

## Leveraging Community Capital for Ageing Readiness in Sabah: Non-Capital-Intensive Lessons from ASEAN and Greater China

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### ABSTRACT

Sabah is entering a phase of population ageing under structural conditions that differ markedly from metropolitan and capital-intensive settings. Geographic dispersion, uneven access to services, limited availability of specialist care, and fiscal constraints shape both the lived experience of ageing and the feasibility of policy responses. In such contexts, infrastructure-heavy and institution-centred ageing models are neither scalable nor equitable. This article therefore deliberately excludes capital-intensive approaches and examines how community capital, including social networks, volunteer capacity, informal caregiving arrangements, and local governance mechanisms, can be mobilised to enhance ageing readiness in Sabah and comparable regions in Malaysia. Using a desk-based thematic synthesis of empirical studies, policy analyses, and strategic documents from ASEAN and selected Greater China contexts, the study identifies non-capital-intensive practices that support ageing in place through community-embedded systems of care. The findings highlight the importance of age-friendly community environments, social participation, and locally coordinated support arrangements in sustaining active ageing outcomes. Comparative experiences from Taiwan and mainland China further demonstrate both the sustainability potential and governance risks of community-based care systems, underscoring the need for capable local management and enabling institutional design. The article concludes by outlining practical policy implications for Sabah and Malaysia, emphasising how coordinated community-based care, caregiver support mechanisms, and regionally aligned partnerships can strengthen ageing readiness. By positioning community capital as a central delivery asset, this study offers a context-appropriate pathway for advancing ageing policy in resource-constrained and geographically diverse settings.

**Contribution/Originality:** This study advances ageing policy scholarship by reframing ageing readiness through community capital rather than capital-intensive infrastructure. It provides a context-sensitive synthesis of ASEAN and Greater China experiences, offering practical governance insights for resource-constrained and geographically dispersed regions such as Sabah.

## 1. Introduction

Population ageing in Sabah is no longer a distant demographic trend but an emerging governance challenge. While ageing is a nationwide phenomenon in Malaysia, its manifestation in Sabah is shaped by distinct structural conditions, including dispersed rural settlements, uneven access to healthcare and social services, and limited availability of specialised care providers (Mohd Noor et al., 2024). These characteristics complicate service delivery and render policy approaches that implicitly assume dense populations and concentrated service infrastructure less effective.

Conventional ageing policy responses frequently prioritise capital-intensive interventions, such as purpose-built residential facilities, specialised long-term care institutions, or large service complexes. In geographically dispersed and resource-constrained regions, however, such approaches risk widening gaps between well-served and under-served areas while imposing high recurrent costs that are difficult to sustain. Facilities tend to cluster in urban centres where demand is visible and workforce supply is more reliable, leaving peripheral districts underserved (Singh et al., 2025). Moreover, institutional expansion often underestimates the social costs of displacing older persons from familiar environments and community routines (Thepthien, 2020).

This article explicitly excludes capital-intensive ageing models, including large-scale residential institutions, hospital-centric long-term care systems, and infrastructure-heavy service hubs. The exclusion is deliberate rather than incidental. Such models are not readily scalable across Sabah's diverse districts, nor are they well suited to regions where ageing occurs within strong family and community contexts. Instead, this article reframes ageing readiness around community-based delivery, rather than relying on facility-based provision.

Older persons in Sabah, as in much of Southeast Asia, spend the majority of their lives within neighbourhood settings shaped by family networks, local associations, religious institutions, and informal mutual support arrangements. Everyday wellbeing is influenced less by periodic engagement with institutional care settings than by mobility, social participation, informal assistance, caregiver availability, and early recognition of emerging needs (Thepthien, & Wattanapisit, 2023; Mohd Noor et al., 2024). These elements are embedded in community contexts and are influenced by how local actors, organisations, and governance arrangements interact.

The concept of community capital provides a useful lens for examining these dynamics. Community capital refers to the combined capacity of social relationships, volunteer participation, informal caregiving practices, and local organisational arrangements that can be mobilised to support ageing in place (Cao & Rammohan, 2016; Aida et al., 2017). When structured and supported, these resources can deliver meaningful ageing support at relatively low marginal cost, making them particularly relevant for Sabah and similar Malaysian regions.

Regional evidence supports this proposition. Studies across ASEAN consistently demonstrate that active ageing outcomes are associated with age-friendly community environments, social participation, and lifestyle factors rooted in local settings (Tiraphat et al., 2021; Teerawichitchainan et al., 2019). These findings indicate that community context functions not only as a structural setting, but also as a domain through which ageing policies can be translated into practice. Comparative experiences from Taiwan and mainland China further illustrate how community-based care systems can extend coverage beyond formal institutions, while also revealing governance and sustainability risks when community initiatives lack coordination or ineffective resource management (Zhan et al., 2008; Hung et al., 2022;

Against this backdrop, the purpose of this article is twofold. First, it synthesises non-capital-intensive, community-based practices from ASEAN and selected Greater China contexts that are relevant to ageing readiness. Second, it evaluates how these practices can be adapted to Sabah and to similar regions in Malaysia. Rather than promoting direct replication of external models, the article extracts operational principles, governance lessons, and sustainability conditions that can inform context-appropriate policy design.

## 2. Methodological Approach

This study employs a desk-based thematic synthesis of selected peer-reviewed articles, policy reviews, and strategic documents from ASEAN and Greater China. The objective is not to produce an exhaustive systematic review, but to identify recurring mechanisms and governance patterns that support ageing readiness in resource-constrained settings (Teerawichitchainan, & Knodel, 2019; Thepthien, & Wattanapisit, 2023). The synthesis focuses on practices that mobilise community capital and operate without reliance on large capital investments. Accordingly, this study adopts a narrative thematic synthesis and comparative policy review approach, focusing on operational mechanisms and governance patterns rather than exhaustive systematic coverage.

Sources emphasising capital-intensive institutional expansion, facility-based long-term care systems, or hospital-centred service models were intentionally excluded. This boundary reflects both the analytical focus of the study and the practical constraints faced by Sabah and comparable Malaysian regions. The inclusion criteria prioritised studies that examined age-friendly environments, social participation, community-based long-term care, volunteer engagement, caregiver support, and local governance arrangements.

The ASEAN literature provides empirical grounding on active ageing determinants and community-based care practices in countries such as Thailand, Indonesia, Malaysia, and the Philippines (Tiraphat et al., 2021; Cao & Rammohan, 2016; Aung et al., 2021). These contexts share challenges related to service fragmentation, caregiver burden, and fiscal limits, making them analytically relevant to Sabah. The Greater China literature, focusing on Taiwan and mainland China, is used comparatively to explore issues of sustainability, neighbourhood governance, and the institutionalisation of community care (Zhan et al., 2008; Hung et al., 2022).

Policy and strategic documents produced by regional and international bodies, including ASEAN, the Asian Development Bank, and the World Health Organization, are incorporated to situate empirical findings within broader policy trajectories (ASEAN

Committee on Ageing and Ageing Issues, 2025; Asian Development Bank, 2025; World Health Organization, 2019). These documents are treated as directional frameworks that shape legitimacy, funding priorities, and cross-sector collaboration, rather than as prescriptive blueprints.

## 2.1. Rationale for Country Emphasis within The ASEAN Context

Although this study adopts an ASEAN-oriented analytical lens, the distribution of country-level evidence reflects differences in the nature, depth, and operational relevance of available literature rather than an attempt at comprehensive regional coverage. The selection and emphasis of country cases are guided by considerations of contextual similarity, policy transferability, and the availability of empirically grounded insights into non-capital-intensive ageing practices applicable to Sabah and comparable regions in Malaysia.

Indonesia is referenced primarily for its contribution to understanding the relationship between social capital, community participation, and healthy or active ageing outcomes. Existing Indonesian studies provide important conceptual and empirical support for the role of trust, reciprocity, and informal social networks in shaping later-life wellbeing. However, much of this literature remains survey-based and outcome-focused, offering limited detail on system design, governance arrangements, or delivery mechanisms that can be readily adapted across contexts. As a result, Indonesia is used in this article to substantiate conceptual arguments regarding community capital, rather than as a primary source of operational models.

Singapore, despite its extensive and well-documented ageing policy framework, is not emphasised in this analysis. Its long-term care system is characterised by high levels of capital investment, dense institutional infrastructure, and strong administrative capacity within a city-state environment. These structural conditions differ substantially from those of Sabah, which faces geographic dispersion, uneven service access, and fiscal constraints. Given this article's explicit focus on non-capital-intensive approaches that are scalable in resource-constrained and spatially diverse settings, Singapore's institution-heavy models fall outside the analytical scope.

In contrast, Thailand and the Philippines are more prominently featured due to their longer experience with community-based, volunteer-supported, and locally coordinated ageing initiatives, particularly in rural and semi-urban contexts. These cases offer richer empirical insights into mutual-help networks, community intermediaries, and low-cost coordination mechanisms that align closely with Sabah's structural realities. Comparative references to Taiwan and mainland China are included selectively to illustrate governance and sustainability dynamics within community-based care systems, serving as comparative controls that highlight both enabling conditions and potential risks.

Overall, the country emphasis adopted in this study reflects a deliberate methodological choice to prioritise operational relevance and contextual transferability over regional exhaustiveness, ensuring that the analysis remains focused on practices that can inform ageing readiness in Sabah and similar regions within Malaysia.

### **3. Community Capital and Active Ageing in ASEAN**

Community capital has emerged as a central explanatory factor in understanding ageing outcomes across ASEAN, particularly in settings where formal long-term care infrastructure remains unevenly distributed. Rather than being treated as a supplementary resource, community capital in these contexts often functions as a primary delivery mechanism through which older adults access social participation, informal care, and everyday support. ASEAN scholarship consistently demonstrates that active ageing is shaped not only by individual health status or income, but by the extent and operational effectiveness of social networks, opportunities for engagement, and the presence of locally embedded coordination structures.

#### **3.1. Age-Friendly Environments and Social Participation**

Studies across ASEAN highlight the importance of age-friendly environments in sustaining active ageing, particularly where institutional service provision is limited. Rather than focusing solely on physical infrastructure, age-friendly environments in these contexts are characterised by accessibility, social inclusion, and opportunities for participation within everyday community spaces. Evidence from multi-country analyses indicates that older adults who reside in environments that support mobility, social interaction, and informal engagement are more likely to remain active and socially connected, even in the absence of comprehensive formal care systems (Tiraphat et al., 2021).

Research conducted in Thailand demonstrates how age-friendly initiatives at the sub-district level contribute to improved wellbeing among older adults by embedding ageing considerations into local planning and community activities. These initiatives often rely on modest resources, prioritising the adaptation of existing community spaces rather than the construction of new facilities (Thepthien, 2020). Such approaches are particularly relevant for regions like Sabah, where geographic dispersion and fiscal constraints limit the feasibility of large-scale infrastructure investment.

Scoping reviews of active ageing determinants in Southeast Asia further reinforce the role of environmental and social factors. Thepthien and Wattanapisit (2023) identifies social participation, neighbourhood cohesion, and access to community activities as recurring determinants of active ageing outcomes across multiple ASEAN countries. These findings suggest that policy interventions targeting social inclusion and community engagement may yield substantial benefits even in resource-constrained settings.

More recent work on resource-constrained urban ageing in Bangkok illustrates how age-friendly frameworks can be adapted to environments facing financial and spatial limitations. Iecovich (2014) demonstrate that strategic coordination between local authorities, community organisations, and informal networks can enhance age-friendliness without significant capital expenditure. This emphasis on adaptive governance and local collaboration aligns closely with Sabah's urban-rural mix and fragmented service landscape.

### **3.2. Social Capital, Trust, and Mutual-Help Networks**

Beyond environmental considerations, ASEAN literature consistently highlights the importance of social capital—defined through trust, reciprocity, and network density—in shaping ageing experiences. Social capital operates both as a buffer against service gaps and as an enabler of informal care arrangements, particularly in societies where familial and community ties remain influential.

Empirical work in Indonesia provides strong evidence linking social capital to healthy ageing outcomes. Cao and Rammohan (2016) demonstrate that older adults with higher levels of community trust and social participation exhibit better self-reported health and wellbeing, even after controlling for socio-economic factors. While such studies are primarily correlational, they establish a critical conceptual foundation for understanding why community capital matters in ageing policy.

In Thailand, the role of mutual-help networks has been examined in greater operational detail. Nuntaboot et al. (2019) document how local community networks facilitate information sharing, caregiving coordination, and access to basic services for older adults. These networks often function through existing social structures, such as village committees or religious groups, minimising the need for formal institutionalisation.

Volunteerism constitutes another key dimension of social capital in ASEAN ageing contexts. Soesanto et al., (2021), examining elderly integrated service centres, highlight how volunteers contribute to service continuity, outreach, and emotional support. Volunteer-based models reduce dependency on professionalised care staff, offering a pragmatic solution in settings facing workforce shortages. However, the sustainability of such models depends on ongoing social trust and community ownership, reinforcing the importance of nurturing social capital rather than assuming its automatic availability.

Taken together, these studies suggest that social capital is not merely an individual attribute but a collective resource that can be mobilised through supportive policy and governance arrangements. For Sabah, where informal caregiving remains prevalent, recognising and strengthening existing social networks may represent a more feasible pathway to ageing readiness than attempting to replicate formal service systems developed in high-income urban settings.

### **3.3. Community Hubs and Elder-Led Participation**

A growing body of ASEAN literature emphasises the role of community hubs and elder-led initiatives in promoting social participation and psychological wellbeing among older adults. These models move beyond passive service provision, positioning older adults as contributors to community life rather than solely as care recipients.

The Ibasho model, implemented in the Philippines, offers a notable example of community hubs designed around elder leadership and intergenerational interaction. Aida et al. (2017) document how such hubs function as inclusive spaces where older adults engage in decision-making, mentoring, and community activities. Importantly, the Ibasho model operates with limited financial resources, relying on community ownership and social engagement rather than formal institutional support.

Similar principles underpin age-friendly community initiatives in northern Thailand. Thephtien (2020) describe how community-based programmes create opportunities for meaningful participation by integrating older adults into local cultural, educational, and social activities. These initiatives contribute to a sense of purpose and belonging, which are increasingly recognised as critical components of active ageing.

Elder-led and community hub models offer important lessons for Sabah, where social isolation among older adults is exacerbated by geographic dispersion and migration of younger populations. By creating locally anchored spaces for interaction and engagement, such models address psychosocial needs without imposing substantial financial burdens on public systems.

### **3.4. Implications for Non-Capital-Intensive Ageing Strategies**

The ASEAN evidence reviewed in this section demonstrates that community capital plays a multifaceted role in supporting active ageing, encompassing environmental design, social networks, volunteerism, and participatory spaces.

For Sabah, the relevance of these findings lies in their emphasis on adaptability, local coordination, and social engagement. Rather than prioritising the expansion of formal facilities, policy efforts may yield greater impact by strengthening age-friendly environments, supporting mutual-help networks, and enabling community-led initiatives. Such approaches align with Sabah's demographic and geographic realities, offering a pragmatic foundation for ageing readiness that is both scalable and contextually appropriate.

## **4. Community-Based Long-Term Care Mechanisms in ASEAN**

While community capital shapes the social foundations of active ageing, its translation into sustained support for older adults increasingly depends on the effectiveness of community-based long-term care (CB-LTC) mechanisms. Across ASEAN, CB-LTC has emerged not as a uniform system, but as a set of adaptive practices that respond to service gaps, workforce shortages, and fiscal constraints. These mechanisms are particularly important in contexts where institutional care remains limited or unevenly distributed, and where ageing in place is both a cultural preference and a structural necessity.

ASEAN literature indicates that CB-LTC operates through a combination of informal caregiving, community intermediaries, volunteer mobilisation, and low-cost coordination arrangements. Rather than replacing formal health or social services, community-based approaches function as linking mechanism between households, communities, and existing public systems. This intermediary role is especially important in resource-constrained settings, where existing institutional arrangements offer limited continuity in meeting daily care needs.

### **4.1. Care Coordination and Community Intermediaries**

One of the most critical functions of CB-LTC systems in ASEAN is care coordination. Studies consistently show that the fragmentation between health, social, and community services poses a significant challenges to effective ageing support. In the absence of integrated institutional systems, community intermediaries often assume responsibility

for linking older adults to available resources, facilitating referrals, and monitoring ongoing needs.

Evidence from Thailand illustrates how community-integrated care models rely on local health volunteers and community coordinators to bridge gaps between hospitals, primary care providers, and households. Aung et al. (2021) document how such intermediaries play a central role in transitional care, particularly following hospital discharge. By maintaining regular contact with older adults and their families, community coordinators help prevent care discontinuities that would otherwise lead to avoidable readmissions or deterioration in functional status.

The World Health Organization's regional review of long-term care initiatives similarly emphasises the importance of coordination mechanisms in community-based systems. Rather than advocating for the rapid expansion of facilities, the WHO (2019) highlights the value of strengthening local governance structures and communication pathways that enable different actors to collaborate effectively. This approach recognises that coordination failures, rather than absolute resource scarcity, often undermine care outcomes.

Comparative analyses across Southeast Asia further demonstrate that CB-LTC systems function most effectively when roles and responsibilities are clearly delineated, even in informal settings. Teerawichitchainan and Knodel (2019) note that successful community-based initiatives tend to institutionalise coordination functions without formalising care delivery itself. In other words, while care remains community-embedded and relational, coordination is treated as a system function requiring stability and accountability.

Given Sabah's geographic dispersion and uneven service coverage, community intermediaries can serve as practical connectors within a care system characterised by institutional fragmentation.

#### **4.2. Volunteers and Informal Care Networks**

Volunteer participation represents another cornerstone of CB-LTC mechanisms in ASEAN. In many contexts, volunteers supplement or substitute for professional care staff, particularly in rural and semi-urban areas where workforce shortages are acute. ASEAN studies consistently highlight the contributions of volunteers in providing basic assistance, companionship, and monitoring support for older adults living at home.

Research on elderly integrated service centres demonstrates how volunteers enhance service reach and continuity without imposing significant financial burdens on local systems. Soesanto et al., (2021) show that volunteers often act as first points of contact, identifying emerging needs and mobilising additional support where required. This role is particularly valuable in settings where formal services operate intermittently or are geographically distant. However, the sustainability of volunteer-based models depends heavily on social trust, community ownership, and perceived legitimacy. Studies caution that volunteer fatigue and uneven participation can undermine long-term effectiveness if support structures are weak. As such, CB-LTC systems that rely on volunteers must invest in training, recognition, and coordination to maintain engagement over time.

Thai experiences further illustrate how volunteer networks can be embedded within broader community health strategies. Nuntaboot et al. (2019) describe how mutual-help networks leverage existing social relationships to support older adults, reducing reliance on external service providers. These networks often operate informally, yet they exhibit considerable organisational capacity when aligned with local governance frameworks.

For Sabah, where informal caregiving remains widespread, recognising volunteers as legitimate contributors to ageing support systems is critical. Rather than viewing informal care as a residual or temporary solution, policy approaches can strengthen volunteer networks through modest institutional support, thereby enhancing resilience without escalating costs.

### **4.3. Time Banking and Non-Monetary Exchange Mechanisms**

Beyond volunteerism, ASEAN and Greater China literature highlights the use of non-monetary exchange mechanisms, such as time banking, as tools for supporting community-based care. Time banking systems allow individuals to exchange caregiving services based on time credits rather than financial payment, thereby facilitating reciprocal support within communities.

Systematic reviews indicate that time banking initiatives contribute to increased social participation and perceived wellbeing among older adults, while also addressing caregiving shortages. Ding and Li (2022) synthesise evidence demonstrating that time banking can enhance social cohesion and encourage mutual assistance, particularly in ageing societies facing fiscal constraints.

Empirical studies from Hong Kong and Thailand provide further insight into the operational challenges of time banking. Ng, Yim and Fong (2020) note that while time banking offers a promising non-capital-intensive mechanism, its success depends on clear governance arrangements, trust among participants, and integration with existing community structures. Similarly, Sasananan et al. (2019) observe that participation rates are influenced by cultural norms and perceptions of reciprocity.

These findings underscore that time banking should not be viewed as a standalone solution, but as one component of a broader CB-LTC ecosystem. When embedded within community organisations or supported by local authorities, time banking can complement volunteer networks and informal care arrangements.

For Sabah, the relevance of time banking lies in its potential adaptability rather than direct replication. Given cultural variations and logistical constraints, selective incorporation of non-monetary exchange principles—such as recognising caregiving contributions or facilitating reciprocal support—may be more feasible than implementing formal time banking systems at scale.

### **4.4. Governance Considerations and System Sustainability**

A recurring theme in ASEAN CB-LTC literature is the tension between flexibility and sustainability. Community-based systems derive strength from local ownership and adaptability, yet they remain vulnerable to coordination failures, uneven coverage, and governance gaps. Without supportive policy frameworks, community initiatives risk becoming fragmented or overly dependent on individual actors.

Comparative regional analyses highlight that sustainable CB-LTC systems strike a balance between community autonomy and institutional support. Vo and Fong (2025) emphasise that while excessive bureaucratisation can restrain community initiative, the absence of clear governance can lead to inconsistency and burnout, underscoring the need for enabling structures that support, rather than control, community-based care.

These insights are particularly important for Sabah and Malaysia more broadly. As ageing accelerates, reliance on informal and community-based care is likely to increase. Ensuring sustainability will require deliberate investment in coordination mechanisms, caregiver support, and governance frameworks that respect community dynamics while providing continuity and oversight.

## **5. Comparative Lessons from Taiwan and Mainland China: Sustainability and Governance Dynamics**

While ASEAN experiences highlight the feasibility of community-based and non-capital-intensive ageing practices, comparative insights from Taiwan and mainland China provide a deeper understanding of the sustainability and governance challenges that accompany the institutionalisation of community-based care. These contexts are not presented as models for replication in Sabah, but as comparative cases that illustrate how community initiatives evolve under different policy, administrative, and regulatory conditions. Their inclusion enables a more intricate assessment of both the enabling and constraining factors that shape community-based long-term care systems over time.

### **5.1. Taiwan: Sustainability Through Organisational Capacity and Local Governance**

Taiwan's experience with community-based care is characterised by an extensive network of community care centres and home- and community-based services developed in response to rapid population ageing. Unlike capital-intensive institutional models, many of Taiwan's community initiatives were initially established with modest resources and strong reliance on local participation. However, the long-term sustainability of these centres has depended less on their physical infrastructure than on organisational capacity, management competence, and governance arrangements.

Empirical studies highlight that the performance and longevity of community care centres in Taiwan vary considerably. Hung et al. (2022) identify leadership stability, volunteer management, and financial diversification as key factors influencing sustainability. Centres that developed clear organisational structures and cultivated partnerships with local authorities and civil society organisations were more likely to persist, while those reliant on short-term funding or individual champions faced higher risks of decline.

Further analysis of community-based long-term day-care centres reveals that stakeholder perspectives play a significant role in shaping service delivery and continuity. Hung et al. (2025) show that differences in expectations among service users, caregivers, staff, and local governments can generate operational tensions if not actively managed. These findings emphasise the importance of governance arrangements that facilitate dialogue and alignment among actors, even within apparently community-led systems.

Taiwan's experience also demonstrates the challenges of scaling community-based care without weakening its relational foundations. Chuang et al., (2013) notes that as services expand, administrative requirements and reporting obligations tend to increase, potentially diverting attention away from direct engagement with older adults.

Importantly, studies examining Indigenous elderly care in Taiwan draw attention to the limits of standardised community models. Tsai et al., (2010) argues that community-based care initiatives must remain sensitive to cultural autonomy and local values, cautioning against overly technocratic approaches that marginalise Indigenous knowledge and practices.

## **5.2. Mainland China: Community Care Under Strong Administrative Steering**

Mainland China offers a contrasting case in which community-based care has been promoted through strong state involvement and administrative steering. In recent decades, China has pursued the development of home- and community-based elderly care as a means of alleviating pressure on institutional facilities and responding to demographic change. While these initiatives share surface similarities with community-based models elsewhere, their governance dynamics differ substantially.

Research on China's community care systems highlights the concept of "embedded neoliberalism," whereby market-oriented service provision is embedded within a framework of state oversight and neighbourhood governance. Studies show that while this approach has facilitated rapid expansion of community services, it has also introduced new forms of bureaucratic complexity and control (Chen & Powell, 2012).

Analyses of neighbourhood-based elderly care systems indicate that administrative coordination plays a central role in service delivery. Community organisations often operate under the direction of local government units, with defined performance targets and reporting requirements. While such arrangements enhance coverage and standardisation, they can constrain local initiative and reduce flexibility in responding to individual needs.

Comparative studies of ageing policy development in China and Thailand further reveal these governance trade-offs. Mu (2014) observes that while China's centrally guided approach enables rapid mobilisation of resources, it risks undermining community ownership and social capital if administrative demands overshadow relational aspects of care. This finding resonates with concerns raised in broader ASEAN literature regarding the sustainability of overly formalised community systems.

Recent analyses of smart and integrated care models in China suggest ongoing efforts to balance technological integration with community-based delivery. Hu (2019) notes that while digital platforms and coordination tools can enhance efficiency, their effectiveness ultimately depends on local capacity and trust. Without careful governance design, technology-driven approaches may reinforce existing inequalities rather than mitigate them.

## **5.3. Governance Risks and Transferable Lessons**

Taken together, the experiences of Taiwan and mainland China illustrate that community-based care systems are not inherently sustainable simply by virtue of being

community-oriented. Sustainability depends on governance arrangements that support coordination, capacity-building, and accountability without override the social relationships that underpin community capital.

For Sabah, the key transferable lessons from these comparative cases lie not in institutional design but in governance principles. Taiwan's experience highlights the importance of organisational capacity, leadership continuity, and culturally responsive governance. Mainland China's experience highlights the risks associated with excessive administrative control and the potential erosion of community ownership when care systems become overly complicated with administrative procedure.

These insights reinforce the argument put forward in this article that ageing readiness in resource-constrained and geographically diverse settings should prioritise enabling governance rather than institutional expansion. Community-based initiatives require supportive policy environments that provide coordination and legitimacy, while preserving flexibility and local autonomy.

By situating ASEAN experiences alongside these comparative cases, this section strengthens the analytical foundation for identifying ageing strategies that are both feasible and sustainable in Sabah and similar regions in Malaysia.

## **6. Regional Policy Alignment and Partnership Pathways**

The effectiveness of community-based ageing strategies does not depend solely on local initiative or informal care capacity. Across ASEAN, the sustainability of non-capital-intensive ageing practices is increasingly shaped by the extent to which community-level efforts are aligned with regional policy frameworks, inter-organisational partnerships, and enabling institutional environments. Building on the community capital mechanisms identified in earlier sections, regional coordination and partnership mechanisms play a critical role in scaling, legitimising, and sustaining community-based approaches over time (Asian Development Bank, 2025; World Health Organization, 2019).

ASEAN policy discourse on ageing has gradually shifted from a narrow focus on service provision toward broader concerns with system integration, community participation, and long-term sustainability. Strategic documents produced at the regional level emphasise the need for ageing policies that are adaptable to diverse national and subnational contexts, particularly in member states characterised by geographic dispersion and uneven development. Rather than prescribing uniform institutional models, these frameworks encourage member states to leverage existing community assets and social networks as part of ageing policy design (ASEAN Committee on Ageing and Ageing Issues, 2025).

Within this policy environment, partnerships emerge as a key mechanism for translating regional principles into locally actionable strategies. Studies examining long-term care initiatives in Southeast Asia highlight that effective partnerships often involve a mix of public agencies, civil society organisations, community groups, and, in some cases, private sector actors operating within clearly defined roles. Crucially, these partnerships tend to function best when they support coordination and capacity-building rather than direct service substitution.

The Asian Development Bank's analysis of community-based long-term care pilots highlights the importance of partnership models that reinforce local delivery systems without imposing capital-intensive requirements. This approach aligns closely with the non-capital-intensive framing adopted in this article, highlighting how external support can enhance community capacity without undermining local ownership.

At the ASEAN level, regional coordination platforms also play a role in knowledge distribution and policy learning. Comparative studies note that mechanisms for sharing lessons across member states—such as technical working groups, pilot evaluations, and strategic roadmaps—help contextualise ageing solutions within similar socio-economic environments. These platforms enable subnational actors to adapt practices from neighbouring countries while avoiding inappropriate policy transfers from fundamentally different contexts.

For Malaysia, engagement with regional ageing frameworks offers both opportunities and constraints. On one hand, alignment with ASEAN principles can provide legitimacy and strategic direction for community-based ageing initiatives, particularly in states like Sabah that face structural challenges distinct from peninsular urban centres. On the other hand, national policy coherence is essential to ensure that regional aspirations translate into practical support at the local level. Without clear pathways linking regional commitments to state-level implementation, community initiatives risk remaining fragmented or under-resourced.

Partnership routes that respect this multi-level governance reality are therefore critical. Rather than relying on single-sector leadership, effective ageing strategies increasingly depend on collaborative arrangements that clarify responsibilities across national, state, and community actors. This includes recognising the role of non-governmental organisations and community groups as delivery partners, while ensuring that coordination and oversight functions are adequately supported by public institutions.

Extending the governance tensions discussed earlier, partnership arrangements risk undermining community agency when external accountability demands overshadow local priorities over long-term system development. Studies of community-based care initiatives indicate that partnerships are most effective when they are embedded within local governance structures and aligned with community priorities (Vo & Fong, 2025; Aung et al., 2021). This reinforces the argument that partnerships should serve as enabling mechanisms rather than as substitutes for community agency.

In the context of Sabah, regional policy alignment and partnership design must account for the state's geographic diversity, cultural plurality, and varying levels of institutional capacity. ASEAN-level frameworks and development partner initiatives can provide valuable reference points and technical support, but their effectiveness ultimately depends on how well they are adapted to local realities. This highlights the need for partnership models that emphasise flexibility, mutual learning, and sustained engagement, rather than standardised programmatic replication.

By situating community-based ageing strategies within a broader regional and partnership-oriented framework, this section highlights how non-capital-intensive approaches can be supported and scaled without sacrificing local relevance. These considerations provide a necessary bridge between comparative analysis and the context-specific implications discussed in the following section.

## **7. Implications for Sabah and Malaysia: Advancing Ageing Readiness Through Community-Based Pathways**

The preceding sections demonstrate that ageing readiness in resource-constrained and geographically diverse settings is shaped less by the expansion of institutional capacity than by the effective mobilisation of community capital, coordination mechanisms, and enabling governance arrangements. For Sabah and Malaysia more broadly, these findings carry important implications for how ageing policy is conceptualised, prioritised, and implemented.

### **7.1. Contextual Constraints and Strategic Priorities in Sabah**

Sabah's ageing trajectory is shaped by structural conditions that distinguish it from more urbanised and densely populated regions of Malaysia. These well-documented structural constraints continue to shape ageing support across Sabah, limiting the feasibility of large-scale institutional solutions. In many districts, older adults rely primarily on family members, neighbours, and community organisations for everyday support, with formal services accessed intermittently or at a distance.

These conditions suggest that ageing policy in Sabah must prioritise approaches that strengthen what already exists rather than attempting to replicate models developed for metropolitan contexts. Community-based strategies that enhance coordination, support informal caregivers, and foster social participation are therefore not interim solutions, but core components of a viable ageing system. The ASEAN and comparative evidence reviewed in this article reinforces the view that such approaches can deliver meaningful outcomes when supported by appropriate governance and policy alignment.

### **7.2. Strengthening Community Coordination and Local Capacity**

A central implication for Sabah lies in the need to strengthen structured coordination across community-based care and support systems. Building on the coordination challenges identified earlier, Sabah's informal care networks require structured facilitation to function as part of a coherent ageing support system. Introducing community-level coordination functions—such as care facilitators or local liaisons—can help bridge these gaps without requiring substantial capital investment.

These coordination roles need not be professionalised in the conventional sense. Instead, they can be embedded within existing community organisations or local administrative structures, drawing on trusted individuals with contextual knowledge. The role of such coordinators would focus on information-sharing, referral facilitation, and basic monitoring, ensuring that older adults and caregivers are not left to navigate complex systems independently. This approach reflects lessons from ASEAN CB-LTC models, where coordination capacity has proven more critical than physical infrastructure.

### **7.3. Recognising and Supporting Informal Caregivers**

Informal caregivers constitute the backbone of ageing support in Sabah and across Malaysia. Family members, neighbours, and volunteers provide substantial care inputs, often with limited training or formal recognition. The literature reviewed in this article

suggests that the sustainability of community-based ageing systems depends on how effectively these caregivers are supported.

Policy measures that recognise caregivers as legitimate contributors to the care system can enhance resilience without escalating costs. Such measures may include access to basic training, informational resources, peer support networks, and modest forms of recognition. Importantly, caregiver support should be framed not as a replacement for formal services, but as a complementary strategy that acknowledges existing care realities.

Evidence from ASEAN contexts indicates that caregiver burnout and withdrawal pose significant risks when support structures are absent. For Sabah, integrating caregiver support into ageing policy represents a pragmatic step toward improving care continuity and quality while respecting fiscal constraints.

#### **7.4. Leveraging Community Organisations and Civil Society**

Non-governmental organisations and community groups play a critical role in delivering ageing-related support across Sabah. These organisations often possess deep contextual knowledge and established relationships within communities, enabling them to reach older adults who may otherwise be excluded from formal systems. However, their contributions are frequently constrained by short-term funding arrangements, limited coordination, and unclear positioning within broader policy frameworks.

The findings of this study suggest that policy efforts should focus on enabling community organisations through stable partnership arrangements rather than treating them as ad hoc service providers. Clear role definition, coordination support, and alignment with state-level ageing objectives can enhance the effectiveness of civil society involvement. This approach aligns with ASEAN experiences, where community organisations function most effectively when integrated into supportive governance environments.

#### **7.5. CSR and Partnership Models: A Non-Capital-Intensive Approach**

Corporate social responsibility (CSR) initiatives represent a potential resource for advancing community-based ageing strategies in Sabah, provided they are aligned with non-capital-intensive objectives. Rather than directing CSR funding toward infrastructure development, which often entails high maintenance costs and limited scalability, partnerships can be structured to support coordination functions, caregiver capacity-building, and community engagement initiatives.

Regional policy analyses indicate that CSR-supported programmes are most effective when they complement existing community systems rather than introducing parallel structures. For Sabah, this implies designing CSR partnerships that prioritise system strengthening, such as funding training programmes, supporting pilot coordination roles, or facilitating knowledge exchange among communities. Such approaches align with the broader ASEAN emphasis on sustainability and local ownership.

## 7.6. Aligning State and National Policy Frameworks

While community-based strategies operate at the local level, their sustainability depends on alignment with state and national policy frameworks. In Malaysia, ageing policy responsibilities are distributed across multiple agencies and levels of government, creating potential coordination challenges. For Sabah, clearer articulation of how community-based ageing initiatives fit within national ageing objectives can enhance coherence and support.

The comparative evidence reviewed in this article highlights the importance of enabling governance that balances oversight with flexibility. State-level policy frameworks can provide legitimacy and coordination support for community initiatives without imposing rigid requirements that undermine local responsiveness. This balance is particularly important in Sabah, where diversity of contexts necessitates adaptive rather than standardised solutions.

## 7.7. Toward A Context-Appropriate Ageing Readiness Pathway

Taken together, the implications outlined in this section point toward a context-appropriate pathway for advancing ageing readiness in Sabah and similar regions in Malaysia. This pathway does not rely on rapid expansion of facilities or professionalised care systems, but on deliberate investment in coordination capacity, caregiver support, and community engagement. The ASEAN and comparative experiences examined in this article demonstrate that such approaches can deliver meaningful outcomes when aligned with local realities and supported by enabling governance.

By reframing ageing readiness as a community-based delivery challenge rather than a facility provision problem, policy-makers can pursue strategies that are both feasible and sustainable. For Sabah, this reframing offers a pragmatic route to addressing the needs of an ageing population while respecting the state's structural constraints and social strengths.

## 8. Conclusion

This article set out to examine how ageing readiness can be advanced in Sabah and similar regions of Malaysia through non-capital-intensive, community-based approaches. Drawing on empirical and policy-oriented literature from ASEAN, alongside comparative insights from Taiwan and mainland China, the analysis demonstrates that ageing readiness in resource-constrained and geographically diverse settings is fundamentally a question of delivery design rather than facility provision. The findings demonstrate that community capital functions as a delivery system rather than a supplementary resource in under-resourced ageing contexts.

The ASEAN evidence reviewed highlights that active ageing outcomes are closely associated with age-friendly environments, mutual-help networks, and community-led initiatives that operate effectively without substantial infrastructure investment. Community-based long-term care mechanisms, particularly those centred on coordination functions and informal caregiving support, play a critical intermediary role in bridging households and formal systems. These mechanisms are most effective when they are embedded within local governance arrangements that provide clarity, continuity, and legitimacy, while preserving community autonomy.

Comparative analysis of Taiwan and mainland China further reinforces the importance of governance design in shaping the sustainability of community-based care systems. Taiwan's experience illustrates how organisational capacity, leadership continuity, and culturally responsive governance influence long-term viability, while China's experience highlights the risks associated with excessive administrative control and over-formalisation. Together, these cases caution against assuming that community-based care is inherently sustainable, underscoring the need for enabling governance frameworks that support, rather than supplant, community agency.

For Sabah and Malaysia, the implications of this study are clear. Ageing readiness strategies that prioritise capital-intensive institutional expansion risk reinforcing existing spatial disparities and imposing recurrent costs that are difficult to sustain. In contrast, approaches that strengthen coordination across community-based care and support systems, recognise and support informal caregivers, and leverage civil society and partnership pathways offer a more feasible and contextually appropriate route forward. Such strategies align with Sabah's demographic realities, fiscal constraints, and social structures, while remaining adaptable to diverse local conditions.

By explicitly excluding capital-intensive models and foregrounding community delivery mechanisms, this article contributes a grounded analytical framework for ageing readiness in under-resourced settings. It advances the argument that ageing policy should be evaluated not by the scale of infrastructure developed, but by the capacity of systems to mobilise community assets, sustain care relationships, and adapt to local needs. In doing so, the study offers a pathway for policymakers, practitioners, and community actors to rethink ageing readiness as a collective, locally embedded endeavour rather than a facility-driven challenge.

### **Ethical Statement**

This study involved secondary analysis of published materials and did not require ethical approval.

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### **Conflict of Interest**

The author declares no conflict of interest.

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