

Social Transformation of Indonesian Older Adults in Suburbs: An Exploratory-descriptive Qualitative Study

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ABSTRACT The older adult's phenomenon in suburban areas has been identified as a burden and is often neglected. The objective of this study is to find patterns of habits of the older adults in meeting basic needs, so they can survive in social life. This is a qualitative study related to the phenomenon of the older adults living their lives at the age 60 years or above. Collected data were analysed with a triangulation and inductive method, along with holistic exploration-descriptive qualitative, place aspects, actors and activities using the constructivism paradigm. In-depth interviews were conducted involving one of the closest family members. This study found determinants of long life (according to context) related to habit patterns: activity, rest and sleep, consumption of traditional foods and drinks carried out regularly and consistently. Then the other findings relate to a balanced mental attitude was identified as a determinant of the survival factor of the older adults in a period of social transformation and humanist patterns of social interaction.

INTRODUCTION

One source of support during the aging process that contributes to the welfare of the older adults is their involvement in social activities (Vos et al. 2020). A few of them have to cope with an illness in old age, and there are also those

who experience stress when left by their spouse or children, decreased body function or ability to meet their daily needs and activities (Vos et al. 2020). This condition is significant enough to transform their lives. Older adults are evidence of the social transformation process. Social network transformation often occurs in the lives of the older adults, and it involves challenges or negative perceptions about the impact of the aging process on their health and well-being (Kelly et al. 2017; Ellwardt et al. 2015). Another previous study observed two transformational conditions that tend to be the main focus of the older adults, namely, loneliness and the real conditions of social change they must experience

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(Locsin et al. 2021). In addition, there is a relationship between cognitive function and social relationships in the older adults. However, it needs further investigation because the true nature of the relationship is uncertain (Kelly et al. 2017).

In the effectiveness of human development, the older adult is identified as an old human being or an older adult (Tabloski 2006). In the context of the family, the parent is defined as the person who has given birth, nurtured and guided their child by setting a good example for their daily living (Friedman et al. 2002). Parents are the centre of life for their children, through which they enter into the social environment. Meanwhile, in a social context, the person who is considered oldest means the person who is respected. They become social icons, because individuals are formed from the parents and families, which eventually form a society. It starts by the existence of a parent in a family or society with an identity and symbol attached to him, thereafter, he is identified as an older adult (Friedman et al. 2002; Mauk 2018). Formally, regarding the welfare of the older adults, “the age limit of the older adult is 60 years and above” (Ministry of State of the Republic of Indonesia 1998). The phenomenon related to older adults is one of the most important issues faced by many countries in the world today. The composition of the older adults’ population is growing rapidly, both in developed and developing countries, and thus, changing the overall population structure. This situation is predicted to cause social, economic and health problems.

Data of the Central Bureau of Statistics (2017-2019) stated that “the older adult’s population in Indonesia in 2017 amounted to 8.97 percent (23.4 million people), in 2018, “as much as 9.27 percent (24.49 million people), while in 2019, “as much as 9.6 percent (25 million people)” (Central Bureau of Statistics 2019). The aging population structure is a reflection of the higher average life expectancy (ALE) of the population. Based on the Central Bureau of Statistics’ data related to ALE in Indonesia, an increased trend was experienced as follows, that is, 70.9 years (2016), 71.06 years (2017) and 71.2 years (2018). That is, there is an increase in ALE over a period of 3 years and the trend of increasing ALE is predicted to increase in the following years (Central Bureau of Statistics 2018).

Experience in the structure of social life is part of the family component and the norms or customs of a community. The existence of the older adult’s rationality is certainly through a process of the journey of a good life and there is a law of causation that it goes through. Persistence (resilience) at different periods of time in the daily activities cannot be released from their attachment to the contours of the culture that it is made up of (Syukur et al. 2015). Older adults who are consistent and active in carrying out daily activities such as socialising with colleagues, moving or walking are capable of surviving and prolonging their survival (Smith et al. 2017; Voigt et al. 2020). Previous studies concluded that in future research on life satisfaction, quality of life and other measures of the well-being of individuals and communities of the older adults, can be measured from their perspectives of the social and cognitive transformation (Talmage et al. 2018). Past life experiences will have an impact on the current situation and conditions, because experience is one of the mediums whereby the life character of the older adults are sharpened (Leonard et al. 2007). This shows that from a sociological perspective, the structure of human life today has been shaped by the history of the previous society where humans are. In fact what seems like natural behaviour is actually a product of social interaction. Socioeconomic conditions allow individuals to be free from health challenges, and so they should be considered (White 2012).

Social changes that occur in the society are like a cycle. When there is a change in the family structure due to changes in the social system, the older adults will be the most affected family members. The older adults often get unfair treatment in both social and family life. They tend to be neglected and sometimes are no longer useful in family or community life. The current condition begins when many adult children start to leave the house or separate from their parents (older adults) (Ansari 2011), especially for those who have earned an income for various reasons such as working in a remote place, and living an independent life. This situation is very often found in developed countries. However, in Indonesia itself and in other Asian developing countries, intimacy and living with parents are still common, even until their children have grown up and have children (Liu 2009).

The picture of social change from a transformation of life with various perspectives, implies the existence of the older adults, in fact, the older adults still continue to live their lives. The working population for older adults was 47.92 percent in 2017, 49.79 percent in 2018, and 49.39 percent in 2019 (Central Bureau of Statistics 2019). Meanwhile, for Palopo Health Office (2017) the number of older adults was as much as 1,993 people in the independent category (Palopo Health Department 2017). The older adults were seen as a burden and are often neglected. However, the demands of life make them still have to be active, and independent in living their lives. Therefore, there is a need for attention and support from various parties in maintaining and increasing the life expectancy of the older adults. In addition, according to the previous research phenomenon, it was observed that the older adults studied had a better average life expectancy than the national data for those aged 72 years (Central Bureau of Statistics 2018). These data prove that the construction of the older adults in a burdensome and unproductive social structure is counterproductive. In fact, it is prevalent in a society where the older adults are still alive, active and independent, in living the life of the older adults in Indonesia.

Objective

The objective of this study was to find patterns of habits of the older adults in meeting basic needs so that they can survive in a period of changing social transformation

METHODOLOGY

This study used an exploratory-descriptive qualitative (EDQ) design. The research, which will identify the domains of working lifestyles, directs the older adults to remain within the scope of life and longevity. The sample in the qualitative study was not a respondent, but acts as a source, participant or informant (Creswell 2008). Research informants were subjects that understand the information of research objects, both as perpetrators and others (Buning 2001). Qualitative data analysis involves the process of collecting data, interpreting and reporting results (Creswell 2008).

A qualitative study was related to the phenomenon of the older adults living their lives with age 60 years or older adults. Data was collected using triangulation and inductive analysis, holistic exploration, place aspects, actors and activities using the constructivism paradigm. Data collection was carried out under natural conditions, using primary data sources, and data collection techniques using participatory observation techniques, in-depth interviews (interviews transcript) and documentation in the form of voice or video recordings (the principle of confidentiality is maintained) to ensure or validate the information provided during the interview session.

There were 8 key participants (6 women, 2 men), ages ranging from 67 to 97 years, and the selected older adults met the criteria such as still being able to hear well, and the language used was simple Indonesian, which is sometimes mixed with local languages. Data collection was carried out separately by conducting a home visit. During the interview, each participant was accompanied by one family member. The selected family members were those who share the same household, such as spouses, children, siblings, and other family members or at least family members who frequently visit the participants. They function as translators if there were words or sentences used by the participants using local languages, which were used rarely nowadays. In addition, there was a time when family members or older adults' companions were interviewed separately to validate the information provided by the older adults and vice versa.

RESULTS

After the eight participants were interviewed, data from the research results were described as follows:

Regarding activities, as stated by family and community members, "indeed our parents have habits or activities and the work tends to be all done independently, and in society our parents sometimes work together or mutually." "... In the past, the older adult's worked in the fields, starting to prepare the land for planting, seeding, planting and maintaining, until harvest of agricultural products. The work was done traditionally, if you go down to the rice field using a hoe and

livestock such as cow or buffalo to plough the fields. But after technology came into existence, among others tractor machines for ploughing and machines for harvesting, the farm work was only at the planting and maintenance stages.”

Some of the informants were active in the garden or in the fields. “At present, due to obvious reasons, farming work is no longer being carried out. Now we are old, we could not able to do what we used to when we were young...”

Older adults’ activities have become a habit, from their youth until now. “For long, farming or gardening activities started from early morning around 5:00 A.M. local time to noon, then eating during the day and taking a short break thereafter. Work continues again until the afternoon, around 17.00 hours. The distance between the house and rice fields or gardens was about 1-10 kilometers. Currently, the volume of activities carried out has decreased, but still activities such as cleaning the yard, preparing food for the family, raising chickens, a few cows, the occasional paddy field or garden is on-going.”

Related to the participants’ rest patterns, it is described as follows. “Between 20.30 to 21.30 hours, it was sleeping or resting time and waking up between 04.00 to 04.30 A.M local time. Meanwhile, during the day, he sometimes takes a break between his routine.”

Meanwhile, if the type of food consumed by the older adults was related to health, it can be interpreted that the nutritional content is quite complete. So, the patterned act of eating and drinking in the older adults will keep the older adults’ health intact. This is done without any attempt to regulate both the type and amount of food consumed.

Regarding the habit of consuming traditional food, most participants did not like ready-to-eat (instant) food and were accustomed to drinking 2-3 cups of real coffee per day (300-450 ml). In the context of the older adults’ diet, related to efforts to regulate the type and amount of consumption, a patterned habit was formed, carried out by the older adults and their families and set against a community tradition.

Regarding a participant’s personality and family relationship, among others, “...likes to work, has a patient nature, is cheerful and easy to get along with, and is friendly.” This can be seen during the interaction, sometimes when talk-

ing is often interspersed with laughter. Participants said, “that family is the person closest to the older adults and means a lot in their life.”

Associated with the attitudes and outlook on life of the older adults, it is shown through the following behaviours of being friendly, patient, and liking to work and being diligent in worshipping. This behaviour is interpreted as a positive, active and optimistic attitude. The older adults showed the attitude as a manifestation of a controlled emotional state and a balanced feeling of the heart.

The context of social transformation, that every human being in the process of his life is sure to experience a change along with the changes that occur in society. The rapid development of science and technology was one of the main determinants of the rapid flow of social change and has now been experienced by all people in the world and the older adults were one of the groups of people who are vulnerable to being neglected. Related to the impact, science and technology being global instruments, is important in all lifelines. The findings of this study, were a new social reality for individuals (older adults) according to context, to be used as preferences in responding to changes in demographic structures and encouraging the government to be used as important themes for the direction of health development policies, especially for the older adults.

DISCUSSION

This study has identified several aspects of older adult’s life patterns or actions in living life and social transform, including activity patterns, diet and drinking, rest and sleep patterns, social interactions and attitudes and views of life.

Activity Patterns

The pattern of activity was an absolute basic blindness expected by each individual, as was the hierarchy theory of basic needs, that activity belongs to one of the most basic needs or physiological needs (Patricia et al. 2016). Mobility is the ability to move freely, easily and regularly in the environment and is a very important part of life (Berman et al. 2014).

Then in the context of activities, where individuals need these abilities to be able to meet their needs, of course, each individual has a pattern or rhythm in carrying out their activities, except for those who are older adults. As found in the study, they have a relatively similar pattern of activity when in adolescence, adulthood until the age of the older adults were attained, among others including processing rice fields and gardens, taking care of the house, handling crops by drying, planting, sowing and weeding, keeping livestock, and becoming a teacher of Qur'an recitation. Furthermore, transportation equipment is not used during the activity even though the activity area was quite far between 1,000 to 10,000 meters, relying only on limbs, that is, on foot. While the time it took to do the activities every day was about 10 to 12 hours, between 05.00 and 17.00 hours local time, this was even more demanding for the female participant being a housewife at the time.

The importance of physical activity in improving the quality of life of the older adults (World Health Organization 2010) helps older women maintain active engagement with life as a healthy and productive member of society (Willcox et al. 2007). The differences in daily walking based on environmental circumstances (geographic conditions) were associated with differences in hypertension events (in men) in Japan (Oka et al. 2016).

Rest and Sleep Patterns

Rest and sleep patterns are one of the basic human needs. Rest and sleep are among the basic human physiological needs (De Rivera 1992). The context of the practice of rest and sleep in daily life, generally after the individual performs the activity, sometime (relatively) long, will then be followed by a state of decreased ability both physically, and mentally and accompanied by feelings of fatigue.

This study found all respondents had the same habit of resting and sleeping patterns that were during the day with relaxation for a moment in between work or activities, in the form of rest. While at night, it was used for sleeping. Meanwhile, the duration required when resting is about 60 to 90 minutes, while the amount of sleep time was between 7 to 8.5 hours. General-

ly, respondents start sleeping between 20:30 to 21:00 hours, and waking time was between 04:00 to 04:30 A.M local time.

The habit showed a pattern of fulfilment of basic needs with a normal cycle and duration. Strengthened, the body stores energy during sleep, skeletal muscle relaxes progressively, thus storing chemical energy for the cellular process. The state of sleep causes the body to release growth hormones to repair and renew epithelial cells, including brain cells (Patricia et al. 2016). The National Sleep Foundation, USA (2015) stated that at the age of more than 65 years, the duration of normal sleep time is between 7-8 hours and is considered abnormal if the amount of sleep is less than 6 hours or more than 10 hours (Bartel et al. 2018). If one is trying to learn something, whether it is physical or mental, with exercise one learns it to a certain point. However, something happens when one sleeps that makes one learn better (Sparacino 2019). That is, when one is faced with something new, such as a particular job or activity, it will be easier to adapt or finish it after sleep.

Diet and Drink

With respect to diet and drink in the national context, each island and ethnic community has its own uniqueness in character, language, ethnicity, culture and cuisine. Related to the diet of people in Indonesia, it also follows the development of trans-culture and acculturation. However, many people still maintain a culture related to their diet, such as the types of food consumed, of which traditional foods are preferred. Likewise, with the processing of these foods, participants prefer the food that they process themselves rather than consuming ready-to-eat food. That way, the older adults feel healthier. This is in line with other studies, which found that good eating or diet habits will have an effect on the health of older adults (Usman and Irwan 2019).

Mostly in society, activities related to eating and drinking have a symbolic meaning. The provision of food is generally related to certain ceremonies, social gatherings, religious events, holiday traditions and so on. From an individual context, food is a basic human need that belongs to a group of physiological needs. In the history of human civilisation, food and drink are

required by the body to survive, and even after that, it takes considerable effort and ability and sometimes creates a conflict (De Rivera 1992).

Based on research, all respondents have the same diet and drinking habits that were reviewed from several aspects, among others, daily eating frequency being 3 (three) times that was in the morning around 06.00 to 06.30 hours, noon around 11.30 to 12.00 hours, and evening around 18.30-19.00 hours. Related to food materials, in this case, the basic foods of the community at the research site were rice and sago. Local tribes have processed traditional foods. This type of food was made of natural ingredients. Processed traditional foods were made from various food ingredients such as peanuts, fresh vegetables, sago, fish, and additional spices such as starch, cayenne pepper, onions, turmeric, lime, chilli, and salt to taste. In addition to the processed foods, the society in general also consumed various types of food like rice, vegetables and fish.

Social Interaction

Social interaction of the older adult's intercession in the community, such as the perception of all informants both from the family and by the citizens of the community, revealed the significance of social support in the form of the need for the older adults to remain active and experience life in the community. Related to social interactions in the sphere of families and relatives conducted by the older adults, from the effectiveness of families and communities. Social interactions conducted and developed by the older adults took place positively, which leads to an atmosphere of tolerance between generations as well as intertwined cooperation (Ansari 2011). This situation showed the creation of a warm and harmonious environment.

Research obtained interactions shown by the older adults in the form of cooperative, for cooperation and interaction in communicating. Cooperative in cooperation, it is identified when the older adults are willing and taking their time to share their life experiences. Seniors also showed interactive attitudes when interviewed, as they openly and enthusiastically recounted their travels and life experiences. In such interactions, the atmosphere was sometimes spontaneously harmonised with jokes. It appears that

the behaviour shown depicts a character of an older adult's personality, which may or may not be a camouflage or drama scenario.

In the context of man as a social being, human existence will only occur when there is cooperation and mutual support between each other. David and Oscar stated that social support plays an important role in human development. If a person who has a good relationship with others, then the person has good mental and physical, high subjective well-being, and low morbidity and mortality rates (Lijun et al. 2018). The reason why the older adults create social networks in their neighbourhoods is to make their lives easier, prepare for emergencies, get rid of their loneliness, and enjoy their lives (Kudo and Saeki 2013). Social interaction has an important role to play in improving the quality of life of the older adults (Datta et al. 2015). The older adults and their families have a genetic and emotionally bonded relationship (Desiningrum 2010). This can be interpreted that the interaction between the older adults and their families is important and much needed even though sometimes the older adults say they do not want to be troublesome. In the real sense, family is a natural source of social support for the older adults, through developed patterns of interaction.

Attitudes and Views of Life

Attitudes and views of life in this context are one important factor because views of life form an integral part of attitudes. It can then be interpreted that one's view of life will be reflected in his or her way of life. Each human being's activity or mobility depends heavily on how the individual views or responds to life. Thus, the behavior shown by each individual constitutes the actualisation of his or her attitude or view of life. It shows a person's mental image. "Individuals when being taken care of by emotional states or feelings of heart in themselves" (Duffy and Atwater 2005). Emotions are complex patterns of changes that occur in physiological awakening or vibration, subjective feelings, cognitive processes, and behavioural reactions (Sari 2012).

Humans when interacting allow for the onset of emotional events. As the opinion, "The main function of emotion is to inform the individual about his interactions with the outside

world” (Sari 2012). In this context, emotions become alarms that provide clues for individuals to act. A stable emotion is beneficial for the physical body and conversely unstable or uncontrollable emotions will cause disruption or a negative impact on the physical body, and further lead to social behaviour disorders or life behaviours. When a person experiences stress due to a problem or due to ineffective coping, the body will produce steroid hormones, and these hormones can reduce body resistance. On the other hand, in a comfortable and calm state, the body will release hormones that inhibit the aging process (Smeltzer et al. 2010).

The government structurally classifies the older adults as part of a non-productive community, which means it becomes a dependent burden (dependency ratio), thus creating stereotypical views about the older adults. This is related to the implementation of an older adult’s life as a micro social being, reflected in family life. The family serves as a system of life, where regeneration is formed, and the next generation that grows and develops forms a lineage (Brodsky et al. 2011; Khan and Tahir 2014). Furthermore, related to the accumulation of choices, the journey of an older adults’ life in adolescence, adulthood to the current advanced age, is defined as the process of the older adults’ life in social transformation. On the other hand, families and communities have their own perceptions, related to the existence of the older adults, the interaction of the older adults with family members, relatives (neighbours), as well as the views of families and communities related to the older adults, which is considered a burden. The family refuses, if the older adults were considered a burden, with the argument: “On the other hand, if the older adults were still there (life) it will please the family, the elderly must be cared for and cared for, become encouragement in the family, they were our parents who should be cared for and respected.” Likewise, the views of community members disagree, if the elderly are considered a burden, “because the elderly are not a bother, it is not the community or the government that takes care of them, but the family itself.”

Related to the presence of the older adults in the family, the family’s response did not agree, if the older adults were considered a burden in the family or community life. This is supported by

previous studies in most Asian countries including Indonesia. There are still many older adults who still live with their adult children and families, and they are still respected because of their status as parents and are still involved in making decisions about their own care (Liu 2009). Several reasons for this include that the older adults can still take care of themselves (independently), feel happy if the older adults are still with them and the older adults are parents who must be loved, looked after and respected, as well as their existence serves as an encouragement to the family. Family is the person closest to the older adults and means a lot in their life (Khan and Tahir 2014). Similarly, the community is opinionated, it is not true if the older adult is seen as a burden, and the reason is that the older adults are the responsibility of the government and most elderly ones are still taken care of by their families.

Then related to family and community effectiveness, related interactions and social relationships for example to children, son-in-law or siblings and other relatives are judged quite well and harmoniously, because the quality of interaction built between them were quite warm. In line with the results of the literature study, over time, the quality of these relationships is reduced, due to the age and decreased physical abilities of the older adults (Smith et al. 2017). Similarly, in relation to the need for the older adults to remain social, the following reasons are considered because the older adults were still considered able to establish a relationship, their ideas and thoughts (older adult’s) still need the community, to eliminate boredom, and importantly, the older adults need a comfortable atmosphere to eliminate saturation. The family as an organisation has a form of relationship between its members, a family whose members are bound by pure and natural and eternal inner relationships, based on love, inner unity and treating members as a non-purpose (Martono 2018). Family is a real life and organist that can be considered an organ of the body and as a system of interdependence (Friedman et al. 2002; Knodel et al. 2013). Thus, families have a more interpersonal interaction network system, in which each member has the same intensity of relationship, between father, mother, and child.

This is related to the implementation of an older adult’s life as a micro social being, reflect-

ed in family life. The family is the closest person who occupies an important position in the lives of the older adults (Gurung and Ghimire 2014; Liu 2009). The family is a system of life, where regeneration is formed, and the next generation that grows and develops forms a lineage. Furthermore, related to the accumulation of choices and the journey of an older adult's life in adolescence, adulthood to the current advanced age, it is defined as the process of social transformation of the older adult's life. Therefore, it is a reflection of the overall pattern of life of the older adults, defined as a determinant of the continuity of the lives of older adults. In the case of the older adults making interactions in the community, as per the perception of family and society, it was revealed the significance of social support. Meanwhile, the interaction pattern of the elderly during the study was quite open and friendly. Related to the attitudes and outlook on life of the older adults, this was shown through the following behaviours: friendly, patient, like to work, and diligent in worshipping. This behaviour was interpreted as a positive, active and optimistic attitude and shows a controlled emotion and a balanced feeling of the heart.

CONCLUSION

This study found several determinants of the survival factors of the older adults, so that they can survive a long time, namely, habitual patterns to stay active, dietary habits and types of food consumed, and this context involves processed traditional food, adequate rest and sleep habits, consistent and harmonious social interactions, and a balanced mental attitude.

RECOMMENDATIONS

Furthermore, a quantitative study is needed regarding establishing determinants of the survival factor of the older adults as a social reality and the development of the findings in this study. In addition, related to the welfare of the older adults, the government needs to focus more on anticipating the social transformation and phenomenon of aging of the population through promotional and preventive efforts in the field of the older adult's health and access to older adults' friendly public services.

LIMITATIONS OF THE STUDY

The study design used was limited to only qualitative data and was subjective to the response of the participants. However, this study also tries to gather as much information as possible from the participants in accordance with the methods and objectives of this study to validate the data findings.

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REFERENCES

- Ansari H 2011. Perception of social change among elderly-changing role-relations of younger generations, intergenerational bond and family dynamics in rural Bihar, ageing & society. *The Indian Journal of Gerontology*, XXI(I&II): 25-50.
- Bartel K, Richardson C, Gradisar M 2018. *Sleep and Mental Wellbeing: Exploring the Links*. Victorian Health Promotion Foundation, Melbourne. Victorian Health Promotion Foundation, Melbourne.
- Berman A, Kozier B, Shirlee S 2014. *Fundamental of Nursing: Concepts, Process and Practice*. New Jersey, USA: Pearson Prentice Hall Education Inc.
- Brodsky J, Resnizki S, Citron D 2011. Issues in family care of the elderly: Characteristics of care, burden on family members and support programs. *Center for Research on Aging*, 1-11. doi: <http://dx.doi.org/10.1016/j.physa.2011.10.015>.
- Buning B 2001. *Qualitative Research Methodology*. Jakarta, Indonesia: Raja Garfindo Persada.
- Central Bureau of Statistics 2018. Elderly Accuser Statistics 2016-2018. CBS. From <https://www.bps.go.id/publication/2016> (Retrieved on 12 September 2018).
- Central Bureau of Statistics 2019. *Elderly Accuser Statistics 2017-2019*. Jakarta, Indonesia.
- Creswell JD 2008. *Research Design Approaches to Qualitative, Quantitative and Mixed*. 3rd Edition. New Jersey, USA: Pearson Prentice Hall Education Inc.
- Datta PD, Majumdar DP, Kunal K 2015. Role of social interaction on quality of life. *National Journal of Medical Research*, 5: 290.
- De Rivera J 1992. Emotional climate: Social structure and emotional dynamics. *International Review of Studies on Emotion*, 2(2): 197-218.
- Desiningrum DR 2010. Family's social support and psychological well-being of the elderly in Tembalang. *Indonesian Psychological Journal*, 26(1): 61-68.
- Duffy GK, Atwater E 2005. *Psychology for Living: Adjustment, Growth, and Behavior Today*. New Jersey, USA: Pearson Prentice Hall Education Inc.

- Ellwardt L, Theo VT, Marja A, Rafael W, Nardi S 2015. Personal networks and mortality risk in older adults: A twenty-year longitudinal study. *PLoS ONE*, 10(3): 1–13. doi: 10.1371/journal.pone.0116731.
- Friedman MM, Vicky RB, Elaine GJ 2002. *Family Nursing: Research, Theory, and Practice*. 5th Edition. New Jersey, USA: Prentice Hall PTR.
- Gurung S, Ghimire S 2014. Role of family in elderly care. *Journal of Family Caregiving for the Elderly*.
- Kelly M E, Hollie D, Sara K, Joanna EMc P, Sabina B, Brian AL, David GL 2017. The Impact of social activities, social networks, social support and social relationships on the cognitive functioning of healthy older adults: A systematic review. *Systematic Reviews*, 6(1): 1–18. doi: 10.1186/s13643-017-0632-2.
- Khan RA, Tahir I 2014. Influence of social factors to the quality of life of the elderly in Malaysia. *Open Medicine Journal*, 1(1): 29–35. doi: 10.2174/1874220301401010029.
- Knodel J, Kespichayawattana J, Wiyatvanit S, Saengtienchai C 2013. The future of family support for Thai elderly: Views of the populace. *Journal of Population and Social Studies*, 21(2): 110–132.
- Kudo Y, Saeki K 2013. Reasons for the creation of new social networks by the elderly after relocation. *Health*, 5(12): 31–38. doi: 10.4236/health.2013.512a005.
- Leonard PI, Kim BN, Scott S, Melissa AM 2007. The Life-Course Origins of Mastery Among Older People. *Journal of Health and Social Behavior*, 48: 164–179. From <<https://www.ncbi.nlm.nih.gov/pubmed>> (Retrieved on 1 January 2017).
- Liu LF 2009. Family involvement in and satisfaction with long term care facilities in Taiwan. *Asian J Gerontology Geriatric*, 4(1): 30–35.
- Lijun S, Son J, Lin N 2011. Social support. In: SJ Scott, J Peter Carrington (Eds.): *Encyclopedia of Stress*. London: Sage Publications, pp. 116–128. <https://doi.org/10.4135/9781446294413.n9>.
- Locsin RC, Gil PS, Phanida J, Wipada K, Lorraine SE 2021. Social transformation and social isolation of older adults: Digital technologies, nursing, healthcare. *Collegian*, In press. doi: <https://doi.org/10.1016/j.colegn.2021.01.005>.
- Martono N 2018. *Sociology of Social Change, Classical, Modern, Postmodern and Postcolonial Sociology*. Depok, Indonesia: Raja Garfindo Persada.
- Mauk KL 2018. *Gerontological Nursing Competencies for Care*. 4th Edition. New England: Jones & Bartlett Learning.
- Ministry of State of the Republic of Indonesia 1998. *Elderly Welfare Law No.13*. Jakarta, Indonesia.
- Oka M, Mio Y, Kanae M, Tatsuya T, Mikio A 2016. Relationships between lifestyle, living environments, and incidence of hypertension in Japan (in Men): Based on participant's data from the nationwide medical check-up. *PLoS ONE*, 19(2): 110–117. doi: 10.1371/journal.pone (online).
- Palopo Health Department 2017. *Family Health Department*. Indonesia.
- Patricia AP, Griffin PA, Stockert PA, Amy MH 2016. *Fundamental of Nursing*. Nine. Illinois, USA: Elsevier Health Science.
- Sari KD 2012. *Teaching Book, Mental Health*. UPT UNDIP Press. Semarang: CV. Lestari Mediakreatif.
- Smeltzer SC, Brenda GB, Janice LH, Kerry HC 2010. Medical-Surgical Nursing: Brunner & Suddarth. In: H Surrena (Ed.): *Brunner & Suddarth's Textbook of Medical-Surgical Nursing*. 14th Edition. Philadelphia: Lippincott Williams and Wilkins, P. 2212.
- Smith GL, Lauren B, Rochelle E, Grant O'Sullivan, Janique GZ van U 2017. The Association between social support and physical activity in older adults: A systematic review. *International Journal of Behavioral Nutrition and Physical Activity*, 14(1): 1–21. doi: 10.1186/s12966-017-0509-8.
- Sparacino A 2019. 11-Surprising Health Benefits of Sleep. Cronsoncares. From <<http://cronsoncares.com/11-surprising-health-benefits-of-sleep>> (Retrieved on 30 June 2020).
- Syukur M, Hadi AD, Didin SD 2015. The Transformation of Bugis Wajo Weavers into an Era of Modernity. *Paramita Journal (Online)*, 24(1): 63–77. From <<https://journal.unnes.ac.id/nju/index.php/paramita/article>> (Retrieved on 12 December 2020).
- Tabloski PA 2006. *Gerontological Nursing*. New Jersey: Pearson Prentice Hall Education Inc.
- Talmage CA, Allison R, Mark SS, Richard CK 2018. The social and cognitive transformation of older adult women: an analysis of community well-being for a university-based lifelong learning community. *International Journal of Community Well-Being*, 1(1): 11–31. doi: 10.1007/s42413-018-0003-3.
- Usman S, Irwan AM 2019. Efficacy of the behavior of low-salt diets in people with high blood pressure: A literature review. *International Journal of Caring Sciences*, 12(1): 542–552.
- Voigt M, Antonio A, Julio P, Diego R 2020. The effects of socioeconomic conditions on old-age mortality within shared disability pathways. *PLoS ONE*, 15: 1–17. doi: 10.1371/journal.pone.0238204.
- Vos WH, Leonieke CB, Meriam MJ, Leenders Roger TAJ, Katrien GL 2020. Exploring the impact of social network change: Experiences of older adults ageing in place. *Health and Social Care in the Community*, 28(1): 116–126. doi: 10.1111/hsc.12846.
- White K 2012. *Health and Disease Sociology*. Jakarta Indonesia: Rajawali Pers.
- Willcox DC, Bradley JW, Jay S, Seizo S 2007. The cultural context of 'successful aging' among older women weavers in a northern Okinawan village: the role of productive activity. *Journal of Cross-Cultural Gerontology*, 22(2): 137–165. doi: 10.1007/s10823-006-9032-0.
- World Health Organization 2010. *Global Recommendations on Physical Activity for Health*. Geneva, Switzerland: WHO.

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