



Factors associated with older adults' neglect among relatives in urban areas of Indonesia: a cross-sectional study

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ABSTRACT

Introduction: The aging adult population increases its vulnerability to neglect and other associated risks due to decreased physical and mental competence. Older adults who cannot adapt owing to reduced physical and mental capabilities become dependent on others, particularly family members. Older adults can become neglected if they are not adequately cared for. This study aimed to identify factors associated with neglect among older adults who live with their relatives in Pekanbaru City, Indonesia.

Methods: A cross-sectional study with a sample size of 382 Older adults was conducted utilizing multi-stage cluster sampling. The questionnaire measuring tool was conducted through structured direct interviews with the older adults, specifically to inquire about the variables of older adults' neglect, family support, social engagement, and family health tasks, which have been tested for validity and reliability. The data was analyzed using descriptive statistics, the chi-squared test, and binary logistic regression.

Results: The neglect experienced by the older adults was high, namely 190 people (49.74%), low, 192 people (50.26%), Family support ($p < 0.05$), family health duties ($p < 0.05$), and social engagement ($p < 0.05$) were associated with Older adults neglect. The binary logistic regression analysis revealed a significant relationship between older adults' marital status (widow or widower) and the occurrence of neglect ($p < 0.05$; OR: 29.0; CI: 3.2-25.9).

Conclusions: the older adults' status (married, widow, or widower) significantly influences negligence among older adults.

Keywords: older adults, neglect, family support, family health duties, social engagement

Introduction

Life expectancy has increased as technology, knowledge, and information have advanced, particularly in the healthcare sector. Currently, the number of older adults in Indonesia is 29.3 million, or 10.82% of the total population (269.9 million) (BPS, [2021](#)). The increase in the number of older adults alters the demographic structure and raises the dependent burden on the productive age group from 15% in 2019 to 17% in 2021 (Kinasih Angkit, [2021](#)).

Indonesian culture places a high value on respecting older people (Wahyuningsih, [2019](#); Hayati and Astari, [2020](#)). Despite the deep-seated cultural respect for older adults in Indonesia, the increasing older adults' population brings challenges, including the risk of

neglect, particularly as traditional family structures evolve. Filial piety, or the importance of caring for aging parents, is deeply ingrained in Indonesian society, as it is in many other Asian countries. The older adults serve as a legacy, connecting one generation to the next since they are respected and loved for their knowledge, wisdom, and life experience, and they become role models for generations (Francisco, Andrea, and Lopez, [2023](#)).

As the Older adults age, they also experience a decline in function, both physical, mental and financial (Sathya and Premkumar, [2020](#)). Older adults who cannot meet their daily needs need people around them to help and care for them (Cipriani *et al.*, [2020](#); Brinkmann *et al.*, [2021](#)). Changes in family obligations in caring for the older adults occur because they are busy with work and

don't have free time to care for them. Even the Older adults are left alone, making the Older adults neglected and uncared for in the family (Felix *et al.*, 2022).

Neglect of Older adults is defined as a failure of caregivers to provide services that meet their physical, psychological, and financial needs, resulting in a negative impact on the Older adults' health (Rzeszut, 2017). These needs include food, shelter, medical treatment, and economic stability (Dos Santos *et al.*, 2020; Sharma, 2021). According to Wamara, Bennich and Strandberg, (2021), geriatric neglect and abuse are a significant global concern, because cases of neglect not only occur in developing countries but also in developed countries. The prevalence of neglect in general is found to be 4.2%. The estimated number of cases in the United States is recorded at 0.2 to 3%.

In contrast, in rural China, it is estimated at 26%, whereas neglect by caregivers is most commonly observed in older adults, about 16.9% (Wu *et al.*, 2023). In developed countries, according to the National Center on Elder Abuse, 1 in every 10 Older adults people over the age of 60 in America has experienced neglect, and 90% of the 5 million Older adultss who have experienced neglect were perpetrated by family (National Centre on Elder Abuse (NCEA, 2017) However, only one out of every twenty-four occurrences is recorded since older individuals are often afraid to report the case he experienced. In Nepal, 47% of Older adult individuals and 83% of senior people in Bangladesh face neglect (Rai, Khanal and Chalise, 2018), while in Uganda, neglect is the most common sort of maltreatment encountered by older people (Atim *et al.*, 2023), with women more affected than men. The many incidents of neglect suffered by older adults occur not just in impoverished countries but also in affluent countries. Thus, attention and assistance are critical for older adults in their daily lives.

The older adults who are unable to meet their basic needs and must rely on others require the closest individuals, primarily family. The increase in workers of productive age in families living in cities, and the shift in family patterns where more and more women work outside the home, thus affecting the attention and care given to the older adults (Audia *et al.*, 2023). Changes in the family's responsibility to care for older adults are caused by families being very busy with work, so they do not have time to care for older adults. They are even left alone by their families, which makes the lives of Older adults have no potential, and they become neglected by their children or family (Guruge *et al.*, 2021). Sadness in Older adults can be caused by a lack of communication between children and Older adults, the absence of activities in which Older adults participate, the unwillingness to express feelings, thoughts, and experiences, and a lack of support for Older adults (Chandanshive *et al.*, 2022). Previous research on older persons who live with family members shows that care

(attention, worry, and affection) has a zest for life compared to families who care less about the Older adults (Nursolehah and Krisnatuti, 2017).

The Impact of older adults' neglect influences their health, both physically and psychologically (Alraddadi, 2022). The impact of psychological neglect includes loneliness and depression in older adults. The physical impact (Francisco, Andrea and Lopez, 2023), through a qualitative study to analyze nutritional care practices for older adults by the family, was discovered to be that older adults suffered from malnutrition because caregivers overlooked their dietary demands. The older adults desire to preserve their health condition and be cared for at home with respect by their families until the end of their lives (Jiang *et al.*, 2020).

This study is significant because cases of neglect of older adults in the family are complex to discover due to cultural and ethical norms that require older adults to be respected and valued. When Older adults are neglected in the family, it means that the family disrespects older adults. This needs to be avoided so that the older adults are not neglected. Considering that Indonesia has a pattern of kinship or family ties that may differ from other countries, in this research it is necessary to explore the involvement of families as caregivers for the Older adults, namely through the support provided by the family to the Older adults, family involvement in carrying out health tasks, and participation in carrying out social relationships and social activities with the Older adults (Batista *et al.*, 2024).

This study is critical to examine because older adults are becoming older and living longer lives. Therefore, families should always be aware of the challenges they face. This study aims to investigate the factors that determine the prevalence of neglect in older adults in terms of family support, implementation of family health chores, and social engagement.

Materials and Methods

Study design

This cross-sectional study was conducted among the older adults in the city of Pekanbaru, Indonesia

Sampling and Participant

The population in this study consisted of all older adults dwelling in Pekanbaru City in 2022, with 382 samples collected from the Payung Sekaki District region as the selected sub-district area. Payung Sekaki District was chosen because it is one of the districts with the highest number of older adults in Pekanbaru City. Participants were selected using multistage cluster sampling from the Payung Sekaki sub-district in Pekanbaru City. To be eligible for the sample, the following criteria were established: Older adults aged 60 years or older, older adults living with children or separated from children but still in the same city, older

adults who can communicate verbally and hear, read, and write, and are willing to be research subjects. The sample size was estimated using the Raosoft sample size calculator (<http://www.raosoft.com/samplesize.html>), considering a total population of 5079 older adults in the Payung Sekaki district region, a margin of error of 5%, and a confidence level of 90%, resulting in a minimum sample size of 382. The sampling procedure involved multistage stages: firstly, one out of twelve sub-districts was randomly selected, subsequently, one village was randomly chosen from the selected sub-district. From this village, nine neighborhood sites were chosen proportionally based on the inclusion criteria, all older adults were assessed, and those who met the requirements were included in the study. Ultimately, 382 participants met the inclusion criteria and participated in the study.

Study Instrument

The data was collected using four questionnaires tailored to the research variables: the older adults neglect questionnaire, the family support questionnaire, the family health task questionnaire, and the older adults' social activities and social interactions questionnaire. A questionnaire was used to obtain data from Older adult individuals during structured direct interviews. The data collected is data related to incidents of neglect of the older adults in the family using instruments consisting of 1) demographic data, namely age, gender, education, insurance ownership, ethnicity, income, occupation, status, and place of residence; 2) special data consisting of family support in older adult's care, social relationships, and social activities, and family health tasks for the older adults.

Creation and preparation of instruments using a rating scale with a choice of answers (favorable questions), namely answers Always with a score of 4, Often with a score of 3, Sometimes with a score of 2, and Never with a score of 1. The Older Adults Neglect Questionnaire consists of physical neglect with a total of 9 questions, psychological neglect with a total of 9 questions, and financial neglect with a total of 6 questions. For physical neglect, the questions asked include whether the family never pays attention to the Older adult's illness complaints, whether the Older adults are tired from their work, whether they are taken to health services once a month, whether transportation is provided for the Older adults, whether medicine is available for the Older adults, whether food is provided for the Older adults, whether personal hygiene is provided for the Older adults, and whether health aids (for example, glasses are still suitable for use). For psychological neglect, the questions asked include the older adults feeling underestimated, children visiting the older adults, inviting the older adults to gather with peers, the older adults feeling lonely, family affection for the older adults, the older adults being included in joint

discussions, helping the older adults when they complain of fatigue, paying attention to the older adult's advice, and helping to alleviate the older adults' problems. Financial neglect includes not taking the older adults' financial problems seriously, borrowing money from them and never returning it, telling the older adults to sign a transfer of ownership (inheritance), maintaining the older adults' health, and assisting the older adults' finances when they become ill.

The questionnaire for implementing family health tasks consists of nine questions. The family support questionnaire consists of six questions for informational support, seven for appreciation support, six for emotional support, and seven for instrumental backing. The social engagement questions consist of five questions about social relationships and five questions about social activities.

The questions are about developing the caring behavior inventory for elders (Clark, 2016; Walson and Berkley, 2018). The researcher consulted older adults and educational experts in the behavioral and educational psychology departments to deal with the validity and reliability of instruments. A mean cut-off point is used to determine the assessment scale for measuring each variable, with an ordinal measuring scale, by dividing the high and low measuring results. A high value if \geq the mean, and a low value if $<$ the mean.

Validity and reliability

The data validity and reliability test were conducted on 25 older adults using instruments through direct face-to-face interviews with older adults. The questionnaire is divided into four parts: the Older Adults Neglect Questionnaire, the Family Support Questionnaire, the Family Health Task Questionnaire, and the Older Adults Social Relationship and Social Activity Questionnaire.

The older adults' neglect questionnaire consists of physical neglect, with a validity value of 0.588-0.910 and a reliability of 0.936; psychological neglect, with a validity value of 0.699-0.888 and a reliability of 0.912; and financial neglect, with a validity value of 0.668-0.888 and a reliability of 0.912. All questions were declared valid and reliable.

A questionnaire about family health tasks had a validity value of 0.674-0.959 and a reliability of 0.958. The family support questionnaire consists of information support, appreciation support, emotional support, and instrumental support. Questionnaire about family support consisting of information support with a validity value of 0.848-0.944 and a reliability of 0.988; award support with a validity value of 0.727-0.966; emotional support with a validity value of 0.851—0.920 and a reliability of 0.964; instrumental support with a validity value of 0.755-0.951 and a reliability of 0.964.

Table 1. Frequency Distribution of Older Adults Characteristics in Labuh Baru Barat Subdistrict, Payung Sekaki District, Pekanbaru City (n=382)

Variable	Characteristics	n	Percentage (%)
Age (years old)	60-69	194	50.8
	70-79	127	33.2
	≥ 80	61	16.0
Gender	Female	283	74.1
	Male	99	25.9
Education	Elementary School	212	55.5
	Junior High School	142	37.2
	Senior High School	28	7.3
Occupation	Employed	86	23.0
	Unemployed	296	77.0
Income Regional Minimum Wage: Rp 2,997,971 (USD 187)	< Regional Minimum Wage	286	74.8
	≥ Regional Minimum Wage	96	25.2
Ethnicity	Malay	197	51.6
	Javanese	88	23.0
	Minangese	57	14.9
	Batakese	40	10.5
Residence	With Children	296	77.0
	Own House	86	23.0
Insurance Ownership	Yes	255	66.8
	No	127	33.2
Marital Status	Married	119	31.2
	Widow/Widower	263	68.8

questionnaire about social engagement with a validity value of 0.685-0.936 and a reliability of 0.969.

Data Collection

While collecting data, researchers visited older adults at their homes with the help of health cadres. The data collected must be obtained with the consent of the older adults through informed consent. Older adult cadres assist in the data collection before data collection begins, with a common perception between researchers and selected cadres according to the work area where the older adults are located. Older adults' health cadres, which are integrated with health workers, are a bridge between health service providers and the community. Older adults' health care plays a vital role in efforts to develop and maintain their health.

Data analysis

Univariate analysis was utilized to describe each variable using a frequency or percentage distribution, including demographic data factors, senior neglect variables, family support, family health tasks, and social engagement variables. A bivariate analysis examined the association between family support variables, family health tasks, and social engagement with the older adults' neglect variable. Multivariate analysis with logarithmic regression was performed to determine which independent variable had the most significant influence on the dependent variable.

Ethical Consideration

The ethics commission approved this research of Stikes Payung Negeri No.095/STIKES

Table 2. Analysis of Older Adults Neglect Questionnaire (n=382)

Variable	n	Percentage (%)
Neglect		
High	190	49.74
Low	192	50.26
Physical Neglect		
High	122	31.94
Low	260	68.06
Total Indicator	100	100.00
Not paying attention to the illness complained by the older adults	190	49.73
Transportation needs which is rarely fulfilled by the family	282	73.82
The Older adults who feel tired with the occupation that they do	100	26.17
Psychological Neglect		
High	228	59.68
Low	154	40.32
Total Indicator	100	100.00
Always feel offended with children's words	352	92.14
Feeling lonely	294	76.96
The children rarely pay attention to the advice given	382	100.00
Financial Neglect		
High	223	58.37
Low	159	41.63
Total Indicator	100	100.00
Not considering serious about the finance complained by the older adults	224	58.63
Asked to sign the ownership alteration	30	7.85
Seldom help the older adult's treatment cost when sick	154	40.31

Table 3. Table 2. Analysis of Family Support Questionnaire (n=382)

Family Support	n	%
Information Support		
Never remind older adults to check the health	280	73.29
Never observe the medicine taken by the older adults	315	82.46
Seldom remind the older adults to do gymnastic	273	71.46
Award Support		
Never involve older adults in taking decision	315	82.46
Never ask older adults to tell the life experience (life review)	260	68.06
Never give opportunity to older adults to do the activity which they love	206	53.92
Emotional Support		
Never be patient in taking care of the older adults	320	83.76
Never feel what the older adults feel	263	68.84
Never give the same residence to the older adults	210	54.97
Instrumental Support		
Never provide transportation for the older adults need	260	68.06
Never sort any money to handle the older adults	206	53.92
The tool aid used is not proper anymore to be used (blur glasses)	153	40.05

PN/KEPK/VIII/2022. The study was conducted after obtaining ethical clearance and approval from the respondents. Respondents had the right to refuse to participate or withdraw at any time, and the confidentiality and privacy of the respondents were maintained.

Results

According to [Table 1](#), 50.8% of older adults were in the 60-69 age range, 74.1% were female, 55.5% had an elementary school education, 77% did not work, 74.8%

were below the minimum regional wage, 51.6% were Malay, 77.5% lived with children, 33.2% did not have insurance, and 68.8% were widows.

[Table 2](#) indicates that almost half of the older adults (49.74%) experienced neglect, with a total of 190 people, where psychological neglect (59.68%) was experienced mainly by the older adults, namely 228 people. For psychological neglect, 92.4% of older adults were offended by their children's comments, and for financial neglect, 58.6% of families never took the financial issues complained about by older adults seriously.

Table 4. Relationship between Older adults' characteristics and neglect prevention behavior in West Labuh Baru Urban Village, Payung Sekaki Sub District, Pekanbaru City (n=382)

Variable	Neglect				n	%	p
	No	%	Yes	%			
Age							
60-69	122	62.9	72	37.1	194	50.7	<0.001
70-79	70	55.1	57	44.9	127	33.2	
≥80	0	0	61	100	61	15.9	
Gender							
Female	132	46.6	151	53.4	283	74.0	<0.001
Male	60	60.6	39	39.4	93	24.3	
Education							
Elementary School	87	41.1	125	59	212	55.4	<0.001
Junior High School	84	56.4	65	43.6	149	39.0	
Senior High School	21	100	0	0	21	5.4	
Occupation							
Employed	88	100	0	0	88	23.0	<0.001
Unemployed	104	35.4	190	64.6	294	76.9	
Regional Minimum Wage (RMW)							
<RMW	103	36.6	183	64.0	286	74.8	<0.001
≥RMW	89	92.7	7	7.3	96	25.1	
Marital Status							
Married	122	96.1	5	3.9	127	33.2	<0.001
Widow/Widower	70	27.5	185	72.5	255	66.7	
Insurance							
Yes	151	59.2	104	40.8	255	66.7	<0.001
No	41	32.3	86	67.7	127	33.2	
Residence							
With Children	111	37.5	185	62.5	296	77.4	<0.001
Separated From Children	81	94.2	5	5.8	86	22.5	
Ethnicity							
Malay	99	50.3	98	49.7	197	51.5	0.020
Javanese	35	39.8	53	60.2	88	23.0	
Minangese	31	54.4	26	45.6	57	14.9	
Batakese	27	67.5	13	32.5	40	10.4	
Family Support							
High	122	58.1	88	41.9	210	54.9	<0.001
Low	70	40.7	102	59.3	172	45.0	

Table 5. Results of Binary Logistic Regression Analysis Modeling

No	Variable	OR	CI (95%)	p value
1.	Family support	2.27	1.41-3.64	0.001
2.	Family Health task	7.91	4.93-12.7	<0.001
3.	Social engagement	1.84	1.15- 2.94	0.010
4.	Age	3.28	2.37-4.55	<0.001
5.	Gender	0.56	0.35-0.90	0.010
6.	Education	0.39	0.27-0.57	0.010
7.	Occupation	0.95	0.80-1.15	0.966
8.	Marital Status	18.4	16.4-25.3	<0.001
9.	Insurance	3.04	1.94-4.76	<0.001
10.	Residence	0.03	0.01-0.09	<0.001
11.	Ethnicity	0.85	0.70-1.03	0.109
12.	Regional Minimum Wage	0.11	0.09-0.12	<0.001

Table 3 shows the support given by families to older adults in terms of information support: 73.29% never remind the older adults to check their health, appreciation support 82.46% never involve the older adults in decision-making, patience in caring for the older adults 83.76%, and instrumental support 68.06% never have access to transportation.

Table 4 of the bivariate analysis revealed that all Older adult characteristic variables had a significant association with the occurrence of neglect in Older adults. It is clear that age, gender, education, occupation, Regional Minimum Wage, marital status, and ethnicity all substantially impact senior neglect. If the bivariate analysis yields a p-value <0.25, the variable is included in a multivariate model using multiple logistic regression.

Table 5 from the initial modeling study of multivariate analysis for the variables of occupation and Ethnicity yielded $p > 0.05$. Hence, this variable was removed. Table 6 shows the modeling results based on the changes in OR values, as shown in Table 6 below.

Table 5 shows that the older adults' status variable has an OR of 29 compared to other variables. This demonstrates that older adults who are widowed or widowers cause 29 times more neglect than senior people who have a partner or are married.

Discussions

The research results have found that almost half of the older adults in the research area (49.74%) experienced neglect. So far, neglect of the older adults tends to be detected in developed countries, there is still no clear concept to unify the definition of neglect of the older adults due to differences in culture, socio-economic status between people who view neglect of the older adults differently, resulting in different study findings and prevalence (Alexis Ramírez-Coronel *et al.*, 2022). More than half of the older adults (77.5%) live with their children, and the remaining 86 people (22.5%) live

separately from their children. Two hundred and sixty-three older adults no longer have a partner, but their children have abandoned them. This aligns with research (Zhang *et al.*, 2022) that neglect occurs because many children work outside the home. Older adults are being evicted from their residences and experiencing some form of neglect (Whangmahaporn, 2020).

Regarding the physical neglect, almost half of the respondents (190 of 382) ignored the illnesses that older adults complained about, and more than half reported that their families did not take them for health checks, even though they complained of illness. If a caregiver sometimes undertakes each of these behaviors, people may not consider the caregiver. This can then be seen as an unintentional mistake. However, if all of these physical needs are neglected simultaneously and repeatedly and systematically over a long period, this will give rise to a picture of neglect. Thus, it shows that caregivers do not value the physical well-being of older adults. From the research results, it was found that 31.9% of the older adults experienced high levels of physical neglect, in contrast to research (Deliema *et al.*, 2013), where only 10.7% of the older adults experienced physical neglect, some of whom experienced severe physical neglect.

Regarding physical neglect, more than half of the respondents, 73.82%, rarely met the older adults' transportation needs for traveling or for health checks, even though they complained of illness. The busyness of each family member may cause this physical neglect, so they do not have time to accompany the older adults. Another interpretation could be that they do not love or respect older adults who need assistance wherever they go, because the quality of life of the older adults is not a serious concern for other family members. Spending money on their health is a low priority. The research showed that 26% of older adults reported that their family members did not provide any assistance when they complained of being physically tired from the

Table 6. Results of Binary Logistic Regression Analysis Modeling

No	Variable	OR	CI (95%)	p value
1.	Family Health Task	4.14	2.20-7.80	0.001
2.	Social Activity Relation	3.37	1.60-7.10	<0.001
3.	Age	2.43	1.25-4.70	0.010
4.	Gender	13.8	1.81-10.53	<0.001
5.	Education	3.60	1.60-8.10	0.010
6.	Marital Status	29.0	3.20-25.9	<0.001

housework they were doing. The research results (Frazão *et al.*, 2014) show that physical neglect experienced by older adults is related to nutritional needs, personal hygiene, lack of medication, health care, and adequate rest and housing.

It is viewed from a financial neglect based on research results; it is operationally defined as a lack of sustainable financial support to meet older adults' needs.

The research showed that more than half of older adults (58.37%) experienced financial neglect, and only 23% of older adults were still working. Risk of financial dependence on the children (Guruge *et al.*, 2021). Research (Rayner *et al.*, 2024). Older adults experience financial constraints and financial dependence, which is perceived as a high risk of neglect. (Guruge *et al.*, 2021), low to no financial assistance from children, which offers little change from previous financial situations (Zhang *et al.*, 2022). Older adults must work even though they are old because their family members do not provide economic support regularly, sometimes even when sick (physical neglect). This aligns with research (Frazão *et al.*, 2014) that financial and physical neglect often occur simultaneously.

More than half of the family members (58.63%) also never took the financial problems that older adults complained about seriously. Apart from that, almost half of the older adults rarely receive care assistance when they are sick, even if the family is not sensitive, it can cause conflict about money issues between the older adults and other family members. In line with research, (Fadzil *et al.*, 2021; Liu and Hu, 2024) Families depend on the older adults' pensions, creating financial strain for the older adults' families. Meanwhile, research results (Whangmahaporn, 2020) found that older adults are not receiving financial support and are being swindled and threatened.

Seeing from psychological neglect, it indicated that all the advice given by the Older adults was rarely heeded by children, almost all the Older adults felt lonely even though they lived in a joint family, this is in line with research (Jaihind Jothikaran *et al.*, 2020) loneliness and isolation from family, being ignored by family members and being left out of the family network and Expressed wish to live apart from Older adults parents. The results of previous research on the relationship between adult children, parents, and grandparents are increasingly weakening. This is because there is a gap between generations, which causes conflict and tension in the family, which has unhealthy consequences, so that Older adults, who are no longer productive, become neglected (Kang and Kim, 2022; Kopystynska *et al.*, 2022). Maintaining daily lifestyle patterns, fostering a sense of security and comfort, and helping older adults reduce feelings of anxiety and stress can increase the possibility of storing new information in long-term memory (Francisco, Andrea and Lopez, 2023).

The study's findings suggest that families barely pay attention to the illnesses that older adults complain about and rarely contribute to the costs of caring for older adults. Almost all Older adultss people expect their children to care for them when they are sick or when they can no longer move and are afraid of being put in long-term care in a hospital or nursing home, older adults expect attention from the children when they are old and not to be neglected by the (Fu, Wang and He, 2020; Luo and Cui, 2023) The Older adults prefer their children to live with them rather than the Older adults to live with their children because what the Older adultss do is always in conflict with the children so that the Older adults cannot develop their skills (Lee and Kim, 2022; Stasolla *et al.*, 2022). Parents do not expect their children to be unable to feed themselves well, wear the right clothes, or do anything else. Parents only want children to love them. When parents live together, they are welcomed by the family (Punyakaew, Lersilp and Putthinoi, 2019).

The research showed that older adults were always offended by their children's words, they felt unloved because their families did not ask about their health, and they did not offer any financial assistance during health emergencies. This is in line with research (Frazão *et al.*, 2014) where Older adults Withholding of affection, insults, humiliation, defamation and threatened aggression, while research (Zhang *et al.*, 2022) showed that Older adults people experienced Lack of connection with children due to being unable to afford payments attached to telephone calls, isolation due to infrequent visits from children who have migrated to urban areas (also known as "empty nest syndrome" and loneliness is also reported among the respondents. Meanwhile, research (Rayner, Fetherstonhaugh and McAuliffe, 2024) on poor mental health conditions. Ignoring the Older adults by refusing to communicate with them, there is also a reported drop in terms of filial piety, and research (Kendini, 2024) loneliness and sadness due to the death of a spouse, and feelings of being neglected.

Although men and women are at equal risk of harassment, there are cultures where women are at higher risk of neglect, financial abuse, and other forms of abuse (Nair *et al.*, 2021). This is because Older adult women have a relatively longer lifespan, which causes more Older adult women than men to be more concerned about living alone (Asian Development Bank, 2024). Gender differences in frailty, such as more chronic health conditions in women and higher accumulation of fat in women's abdomens, which causes chronic inflammation in women (Pei, 2022; Wu *et al.*, 2023).

Multivariate analysis shows that partner variables have the most significant influence on the occurrence of neglect in older adults. The loss of a partner experienced by an older adult can affect both physical and mental health. Physical health problems, such as loss of appetite,

digestive disorders, or chest pain due to deep sadness, can reduce the body's immunity (Bae and Pachucki, [2024](#)). Meanwhile, research (Kendini, [2024](#)) has shown that Loneliness and despair due to the spouse's death and neglected feelings can also affect the body's immunity. Living with a spouse significantly benefits older adults' mental well-being, while widowhood is linked to increased depression risk. Living with one's children also boosted psychological health in older parents (Asian Development Bank, [2024](#)). Older adults who are chronically bereaved will tend to lack the motivation to continue living in a quality manner, which will influence changes in their activities. Frailty is a condition that can be recognized clinically in Older adults who have increased vulnerability due to a decrease in various physiological reserves and the function of multiple organ systems due to the aging process (Soares *et al.*, [2023](#); Hanlon *et al.*, [2024](#)).

. Research results (Wang *et al.*, [2020](#)) show a significant relationship between family support and the level of activity and daily living abilities of older adults. When the Older adultss show independence in carrying out daily tasks so that their self-confidence and sense of self-esteem grows, apart from that, when the Older adults are involved in joint activities and relationships with peers in a group or social engagement, this allows the Older adults to expand their social network and be physically able to contribute to a small group of peers by engaging in meaningful tasks (George *et al.*, [2023](#); Zhao *et al.*, [2023](#)). The social support given to the Older adultss can come from partners, children, friends or family (Zhang and Dong, [2023](#)). The results of previous research showed that the most dominant social support that influences the psychology of Older adults is emotional support from the family, which contributes 57.9% to the welfare of Older adults, followed by appreciation support 54%, information support 31.9%, and finally instrumental support 23.1% (Devkota *et al.*, [2023](#)).

In this case, implementing family health duties to prevent older adults from being neglected must be carried out well. The family is the most critical source of assistance for its members, who can influence a health-oriented lifestyle. Family health duties describe the family's ability to recognize health problems in older adults and respond quickly to care when older adults are sick (Widiyanto *et al.*, [2021](#); Hidayat and Elmaghfuroh, [2024](#)).

The family is an essential pillar in providing support to prevent neglect of older adults. Accompanying and caring for parents by children or family is difficult and not easy because it is a continuous activity usually carried out by only one person and requires patience, love, and selflessness (Francisco, Andrea and Lopez, [2023](#)). In caring for Older adults, care requires funds, there are serious risks and implications, but when the need for care comes, the family cannot avoid it because it is part of the

human experience where family care is not an option but is a necessity (Spiers *et al.*, [2021](#); Hailu *et al.*, [2024](#)).

The limitation of the research is that the neglect score indicator uses a cut-point mean value. Based on the definition of neglect, when the family does not fulfill the needs of older adults, including physical, psychological, and financial needs, the family is considered neglectful of the older adults. Standard score indicators are needed for further research to determine neglect in older adults. Judging from the factors that contribute to the care of the Older adultss, it is necessary to compare and contrast various situations and cultures (Pederson's theory), the forms of care by daughters and daughters-in-law, relatives and paid carers, care by women who work and women who do not work, and Older adultss care based on different social classes such as values in society and perceptions of the Older adultss. The research analysis unit is only the older adults, namely the impact of caregivers on the older adults. Therefore, it is necessary for further research to examine how Older adults influence the lives of caregivers.

So far, health promotion related to older adults has been about issues related to diseases in older adults and how to prevent them. Considering that Older adults are a vulnerable group; it is essential to socialize the issue of neglect of older adults at both the Health Service and Education Service levels to be included in the education curriculum. There is a demographic shift throughout the world, resulting in a significant increase in the Older adult population. Hence, students need to understand how important the topic of older adults is to discuss so that social support and services for older adults are required.

Conclusion

The final results of the binary logistic regression analysis found that the status of the older adults (widow or widower) had the strongest relationship compared to other variables for the occurrence of neglect. For Older adults, continuing their lives requires support from self-resilience and the support of the surrounding environment, particularly the family. It is necessary for families always to be patient and have a sincere heart in caring for older adults so that older adults can live their old age calmly, independently, and productively, and so that older adults are not neglected.

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Availability of data and materials

The datasets generated during and analyzed during the current study are available from the corresponding author upon reasonable request

Authors' contributions

Ezalina: conceptualization, methodology, supervise, data curation, data analysis, writing original draft, writing review and editing; Alfianur: data collection, investigation, project administration. All of authors are approved this study to submit to this journal

Declaration of Interest

None declare

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