

# The Influence of Community Involvement on Mental Health among Elderly in Rural Kelantan, Malaysia

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## ABSTRACT

Malaysia's ageing population has heightened concerns about the mental health of older adults, particularly those in rural communities. Social isolation, declining physical health, and limited social engagement often contribute to emotional distress and reduced well-being. This study examined the influence of community involvement on the mental health of elderly individuals in Kampung Lundang Paku, Ketereh, Kelantan. A quantitative cross-sectional design was employed, using a structured questionnaire with Likert-scale items administered to 77 respondents aged 60 years and above. Data were analyzed using descriptive statistics, Pearson correlation, and simple linear regression in SPSS version 27. Results indicated that the elderly reported moderate levels of community participation and moderate-to-good mental health. Correlation analysis revealed a significant positive relationship between community involvement and mental health, while regression confirmed that participation significantly predicted mental health outcomes. These findings underscore the protective role of social engagement and highlight the need to strengthen community-based programs and social support networks to promote active ageing. The study provides valuable implications for policymakers, healthcare providers, and social work practitioners in developing inclusive strategies to safeguard the mental health of Malaysia's elderly population.

**Keywords** - elderly, mental health, community involvement, public health, Malaysia

## INTRODUCTION

Malaysia is currently facing a rapid ageing population, having reached the status of an "aged nation" in 2021 and the population is expected to keep growing in the next few decades. Such a demographic transformation brings multiple challenges to the overall healthcare system in this country and a specific approach towards mental health in older individuals who are at risk of developing depression, loneliness, and anxiety disorders (Balqis-Ali & Fun, 2024). These facts are confirmed by empirical data that the number of depressive symptoms and low quality of life of the elderly are increasing, in particular when people are deprived of social support or isolated by society (Giebel et al., 2022).

Healthy ageing is a concept advocated by the World Health Organization (WHO) and championed by the Malaysian Healthy Ageing Society which focuses on healthy social and community connectivity in ensuring physical, mental and social well-being. A literature review on low-and-middle-income countries (LMICs) has indicated that reminiscence therapy, social activities, and physical exercise are community-based best practices treating older adults. The studies have revealed that these interventions reduce the severity of depressive symptoms and anxiety and enhance the psychological well-being of the individual (Giebel et al., 2022). Recent qualitative studies also point out that such interventions should be best incorporated at the local health system within their operation levels. This has been found to ensure their effectiveness and sustainability when such community workers and family members are actively involved during their implementation (Giebel et al., 2024). Besides mitigating the chances of depression, the social support positively alters self-confidence, self-esteem, and the feeling of belonging among the elderly (Wang & Cheng, 2024).

In local studies, however, they established that the connection between community participation and mental health of the older adults especially in the rural setting remains limited. Such evidence was obtained,

among others, in a study conducted in Kelantan, focusing on education levels and social participation that can be identified as factors that shape the level of mental well-being, though the level of studies investigating this role is not perfect yet (Makhtar et al., 2023). Thus, the aim of this study was to measure the level of elderly involvement in community and also to evaluate the mental health status of the elderly. Beside that, this study also to analyze the relationship and influence between community involvement and the mental health of older adults in rural Kelantan. The study will contribute to the body of literature on the public health and will give implications on more inclusive policies and interventions to enhance the well-being of older adults in Malaysia.

## **LITERATURE REVIEW**

### **A. Conceptualising Older Adults and Mental Health**

WHO (2023) defines mental health in later life as a priority area of public health. High rate of depression, anxiety and dementia, as well as social isolation and low levels of participation being identified as key risk factors. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), recognizes disorders including depression and anxiety, and the late-life manifestations are recurrent somatic complaints, lack of interest, and poor functional status (Husain-Krautter & Ellison, 2021; Latour & Kestens, 2024).

### **B. Social Participation and Psychological Well-Being**

Extensive of research are confirming the socialization of old age is associated with better psychological performance, especially in the form of reduction of depressive symptoms, though the overall increase in well being may have few differences. Taiwanese longitudinal data showed that regardless of age and health status those older adults who continued to or initiated their involvement in community activities had much less depressive symptoms when compared to older adults who did not enter into community activities at all over an 18-year period (Chiao et al., 2011). By contrast, the three-year cohort study in Korea identified that social, physical and religious activities decreased depression risks by 13 percent in the aspect of social activities and 22 percent in the aspect of religious involvement, but even more when the three activities were added together (Roh et al., 2015). According to the Canadian data, volunteering activity is also linked to psychological distress on a lower level among senior adults, partially due to the increased emotional support at the social network level (Choi et al., 2021).

In line with said findings, a systematic review and meta-analysis also both supported the idea that social support and active social participation are effective in reducing depressive symptoms, and active social participation can decrease the prevalence of depression to one-third compared to controls (Lee et al., 2022). All these insights point out the action of community participation, religious participation, and volunteerism as protective factors maintaining mental health and quality of life among the elderly population.

### **C. Theoretical Foundations: Activity and Continuity Perspectives**

The Activity Theory of Ageing highlights about ensure that retired persons maintain active participation in meaningful roles. Older adults that still engage socially, recreationally or productively have increased chances of maintaining their psychological health and general life satisfaction as it has been stated by Havighurst (1961) cited by Bishop (2022). This theory highlights that the success of ageing is strictly related to how the individual can manage to continue to be social and physically active despite the shift in roles offered to them at the later stage of life.

Conversely, Continuity Theory presents a more adaptive perspective on ageing, emphasizing how older adults strive to maintain both internal and external continuity. This includes preserving their self-concept, values, and identity, as well as sustaining activities, social roles, and established relationships throughout their lifetime (Ng et al., 2021). Ng et al. (2021) explained that the lifelong learning, physical activity, Internet use, and social and community engagement can be regarded as internal and external resources to boost the power of internal and external continuity leading to increased life satisfaction and psychological well-being. Moreover, the conceptual definition provided by Guedes & Melo (2019) points out that older adults, as an adaptive mechanism to the course of ageing, actively maintain any form of activities, behaviours, opinions, beliefs, preferences, and

relationships that defined their identity and way of life in previous phases of their lives.

The combination of both theories indicates that being actively involved in the social and community life is a major determinant of mental health outcome later in adulthood. Such activities contribute to not only emotional well-being but also give a sense of transition between the prior life phases to achieve a stronger psychological resilience and healthier ageing patterns.

#### **D. Evidence from Malaysia and International Settings**

Malaysia, which is now approaching the status of an "aged nation," is increasingly facing concerns related to the mental health of the elderly. According to the results of the National Health and Morbidity Survey (NHMS, 2018), there is a factor of the presence of depressive symptoms among the elderly in Malaysia and indeed, social isolation is one of the factors that have been cited as a leading threat (Institute for Public Health, National Institutes of Health, 2019).

Local studies also support the view that social support is a key factor to later-life well-being. Older adults with better social networks have a consistently higher quality psychological health than individuals with fewer and less helpful social contacts (Teh et al., 2014). Living conditions also have an effect with the elderly people living alone or in institutions reported to be more susceptible to bouts of depression and loneliness (Ibrahim et al., 2013).

At the international level, systematic reviews demonstrate the effectiveness of the mental health outcomes increase by involving older adults in community-based and centre-based programmes. The most significant ones are evident in cases where activities are frequent, afforded some form of structure, and socially suitable (Douglas et al., 2017).

Altogether, the evidence shows that social participation is a modifiable determinant of late-life mental health, and with support of theory and evidence. Nonetheless, contrast across activity types, frequency, and access emphasise the usefulness of context-specific research. This paper fills such gaps by studying the connection between the involvement of elderly individuals in the community life and their mental health in a rural Malaysian community.

## **MATERIALS AND METHODS**

### **A. Research Design and Data Collection Method**

Quantitative, cross-sectional study design was used in this study in order to investigate how community involvement enhances the mental health of the elderly. The choice of the design was due to the fact that it gives a snapshot of relationship between the variables at a given time. The study was done on Kampung Lundang Paku, Ketereh, Kelantan, a rural elderly community, which is representative of the social and cultural context on the majority of the elderly populations in Malaysia. The purpose of setting this location was to allow emphasizing the issues of the rural elderly communities with reference to access to healthcare services, social support, and other community programs.

The profile sample was the 77 elder respondents aged 60 years and above, in accordance with the definition set by the United Nations, as well as the Government of Malaysia on the elderly definition. This population size was deemed adequate to yield helpful findings concerning a descriptive as well as inferential statistical analysis.

The structured questionnaire in the mode of a five-point Likert scale was used to collect data. The instrument consisted of three key parts: the demographic data (age, gender, marital status, level of education, and housing status), the community engagement (the assessment of the individual engagement in various activities, including religion-related activities, social activities, recreational activities, and voluntary activities), and emotional well-being (measuring the individual feeling, capabilities of dealing with stress, degree of happiness, and power to deal with everyday challenges).

## B. Data Analysis Method

The data collected from 77 respondents were analyzed using the Statistical Package for the Social Sciences (SPSS) version 27. Descriptive statistics were applied to summarize demographic characteristics, levels of community involvement, and mental health status. This included the calculation of mean scores and percentages for each item in the questionnaire. To test the study hypotheses, inferential analysis was conducted. Specifically, Pearson's correlation was used to determine the relationship between community involvement and mental health, while simple linear regression was employed to assess the predictive influence of community involvement on mental health outcomes. The reliability of the instrument was confirmed through Cronbach's Alpha test, which demonstrated excellent internal consistency for both scales: community involvement (10 items,  $\alpha = 0.929$ ) and mental health (10 items,  $\alpha = 0.942$ ). These values indicated that the instrument was highly reliable for measuring the constructs of interest.

## RESULT AND DISCUSSION

### A. Demographic Characteristics of Respondents

A total of 77 elderly respondents from Kampung Lundang Paku, Ketereh, Kelantan participated in the study. They represented diverse backgrounds in terms of gender, age, ethnicity, marital status, and occupation. Table I presents the demographic distribution of the respondents. The findings indicate that the majority of respondents were male (61%) and within the age group of 60–69 years (67.5%). In terms of ethnicity, most were Malay (96.1%), with a small number of Indian (2.6%) and Chinese (1.3%) participants. Nearly all respondents were married (97.4%). Regarding employment status, almost half were unemployed (45.5%), while the remainder were self-employed (22.1%), employed in the public sector (22.1%), or in the private sector (10.4%).

**Table I Demographic Profile Of Respondents**

Demographic Variable	Frequency (n)	Percentage (%)
<b>Gender</b>		
Male	47	61.0
Female	30	39.0
<b>Age</b>		
60–69 years	52	67.5
70–79 years	25	31.2
<b>Ethnicity</b>		
Malay	74	96.1
Indian	2	2.6
Chinese	1	1.3
<b>Marital Status</b>		
Married	75	97.4
Single	2	2.6
<b>Occupation</b>		
Self-employed	17	22.1
Public sector	17	22.1
Private sector	8	10.4
Unemployed	35	45.5

## B. Level of Community Involvement

Based on the research results, the mean level of community participation among participants was 3.74 with standard deviation of 1.0883 thus indicating that, on average, the elderly group portrayed moderate level of community participation. Most of the respondents, 63.6%, were ranked on a moderate level which implies that they actively involved in community activities and possessed a regular amount of social activities and engagement in community programs. A high level of 26 percent was reported on 'Development and progress of the community' which shows that the respondent feels that he/she was more actively involved in the community activities, more physically active and given the ability to suggest ideas and be involved in decision-making regarding community activities. The percentage of the low level lingered at 10.4, indicating that only a minority of the older generation participated less in the community life and there is still room to improve.

The findings support the implication that community should be involved in mental well-being promotion of older people. The moderate degree of involvement, which is evidenced in most of the respondents, can ensure a balance between the components of personal autonomy and social engagement. Nevertheless, the 10.4 percent of those with low involvement levels reminds of specific interventions to attract more participation.

Thoughts behind this may be to improve the engagement with the community and hence increased mental health outcomes in old age. Depressive symptoms have also been demonstrated to mediate the correlation between functional limitations and community involvement which enhances quality of life since social support is a major causal factor (Balqis-Ali & Fun, 2024). Moreover, the community-based programs may also serve as a provider of opportunities to the older adult to remain physically active, cope with isolation, and have a positive input on decision-making processes, all helpful to mental health.

It is recommended to develop and implement initiatives that support kids, parents, and other adults in the community so that the elderly will be able to participate in them, including volunteering programs and social clubs (Taib et al., 2022; Normala et al., 2014). Such programs must be easy to access and inclusive bearing in mind the differences in the strengths and requirements among the older adults. Also, the training of community members and medical personnel on how to assimilate and disintegrate obstacles to involvement will contribute to greater participation (Sutan et al., 2024).

**Table II Level Of Community Involvement Among Elderly Respondents**

Level of Community Involvement	Frequency (n)	Percentage (%)	Mean	Standard Deviation
Low	8	10.4	3.35	1.156
Moderate	49	63.6	3.74	1.088
High	20	26.0	4.03	1.100
<b>Overall</b>	<b>77</b>	<b>100</b>	<b>3.74</b>	<b>1.0883</b>

## C. Level of Mental Health

Base on Table III, the overall mental health of the 77 respondents elderly people show the mean of 4.05 and standard deviation of 0.864, which general portrays a positive mental health. Additional examination revealed that none of the respondents was in the low category, which implied that among the elderly respondents, no one had severe issues relating to mental health. 33 respondents (42.9%) belonged to the moderate category, which means that they can experience some difficulties in some areas of mental well-being, e.g., everyday stress control, sleep, or decision-making, but these factors do not considerably impact their overall well-being. The highest level, 44 respondents (57.1 percent), fell under this group showing that majority of the elderly people could focus on their daily life, slept adequately, were energetic and a balance in physical and mental aspect.

These observations are consistent with recent studies that point to the usefulness of social engagement to older adults. As an example, one of the studies carried out by Sutan et al. (2024) revealed that community volunteering by Malaysian adult individuals age 50 and older is linked to healthier and more vigorous aging. In the same way,



Balqis-Ali and Fun (2024) proved that the connection between functional limitations and depressive symptoms is mediated through the effect of social support, which boosts the quality of life among elderly people.

Based on the positive effects of community engagement on mental health, there is a need to design and establish programs that will focus on ensuring that the aged can participate in community activities. The target of these programs must be that they are made accessible and inclusive by keeping in mind the wide range of needs and abilities of older adults. Moreover, education of the community leaders and medical workers on the identification of the barriers to becoming a participant can also advance it (Care365, 2024).

**Table III Level Of Mental Health**

Level of Mental Health	Frequency (n)	Percentage (%)	Mean	Standard Deviation
Low	0	0.0	2.50	0.30
Moderate	33	42.9	3.50	0.20
High	44	57.1	4.27	0.77
<b>Overall</b>	<b>77</b>	<b>100</b>	<b>4.05</b>	<b>0.864</b>

#### **D. Correlation Between Caregiver Knowledge and Mental Healthcare Practices for Older Adults**

Table IV indicates the relationship between the mental health of elderly people and their involvement in their Local communities. The pearson correlation values were  $r = 0.389$  with a level of significance =  $p < 0.001$  and there is a moderate positive relationship between the two variables. This implies that the greater the involvement of a community, the healthier the geriatric psychological condition. Put differently, more active respondents in community activities are likely to report higher well-being of the mind, whereas more passive participants may report a relatively weaker mental health.

Likewise, a study conducted Zhang et al. (2024) indicated the significant positive correlation of the participation among physical activities, social and recreational activities, and online activities, with the health status of the older adults in China.

To gain the potential benefits that community involvement has to offer, it is advisable that the policy makers and community organizations come up with programs that promote social, recreational and volunteer activities to the elderly. Programs such as the Malaysia Ageing and Retirement Survey Wave 2 underscore the point of developing care options that would be easily accessible and affordable to the ageing population (Mansor et al., 2022). Also, the combination of technology and community support systems that is proposed by the United Nations Development Programme can increase access and efficiency of healthcare among seniors (United Nations Development Programme, 2024) .

**Table IV Relationship Between Elderly Community Involvement And Mental Health**

Variables	Pearson Correlation (r)	Sig. (2-tailed)	N
Level of Community Involvement			77
Mental Health	0.389**	<0.001	77

Note: Significance at the 0.01 level (2-tailed)

#### **E. The Effect of Elderly Community Involvement on Mental Health**

Table V presents the summary of the regression model, considering the impact of elderly community involvement on mental health. The B and the Beta coefficient on community involvement were  $B = 0.327$  (SE = 0.090), and  $Beta = 0.389$ , respectively, which are moderate positive results. The constant was  $B = 2.828$  (SE = 0.344). The model indicates that the amount of involvement with the community has a substantial prediction

of mental health,  $t = 3.652$ ,  $p < 0.001$ , implying that the greater involvement in community activities the elders get, the higher the level of mental health. Put differently, an increase in mental health score of 0.327 is expected with an increase in community involvement of one unit, all other things held constant.

Community involvements have been linked with other mental health benefits to older people. Chen and Ang (2025) revealed a significant positive effect between social participation and mental health and between mental health and social participation in their study, and their analysis showed that social participation has effects on mental health, and it withstood the aging process by maintaining positive effects on mental health regardless of the age of the urban older adults. Meanwhile, in the rural counterparts, the ability to receive such benefits was diminished with time implying that there was an increased city benefit to the protective effects of informal engagement with time.

These findings have far reaching implications bearing in mind that Malaysia is experiencing demographic transition towards having an ageing population. By 2030, more than 15 per cent of the population will be aged 60 and over and, therefore, it is high time they focus on the mental health requirements of the population (The ASEAN Magazine, 2023). At a community level, community-based programs like volunteer activities and peer-led programs can be of great assistance in alleviating the prevalence of mental issues in elderly people (Sutan et al., 2024). Such programs do not merely offer social support, but also instill the feeling of purpose and belonging, which is crucial to mental health.

An additional method of improving the aspect of mental health in older adults is the proposal that policymakers and healthcare providers join hands and design and come up with community engagement programs that include comprehension of the requirements of the seniors. Communities can be empowered to take care of their aging population through training on mental health awareness and how to deal with its challenges to both the leaders and volunteers in a community. Besides, adding the element of technology to these programs, i.e., telehealth services, online support groups, etc., might make these programs even more accessible and attended by seniors, especially those living in rural areas. Through a supporting and community-centered approach, Malaysia will be able to enhance the mental well-being of its ageing population (UNDP Malaysia, 2024).

**Table V Summary Of The Regression Model Examining The Effect Of Elderly Community Involvement On Mental Health**

Model	Unstandardized Coefficients	Standardized Coefficients	t	p
	B	Std. Error	Beta ( $\beta$ )	
Constant	2.828	0.344	—	8.232
Level of Community Involvement	0.327	0.090	0.389	3.652

Finally, the findings of such importance is the fact that community engagement is important and that it positively contributes to the realization of mental health improvement of the aging population. Increased involvement in social and communal activities has also been associated with better psychological well-being implying that engagement is a protective element against later-life mental health adversities. Increasing the provision of community support by ensuring elderly people are given more reasons to get involved is thus necessary in the quest to age healthily and enjoyably.

## CONCLUSIONS

The results of this research affirm that the extent of community integration among the older adult community is highly positive in influencing the mental state of the adults. The description of the analysis determines that a better mental well-being is linked with increased involvement in community and social activities. This implies that suitable participation, socialization and feeling of belonging can lower the risks of psychological health conditions that are likely to affect the elderly and include loneliness, depression and anxiety. However, it is possible to speak about some limitations. The research was also based on one site and the sample size was quite

low and therefore the ability to apply the findings to the elderly at large might be limited. Thus the future study should be mixed distorted to get a more overall picture of the phenomenon. The inclusion of quantitative and qualitative data, as well as a more heterogeneous population in terms of geographical location, social background, and demographic features, would make it possible to enrich the picture of the correlation between community participation and mental health of older adults. Writing in a practical vein, there are significant implications that the findings have to policymakers and social work practitioners. The policy on public health ought to focus more on the formation and introduction of comprehensive community strategies which are aging-friendly enough, and aimed at encouraging mental health. These programs do not only improve social support systems, but also serve to give such older persons a sense of belonging. Community-based policies and strategies are well targeted and with them the active engagement of the elderly may also be used as a primary tool in protecting them and ensuring their overall quality of life.

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