

# Analysis of Factors Influencing the Decision of the Elderly in Choosing a Place of Residence

Eka Maulana Rahmah<sup>1</sup>, Isna Hikmawati<sup>1</sup>

<sup>1</sup>Faculty of Health Sciences, Universitas Muhammadiyah Purwokerto, Indonesia

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## ABSTRACT

Elderly individuals are defined as those who have reached the age of 60 years and above. According to the March 2022 Susenas data, 10.48 percent of the population consists of elderly individuals. One of the main challenges faced by the elderly is making decisions regarding their place of residence. The data shows that 7.10% of elderly individuals live alone, 22.07% live only with their spouse, and 33.66% live with their nuclear family. This study uses a quantitative approach with a cross sectional approach. Data collection was carried out in June 2024 using an instrument, namely a questionnaire sheet distributed directly. The sampling technique is purpose sampling with a sample of 93 elderly respondents aged >60 years, able to communicate well verbally and in writing, willing to be respondents. The variables measured were economic conditions, health conditions, social welfare and the availability of health facilities which were analyzed with data analyzed by the chi-square test. The results indicate that poor economic conditions (82.8%), health status assessed by MMSE and the KATZ index as healthy (100%), and blood pressure measurements as healthy (88.2%) are factors influencing the decision. High social support (84.9%), availability of supporting health care facilities (87.1%), and choosing to live with a spouse or family (92.5%) were also significant. There is a significant relationship between economic conditions ( $p=0.0001$ , OR [95% CI] = 1.778 [1.154-1.239]) and social support ( $p=0.0001$ , OR [95% CI] = 0.500 [0.296-0.884]) with the choice of residence. No significant correlation was found between health status ( $p=0.690$ , OR [95% CI] = 1.093 [1.023-1.168]) and the availability of health care facilities ( $p=1.000$ , OR [95% CI] = 0.880 [0.097-8.018]) with the choice of residence. Economic conditions and social support are significantly related to the choice of residence. Family support and attention to the elderly can improve their well-being.

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### Corresponding Author:

**Isna Hikmawati**

Faculty of Health Sciences, Universitas Muhammadiyah Purwokerto,

Soepardjo Rustam Street KM. 7, Banyumas, Indonesia

Email: [isnahikmawati@ump.ac.id](mailto:isnahikmawati@ump.ac.id)

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## 1. INTRODUCTION

Health development in Indonesia has been quite successful in terms of life expectancy which has increased significantly and made the number of elderly people increase (Sundari et al., 2019). Old age or old age is the last stage in the human life span. Old age is a period in which a person has moved away from a previous period that was more pleasant, or moved on from a time full of benefits. The elderly population that continues to

increase, along with the increasing degree of health and welfare of the population, will affect Life Expectancy (UHH) (Minamodesta & Sudagijono, 2022). The elderly is someone who has reached the age of 60 years and above, where the aging process in the elderly occurs as the elderly get older which will cause problems related to health, economic and social aspects (Februariyanti et al., 2020). The number of the world's population aged 60 years and older is expected to increase from 1.4 billion in 2020 to 2.1 billion in 2050.

Not only the number and proportion of the elderly are increasing, even along with the increase in life expectancy, the proportion of the elderly (80 years and above) is also increasing, even in 2020 to 2050 it is estimated to triple to reach 426 million. Susenas data from March 2022 shows that as many as 10.48 percent of the population are elderly, with an elderly dependency ratio value of 16.09. As many as 65.56 percent of the elderly are classified as young elderly (60-69 years old), 26.76 percent of intermediate elderly (70-79 years old), and 7.69 percent of the elderly (80 years and older) (*Statistics of the Elderly Population 2022*, 2022). Yogyakarta Province occupies the top position with a percentage of the elderly at 16.02 percent, followed by East Java and Central Java with a percentage of the elderly at around 15 percent and followed by Bali and North Sulawesi with a percentage of the elderly at around 13 percent (Badan Pusat Statiska, 2023).

Based on the projection of the population of the regencies/cities of Central Java province 2020-2035, the proportion of the elderly population in Central Java continues to increase that in 2021 the number of elderly people reached 4.65 million people or 12.64 percent of the entire population of Central Java Province then increased to 4.86 million people or 13.07 percent in 2022 (*Profil Lansia Provinsi Jawa Tengah 2022*, 2022). Data was obtained in 2022 in Purbalingga Regency with an age (60-64 years) with a total of 29,533 and an age of >65 years with a total of 50,506 (BPS, 2022). In the population data of Kedungjati village in 2023, there are elderly people aged (60-64 years) with a total of 409, aged (65-69 years) with a total of 280, aged (70-74 years) with a total of 191, and >75 years old with a total of 320. One of the main challenges faced by the elderly is the decision of where to live for the elderly and this has to do with choosing between living with family, living in a nursing home, or even living in their own home with the support of health services outside the home.

The house has a role more than just a shelter because it is the largest part of the daily activities of the elderly (Elderly) after retirement and when there is a decline in body functions and moving to another house is not an easy thing for the elderly (Indarwati & Ners, 2018). To support this, a safe, healthy, and comfortable home is very necessary for the elderly (*Statistika Penduduk Lanjut Usia 2022*, 2022). Relatively weak physical condition, the elderly are a vulnerable group that urgently needs the assistance of other family members, but there are around 7.10 percent of the elderly who live alone and 22.07 percent of the elderly only live with their partners. Around 33.66 percent of the elderly live with their nuclear families and another 34.68 percent live with three generations. Then, around 2.50 percent of the elderly live with other household members such as younger siblings, older brothers, aunts, or uncles (Badan Pusat Statiska, 2023). The choice of housing for the elderly is one of the important aspects of the aging process.

Before making a decision, the decision-maker should first understand the problem points that are being faced and analyze carefully to minimize the occurrence of failures in decision-making (Siregar, 2021). This decision involves considering a variety of factors, including health conditions, social support, personal preferences, economic conditions, and the availability of aged care services (Li et al., 2022). This decision can have a significant impact on the quality of life of the elderly and can also affect the family and the surrounding community (Yanti et al., 2019). Entering old age, the elderly need social and economic support to live a productive and quality life (*Statistika Penduduk Lanjut Usia 2021*, 2021). Attention and support from children, families and relatives are needed for the survival of the elderly. Parents who enter the old age are increasingly neglected socially, culturally and psychologically and feel isolated, lonely and abandoned in the home (Indarwati & Ners, 2018).

Loneliness is a common and growing problem among older adults, and is associated with several negative physical and mental health outcomes, such as decreased functioning and self-assessed health, depression, cognition, and premature death (Lahti et al., 2021). Each individual has his own way of determining the need for housing and a person's desire to live is influenced by several factors (Nana & Utami, 2017). The results of interviews conducted with two elderly men who live alone said that they chose to live alone because their children are already married and do not want to live with them. In addition, for food needs, the first elderly are always sent food every morning while the second elderly cook by themselves. They sometimes gather with friends their age to relieve the loneliness of living alone and sometimes their grandchildren visit. Against this background, choosing Kedungjati Village as the location of the study will provide valuable insights into how to influence the decision of the elderly in choosing a place to live for the elderly. Therefore, this study will focus on analyzing the factors that affect the decision of the elderly in choosing a place to live for the elderly in Kedungjati village.

## 2. RESEARCH METHOD

This study uses a quantitative approach with a cross sectional approach. Data collection was carried out in June 2024 in Kedungjati village using an instrument, namely a questionnaire sheet distributed directly. The

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sampling technique is purpose sampling with a sample of 93 respondents. The population in the study is the elderly. The determination of sampling by purpose sampling is those that meet the inclusion criteria (elderly people with the age of >60 years, can communicate well verbally and in writing, are willing to be respondents). The independent variables measured were economic conditions, health conditions, social conditions, availability of health facilities and dependent variables, namely the choice of place to live. The data on the results of the study was obtained from questionnaires that had been approved and filled in by the respondents. The data that has been obtained is checked and grouped according to the code, then encoding is carried out from the results of the answers to the questionnaire, after which the data is entered and re-examined to minimize errors. The corrected data from the study was then analyzed univariate and bivariate with the chi-square test.

### 3. RESULT AND DISCUSSIONS

The results of this study are as follows:

#### a. Overview of Respondent Characteristics

Based on **Table 1** on the characteristics of respondents based on

##### 1. Age

**Table 1. Frequency Distribution of Respondent Characteristics in Kedungjati Village**

Variable	Frequency (N)	Presented (%)	Choosing a Place to Live	
			Living With a Partner or Family	Living Alone
<b>Age</b>				
60-65 years old	54	58.1	52	2
66-70 years	28	30.1	25	3
>70 years	11	11.8	9	2
<b>Total</b>	93	100.0	86	7
<b>Gender</b>				
Woman	68	73.1	64	4
Man	25	26.9	22	3
<b>Total</b>	93	100.0	86	7
<b>Work</b>				
Farmer	26	28.0	24	2
Merchant	6	6.5	3	3
Wiraswata	7	7.5	7	0
IRT	33	35.5	33	0
Not working	21	22.6	19	2
<b>Total</b>	93	100.0	86	7
<b>Education</b>				
SD	76	81.7	70	6
SMP	11	11.8	11	0
SMA	6	6.5	5	1
<b>Total</b>	93	100.0	86	7

Based on age with a total of 93 respondents, the majority of whom were 60-65 years old, as many as 54 respondents (58.1%) lived with a spouse or family totaling 52 respondents and lived alone totaling 2 respondents. The youngest age of the respondents was 60 years old and the oldest was 80 years old.

The results of the study show that the elderly age of 60-65 years dominates the most and where the life expectancy of the Indonesian population in 2024 is 72.50 years, this life expectancy rate increases by 0.24% from Indonesia's life expectancy in 2023 is 72.32 years. Seniors tend to experience physical decline as they age, so living with family gives them the sense of security and support they need to cope with this. According to Maslow's hierarchy of needs, the need for a sense of security and safety becomes a more important priority in old age. The presence of family members can provide prompt medical care and assistance when living together (Adamczyk, 2022).

Meanwhile, the elderly choose to live alone. This is also in line with research Adana (2022) Many older adults prefer to live alone in their own homes. Molina-Mula (2019) reveals that families believe that elderly individuals prefer to live alone to maintain their individual freedom and identity. For the elderly who live alone with their own home gives them a sense of security, freedom, and helps them maintain their independence.

#### 2. Gender

It was found that the majority of respondents were women, as many as 68 respondents (73.1%) living with their spouses or families amounting to 64 respondents and living alone amounting to 4 respondents. The results of the study showed that the majority of those who lived with a partner or family were female, compared to males. Older women are more likely to live with their families than men because they can usually play a role in parenting, helping the household and are more likely to have strong social networks among family members.

According to Maslow's theory, the need for affection and close social relationships (love and belonging) is more dominant in women, who are usually more emotionally attached to their families. Women tend to seek more social and emotional support, which is easier to obtain through interactions with family. While older men may be more independent and less involved in household tasks, they also need social and physical support, especially if they have declining health. Even if basic needs are met, the need for support and security is still important for older men.

Living alone is more female. This is supported by research - Sadeghi & Khodparast (2023) showed significant gender differences in one's own lifestyle and its prevalence in elderly women (24.1%) was four times higher than in older men (5.6%). Women are more likely to live alone than older men and face more problems.

#### 3. Work

It was found that the majority of respondents who were IRT (Housewives) as many as 33 respondents (35.5%) living with a spouse or family amounted to 33 respondents and did not live alone. The results show that the majority of housewives and the elderly who work in physical work such as farmers often do not have adequate pensions and rely on family support to meet basic needs. Heavy physical work during life can lead to a variety of health problems that require family support in old age. Seniors who are productive and valued as part of a large family can provide emotional satisfaction and a sense of identity.

This finding is also related to Abraham Maslow's theory which states that physiological needs are needs related to the human body, this is what makes needs very important (Zilzila Putri et al., 2023). Based on the facts in the field, the elderly are still trying to meet their own physiological needs by working hard to survive and carry out daily activities, even if they are modest.

#### 4. Education

It was found that majority respondents with elementary education as many as 76 respondents (81.7%) By living with a spouse or family amounting to 70 respondents and living alone amounting to 6 respondents. The results of the study show that the majority of the elderly have an elementary school education. Where in the past, many families did not have adequate economic resources to send their children to school for a long period of time. Underprivileged families tend to prioritize work to meet basic needs over education. Various studies show that educational status has a significant effect on poverty levels and the welfare of the elderly (Rahayu et al., 2022).

In addition, there are several areas, especially in rural or remote areas where access to educational facilities is very limited (Neolaka et al., 2019). So that the available schools may only be up to the elementary level (SD), so that children do not have the opportunity to continue to a higher level of education. Although progress has been made in improving access and integrating local culture into the curriculum, challenges remain in educational governance, unequal access, and technology integration (Zamhari Zamhari et al., 2023).

That they live with their spouse or family with an elementary education. Older people with low education may have more limited access to resources and information about housing alternatives. They may also appreciate more traditional values that emphasize the importance of living with family. Low education may mean that the need for information and resources is less met, so they are more dependent on families for safety and support. Educational limitations can affect their ability to make decisions that impact their quality of life, preferring support from family.

According to (Muhammad et al., 2021) Education is another factor that affects housing preferences. It was found that respondents with formal education (above 10 years of schooling) were more likely to live in their own homes compared to those who were not educated or attended school for up to 10 years. These findings may be explained by the fact that individuals with low levels of education are less likely to have the ability to make household decisions and need support from children or close family members to live life in old age.

### **b. Overview of health conditions, social support, availability of health facilities and decision to choose a place to live**

Based on [Table 2](#), the results are obtained that

#### 1. Economic Conditions

The results showed that the majority of economic conditions were bad with a score of 82.8% seen from 57% not having their own income, 73% not having savings, 45% finding it difficult to meet basic needs such as food and clothing, 36% finding it difficult to pay taxes and monthly accounts.

Where according to Piekut (2020) Changes in economic activity during the transition from working age to post-productive age have a major impact on living standards for working people and that the level of disposable income decreases with age. According to Maslow's hierarchy of needs, a lack of economic independence leads to a basic need for survival and stronger security, so the elderly desperately want more economic support from their children (Luo et al., 2022).

**Table 2. Distribution of Overview of Economic Conditions, Health Conditions, Social Support and Availability of Health Facilities**

Variable	Frequency (n)	Presented (%)
<b>Economic Conditions</b>		
Bad	77	82.8
Good	16	17.2
<b>Total</b>	93	100.0
<b>Health Conditions</b>		
<b>Based on MMSE and Cartel Index assessments</b>		
Unhealthy	0	0
Healthy	93	100
<b>Total</b>	93	100.0
<b>Health Conditions</b>		
<b>Based on blood pressure measurements</b>		
Unhealthy	11	11.8
Healthy	82	88.2
<b>Total</b>	93	100.0
<b>Social Support</b>		
Low	14	15.1
Tall	79	84.9
<b>Total</b>	93	100.0
<b>Availability of Health Facilities</b>		
Less Support	12	12.9
Support	81	87.1
<b>Total</b>	93	100.0
<b>Choosing a place to live</b>		
Living with a Spouse/Family	86	92.5
Living Alone	7	7.5
<b>Total</b>	93	100.0

## 2. Health Conditions

Health conditions were obtained based on the assessment of MMSE and Cartel Index that the majority were in a healthy condition, amounting to 93 respondents (100%), while based on blood pressure measurements, the majority were in a healthy condition, amounting to 82 respondents (88.2%). Health conditions were obtained based on the assessment of MMSE and Cartel Index that the majority were in a healthy condition, amounting to 93 respondents (100%), while based on blood pressure measurements, the majority were in a healthy condition, amounting to 82 respondents (88.2%). Older people with high MMSE scores generally show good cognitive abilities. They are often more independent and may prefer to live in their own homes or in an environment that allows them to remain active and independent. Seniors who have high independence tend to choose to live in private homes or in communities that support their independence. They are better able to take care of themselves and may avoid environments that provide intensive care.

Based on blood pressure measurements, the elderly with normal blood pressure may feel healthy and prefer a place to live that gives them more freedom, such as a private home or a more independent environment. The elderly with hypertension need more routine health management. They may choose a place to live close to a

medical facility or one that provides healthcare services to monitor and manage their blood pressure effectively. According to Sethwati (2023) Elderly people who live with their families have better health and independence status.

### 3. Social Support

High social support was obtained with a percentage of 84.9% seen from 8% rarely interacting with family members, 86% close friends often visit and communicate, 59% have a supportive group or community around the environment, 93% feel valued and heard by the surrounding environment, and 95% are supported by family in determining where to live. Families to provide optimal support by paying attention to the adaptability, proximity, and development of the elderly, providing opportunities for the elderly to express their feelings and solve problems for a better quality of life for the elderly (Nursing & Tanjungkarang, 2021). The family support system can be defined as a form of support that is provided by family members, either from parents to children, or from children to parents and the first form of family support system is a form of residential support (Sihab & Nurchayati, 2019).

### 4. Availability of Health Facilities

The results showed that the availability of supportive health facilities with a percentage of 87.1% was seen from 87% of the facilities around the residence were quite complete, 98% of access to health facilities was easily reached by public transportation, 71% of health facilities provided specific services for the elderly and 76% of health facilities provided the latest information to the elderly. Those who live alone use most public health services almost as much as those who live with a spouse or family (Solin et al., 2021).

## c. The relationship between health conditions, social support, availability of health facilities and the decision to choose a place to live

### 1. The Relationship between Economic Conditions and Housing Selection

Based on **Table 3**, regarding the distribution of the relationship between economic conditions and the choice of place of residence, it was found that of the 93 respondents with poor economic conditions who lived with their spouses or families, 77 respondents (89.5%) and poor economic conditions who lived alone did not exist or 0 respondents (0.0%). Furthermore, the economic condition is good for those who choose to live with their spouse or family as many as 9 respondents (10.5%) and the economic condition is good for those who choose to live alone as many as 7 respondents (100%). From the results of the analysis test using *the Chi-Square Test* that has been carried out, the result of  $p = 0.0001$  was obtained. Based on these results, the distribution of the relationship between economic conditions and housing selection has a significant relationship, namely 0.0001 ( $p < 0.05$ ). With an OR value (95% CI) = 1,778 (1,154-2,739) which means that respondents with poor economic conditions have 1 times greater chance of choosing to live with their families compared to respondents who have good economic conditions.

Based on the results of the study, economic conditions have a relationship in making decisions about choosing a place to live. Economic conditions refer to an individual's financial status including income, daily living expenses, financial security and future planning. According to Maslow, physiological needs are at the basic level of the hierarchy of needs. This includes basic necessities such as food, water, and safe shelter. Good economic conditions allow the elderly to adequately meet their physiological needs, including access to nutritious food, decent housing, and healthcare. Without adequate economic conditions, the elderly may have difficulty meeting these basic needs, which can affect their decision to live with a family that can help provide for those needs. The source of income for the elderly comes from several sources, namely from children and not only from their jobs (Molina-Mula et al., 2020).

Elderly people who are no longer working will depend on financial support and will choose to live with their families instead of living alone because it can reduce the economic burden, help pay for basic needs such as food, clothing, daily necessities and health care costs (Ketut Sudiana et al., 2018). Based on research Iskandar et al., (2022) that there is a relationship between economic factors ( $P=0.006$ ) and the elderly choosing to live. In line with research Muhammad et al., (2021) that economic conditions, physical proximity to relatives, and health status are substantial determinants of the choice of place of residence.

### 2. The Relationship Between Health Conditions and Housing Selection

Based on **Table 3** related to health conditions, of the 93 respondents based on the assessment of MMSE and Cartel Index, bivariate analysis cannot be analyzed because there is no variation, while based on blood pressure measurements, with unhealthy health conditions, 11 respondents (12.8%) choose to live with their spouses or family and live alone as many as 0 respondents (100.0%). Furthermore, 75 respondents (87.2%) who have healthy health conditions choose to live with their spouses or family and live alone as many as 7 respondents (88.2%). From the results of the analysis test using *the Chi-Square Test* that has been carried out, the results of  $p = 0.690$  and OR value (95% CI) = 1.093 (1,023-1,168). Based on these results, the distribution of the relationship between health conditions and the choice of residence did not have a significant relationship because  $p\text{-value} = 0.690$  ( $p > 0.05$ ). Based on the results of the study, health conditions have no relationship in decision-making for choosing a place to live.

Health conditions are seen from the MMSE assessment, the index cartel is the longevity of the elderly in carrying out daily activities and measuring blood pressure. Based on the assessment of MMSE and Cartel, the Mini Mental State Examination (MMSE) index is used to assess the cognitive function of the elderly. The results of the MMSE provide an overview of cognitive abilities such as memory, orientation, attention, and language. Seniors with high MMSE scores generally show good cognitive function and are able to carry out daily activities independently. Conversely, a low MMSE score may indicate cognitive impairments such as dementia, which may require a more intensive supportive living environment, such as a nursing home or a home with special facilities.

**Table 3. Distribution of Economic Conditions, Health Conditions, Social Support and Availability of Health Facilities with Housing Selection**

Variable	Choosing a Place to Live				Total	%	X <sup>2</sup>	P	OR
	Living with a Partner or Family		Living Alone						
	n	%	n	%					
<b>Economic Conditions</b>									
Bad	77	89.5%	0	0.0%	77	82.8%	27.743	0.0001	1.778
Good	9	10.5%	7	100.0%	16	17.2%			
<b>Total</b>	<b>86</b>	<b>100.0%</b>	<b>7</b>	<b>100.0%</b>	<b>93</b>	<b>100.0%</b>			
<b>Health Conditions</b>									
<b>Based on Blood Pressure measurement</b>									
Unhealthy	11	12.8%	0	0.0%	11	11.8%	1.837	0.690	1.093
Healthy	75	87.5%	7	100.0%	82	82.2%			
<b>Total</b>	<b>86</b>	<b>100.0%</b>	<b>7</b>	<b>100.0%</b>	<b>93</b>	<b>100.0%</b>			
<b>Social Support</b>									
Low	7	8.1%	7	100.0%	14	15.1%	30.265	0.0001	0.500
Tall	79	91.9%	0	0.0%	79	84.9%			
<b>Total</b>	<b>86</b>	<b>100.0%</b>	<b>7</b>	<b>100.0%</b>	<b>93</b>	<b>100.0%</b>			
<b>Availability of Health Facilities</b>									
Less Support	11	12.8%	1	14.3%	12	12.9%	0.013	1.000	0.880
Support	75	87.2%	6	85.7%	81	87.1%			
<b>Total</b>	<b>86</b>	<b>100.0%</b>	<b>7</b>	<b>100.0%</b>	<b>93</b>	<b>100.0%</b>			

#### Health Conditions

Based on the assessment of MMSE and Cartel Index, bivariate analysis cannot be analyzed because there is no variation

Functional independence measures the extent to which the elderly can carry out daily activities without assistance. Seniors who are able to carry out daily activities such as bathing, dressing, and eating independently may prefer to live in an environment that supports their independence, such as a private home or community environment that provides facilities for independent activities. Health conditions based on blood pressure measurements. Blood pressure is a measure of the strength of the blood that pushes the walls of an artery as blood is pumped by the heart throughout the body. High blood pressure or hypertension, where systolic blood pressure  $\geq 140$  mmHg and/or  $\geq 90$  mmHg with two measurements at intervals of five minutes of silence or sufficient rest. People with high blood pressure need to change their habits and lifestyle by eating healthy foods to avoid complications (Etlidawati et al., 2022). Age or the elderly period is the last stage of a person's life where with age, the elderly are vulnerable to various health problems.

Health problems that arise in old age are often referred to as degenerative diseases (Muzaenah et al., 2024). According to Maslow's theory of needs, physiological needs and security are at the bottom of the pyramid of human needs (Raharja et al., 2022). Stable health, including controlled blood pressure, is part of physiological needs. A safe and health-supporting place to live is essential to meet these basic needs. If these needs are not met, then the elderly will not be able to achieve higher psychological well-being, such as a sense of security and self-actualization. The Relationship Between Social Support and Housing Selection. Based on Table 3 related to the relationship between social support and the choice of place of residence, it was obtained from 93 respondents that with low social support, 7 respondents (8.1%) lived with their families and 7 respondents (100%) lived alone. Furthermore, 78 respondents (91.9%) lived with their spouses or families and 0 respondents (0.0%) lived alone (0.0%).

From the results of the analysis test using the *Chi-Square Test* that has been carried out, the result of  $p = 0.0001$  was obtained. Based on these results, the distribution of social support relationships and housing selection

has a significant relationship, namely 0.0001 ( $p < 0.05$ ). With an OR value (95% CI) = 0.500 (0.296-0.844) which means that respondents with high social support have a 0.500 times greater chance of choosing to live with their family compared to respondents who have low social support. Based on the results of the study, social support has a relationship in decision-making for housing selection. Social support is the help and care that individuals receive from others, including family, friends, neighbors, and the community. Social support has several aspects such as emotional support and instrumental support. At this level, Maslow emphasizes the importance of social relationships and emotional support (Raharja et al., 2022).

Social support from family and community plays an important role in the decision of the elderly to choose a place to live. Seniors who receive strong emotional and social support from family may feel more valued and loved, which meets their needs for affection and belonging. Therefore, they may prefer to live with their families rather than in nursing homes, where they may feel lonely and isolated. By Singh et al., (2021) that the arrangement of the living place of the elderly depends on the level of social support. In particular, the availability of care from a spouse or child may be important for the well-being of a very elderly or frail elderly. Older people depend on their children, especially boys, for support and security in old age. In line with research Wood (2022) found that the preferences of elderly living arrangements are influenced by social support. Those who had children who visited regularly (OR = 1,405, 95% CI: 1,161–1,707) and received child financial support (OR = 1,194, 95% CI: 1,080–1,319) were more likely to choose to live with their children.

### 3. The Relationship Between the Availability of Health Facilities and the Choice of Residence

Based on **Table 3** related to the relationship between the availability of health facilities and the choice of place of residence, it was obtained from 93 respondents that with the availability of health facilities that are not supportive, 11 respondents (12.8%) chose to live with their spouses or families and 1 (14.3%) live alone. Furthermore, the availability of health facilities that support choosing to live with their spouses or family is 75 respondents (87.2%) and 6 respondents (85.7%) live alone. From the results of the analysis test using *the Chi-Square Test* that has been carried out, the results of  $p = 1,000$  and OR value (95% CI) = 0.880 (0.097-8,018) were obtained. Based on these results, the distribution of the relationship between the availability of health facilities and the choice of housing did not have a significant relationship because *the p-value* = 1,000 ( $p > 0.05$ ). Based on the results of the study, the availability of health facilities has no relationship in decision-making on the choice of housing.

Based on the survey conducted that the availability of health facilities refers to the existence, access, quality of health services, health programs and activities of various health services needed by individuals, including clinics, health centers, pharmacies, and other health services. For the elderly, the availability of health facilities near their residences provides a sense of security for the elderly. Access to healthcare refers to an individual's ability to obtain necessary medical care. Along with the increase in life expectancy in various countries, including Indonesia, several generations live together, so that the elderly with special needs related to health are becoming more common. Increasing age is often accompanied by increased morbidity, higher need for health services, and demand for specialized services. Many elderly people face difficulties in accessing health facilities, especially in remote areas, which leads to a decline in health service accessibility, an increase in mortality and disease rates, and a decline in quality of life.

The long distance between residences and health facilities also reduces access and utilization of health services in rural areas (Natasya Nazla Prasetyo et al., 2023). Elderly people with limited mobility or without adequate transportation access prefer to live with their families who can help them achieve good health services. Accessibility of medical services has a significant impact on older adults' choice of where to live, with areas offering better access attracting more elderly residents (Kim & Park, 2021). Maslow puts the need for security after physiological needs (Raharja et al., 2022). Good health conditions and access to adequate health facilities are essential to ensure safety and stability for the elderly. If seniors feel that they are safer living with a family, which can provide the necessary health care, they are more likely to choose to live with a family. Additionally, the availability of close and easily accessible healthcare facilities also influences their decision, as they may feel safer and more comfortable if they have quick access to medical services.

## 4. CONCLUSIONS

Based on the results of the research on the analysis of factors that affect the decision of the elderly in choosing a place to live in Kedungjati Village, several conclusions can be drawn as follows:

1. The majority of respondents were between 60 and 80 years old, with a balanced proportion of men and women. Most respondents have a primary to secondary education level. Many respondents are no longer working, while those who are still working generally work as farmers, traders and self-employed people with varying incomes to meet their daily needs.
2. The economic condition of most of the elderly in Kedungjati Village is classified as bad because the majority of the elderly are no longer working so that for daily living expenses they rely on income from children or grandchildren while those who are still working with varying incomes which are sometimes



felt to be lacking in the fulfillment of daily life, so that this condition affects their ability to choose a place to live according to their needs and where they choose more together their spouse or family. Good health conditions in the elderly tend to be able to choose to live alone or with family. On the other hand, the elderly with chronic health problems or physical limitations are more likely to choose to live with their partners or family because living together can help with care. Family support is very important for the elderly in making housing decisions. Seniors tend to choose to live close to children or relatives who can provide help and support because they feel comfortable living in an environment that has an active and solid community. Social support from neighbors and peers also plays a role in their decision. The availability of supportive facilities can ensure that seniors get the care they need, especially if they are unable to stay with their families or need more intensive care.

3. There was a relationship between economic conditions  $p= 0.0001$  and social support  $p= 0.0001$  with housing choices. There was no association between health condition  $p= 0.690$  and availability of health facilities  $p= 1,000$  with choice of place of residence.

### Suggestion

1. For Respondents

The elderly in Kedungjati Village should make optimal use of available health facilities, including conducting regular health checks and staying active in community activities to maintain physical and mental health, as well as strengthen social support.

2. Share Research

Further research with a larger sample and covering various villages or other regions needs to be done to get a more comprehensive picture of the factors that influence the elderly's decision to choose a place to live.

3. For the Community

The community in Kedungjati Village should increase social support for the elderly, including building a strong social network and holding activities involving the elderly.

4. For the Government

Financial support programs for the elderly, such as subsidies or social assistance, can help them meet their basic needs and living expenses, so that they can choose a place to live that suits their financial capabilities.

5. For the Development of Science

Development of interventional research that focuses on efforts to improve the welfare of the elderly, including health, social, and economic programs.

### REFERENCES

- [1] Adamczyk, M. D. (2022). Models of functioning of the elderly including dependents in the family. *Roczniki Nauk Społecznych*, 50(2), 189–208. <https://doi.org/10.18290/rns22503.2>
- [2] Adana, F., Durmaz, S., Özvurmaz, S., Akpınar, C. V., & Yeşilfidan, D. (2022). Descriptors of living alone for elders: based on Turkey national data. *BMC Geriatrics*, 22(1), 1–9. <https://doi.org/10.1186/s12877-021-02706-9>
- [3] Badan Pusat Statiska. (2023). *Statika Penduduk Lanjut Usia 2023*. Badan Pusat Statistik. <https://www.bps.go.id/id/publication/2023/12/29/5d308763ac29278dd5860fad/statistics-of-aging-population-2023.html>
- [4] BPS, K. P. (2022). *Jumlah Penduduk Menurut Kelompok Umur dan Jenis Kelamin di Kabupaten Purbalingga (Jiwa), 2020-2022*. <https://purbalinggakab.bps.go.id/indicator/12/236/1/jumlah-penduduk-menurut->
- [5] Cui, L., Li, J., Xie, D., Wang, M., He, F., Chen, J., & Ding, D. (2022). Role of the Social Support and Health Status in Living Arrangement Preference of the Elderly in China—A Cross-Sectional Study. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.860974>
- [6] Etlidawati, Yulistika, D., & Sulistiyowati, R. (2022). Pemantaun Tekanan Darah Dan Terapi Non Farmakologi Pada KegiatanPosyandu Lansia Di Ranting Aisyiyah Karangnanas. *Jurnal Pengabdian Masyarakat Al-Irsyad*, 4(1), 91–100.
- [7] Februariyanti, H., Firmansyah, M., Wibowo, J. S., & Utomo, M. S. (2020). *Sistem Penunjang Keputusan Pemenuhan Makanan Yang Sehat Bagi Lansia Menggunakan Pengukuran Antropometri Dengan Metode Fuzzy Dan Smart Berbasis Android*. 6(2), 1–5. <http://ojs.uho.ac.id/index.php/semantik>
- [8] Indarwati, R., & Ners, J. (2018). *Analisis Faktor Tentang Kesiediaan Lansia Tinggal Di Panti Werdha ( Factors Analyze About Willingness of Elderly to Stay in Elderly Folk Home )*. 13(1).
- [9] Iskandar, I., Iqbal, M., & Rahayu, M. (2022). Background Factors Of Elderly Choosing To Stay At The Nursing Home, In Islamic Law Country. *Jurnal Mutiara Ners*, 5(1), 38–47. <https://doi.org/10.51544/jmn.v5i1.2185>
- [10] Keperawatan, J., & Tanjungkarang, P. K. (2021). The Relationship Between Family Function and Quality of Life in the Elderly in Bagelen Village. *Journal of Vocational Nursing*, 02(1), 39–43. [https://e-](https://e-proceedings.homepage:https://conferenceproceedings.ump.ac.id/pshms/issue/view/37)

- journal.unair.ac.id/JoViN
- [11] Ketut Sudiana, I., Indarwati, R., & Rachmania, D. (2018). ANALISIS FAKTOR TENTANG KESEDIAAN LANSIA TINGGAL DI PANTI WERDHA. *Jurnal Ners*, 4(1), 83–88.
  - [12] Lahti, A. M., Mikkola, T. M., Salonen, M., Wasenius, N., Sarvimäki, A., Eriksson, J. G., & von Bonsdorff, M. B. (2021). Mental, physical and social functioning in independently living senior house residents and community-dwelling older adults. *International Journal of Environmental Research and Public Health*, 18(23). <https://doi.org/10.3390/ijerph182312299>
  - [13] Li, J., Tian, L., & Ouyang, W. (2022). Exploring the Relationship Between Neighborhood Built Environment and Elderly Health A Research Based on Heterogeneity of Age and Gender Groups in Beijing. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.882361>
  - [14] Luo, Y., Wu, X., Liao, L., Zou, H., & Zhang, L. (2022). Children's Filial Piety Changes Life Satisfaction of the Left-Behind Elderly in Rural Areas in China? *International Journal of Environmental Research and Public Health*, 19(8). <https://doi.org/10.3390/ijerph19084658>
  - [15] Minamodesta, M. I., & Sudagijono, J. S. (2022). Perbedaan Kepuasan Hidup Pada Lansia Wanita Ditinjau Dari Tempat Tinggal. *Experientia: Jurnal Psikologi Indonesia*, 10(1), 67–80. <https://doi.org/10.33508/exp.v10i1.3532>
  - [16] Molina-Mula, J., Gallo-Estrada, J., & González-Trujillo, A. (2020). Self-Perceptions and Behavior of Older People Living Alone. *International Journal of Environmental Research and Public Health*, 17(23), 8739. <https://doi.org/10.3390/ijerph17238739>
  - [17] Molina-Mula, J., Gallo-Estrada, J., & Miquel-Novajra, A. (2019). Attitudes and beliefs of Spanish families regarding their family members aged 75 years and over who live alone: A qualitative study. *BMJ Open*, 9(4), 1–11. <https://doi.org/10.1136/bmjopen-2018-025547>
  - [18] Muhammad, T., Balachandran, A., & Srivastava, S. (2021). Socio-economic and health determinants of preference for separate living among older adults: A cross-sectional study in India. *PLoS ONE*, 16(4 April), 1–14. <https://doi.org/10.1371/journal.pone.0249828>
  - [19] Muzaenah, T., Riyaningrum, W., Yulistiani, M., & Sulaeman, A. (2024). Deteksi Dini Sebagai Upaya Preventif Penyakit Hipertensi dan Diabetes Melitus Melalui Program Pojok Sate Gurah. *Jurnal Inovasi Dan Pengabdian Masyarakat Indonesia*, 3(1), 40–44. <https://doi.org/10.26714/jipmi.v3i1.226>
  - [20] Nana, F., & Utami, Y. (2017). Analisis Faktor-Faktor yang Mempengaruhi Keputusan Bertempat Tinggal di Perumahan Pondok Ungu Permai Bekasi Utara Bagi Penduduk Migran yang Bekerja di DKI Jakarta. 1, 32–39.
  - [21] Natasya Nazla Prasetyo, Keren Stelin Maliangkay, Putri Andini Novianti, Risma Pertiwi, & Sarah Rania Annisa. (2023). Health Accessibility In Rural Areas For The Elderly In Indonesia. *Jurnal Rumpun Ilmu Kesehatan*, 3(2), 15–26. <https://doi.org/10.55606/jrik.v3i2.1716>
  - [22] Neolaka, M. N. B. C., Klau, R. S., & Nahak, M. E. (2019). Lack Of Basic Education Accessibility In The Periphery Area Of Indonesia (A Research in Takirin Village, Tasifeto Timur Sub-District, Belu Regency, NTT Province - Indonesia). *Iapa Proceedings Conference*, 124. <https://doi.org/10.30589/proceedings.2018.187>
  - [23] Piekut, M. (2020). Living standards in one-person households of the elderly population. *Sustainability (Switzerland)*, 12(3), 1–26. <https://doi.org/10.3390/su12030992>
  - [24] *Profil Lansia Provinsi Jawa Tengah 2022*. (2022).
  - [25] Raharja, M. L. T., Rista, R., Kholif, S. N., Rohyani, Y., Prasetyo, B., & Santoso, A. P. A. (2022). Comparison of Virginia Henderson's Theory to Abraham Maslow's Theory of Basic Human Concepts. *Journal of Complementary in Health*, 2(2), 88–92. <https://doi.org/10.36086/jch.v2i2.1499>
  - [26] Rahayu, H. C., Purwantoro, ., Wibowo, M., Safitri, J., & Suparjito, . (2022). Determinants of Welfare for the Elderly Population in Indonesia. *KnE Medicine*, 2022(2022), 782–792. <https://doi.org/10.18502/kme.v2i3.11934>
  - [27] Sadeghi, R., & Khodaparast, F. S. (2023). Living Arrangements of Iranian Older Adults and Its Socio-demographic Correlates. *Iranian Journal of Ageing*, 18(1), 134–147. <https://doi.org/10.32598/sija.2022.2814.2>
  - [28] Setyowati, R., Musfiroh, M., Yuliadi, I., Sudibyo, D. P., & Utami, T. (2023). The Comparison of Health Status and Independence Between the Elderly in the Nursing Homes and Living With Family. *PLACENTUM: Jurnal Ilmiah Kesehatan Dan Aplikasinya*, 11(1), 87. <https://doi.org/10.20961/placentum.v11i1.56205>
  - [29] Sihab, & Nurchayati. (2019). Loneliness Pada Lansia Yang Tinggal Sendiri. *Journal Psikologi*, 8, 165–175.
  - [30] Singh, S. N., Upadhyay, A., & Chalise, H. N. (2021). *Living Arrangement of Older People : A Study of Community Living Elderly from Nepal*. 133–142. <https://doi.org/10.4236/aar.2021.106008>
  - [31] Siregar, I. A. (2021). Prinsip Dan Proses Pembuatan Keputusan. *Ability: Journal of Education and Social Analysis*, 2(3), 41–51. <https://doi.org/10.51178/jesa.v2i3.217>

- [32] Solin, P. C. M., Pasanen, T. P., Mankinen, K. A. J., Martelin, T. P., & Tamminen, N. M. (2021). Use of Health Services Among People Living Alone in Finland. *Health Services Insights*, 14. <https://doi.org/10.1177/11786329211043955>
- [33] *Statistika Penduduk Lanjut Usia* 2021. (2021). <https://www.bps.go.id/id/publication/2021/12/21/c3fd9f27372f6ddcf7462006/statistik-penduduk-lanjut-usia-2021.html>
- [34] *Statistika Penduduk Lanjut Usia* 2022. (2022). <https://www.bps.go.id/id/publication/2022/12/27/3752f1d1d9b41aa69be4c65c/statistik-penduduk-lanjut-usia-2022.html>
- [35] Sundari, S., Majid, R., & Rezal, F. (2019). Faktor-Faktor Yang Berhubungan Dengan Keikutsertaan Lansia Dalam Posyandu Lansia. *Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat*, 4(3), 56–67.
- [36] Yanti, D. E., Keswara, U. R., & Puteri, R. M. (2019). Perbedaan Kualitas Hidup Lansia Tinggal di Panti Tresna Werdha dengan Bersama Keluarga di Kecamatan Natar Kabupaten Lampung Selatan. *Jurnal Dunia Kesmas*, 8, 219–225.
- [37] Zamhari Zamhari, Dwi Noviani, & Zainuddin Zainuddin. (2023). Perkembangan Pendidikan di Indonesia. *Morfologi: Jurnal Ilmu Pendidikan, Bahasa, Sastra Dan Budaya*, 1(5), 01–10. <https://doi.org/10.61132/morfologi.v1i5.42>
- [38] Zilzia Putri, F., Yanti, F., & Imam Bonjol Padang Correspondence, U. (2023). Problematika Lansia Rentan Yang Bekerja Di Sektor Informal. *Jurnal Pengembangan Masyarakat Islam*, XIV, 20–35. <https://ejournal.uinib.ac.id/jurnal/index.php/tathwir/index>