

SOCIAL SUPPORT IN CARING FOR ELDERLY PEOPLE: A CONCEPTUAL COMPARISON ANALYSIS BETWEEN JAPAN AND MALAYSIA

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ABSTRACT

This study examines the aging population in Japan and Malaysia; two countries facing different challenges in managing their elderly populations. The study aims to provide insights into the efforts being made by both countries to achieve sustainable development goals for the elderly, and to understand the role of social care systems in supporting the aging population. The study used three scientific databases, Scopus, Web of Science, and Google Scholar, to find relevant publications. The results of the study found that Japan has extensive experience in managing an aging population, with a range of facilities and services provided to support their elderly citizens. Meanwhile, Malaysia is just starting to consider the challenges posed by an aging population and is exploring ways to provide support and care to its elderly citizens. The study highlights the importance of comprehensive and inclusive social care systems, as well as the role of incentives for caregivers, in providing support to the aging population. The results of the study are significant for policymakers and healthcare providers seeking to address the challenges posed by aging societies, and for scholars and researchers in the fields of social care and policy. The findings of the study provide valuable insights for Malaysia, as it seeks to learn from Japan's experience and develop its own policies and strategies for an aging population. Overall, this study adds to the existing literature on aging societies, and provides a useful reference for policymakers, healthcare providers, and researchers who are working towards a more supportive and caring environment for the elderly.

Key words: Social support, elderly, Japan, Malaysia

INTRODUCTION

Since 2008, there is an increase in ageing population in Japan, with majority of its citizens aged 65 and above, becoming the most super-aged society in the world. Rapid ageing rate in Japan indicates the increase of elderly population and slower rate of population growth due declining fertility rate in the country. In line with increasing elderly population, an inclusive and comprehensive social care system is designed to reduce the families' burden and concern while taking care of the elders. That is why Japan introduced its Long-Term Care Insurance (LCTI) in year 2000 (New Straits Times, 2019). By doing so, the country has created a supportive environment to improve the elders' quality of life. Yet, the country still strives for betterment of the elderly people by improving its social support, especially in terms of healthcare planning. Currently, the country is moving towards digitalisation of medical services and collaborates with Singapore in advanced AI (artificial intelligence) technology to improve the population longevity (World Economic Forum, 2020).

Whilst in Malaysia, the elders make up 11.1% of the country's population. The government has acknowledged the need to care for its ageing society. This does include the elderly people family members or loved ones, healthcare providers, and policymakers. Using Japan as the benchmark, Malaysia starts to plan incentives for caregivers so that more people will take part, either voluntarily or being paid to offer their services to those in need. The community does play a role to support the elders to maintain a healthy lifestyle, especially their mental health by engaging in community-related activities and organize events that would involve the elderly people. This enables the elders to make new friends, making them feel contented. Besides, further

research on elderly care can be conducted to address the current and future needs of the elders. The Prime Minister Datuk Seri Ismail Sabri Yaakob's has proposed the government to learn from Japan's experience in managing ageing population (The Star, 2022). Therefore, this paper will highlight the studies responding towards ageing population through social support in both countries. This paper is significant to achieve sustainable care among the elders by looking at Japan's experience in managing ageing society so that Malaysia can embark on a new journey towards ageing population.

PROBLEM STATEMENT

The problem statement for this topic is the increasing aging population in Japan and Malaysia, and the challenges posed by this demographic shift. As both countries face a declining fertility rate, the proportion of elderly citizens is increasing, presenting a range of social, economic, and healthcare challenges. The aging population puts a strain on healthcare systems, and the families and caregivers who provide support and raises questions about the sustainability of current social care systems and policies. The research gap for this topic is the lack of comprehensive studies that compare the experiences of Japan and Malaysia in managing their aging populations. While there is a growing body of literature on aging societies and the challenges posed by demographic shifts, there is a need for more studies that provide a comparative analysis of different countries' experiences and the lessons that can be learned from each other. Furthermore, there is a need for research that explores the role of social care systems and policies in supporting the elderly, and the potential impact of incentives for caregivers on the provision of care. This study aims to fill the research gap by providing a comparative analysis of the aging populations in Japan and Malaysia, and the efforts being made by both countries to support their elderly citizens. The study provides valuable insights into the challenges posed by aging societies, and the role of social care systems and policies in addressing these challenges.

The focus of the paper on Malaysia and Japan is due to several reasons. Firstly, both countries are facing different challenges in managing their aging populations, which provide a useful comparison for the study. Secondly, Japan has extensive experience in managing an aging population, with a range of facilities and services provided to support their elderly citizens. This experience can provide valuable insights for Malaysia, which is just starting to consider the challenges posed by an aging population. Thirdly, both countries are in Asia, a region that is experiencing rapid population aging and is projected to have a high proportion of elderly citizens in the future. As such, understanding the experiences and challenges faced by Japan and Malaysia in managing their aging populations is important for the region. In conclusion, the focus on Malaysia and Japan in this study provides an opportunity to compare the challenges faced by two countries in managing their aging populations. The insights gained from this study can serve the development of effective policies and strategies for addressing the challenges posed by aging societies and contribute to the achievement of sustainable development goals for the elderly.

MATERIALS AND METHODS

This study focuses on the aspects of human support, infrastructure, and the government's role in improving the social wellbeing of the elderly in Japan and Malaysia from different perspectives. To gather information for this study, a comprehensive literature search was carried out using three scientific databases: Scopus, Web of Science, and Google Scholar. The search was carried out using keywords that are related to social support and caring for the elderly. By basing on the research question and research objectives of this study, the literature search was completed using keywords that include TITLE-ABS-KEY ("SocialSupport") AND ("Caring") AND ("Aging" OR "Ageing" OR "older adults" OR "Senior Citizens") AND NOT ("healthcare"). The researcher searched for articles published from January 2010 to June 2021. Using the three scientific databases, a total of 380 records were retrieved based on the search strategies. The initial search resulted in 380 records, which were narrowed down to 50 articles after applying exclusion criteria and evaluating the articles based on inclusion criteria, like source type, document type, topic area, language, access type, and year. The 50 articles were then further narrowed down to 20 articles that specifically addressed social support for the elderly and were published between 2010 and 2021. These 20 articles were used in this research in providing a comprehensive understanding of how social support operates in Japan and Malaysia. The methodology used in this study involved a comprehensive review of the selected articles to extract and summarize the relevant information to answer the research questions. The authors of this study carefully evaluated each article and selected only the most relevant information to address the research questions. The resulting information was then used to provide a comprehensive analysis of social support for the elderly in Japan and Malaysia, and to make recommendations for future research. Overall, the methodology used in this study involved a systematic and rigorous approach to evaluating the relevant literature, extracting the relevant information, and summarizing it to provide a comprehensive understanding of social support for the elderly in Japan and Malaysia. This methodology has helped to ensure the reliability and validity of the results and provided a strong foundation for the analysis and recommendations presented in this study.

The results of this study provide valuable insights into the social support systems for the elderly in Japan and Malaysia. The findings highlight the strengths and weaknesses of the current systems in both countries and provide recommendations for improvements. For example, the study may find that Japan has a more comprehensive and inclusive social support system for the elderly, while Malaysia is still in the process of developing its own system. The study may also identify specific areas where Malaysia can learn from Japan, such as the provision of financial incentives to caregivers and the development of a comprehensive as well as coordinated social support network. In conclusion, this research adds value to the field of aging research by providing a comprehensive analysis of social support for the elderly in Japan and Malaysia. The results of this study can be used by policymakers and healthcare providers in both countries to improve the social support systems for the elderly and to ensure that the needs of this growing population are met. The study also provides important information for future research in the field of aging, including the identification of research gaps and opportunities for further study. Overall, this research provides a valuable contribution to the field of aging research and has the potential to inform policies and practices that support the wellbeing of the elderly in Japan and Malaysia. The authors hope that the outcomes of this research will be used to improve the social support systems for the elderly in both countries and to ensure that the needs of this growing population are met.

RESULTS

The literature review will discuss and compare the social support for the elders in Japan and Malaysia from the perspective of human support, infrastructure, and government. Social support is significant in elderly lives because their wellbeing is influenced by the extent of human help, infrastructure, and government's policy aid towards increased life satisfaction and quality level. This review looks at 20 articles to understand the types of social support provided to the elderly people in Japan and Malaysia as follow:

Social Support in Japan

Watanabe et al., (2018) stated Japan is one of the countries that has the longest life expectancy in the world and life expectancy is increasing over the years. In fact, the causes for nursing care also increase due to lifestyle diseases such as cerebrovascular diseases (18.5%), cardiovascular diseases (4.5%), respiratory diseases and cancer. The paper highlighted the physiological decline among the elderly people which are due to cardiovascular, renal, respiratory, and muscle issues. Therefore, geriatric hospitals and nursing homes are better choices for the elderly people to live in, since they provide good food and meals, nursing care, and rehabilitation area. The elder Japanese who live alone tend to be inactive and shy away from their neighbors, thus it is hard for other people to support them. The study the influence of socioeconomic status on human health and longevity, so to improve the wellbeing of elderly people living independently in terms of health and longevity, this requires the society to get involved. A local communication center can serve as an integrated place for the ageing society to ensure smooth management of the elder's health.

Shiba et al., (2016) studied the relationship between informal (immediate family and friends) and formal (doctors and visiting nurses) social support on caregiver's burden as well as the relationship between social support and caregiver burden sources. This study has conducted mail survey in 2003 that includes 2998 caregivers in Aichi, Japan. Based on multiple linear regression, the results demonstrated the link between informal social support and-caregiver burden was significant, while formal support is not linked with caregiver burden. In fact, the informal social supports by the caregiver's family who live together with the elders and the elders who live with relatives are associated with caregiver burden. Meanwhile, formal social support is associated with lower caregiver burden specifically from family doctors. In comparison, caregivers with no informal support or those who receive support from one person shows association whereas the elders who receive two or more supports shows a more significant lower burden. The study showed social support from social relationships leave impact to the caregivers' mental wellbeing positively, indicating formal social support has lesser influence in reducing the burden. The study also showed that even the elders receive formal support, they still received informal social support, especially from their own family. Whereas, low income is identified as showing less support. The authors concluded that to lessen caregiver burden, social support from caregivers' family and doctors is crucial. Although formal social support is available, informal social supports are also important too.

Saito et al., (2017) measured the relationships of elderly in the community in Japan. The paper is based on the cross-sectional data that involved 123,760 elders who live in several communities. This study measured the items using a multidimensional scale to measure the relationships of the elders at the community level by analyzing the survey items. In fact, the internal consistency was measured using Cronbach's alpha, convergent construct validity was measured by looking at the correlation between the scale and health outcomes. Based on the 53 candidate variables, 11 community level variables were identified, they are, sports groups, leisure activities, study or cultural groups, participation in volunteer groups, teaching specific skills, norms of reciprocity, trust, attachment to a person's community, emotional support that is received, emotional support that is provided, and instrumental support that is received.

Kelly et al., (2017) explored on social relationships that are affected by changes on social networks while promoting participation in social activities and social support among the elderly in Japan. The study has social factors that have positive impact on the elders' health outcomes. The authors discussed the impact of social activities, social networks, and social support on the elderlies' (above 50 years) cognitive function while examining different facets of social relationships and their effect on cognitive domains. The study was conducted based on PRISMA (preferred reporting items for systematic reviews and meta-analysis) guidelines, and data were acquired from randomised controlled trials (RCTs), including genetic and observational studies. The independent variables in the study are social activities, social networks, social support, and composite measures of social relationships (CMSR). The authors identified that cognitive function encompasses semantic memory, episodic memory, working memory, overall memory ability, verbal fluency, attention, reasoning, visuospatial abilities, processing speed, global cognition, and overall executive functioning. The cognitive functions are derived from 39 studies (three RCTs, 34 observational studies, and two genetic papers). Furthermore, social networks and global cognition have no association with episodic memory, attention and processing speed; (3) social support, global cognition and episodic memory but not associated with attention or processing speed. Moreover, CMSR, verbal fluency and episodic memory are not associated with global cognition. This paper reiterates the previous study that there is a link between social relationships and cognitive function. Nevertheless, the exact nature of the relationship is uncertain.

Tsuji & Khan (2016) studied the association between social for the elders in Japan and their life satisfaction. The study used qualitative analysis where the data collected were transcribed from semi-structured interviews with five participants who live in Town B in Japan at the time of study. The 'utilization interpretative phenomenological analysis (IPA)' has contributed to the understanding of the past and present experiences of participants by giving their perspective of the worlds. There are three themes; gender difference, role transition from a care to being cared for, and reciprocity. However, the study raises the factors that affect the elders in Japan, which are in line with the existing studies. This paper also suggested the elders' perception of life satisfaction must be the main focus when it comes to elderly social support.

Kobayashi & Marui (2017) discusses the factors that influence the health quality of elders in Japan. The study used a questionnaire on 898 individuals from senior citizens clubs in rural area of Tokyo in 2015 to study their responses. The questionnaire includes participants' details such as; economic affluence, age, state of health such as; whether s/he has heart disease or not), the spirituality rating scale related to health among the elders (SP Health Scale such as meaning and purpose of living, self-transcendence), the Abbreviated Lubben Social Network Scale, and the MOS 8-Item Short Form Health Survey (SF-8). Multiple regression analyses were conducted based on physical component summary (PCS) as dependent variables and mental component summary (MCS) of the SF-8 as independent variables. The factors under improved PCS were economically related and SP Health Scale; meaning and purpose of living, while the factors under reduced PCS were age and health status such as osteoarthritis, knee pain, lower back pain, heart disease, gastrointestinal disease, and eligibility for long term care. Besides, factors under improved MCS were economic stability, while reduced MCS includes the elders' health status (cancer and headache) and SP Health Scale (self-transcendence). The results show the need to comprehend spirituality in line with the elders' age, economic background, and medical condition to enhance their mental and physical health. On the other hand, those who aged below 65 were found to be more economically stable, lived in a short term at their current place, had higher education level, higher SP scores (meaning and purpose of living and spiritual support), and those with lesser support from their family had higher PCS scores. Meanwhile, the elders with disease or under treatment had lower SP scores. Those who are economically stable or had a job shows higher SP scores while the elders who have received more support from their circle of friends had MCS scores. In terms of spirituality, the elders with a significant meaning and purpose of living based on the SP Health Scale had higher health-related quality of life (HRQOL) level. Thus, to improve HRQOL among the elders, it is important for them to identify purpose of life and sources of hope, in tandem with the pathways of recollection of life.

Social Support in Malaysia

Mohamad et al., (2016) studied intergenerational support for the elders in Malaysia. Keyword search was conducted to collect systematic reviews via Research Gate, Google Scholar, Science Direct, and Scopus. The findings found several themes and subthemes. Theme 1 discussed intergenerational support via Subtheme 1: educators, to indicate grandparents in the family are deemed as educators as they are experienced in many life aspects that encompass domestic skills, communication in native language, religious knowledge, teaching skills and traditions, as all these are essential in child's development. This study found that intergenerational support makes the elders happy, and the grandchildren respect their grandparents as their mentors. Subtheme 2: time resource transfer explores the intergenerational support provided over the time. Support from the family came when they spend time together with the elders, who then share their experience and leads to exchange of information, communication, advice and consultation, and this leaves a positive impact on the elders and improve their mental health. Subtheme 3: financial resource transfer shows the financial support to the elders from their family when the elders no longer have income, or their money is insufficient to pay for the monthly expenses such as medical bills. The elders that live with their children receive financial assistance. However, there are satisfaction and dissatisfaction when the elders receive financial helps from their children. Most of the elders admitted that financial resource transfer makes their life easy. Subtheme 4: living arrangements discusses the situation when the elders live with their family. In fact, those who stay with the extended family are less lonely as compared to those who live in a nuclear family. Emotional support is the best form of support study because it makes the elders to be satisfied with their life. It is proven in the previous studies that living arrangement with their family is a better social support for the elders in comparison to institutional care.

Tengku Mohd et al., (2020) found that ageing leads to the dependency. Social support provided by people around them in terms of emotion and material are the resources for healthy ageing. Social support affects individual mortality, morbidity, and life quality. Therefore, the objective of this research is to provide an overview of the relationship between social support and quality of life among elders in Malaysia. The authors used systematic search using five databases including those articles in English and Malay. A total of 282 articles were screened and to fulfilled the inclusion criteria. Among the four, one is a qualitative study, while the remaining three are cross-sectional studies. These three cross-sectional studies found association between social support and quality of life. The respondents of the qualitative study reported that social support is required to improve the elders' quality of life. In addition, emotional support was found to be pertinent for the elders to enjoy higher quality of life. The study shows social support from in the Malaysian setting is important to upgrade the quality of life of the elders. Thus, policies related to optimizing family support in the community should be developed.

Abdullah & Samsudin (2019) studied the effect of living arrangement and health status of the elders in Malaysia. Health status was measured using two indicators, namely self-perceived health (SPH) and long-standing illness (LSI). Two probit models were used to determine the effect of living arrangement on SPH and LSI. Respondents were asked how they perceived their health (SPH) and their long-standing illness (LSI) if they have any. The results showed that half of the respondents believe their health is good. Meanwhile, 66% admitted they have LSI. At the time of study, 31% respondents lived on their own house. In terms of living arrangement, about 8% lived alone and 35% lived with their spouse. Meanwhile, about 32% lived with spouse and other family members and 25% lived with other family members. To some extent, it was found that the effect of living alone is not significant on the health status of the elders. Some were feeling they are healthy in terms of living at the comfort of their own home. However, feeling healthy does not mean that one is physically healthy, this depends on the health indicators. Although those living alone perceived their health status to be good in this study, the study highlighted that social support from the society is still essential for the elders. Therefore, social engagement that involve elderly persons such as volunteerism bring them benefit for a better productive society. In fact, healthcare institutions should be designed to ensure easy access and meet the expectation and demand of the older generation in terms of social support.

Ibrahim et al., (2013) studied about the influence of depression and social support on the quality of life among the elders who living in FELDA in Malaysia. Based on universal sampling, this research used a cross-sectional survey involving the elders living in FELDA Sungai Tinggi. Three instruments were applied; the 12-item Short Form (SF-12), 15-item Geriatric Depression Scale (GDS-15) and Medical Outcome Study Social Support (MOS-Social Support) to measure the quality of life, social support and depression. The findings showed that the elderly people living in FELDA enjoy high quality of life especially in physical aspects in comparison to the mental aspects. The average score of emotional influence was the highest while social functioning had the lowest score. The study noticed the average value of physical component summary was higher (74.40) in comparison to mental component summary (51.5). Furthermore, 23.5% elders experienced mild depression and 2.5% had severe depression. This proves the elders living in FELDA experience high quality of life, with good physical and low occurrence of severe depression. This leads to positive psychological wellbeing. Social support in the form of emotion (informational), and low level of depression are the key factors that contribute to good quality of life.

Shah et al., (2021) conducted a study on the determinants that contribute to happiness among the elderly Malaysians. The sample involved 1204 respondents from the urban as well as rural areas in Selangor. There were face-to-face interviews with the respondents using the Malay version of the Japan Gerontological Evaluation Study questionnaire. The findings in this study indicated 79.2% participants were happy. Their happiness is significantly linked with locality, comorbidities, social engagement with the community, handgrip strength (HGS) and emotional support that is received. In comparison to the study in Japan, only 68% of the elders were happy with their life, which is lower than the Malaysian elders. With logistic regression, some factors that were found to contribute to happiness, they are locality, income, social engagement, receiving emotional support and handgrip strength. Therefore, the elderly people need emotional support and participate in social activities to be happier. The popular Japanese term “kodokushi” (dying alone) makes Japanese elders feel anxious as they get older, this may be the reason why the Japanese elders are less happy than the Malaysian elders. Thus, this study concluded that peer community-based intervention is important to overcome loneliness so that the elders can be happy.

Ahmad Sharoni et al., (2015) conducted a study on social support and self-care routine among diabetic elderly patients from March 2013 to May 2013 in three hospitals in Kelantan. Self-administered questionnaires were distributed to 200 patients and their clinical details were obtained from their medical records. The results showed that social support and self-care routine were moderate. The study shows higher social support was associated with higher glycated haemoglobin (HbA1c) level, fasting blood sugar (FBS) level, duration of diabetes and lower body mass index (BMI) ($p < 0.05$). Besides, it was found that patients with poor educational background, Hb1Ac and FBS level tend to suffer from chronic diseases, some had diabetes for longer period due to lower self-care ($p < 0.05$). Social support in terms of touch (tactile) has the highest influence on the elderly people, followed by affectionate feeling, positive social engagement, and emotion (informal support). It was found that diabetes among the elderly patients can be managed via social support. In fact, social support is crucial in helping elders with diabetic, so that they can seek proper treatment. This study found that social support increases once the levels of HbA1c and FBS as well as duration of diabetes increase. Thus, healthcare services, family members and friends must maintain a good relationship with the diabetic patients to provide social support, thus improving the elders' health and clinical outcomes.

INFRASTRUCTURE SUPPORT IN JAPAN

Hikichi et al. (2015) discussed the effect of social interactions to improve elderly health. Therefore, local government has implemented a community intervention programmed known as ‘community salons’, to promote social interactions between older residents. In this study, a questionnaire was distributed to the elderly residents in Taketoyo town, involving 2421 elderly participants. Standard Cox proportional hazard regression, Cox regression with propensity score matching (PSM) and an instrumental variable (IV) were used to study the effectiveness of community salons. After five years of being established, the salon participants had 6.3% lesser events of functional disability as compared to non-participants. The study concluded that health programmed at the community level helps the elderly people to focus on social interactions, thus prevent functional disability.

Infrastructure Support in Malaysia

Mohd Tobi et al., (2017) discussed the theory, definitions, and issues regarding global ageing population by focusing on the elderly Malaysian. The study focuses on issues regarding elderly healthcare and welfare that are influenced by living arrangements pattern. The elders who live in a good situation tend to live healthy, especially when their environment such as infrastructure can cater their needs to live independently thus upgrade their quality of life. The authors found that elderly-friendly housing designers and developers are less aware of universal design concept to support the elderly population, especially those with disabilities. In terms of healthcare services, the elders require wholesome services to cater their needs. The study noticed that the Malaysia healthcare system is getting pressured due to the increase in ageing population. The issues in healthcare services are due to heavy workloads, insufficient health facilities, slow process, and prolonged waiting time. Other issues are affordability and quality. Besides, the policymakers and communities should be more aware to encourage the elders to participate in social activities. Their health and wellbeing tend to be more positive when they get involved in social engagement and interact with community members regularly. Therefore, many social programs should be organized so that the elders can have access to community services.

Samsudin et al., (2019) studied the preferred living arrangements among the elders and analyzed the determinants of their choices. A multistage sampling that involved was conducted to respondents aged 40 to 59 from Peninsular Malaysia. The study interviewed 1,153 respondents face-to-face using structured questionnaires. Results showed that 83.8% respondents prefer to live in their own home. The study suggested their age and house size can affect their wellbeing to live in their own home, but this is not the case with the male respondents in this study. In fact, in the Asian countries, the elders tend to live in with extended family members – child(ren), son-in-law or daughter-in-law or their grandkids. However, other elderly participants chose to live

with their children, families, relatives, friends, in formal care or informal institutions. The main reason they choose their own homes is due to convenience. In terms of living arrangements, 20.3% and 15.5% prioritize health and safety, respectively. Meanwhile, the living choice of 7% participants were determined from the financial state. This study helps policymakers to adjust current policies to support independent living arrangement.

Abdul Wahab & Mohd Yusof (2018) proposed a framework that ensures proper management of nursing homes to accommodate more elderly people. The authors believed nursing homes can be better to support the elders and provide guidelines for the caretakers. This study explored durability and sustainability of nursing homes, followed by development of the physical assets, resource income, staff management and voluntarism. Using the framework, the nursing homes in Selangor can be more sustainable when they have more assets, better financial stability, and human resource. "Sustainability" is determined from the financial and human resource aspects. In fact, the services provided by the nursing homes become more demanding to accommodate more occupants. Hence, the policies made for elders should focus on upgrading their quality of life. When the elders mingle with their friends at nursing homes, this stimulates their emotional intelligence. In this aspect, nursing homes accommodate elderly needs with comfortable and peaceful surrounding, which is equipped with quality attention, treatment, transferable skills, and knowledge required by the elders, and care for those who are sick to stay active and have fulfilling lives. If the elders are actively occupied and productive, this will help them to avoid depression and isolation.

Governmental Support in Japan

Nakamura (2018) reflected the history Japanese elderly welfare and the factors that contribute to its failure. There are causes that lead to the implementation of long-term insurance, its advantages and why it is developed to support the elders via community-care integrated system. In fact, the Asia Health, and Wellbeing Initiative (AHWIN) was introduced to give insights on how Japan and other Asian countries can collaborate in dealing with rising ageing societies. This initiative also aims to encourage the elders to stay active and healthy so that they can enjoy their retirement. The author believes that as the most super-aged society in Asia, the neighboring countries can use the measures taken in Japan and provide the necessary support to deal with aging population.

Sudo et al., (2017) looked at the financial aspect of the policy in regards with elderly care and welfare services in Japan. The universal health insurance was implemented in 1961 that includes welfare services. However, it was excluded from the medical insurance programs in 2000 due to the rapid hike of ageing population. Since the productive-age population is declining, then Japanese government has implemented "the Community-based integrated care system" to aim for a comprehensive support system for elderly individuals in the community. The system has four facets known as; self-help (Ji-jo), mutual aid (Go-jo), social solidarity care (Kyo-jo), and government care (Ko-jo). As the government struggles with the financial load of the ageing society, the elders can opt for self-help and mutual aid. Both approaches may produce positive outcomes. Furthermore, the federal government in Japan must delegate the responsibility to the municipalities. Japan has tackled the issue of ageing population for a long period so the neighboring countries can learn from Japan in this issue.

Harth (2020) observed Japanese to have a noble culture, which is to respect the elderly people and be responsible in elderly welfare and care. Indeed, there are some elderlies who do not want to work any longer. Since they have dependents to be taken care of or their work is not covered by pension scheme, they are forced to keep working. Therefore, a comprehensive policy is implemented to deal with ageing population and declining birth rate. Nevertheless, the situation is not getting better despite government intervention. In 1999, Japan introduced solutions to combat ageing population via the "The New Angel Plan" and the "Plus One Policy" to increase birth rate. Incentives are offered to child-bearing families such as housing for family unit and the schooling costs are cut off. In addition, Prime Minister Shinzo Abe introduced "Abenomics" to alleviate caregiver burden and reduce the healthcare costs for Japanese citizens. In 2000, Japan introduced a comprehensive social care system known as long term care insurance (LCTI) to lessen the burden of family members who have the elderly lives with them. Moreover, Japan aims to be more open to allow foreign employees to work in Japan, extend the retirement age policy, and invest more to encourage families to have children. Foreign employees in Japan help to ease the government's financial responsibility so that Japan is able to be a global leader in executing a comprehensive social protection plan to fulfill the needs of the elderly people in this country.

Governmental Support in Malaysia

Chang et al., (2020) discussed about the supports available to the elders in Malaysia. In fact, they receive assistance from the government via welfare centres. But due to geographical factor, Rumah Ehsan and Rumah Sejahtera that house elderly people are not available in Sabah and Sarawak. Besides, Rumah Seri Kenangan is in progress to house the elders in Sabah and Sarawak. In terms of transportation the facilities are limited in Sabah and Sarawak. Peninsular Malaysia, the authority arranges nine vans to Unit Penyayang Warga Emas (UPWE) for the elders to get medical treatment at the hospitals. However, in rural areas, some are unable to seek for medical services due to financial constraint and limited medical supplies. The existing policies are not comprehensive for the elderlies who live in Sabah and Sarawak. Besides, the public are not aware about the need to be involved in supporting the elders. This shows that the government should provide accommodation for the elderlies in Sabah and Sarawak for the sake of their wellbeing.

CONCLUSION

The comparison of social support between Japan and Malaysia reveals that Japan has reached the status of a super-aged society and has taken proactive measures to address the issues faced by its elderly population. Japan has developed a comprehensive approach to provide social support in terms of human engagement, infrastructure arrangements, and government policies. The regional support system and the promotion of intergenerational support have helped to combat the isolation issues among the

elderlies and bridge the generation gap. The Japanese government has recognized the lack of mobility support such as public transportation services and barrier-free facilities in older buildings and is taking steps to create more elderly-friendly infrastructure. The government has also implemented policies that aim to give the elderly population choices to lead a healthy, independent life through the integration of healthcare and aged-care industries. On the other hand, Malaysia is still in the process of transitioning towards an ageing society and has developed social support in terms of human engagement. Family units play a crucial role in caring for the elderly, with individuals, family members, and nearby communities taking responsibility. Despite Malaysia's efforts to provide convenient facilities for the elderly, the country has limited health and elderly care facilities to support its growing ageing population. There is a need for Malaysia to improve its elderly-friendly infrastructure to cater to the needs of its elderly citizens. The Malaysian government has yet to develop a comprehensive national policy for the elderly wellbeing, which requires attention and financial adjustments. This study shows that Japan has a more advanced approach in providing social support to its ageing society as compared to Malaysia. Japan's systematic social protection for its ageing population makes it a global leader in tailoring the needs of its elderly and implementing comprehensive social support. However, Japan is currently facing a declining child population, which may be a concern for future researchers to study. In Malaysia, the elderly social support system is satisfying in terms of human and infrastructure support, but there is a need for the government to improve its policies and programs for the elderly and make them publicly available and easily accessible for both the caregivers and the elderly.

In conclusion, Japan and Malaysia are facing different challenges in providing social support to their ageing populations. Japan has a more developed approach, while Malaysia still has room for improvement. Both countries need to continue to evaluate and adjust their support systems to ensure that their elderly populations receive the care and support they need to live a healthy and independent life. To further elaborate, Japan's approach to its ageing society is commendable. The government's recognition of the need for elderly-friendly infrastructure and its efforts to provide comprehensive policies for the elderly's healthcare and aged-care needs show a deep commitment to the wellbeing of its ageing population. The promotion of intergenerational support has also helped to address the isolation issues faced by the elderly and strengthen the bonds between different generations. However, Japan's declining child population may pose a threat to its future. This could lead to a shortage of caregivers and support for the elderly population in the future. Researchers may need to study this issue further to determine the impact it will have on the country's ageing society and the support systems in place. Malaysia, on the other hand, has a strong support system in place in terms of human engagement, with family units and nearby communities playing a crucial role in caring for the elderly. However, the country has limited health and elderly care facilities, and the government needs to improve its policies and programs for the elderly. Making these policies and programs publicly available and easily accessible would increase the public's awareness and education on the issue, which would lead to increased support for Malaysia's ageing population. In conclusion, both Japan and Malaysia have taken steps to address the challenges faced by their ageing populations, but there is still room for improvement. The two countries need to continue to evaluate and adjust their support.

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DECLARATION OF INTERESTS

The authors declare no conflict of interest.

REFERENCES

- Abdullah, N & Samsudin, S. (2019). "Effect of Living Arrangements on Health Status of the Elderly in Malaysia". *Indian Journal of Public Health Research & Development*. 10 (4): 1230-1235.
- Abdul Wahab, K & Mohd Yusof, F.A. (2018). Sustainability of Social Enterprise: Study of the Nursing Homes in Selangor. *International Journal for Studies on Children, Women, Elderly, and Disabled*. 5: 292-297. https://www.ijcwed.com/wp-content/uploads/2018/11/IJCWED5_54.pdf
- Ahmad Sharoni, S.K., Shdaifat, E. A., Mohd Abd Majid, H. A. et al. (2015). "Social support and self-care activities among the elderly patients with diabetes in Kelantan". *Malaysian Family Physician*. 10 (1): 34-43. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4567891/pdf/MFP-10-34.pdf>
- Asian Health and Wellbeing Initiative. (2021). <https://ahwin.jcie.org/japans-welfare-for-the-elderly-past-present-and-future/>. 20 May 2021.
- Chang, F.C, Pazim, K.H & Mansur, K. (2020). "Aging population: Policies and Programmes for Older People in Malaysia". *Asian Journal of Research in Education and Social Sciences*. 2 (2): 92-96. https://www.researchgate.net/publication/343414128_Ageing_Population_Policies_and_Programmes_for_Older_People_in_Malaysia
- Harth, B. (2020). "Caring for Japan's Elderly: Youth under Pressure". <https://socialprotection.org/discover/blog/caring-japan%E2%80%99s-elderly-youth-under-pressure>. 20 May 2021.
- Hikichi, H., Kondo, N., Kondo, K., et al. (2015). "Effect of a community intervention programme promoting social interactions on functional disability prevention for older adults: Variables analyses, JAGES Taketoyo study." *J. Epidemiol Community Health*. 69: 905-910. doi:10.1136/jech-2014-205345. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4552922/>

- Ibrahim, N, Che Din, N., Ahmad, M., et al. (2013). "Relationships between social support and depression, and quality of life of the elderly in a rural community in Malaysia". *Asia Pacific Psychiatry*. 5: 59-66. <https://onlinelibrary.wiley.com/doi/10.1111/appy.12068>
- Kelly, M. E., Duff, H., Kelly, S. et al. (2017). "The impact of social support and social relationships on the cognitive functioning of healthy older adults: a systematic review". *Systematic Reviews*. 6: 259. DOI 10.1186/s13643-017-0632-2. <https://systematicreviewsjournal.biomedcentral.com/track/pdf/10.1186/s13643-017-0632-2.pdf>
- Kobayashi, M. & Marui, E. (2017). "Factors Affecting the Health- Related Quality of Life of Community Dwelling Elderly in Japan: A Focus on Spirituality". *Health*. 9: 1095-1111. https://www.researchgate.net/publication/318676816_Factors_Affecting_the_Health-Related_Quality_of_Life_of_Community-Dwelling_Elderly_in_Japan_A_Focus_on_Spirituality
- Mohamad, N., Alavi, K., Mohamad, S. & Mohamad Aun, N.S. (2016). "Intergenerational Support and Intergenerational Social Support among Elderly- A Short Review in Malaysian Context. 3rd Global Conference on Business and Social Science". GCBS 2015, Kuala Lumpur, Malaysia, 16-17 December 2015. *Procedia Social and Behavioral Sciences*. 219: 513-519. <https://core.ac.uk/download/pdf/82489623.pdf>
- Mohd Tobi, S.U., Fathi, M.S. & Amaratunga, D. (2017). "Ageing in Place, an Overview for the Elderly in Malaysia". *AIP Conference Proceedings* 1891.
- New Straits Times. (2019). "Are we ready for and ageing Malaysia?" <https://www.nst.com.my/news/exclusive/2019/12/548012/are-we-ready-ageing-malaysia>. 12 May 2021.
- Saito, M., Kondo, N., Aida, J., et al. (2017). "Development of an instrument for community level health related social capital among Japanese older people: The JAGES project". *Journal Epidemiology*. 27(5): 221-227. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5394224/>
- Samsudin, S., Abdullah, N., Ismail, N. S. A., Hassan, et al (2019). "Growing Old at Own Home: A Study among Pre-Elderly Adults in Peninsular Malaysia". *Economics and Sociology*. 12 (1): 115-124. doi:10.14254/2071-789X.2019/12-1/6. https://www.economics-sociology.eu/files/6_630_Samsudin%20et%20al.pdf
- Shah, S.A., Safian, N., Ahmad, S., et al. (2021). "Factors associated with happiness among Malaysian elderly". *International Journal of Environmental Research and Public Health*. 18: 3831. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8038772/>
- Shareable (2019). "How sharing can bring Japan's elderly and youth together". <https://www.shareable.net/how-sharing-can-bring-japans-elderly-and-youth-together/>. 14 May 2021.
- Shiba, K.; Kondo, N.; Kondo, K. (2016). "Informal and informal social support and caregiver burden: The AGES caregiver survey". *Journal of Epidemiology*. 26 (12): 622-628. doi:10.2188/jea.JE20150263. <https://pubmed.ncbi.nlm.nih.gov/27180934/>
- Sudo, K., Kobayashi, J., Noda, S. et al (2018). "Japan's healthcare policy for the elderly through the concept of self-help (Ji-jo), mutual aid (Go-jo), social solidarity care (Kyo-jo) and governmental care (Ko-jo). *BioScience Trends*. 1-6. DOI: 10.5582/bst.2017.01271. <https://pubmed.ncbi.nlm.nih.gov/29479017/>
- Tengku Mohd, T.A.M, Amer, A., Choo, W.Y., et al (2020). "Social Support and Quality of Life among Older Adults in Malaysia: A Scoping review". *ASM Science Journal*. 13 (5): 60-66. <https://www.akademisains.gov.my/asmsj/article/social-support-and-quality-of-life-among-older-adults-in-malaysia-a-scoping-review/>
- The Star. (2022). "Malaysia can learn from Japan in managing ageing population". 27 June 2022. <https://www.thestar.com.my/news/nation/2022/06/27/malaysia-can-learn-from-japan-in-managing-ageing-population>
- Tsuji, K.; Khan, H. T. A. (2016). "Exploring the Relationship between Social Support and Satisfaction among Rural Elderly in Japan" *Ageing International*. 41: 414-426. DOI:10.1007/s12126-016-9254-6. <https://link.springer.com/article/10.1007/s12126-016-9254-6>
- Watanabe, S., Kodama, S. & Hanabusa, H. (2018). "Longevity and elderly care: Lessons from Japan". *Global Health Journal*. 2 (4): 5-9. <https://reader.elsevier.com/reader/sd/pii/S2414644719301770?token=207979B38031451D0A705B565827F018F5543A9AAB0BCBBA1A2BE1EB90BA71DAE4927727EE7ED66D786770BB1ADC192B&originRegion=eu-west-1&originCreation=20220714053042>
- World Economic Forum. (2020). "These countries are most ready to deal with ageing populations". <https://www.weforum.org/agenda/2020/02/what-are-japan-and-singapore-doing-about-ageing-population/>. 18 February 2020.