the Private Aged Healthcare Facilities and Services Act in 2018 was gazette to regulate the standards of private healthcare centres and services – a milestone in protecting the standards of care for the elderly in Malaysia. However, enforcement will be extremely difficult as the issues involve various departments and are subject to diverse interpretations.

While all these commitments are commendable, to what extent they truly trickle down to the elderly is still unclear. And how widely such assistance is distributed among the rural and urban areas and between the poor and rich requires further research. Anecdotal observations suggest that social exclusion of senior citizens is still an issue that needs addressing. At present, there are also insufficient laws to protect abandoned senior citizens.

Policy challenges of an aging society are multifaceted, covering areas such as healthcare, housing, income maintenance, employability beyond official retirement age and the overall quality of life of the aging population. The government also needs to consider the larger ramifications of expenditure for the aging population.

For policy makers, a crucial challenge is to find the balance between providing an adequate level of income for senior citizens without overstretching the capacities of the younger generations. Therefore, policies for senior citizens should be reviewed periodically.

The objective of this paper is to raise some of the main challenges faced by senior citizens in Malaysia in general, and in Penang in particular. Particular attention will be devoted to care facilities in Penang, and the paper ends with some policy recommendations.

---

<sup>1</sup> Department of Statistics Malaysia, Current Population Estimates, Malaysia, 2018-2019

<sup>2</sup> Ministry of Economic Affairs, Mid-term review of the Eleventh Malaysia Plan 2016–2020, ch. 2, p. 16

<sup>3</sup> Economic Planning Unit, Prime Minister's Department, Tenth Malaysia Plan, 2011-2015, p. 185

<sup>4</sup> Speech by the Prime Minister in the Dewan Rakyat on 21 May 2015, Eleventh Malaysia Plan 2016-2020, p. 12

## Challenges Facing Senior Citizens in Malaysia

### *Financial Security*

Challenges faced by senior citizens in Malaysia are abundant. First, there are serious concerns on whether the EPF scheme in place adequately protects them from poverty. As of 2013, nearly 70 percent of 54-year-olds had less than RM 50,000 in savings. Those who started to withdraw from their EPF account at age 55 reportedly use up their savings within less than a decade after retiring.<sup>5</sup> Furthermore, there are senior citizens who do not even have an EPF account.

Then, there are also those who are solely dependent on welfare or on support from immediate family members. Such support can often be precarious especially when their caretakers do not earn a steady income. For the sandwich generation (adult children who have to care for both their aging parents and their own children), servicing car loans or house mortgages, and other family commitments such as children's expenditures can often take precedence over supporting their elder family members. Rising costs of living and stagnant wages also affect the economic stability of lower income families. Hence, it is safe to argue that there is a sizable number of senior citizens in Malaysia who do not enjoy financial security.

The risk of poverty among senior citizens is considerably high. Certainly, there are affluent senior citizens in Malaysia who are able to pay their way, but these are a small group.

### *Housing*

The second challenge is the issue of housing. There are senior citizens who stay with their immediate family members, with their spouses or alone. Some reside in their own homes or their children's homes while others reside in old folks' homes, retirement homes or even nursing homes, particularly among those who need assisted living.

Conventional understanding suggests that the ideal is for senior citizens to stay with their adult children since they then enjoy both emotional and physical support. Helping to take care of grandchildren or in light domestic chores is beneficial to their overall quality of living. However, it is also inevitable that some may spend their last days in nursing homes, in need of assisted living or palliative care. Some may not be able to afford that.

Presently, the increasing scenarios of nuclear families, migrations of working adults to urban areas or even abroad, the need for dual-income families and growing female participation are affecting the living arrangements of elderly people.<sup>6</sup> The likelihood of senior citizens living on their own, or only with their spouse is increasing.

---

<sup>5</sup> United Nations General Assembly. 2020. Report of the Special Rapporteur on extreme poverty and human rights, p.17

<sup>6</sup> Baldry, David, Les Ruddock, and Noralfishah Sulaiman. 2006. Housing and Social Policy in Malaysia: Provision for the Elderly, *13th Annual European Real Estate Society Conference*. ERES: Conference. Weimar, Germany, p.16

Those who are from the lower income middle group may have to continue to work to sustain themselves and pay rent. Alternatively, some could choose to stay in welfare homes provided by the government or charity organizations. Even so, the accessibility of these homes present another set of challenges. Charity organizations' care facilities are usually extremely stringent in admitting residents. They usually only help those who do not have immediate family members and are poor. Also, it is impossible for these to accommodate all cases.

It is often difficult for senior citizens to come to terms with new living arrangements. Even if they eventually chose to stay in such facilities, some would struggle to adapt, and this would take a toll on their mental health.

### ***Health***

The third challenge for senior citizens is related to health. Malaysia takes pride in having affordable health care. However, there is the concern of accessibility. For some senior citizens who do not live with immediate family members, the process of seeking medical attention can be a challenge, for example, accessibility to transport and their poor state of health.

Although mobile clinic or house call doctors are an option, these are usually costly. Those who suffer from functional disabilities and live alone will be hardest hit when it comes to medical accessibility. And while medical facilities are easily found in towns or cities, the same cannot be said for rural areas. In cases of emergency or accidents, the vulnerability of senior citizens there would be further exacerbated.

A related concern is the market-driven health care services. In the past few decades, the market for private health care has grown along with an expanding middle class. But this has also siphoned off staff and resources from the public sector. As a result, government services have become slower and people have to stay in longer queues (Chan 2009). Senior citizens who are dependent on government health services have to expect further declines in the quality of services. In short, those who are poor and live in rural areas will be hardest hit if they require geriatric care.

There is also a dearth of geriatricians in Malaysia. The country had only 39 practicing geriatricians in 2018.<sup>7</sup> The Malaysian Society of Geriatric Medicine projects that Malaysia will need 349 practicing geriatricians by 2030.<sup>8</sup> But geriatric medicine does not seem to be an appealing specialization among medical students. In Malaysia, geriatric medicine is still not treated as a critical medical specialization.

Geriatricians matter because their focus differs from that of general internal medicine physicians. Among others, older patients differ from younger ones in their comorbidities and disease presentations. Usually, older patients suffer from more than one kind of illness. A treatment for one kind of illness could therefore possibly worsen another form of illness; geriatricians are trained to prevent bad interactions of treatment.

---

<sup>7</sup> Tan Maw Pin and et.al.2018.An Analysis of Geriatric Medicine in Malaysia-Riding the Wave of Political Change, *Geriatrics (Basel)*. 3(4):80, doi: [10.3390/geriatrics3040080](https://doi.org/10.3390/geriatrics3040080)

<sup>8</sup> MSGM. 2019.MSGM Report for the Development of Geriatrics in Malaysia

Furthermore, diseases may also show up in different ways in the elderly, and geriatricians are better trained to diagnose accurately in such cases. A substantial portion of geriatric practice is related to psycho-geriatric problems such as dementia and depression, and expertise in this field is much needed.<sup>9</sup> Lastly, geriatricians can also provide better advice to family members on caring for patients.

### ***Social exclusion***

The fourth challenge is social exclusion. Living away from family members, dealing with poverty and/or ailing physical fitness can demotivate senior citizens from participating in meaningful social activities. This would affect their overall quality of life. Mental and physical challenges if left unaddressed easily leads to other forms of illness.

Lastly, being abandoned by their children is another risk that some elderly may face. An ongoing study at University Malaya and Multimedia University found that one in 10 Malaysians over the age of 60 living in urban areas, and one in 20 of those in rural communities' experiences neglect, financial and psychological abuse, and physical abuse.<sup>10</sup> Hitherto, there is no law in Malaysia to protect senior citizens from abandonment by their children.

## **Challenges Facing Senior Citizens in Penang**

In Penang, the life expectancy at birth for males is 72.5 years and 77.8 years for female. In 2019, the total percentage of senior citizens above the age of 60 living in the state was 13.1%.<sup>11</sup> In addition to that, Penang's population is expected to grow at a slower pace over the next two decades.

Challenges facing senior citizens in Penang are very similar to those discussed above, albeit to varying degrees. To reiterate, these are issues of financial security, housing, healthcare, and social exclusion. Migration of adult children to work in Kuala Lumpur or overseas to Singapore or Australia have left many senior citizens residing alone or only with their spouse. While those who are physically healthy and who enjoy financial stability may manage well enough, those who are of the lower income group, single and homeless will most likely have it tougher.

Significantly, there is a small group of poor senior citizens who enjoy loitering at Komtar, the Penang state government building complex and shopping area in the heart of George Town. Mr Phee Boon Poh, the Penang State Executive Councillor in charge of Welfare matters, confirmed in an interview (2020) that "Komtar has become a spot for senior citizens to meet friends". Charity in the form of free food is handed out to them by various vendors in the area.

---

<sup>9</sup> Poi, Philip J-H and Kam, Daniel Y.C. 2004. Services for older people in Malaysia: Issues and Challenges, *Age and Ageing*, 33(5): 444-446

<sup>10</sup> S. Indramalar. 2019. Finally, an Act for the Elderly, *The Star*, <https://www.thestar.com.my/lifestyle/family/2019/01/11/act-for-the-elderly>

<sup>11</sup> Penang Institute. Penang: Population and Demographics. <https://penanginstitute.org/resources/key-penang-statistics/visualisations-of-key-indicators/penang-population-and-demographics/>

A related problem is the issue of food wastage. Penang has no short of charity organizations and societies which donate food to the needy, but a lack of coordination among these organizations often result in food wastage.

Another major issue affecting Penang's senior citizens has to do with home care facilities, particularly on regarding the aspects of affordability, accessibility and the legality of these facilities. This will be discussed later. The following section considers Penang state government policies for senior citizens.

## **The Penang State Government Policies**

There are concerted efforts from the Penang state government to make Penang a livable city for the aging population. Specifically, it has made commitments to create healthier spaces for the public in general, and for senior citizens in particular. For instance, under the Penang2030 master plan, more pocket parks will be built to act as hang-out spots for senior citizens. Mr Phee Boon Poh hopes that these parks will be complemented with park managers who could manage a pantry. That would significantly enhance the space for the use of senior citizens (Phee B.P 2020, personal communication 18 August).

Mr. Phee also intends to push for more Pusat Aktiviti Warga Emas (PAWE) or Senior Citizens Activity Centres and for the upgrade of existing facilities. At present, there are only three PAWE in Penang, situated at Kepala Batas, Balik Pulau and Butterworth. PAWE are federally-funded establishments, and to complement them, the state government plans to upgrade existing senior citizens centres.

The Penang state government also provides cash assistance to needy senior citizens. A couple without any support from their children receive RM 260 per person. Those who are single receive RM 350. Funds are also allocated to senior citizens' welfare homes that are registered with the state government.

Mr Phee thinks that a game changer would be the temporary night shelter that is expected to be fully constructed by November 2021. A three-level night shelter which comprises a balcony, commercial lots and dormitories is being built on a plot of land owned by the Penang Island City Council (MBPP). This temporary night shelter is not only meant for senior citizens but also for the homeless, regardless of age. The follow-up plan for the temporary residents of this shelter is for the state government to match them to suitable jobs and to provide them with state-aided living arrangements.

Apart from that, the Penang government also recognized that there is a need to set guidelines to monitor and regulate age-cared facilities. In recent times, the local government has expressed interests in discussing with the relevant stakeholders to study the guidelines for aged-care facilities.<sup>12</sup>

---

<sup>12</sup> Mok, Opalyn.2020. Penang to set guidelines for aged care facilities in state, *MalayMail*, <https://www.malaymail.com/news/malaysia/2020/09/22/penang-to-set-guidelines-for-aged-care-facilities-in-state/1905543> (Accessed on 15th October 2020)

## Issues and Challenges Facing Private Nursing Homes and Old Folks' Homes

Notwithstanding the state government's commendable efforts, socioeconomic class is still a determining factor where the quality of life of senior citizens is concerned. Housing or care facility in particular is a perennial challenge for lower-income senior citizens.

There are abundant options of care facilities in Penang for senior citizens. These are run by either charity organizations, NGOs, religious organizations or the government. The variety includes Day Care Centre, Residential Care Center and Nursing Homes. The elderly go to a Day Care Centre to meet other elderly people for social reasons. Such a centre can be a special building or a room in a building attached to a hospital. It can also be a building used by the *Rukun Tetangga* (Neighbourhood Patrol), a community hall in the town or village which provides recreational, educational and cultural activities and social and health services.<sup>13</sup>

Charity-run residential care centres, in turn, cater to senior citizens who are able to take care of themselves but most likely have no place to stay. Examples include Old Folks Homes and Retirement Homes. Many who end up at charity-run residential care centres have no immediate family members whom they can live with or who have been abandoned by family members. They usually are not able to support themselves financially.

Finally, nursing homes are for elderly persons who do not require hospital services but cannot be safely-cared at home. Elderly in need of palliative care are usually better off in Nursing Home or Private Care facilities since these places usually provides qualified nurses services.<sup>14</sup> Most of the time, private nursing homes also offer day-care services and short-term stay.

### ***Affordability and Accessibility***

Private-run centres usually charge a fee and the prices are dependent on the service needed by the consumer or the kind of room they choose. Private operators usually provide better and wider range of services such as physiotherapy, qualified nurses, palliative care, flexible day-care amenities and a general conducive environment. Some even take in residents suffering from Alzheimer. On average, prices for Nursing Homes can range from RM 1,500 to RM5,000 per month. Some private operators offer a discounted price on humanitarian grounds.

Residential care centres run by charity organizations tend to have stringent admission criteria. For instance, according to Mr Tan Chin Hwa, Public Relations Officer and Welfare Officer for the Residents of the Penang Home for the Infirm and Aged, these only consider senior citizens who do not have anyone to take care of them (usually without immediate family members), who are financially poor, who do not need assisted living or who are homeless. Admission to Penang Home is conditioned on three strict processes: 1)

---

<sup>13</sup> Baldry, David and et.al. 2006. Housing and Social Policy in Malaysia: Provision for the Elderly, 13<sup>th</sup> Annual European Real Estate Society Conference. ERES. Conference. Weimar, Germany

<sup>14</sup> Nik Muhammad Faris Bin Nik Nordin and et.al. 2017. Nursing Home Facilities in Malaysia (Premise, Shared Facilities and Individual Accommodation: Space Requirement): A Literature Review. AIP Conference Proceedings, p. 020109-1



Application, 2) Interview and 3) Investigation (Tan C.H 2020, personal communication 24 August). The committee of Penang Home reviews applications thoroughly before admission.

Likewise, Little Sisters of the Poor which always has a long list of applicants only consider applicants who are single and poor. In a phone interview, Sister Margaret Anne, Matron of Little Sisters of the Poor, says that admission can only occur when an existing resident has passed away. Otherwise, applicants are directed to other similar Homes (Margaret Anne 2020, personal communication 28 August). Charity organizations also do not take in sick residents, particularly those suffering from severe mental illness.

### ***Lack of Qualified Caregivers and Volunteers***

A lack of qualified caregivers and volunteers is another challenge that affects the quality of life of senior citizens, especially of those who need extra attention. Smaller size private operators often face more difficulty in hiring qualified and committed caregivers. Although training can always be provided, finding people committed to such jobs is difficult. This is partly because there is a perception that serving as a caregiver in care facilities for adults falls under the 3Ds job category (Dirty, Dangerous and Demeaning). The turnover rate for such workers is rather high.<sup>15</sup>

It is understandable that many of private operators depend on foreign workers who may not necessarily speak the local languages. This hampers communication between caretakers and residents.

Likewise, there is a persistent problem in getting sustained assistance from volunteers. Sporadic visitations from private companies' employees under their corporate social responsibility programmes, and from college students do occur at Penang Homes (Tan C.H 2020, personal communication 24<sup>th</sup> August). Be that as it may, more committed forms of volunteering would be a great help to this homes (Santok Singh 2020, personal communication, 19 August).

### ***Bureaucratic Challenges***

Another potential problem that affects senior citizens residing in care facilities is the deadlock situation between the state government, the local council and private care facilities operators. At present, a majority of private operators in Penang do not have an operating license from their local council.

In applying for an operating license for a care centre, a set of criteria have to be met. First, it has to be in the right zones. Commercial zones and affluent neighbourhoods are usually out of the question. A draft plan of the residential care facility done by an architect is needed for the local council's approval. The cost of hiring an architect can easily cost RM30,000 to RM40,000. After that, a set of other relevant documents has to be submitted to the local council. At the same time, they have to apply for licensing from the welfare department, the health department and the fire department. However, these different departments sometimes have conflicting requirements and private operators are usually left with much confusion as to which guidelines they should follow (Santok Singh 2020, personal communication, 19 August).

---

<sup>15</sup> These views are expressed by owner of Golden Peacock, Santok Singh interviewed on 18<sup>th</sup> August 2020, Brother Daniel of Bethesda Home, interviewed on 10<sup>th</sup> August 2020, Tan Chin Hwa of Penang Homes, interviewed on 24<sup>th</sup> August and Sister Margaret Anne, phone interviewed on 28<sup>th</sup> August)

A deadlock usually occurs because it is often very difficult for private operators to meet the criteria set by the local councils. In such a situation, many operators go ahead with their operation anyway—illegally. For those willing to comply, estimating the cost of setting up such facilities can be difficult to ascertain since they often get conflicting guidelines. Thus, it is not uncommon for many private operators to flaunt the rules. First, there is little consistency among the guidelines set by the various departments. Second, they often feel that getting approval from the local council is almost impossible, not to mention the fact that it usually takes a long time to get a reply to any enquiry to start with. And finally, private operators tend to view constant changes in guidelines, even when these are necessary, to be unfair to them.

The state government has attempted to solve the issue by working closely with private developers to allocate specific units meant for care facilities such as old folks home or kindergartens in new development areas (Phee B. P 2020, personal communication, 18 August). However, there are many existing premises that are not able to meet requirements. At present, the state government is engaging with private operators and giving them a grace period to meet all the requirements needed to get their licenses.

At its core, both private operators and the state government and its respective agencies share the same objective of providing a safe space for needy senior citizens. But they often speak at cross purposes with each other. On the one hand, private operators are confused as to how to apply for the licenses and what the estimated cost to do so is. This results in endless frustration against the government. On the other hand, the state government, and the various departments prioritize safety and enforcement from their own standpoint, which results in conflicting guidelines being provided. The differences in the interpretation of guidelines also complicate the process. State agencies prioritize order and literal interpretation of every guideline while private operators tend to consider some of these guidelines impractical.

## **Policy Recommendations: State Level**

### ***One Stop Task Force***

To overcome the impasse between private operators and the state government, it is recommended that a One Stop Task Force comprising representatives from the various departments to be established. Through the One Stop Task Force, the various departments should be able to iron out their conflicting guidelines. At the same time, periodic dialogues with representative from private operators should be encouraged.

### ***Redesign jobs and create age-friendly workplaces***

Senior citizens who are still able to work should be encouraged to continue working as long as their state of health allow. For those willing to rejoin the work force, the state government can work closely with private companies to create a dedicated seniors-only job portal. Private companies can also redesign jobs for older workers. The dual goal is to help them to find a source of income and to continue making a meaningful contribution.

### ***Develop closed-knit communities***

Local councillors should partner with NGOs and residential associations to develop closed-knit community social networks to provide support for senior citizens by precinct. For example, local government can revive *Rukun Tetangga* and recruit volunteers to run programmes such as exercise classes, music classes, book reading sessions or art and craft sessions by precinct. The point is to make these programmes more easily accessible for senior citizens so that they can still engage in social activities.

### ***Promote inter-generational interaction***

Inter-generational interaction can benefit both the old and the young. For instance, the state government can work closely with colleges and universities to recruit young volunteers who can befriend seniors and even accompany them to their medical appointments.

### ***Senior volunteerism***

Senior citizens can always give back to the society through volunteerism. Their skills and experience should be put to good use and given due credit. The state government should work with private organizations and NGOs to create volunteerism opportunities that seniors can choose from which best suit their interests and skills.

### ***Accessible and updated information***

An online portal dedicated to the needs of senior citizens would be able to provide them with useful information on job opportunities, classes, volunteer opportunities and social events. This portal can be initiated by the state government and be run by younger members of the public.

## **Policy Recommendations: Federal Level**

### ***Legislation to protect senior citizens***

To reiterate, there is a lack of legal tools aimed specifically at protecting senior citizens in Malaysia. Senior citizens, especially those who suffer from dementia or other forms of aging disabilities are susceptible to abuse or neglect by family members. Hence, protection law is necessary to guarantee their safety.

In January 2019, the former Minister for Women, Family and Community Development, Dr Wan Azizah announced that the government was committed to legislating an Act to protect the rights and welfare of the elderly.<sup>16</sup> It was timely and widely welcomed by senior citizens and gerontologists. However, with recent political upheavals, this Act has yet to be debated.

---

<sup>16</sup> S.Indramalar. 2019. Finally, an Act for the Elderly, The Star, <https://www.thestar.com.my/lifestyle/family/2019/01/11/act-for-the-elderly>

### ***Stronger focus on geriatricians and gerontology research***

As stated earlier, there is a dearth of geriatricians in Malaysia. As the country still has a little more than a decade before it finally becomes officially an aging nation, policy makers should seriously consider investing in geriatric medicine as well as gerontology research. For instance, the government could commission tertiary education institutions to conduct longitudinal research on gerontology and geriatrics.

### ***Improve healthcare and increase mobile clinic services in rural areas***

Particularly, elderly people who suffer from aging disabilities may be reluctant to seek medical attention if medical centres are located far from home. The less-than-reliable public transport services in Malaysia is another factor that discourages some from making that effort. This is especially true for those who reside in rural areas. Therefore, the government should devote more attention to making public healthcare more accessible to senior citizens. In particular, mobile clinic services and rapid response paramedic services should be increased in rural areas. In the same vein, the government should increase the number of rapid response paramedics, especially in rural areas.

## **Conclusion**

As Malaysia moves nearer to an aging population, policies affecting senior citizens should not remain on the backburner. At the national level, policymakers should begin to deliberate introducing an Act to protect senior citizens. There is also a need to increase geriatricians and gerontology research as well as to expand mobile clinic services in rural areas.

At the state level, the Penang state government needs to actively engage the private sector and NGOs to improve the quality of life of senior citizens. Engagement with private operators of Nursing Homes is also needed as these institutions play a vital role in keeping the needy elderly safe. Certainly, the state government must not compromise in regulating these premises, but it also needs to regularly consider if these regulations are practical or not. In conclusion, the country needs to be ready to face the rising needs of the elderly.

## References

1. Baldry, David, Les Ruddock, and Noralfishah Sulaiman. 2006. Housing and Social Policy in Malaysia: Provision for the Elderly, *13th Annual European Real Estate Society Conference*. ERES: Conference. Weimar, Germany, p.16.
2. Chan C.K. 2009. "The Welfarist state under duress: global influences and local contingencies in Malaysia", in Chee Heng Leng and Simon Barraclough (eds.), *Health Care in Malaysia: The dynamics of provision, financing and access*. Routledge: New York, pp. 85-101.
3. Department of Statistics Malaysia, Current Population Estimates, Malaysia, 2018-2019
4. Economic Planning Unit, Prime Minister's Department, Tenth Malaysia Plan, 2011-2015, p. 185.
5. Ministry of Economic Affairs, Mid-term review of the Eleventh Malaysia Plan 2016–2020, ch. 2, p. 16.
6. Malaysian Society of Geriatric Medicine. 2019.MSGM Report for the Development of Geriatrics in Malaysia, <http://msgm.com.my/pdf/msgm-report-slides-2019.pdf> (accessed 10<sup>th</sup> August 2020).
7. Mok, Opalyn.2020. Penang to set guidelines for aged care facilities in state, *MalayMail*, <https://www.malaymail.com/news/malaysia/2020/09/22/penang-to-set-guidelines-for-aged-care-facilities-in-state/1905543> (Accessed on 15th October 2020)
8. Nik Muhammad Faris Bin Nik Nordin and et.al. 2017. Nursing Home Facilities in Malaysia (Premise, Shared Facilities and Individual Accommodation: Space Requirement): A Literature Review. AIP Conference Proceedings, p. 020109-1.
9. Penang Institute. Penang: Population and Demographics. <https://penanginstitute.org/resources/key-penang-statistics/visualisations-of-key-indicators/penang-population-and-demographics/> (accessed 15 August 2020).
10. Poi, Philip J-H and Kam, Daniel Y.C.2004. Services for older people in Malaysia: Issues and Challenges, *Age and Ageing*. 33(5): 444-446
11. S.Indramalar. 2019. Finally, an Act for the Elderly, *The Star*, <https://www.thestar.com.my/lifestyle/family/2019/01/11/act-for-the-elderly> (accessed 14th August 2020).
12. Speech by the Prime Minister in the Dewan Rakyat on 21 May 2015, Eleventh Malaysia Plan 2016-2020, p. 12.
13. Tan Maw Pin and et.al.2018.An Analysis of Geriatric Medicine in Malaysia-Riding the Wave of Political Change, *Geriatrics* (Basel). 3(4):80, doi: [10.3390/geriatrics3040080](https://doi.org/10.3390/geriatrics3040080)
14. United Nations General Assembly. 2020. Report of the Special Rapporteur on extreme poverty and human rights, p.17.