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Towards Culturally Inclusive Elderly Care:
Developing a framework for Muslim retirement villages

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Abstract
This study proposes a new framework for Muslim retirement villages that cater to the cultural and religious needs of Muslim elderly individuals. The framework centres around four key variables: religious practice, social preferences, healthcare needs, and family involvement. It highlights the special requirements of the Muslim elderly individuals and encourages diversity and inclusion in aged care through an interdisciplinary approach that integrates gerontology, sociology, architecture, and religious studies. Aligned with the National Senior Citizens Policy and the National Senior Citizens Action Plan, the proposed framework emphasises the use of empirical findings to plan, monitor, and evaluate programs for senior citizens.

Keywords: Conceptual framework; elderly care; Muslim elderly; Muslim retirement village

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1.0 Introduction
Malaysia is undergoing a significant demographic shift towards an ageing population. Recent statistics indicate an annual rise in the local elderly population, with the percentage of those aged 65 and above increasing from 6.7% in 2019 to 7.0% in 2020 (Department of Statistics Malaysia, 2023). Conversely, there were approximately 3.8 million individuals aged 60 years and above in 2023, accounting for 11.3% of the total population. Such a figure is projected to reach 5.8 million (15.3 per cent) by 2030 (Department of Statistics Malaysia, 2023).

The aging population increases demand for aged care. In Malaysia, elderly care homes are provided by the public sector (e.g., the Department of Social Welfare), government-supported non-governmental organizations, and for-profit corporations. These providers offer residential, regular, and daycare nursing homes. The Ministry of Women, Family, and Community Development (MWFCD)

manages these services. Seniors who are homeless or without a family get benefits at ministry-run aged care centers. In Malaysia, geriatric care is complex since older persons have different needs. Many near-retirees have saved enough money to survive. Instead of relying on welfare, these individuals maintain their independence and lifestyle.

The final phases of life emphasize religious practice and spiritual pondering. Traditional retirement communities often focus on recreation, neglecting spiritually aligned elder care. This subject remains contentious, as it balances conventional retirement communities with Islamic-style care facilities. Zainuddin and Kayat (2019) emphasize the relevance of climate-Islamic infrastructure, such as halal food, places of prayer, and religious events, in retirement villages. Sociologists may have long argued the basics of understanding a community through religion. A spiritual identity can contribute to an inclusive society by making people feel valued, wanted, accepted, respected, and heard, especially in a group that worships together. Muslim old people may struggle to meet religious expectations in traditional retirement villages without a lively climate or Islamic directives, which impact their well-being. Muslims seek spiritual fulfilment by growing closer to Allah through religious activities, which accommodation and retirement communities often lack.

Previous studies have extensively discussed the perceived benefits of retirement villages (Mutalib & Alias, 2021; Sarwar et al., 2021; Ejau et al., 2021; Sufian & Mohamad, 2013). Interestingly, research on Muslim seniors is still in its infancy. This research utilizes Ageing in Place as a framework to meet the needs of the Muslim community while preserving their living standards and religious identity. Understanding how these senior groups adhere to Islamic and societal norms is crucial to addressing this issue. The goal is to bridge this gap by responding to global efforts to tailor facilities to diverse populations, particularly retirees, and identifying their needs. This will ensure that the infrastructure meets cultural sustainability and Islamic principles.

Thus, this paper proposes a theoretical paradigm for Malaysian Muslim retirement villages. It seeks to (1) assess Muslim elderly religious, social, healthcare, and familial needs; (2) create a comprehensive framework that integrates Islamic principles into eldercare; and (3) recommend Islamic retirement village designs.

2.0 Literature Review

Retirement villages are becoming increasingly popular as a new housing option for individuals aged 55 and above who have retired. Retirement villages, also known as age-appropriate housing, offer a range of options, including independent living, assisted living, and nursing care. The retirement village offers a comfortable living environment for the elderly, featuring a range of facilities, services, and religious amenities.

A growing body of research on ageing populations encompasses various appealing topics, including healthcare outcomes, policy development, psychological well-being, social engagement, and living environment (Mutalib & Alias, 2021; Broad et al., 2020). Meanwhile, several newer studies have examined determinants of residential decision-making in later life (Yazid et al., 2023; Sarwar et al., 2021), health and logistical responses to COVID-19 in retirement settings (Cohen-Mansfield, 2022; Chan et al., 2022; Ng et al., 2022), and long-term community viability in care-based housing models. These studies have also been referenced in subsequent academic literature (Osei-Kyei et al., 2022; Oladinrin et al., 2021; Hong et al., 2022).

In Malaysia, the population ageing trends have led to calls for residential care and retirement-oriented developments (Mutalib & Alias, 2021). Past studies have described the influence of retirement village living on resident wellness across multiple domains by offering healthcare, recreational activities, and structured group-based programs. The empirical research has been regionally centred on Australian and Malaysian contexts (Chan & Yap, 2020; Ching et al., 2019; Ejau et al., 2021; Md. Yassin et al., 2018; Mutalib & Alias, 2021; Samsudin et al., 2023; Sanwar et al., 2021; Tey et al., 2021; Yazid et al., 2023; Zainal Abidin et al., 2020). In keeping with the global trend in elderly care, it is essential to design ageing-in-place models that reflect cultural diversity. Nevertheless, legal policy, spatial, and infrastructural issues may complicate implementation. Delivering care at a sustainable cost without excluding lower-income groups presents a key constraint.

2.1 Retirement Village in Malaysia

Malaysia requires retirement communities due to its aging population and the specific needs of its residents. In urban regions like Kuala Lumpur, local urbanisation complicates housing and healthcare accessibility for the elderly (Khoo, 2017). Most adult children want to take care of their parents, but substandard housing with limited space, extra bedrooms, and the high expense of living in urban regions make it difficult. Many residential areas lack childcare and nursing homes for seniors. Retirement villages become feasible.

Currently, there are seven retirement villages available in Malaysia:
1. Greenacres Retirement Village, Ipoh, Perak.
2. Iskandar Retirement Village, Johor Bahru.
3. Sri Seronok Retirement Village, Cheras, Kuala Lumpur.
4. Sunway Sanctuary, Bandar Sunway, Selangor.
5. Golden Heritage, Petaling Jaya, Selangor.
6. Aragreens Residence, Damansara, Selangor.
7. Eden on the Park, Kuching, Sarawak.

The Theory of Aging underpins Place's retirement village. The environment should show cultural and religious continuity as people age. In particular, Smith (2020) found that older people tend to choose familiar places to reestablish a sense of purpose and belonging for group activities. As our society matures, older people gain from social connections. This highlighted the need for a retirement village concept that caters to the lifestyle goals of Muslim seniors, offering social opportunities, camaraderie, and a sense of belonging. Because

the framework encourages a holistic approach to value creation in Islam and Shariah-compliant healthcare, religious academics, aging specialists, and social stakeholders must build it.

3.0 Methodology

This study used qualitative conceptual development. A comprehensive literature review was conducted using Scopus, Google Scholar, and Web of Science to identify papers published between 2019 and 2024. Purposive sampling yielded 21 relevant articles. The themes were divided into four framework pillars: Religious Practices, Social Preferences, Healthcare Needs, and Family Involvement, utilizing thematic analysis. This approach also follows social science conceptual model development norms, where theoretical underpinning is needed to guide future investigations without actual evidence. To guarantee policy relevance and effectiveness, the framework was integrated with Malaysia's National Senior Citizens Policy and Action Plan. The framework refining stage included expert discussions to verify conceptual compatibility with socio-religious demands.

The suggested framework requires several essential factors. Several factors shape Malaysian religious beliefs. This includes Quranic reading, congregational prayers, and funerals. Second, social preferences, such as religious activities, community engagement, and emotional and psychological support, are more critical. Third, provide promising healthcare services for older people through routine medical check-ups, adequate healthcare facilities, and nursing services, including family visits, support, caregiving, and decision-making support for aging parents.

4.0 Conceptual Model and Research Propositions

4.1 Religious Practices

Religious practices include prayer, scripture reading, and spiritual classes and services. Previous research has shown that elderly individuals who pursue spirituality tend to experience improved mental health. Religious activities bring tranquility and peace, which is good for mental health, reducing stress and worry. Smith and Carlson (2019) found that regular prayer is associated with reduced depressive symptoms in older adults. Additionally, involvement in religious ceremonies or listening to spiritual talks can provide a sense of comfort and emotional support, which improves mental well-being. Several studies have also reported the benefits of congregational prayers and daily worship activities, which can lead to greater life satisfaction, increased psychological well-being, and enhanced spiritual experiences (Albatnuni & Koszycki, 2020; Poloma & Pendleton, 1991). Such evidence highlights the importance of incorporating religious practices in Muslim retirement villages to enhance the spiritual and psychological well-being of Muslim elderly individuals, as these practices foster a supportive community environment that encourages them to engage in meaningful and spiritually enriching activities.

4.2 Social Preferences

Along with spiritual benefits, religious practices and communities offer an extensive support network, including practical and emotional support from fellow believers. It fosters social well-being by making people feel valued and cherished. Religious activities bring the community together and provide seniors with opportunities to socialize. Johnson et al. (2020) observed that older persons with a strong religious affiliation have more extensive social support networks. Emotional support and reduced loneliness enhance the social cohesion and well-being of elderly people.

Despite its significance, the relationship between social preferences and well-being has not yet been extensively investigated. Ongoing community participation, such as helping neighbours and participating in neighbourhood decision-making, may allow older individuals to realise their full potential for well-being. Additionally, facilitating peer interaction in shared environments may promote continuity in social identity and personal interaction, all of which are frequently linked to indicators of mental and emotional stability (Kabadayi et al., 2020).

4.3 Healthcare Needs

Ageing populations tend to exert upwards pressure on healthcare providers, raising concerns about increasing healthcare expenditures. For example, Smith et al. (2020) highlighted the importance of routine screenings in reducing acute care admissions and enhancing mental health and well-being. It is hypothesised that high continuity of healthcare significantly improves health outcomes among the elderly population.

In terms of volume, physical exercise interventions and social practices, such as communal rituals, have a positive impact on improving physical function and mobility in older adults. A few older adults who engaged in regular physical activity demonstrated significant improvement in functional ability and independence in daily activities. Besides being functionally independent in late life, comprehensive eldercare that focuses on holistic health and well-being may maximise well-being outcomes. Their offerings encompass a range of services, including early detection and diagnosis, health promotion, prevention, assessment, and treatment. Lee et al. (2019) stated that when older adults engage in social participation collectively, they will experience greater happiness with a lower degree of depression symptoms. Such interventions proved effective in boosting life satisfaction and, most importantly, diminishing depression among the older adults.

Building a coherent retirement village requires an understanding of the cultural background and religious needs of older Muslim individuals. Healthcare interventions should incorporate Islamic norms and concepts to support senior care, as suggested by Halim et

al. (2024). For the home to last, collaborations with several Islamic organizations and universities are needed. For rapid health care in Muslim retirement villages, 24-hour on-call nurses are essential. A person-centered, culturally sensitive approach to nursing care that effectively communicates health information may enhance patient satisfaction and quality of life. Such an explanation suggests that Muslim seniors in retirement villages will benefit from adequate health facilities and holistic healthcare.

4.4 Family Involvement

In many Muslim families, the children are responsible for ensuring that the parents or elders are highly regarded and that their privileges are fully cared for (Halim et al., 2024). Although some senior citizens choose to live in a retirement village voluntarily, they still need the support of their children and family members. Regular family visits and interactions can enhance the well-being of elderly individuals in nursing homes by making them feel valued and appreciated. This can lessen loneliness and sadness in nursing home residents.

Family members also manage health routines, provide clear prescription instructions, and encourage follow-up appointments during times of hardship. Thus, regular family interaction may minimize severe depressive symptoms in older people. Family interaction has been shown to improve the well-being of the elderly and enhance treatment and follow-up persistence. They also suggested that older people with more family support may be happier and less stressed. In this setting, family involvement may enhance the well-being of older individuals, particularly when it fosters familial relationships. Since they have each other's support, older individuals with close familial relationships tend to be happier and more secure.

Family can also encourage older adults to participate in nursing home social activities and take care of their health. According to Smith and Jones (2020), older individuals who receive family support and encouragement are more likely to participate in physical and social activities. Additionally, Chen and Wang (2021) found that elderly individuals who regularly communicate with family members experience higher life satisfaction. This highlights the importance of family support for older individuals in avoiding regret over their retirement village selection.

Thematic synthesis of the literature revealed four central domains that are crucial in designing culturally inclusive retirement villages for Muslim elderly: Religious Practices, Social Preferences, Healthcare Needs, and Family Involvement. These domains are integrated into the conceptual model shown in Figure 1. Each domain makes a unique contribution to the overall well-being of elderly Muslims.
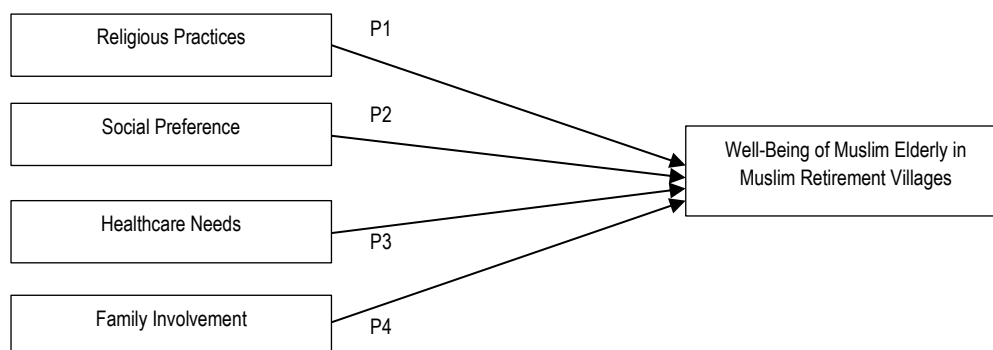

Fig. 1: Conceptual model

Figure 1 displays the conceptual model of a Muslim retirement village. Several hypotheses have been proposed to test the effectiveness of this framework:

Proposition 1: The application of religious practices in Muslim retirement villages will improve the spiritual and psychological well-being.

Proposition 2: Engaging in appropriate social activities and forming connections with the community in Muslim retirement villages may contribute to subjective well-being and satisfaction.

Proposition 3: The presence of appropriate health facilities and holistic healthcare in Muslim retirement villages may be associated with stable physical well-being and elder satisfaction.

Proposition 4: Family involvement in the lives of Muslim elderly in Muslim retirement villages may support psychological stability and emotional continuity.

5.0 Discussion

This study highlights a gap in conventional retirement care, which overlooks religious requirements. The proposed model addresses this gap by incorporating Islamic values into the design of elderly housing and care. This integrated model supports not only personal well-being but also community-based spiritual engagement. It aligns with existing Malaysian policies and is adaptable for broader applications in Muslim-majority nations. The proposed framework is based on four key pillars:

1, Religious Practices: Spiritual engagement, including prayer, Qur'anic recitation, and religious gatherings, improves mental well-being. Incorporating mosques, halal food, and religious programming is essential.

2. Social Preferences: Muslim elderly individuals benefit from a supportive community environment with religiously themed social activities, which foster emotional resilience and reduce loneliness.

3. Healthcare Needs: Culturally competent healthcare, including gender-sensitive services, halal-certified medication, and 24/7 on-call nursing support, is vital for maintaining both physical and psychological health.

4. Family Involvement: Regular family visits and involvement in care decisions enhance psychological stability. Emotional support and supervision from family significantly reduce depressive symptoms.

This framework incorporates Islamic ideas to enhance existing frameworks. The proposed retirement structure accommodates religious practices such as daily prayers and halal provisions, which are not typically included in generic retirement models. It aligns with Zainuddin and Kayat (2019) and introduces a structured mechanism for faith, care, and community participation. As Halim et al. (2024) advocate Shariah-compliant care, the model promotes gender-sensitive healthcare and family participation.

6.0 Implications for Practitioners

Creating a religious and cultural retirement framework helps target eldercare. It illustrates cultural context in elder service provision, adding to knowledge. The framework has four main domains: "religious practice", "social preference", "healthcare needs", and "family involvement". This paradigm addresses culturally unique issues in Muslim senior housing. Its theological and cultural model may affect eldercare. Gerontologists, sociologists, architects, and religion experts must work together to create context-specific and functional models. Cross-domain collaboration can enhance understanding and innovation in eldercare.

The adoption of this model may enable extended studies focused on health outcomes and lived experiences among Muslim older adults. The longitudinal studies may identify patterns in eldercare practices within faith-based environments. In contributing to the body of literature, it draws attention to the role of socio-religious alignment in shaping responsive support. A new aspect is also added to the field of elderly care through the development of a new framework for Muslim retirement villages, which is specifically designed to meet the cultural and religious needs of Muslim elderly, particularly in Malaysia.

The proposed framework for Islamic retirement villages also aligns with the government's aim of accomplishing the objectives stated in the National Senior Citizens Policy. This framework addresses elder safety considerations through design and policy elements. Moreover, the policy highlights the need to utilise research findings as a foundation for designing, overseeing, and assessing programs targeted at the aged population. Hence, the development of the framework is anticipated to provide valuable insights for initiating a comprehensive model of Islamic retirement villages, thereby benefiting future elderly Muslim retirees.

The new framework for Muslim retirement villages also aligns with the UN's Sustainable Development Goals (SDGs), particularly SDG 3, which promotes well-being for all ages, and SDG 11.7, which aims to provide safe and sustainable green spaces for the elderly and the broader population. Multisectoral engagement (includes governments, non-governmental organisations, academic institutions, and enterprises) may enhance coordination among stakeholders and support progress toward SDG 17 (Partnerships for Goals). These parties can collaborate to create a new framework for Muslim retirement villages and devise culturally appropriate eldercare models. They may collaborate on sustainable and demographically inclusive eldercare solutions by sharing resources and information.

7.0 Limitations and Recommendations for Future Research

This study uses religious traditions, social connectivity, healthcare responsiveness, and familial ties to create a culturally responsive framework for Muslim retirement villages. A paradigm that represents Muslim older people's religious identity and socio-cultural values contributes to culturally inclusive eldercare. However, many limitations must be acknowledged. This conceptual framework is based solely on secondary evidence from modern literature. It lacks empirical validation and real-world testing, which may limit its generalizability and practicality. The framework may need to be adapted for different Muslim cultures. Various recommendations improve the framework's robustness and applicability. Pilot studies should assess the efficacy and viability of this framework in retirement villages. It can indicate usability issues and operational issues. The approach must be co-developed with religious scholars and healthcare professionals to achieve Shariah-compliant and medical care criteria. Longitudinal studies should evaluate the framework's long-term effects and adaptability in varied Muslim aging groups. These efforts will improve the model, making it theoretically sound and practically applicable.

8.0 Conclusions

The spiritual, social, and physical well-being of Muslim elderly can be improved by emphasising religious practices, social activities, healthcare, and participating in family activities. This study requires a foundational perspective for developing retirement facilities that reflect both spiritual identity and care needs. Such a model is constructed with emphasis on religious inclusivity and community engagement. It focuses on domains highlighted as relevant by elder Muslim populations, namely religious practices, social preferences, healthcare needs, and participation from family members. Regulatory support and policy integration, particularly the National Elderly Policy and Action Plan, could aid implementation. It also benefits from intersectoral collaboration between the government, NGOs, academic institutions, and companies.

Model development requires collaboration across gerontology, sociology, architecture, and religious studies. Longitudinal research is needed to assess the model's practicality and adaptability. The retirement villages framework helps plan living situations for aging Muslims. This may encourage community involvement as people age. The framework will also promote cultural identity and communal and religious participation in retirement.

Acknowledgments

Paper Contribution to Related Field of Study

This paper contributes to the field of culturally appropriate eldercare solutions and the development of inclusive retirement models for Muslim elderly, aligning with social science and educational research on societal development and public well-being.

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