THE PRACTICE OF EIGHT FAMILY FUNCTIONS: DIFFERENCES BETWEEN RURAL AND URBAN AGING FAMILIES IN INDONESIA

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Abstract

The family is essential in improving the older adults' quality of life, where the family's role can be reflected in the eight family function practices: 1) Religious; 2) Sociocultural; 3) Love; 4) Protection; 5) Reproductive; 6) Socio-education; 7) Economic; and 8) Environmental. This study aimed to determine the differences in family function practices among aging families in rural and urban areas. Data were analyzed using Cross-Tabulation with the Chi-Square and Independent T-test from a sample of 12,391 aging families in the 2019 Program Accountability Performance Survey. The results of the Independent T-test $p<0.001$ indicate a significant difference in implementing each family function between aging families in urban and rural areas. Despite both regions' low index scores for eight family function practices, aging families in the urban area practice slightly better than aging families in the rural. The characteristics that distinguished the implementation of family functions in urban and rural areas were educational and economic factors. In aging families, economic and love functions are most commonly performed in rural and urban areas, whereas reproductive and educational functions are the least performed. This research suggests intensively socializing about the eight family functions and educating on the importance of reproductive and educational functions in improving the quality of life in aging families.

Keywords: family, family functions, older adults, rural, urban

Praktek Delapan Fungsi Keluarga: Perbedaan antara Keluarga Lansia di Perdesaan dan Perkotaan di Indonesia

Abstrak

Keluarga sangat penting dalam meningkatkan kualitas hidup lansia, dimana peran keluarga dapat tercermin dalam pelaksanaan delapan fungsi keluarga, antara lain: 1) Agama; 2) Sosial budaya; 3) Cinta; 4) Perlindungan; 5) Reproduksi; 6) Sosial pendidikan; 7) Ekonomi; dan 8) Lingkungan. Penelitian ini bertujuan untuk mengetahui perbedaan praktek fungsi keluarga pada keluarga lansia di pedesaan dan perkotaan. Data dianalisis menggunakan Tabulasi Silang dengan Chi-Square dan Independent T-test dari jumlah sampel sebanyak 12.391 keluarga lansia pada Survei Kinerja Akuntabilitas Program Tahun 2019. Hasil dengan *Independent T-test p<*0,001 menunjukan perbedaan signifikan dalam pelaksanaan setiap fungsi keluarga pada keluarga lansia di perkotaan dan perdesaan. Meskipun skor indeks praktek penerapan delapan fungsi keluarga di kedua wilayah tersebut dikategorikan rendah, praktek fungsi keluarga di perkotaan sedikit lebih baik daripada praktek fungsi keluarga di pedesaan. Karakteristik latar belakang yang membedakan pelaksanaan fungsi keluarga di perkotaan dan pedesaan adalah faktor pendidikan dan ekonomi. Pada keluarga lansia, baik di desa maupun di kota, fungsi ekonomi dan cinta adalah fungsi yang paling banyak dipraktekan, sedangkan fungsi reproduksi dan pendidikan adalah fungsi keluarga yang paling sedikit dipraktekan keluarga lansia. Penelitian ini memberikan saran untuk menyosialisasikan kembali fungsi keluarga dan mengedukasi tentang pentingnya fungsi reproduksi dan pendidikan dalam meningkatkan kualitas hidup keluarga lansia.

Kata kunci: lansia, keluarga, fungsi keluarga, perdesaan, perkotaan

INTRODUCTION

Indonesia is becoming an aging society, with the aged accounting for almost 10 percent of the population. The number of older adults increases yearly, in line with their life expectancy. According to the 2020 Population Census results, the number of older adults in Indonesia increased from 7.59 percent in 2010 to 9.78 percent in 2020. The release of Advanced Statistical Data for 2020 revealed a rise in the number of older adults followed by an increase in the number of households headed by the older adults, from 28.48 percent to approximately

62.28 percent of households (Maylasari et al., 2019). The issue of aging population requires the Indonesian government to pay more attention to the quality of life of this population.

The increasing number of older adults in Indonesia has not been accompanied by improved quality of life. Previous studies revealed that an increase in life expectancy in older adults was not closely related to life quality (Gouveia et al., 2016). Generally, older adults' quality of life declines due to changes in physical, psychological, and social roles in society, which cause them to have many limitations, weaknesses, and disabilities. The reduction in life expectancy caused by anxiety, depression, or comorbidity and these psychological problems impact the older adults' quality of life in rural population (Hu et al., 2022). Many people have negative perceptions and doubts and give up in their old age. Some older adults think that old age is a burden on the family and society, so they find it difficult to accept old age. It is a challenge not only for the older adults but also for their families.

As a result, family and the environment play critical roles in providing care and assistance to the older adults to enhance their quality of life. The family is the smallest unit that functions to create family harmony through a reciprocal process of love and affection between family members, among relatives, and between generations. Older adults will feel happier living in the environment of the closest family members, such as children and grandchildren. Family can enhance the quality of care of the older adults by providing care, mentoring, and protection in several aspects, including physical, psychological, and social (Chaichanawirote, 2011; Soósová, 2016). Social support is one of the essential needs entailed by older adults (Yusselda & Wardani, 2016). Even the older adults' quality of life is closely associated with family support.

Older adults require the functioning of their families to improve their quality of life because the majority of older adults have difficulty performing daily activities (Wang & Huang, 2016). Older adults can also be empowered to help implement and instill the eight family functions' values for their children and grandchildren. The eight family functions include religious, sociocultural, love, protection, reproductive, socio-education, economic, and environmental functions (National Population and Family Planning Board, 2014). Therefore, the role of the family can be seen in the practice of carrying out family functions. The research

found that family function positively affects the quality of life from four dimensions: social support, satisfaction, mental and physical well-being, and free time availability (Rodríguez-Snchez et al., 2011). A previous study found that the more optimal the implementation of family functions, the better the family's emotional well-being (Cao et al., 2013). Meanwhile, welfare is a subjective indicator of the quality of life of the older adults; the better the implementation of family functions, the higher the older adults' quality of life. It is because of the support from their family and social environment.

A good life is defined by one's quality of life (QOL; Ventegodt et al., 2003). The most frequently used terms include 'quality of life, 'good life,' 'happiness,' 'well-being,' and 'wellness' (Sollis et al., 2022). According to the quality-of-life integration theory, life quality comprises subjective, objective, and existential qualities (Ventegodt et al., 2003). Similarly, life quality is determined by both objective and subjective factors (Wiggins et al., 2004). WHO defines QOL as an individual's perception of their life position in the context of the cultural and value systems in which they live (Xia et al., 2012). Quality of life is a multifaceted function in which family and its social environment are one of those functions (Widagdo et al., 2022). The practice of carrying out functions in the family can describe family life quality. Meanwhile, the family's quality can be reflected in the seven dimensions of *Lansia Tangguh* (resilient older adults) implemented in Indonesia: spiritual, intellectual, physical, emotions, social, vocational professionals, and environment (National Population and Family Planning Board, 2014). The seven dimensions are an effort that the older adults must prepare to become healthy, active, independent, and productive, known as *Lansia Tangguh* or resilient older adults. The goal of developing resilient aging families is to improve the quality of older adults and empower vulnerable families to play a role in family life. Resilient older adults can motivate the family, engage in grandparenting children and grandchildren, especially young families, and develop a productive economy for the aging families and the older adults to realize comprehensive family resilience and welfare.

Factors such as age, gender, marital status, level of education, and economic status impact family functions (Lu et al., 2017). Furthermore, one factor that distinguishes the quality of life of the older adults is their place of residence (Cao et al., 2013). Rural residents are widely known to have a lower quality of life than urban residents (dos Santos Tavares et al., 2014). It may be due

to the older adults in rural having lower life satisfaction than urban ones. After all, rural older adults are more depressed due to limited health services, a lack of supportive social programs, and low social function (Usha & Lalitha, 2016).

Another study found that most rural families have better family functions than urban families (Herawati et al., 2020). This difference in the area of residence is thought to occur in aging families, where resilience as a mediating variable in family functioning can influence the quality of aging families (Lu et al., 2017). Urban older adults often act differently from their counterparts in pursuing quality of life due to different values and priorities. Socio-cultural diversity determines the quality of life of older adults in each type of residence (Chantakeeree et al., 2022). Not much research has specifically examined the practice of family functions among aging families in Indonesia according to their place of residence. Therefore, this study aims to analyze the differences in characteristics of aging families in terms of demographic and socioeconomic factors in rural and urban areas. Simultaneously, this study examines the differences in knowledge and practice of utilizing the eight family functions in aging families in urban and rural areas.

METHODS

This study used a cross-sectional design and quantitative approach and drew data from the Family Module of the 2019 Population and Family Planning Program Performance and Accountability Survey (SKAP). This survey is nationally representative and conducted in 34 provinces in Indonesia.

A three-stage stratified sampling procedure was used in the SKAP 2019. It consists of the selection of *desa/kelurahan* (village/urban-village) based on the *desa/kelurahan* listing in Indonesia, the selection of a cluster in each selected *desa/kelurahan*, and the selection of 35 households in each selected cluster using a systematic random sampling based on the household listing collected door-to-door.

In total, there were 67,725 households in all selected clusters in Indonesia and 67,370 households completed the interview. All listed families in the households' roster were interviewed, but out of 67,370 households, 69,662 families were eligible and met the criteria for family respondents. Families in which the heads were over 60 years old (older adults) were selected and constituted the unit of analysis in this study. Thus, the sample size was 12,391 families. The selection of respondents ignored the place of residence (urban/rural) since it had been considered during cluster selection.

The characteristics of aging families include family demographic characteristics (age, gender, family type, and the number of children) and socioeconomic status (education, working status, and wealth quintiles). This study examined the implementation of the values of eight family functions among aging families in Indonesia, consisting of religion, socio-culture, love, protection, reproduction, socialization and education, economics, and the environment. Multiple-choice questions related to family function implementation were asked to the respondents.

The analysis of family function implementation was based on the index score obtained from calculating the responses on the implementation of each function. Each response to the sub-variables in each function was summed up, and the total score was calculated by summing up all respondents' minimum and maximum responses. The practice of each function was measured by calculating an index of the implementation of each family function. Variable details of each function can be seen in Table 1.

Every variable in each function was given a score of 10. A total score was obtained by summing up each score in every variable. It was then transformed into an index score for the implementation of each family function.

$$The\ Practice\ of\ Family\ Functions = \frac{Total\ score - minimum\ score}{maximum\ score - minimum\ score} x100$$

Furthermore, the respondents were classified into two categories based on the family functions practice score: high category (score range of 60-100) and low category (score of <60).

The data were analyzed descriptively and inferentially using Cross-tabulation and the Independent T-Test. A descriptive cross-tabulation analysis was conducted to determine the characteristics and background of aging families, including the percentage distribution of aging families in urban and rural areas according to variable groupings. The independent T-test was used to identify the differences in the practice of eight family functions among aging families in urban and rural areas.

Table 1 The implementation of the eight functions of the family in Indonesia 2019

Implementation of the eight (8) functions of the family	Variable	Min-max score variables
Function of religion	Carrying out worship such as: Prayer, fasting, reciting the qor'an, praying, Mass Tolerance for other religions Doing good things (helping others) Being patient and sincere Others	Score max= 5; Score min=0
Socio-cultural functions	Cooperating with others Deliberation Preserving cultural values and customs Respecting every tribe, race, and religion Others	Score max= 5; Score min=0
Love function	Loyalty/mutual trust Upholding fairness Maintaining family harmony Showing affection Others	Score max= 5; Score min=0
Protection function	Physical protection (holding a child/partner, hugging, etc.) Non-physical protection (not saying harshly), Health protection Meeting family needs (clothing, food, and shelter) Others	Score max= 5; Score min=0
Reproductive function	Maintaining reproductive hygiene, Providing information on reproductive health Avoiding promiscuity, Marrying off a child at the ideal age Others	Score max= 5; Score min=0
Social and educational function	Being a role model, Sending children to school Teaching children to become independent, Stimulating children's creativity Others	Score max= 5; Score min=0
Economic functions	Practising frugal living Working hard, Saving money Prioritizing basic needs Others	Score max= 5; Score min=0
Environmental functions	Promoting a green lifestyle Not littering Keeping the surrounding environment clean Preserving the environment and saving energy Others	Score max= 5; Score min=0

RESULT

Characteristics of Aging Families

The cross-tabulation results show that aging families in urban and rural areas have the same pattern in all socioeconomic demographic characteristics. The number of older adults living in rural areas is slightly higher than that in urban areas (54.3% compared to 45.7%). Almost all

demographic variables, including the age group, gender of the head of the family, type of family, and the number of children, have a similar pattern in the proportion of aging families who live in urban and rural (Table 2). The youngest aging families (60-69 years) comprise most older families in rural and urban areas. The proportion of the youngest aging families living in urban was higher than in rural areas (73.1% compared to 70.4%). More than 85 percent of aging family heads residing in urban and rural areas are men. Slightly more female family heads are found in urban areas than in rural ones. Meanwhile, single families are more common in urban areas. Most aging families had 0-2 children and relied on their families, which was more prevalent in rural than urban areas.

Similarly, all socioeconomic variables of aging families follow a similar pattern in urban and rural areas. Most aging families in urban and rural areas had a low education level, with rural areas having a much higher percentage than urban areas (83.8% compared to 54.8%). Aging families with secondary and higher education are found in urban areas more than in rural areas (45.2% compared to 16.2%).

Aging families had more jobs both in rural and urban areas. Surprisingly, the proportion of aging families still working was higher in rural than in urban areas (84.3% compared to 62.2%). Meanwhile, more than half of older adults living in urban and rural areas had a medium level of wealth. However, more poor aging families are found in rural areas than in urban areas (43.5% compared to 14.1%).

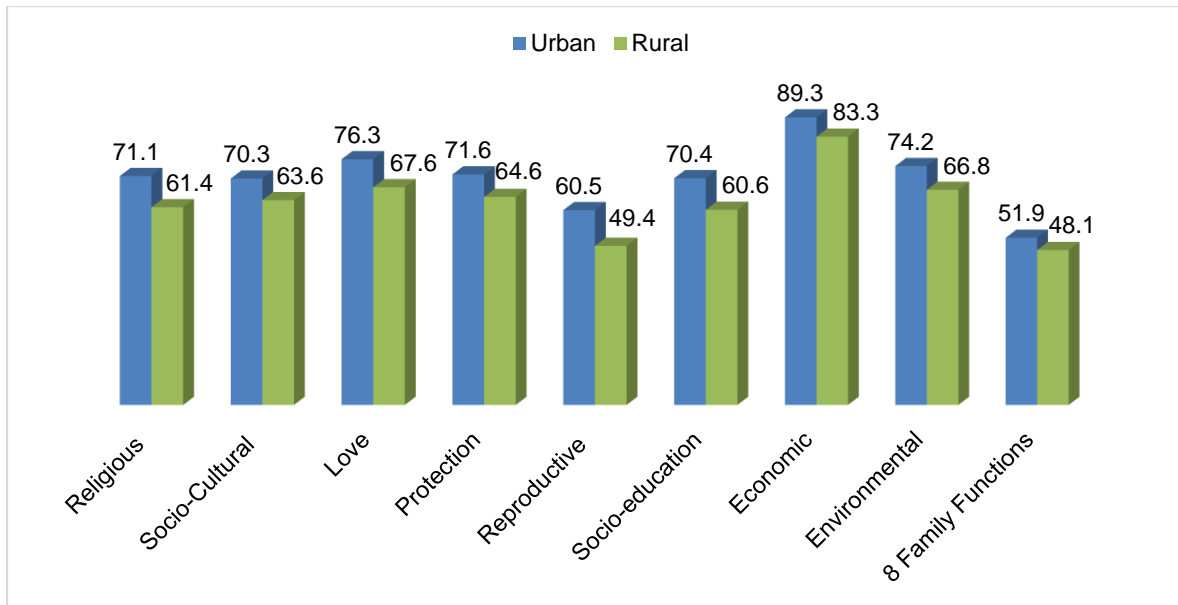**Knowledge and Practice of the Eight Family Functions**

Knowledge and practice of the eight family functions follow a similar pattern in aging families who live in urban and rural areas (Figure 1 and Figure 2). Figure 1 shows that knowledge of the eight family functions was higher in urban than in rural (51.9% compared to 48.1%). Based on each aspect, aging families who live in urban areas have better knowledge of family functions than those in rural areas. Knowledge of the function of the economy and the function of love is the highest knowledge known to families in both urban and rural areas (89.3% compared to 83.3%). Compared to other family functions, knowledge of the reproductive function is the lowest in urban and rural areas. Only 49.4 percent of families in rural areas know about reproductive function.

Table 2 Demographic and socioeconomic characteristics of aging families in urban and rural Indonesia 2019

Variables	Urban		Rural	
	Number of aging families	%	Number of aging families	%
Age group				
Youngest-old (60-69)	4,140	73.1	4,735	70.4
Middle-old (70-79)	1,250	22.1	1,555	23.1
Oldest-old (80+)	270	4.8	441	6.6
Gender				
Male	4,862	85.9	5,938	88.2
Female	798	14.1	793	11.8
Family type				
Single parents	960	17.0	894	13.3
Intact family	4,701	83.0	5,837	86.7
Number of children				
0-2	5,432	96.0	6,578	97.7
3+	228	4.0	153	2.3
Education level				
Low	3,100	54.8	5,641	83.8
Secondary	1,977	34.9	921	13.7
Higher	583	10.3	169	2.5
Working status				
Not working	2,141	37.8	1,058	15.7
Working	3,519	62.2	5,674	84.3
Wealth quintiles				
Low	796	14.1	2,927	43.5
Middle	3,294	58.2	3,444	51.2
High	1,571	27.8	360	5.3
Total	5,660	100.0	6,731	100.0

Note: %=percentage; calculated by the author from the Program Accountability Performance Survey (SKAP) 2019

Although knowledge of family functions in aging families is relatively high, this is not the same as in practice. The practice of family functions is relatively lower in urban and rural areas. The practice of the eight family functions is also higher in urban than rural areas by 23.8 percent versus 19 percent (Figure 2). However, seen from each aspect, the function of economy is the most practiced by aging families living in urban and rural areas (56.4% versus 49.2%). It follows economic knowledge, which is the highest knowledge compared to other aspects. This practice is also the lowest aspect in line with the common knowledge about reproductive function.
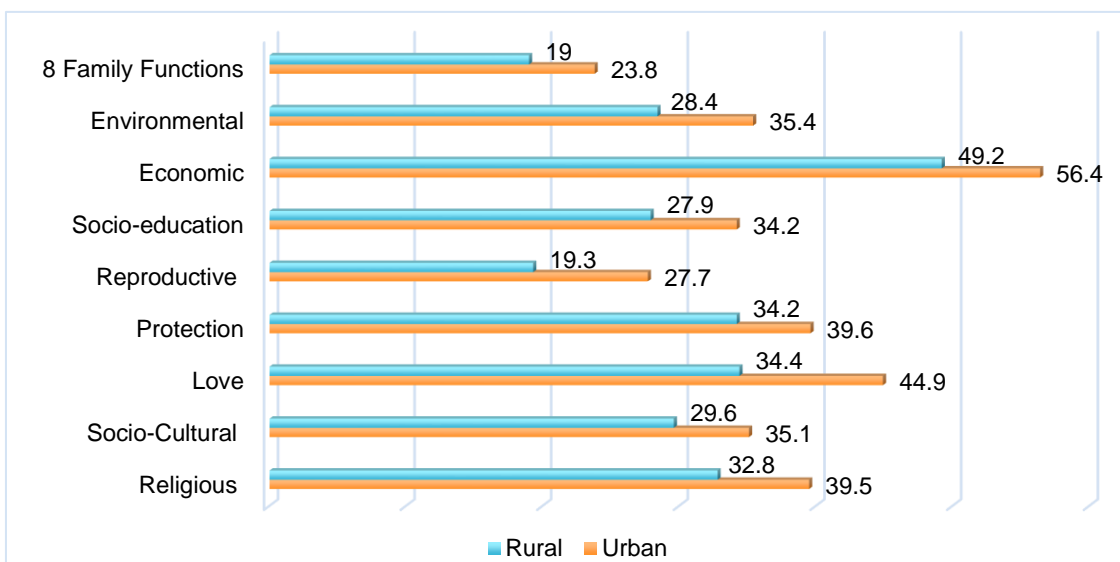
Note: Calculated by the author from the Program Accountability Performance Survey (SKAP) 2019

Figure 1 Knowledge of aging families about the eight family functions in urban and rural areas

The Practice of the Eight Family Functions according to the Characteristics of the Aging Family

Aging families in urban areas who practiced family functions are more likely to be found in the youngest-old group (60-69), male heads of household, intact families, 0-2 children, low education level, working, and middle-economic level. The pattern is the same as the characteristics of urban older adults. Similarly, aging families in rural areas who carry out family functions are more commonly found in the youngest-old group (60-69), the male head of the family, intact family, 0-2 children, low education level, working, and middle-economic level. However, the number of older adults with low education in rural areas is much higher than urban older adults (83.8% compared to 54.8%). Likewise, there are more older people with poor economic status in rural areas than in urban areas (43.5% compared to 14.1%). Low education and poor status are the causes of the higher number of working older adults in rural areas than in urban areas (84.3% compared to 62.2%).

Note: Calculated by the author from the Program Accountability Performance Survey (SKAP) 2019

Figure 2 The practice of aging families about the eight family functions in urban and rural areas

Table 3 The practice of eight family functions in urban and rural areas by characteristics of aging families, indonesia 2019

Characteristics of aging families	The practice of eight family functions	
	Urban	Rural
Age group		
Youngest-old (60-69)	73.2	70.4
Middle-old (70-79)	22.1	23.1
Oldest-old (80+)	4.8	6.6
Gender		
Male	85.9	88.2
Female	14.1	11.8
Family type		
Single parents	17.0	13.3
Intact family	83.0	86.7
Number of children		
0-2	96.0	97.7
3+	4.0	2.3
Education level		
Low	54.8	83.8
Secondary	34.9	13.7
Higher	10.3	2.5
Working status		
Not working	37.8	15.7
Working	62.2	84.3
Wealth quintiles		
Low	14.1	43.5
Middle	58.2	51.2
High	27.7	5.3

Note: Calculated by the author from the 2019 Program Accountability Performance Survey

The Differences in the Practice of Eight Family Functions in Urban and Rural Areas

The T-tests in Table 3 show significant differences in the practice of family function implementation within aging families in urban and rural areas (Independent t-test p <0.001). The practice index for the eight family functions was relatively low in urban and rural areas. Each family function differed significantly among aging families in urban and rural areas. Meanwhile, the average index of implementing religion, socio-culture, love, protection, reproduction, social education, economy, and environmental functions was slightly higher for aging families in urban areas than in rural areas. Overall, the average index score of the eight family functions in urban areas was 45.43, while in rural areas

was 41.14. More than half of aging families in both areas practice economic function in the high category, with the average value in urban areas (53.77) slightly higher than in rural areas (50.1). Similarly, except for the economic function, nearly half of the aging families in urban and rural areas were classified as having low implementation and practice of family functions (Table 4).

DISCUSSION

This current study depicts similar demographic and socioeconomic characteristics between aging families in urban and rural areas. Nevertheless, those who lived in urban areas had better conditions than those who lived in rural areas based on some socioeconomic indicators, including education attainment level and wealth index. Interestingly, the proportion of rural older adults with working status was much higher than that of urban older adults. Given low attainment in education and welfare (approximated by the wealth index), the working status implies a more significant economic burden that rural older adults must bear. It supports a previous study highlighting that in less educated and more deprived settings, older adults' participation in the labor force is common (Reddy, 2016). Engaging in the informal sector or being self-employed with low-paid jobs seems a viable option for uneducated and disadvantaged older adults to meet their needs (Reddy, 2016). Another study disclosed that the pattern of older adults' involvement in the labor force declines as the country's economic growth increases (Queiroz, 2017).

Moreover, this study reveals an intriguing finding in the differences in the practice of eight family functions in urban and rural areas. More than half of the families in both urban and rural areas have low family function practices. It differs from the previous study results, which found that half of the older women had a moderate family function with an average index of 62.7 (Putri et al., 2019). Aging families in cities performed better in terms of family function than aging families in rural areas. These findings differ slightly from the previous study, which found that families who lived in rural areas performed better than those in urban areas (Herawati et al., 2020). Encouraging older people to live in rural areas may result in greater well-being in their later years (Alcañiz et al., 2020).

On the other hand, other previous studies have shown that urban older adults have a higher quality of life than rural older adults (Akila et al., 2019; dos Santos Tavares et al., 2014). It is

because life quality is linked to family function (Cao et al., 2013; Cheng et al., 2017; Maylasari et al., 2019; Wang & Huang, 2016). Considering the higher knowledge and practice of family functions among urban older adults than rural older adults, it suggests that knowledge influences the practice of family functions. Thus, exposing the values of family functions to all family members as early as possible will internalize these into the family's daily life and become the norms that family members could be adopted quickly. It is expected that practicing family function will increase the quality of life, especially for younger family members who are the next generations that need to prepare for better-aging life.

Other results also revealed a statistically significant difference in family function practice between aging families in rural and urban areas regarding the average index of family function practice. This considerable difference showed a close relationship between a family function's practice and where the aging family lives. This study also confirmed that one of the factors affecting the practice of family function in Indonesia is the residential area, along with their socioeconomic background. The residential area has been recognized as an essential factor influencing older adults' quality of life (Alcañiz et al., 2020; Widagdo et al., 2022)

Table 4 The differences in the practice of eight family functions using t-test in urban and rural areas, Indonesia 2019

Category of eight family function practices	Low		High		Mean	Independent t-test	*p*-value
	Number of aging families	Percentage (%)	Number of aging families	Percentage (%)			
1. Religious function							
Urban	3,423	60.5	2,238	39.5	45.8	7.744	*p*<0.001
Rural	4,520	67.2	2,211	32.8	41.7		
2. Sociocultural function							
Urban	3,672	64.9	1,989	35.1	43.7	6.522	*p*<0.001
Rural	4,736	70.4	1,996	29.6	40.2		
3. Love function							
Urban	3,116	55.1	2,544	44.9	48.4	12.005	*p*<0.001
Rural	4,413	65.6	2,318	34.4	43.3		
4. Protection function							
Urban	3,421	60.4	2,239	39.6	45.6	6.189	*p*<0.001
Rural	4,430	65.8	2,301	34.2	41.9		
5. Reproductive function							
Urban	4,095	72.3	1,565	27.7	38.2	11.075	*p*<0.001
Rural	5,433	80.7	1,298	19.3	32.4		
6. Socio-education function							
Urban	3,724	65.8	1,937	34.2	43.2	7.637	*p*<0.001
Rural	4,855	72.1	1,876	27.9	38.7		
7. Economic function							
Urban	2,469	43.6	3,191	56.4	53.8	7.956	*p*<0.001
Rural	3,417	50.8	3,314	49.2	50.1		
8. Environmental function							
Urban	3,655	64.6	2,006	35.4	44.82	8.398	*p*<0.001
Rural	4,818	71.6	1,913	28.4	40.62		
Eight Family Functions							
Urban	4,315	76.2	1,345	23.8	45.43	6.519	*p*<0.001
Rural	5,455	81.0	1,276	19.0			

Note: The Independent t-test significance is p <0.001; calculated by the author from the 2019 Program Accountability Performance Survey

The family functions of aging families in urban were slightly better than those in rural areas. According to the characteristics of aging families in urban areas, most aging families were classified as youngest-old aged 60-69. They achieved middle and high economic levels. The fact that the proportion of working urban older adults is lower than that in rural areas suggests that urban older adults face a lower economic burden. Interestingly, the performance of family functions is closely connected to one's employment status (Honda et al., 2015). However, once it is associated with environmental characteristics, cities are associated with noise, stress, and anxiety. People living there are at a higher risk of suffering from poor mental health (Widagdo et al., 2022). Therefore, it could reveal more interesting findings if the study also investigates the relation to environmental characteristics in urban and rural areas, which may also affect the implementation of family functions and the quality of older adults.

According to this study, more than 40% of aging families living in rural areas had low educational and economic status levels, likely contributing to their inability to perform family functions. This finding is consistent with previous studies, which found that education was the most significant factor influencing the quality of life in China (Xia et al., 2012). Other studies also stated that the higher the education and income of older adults, the higher their quality of life (Bilgili & Arpaci, 2014; Chokkanathan & Natarajan, 2018; Conde-Sala et al., 2017; Eliasi et al., 2017). The family's function will be suitable for older adults with high education levels because of better information transmission (Putri & Permana, 2011). Families with low socioeconomic levels are less likely to overcome their problems (Donkin et al., 2014). Although working older adults are frequently associated with lower welfare, to some extent, their participation in the labor force indicates their independence and empowerment, as they can still meet their needs independently.

Other findings also show that the economic function was among the most widely recognized and practiced functions by aging families in urban and rural areas. This result is in line with the research conducted in previous studies (Herawati et al., 2020; Pujihasvuty et al., 2021). The economic function was the most widely known by both intact and single-parent families (Pujihasvuty et al., 2021). The habit of saving, being thrifty, not becoming extravagant, and working hard was one of the family's economic functioning values primarily practiced in families (Herawati et al., 2020). The economic function is also closely related to other functions, such as protection. As they get older, the needs of the older adults for health, care, and protection increase, so the role of the family is to provide instrumental support to the older adults in the form of providing basic needs, health care, protection from danger, and financial needs (Yusselda & Wardani, 2016). Health also impacts well-being differently in urban and rural areas (Alcañiz et al., 2020). The results of this study were in line with studies in China, which show that the health dimension of social participation and economic finance plays essential roles in the well-being of older adults (Tian & Chen, 2022). Besides needing to save money for the future, finding an exciting career and a source of income is also essential (Dorloh et al., 2019). This is because poor older people are more likely to have poor psychological states and total quality of life (Bielderman et al., 2015). The protection function can ensure the adequacy of aging families, especially children, from basic needs throughout life. Meeting the family's economic conditions can often result in family dysfunction (Raharjo et al., 2015). Therefore, economic factors, especially income, may affect family function (Banovcinova et al., 2014; Hongthong et al., 2015).

CONCLUSION AND SUGGESTION

According to this study, aging families living in urban and rural areas had similar demographic and socioeconomic characteristics. There were statistically significant differences in family functioning practices between rural and urban aging families. This study found that educational and economic factors were the characteristics that distinguish the implementation of the family function in rural and urban older adults. The implementation index for the eight family functions of aging families in urban and rural areas was not optimal, with the majority being in the low group. The practice of the eight family functions by aging families in urban areas was slightly better than in rural areas. The economic and love function was the most widely known and practiced by aging families in Indonesia. On the other hand, reproductive and educational functions are rarely practiced by aging families, both in urban and rural areas.

The study findings were restricted to distinguishing discrepancies between aging families living in rural and urban areas based on socioeconomic demographic characteristics and family function knowledge and practice. This study has limitations due to survey methods with limited variables. Thus, the findings in this study are limited to family demographic and

socioeconomic characteristics associated with family functioning. Therefore, there is a need for further and in-depth research by analyzing other factors to complete the information about the variables leading to the differences in family function practices among older adults in urban and rural areas and involving the families of respondents with more diverse characteristics. This research will also be more attractive by applying the seven-dimensional aspects of resilient older adults to identify the quality of life of aging families in Indonesia. Another limitation is the aging families in this study only looked at the age of the head of the family, who was older than 60 years, and did not consider the spouse's age. However, the results of this study suggest that developing effective strategies is critical to improving the implementation of family functions among aging families in Indonesia, especially those in rural areas. Providing comprehensive information related to family functions, particularly reproductive and social education functions, not only for older adults but also for their spouses and children, is also expected to enhance the implementation of family functions. A massive campaign of values related to family functions can be conducted using various media and digital platforms available and easily accessible to older adults. Furthermore, it is essential to encourage Indonesian aging families to participate in the existing family resilience activity groups, which facilitate family resilience programs through mentoring and caring for older adults.

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AUTHORS' CONTRIBUTIONS

All authors have an equal contribution to this study. We planned the study, wrote, and revised the manuscript. Conceptualization, RP; Literature Review, RP, DN, MMPN; Methodology, RP, SLN; Preparing the data, SLN; Performed all statistical analysis, SLN; Writing- Original Draft preparation, RP; Writing-Results, Discussion & Conclusion, RP, DN, MMPN; Writing-Review & Editing: RP, DN, MMPN, and SLN All authors have read and agreed to the published version of the manuscript.

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