

A SEGMENT STUDY OF THE ELDERLY AGEING POPULATION: MALAYSIA, BANGLADESH, QATAR, SINGAPORE AND JAPAN

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ABSTRACT

Currently there are 15 countries with more than 10 million older persons, seven of these being developing countries. By 2050, 33 countries are expected to have 10 million people aged 60 or over, including five countries with more than 50 million older people. Out of these 33 countries, 22 are currently classified as developing countries. Population ageing can no longer be ignored. Globally, the proportion of older persons is growing at a faster rate than the general population. This reflects tremendous and welcome advances in health and overall quality of life in societies across the world. The population aged 60 or over is growing at a faster rate than the total population in almost all world regions. Globally, the population aged 80 years or over is growing faster than any younger age group within the older population. This article is therefore aimed at discussing on five (5) different countries on elderly ageing populations on their different segments and varied on their demographic nations. Based on the facts, the countries should have priority in strengthening the needs and essentials of the elderly. The government's focus must be seriously discussed on the preparation and opportunities for the elderly well-being in facing their ageing life. Some of the necessities of elderly such as the comfortable housing, social support, places of recreation and worship, hospital facilities and medicines, public service and senior citizen's benefits. This thesis uses qualitative approaches, adopts library-based research and, by content analysis of documents, applies the literature review approach. The results show that the government is the main institution in providing the best services and facilities for the elderly in ensuring that they do not feel left out and can have good living continuously. The elderly also have the right to receive equality in life even if they are not seen to be as productive as the young generation.

Keywords: Elderly, Senior Citizen, housing, social support, medicine, facilities

1. Introduction

Aging populations have become a leading demographic issue in the new millennium. There has been a rapid increase in the elderly population all over the world. By 2050, the world's population aged 60 years and older is expected to total 2 billion, up from 841 million today, and it will be the first time in history where the number of people aged 60 years and older, outnumber children younger than 5 years. The challenge for aging studies is to understand the conditions associated with aging as a positive process and old age as a stage of life in which health, well-being, pleasure and quality of life (QOL) can be increased.

The growth rate of the population of older persons today is a function of the levels of fertility prevailing some 60 years ago when today's new cohorts of older persons were born, together with changes in the likelihood that members of those birth cohorts survived to older ages. Because fertility rates in the mid-twentieth century were higher in many parts of Africa, Asia and Latin America and the Caribbean—above five children per woman, on average—the growth rates of the older populations in those regions today are significantly faster than in Europe, where fertility in 1950-1955 had already fallen below three children per woman in many countries (United Nation, 2015)

The immediate cause of population ageing is fertility decline. However, improved longevity contributes as well, first by eliminating the demographic necessity of high fertility and second by increasing the number of survivors to older ages. By 2050, life expectancy at birth is projected to surpass 80 years in Europe, Latin America and the Caribbean, Northern America and Oceania; and it will approach 80 years in Asia and 70 years in Africa (United Nation, 2015).

2. Methodology

The study focuses on vulnerability about elderly people of Malaysia, Bangladesh, Qatar Singapore and Japan. The study aims to discuss the necessity of those countries to put in place in strengthening the needs and essentials of the elderly and the initiatives provided by the government in improving the lives of senior citizens. This article uses qualitative approaches, adopts library-based research and, by content analysis of documents, applies the literature review approach. Literature review was done using different search engine from Google scholar, research gate, academia, online journals, e-proceedings paper, government websites and statistics and stakeholder brochures. The discussion on five (5) different countries on elderly ageing populations were focused based on the content analysis and shows the different segments and varied on their demographic nations.

3. Analysis and Discussion

3.1 The elderly and the Phenomenon.

It is widely known that population ageing is a demographically inevitable process, since it is linked to the demographic transition and therefore to the fall of births and in mortality rates, mostly at older ages. Depending upon on the set, speed and intensity of the demographic transition, the ageing process will vary both in speed and in extent on a geographical basis. The pace of population ageing is much faster in developing countries compared to developed countries (Khan and Leeson, 2006; Glass and Balfour, 2003; Prakash, 1999). The term ageing refers to the process of becoming older. It is the end of the life stages. Malaysia is well on its way to becoming an ageing society by 2030 when it is projected that 15 per cent of its population will be 60 years old and above, according to the Department of Statistics (Malaysian Healthy Ageing Society, 2019). In Bangladesh people aged 60 and over are defined as the elderly citizen (Md. Sazedur, 2017). From the 2050 statistic review, 1 in 5 will be elderly. Singapore also reported almost similar as that aging is taking place in rapid pace. A citizen aged 65 today is expected to live up to 85.3 years, compared to 78.8 years in 1980. From the study show that, by 2050 1 in 2 will be elderly (Ministry of Health Singapore, 2019). Japan reported that the old age support ratio is falling. In 2000 world population of aged 60 years and above was 600 million and is expected to be doubled in 2025 and 2 billion by 2050 (Tester,

Susan, 1996). In Qatar, the number of people aged 60 year or more is expected to increase from 17,500 (3.1%) in 2000 to 172,000 (20.7 %) in 2050, a 10-fold increase (United Nations, 2012). Population aging is a global phenomenon: the proportion of older persons in the World's population increased from 8.2 percent in 1950 to 10 percent in 2000. It is projected to increase to 15 percent in 2025 and 21 percent by 2050 (United Nations, 2015). The world needs to take this elderly phenomenon seriously. It will certainly affect the lives of the elderly in the countries with increase statistic of senior citizens. Life planning is the most sensitive issue to discuss because it is not just a social care problem but the parents themselves. In addition to the life aspect of the elderly, the health aspect also needs attention, as it greatly affects the well-being of the elderly.

4. The Segment Study of the Elderly Ageing Population

4.1 Malaysia

At present, the number of Malaysians aged 60 years and above is estimated to be 1.4 million and is projected to increase to 3.3 million in the year 2020. The percentage of the population that is 60 years and over has also increased over the years - 5.2% in 1970, 5.7% in 1990 and 6.3% in the year 2000. In the year 2020, this percentage is expected to be 9.8% of the population. Between 1990 and 2020, the population of Malaysia is expected to increase from 18.4 million to 33.3 million - an increase of 80%. The aged population however is expected to increase from 1.05 million in 1990 to 3.26 million over the same period, an increase of 210% (Ministry of Women, Family & Community, 2021).

Newspaper report on 22 December 2019 revealed that, Malaysia is expected to be an ageing nation by 2030 and the country must prepare itself to assist the elderly. The rising ageing population would have implications in areas such as healthcare, financial services, city planning and social services. There are serious problems and challenges as Malaysia will reach the ageing nation status in 10 years, and 15 per cent of its population will be at least 60 years old. Alliance For a Safe Community chairman Tan Sri Lee Lam Thye said; "In Malaysia, senior citizens are defined as those aged 60 years and above based on the definition made at the World Assembly on Ageing 1982 in Vienna (New Straits Times, 2019).

In Malaysia, efforts on the elderly are being led by the Women, Family and Community Development Ministry and Health Ministry (Portal Ministry of Women, Family and Community Development, 2021). The main aim of caring for the elderly is to ensure that they can have a quality life in their twilight years. For that purposes, Malaysian Government, must seriously look into the loneliness and other mental health issues among the elderly as there was a possibility of children abandoning their elderly parents. It could affect their parents' emotional wellbeing, causing depression and, subsequently, trigger senility or dementia.

Professor Datuk Dr Lokman Hakim Sulaiman, a public health expert from International Medical University, said the country did not have adequate health and elderly care facilities to support the growing ageing population. Ageing as an issue which has been articulated in many ministerial policy and development papers, but he is not sure if Malaysia have a single national policy on ageing society to prepare the nation for the transition. He also concerned about which ministry or department should champion it? This is because of ageing is beyond a health issue. Social support system, socioeconomic well-being, declining productivity and sustainable

income and health are interrelated and may work in a vicious cycle (Malaysian Healthy Ageing Society, 2019).

4.2 Bangladesh

Bangladesh is the eighth largest and one of the most densely populated countries (164,320,556 in 2017; 1266 per Km; based on the latest United Nations estimates) having 2.19% of the total world population is located in the northeastern part of South Asia. At present, Bangladesh is in top twelve developing countries and not an exception from the global phenomenon of demographic aging (Hossein. MR, 2005). Most of the older people live in absolute poverty. It is a matter of sorrow that most of the offspring do not support their old parents, even the fact that their parents have finished all their strength and property for their education as well as their better livelihood. The elder people become more likely to be abused and mistreated by young generation. Many of them found in construction sector, agricultural work, rickshaw pulling and many in hazardous or risky works for survival. Some also found begging in different places (Md. Sazedur, 2017).

A study report shows that in Bangladesh, majority of the people over 60 live in the rural areas where there is a lack of proper health care services, economic services and job opportunities are very limited. The situation of the elderly is dismal where more than 50% of the elderly are widowed or single. 63% are jobless and 14 -15% engaged in agricultural works and daily labor (M. Taj Uddin, 2010). Elder person encountered non-communicable diseases such as cardiovascular diseases including heart attacks and stroke, chronic respiratory diseases including chronic obstructed pulmonary disease and asthma, renal disease cancers, and diabetes as well as other chronic diseases (Antoni Barikdar & et.al, 2016).

In severe cases, elderly usually go to village doctors and at present it is shown, some elder people go to M.B.B.S. doctor as treatment place. Sometimes they need long term treatment but lack of much money many of them do not able to continue with the treatment. In future, the problem will be more severed in Bangladesh (M. Nazrul Islam & Dilip C. Nath, 2012). Elderly people seem to be sidelined by children causing them to become increasingly incapacitated. Loneliness can also contribute to deteriorating health.

Bangladesh is one of the twenty countries in the world with the largest elderly populations (Kabir ZN, 2001). Elder abuse and neglect are now a burning issue in Bangladesh. Elderly is the last stage and serious reality but unavoidable and universal process in human life. They deserve the national attention to deal with the situation. Bangladesh government has taken policy namely national policy on aging (NPA) in 2007 to ensure the dignity, social security, health care etc.; allocated some fund for the non-governmental institute named 'Bangladesh Association for the Aged and Institute for Geriatric Medicine' (BAAIGM), have taken old Age allowance program, national health policy for the elderly people in the society. Many non-governmental organizations are continuing programs related to elder people. But these are limited and insufficient for a huge number of Bangladeshi elder (Md Sazedur Rahman, 2017).

Many elderly welfare organizations work for elderly people and elderly people to get involved with the elderly welfare organization. Such as Probin Hitoishi Kendra, Probin Hitoishi Sangha Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), Retired officers Welfare Association (Dhaka), Retired Police Officers Welfare Association (Dhaka),

Service Center for Elderly People (Rajshahi), Elderly Development Initiative (Manikganj), Senakalyan Sangstha and so on (Antoni Barikdar & et.al, 2016). There are initiatives taken by government and NGOs and social organizations for elderly but it is not enough to cover the whole elderly population of Bangladesh (Md Sazedur Rahman, 2017).

4.3 Singapore

Singapore come with one of the highest life expectancies and lowest fertility rates in the world, Singapore is on the cusp of an extreme demographic shift. Among the ASEAN member states, the Republic is already the oldest society. Its workforce is also getting older. Employment rate for older residents has surged over the last decade (Asean Today, 2019)

The number of elderly citizens, defined as aged 65 and above, is expected to triple to 900,000 by 2030. While this is a significant challenge, Singapore has the advantage of time to address the issue and to put in place the necessary infrastructure, programmes and schemes to support the increased number of elderly citizens. Singapore has time to develop strategies to ensure that the elderly citizens live the last years of their lives with dignity and security (John A. Donaldson & et.al , 2015).

Singapore should put in place the necessary structures to address the needs of its new demographic reality. The government has begun to put some structures in place, such as the Pioneer Generation Package (PGP) and the Silver Support Scheme. First, the PGP is a scheme that was introduced in 2014, designed to provide greater support for the healthcare of elderly Singaporeans who contributed to Singapore in its early days (Pioneer Generation Package, 2014). The PGP provides several forms of healthcare assistance, including special subsidies for MediShield Life, disability assistance (for those with moderate to severe disabilities), additional subsidies for outpatient care and Medisave top-up (John A. Donaldson & et.al, 2015).

In 2015, the Singapore government introduced plans for the Silver Support Scheme, which is also designed to provide extra assistance to older Singaporeans. This scheme will provide a supplement incentive between \$300 and \$750, which will be paid quarterly to those who are eligible. In developing strategies for providing care for Singapore's increasing numbers of elderly, MSF plans to support "ageing in place." The idea of ageing in place can be understood in various ways, but MSF largely uses it in the sense of allowing the elderly to age with little disruption to their lives and with adequate social integration. As MSF writes, "Singapore's conceptualisation of ageing in place involves developing strong social networks involving families and friends and providing care and social services so that the elderly can continue to live in the community for as long as possible". This definition of "ageing in place" relies upon the elderly maintaining social ties, rather than growing increasingly isolated as part of the ageing process (R. Hirschmann, 2020).

The Housing and Development Board (HDB) has put in place several programmes to enable the elderly to continue to live in their flats by encouraging their children and other family members to live close by. Such schemes include the Married Child Priority Scheme, Multi-Generation Living Scheme, Lease Buyback Scheme, Higher-Tier Family Central Provident Fund (CPF) Housing Grant and Higher-Tier Singles CPF Housing Grant. The HDB has worked closely with town councils and has tried to keep estates as elderly-friendly as possible.(Housing & Development Board, 2014). In addition to the HDB's efforts, local VWOs, of course, do their part as well to support the elderly remaining in their homes for as long as possible

(Housing & Development Board, 2014).

4.4 Japan

More than 28 Japanese people are now classified as senior citizens, according to the government data, The Island of Okinawa in Japan is often referred to as the "Island of the Gods". This is because the hundreds of residents are over 100 years old. In fact in 2018, the population aged 90 years and above reached two million people (Media Corp, 2018).

As of October 1, 2005, Japanese population was approximately 127.76 million, of which 26.82 million or 21.0% were aged 65 and over. The life expectancy rate of male was 78.5 years and female 85.5 years in 2005. In other words, Japan is the most aged society in the world. By 2020, one in four Japanese is expected to be over 65. The ratio of age 65 and over, which was 10.3% in 1985, 14.6% in 1995, 17.4% in 2000, and 21.0% in 2005, and is projected 28.7% by the year 2025 and 33.2% by 2040 (Ministry of Health, Labor and Welfare, 2005).

The various systems which are affected by these changes, such as pensions, medical care and long-term care, need to be rebuilt. The issue of long-term care for the elderly is one of the most important issues faced by Japanese citizens, along with the issues of medical care and pensions (Japan's Long-Term Care Insurance Programs, 2000). The traditional living arrangement of the Japanese elderly is the patri-lineal, patri-local stem family. Typically, co-residence family provided all kinds of support. Even if the elderly were completely dependent, their lives seemed secure because the co-resident family members were "protective" (Hashimoto, 1996). The traditional Japanese value system, which emphasizes filial piety and respect for older people, has placed primary responsibility for the support of older people on families. This is the cultural values of Japan.

Since 2006, Japan's Ministry of Health, Welfare and Labour has included urban planning components as part of its long-term care policymaking, especially in dementia care. By 2025, it aims to include Daily Activities Areas (DAAs) where older adults would conduct their activities of daily living, and Comprehensive Community Support Centres (CCSCs) in 20 major Japanese cities (Yoshihiko Baba, 2017). A 2011 International Longevity Centre report featured a university of Tokyo project on the Toyoshikidai housing estate in Kashiwa aims to redesign the community and building in light of the "ageing in place," incorporating not only housing and age-friendly workplace re-developments, but also alternative means of transport and the application of ICT (internet shopping, emergency call systems (International Longevity Centre, 2011).

For the good care of medical survival for the elderly, an estimated 5,000 nursing-care institutions in Japan are now testing robots (The Economist, 2017). According to an estimate by the Ministry of Economy, Trade, and Industry, Japan's market for nursing-care robots is estimated to grow 20-fold between 2015 and 2025 (Deena Zaidi & Venture Beat, November 2017). It aims to help the management of the lives of the elderly who are less able to manage themselves.

4.5 Qatar

Qatar has long been recognized as one of the world's youngest and most vibrant nations; however, its population is aging. With significant growth since 1970, Qatar's population is now estimated at 2,717,866 (Ministry of Development Planning and Statistics (MPDS), 2018). Life expectancy in Qatar has also increased, "at 65 years, women are expected to live a further 20.3 years, 14.3 of which are healthy. At 65 years, men are expected to live a further 18.7 years, of which 13.5 are healthy" (Qatar Health Report 2012). This increase brings with it challenges of caring for the elderly population at home, and in acute and long-term care facilities (National Health Strategy (2018-2022), 2018).

Qatar's National Health Strategy (2018) has identified 'elderly' as one of the seven priority population groups that will be a focus through to the year 2022. It aims to improve the health of the aged people by creating opportunities for older people to stay well and live at home as much as possible. It also seeks to integrate and coordinate home care services and enhance support for family caregivers to improve the healthy life-years for those over 65 years (Qatar National Health Strategy 2018-2022).

In traditional Arab culture, families are extended to include grandparents, aunts, uncles and cousins. In this milieu, elder family members are more likely to be cared for at home by family members (Musaider, D'Souza and Al-Roomi, 2013). However, due to a changing work and social landscape, Arab families are challenged to continue with this extended family tradition. Women family members, who are typically seen as caregivers, are now more likely to be actively employed outside of the home, so caring for the older members may be waning (Musaider, D'Souza and Al-Roomi, 2013). Other factors, including modernization, migration of youth, and urbanization, have impacted on the family's ability to provide traditional forms of informal caregiving for the elderly (Hussein & Ismail (2017).

Until most recently, nursing homes were unheard of in Qatar, but a move towards their utility may be rapidly on the horizon for the region. Though people are living longer they are not necessarily healthy in aging. Indeed, the high rates of diabetes and cardiovascular disease in the country contribute significantly to disease and disability in the elder population, and to their need for supportive health care.

According to Qatar's new National Health Strategy (2018-2022) "aging is precious" and "we recognize the dignity of the older population and the need to support their independence and harness their contribution to society". Healthcare needs of the elderly are unique and require specialized care to address the many normal physiological, social and emotional changes of aging, as well as the multitude of acute and chronic manifestations of illness encountered in this age group (Esterson et al., 2013). In order to care for this unique population, health care professionals, as well as other public sector workers who are involved in planning for improving the quality of life of the elderly, need specialized education (Jessie Johnson, 2019). Qatar has invested in improving the quality of life of the elder population who reside in its communities. Qatar Foundation for Elderly People Care (IHSAN) is one program providing social care services to address the challenges of an elderly population of both locals and expats (Jessie Johnson, 2019). It offers various social programs and activities using the volunteers and is supported in this endeavor by the Center for Empowerment and Elder Care (Ehsan).

5. Future Research to address the challenges of elderly population.

This study recommends future research guidelines for better health development for the elderly, developing a building environment that is responsive to the aspirations and needs of the elderly population that can not only aid the adoption and maintenance of an active lifestyle, but can also be beneficial for physical well-being and the overall psychology of the elderly population. More research on health productivity and efficient urban environment planning. From the National Health for Morbidity Survey 2018 suggested that government must do the following:(Institute for Public Health, 2018)

- i. Ensure that future policies do not negatively affect the Quality of Life (QoL) of the population to maintain this relatively favourable Quality of Life (QoL) status.
- ii. Develop and enforce policies which will enhance the Quality of Life (QoL) of specific groups identified to have lower QoL in the population.
- iii. Invest in research which will identify factors that have led to the relatively better Quality of Life (QoL) observe in the population compare to other countries to preserve the well-being of the nation.

6. Conclusion

The study shows that elderly will face the problem unless the steps are taken from now on and authorities and related people considers the future journey of the elderly. A stable economy, medical capabilities and love are essential for the elderly as well as the support of the government. As the elderly will dominate the population in near future, they become our priority in terms of needs and what the necessary in their life. The government is the main institution in providing the best services and facilities for the elderly in ensuring that they do not feel left out and can have good living continuously. Among the incentives that should be taken care by government are some of the necessity of elderly such as the comfortable housing, social support, places of recreation and worship, hospital facilities and medicines, public service and senior citizen benefit. Overall, the study suggests that the countries should have priority in strengthening the needs and essentials of the elderly. The government's focus must be seriously discussed on the preparation and opportunities for the elderly well-being in facing their ageing life. Some of the necessity of elderly such as the comfortable housing, social support, places of recreation and worship, hospital facilities and medicines, public service and senior citizen benefit.

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