

A PRELIMINARY STUDY OF THE NEED OF MEDICAL CARE FACILITIES FOR OLDER PEOPLE AMONG LOCAL AUTHORITY AREAS

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ABSTRACT

The topic of medical care facilities for older people is fast becoming a challenge in an aging society such as Malaysia. The objective of this preliminary study is to examine the need for medical care facilities for older people among the local authority areas in Malaysia. The older people have been the focus of this study because they need more medical care than young people. This paper utilized the data available from the Department of Statistics, Malaysia. Overall, this study indicates that the number of older people differs obviously among the local authority areas in Malaysia. Bigger local authority areas of major towns have a higher number of older people. The top five local authority areas involved are located at Kuala Lumpur, Pulau Pinang, Ipoh, Seberang Perai and Petaling Jaya. Instead, smaller local authority areas (unless Municipal Council of Pasir Gudang and Corporation of Putrajaya) have a lower number of older people groups. Other local authority areas are located at Pengkalan Hulu, Nabawan, and Cameron Highlands. The findings suggest that local governments, especially of major towns, should have proper planning of suitable medical care facilities for older people.

Keywords: medical care facilities, aged people, older people, local authority

INTRODUCTION

The world population is ageing rapidly. In 2017, there are an estimated 962 million people aged 60 or over in the world, comprising 13 percent of the global population (United Nations, 2019). The number of older persons is expected to more than double by 2050 and to more than triple by 2100, rising from 962 million globally in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100 (United Nations, 2017). This phenomenon is due to many factors, such as declines in fertility and increased life expectancy. However, the trend toward population ageing is most advanced in developing countries (Papalia *et al.*, 2002).

Life expectancy has increased clearly in Malaysia. For instance, the Department of Statistics, Malaysia (2017) has reported in the year 2016, the overall life expectancy of her population has increased to 74.7 years. As a result, there are many aged people in this country. There are several terms which refer to aged people such as ageing population, older people, older adults, older persons, third age, and senior citizen. Most developed world countries have accepted the chronological age of 65 years as a definition of the elderly or older person (World Health

Organization, 2018). Several researchers, such as Charles and Sevak (2005), as well as Mellor (2001), also have defined the age of 65 and over as aged people.

However, some organizations and several researchers defined 60 years and over as aged people. For example, the United Nations (2019), as well as the World Assembly on Ageing (1982), stated that aged people are those aged 60 years or over. Older people as third age, which is the period from the sixties on, a period when many of the tasks of the second age are already done (Dychtwald and Flower, 1990). In Malaysia and other ASEAN countries, 60 years old is being used as the definition of aged people (Shalini and Seow, 2009). Hence, this article refers to aged people who are those aged 60 years or over.

Previous pieces of evidence show that Malaysia has a great number of aged people. There are nearly 2.25 million aged people or 7.87 percent of the Malaysia population in 2010 (Department of Statistics, Malaysia, 2017). This figure is expected to increase to approximately 3.75 million (11.10%) in the year 2020 and will reach 5.82 million (15.29%) in 2030 (Department of Statistics, Malaysia, 2017). Based on United Nations projection, Malaysia is expected to become an ageing nation in 2030 when her population contains 15 percent of people aged 60 years old and over (Jabatan Kebajikan Masyarakat, 2017). This issue will become a new phenomenon, never happen in Malaysia before and expected to spark off various impacts.

Many previous scholars have examined various issues regarding aged people in Malaysia. For instant, Tengku Aizan (2015), as well as Tengku Aizan and Chai (2013), have reported the geographical distribution of the ageing population at the macro level, such as state and Malaysia. However, the objective of this preliminary paper is to examine the need for medical care facilities for older people at the micro-level, which is among the local authority areas in Malaysia. The older people have been a focus in this study because, according to Tengku Aizan (2015), the percentage of the young-old is projected to decline over the next century compared to the older age groups. Furthermore, older people need more medical care than the young-old (Papalia *et al.*, 2002).

DEFINITION OF OLDER PEOPLE

Aged people are a heterogeneous group. As people of all ages, they are individuals with varying needs, desires, abilities, lifestyles, and cultural backgrounds (Papalia *et al.*, 2002). As mentioned before, 60 years old is being used as the definition of aged people in Malaysia and other ASEAN countries. However, previous researchers have divided this aged group into several categories.

Perhaps, this is because 60 years and over is a big age bracket. It should be divided into small groups to give a better picture of aged people. For instant, Productivity Commission (2008) has divided aged people into three categories which are young-old (65 to 74 years), middle-old (75 to 84 years), and older (85 years and over). Tengku Aizan (2015), as well as Hamid *et al.* (2010), also categorized older persons into three age cohorts, but according to those in their 60s (60 to 69 years), 70s (70 to 79 years) and 80s or older (80 years and over). Shalini and Seow (2009) stated that gerontologists had defined aged people into two groups. The first group is 65 to 74 age bracket which is considered as early-old and 75 years and over is categorized as late-old (Shalini and Seow, 2009). Doris Padmini *et al.* (2009) also have categorized 60 to 74 years as young-old and people above 75 years as older. From this discussion, it is understood that there are several categories of aged people and age brackets. But, this study refers to older people for those who are 75 years old and over.

MEDICAL CARE AND ITS FACILITIES FOR OLDER PEOPLE

Medical care is the provision by a physician of services related to the maintenance of health, prevention of illness, and treatment of illness or injury (Farlex, 2019). The professions related to older people are such as doctors, gerontologists, skilled nurses for older people, psychologists, nutritionists, *etc.* Today, medical advancement has allowed many people to live longer and better than at any previous time in human history (Papalia *et al.*, 2002).

Nevertheless, the peak of health for most people is in young adulthood. Almost 95 percent of Americans age 15 to 44 consider their health excellent, very good or good, as compared with 84 percent of middle-aged people, three-fourths of noninstitutionalized older adults age 65 to 74 and about two-thirds of those 75 and over (Federal Interagency Forum on Aging-Related Statistics, 2000). The data shows that the trend of people health condition is decline with the increase of age.

The growing number of older adult increase demand on the public health system and medical and social services (Goulding, Rogers and Smith, 2003). Older people go to the doctor more often, are hospitalized more frequently, stay longer, and spend more than four times as much on health care (Federal Interagency Forum on Aging-Related Statistics, 2000). Chronic diseases, which affect older adults disproportionately, contribute to disability, diminish the quality of life, and increased health-and long-term-care costs (Goulding, Rogers and Smith, 2003). Research in gerontology and geriatrics, the branch of medicine concerned with treating and managing diseases related to aging, has underlined the need for support services for the frail elderly, many of whom have outlived their savings and cannot pay for their care (Papalia *et al.*, 2002). This is due to older people experience major changes in health and may become frailer or experience major health and psychological changes (Neugarten and Neugarten, 1987).

Most people of late age (over 75 years) need special care due to health problems. Several researchers have stated some of the health problems are such as diabetes (Kirkman *et al.*, 2012), Boyle *et al.*, 2001); mental health problems and dementia (Pishchikova, 2015), (Hamid *et al.*, 2010); Alzheimer's disease (Goulding, Rogers and Smith, 2003); kidney disease (National Kidney Foundation, 2017); osteoporosis (State of Victoria, 2017) as well as falls and the risk of falls (Tengku Aizan, 2015). For instance, the largest increases in diabetes are expected among adults aged 75 years and over, from 1.2 million women and 0.8 million men in 2000 to 4.4 million women and 4.2 million men in 2050 (Boyle *et al.*, 2001).

As the number of older persons is getting larger, mental or psychological health becomes a major concern for the public healthcare system around the world (Tengku Aizan, 2015). Worldwide, around 50 million people have dementia, with nearly 60% living in low- and middle-income countries (World Health Organization, 2019). The number of older people with mental health problems, and dementia by 2050 could reach 120 million (Pishchikova, 2015).

In Malaysia, a nationwide community-based study has been done by Hamid and her colleagues. It is reported that a prevalence rate of 14.3% for dementia with significant risk factors for old age, female gender, no formal education, Malay, and very poor self-rated health (Hamid *et al.*, 2010). Furthermore, chronic conditions of Alzheimer's disease also can lead to severe disability (Goulding, Rogers, and Smith, 2003). Besides, researchers at Johns Hopkins University estimated that more than 50 percent of seniors over the age of 75 are believed to have kidney disease (National Kidney Foundation, 2017). In short, it is understood that older people are vulnerable to health problems from the above discussion.

They need special medical care to keep them healthy. Hence, there is a greater role of the local governments to provide the medical care facilities. This is to cater to the aged population in the locality and to promote the well-being of their older population. For instance, certain facilities,

such as aged care centres, hospitals, health clinics, and dialysis centres, must be ready and well-distributed. Wook and Fariza (2009) predicted that the demand for aged care centres is increasing in the future due to the escalating number of old population. But it does not mean that to encourage adult children to simply dumping their old parents to aged care centres (Muhamad Asri and Halmi, 2017). Adult children should take responsibility for the well-being of their old parents.

LOCAL AUTHORITIES IN MALAYSIA

Local authority means any city council, municipal council, municipality, district council, town council, town board, local council, rural board, or other similar authority established by or under any written law (Government of Malaysia, 2006). The local authority is the third tier of government after the federal and state government. In the United States of America, it is recognised as the local government. In Malaysia, the local authority has an operation area and administrative area. Most of the local authorities have both of them. Normally, the small local authority has little operation area but a large administrative area.

Jabatan Perangkaan Malaysia (2011) has stated that there are 148 local authorities in Malaysia. It also categorized eight types of local authorities which are City Hall, City Council, Municipal Council, District Council, Town Board, Rural District Council, Development Board, and Corporation (refer Table 1).

Table 1: Categories of Local Authorities in Malaysia

Categories of Local Authorities	Number
City Hall	3
City Council	9
Municipal Council	37
District Council	94
Town Board	1
Rural District Council	1
Development Board	1
Corporation	2
Total	148

Source: Adapted from Jabatan Perangkaan Malaysia (2011)

The local authority is also a local planning authority. Under Section 6, Act 172 (2006), one of the functions of local planning authorities is to regulate, control, and plan the development and use of all lands and buildings within their area. In the context of the discussion of this article, local authorities should plan and regulate the appropriate medical care facilities to cater for the well-being of older people in their area.

DISTRIBUTION OF OLDER PEOPLE AMONG LOCAL AUTHORITY AREAS

This paper utilized the secondary data of aged people, especially the older group in the 148 administration area of local authorities in Malaysia. The data is captured from the Population

and Housing Census of Malaysia 2010, Jabatan Perangkaan Malaysia. Perhaps, the data is quite outdated. However, the author believed that it still can be used for this preliminary study. Furthermore, the census is done once in a ten-year interval by the responsible department.

This study highlights the number of aged people in local authority areas is 2,044,285 in 2010. It is about 7.86 percent of 26,006,550 total population of all local authority areas. Of the total number of aged people, 433,917 of them (21.23%) are in the older group.

Overall, this study shows that the number of older people differ obviously among the local authority areas in Malaysia. Bigger local authority areas of major towns have a higher number of older people. The top five local authority areas involved are located at Kuala Lumpur, Pulau Pinang, Ipoh, Seberang Perai, and Petaling Jaya (refer Table 2). Instead, smaller local authority areas (unless Municipal Council of Pasir Gudang and Corporation of Putrajaya) have a lower number of older groups. Other local authority areas are located at Pengkalan Hulu, Nabawan, and Cameron Highlands.

Table 2: Older People Among the Local Authority Areas in Malaysia

Local Authority Areas	Aged People	Older (75+)	Percentage (%)
City Hall of Kuala Lumpur	121,421	24,152	19.89
Municipal Council of Pulau Pinang	83,112	17,869	21.50
City Council of Ipoh	80,205	16,709	20.83
Municipal Council of Seberang Perai	72,668	14,525	19.99
City Council of Petaling Jaya	50,589	10,840	21.43
City Council of Alor Setar	46,162	9,669	20.95
City Council of Melaka Bandaraya Bersejarah	44,034	9,128	20.73
Municipal Council of Klang	46,109	8,604	18.66
Municipal Council of Kajang	40,636	8,108	19.95
Municipal Council of Subang Jaya	38,953	7,650	19.64
City Council of Johor Bahru	35,828	7,616	21.26
Municipal Council of Sungai Petani	35,853	7,362	20.53
Municipal Council of Taiping	28,965	6,212	21.45
Municipal Council of Muar	24,125	5,971	24.75
Municipal Council of Selayang	32,111	5,893	18.35
Municipal Council of Johor Bahru Tengah	27,969	5,674	20.29
Municipal Council of Kangar	24,855	5,652	22.74
City Council of Kuala Terengganu	27,858	5,559	19.95
Municipal Council of Ampang Jaya	32,528	5,539	17.03
Municipal Council of Seremban	28,314	5,508	19.45
Municipal Council of Kuantan	26,755	5,165	19.30
Municipal Council of Kota Bharu Bandaraya Islam	25,391	5,030	19.81
Municipal Council of Batu Pahat	20,877	4,884	23.39
District Council of Kubang Pasu	20,664	4,579	22.16
Municipal Council of Padawan	20,156	4,478	22.22
City Council of Kuching Selatan	16,518	4,387	26.56
City Council of Shah Alam	23,450	4,327	18.45

Local Authority Areas	Aged People	Older (75+)	Percentage (%)
District Council of Pasir Mas	18,533	4,259	22.98
Municipal Council of Alor Gajah	18,040	4,223	23.41
Municipal Council of Kulim	18,543	4,089	22.05
Municipal Council of Manjung	19,522	4,039	20.69
District Council of Tangkak	15,776	3,980	25.23
Municipal Council of Kuala Kangsar	15,605	3,804	24.38
Municipal Council of Teluk Intan	16,486	3,678	22.31
Municipal Council of Sibul	14,789	3,596	24.32
Municipal Council of Kulai	15,178	3,516	23.17
Municipal Council of Kluang	17,024	3,483	20.46
Municipal Council of Jasin	14,358	3,355	23.37
City Hall of Kuching Utara	14,476	3,340	23.07
City Hall of Kota Kinabalu	17,446	3,306	18.95
District Council of Ketereh	14,191	3,272	23.06
District Council of Baling	14,310	3,266	22.82
City Council of Miri	13,559	3,255	24.01
District Council of Kuala Langat	15,517	3,214	20.71
District Council of Tumpat	13,520	3,183	23.54
Municipal Council of Sandakan	16,480	3,180	19.30
District Council of Kuala Selangor	14,617	3,063	20.96
District Council of Kampar	13,134	2,951	22.47
Municipal Council of Tawau	15,645	2,910	18.60
District Council of Pendang	11,789	2,806	23.80
Municipal Council of Temerloh	14,003	2,795	19.96
District Council of Kerian	13,377	2,751	20.57
District Council of Pontian	11,121	2,708	24.35
District Council of Pasir Puteh	11,846	2,656	22.42
Development Board of Bintulu	10,935	2,548	23.30
District Council of Ulu Selangor	12,354	2,505	20.28
District Council of Segamat	11,326	2,503	22.10
District Council of Kapit	10,368	2,502	24.13
District Council of Besut	10,806	2,496	23.10
District Council of Raub	10,364	2,455	23.69
Municipal Council of Nilai	10,728	2,446	22.80
District Council of Batu Gajah	10,566	2,287	21.64
District Council of Tapah	9,577	2,248	23.47
District Council of Serian	9,420	2,115	22.45
District Council of Tanah Merah	9,652	2,056	21.30
Municipal Council of Sepang	8,549	1,971	23.06
District Council of Yan	8,446	1,955	23.15
Municipal Council of Bentong	10,710	1,850	17.27
Rural District Council of Sibul	7,550	1,827	24.20
District Council of Samarahan	7,783	1,798	23.10
Municipal Council of Kemaman	9,276	1,788	19.28
District Council of Hulu Terengganu	6,908	1,761	25.49
District Council of Sik	7,225	1,755	24.29

Local Authority Areas	Aged People	Older (75+)	Percentage (%)
District Council of Bachok	7,431	1,753	23.59
District Council of Pekan	7,854	1,751	22.29
District Council of Marang	7,859	1,751	22.28
District Council of Rompin	7,028	1,738	24.73
District Council of Kota Belud	7,162	1,738	24.27
District Council of Bau	5,466	1,695	31.01
Municipal Council of Dungun	8,966	1,687	18.82
District Council of Sri Aman	7,888	1,673	21.21
District Council of Lipis	7,349	1,612	21.93
Municipal Council of Port Dickson	7,882	1,581	20.06
District Council of Padang Terap	6,817	1,577	23.13
District Council of Maradong and Julau	6,914	1,572	22.74
District Council of Kuala Pilah	5,771	1,569	27.19
District Council of Maran	13,180	1,565	11.87
District Council of Marudi	6,394	1,511	23.63
District Council of Betong	6,862	1,457	21.23
District Council of Bera	8,457	1,451	17.16
District Council of Penampang	8,287	1,440	17.38
District Council of Tuaran	6,319	1,439	22.77
District Council of Tanjung Malim	4,566	1,438	31.49
District Council of Dalat and Mukah	5,666	1,431	25.26
District Council of Kota Tinggi	6,914	1,427	20.64
District Council of Keningau	6,199	1,411	22.76
District Council of Perak Tengah	5,623	1,409	25.06
District Council of Jerantut	8,472	1,398	16.50
District Council of Machang	5,838	1,391	23.83
District Council of Kanowit	4,402	1,335	30.33
District Council of Kota Marudu / Pitas	6,287	1,285	20.44
District Council of Papar	6,003	1,262	21.02
Municipal Council of Langkawi Bandaraya Pelancongan	5,399	1,246	23.08
District Council of Ranau	5,154	1,232	23.90
Town Board of Kudat	5,155	1,217	23.61
District Council of Saratok	4,775	1,194	25.01
District Council of Semporna	5,236	1,158	22.12
District Council of Beaufort	5,052	1,123	22.23
District Council of Sarikei	4,935	1,119	22.67
District Council of Jempul	5,541	1,073	19.36
District Council of Kuala Krai	5,317	1,070	20.12
District Council of Yong Peng	5,005	1,067	21.32
District Council of Bandar Baharu	4,643	1,059	22.81
District Council of Tampin	5,345	1,057	19.78
District Council of Tenom	3,830	1,023	26.71
District Council of Matu and Daro	7,704	1,020	13.24
District Council of Lahad Datu	5,853	989	16.90
District Council of Setiu	4,531	970	21.41

Local Authority Areas	Aged People	Older (75+)	Percentage (%)
District Council of Jelebu	3,892	940	24.15
District Council of Subis	3,872	912	23.55
District Council of Selama	3,798	901	23.72
District Council of Limbang	3,636	901	24.78
District Council of Labis	4,713	889	18.86
District Council of Simunjan	4,516	888	19.66
District Council of Simpang Renggam	4,687	873	18.63
District Council of Lubok Antu	3,741	872	23.31
District Council of Kinabatangan	3,082	863	28.00
District Council of Sabak Bernam	4,557	820	17.99
District Council of Rembau	3,186	810	25.42
District Council of Lawas	2,936	738	25.14
District Council of Mersing	3,366	723	21.48
District Council of Lundu	2,917	677	23.21
Corporation of Labuan	3,377	640	18.95
District Council of Jeli	2,620	620	23.66
District Council of Dabong	3,456	616	17.82
District Council of Gua Musang	4,348	612	14.08
District Council of Beluran	3,111	606	19.48
District Council of Gerik	2,779	603	21.70
District Council of Lenggong	2,624	591	22.52
District Council of Tambunan	2,047	539	26.33
District Council of Kuala Penyu	1,859	435	23.40
District Council of Kunak	1,781	416	23.36
District Council of Sipitang	1,802	402	22.31
District Council of Cameron Highlands	2,293	363	15.83
District Council of Nabawan	1,167	314	26.91
Municipal Council of Pasir Gudang	1,104	277	25.09
District Council of Pengkalan Hulu	1,223	260	21.26
Corporation of Putrajaya	930	218	23.44
Total	2,044,285	433,917	

Source: Adapted from Jabatan Perangkaan Malaysia (2011)

DISCUSSION

This preliminary study indicates that the number of older people differ obviously among the local authority areas. Bigger local authority areas of major towns such as Kuala Lumpur and Pulau Pinang have a higher number of older people. In contrast, smaller local authority areas (unless Municipal Council of Pasir Gudang and Corporation of Putrajaya) have a lower number of older groups. Hence, local governments, especially of major towns, should have proper planning of medical care facilities for older groups. The appropriate facilities are such as aged care centres, hospitals, health clinics, and dialysis centres. Smaller local governments also should pro-active in planning proper facilities. For instance, Muhamad Asri and Halmi (2017) reported that District of Ulu Perak which consists of District Council of Pengkalan Hulu does

not have any age care centre. Perhaps, it is a good effort if the District Council of Pengkalan Hulu can provide that facilities soon.

CONCLUSION AND FUTURE RESEARCH DIRECTIONS

This paper presented results of a preliminary study of the need for medical care facilities for older people among the local authority areas in Malaysia. Detail study should be done to recognize the actual facilities that needed. The potential future research directions may focus on the area such as the availability of medical care facilities, type of facilities, number of existing facilities, the condition of existing facilities, distribution of existing facilities and coverage area of existing facilities. Hence, the proper planning and provision of appropriate medical care facilities can be done in the future. It does not mean that to create or build a new one. In line with the sustainable development goal, some unused existing buildings can be utilised or refurbished into suitable medical care facilities for older people.

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