

**A STUDY OF 'AGEING IN PLACE' (AIP) IN
MALAYSIA: AN EXPLORATION AND
UNDERSTANDING OF THE EVERYDAY
LIFE OF OLD PEOPLE IN IPOH**

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MALAYSIA: AN EXPLORATION AND
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LIFE OF OLD PEOPLE IN IPOH**

by

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“Two roads diverged in a wood, and I, I took the one less
travelled by, And that has made all the difference.”

Robert Frost

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LIST OF ABBREVIATIONS

AIP	Ageing in Place
ARS	Abductive Research Strategy
NGO	Non-Governmental Organization
PAWE	Pusat Aktiviti Warga Emas
USM	Universiti Sains Malaysia

**KAJIAN MENGENAI PENUAAN SETEMPAT DI MALAYSIA:
PENJELAJAHAN DAN PEMAHAMAN MENGENAI KEHIDUPAN
SEHARIAN WARGA TUA DI IPOH**

ABSTRAK

Tesis ini bertujuan untuk meneroka dan memahami kehidupan seharian orang tua yang sedang mengalami penuaan di tempat (*ageing in place*) di Ipoh. Penyelidikan ini memfokus kepada maksud penuaan di tempat (*ageing in place*) bagi orang tua di Ipoh. Seramai lapan puluh peserta yang berumur dalam lingkungan 65 tahun dan ke atas dari Ipoh terlibat dalam kajian ini. Dengan menggunakan metodologi Strategi Penyelidikan Abduktif, penyelidikan ini telah menjanakan akaun saintifik sosial daripada akaun pelaku sosial (orang tua). Kajian ini menggunakan kaedah persampelan bertujuan, bola salji dan teoretikal. Kaedah temuduga secara mendalam dan pemerhatian ikut-serta digunakan dalam mengutip data. Walaupun seseorang individu itu mungkin tinggal di kawasan yang sama dengan individu yang lain, di mana mereka memanggil sebagai rumah, tetapi setiap pengalaman penuaan mereka di tempat adalah berbeza. Namun begitu, *penuaan di tempat (Ageing in place)* tidak diendahkan kepentingannya kecuali kebiasaan ini terganggu. Penyelidikan ini berkisar tentang kehidupan orang tua dalam penuaan di tempat. Perbualan, aktiviti dan gaya hidup harian mereka, kesemuanya diarah untuk mengekalkan status penuaan di tempat (*ageing in place*). Kajian ini menyediakan rangka teori untuk menerangkan perbezaan pengalaman penuaan dalam tempat yang menggunakan tipologi. Empat tipologi utama telah dibina dalam kajian ini. Empat tipologi ini ialah jenis kebergantungan, jenis rangkaian sokongan sosial dan jenis orang tua serta jenis cara untuk berdikari. Salah

satu penemuan penting kajian ini adalah peserta menganggap penuan di tempat sinonim dengan kebebasan mereka. Oleh itu, kehidupan harian lebih tertumpu kepada cara untuk berdikari. Termasuk dalam tipologi cara untuk berdikari ialah jenis yang aktif dan yang sihat. Walau bagaimanapun, cara yang berbeza digunakan oleh pelbagai jenis orang tua. Jenis orang tua juga mempunyai pengalaman kebebasan yang berbeza. Jenis rangkaian sosial juga bergantung kepada jenis orang tua. Hal ini jelas sekali apabila strategi yang digunakan orang-orang tua untuk menguruskan kehidupan seharian mereka adalah berkait rapat dengan jenis orang yang lebih tua. Jenis orang tua yang fatalistik ini dicirikan oleh sikap negatif dan murung terhadap pengalaman penuaan mereka. Oleh itu, kehidupan mereka akan dibelenggu dengan kerisauan tentang kerugian pada diri sendiri atau apa yang akan mereka hilang di masa hadapan. Mereka menentang daripada mendapatkan rawatan dan mempunyai jenis rangkaian sokongan sosial yang sangat terhad. Mereka mengenyahkan hak kesejahteraan diri sendiri dan berpuas hati dengan keputusan orang lain terhadap diri mereka sehingga menyerahkan kebebasan mereka. Jenis penuaan yang bergaya dapat menerima proses penuaan sebagai sebahagian daripada kehidupan semula jadi. Mereka menerapkan rasa ketenangan dalam diri mereka dengan pengalaman penuaan yang dialami. Jenis ini akan mematuhi cadangan dan pilihan rawatan dan akan menggunakan pengetahuan yang ada untuk menjalani gaya hidup yang sihat. Mereka mempunyai dua atau lebih jenis rangkaian sokongan sosial. Walaupun mengakui kadang-kadang mereka memerlukan bantuan, namun mereka juga akan berusaha untuk terus berdikari dengan menumpukan kepada autonomi dan membuat keputusan sebaliknya. Mereka mempunyai kecenderungan dan bertekad untuk terus berdikari. Jenis peluang baru punya orang tua lebih menumpukan kepada kehidupan baru selepas persaraan. Walaupun mereka menempuh cabaran penuaan seperti jenis yang lain, mereka bangun

semula dengan menjelajah dan memfokuskan diri mereka kepada permulaan pengembaraan baru. Jenis ini akan mengejar hobi baru, mencuba teknologi baru, bersosial dan memanfaatkan aktiviti yang selama ini mereka tidak dapat lakukan ketika mereka masih muda kerana terikat dengan komitmen. Jenis ini adalah yang paling sesuai dengan terapi serta rawatan dan mempunyai rangkaian sokongan sosial yang luas. Mereka mengakui bahawa kadang-kadang mereka memerlukan pertolongan tetapi keadaan tersebut tidak menggugat rasa kebebasan mereka. Mereka ada merasakan kuasa yang mendalam. Keempat-empat tipologi ini dihuraikan dengan lebih mendalam melalui kajian kes yang terpilih untuk menggambarkan bagaimana tipologi tersebut diaplikasi dalam kehidupan seharian para peserta. Pengalaman peribadi penuaan di tempat di Malaysia dapatlah difahami dengan lebih baik dengan menggunakan tipologi. Dengan memanfaatkan tipologi, kajian ini dapat memberikan penjelasan dengan lebih meluas tentang pengalaman penuaan di tempat kepada maksud sebenarnya. Dengan menggunakan tipologi juga, pemahaman yang lebih baik mengenai pengalaman penuaan ini akan membawa kepada penerapan langkah-langkah yang sesuai untuk menyokong mereka apabila tua kelak. Terdapat keperluan bagi para penyelidik yang mengkaji penuaan ini untuk terus terbuka terhadap kemungkinan yang lebih baru dan menerapkan satu budaya belajar dengan memahami maksud sebenar pengalaman penuaan bagi orang-orang tua. Tipologi yang dibina berdasarkan pada aktiviti harian merujuk kepada maksud orang tua itu sendiri, dapat berfungsi sebagai alat yang berguna untuk perancang dan penyedia perkhidmatan termasuklah pegawai perubatan dan kesihatan. Sumbangan keseluruhan kajian ini berkait dengan keperluan penyedia perkhidmatan dan juga penggubal polisi untuk membentuk perkhidmatan dan polisi mereka berdasarkan kepada pengalaman dan perspektif dalam kalangan orang-orang tua dalam tipologi masing-masing. Maka itu, penjelasan perkembangan ini

dengan menggunakan tipologi adalah penting bagi penciptaan pengetahuan kumulatif dan campur tangan penerapan pengetahuan itu sendiri seperti terapi, sokongan dan dasar awam dalam penuaan di Malaysia. Tanpa penjelasan yang baik tentang bagaimana dan mengapa timbulnya isu penuaan, ia tidak mungkin dapat mengembangkan keberkesanan intervensi untuk mengubah mereka menjadi yang lebih baik.

**A STUDY OF “AGEING IN PLACE” (AIP) IN MALAYSIA:
AN EXPLORATION AND UNDERSTANDING OF THE EVERYDAY LIFE
OF OLD PEOPLE IN IPOH**

ABSTRACT

The aim of this thesis is to explore and understand the everyday life of old people who are ageing in place in Ipoh. The research focuses on the meaning of ageing in place for the older people in Ipoh. A total of eighty participants aged 65 and above from Ipoh were involved in this study. Using an Abductive Research Strategy (ARS) as the methodology this research generates social scientific accounts from social actors' (older people's) accounts. Sampling methods including purposive, snowball, and theoretical were adopted. In-depth interviews followed up with participatory observation were the main research methods utilised in this study. Ageing in Place is experienced by an individual; although an individual may live in the similar place as others which they all call home each person's experience will be different. Yet AIP is usually taken for granted, and unless it is lost, or at threat of being lost, its significance is ignored. This research illustrates that old people's life revolves around AIP. Their daily conversations, activities and life style were all geared towards preserving their AIP status. This research paves a way of theoretical frameworks that explain fundamental differences in the AIP experience by using typologies. Four major typologies were constructed from this research. They are types of dependency, types of the social support network, and types of older people as well as types of ways to maintain independence. One of the crucial discoveries from this study is that participants regarded AIP as synonymous with their independence and thus their daily

life were focused on maintaining their independence. The typology of ways to maintain independence included being active and being healthy. However, the different types of old people adopt the ways differently. The types of old people also experienced their independence differently. The types of the social network also depended on the types of old people. It became clear the strategies old people used to manage their everyday life were closely connected to the types of the old people. The *fatalistic* type of old people is characterised by a morose and negative attitude towards their ageing experience. Hence, their lives are consumed with anxieties about their losses or what they will lose in the future. They are opposed to treatment and have very restricted type of social support network. They abandon ownership of their personal wellbeing and is content with others making decisions for them thereby surrendering their independence. The *graceful acceptance* type accepts ageing process as a continuum natural part of life. They embrace a sense of tranquillity in their ageing experience. This type will adhere to treatment options and recommendations and will adopt an informed healthy lifestyle. They have two or more types of social support network. While accepting that they need assistance at times, they will strive to remain independent by focusing on their autonomy and decision making instead. They have a propensity and are determined to remain independent. The *new opportunity* type of old people focuses on their new lease of life after retirement. Even though they experience the challenges of ageing like the rest of the other types, they re-invent themselves by exploring and focusing on what new adventures they can embark on. This type pursues new hobbies, embrace new technologies, enjoys socialising and take advantage to pursue activities they previously could not have when they were younger because of their commitments. This type is most compliant to therapies and treatments and have a wide circle of social support network. They acknowledged that at times they do

require assistance but it does not affect their sense of independence. They feel a deep sense of agency. These four typologies were further elaborated by using selected case studies to illustrate how it applies to the daily lives of the participants. This crystallised around how personal experience of AIP in Malaysia can be better understood by using typologies. By utilising typologies, this study provides explanation that goes beyond describing the AIP experiences to the interpretation of what it means. By using typologies, a better understanding of their ageing experiences which will lead to the for researchers studying ageing to continually be open to newer possibilities, and to create a culture of learning by understanding the meanings that old people ascribe to their experiences of ageing. Typologies which are constructed that are grounded in daily activities based on meanings of old people themselves can serve as a useful tool for the service planners and providers including medical and health care personnel. The overall contribution of this study relates to the need for service providers as well as policy makers to shape their services and policies based on the perspectives and experiences of older people within their respective typologies. Such development of explanation by using typologies is central to both the creation of cumulative knowledge and the application of that knowledge to interventions such as therapy, support, and public policy in ageing in Malaysia. For without good explanations about how and why ageing issues arise, it is not possible to develop effective interventions to change them for the better.

CHAPTER 1

INTRODUCTION

1.1 The Background of the Problem

Ageing is a universal human experience. However, in daily conversations, we speak of “old” without pausing to define what we mean. The meanings concerning old and ageing are often taken for granted. It is within this context of taken-for-granted understanding that this study finds its purpose. Life-spans have been incrementally extending due to advances in modern medicine, technology, healthy lifestyles, and better nutrition, yet not as much effort has been dedicated to understanding and defining the meaning of these additional years or creating meaningful roles in which old people may enjoy their lives. While I have been personally reflecting about how it feels like to be old and that being old is related to the vast experiences one acquires as a result of living long enough in this world, I believe that one’s social background and environment influences the experience of ageing. Ageing experiences do not exist in a vacuum but are intertwined with the individual and collective narratives conditioned by gender, culture, values, family background, and religion.

Therefore, there is an element of social construct, both locally and globally in the way each person and society as a whole define who older people are, what is expected of them, and their roles in society. This collective meaning of old people is created through communications amongst members of society.

I have also developed a passionate interest in the Aged Care field because of my professional and personal involvement in the Aged Care Industry spanning over 15 years and indirectly for more than two decades. Enriched by these experiences I have come to acquire valuable insight and understanding related to the

phenomena of ageing.

Firstly, many old people are not a group of people who are retired, old, and frail, but they are experienced, affirmed, strong, resilient, and resolutely independent. Secondly, our concept of care has always leaned towards largely paternalistic. This, meaning that our approach to designing the care required for the elderly is custodial. By this approach, we determine what is best for elderly people and ignore or dismiss their right and freedom to choose. Wittingly or unwittingly as such, we have disregarded their personal emotional needs and their right to choose, their preferred way of life, due to the top to bottom approach we currently adopt.

I realize that we must change our perspective and preconceived notions of what is best for old people when we plan or provide their care when considering policies and planning. We should adopt the perceptions and ideas of old people in our care to be based on a fundamental therapeutic, humane, and holistic approach. Such planning and policies should be a shared and consultative experience where input is made by old people themselves. By doing this, we will be focusing on the best interest of the elderly from their perspective and allowing them to make informed choices and to 'age in place' whereby old people are empowered.

Their quality of life, independence, self-respect, dignity, privacy will be maintained, and they will be empowered to make informed and educated choices about their wellbeing.

It is my belief then that an important research study on old people and ageing which acknowledges the ideals of older people must be conducted. Considering my personal experiences of numerous problems and issues of caring for old people in my work as a service provider, I sincerely hope that this study of ageing will help to

address them. Therefore, a study of ‘ageing in place’ from the perspective of the elderly may encourage people to see the benefits of caring for the elderly with a more collaborative, positive, empowering, therapeutic and humane approach. It would significantly have more merits and is a better representative of those who are ageing in place when considering planning and policies. This, I believe, will influence the existing system of elderly care to evolve and change to one which will greatly enhance the quality of life and wellbeing of the elderly, respecting their dignity and choice. Initially, the study’s aim was to understand the ageing experiences of the old people and it eventually evolved into ageing in place as all the participants’ emphasis was on AIP.

1.2 Research Problem

We are where we are today concerning the care of the old people because, while considerable sociological attention has been paid to the “youth culture”, age (similar to sex and gender) tended to be perceived as a largely natural division or a problem limited to social policy (Scott & Marshall, 2009, p. 10; Fennell et al., 1988, 1993). The study of old age or ageing, which is referred to as gerontology has always been seen as a branch of biology and medical science, with emphasis on the extent to which ageing is pre-programmed. In essence, gerontology focuses on the roles of genetic factors and their physiological problems associated with it (Scott & Marshall, 2009, p. 281; Achenbaum, 1995; Breen & Morris, 1970). To date, this model has been the influential factor that had produced the stereotyped, homogenous, and archaic notions regarding the elderly. Class, race, gender, and culture have challenged the biological factors of ageing. The study of social aspects of ageing, also known as social gerontology, is at present well established (Tibbits, 1960, p. 3; Lynott & Lynott, 1996).

Therefore, social gerontology derives from observations drawing conclusions of age being a social component, and that society's framework modulates how we age and the perception of our individual experience. (Scott & Marshall, 2009, p. 281).

This development contributed to the focus of social study on the old and ageing. Cumming and Henry (1961) offered their opinion that old people within their social framework diverge and become isolative as they grow older. This retreat was assumed to be a natural preparation of end of life journey of the older persons to maintain the equilibrium within the system and structure of the society.

A group of researchers has focused on individuals and their responsibilities for achieving adjustment to ageing through optimal activity and they argued that extending their lifestyle activities from mid-life to ageing years provides them with quality of life attainment (Havighurst 1963; Maddox, 1964). Hence, people who have maintained daily activities in midlife into the times when they are old find it more fulfilling in their existence. This argument derives from reanalyzed data from the Kansas City studies (Havighurst, 1968; Maddox, 1964).

This idea was also supported by another group of researchers (Atchley, 1971, 1999; Maddox, 1968). They have similarly argued that older individuals who continue carrying out the things they did in their middle ages will adapt better during the ageing process. They have extended the idea further by emphasizing that as they get older, their routines and characteristics remain constant. According to them, coping mechanisms are learned, used to maintain, and to adapt to the lifestyle they want as they age. Thereby, their embracement of this extension and continuation of their lives reflects and retains their identity.

These research papers were influenced by a functionalistic approach because they have demonstrated how they adapt to their roles as their circumstances change and how such roles fit into society. However, Estes (1979) argued strongly that labour influence is also a factor that affects problems faced by the elderly and not just those as a result of individual action outcomes. Estes, Gerard, Zone, and Swan (1984) have argued that the forces of society's framework stereotyping is responsible for and results in inequity, lack of fairness and injustice in old people's later years. A group of feminist researchers has emphasized the need to explore other forms of differences among aged women (Calasanti & Kathleen 2001; Browne 1998).

Another group of researchers, who have been influenced by postmodern ideas, have focused on ageing and identity because of society's advancement in science and medicine and healthy living that significantly enhance the extension of life. (Blaikie, 1999; Featherstone & Hepworth, 1993; Featherstone & Wernick, 1995 ; Powell & Biggs, 2003). They have identified two underlying issues for understanding ageing and the ageing identity. First, there exists a conflict between the biological aspect of the individual and the persona the individual is beholden to as ageing is being experienced. Second, older people are compartmentalised that does not give credit or credence to the individual's experiential contribution nor do they recognise the expertise of the individual. Featherstone and Hepworth (1993) have changed the view that progressive ageing should not be confined to a medical model but with fluidity and potentials.

In addition to this, some researchers have focused on people ageing in their homes when researching the transition of ageing in older persons. According to them, it transpires that the issue of where to live appears to be one of the many pertinent and practical issues older adults are confronted with as they age. They have shown that the majority chose self-determination when decisions must be made and preferring to

remain at home and with their families as they age (Bayer & Harper, 2000; Keenan, 2010 & Farber et al., 2011). These researchers have referred to this as “Ageing in Place” (AIP).

The urgency to conduct this study in Malaysia is quite significant and apparent because of the following statistical data about older people and its implications. According to the United Nations, people over the age of 60 represent 12.3 percent of the world population, It is expected that this number will increase to around 22 percent by 2050. This means that one in five people will be above 60 years of age by the year 2050. This phenomenon is known as population ageing. This phenomenon will manifest at a different rate in different countries. However, it will occur faster in less developed regions like Asia and Latin

Malaysia will fall into this category like the other developing countries which are experiencing population ageing in a faster rate. Due to the rapid speed of ageing, Malaysia, unlike developed countries, is ill-equipped to meet the challenges of this. The urgency of careful policy planning of infrastructures and social support network programs is imminent in meeting this phenomenon without delay.

Little is known about old people’s understanding and perception of what is ageing in place by elderly Malaysians. Like other countries, the demands and expectations of elderly Malaysians have evolved and changed with most of them living alone in their own homes as they continue to advance in age. Before this, traditionally, older Malaysians have been the responsibility of their children. They used to stay with their children who are single or with their married children’s family. However, this arrangement has slowly eroded over time due to the rapid socio-economic developments taking place resulting in many children leaving their hometowns and

even the country altogether. Since this study is conducted in Ipoh, a brief introduction of Ipoh will be presented to provide an overview of the city.

1.3 About Ipoh

Ipoh is the capital city of the state of Perak in Malaysia with a population of 800,000 as of 2019 and the fourth largest city in the country. Located on both sides of the Kinta River, it is about 180 km north of Kuala Lumpur (capital of Malaysia) and 123 km southeast of Penang. Ipoh was originally a village and it began to grow quickly in the 1880s following the discovery of tin within its area. Ipoh was declared a city in 1988. Recently, Ipoh became a popular tourist destination for local Malaysians, neighbouring countries as well as internationally (Please refer to Appendix A). Ipoh is ranked one of the nine best places to retire in the world, as reported in US News, a leader in ranking surveys. The first city in Malaysia to have a Retirement Resort is in Ipoh, known as the GreenAcres. A lot of Malaysian retirees choose Ipoh as a place to settle down post-retirement because it has a balance of tranquility, free from the hustle and bustle of the fast-paced life of the city but with modern facilities like health care system and hospitals easily accessible. (Please refer to Appendix B). Metro Perak also recently reported that foreign researchers find Ipoh to be the ideal destination for Asian Chinese senior citizens to retire, particularly those from China, Hong Kong, Macau, and Taiwan. The Department of Statistics, Malaysia (DOSM) 2019 indicated that the total percentage of those 60 years and above in Perak is 14.9% and in Kinta is 17.2% compared to 10.6% in Malaysia (Please refer to Appendix C).

Following a simple introduction of the city of Ipoh, it is now timely to introduce the motives and goal of this research.

1.4 Motives and Goal

The drive for this study is to obtain a better appreciation of ageing from the perspective of old people in Ipoh. This study hopes to advance the understanding of gerontology by making aware of how the elderly view and would like to embrace their personal experience as they age and the ability to self-determine. If policymakers and researchers consider the importance of effective and efficient framework and infrastructures to enhance and support healthy ageing in their environment, then the importance of the elders' perceptions and inputs must be sought, acknowledged, and considered and given merits. Most initiatives to support AIP are primarily focused on the perception of policymakers, researchers, and health professionals who have in most instances, failed to consider, the concept, understanding, or requirements of AIP as viewed and articulated by the elderly themselves.

Another motivation is to have a different and better perspective and insight into the meaning of AIP in Malaysia. There is little in the way of information available on the perceptions of what AIP means to the older people, particularly in the local community. Policymakers, service providers, and developers rarely take into account what AIP means to the consumers or those older people who are experiencing it. They fail to recognize the dynamic interactions of the many layers that AIP means or consider the impact of the social and cultural changes taking place in society. It is this crack in the system and understanding of AIP that this research seeks to address. That is, to gain invaluable objective knowledge from the older people themselves on their perception of AIP and what it means to them and what support systems they need to facilitate them to age in place. This study allows them to articulate their ideas and how

they view ageing in place and their desire to do so with acknowledgment and support.

In addition to the above, this study also seek to explore what it means to the elderly in Malaysia, to grow old in the environment of their choice. This would add value and understanding to the holistic concept of AIP from a Malaysian's perspective as well as contributing to addressing the lack of research on what AIP means in Malaysia. This supports what Scheidt and Windley (2006) stressed as exploring the understanding of ageing by the elderly in their desired environment from their point of view and not those of the researchers. In other words, collaboratively and not paternalistically.

My research with the older people included much listening to stories and sharing of their lives and partaking with them in their ordinary day to day routines. This immersive experience with the elderly provided an interpretation and understanding of the meaning of their everyday lives as they age in place, against a backdrop of what was spoken and what was left unsaid. The main goal of my study is to have an insight into the elderly's perception of how they wish to take control of their ageing and where they would like to age according to their desired experience and preference. My research questions, therefore, are based on that.

1.5 Research Questions

1.5.1 Research Question 1

What is the meaning of ageing in place for the older people in Ipoh?

In order to answer this question, it is necessary to break down the question and seek answers to the research questions as follows:

- (a) What are the meanings the older people from Ipoh give to ageing?

- (b) What are the issues or problems these older people face and talk about in their everyday lives?
- (c) Do they talk about issues related to 'ageing in place' in their everyday life?
- (d) If they do, why, and to what extent, is this meaningful to them?
- (e) What do they do to deal with their ageing problems (ageing in place)?

1.5.2 Research Question 2

How can ageing in place in Ipoh be supported and encouraged?

1.6 Thesis Outline

The following is a brief description of the overall structure of my thesis:

Chapter 1: The background of the research was presented. The objective of this research is identified, leading to the Research Questions. An outline of the presentation of this thesis is presented to provide an overview of the flow of this thesis.

Chapter 2: An evaluation and assessment of pertinent literature and related research conducted on ageing and AIP are undertaken here. This chapter also includes various researches undertaken on AIP in various contexts, orientations, cultures, and countries, including Malaysia. The discourse of the theories of ageing leading to the birth of the term, AIP, is elaborated to provide a more holistic understanding of AIP. This chapter illustrates how the research on ageing is continuously evolving to involve the old people themselves in order to understand their personal authentic ageing experiences. It also includes the various ageing studies conducted in Malaysia and certain studies conducted to compare the ageing experiences between Malaysian elderly and the elderly from another country to illustrate the impact of the socio-

economic background on the ageing experiences. Finally, this chapter introduces the two major components of AIP which are the independency and the social support.

Chapter 3: This chapter describes the methodology as well as the method undertaken for the research. Abductive Research Strategy (ARS), including the goals, motives, and steps will be elaborated and explained in detail. How ARS was applied within the study to construct the types and typologies will also be explained. Methods employed in the data collection will be covered here, which includes sampling methods, documentation methods, data management methods, and analysis methods. It also points out certain unique ways applied during the data collection process as this study concerns the old people. Accordingly, the contents of the chapter describe how I went about setting up the research and recruiting of participants as well as gathering and interpreting the text. Methods of ensuring the legal aspects of the study adhered which will also be covered. The closure of this chapter bears my reflection on the validity of this study.

Chapter 4: Findings in the form of types and typologies will be presented here. Each type will be presented and explained in detail. How these types are interlinked to each other will also be included here. This will provide an understanding of how the different types of old people experience ageing and AIP differently, and how that influences their motivation and decision that may have an impact on their quality of life.

Chapter 5: This chapter leads the study's findings and the introduction of the study's participants toward the typologies. It explains the typologies, and the case studies are introduced to shed light and understanding of the typologies. Participants' related stories and poignant experiences are presented here to show how the types and

typologies are relevant in the everyday lives of the old people. Cases selected are based on the best-suited participants that typify the types. How these types respond to life challenges concerning old age are also detailed here. The strategies adopted by these types will also be explained.

Chapter 6: This chapter is dedicated to answers to research questions by using the types and typologies constructed. The research findings by using types and typologies will further enhance the richness, clarity, and understanding of the responses for the two main posed questions of this study.

Chapter 7: In this chapter, findings from the research form the literature framework of events. This chapter frames the research findings into the literature context. It underlines some of the theories that are related to the major findings of this research and it also compares the work of this study to other existing researches.

This chapter also brings other parts of the study into view. It involves stepping back to consider information acquired from the findings and to bring the thesis into central focus. From this perspective, I have carefully given thoughts and offered considerations and connections of the findings of this study and how best it can beneficially add to the global literature of knowledge related to AIP. I also acknowledge the shortcoming of this study and made recommendations for future studies I would like to consider or which can be undertaken by others.

It is essential to note that before this thesis proceeds, the articulation of the author will shift from the third person to first-person pronouns at different intervals throughout all the chapters. This is because of the Abductive Research Strategy (ARS) that was used throughout the research process.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Since the main aim of this study was to explore the daily experiences of these old people as they age in place, the literature was studied to discover and consider the related research done within this aspect.

This chapter aims to review the various literatures and studies done on old people and their ageing experiences. This will include the literature and the empirical research conducted on Old People and Ageing as well as on AIP.

It will cover two basic characteristics which are the pillars of AIP which are independence and social support. Relevant studies were done with regards to the concept of independence and social support related to AIP will be included to explain the relationship between these two characteristics to AIP.

2.2 Old People and Ageing

Old age refers to the time that marks the final stage of the life cycle of each person. The meaning of old age is dependent largely on the complex mix of the biological and social factors that influence the experiences of old age. Like gender, race, and class, age is also a crucial dimension of social and personal experience, but it has received little attention and importance from researchers and social activists (Laslett, 1995).

The research of older people and ageing has been largely dominated by biomedical models and became a medical specialization in an era of Big Science in the nineteenth century (Achenbaum, 1995). This is because ageing is seen as an individual problem and the ageing population as a social problem. Bodies that are ageing are often linked with both the physical and mental deterioration, illness, financial and physical dependency, as well as being isolated (Biggs 1993; Bytheway, 1995; Featherstone & Wernick, 1995). The understanding of old age was under the influence and control of biomedicine because old age was purely regarded as a process of biological decline (Robertson, 1990). Such research only focused on old age as the physical deterioration of the body (Katz, 1996).

The ageing body is often seen in negative, stereotypical terms and social theories of ageing seem to degrade old age, equating ageing to merely functional and biological decline. Therefore, according to Baltes and Mayer (1999), most literature on ageing has comprised of information about the deterioration of health, being socially isolated, financial burden, and overall dependency. It has been argued that ageing has been perceived mainly in bio-medical terms for too long. Lynott and Lynott (1996) too argue on a similar notion, that the impresses notion of old age was degrading such as illness, loss of financial security, and being socially isolated.

Recently, however, ageing research has begun to question the “biomedicalization” of ageing¹ which has greatly influenced the understanding of ageing.

¹ Biomedicalization of ageing – refers to how biomedical science and medicine influence and shape knowledge on ageing. Old age is then socially constructed as a “process of decremental physical decline and ageing is placed “under the domain and control of biomedicine” (Estes & Binney, 1989; Kaufman, Smith & Russ, 2004)

What has been missing in such research is the reality of the everyday lives of older people as according to them. This means that greater emphasis should be given to how old people interpret their personal experience and the meaning of old and ageing (Gubrium & Holstein, 2000). It has been argued that despite the wealth of knowledge about ageing and old people, relatively little is known about the daily life of older adults (Altergott, 1988; Herzog, Kahn, Morgan, Jackson, & Antonucci, 1989; Moss & Lawton, 1982; Verbrugge, Gruber, Baldini, & Fozard, 1996).

This issue was stressed to be important by Sharon Kaufman when she wrote in her book, *The Ageless Self: Sources of Meaning in Late Life* (1986) the following:

“The process of growing old has been scrutinized by social scientists for the past 40 years and described by novelists, poets, and playwrights for at least several hundred years before that. Yet not much has been written about aging by the elderly themselves, those who know the most about it”. (Kaufman, 1986, p. 3). Kaufman concluded that “the voices of individual old people can tell us much about the experience of being old” (Kaufman, 1986, p. 6).

Gradually, the notion that old people are inactive and dependent individuals is being substituted with the acceptance of them as being an active member of society with their capacity to manage their own lives and even contribute to the communities and societies at large.

A more optimistic approach to ageing is gaining popularity among researchers in the past decades which generally focused on maximizing the engagement of the old people in their lives. Thus, the social aspects of ageing have been conducted, which is also known as social gerontology, is at present well established and fast gaining recognition (Tibbits, 1960, Lynott & Lynott, 1996).

2.2.1 Research on the Subjective Views of Ageing

It is only recently that there have been more empirical studies conducted to understand the personal experience of ageing (Keller, et al., 1989, Kaufman 1986, Horgas, et al., 1998, Gubrium & Holstein, 2000).

To understand the experiences of being old, some researchers, such as (Hinck, 2004) have used the phenomenological approach in exploring the experiences of how the oldest old lived in rural areas. Using this approach, they have sought to understand:

- the meanings and interpretations of their lives according to them,
- how their everyday activities were affected by their health, and
- how they adapted their living strategies to continue living at home alone.

Keller, Leventhal, and Larson (1989) have identified four major categories of mixed experiences through in-depth interviewing they conducted on ageing experiences with 32 adults aged 50- 80 years old who generally viewed ageing as a normal and gradual process,

- a time to evaluate life, personal reflection, or deepen wisdom and maturity,
- a time of newfound freedom, new interests, and fewer obligations,
- a time often challenged with health issues, and
- a time of various types of losses.

They have revealed the struggles and successes of the experience of rural living in advanced age and how historical, cultural, and environmental contexts impact what was meaningful to them. The importance of remaining in their home was primary to this group of older people. It also demonstrated adaptive strategies to remain active,

independent, and self-determining despite chronic illness, deep fatigue, and difficulty with everyday activities.

Trying to describe, analyse, and interpret how older persons in Sweden experience their everyday lives, Gunnarsson (2009) has revealed the major activities of everyday life for the participants, such as:

- keeping active was a predominant theme, and
- adapting to changes in health and other losses with a positive perspective

According to Mansur and Laing (1994), the perception of ageing according to the Saudi elders was that it made them less competitive and they were less interested in material and worldly matters and become more introspective.

Such studies suggest that the ageing process may be influenced by the various culture which is constantly changing. This was succinctly illustrated in Karasawa and his team's findings on the culturally based ageing experiences of the older Americans as compared to the older Japanese (Karasawa et al.,2011). Their findings concluded that the older Japanese had a more positive ageing experience as compared to the older Americans due to the cultural influences such as the roles older people play in their societies. They suggest that cultural context has a great influence on shaping one's ageing experiences.

In order to develop effective health promotion interventions, a group of Korean nurses sought to explore if one's age influences their ageing experience (Shin, et al.,2003). Their research participants were from 40 to 80 years, living in Seoul. Five categories evolved from the study: physical change; negative perspective about ageing; acceptance that ageing results in limitations; nostalgic feelings; being harmonious to

sustain life. Their study revealed that their research participants began to experience ageing when they realize changes in their bodies. According to them, those in their 60s experienced functional changes which resulted in the individual admitting that they were ageing. Disease, to the older participants, was an inevitable part of ageing, which was a part of their daily lives, and death to them is a natural process of life. As they experienced the challenges related to ageing, they eventually accept the eventualities of ageing, and they changed their focus towards their families' life, wishing them happiness and a better future (Shin, et al., 2003).

Their study illustrated that ageing was initially resisted by participants within the age-group of 40 s and 50 s, but eventually accepted as an inevitable process of life. Initially, there was a lot of anxiety in this realization but gradually, ageing was accepted as a normal part of life. The study also pointed out that the older participants associated the past lives with challenging struggles and they now appreciate their improved quality of life.

In Germany, Steverink et al. (2001) sought to explore and understand the personal experiences of ageing and its' consequences. They conducted a survey on 4034 people in Germany aged 40 to 85. Their findings suggested 3 significant ageing experiences: (a) physical deterioration, (b) ability to continue to grow, and (c) experiences associated with loss. According to their findings, all these three aspects of the ageing experience, which were both positive and negative influenced their life satisfaction.

As shown that, although ageing will eventually be experienced by everyone, such studies around the globe indicate that the meanings concerning ageing are different depending on the age groups, social and cultural influences. So, in-depth

studies play important roles to fully capture the experience of ageing in their diversity.

While there are many studies concerning ageing globally, Malaysia had begun to participate in the research and studies on ageing only recently. This will now be further elaborated.

2.2.2 Ageing, the Malaysian context

Similar to what is occurring globally, the unprecedented growth in the ageing population is happening in Malaysia because of the drop in mortality as well as rates coupled with the increasing life expectancy (Hamid & Yahaya, 2008). The United Nations reported that people aged 60 and above make up 12.3 percent of the global population, and by 2050, the figure will increase to almost 22 percent.

One of the most phenomenal demographic events that occur globally is population ageing due to the increase in the proportion of older people compared to younger people. In Malaysia, the definition of an old person is those who are above 60 years old (Jabatan Kebajikan Masyarakat, n.d.). According to the demographic statistic, the ageing population of Malaysia in 2018 was 10% and 10.3% in 2019. (Refer to Appendix D). Malaysia would be categorized as an ageing nation when its' total population of old people reaches 15 percent which is estimated to occur by the year 2030 (Samad & Mansor, 2013). The Malaysian Department of Statistics (2013) reported that the population for those 65 years and above is projected to rise by 6.4 percent from 2010-2040.

Like other countries globally, Malaysia too has an increase in the ageing population, as a result of the falling fertility rate as well as the and mortality rate and an increase in life expectancy (Hamid & Yahaya,2008).

Different parts of the world experience population ageing at different paces (Uhlenberg,2009), it is happening most rapidly in developing countries like Asia (Kinsella and He, 2009; Fu and Hughes, 2009; Kinsella and Phillips, 2005). Such acceleration in ageing will be experienced in Malaysia expected over the next few decades. As mentioned earlier, whilst developed countries such as France took 115 years to double their population aged 65 years and above from 7 percent to 14 percent, it is expected to take only about 20 years for developing countries such as Thailand and Malaysia to reach this level (Hamid, T. A., 2015).

The ageing studies in Malaysia were initiated when the Institute of Gerontology (2002), Universiti Putra Malaysia was established. It was rebranded to be called the Malaysian Research Institute of Ageing in 2015.

Since its establishment, there were many studies and researches regarding ageing in Malaysia have been conducted. The Social Security Research Centre at the University of Malaya was established in 2011 to conduct researching, teaching, and sharing of evidence-based knowledge in social security, including protection during old age. In 2012, a multidisciplinary research group called the Ageing and Age-Associated Disorders Research Group was established at the University of Malaya, and the Community Rehabilitation and Aging Research Centre at the National University of Malaysia.

It is interesting to note that of all the articles concerning ageing in Malaysia that were published in journals and various other resources between 1980 and August 2015, almost half of the publications only occurred after 2012. Almost three-quarters of these publications were related to various aspects of health issues such as illness among the old people (Tey., et al., 2016). A lot of the studies on ageing also consisted of

socioeconomic aspects of care and support, and the services to the old people. Recently there has been a growing interest to understand the lived experiences of the older Malaysians.

Yusnani (2006) conducted a study to explore the cultural patterns of older Malaysians on how they plan for their future accommodation. Malaysian elderlies were surveyed to identify the values that affect the accommodation choice according to their ethnicity. The rural and urban older Malaysians were later compared. The study suggested that the elderly Malay from the urban area refuse to change in accommodation, which is contrary to the hypothesis that they will welcome the changes. The similarity is experienced among the Urban Chinese. This study also revealed that rural elderlies were reluctant to relocate but they are willing to accept changes in the infrastructure, both including the internal and external structure of the accommodation. Both the urban Chinese and Malays elderly were unwilling to change and relocate. These findings suggest within the rural area, elderly Malaysians refuse change in accommodation but are willing to change the housing infrastructure. Within urban areas, the Malays and Chinese are both unwilling to change their accommodation. Infrastructure changes in the accommodation were also preferred by them (Yusnani, 2006).

Areff & Lyndon (2015) conducted a study on the old who stayed in Pondok² as a choice of congregated living arrangement for Malaysians who are interested in focusing on Islamic teaching.

² Pondok is an educational institution that provides religious Muslim teaching with accommodation facilities to older Muslim students from various background (Salma & Fuziah 1998; Arena 2002; Awang 1977; Abdullah 1993)

In this study, an abductive research strategy was employed to understand the elderly's point of view on their meaning and interpretation of old age in their everyday lives living in the pondok. Seven crucial themes concerning their meanings old age were discovered;

- 1) old age as a natural process of life,
- 2) old age as normal,
- 3) feeling regarding old age,
- 4) physical changes old age entails,
- 5) religion and old age,
- 6) health issues concerning old age
- 7) pondok and ageing experience

Ng (2019) was interested in the behaviours and attitudes of senior Malaysians on relocating to purpose-built Retirement Villages in Malaysia. His study concluded that the senior Malaysians are not receptive to such establishments and still prefer to AIP, which is deeply influenced by the filial piety culture in Malaysia. Aini and Abd Aziz (2016) have compared the preference of accommodation amongst the Malaysians in urban areas and rural area and have found that while old people in urban and rural areas prefer to age in place, the latter feel more strongly about AIP. Therefore, according to Aini and Abd Aziz (2016), Malaysian values are still largely rooted in the tradition of filial piety.

Kok and Yap (2014) explored the differences of ageing experiences between Chinese elderly women in Malaysia and Japanese elderly women. Their findings suggested that Japanese elderly women continue to participate in aesthetic pursuits,

cultural activities whereas the senior Malaysian Chinese women seemed more family-oriented and focused towards a more traditional role-based on providing services and nurturing. Japanese older women perceived ageing as a positive experience and demonstrated more independence and self-reliance. Older Malaysian women's daily activities revolved around their family, especially taking care of their grandchildren. The study also indicated that almost half of Malaysian older women wished to stay with or stay near their children while all Japanese older women were adamant of not wanting to stay with their children as they do not want to "burden" them (Kok & Yap, 2014).

The 2000 census pointed towards the State of Perak as the most aged State, having the highest number of older Malaysians (189,763) (Department of Statistics Malaysia 2001). Perak has been consistently reported as the most ageing State with 9.3 percent of its population aged 60 and above. However, there has not been any research done to understand the ageing experiences of this group. Therefore, this current study aims to fill this gap by exploring what it means to age in Ipoh, the capital city of Perak.

The various studies conducted were rooted in certain influences of the different theories about the ageing process. It is therefore important to understand the theoretical roots of ageing.

2.2.3 Ageing discourses and its theoretical roots

The old age and ageing discourse are based on theoretical ideas that explain the ageing process and old people's role from a social point of view. Although some of the views may not be applicable currently, or have been widely rejected, it is

important to understand how the present idea of ageing has its roots. This part includes an overview of the traditional ageing theories based on the classifications introduced by Victor (2005), which separates them according to the two fundamental categories: Functionalist Theories and Conflict Theories. Following that, a summary of the theories based on the positive ageing paradigm which is intimately associated with AIP will be explored. The emergence of the term AIP, cannot be properly understood without having any idea of its origins which is related to the positive ageing. It will help in understanding the discourses of ageing and how it has evolved as a basis to better understand the elements of AIP.

According to the functionalist theories, human beings are an interdependent part of the social system and each individual has their duties and functions. The first attempt to explain the ageing process using this macro theory was Disengagement Theory, which was formulated by Cumming and Henry (1961). This theory argues that ageing can be considered as a mutual withdrawal or disengagement which inevitably takes place between the old people and society. It explained that old people are expected to discontinue engaging in some roles like employment. Consequently, these old people are exempted from some responsibilities and societal expectations. It implied that this process was a mutually satisfying preparation for everyone as they journey towards the final disengagement of death. This disengagement of these old individuals from society is considered as a normal voluntary process. This proposal suggests that the disengagement process is beneficial to all: the old people are freed from the stress of the work-life and the society on the whole benefits from the energy of the younger generations.

Although this theory has received a lot of criticism and has not been applied anymore, it provided the initial foundation of the policies that disregard old people as