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## **SOCIAL PARTICIPATION, GENDER, AND WELL-BEING IN OLDER ADULTS: INSIGHTS FROM MALAYSIAN ACTIVE AGEING INDEX STUDY**

Siti Farra Zillah Abdullah<sup>1</sup>, Hui Foh Foong<sup>1</sup>, Chai Sen Tyng<sup>1</sup>, Jasmine Adela Mutang<sup>2</sup>, Rahimah Ibrahim<sup>1,3</sup>, Tengku Aizan Hamid<sup>1\*</sup>

<sup>1</sup>Malaysian Research Institute on Ageing (MyAgeing™), Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia

<sup>2</sup>Faculty of Psychology and Education, Universiti Malaysia Sabah, Jalan UMS, 88400 Kota Kinabalu, Sabah, Malaysia

<sup>3</sup>Faculty of Human Ecology, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia

\*Corresponding email: [aizan@upm.edu.my](mailto:aizan@upm.edu.my)

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**Abstract:** This study establishes a social participation index among older adults in Malaysia, utilising data from the nationwide project, "Development of an Active Ageing Index for Malaysia." The study employed multistage cluster simple random sampling, that included 800 respondents from Selangor, Terengganu, Sabah, and Sarawak. The social participation domain encompasses four indicators: (i) voluntary activities; (ii) caregiving for children/grandchildren; (iii) caregiving for the infirmed and disabled; and (iv) political participation. The social participation index scored 22.8. The most common participation involved "care for children and grandchildren," followed by "care for the infirmed and disabled," "political participation," and finally "voluntary activities." Females showed a significantly higher contribution to "care for children and grandchildren" compared to males. Then, more males reported attending meetings of trade unions, political parties, or political action groups, as well as contacting politicians or public officials, compared to females. Moreover, those who engaged in weekly "care and/or education of grandchildren" reported significantly higher well-being. Similarly, individuals who attended trade union, political party, or political action group meetings, or contacted politicians or public officials in the past year, had significantly higher well-being compared to those who did not engage in these activities. This study highlights the ongoing potential for older adults to make meaningful contributions to society, particularly in grandparenting-related activities. Furthermore, there is a clear need for innovative enrolment programs aimed at encouraging voluntary activities among older individuals within the local community. Lastly, the paper addresses several significant implications arising from the study's findings.

**Keywords:** Active Ageing Index, Social Participation, Older Adults

### **INTRODUCTION**

The world is undergoing a rapid process of ageing, primarily driven by declining fertility rates and increased life expectancy. This demographic shift has resulted in a significant rise in the number of older individuals, particularly in developing countries (World Health Organization, 2015). Malaysia, like many other countries, is also experiencing population ageing and is projected to become an ageing nation by 2030, with 15% of its total population being comprised of individuals aged 60 and above (Chen & Jones, 1989).

While old age is commonly associated with retirement and a decrease in activity, it is important to acknowledge that in the current era, with the widely recognised concept of active ageing, older adults are still considered capable of making ongoing contributions to society (Marsillas et al., 2017). According to Zaidi and colleagues, social participation focuses on engaging in meaningful and non-remunerative social activities that contribute to society (Zaidi et al., 2013). This concept can be divided into two categories: family and community-based care, which involves participating in caregiving activities for children, grandchildren, individuals with disabilities, or other older adults; and social activities, which encompass interacting with people in the environment, such as engaging in voluntary activities or political engagements (Zaidi et al., 2013).

The role of older adults in caregiving, particularly grandparenting, is not a novel concept, particularly in Asian countries where societal expectations often dictate that one of the roles of older adults is to provide care for their grandchildren (Mehta & Thang, 2011). Winefield and Air concluded, based on their literature review, that robust evidence exists indicating a significant gender difference in the frequency of interactions with grandchildren (Winefield & Air, 2010). It has been consistently observed that grandmothers tend to have more frequent contacts with their grandchildren compared to grandfathers, even when considering the lineage. Moreover, grandmothers are more likely to engage in activities with their grandchildren than grandfathers. However, as grandchildren transition into adolescence, the frequency of contact tends to decrease for both genders (Viguer et al., 2010). Nonetheless, research suggests that the emotional bond between grandparents and grandchildren remains intact despite the decrease in contact frequency (Winefield & Air, 2010). Besides, in a previous longitudinal study conducted by Grundy and colleagues, it was found that providing assistance to grandchildren was linked to increased life satisfaction in older men and reduced depression scores in older women, highlighting the positive impact of intergenerational support on overall well-being (Grundy et al., 2012).

Civic engagement, an integral aspect of social participation, encompasses a diverse range of activities. The term itself signifies various actions such as voting, active involvement in political campaigns, participating in both paid and unpaid community work, staying informed about current events and public affairs, as well as providing assistance to neighbours (Martinson & Minkler, 2006). Formal voluntary activities by older adults are of special interest as past studies have concluded that participation in voluntary activities are associated with higher self-esteem, self-efficacy, and social support (Hidalgo et al., 2013). Engaging in voluntary activities are differed by socioeconomic status. For example, Tang found that older adults with higher levels of education are more inclined to engage in volunteering across distinct types of organisations, including religious, educational, political, senior citizen, and others. Moreover, highly educated individuals tend to volunteer for a greater number of organisations and contribute more hours to their volunteer work. Conversely, income does not appear to have a substantial impact on organisational volunteering (Tang, 2007). A study in Hong Kong also found gender differences in voluntary activities, for example, for males, being married and having the expectation to utilise their own skills were linked to volunteering. On the other hand, for females, volunteering was associated with self-rated health, being retired, and having the expectation to meet the needs of others (Mjelde-Mossey & Chi, 2004). Besides, as postulated by Taniguchi, older women may face an increased risk of not or participating less in volunteering activities, potentially due to their caregiving responsibilities towards family members (Taniguchi, 2006). A recent study examining the well-being of Chinese older people revealed a positive connection between their participation in volunteerism and overall well-being. Importantly, this association remained robust even after controlling for potential covariates. Furthermore, additional analysis indicated that female participants and older adults with a higher economic status experienced a more substantial increase in well-being through volunteerism. The study also highlighted that the positive impact on well-being was primarily attributed to the positive emotions resulting from engaging in volunteering activities (Yang et al., 2022).

While several European countries have implemented the social participation index to assess older individuals' engagement, there is a dearth of information regarding the social participation index and profiles of Malaysian older adults. Hence, the general objective of this study is to establish the social participation index and profiles among local older adults. By identifying this index and profile, the recognition of older people's societal contributions could be made, and thereby inspire the implementation of supportive measures to create more favourable conditions for them. Moreover, building upon the insights from existing literature regarding the gender and mental health disparities in types of activities, this study also seeks to investigate the gender and well-being differences in social participation. By examining these differences in gender and well-being, policymakers can gain valuable information that can guide the development of targeted interventions aimed at promoting active ageing within the community. Based on the literature reviewed, this study proposes the following hypotheses:  $H_{A1}$ : Older women engage in caregiving activities (such as grandparenting, caring for their own children, and assisting the infirmed or disabled) to a greater extent than older

men; H<sub>A2</sub>: Older men participate in social activities (such as voluntary and political activities) more frequently than older women; H<sub>A3</sub>: Engaging in caregiving activities is positively associated with well-being; and H<sub>A4</sub>: There is a difference in well-being among older people participating in different types of activities.

## **METHODOLOGY**

### **Study Design and Participants**

The present research, carried out between June 2021 and February 2022, employed a quantitative cross-sectional correlational design. The dataset utilised in this study was obtained from a nationwide investigation titled, "Development of an Active Ageing Index (AAI) for Malaysia." The study focused on Malaysian older adults aged 55 years and above, adhering to the inclusion criteria specified by the Active Ageing Index (AAI) guidelines. Individuals residing in institutional settings were intentionally excluded from the study in order to concentrate on understanding the active ageing process among older adults who lead independent lives within the community.

The sample size for this study was determined using the G\*Power 3.1.9.2 (Faul et al., 2009) to ensure sufficient statistical power. In order to fulfil the original objective of comparing the Active Ageing Index (AAI) between male and female older adults in Malaysia, the following parameters were established for the sample size calculation: test family - t-tests, statistical test - means: the difference between two independent means (two groups), type of power analysis - a priori, tail - two, effect size  $d = 0.25$  (small), alpha error - 0.05, power - 0.95, and allocation ratio - 1. As a result, the minimum required sample size was determined to be 834 participants. However, only 800 respondents were successfully interviewed, yielding a response rate of 95.9%. Despite the slightly lower sample size than the recommended, the effect size was not affected. Face-to-face interview guided by questionnaire was preferred over self-administered questionnaires due to the ability to clarify questions, provide assistance, and accommodate physical limitations, thereby ensuring quality responses.

To ensure a representative sample, a multistage cluster simple random sampling technique was employed. Firstly, two states, namely Selangor and Terengganu were randomly selected to represent Peninsular Malaysia, while Sabah and Sarawak were selected to represent East Malaysia. Secondly, one district was randomly selected from the four chosen states. The selected districts were Petaling in Selangor, Kuala Nerus in Terengganu, Kuching in Sarawak, and Kota Kinabalu in Sabah. Finally, respondents were randomly recruited at public access locations within each selected district. The data collection was conducted across public areas (urban and remote from urban) in the selected districts, minimising the possibility of selection bias. The characteristics of the sample broadly represented the general population of Malaysian aged 55 years and above.

## **Materials**

### ***Social participation (independent variable)***

Social participation was measured using the Active Ageing Index (AAI) scale developed by the United Nations Economic Commission for Europe (UNECE)/European Commission (United Nations Economic Commission for Europe (UNECE), 2018). The AAI scale is a tool designed to assess various aspects of active ageing. It encompasses 22 indicators that are divided into four distinct domains: employment, participation in society, independent, healthy and secure living, and capacity and enabling environment for active ageing. It is important to emphasise that the AAI specifically focuses on individuals aged 55 and above. For the purpose of the current analysis, only the social participation domain was considered. The participation in society domain of the AAI assesses the contributions made by older individuals through unpaid productive activities. This domain comprises four indicators that measure the frequency of participants' involvement in: (i) voluntary activities (Community and social services (e.g.: organisations helping the elderly, young people, disabled or other people in need)); (ii) caregiving for children or grandchildren (Caring for and/ or educating your grandchildren); (iii) caregiving for the infirmed and disabled (Caring for disabled or infirmed family members, neighbours or friends aged 75 or over); and (iv) political participation (Signed a petition, including an e-mail or on-line petition). The social participation domain captures contributions made through unpaid

productive activities. All indicators within the Active Ageing Index (AAI) are represented as positive coefficients, with values ranging from 0 to 100 points. A higher numerical value shows that older individuals have more potential to contribute to the family and society. The original questionnaire was in the English language. However, a translation into the Malay language was done by two bilingual experts.

### ***Well-being (dependent variable)***

The subjective well-being of the participants was assessed using the 5-item World Health Organization Well-being Index (WHO-5). Participants were asked to rate each item on a 6-point Likert scale ranging from 0 (not at all) to 5 (all the time). Higher scores indicate greater well-being. Examples of the items are: "I have felt cheerful and in good spirits," "I have felt calm and relaxed," "I have felt active and vigorous," "I woke up feeling fresh and rested," and "My daily life has been filled with things that interest me." The scale demonstrated excellent internal consistency (Cronbach's alpha = 0.940).

### ***Background characteristics***

In addition, socio-demographic characteristics of respondents; gender, age, ethnicity, marital status, strata, state, education level, and household income were collected.

### ***Procedures and Quality Assurance***

A pilot study was conducted with 10 participants before data collection, utilising an administered questionnaire. Based on the feedback received from the respondents in the pilot study, the questionnaire was refined. The actual data collection took place between June 2021 and February 2022, where trained enumerators conducted face-to-face interviews. To ensure data quality, a research officer thoroughly reviewed the collected data prior to data entry. Subsequently, the data was entered into IBM SPSS Statistics 27 for further analysis.

### ***Ethical Considerations***

Prior to their involvement in the study, all participants were provided with detailed information about the research, and they provided their informed consent by signing the consent form. The study has obtained ethical approval from the Ethics Committee for Research Involving Human Subjects, Universiti Putra Malaysia, with reference number JKEUPM-2020-101.

### ***Data Preparation and Analytic Strategy***

First, exploratory data analysis was conducted to examine missing values and normality before the parametric test. Next, descriptive statistics such as frequency, percentage, mean, and standard deviation were presented to describe the characteristics of variables and social participation index. Then, chi-square test was conducted to examine the association between social participation profiles and gender. Next, independent samples *t*-test was run to identify the difference in well-being scores by different social participation profiles. The categorisation of frequency in participating in all social participation activities was conducted based on the recommendation provided by UNECE: at least once a week VS not at least once a week for domain "voluntary activities", domain "care for children or grandchildren", and domain "care for infirmed and disabled". Whereas at least once over the last 12 months VS not at least once over the last 12 months for domain "political participation" (United Nations Economic Commission for Europe, 2018). All analyses were conducted using the IBM SPSS Statistics 27, and all significant values were set at  $p = 0.05$ .

## **RESULTS**

### ***Sample Characteristics***

A total of 800 respondents participated in this study. An overview of their characteristics is presented in Table 1. Of the total respondents, more than half were females ( $n = 463, 57.9\%$ ). The largest ethnic group represented was Malay ( $n = 479, 59.9\%$ ), currently married ( $n = 574, 71.8\%$ ), and lived in a large city ( $n = 308, 38.5\%$ ). Additionally, 395 completed secondary school education, and the median household income was RM 1200. The ethnic distribution in this study aligns with the national

demographics of older adults, predominantly reflecting the Malay ethnicity, which constitutes the majority of the older adult population in Malaysia (Department of Statistics Malaysia, 2022).

**Table 1: Respondents' Characteristics (N = 800)**

Variable	<i>n</i>	%	Missing value ( <i>n</i> )
Gender			
Male	337	42.1	0
Female	463	57.9	
Age (years)			
(min, max = 55, 99; mean, SD = 64.0, 8.58; Q1 = 58, Q2 = 62, Q3 = 67)			
55-58	241	30.3	4
59-62	189	23.7	
63-67	171	21.5	
68 and above	195	24.5	
Ethnicity			
Malay	479	59.9	1
Chinese	50	6.3	
Indian	64	8.0	
Bumiputera Sabah or Sarawak	203	25.4	
Others	3	0.4	
Marital status			
Never married	33	4.1	1
Currently married	574	71.8	
Divorced/separated	35	4.4	
Widowed	157	19.6	
Strata			
Rural area	171	21.4	1
Small town	74	9.3	
Sub-urban near to large city	246	30.8	
Large city	308	38.5	
State			
Selangor	200	25.0	0
Terengganu	200	25.0	
Sabah	200	25.0	
Sarawak	200	25.0	
Education level			
No formal education	59	7.4	4
Primary education	139	17.5	
Secondary education	395	49.6	
Post secondary, non-tertiary education	36	4.5	
Tertiary education	167	21.0	
Household income (RM)			
(min, max = 0, 41,000; mean, SD = 2299.8, 3157.01; Q1 = 500, Q2 = 1200, Q3 = 3000)			
0 – 500	217	27.7	17
501 – 1200	178	22.7	
1201 – 3000	218	27.8	
3001 and above	170	21.7	

Note: *n*, frequency; %, percentage; SD, standard deviation; min, minimum; max, maximum; Q, quartile; RM, Ringgit Malaysia

### Social Participation Index of Malaysian Older Adults

There were four domains of social participation, namely “voluntary activities”, “care for children and grandchildren”, “care for infirmed and disabled”, and “political participation”. Table 2 demonstrates the social participation index among Malaysian older adults. This study found that 12.5% of Malaysian older adults participated in “care for children and grandchildren”, followed by “care for infirmed and disabled” (4.6%), “political participation” (4.3%), and lastly, “voluntary activities” (1.4%). In terms of gender difference, females (13.4%) contributed more to “care for children and grandchildren” than males (11.4%). The overall social participation index for Malaysian older adults was 22.8.

**Table 2: Social Participation Index of Malaysian Older Adults**

Domain	Both (raw percentage, weighted score)	Male (raw percentage, weighted score)	Female (raw percentage, weighted score)	Weight
1. Voluntary activities	5.5, 1.4	6.0, 1.5	5.2, 1.3	25.0
2. Care to children and grandchildren	50.1, 12.5	45.7, 11.4	53.6, 13.4	25.0
3. Care to infirmed and disabled	15.3, 4.6	15.8, 4.7	15.2, 4.5	30.0
4. Political participation	21.5, 4.3	25.8, 5.2	16.8, 3.4	20.0

Social participation index (total weighted score)	22.8	22.8	22.6	N/A
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### Social Participation Profiles by Gender

Table 3 shows the association between social participation profiles and gender. The results indicate that there was no significant association between gender and any types of activities within the "voluntary activities" domain. However, under the domain of "care for children or grandchildren," females (35.3% at least once a week) exhibited a higher participation rate in the activity of "caring for and/or educating grandchildren" compared to males (28.3% at least once a week)  $\chi^2 (1, N=800) = 4.37, p = 0.037$ . On the other hand, no significant association was found between gender and any types of activities within the "care for the infirmed and disabled" domain. In the "political participation" domain, it was observed that more males (22.0% at least once over the last 12 months) reported "attending a meeting of a trade union, a political party, or a political action group" compared to females (9.5% at least once over the last 12 months)  $\chi^2 (1, N=800) = 23.94, p < 0.001$ . Additionally, more males (6.8% at least once a week) reported "contacting a politician or public official (other than routine contact arising from the use of public services)" compared to females (2.2% at least once a week)  $\chi^2 (1, N=800) = 10.60, p = 0.001$ .

Table 3: Social Participation Profiles by Gender

Social Participation Domain	Frequency	Male (n, %)	Female (n, %)	Chi-square	p-value *
<b>Social participation domain 1: Voluntary activities</b>					
1. Community and social services (e.g.: organizations helping the elderly, young people, disabled or other people in need)	At least once a week Not at least once a week	15, 4.5 322, 95.5	12, 2.6 448, 97.4	2.017	0.156
2. Educational, cultural, sports or professional associations	At least once a week Not at least once a week	9, 2.7 326, 97.3	14, 3.0 447, 97.0	0.085	0.771
3. Social movements (e.g.: environmental, human rights) or charities (e.g.: fundraising, campaigning)	At least once a week Not at least once a week	4, 1.2 332, 98.8	8, 1.7 452, 98.3	0.394	0.530
4. Political parties, trade unions	At least once a week Not at least once a week	7, 2.1 329, 97.9	6, 1.3 454, 98.7	0.733	0.392
5. Other voluntary organisations	At least once a week Not at least once a week	8, 2.4 327, 97.6	9, 2.0 450, 98.0	0.169	0.681
<b>Social participation domain 2: Care to children or grandchildren</b>					
1. Caring for and/ or educating your children	At least once a week Not at least once a week	105, 31.3 231, 68.8	150, 32.5 312, 67.5	0.133	0.716
2. Caring for and/ or educating your grandchildren	At least once a week Not at least once a week	95, 28.3 241, 71.7	163, 35.3 299, 64.7	4.366	<b>0.037</b>
<b>Social participation domain 3: Care to infirmed and disabled</b>					
1. Caring for disabled or infirm family members, neighbours or friends under 75 years old	At least once a week Not at least once a week	26, 7.7 310, 92.3	37, 8.1 422, 91.9	0.028	0.868
2. Caring for disabled or infirm family members, neighbours or friends aged 75 or over	At least once a week Not at least once a week	37, 11.0 300, 89.0	44, 9.5 417, 90.5	0.439	0.507
<b>Social participation domain 4: Political participation</b>					
1. Attended a meeting of a trade union, a political party or political action group	At least once over the last 12 months Not at least once over the last 12 months	74, 22.0 263, 78.0	44, 9.5 418, 90.5	23.936	<b>&lt; 0.001</b>
2. Attended a protest or demonstration	At least once over the last 12 months Not at least once over the last 12 months	1, 0.3 336, 99.7	3, 0.6 459, 99.4	0.486	0.486
3. Signed a petition, including an e-mail or on-line petition	At least once over the last 12 months Not at least once over the last 12 months	32, 9.5 305, 90.5	38, 8.2 424, 91.8	0.393	0.530

Social Participation Domain		Frequency	Male ( <i>n</i> , %)	Female ( <i>n</i> , %)	Chi-square	<i>p</i> -value *
4. Contacted a politician or public official (other than routine contact arising from use of public services)	At least once over the last 12 months		23, 6.8	10, 2.2	10.601	<b>0.001</b>
	Not at least once over the last 12 months		314, 93.2	450, 97.8		

Note: *n*, frequency; %, percentage; \*, chi-square test

### Differences in Well-being by Social Participation Profiles

Table 4 demonstrates the difference in well-being scores based on social participation profiles. Independent samples *t*-test reported no significant differences in well-being scores for individuals participating in all activities within the “voluntary activities” domain. However, within the "care for children or grandchildren" domain, those who reported engaging in "care for and/or educating their grandchildren" at least once a week had significantly higher well-being scores ( $M= 18.4, SD= 5.91$ ) compared to those who did not engage in such activities ( $M=17.4, SD= 5.64$ ),  $t(798) = 2.318, p = 0.021$ . On the other hand, no significant differences in well-being were observed for individuals participating in all types of activities within the "care for the infirmed and disabled" domain. Within the "political participation" domain, individuals who reported attending a meeting of a trade union, a political party, or a political action group at least once over the last 12 months had significantly higher well-being scores ( $M = 19.2, SD= 5.12$ ) compared to those who did not ( $M = 17.5, SD= 5.81$ ),  $t(798) = -3.28, p = 0.001$ . Additionally, individuals who reported contacting a politician or public official (other than routine contact arising from the use of public services) at least once over the last 12 months had significantly higher well-being scores ( $M = 19.4, SD= 4.21$ ) compared to those who did not ( $M= 17.6, SD=5.79$ ),  $t = -2.35, p = 0.024$ .

Table 4: Difference Of Well-being Score by Social Participation Profiles

Social Participation Domain	Frequency	<i>n</i>	WHO-5 score (mean, SD)	<i>t</i> -value	<i>p</i> -value
<b>Social participation domain 1: Voluntary activities</b>					
1. Community and social services (e.g.: organizations helping the elderly, young people, disabled or other people in need)	At least once a week	27	18.9, 4.90	1.111	0.267
	Not at least once a week	765	17.7, 5.77		
2. Educational, cultural, sports or professional associations	At least once a week	23	18.7, 3.69	1.248	0.224
	Not at least once a week	768	17.7, 5.80		
3. Social movements (e.g.: environmental, human rights) or charities (e.g.: fundraising, campaigning)	At least once a week	12	19.1, 4.96	0.824	0.410
	Not at least once a week	779	17.7, 5.76		
4. Political parties, trade unions	At least once a week	13	18.8, 3.96	0.659	0.510
	Not at least once a week	778	17.7, 5.77		
5. Other voluntary organisations	At least once a week	17	19.5, 3.76	1.949	0.067
	Not at least once a week	772	17.7, 5.77		
<b>Social participation domain 2: Care to children or grandchildren</b>					
1. Caring for and/ or educating your children	At least once a week	254	18.3, 5.32	1.944	0.052
	Not at least once a week	539	17.5, 5.92		
2. Caring for and/ or educating your grandchildren	At least once a week	258	18.4, 5.91	2.318	<b>0.021</b>
	Not at least once a week	535	17.4, 5.64		
<b>Social participation domain 3: Care to infirmed and disabled</b>					
1. Caring for disabled or infirm family members, neighbours or friends under 75 years old	At least once a week	61	17.3, 5.41	-0.624	0.533
	Not at least once a week	729	17.7, 5.78		
2. Caring for disabled or infirm family members, neighbours or friends aged 75 or over	At least once a week	81	17.6, 4.95	-0.200	0.842
	Not at least once a week	712	17.7, 5.83		
<b>Social participation domain 4: Political participation</b>					
3. Attended a meeting of a trade union, a political party or political action group	At least once over the last 12 months	117	19.2, 5.12	-3.284	<b>0.001</b>
	Not at least once over the last 12 months	677	17.5, 5.81		

4.	Attended a protest or demonstration	At least once over the last 12 months	4	21.8, 2.22	-1.41	0.159
		Not at least once over the last 12 months	790	17.7, 5.75	0	
5.	Signed a petition, including an e-mail or on-line petition	At least once over the last 12 months	70	18.4, 4.21	-1.45	0.148
		Not at least once over the last 12 months	724	17.6, 5.87	7	
6.	Contacted a politician or public official (other than routine contact arising from use of public services)	At least once over the last 12 months	33	19.4, 4.21	-2.35	<b>0.024</b>
		Not at least once over the last 12 months	759	17.6, 5.79	2	

Note: *n*, frequency; <sup>t</sup>, independent sample *t*-test

## DISCUSSION

This study is the first to discover the Social Participation Index among older Malaysian adults. The present study showed that Social Participation Index among Malaysian older persons was 22.8. The finding is comparable with other European countries such as Finland (22.6), Denmark (21.7), and Luxembourg (23.8) (United Nations Economic Commission for Europe (UNECE), n.d.-a). The top three European countries with the highest Social Participation Index were Belgium (27.0), Netherlands (26.6), and France (26.2) (United Nations Economic Commission for Europe (UNECE), n.d.-b). Furthermore, the Social Participation Index among older Malaysian adults (22.8) surpasses that of other Asian countries such as Indonesia (18.5), Thailand (14.8), and South Korea (4.0). This suggests that local older individuals in Malaysia exhibit greater levels of social activity compared to their counterparts in Indonesia, Thailand, and South Korea (Um et al., 2019; Zaidi & Um, 2021). Additionally, the research revealed that older adults in Malaysia frequently engage in social participation activities related to the care of their children or grandchildren. In Asian countries, within multi-generational families, grandparents commonly play an active role in childcare responsibilities and household chores (Xu & Chi, 2015). This active involvement often contributes to the successful management of households with two working parents under significant pressure. The care provided to grandchildren holds significant traditional value for grandparents in Asian societies, as these cultures emphasise the importance of family engagement and support (Lou & Chi, 2012). In addition, the study revealed a political participation index of 4.3. Importantly, it should be acknowledged that the data collection period coincided with the general election in Malaysia, which suggests that the political participation index may be lower in non-election years.

The study revealed a notable lack of engagement in voluntary activities among older Malaysian adults. This finding is similar to other Asian countries, like South Korea, where only 8.1% of older Koreans participated in voluntary activities (Um et al., 2019). The pattern is also similar to that in Mediterranean countries, where a previous study highlighted variations in the rates of participation in voluntary activities. It indicated relatively higher rates of voluntary engagement in Northern Europe and comparatively lower rates in Mediterranean countries. Furthermore, the study underscores the significant impact of factors such as age, education, health, and involvement in other social activities on an individual's inclination to engage in volunteer work (Erlinghagen & Hank, 2006). Numerous factors could potentially account for this low participation. Firstly, it is not customary within the local culture for older individuals, particularly those in rural areas, to partake in voluntary activities. Instead, they often prioritise other activities during their golden years or retirement, such as caring for their grandchildren, maintaining close relationships with their children, or participating in religious practices. Furthermore, it is possible that local older adults underestimate the potential advantages of participating in voluntary activities. Instead of engaging in non-income generating endeavours like voluntary work, they tend to prefer pursuing income-generating activities such as farming, part-time employment, or running small businesses. Additionally, various resource-related factors contribute to the limited engagement of older individuals in voluntary activities. These include a lack of information regarding available opportunities, limited accessibility to participate in such activities, poor physical health, and a lack of transportation to reach the designated locations. Considering the low participation rate in voluntary activities among local older adults, it is crucial to promote and encourage their involvement in formal voluntary activities. Research has consistently demonstrated that engaging in such activities during later life yields numerous benefits. These include



improvements in self-rated health, overall functioning, physical activity levels, life satisfaction, as well as reductions in depression and mortality rates (Von Bonsdorff & Rantanen, 2011).

The study revealed a gender disparity in social participation, with females demonstrating higher engagement in caregiving and educating grandchildren, while males exhibited greater involvement in attending trade union meetings, political parties, or political action groups. These findings align with a study conducted by Di Gessa and colleagues, which revealed that grandmothers were more likely to engage in caregiving and assistance activities, such as cooking, providing care when sick, assisting with homework, and picking children up from school, even in cases where they co-resided with the grandchildren (Di Gessa et al., 2020). Furthermore, as per a study examining variations in the gender disparity in political involvement across twenty-seven European countries, the outcomes reaffirm the findings of this study: irrespective of the specific national circumstances, men tend to exhibit a higher propensity for political engagement compared to women (Quaranta & Dotti Sani, 2018). The observed disparities can be attributed to divergent early life experiences and distinct socialisation processes for both men and women. Historically, women have traditionally been less involved in income-generating activities and primarily assumed the role of homemakers and child bearers. On the other hand, men have actively engaged in income-generating occupations and have often had more frequent interactions with society, leading to the development of broader social networks. These disparities are likely to have an impact on the types of activities individuals engage in later in life.

Furthermore, the findings of this study supported the notion that grandparenting-related activities were linked to higher levels of well-being. A similar multi-country comparison study found that both intensive and non-intensive grandparental childcare were generally associated with increased subjective well-being and concluded that this boost in well-being can be attributed to the social connections formed through the companionship of grandchildren during later stages of life (Arpino et al., 2018). In countries like Malaysia and other Asian countries, there is a societal expectation for grandparents to assume the role of childcare providers. Taking on this responsibility may positively impact subjective well-being, as grandparents perceive themselves as fulfilling their expected role. Additionally, the study findings indicated a positive association between engaging in political activities and higher levels of well-being, supporting the notion that political involvement contributes to positive well-being. This result contradicts the findings of a study conducted by Pavlova and colleagues, which found no significant association between political engagement and well-being when compared to volunteering (Pavlova & Lühr, 2023). The observed higher levels of well-being among individuals who participated in political activities in Malaysia can potentially be attributed to the occurrence of a general election during the data collection period. The proximity of the general election led to an abundance of political campaigns, which may have generated a sense of civic engagement and social connection among the participants. Furthermore, it is worth noting that many of the individuals involved in political activities in this study had higher socioeconomic status, characterised by factors such as higher income and education. Previous research has demonstrated that higher socioeconomic status is linked to enhanced well-being in later stages of life (Pinquart & Sörensen, 2000; Tang, 2007).

## **CONCLUSION**

This study yielded significant findings that contribute to the existing knowledge on social participation among Malaysian older adults. It revealed: (i) a relatively low rate of volunteerism among local older adults; (ii) gender disparities were observed in social participation patterns, with older women displaying higher involvement in caregiving activities, while men were more engaged in political activities; and (iii) both grandparenting and political activity were found to be linked to higher levels of well-being. The study made a significant contribution to the existing knowledge by presenting a social participation index of Malaysian older adults, serving as a valuable benchmark for future international and local research. Additionally, it shed light on the social participation profiles of local older adults, highlighting the variations by gender and their correlation with well-being. In light of these findings, the study put forward several recommendations.

Firstly, given the documented positive impacts of formal volunteerism on well-being and the low participation rate in formal volunteer activities among local older adults, it is crucial to actively promote and encourage participation in such activities, particularly within the local community context. Secondly, considering the deeply rooted presence of caregiving activities in Malaysian culture and their proven contribution to enhanced well-being, it is necessary to encourage the implementation of policies that support caregiving activities for both genders. This can include establishing minimum payment standards or facilitating the transformation of caregiving into income-generating activities during retirement.

### **Informed Consent Statement**

The purpose of the study was explained properly to participants before participating in the study. The participants were allowed to ask questions if they had any queries. They were also told they could stop halfway if they felt like they did not want to continue. They were asked to sign an informed consent form if they agreed to participate in the study.

### **Conflict of Interest**

Authors have no conflict of interest to declare.

### **Ethics Statement**

The purpose of the study was explained properly to participants before participating in the study. The participants were allowed to ask questions if they had any queries. They were also told they could stop halfway if they felt like they did not want to continue. They were asked to sign an informed consent form if they agreed to participate in the study.

The study has obtained ethical approval from the Ethics Committee for Research Involving Human Subjects, Universiti Putra Malaysia with reference number JKEUPM-2020-101.

### **Author Contributions**

SFZA and HFF conceptualised the study and conducted data analyses. SFZA, HFF, CST, and JAM developed the first draft of the paper. RI and TAH revised the manuscript. TAH supervised the whole study.

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### **Data Availability Statement**

Due to ethical considerations, data were not made publicly available. However, any reasonable request can be communicated through the corresponding author for data sharing purposes.

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