Analysis of Factors Affecting The Welfare of Non-Working Elderly in Denpasar City

by Made Ayu Gita Nindya Sari

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Abstract. *Elderly people who do not work have the right to receive welfare just like the rest of the population, so an understanding of the factors that influence the welfare of the elderly is needed. This research aims (1) to analyze the influence of health, old age benefits and social support simultaneously on the welfare of unemployed elderly in Denpasar City; (2) to analyze the partial influence of health, old age benefits and social support on the welfare of the elderlydoes not work in Denpasar City. The research on elderly people in Denpasar City took samples from four sub-districts, namely West Denpasar, East Denpasar, South Denpasar and North Denpasar. The elderly population was 72,680 people and the sample size was 100 people. Sampling was carried out using purposive sampling and data analysis using confirmatory factor analysis and multiple linear regression analysis. Based on the research results, information was obtained that health, old age benefits and social support have a significant simultaneous and partial influence on the welfare of elderly people who do not work in Denpasar City. This means that as the health, old age benefits and social support of the elderly who do not work improve, the welfare of the elderly who do not work in Denpasar City will increase.*

Keywords : *Health, Old Age Benefits, Social Support, Elderly Welfare*

1. INTRODUCTION

The elderly are vulnerable and sensitive individuals and need assistance due to health limitations, especially the elderly who are no longer active. The welfare of the elderly who do not work is one of the concerns in solving population problems. Elderly residents who are still productive at work will receive income, while elderly residents who choose not to work or retire will feel more prosperous if they have pension money, gifts from children and any other party who can provide financial resources. In terms of health, a prosperous elderly population has excellent health, is healthy and fit.

The workload of caring for family members is one of the more important considerations in decisions regarding life expectancy in an aging society (Qibthiyyah and Utomo, 2016: 133). The increasing proportion of elderly people certainly requires special attention and handling in the development process. The final stage of the aging process as experienced by people aged 60 years and over which will have an impact on three aspects, namely biological, economic and social(Sriastiti and Bendesa, 2018). The increase in the proportion of the elderly population is accompanied by various problems that arise for the elderly themselves. Several things that support the increase in the number of elderly people are because the socio-economic level of

society continues to increase, there is progress in the field of health services and the level of public knowledge is getting better (Sulandri et al., 2009).

Life expectancy is an indicator that can be used to assess the health status of the elderly population using quality of life. Life expectancy is an indicator of the government's performance in improving the welfare of the population in general, and improving health status in particular(Felangi and Yasa, 2021). An increase in life expectancy does indicate the success of human development, but if this life expectancy is not accompanied by changes in the quality of the population it will place a burden on development. (Zulfikar, 2014). Average life expectancy in Bali Province tends to increase. Data from the Central Statistics Agency (BPS) shows that there is a trend of increasing life expectancy, as a consequence, the number of elderly people is increasing(Kartika and Sudibia, 2014).

Based on Table 1, an increase in life expectancy occurred in all Regencies/Cities of Bali Province from 2018 to 2022, where Denpasar City is the region with the highest life expectancy after Badung in 2022 at 75.30 years. Life expectancy in Denpasar City is 75.30, which means that the average person's life in Denpasar City is 75.30 years. Life expectancy in Karangasem Regency is in the lowest position, namely 70.89, which means the average length of life for a person in Karangasem Regency is 70.89 years.

Table 1. Life Expectancy in Bali Province According to Regency/City (Year), 2019-2022

No	Regency/City	Life Expectancy at Birth Bali Province by Regency/City (Year)				
		2018	2019	2020	2021	2022
1	Jembrana Regency	71.91	72.21	72.35	72.46	72.82
2	Tabanan Regency	73.23	73.53	73.65	73.75	74.10
3	Badung regency	74.71	74.99	75.10	75.18	75.51
4	Gianyar Regency	73.26	73.56	73.68	73.78	74.13
5	Klungkung Regency	70.70	71.06	71.25	71.41	71.83
6	Bangli Regency	70.05	70.37	70.52	70.62	70.97
7	Karangasem Regency	70.05	70.35	70.47	70.56	70.89
8	Buleleng Regency	71.36	71.68	71.83	71.95	72.32
9	Denpasar City	74.38	74.68	74.82	74.93	75.30
	Bali province	**71.68**	**71.99**	**72.13**	**72.24**	**72.60**

Source: Central Statistics Agency, 2022

The increase in life expectancy in Denpasar City has resulted in an increase in the number of elderly residents and the trend will continue to increase rapidly. Aging age structure has become a major topic in societal debate because it concerns future economic growth (Prettner, 2013). The increase in life expectancy indirectly results in an increase in the number

of elderly people and there is a tendency for faster economic progress, environmental improvements and advances in science, especially due to advances in medical science, which can increase life expectancy.(Kartika and Sudibia, 2014). The increase in the number of elderly people is basically a positive impact of development. Development can improve people's standard of living and can reduce death rates and increase life expectancy. On the other hand, development can also have a negative impact through changes in the values of the population which have an unfavorable effect on the welfare of the elderly indirectly.(Dharmayanti et al., 2017).

Denpasar City's life expectancy is relatively high after Badung Regency in 2022, an increase in the number of elderly population in the Denpasar City area in 2020-2022 can be seen in Table 1.2. Based on data from the Central Statistics Agency, the elderly population in Denpasar City from 2021-2022 has increased. Based on Table 1.2, in 2021 the number of elderly people in Denpasar City was 72,040 people, while in 2022 the number of elderly people in Denpasar City increased, namely 72,680 people. This data shows that the largest elderly population in Denpasar City is in the 60-64 year age range, namely 29,652 thousand people, while the lowest is in the age group 75 years and over.

Table 2. Number of Elderly Population According to Age Group and Gender in Denpasar City (people) in 2021-2022

No	Group Age	2021			2022		
		Man	Woman	Amount	Man	Woman	Amount
1	60-64	14,916	13,864	28,780	15,342	14,310	29,652
2	65-69	10,510	10,019	20,529	10,772	10,308	21,080
3	70-74	6.105	5,790	11,895	6,365	6,009	12,374
4	75+	4,808	6,028	10,836	4,912	6,218	11,130
	Amount	**36,339**	**35,701**	**72,040**	**366,953**	**359,855**	**72,680**

Source: BPS, Denpasar City in Figures, 2022

Bali Province consists of eight districts and one municipality with varying geographic and demographic characteristics. These characteristics also give rise to variations in economic activities in each district/city. The geographic environment consists of the landscape conditions of an area in which there are human activities in relation to the environment. These conditions that support the economic activities of Bali Province are dominated by the tourism sector. The Bali Province region, where Denpasar City is the Provincial Capital, has population conditions that vary from one another. This is influenced by several factors, namely births, deaths and migration which are greatly influenced by the economic activity of a region.

Denpasar City as the capital of Bali Province is the center of various activities that support development in Bali Province, which indirectly makes this city the city with the highest population density in Bali Province. The population of Denpasar City in 2022 will reach 656,405 people (BPS, 2022). High population density will certainly have a big impact on several aspects of people's lives, both in the fields of education, health and the economy. Each region must be able to guarantee that its population can access services related to basic needs equally because human resource development is very important for current development (Sarmita, 2015). In addition, the high number of elderly residents can indirectly affect the quality and life expectancy of elderly people in the area (Ayuningtias, 2018).

Based on data from the Denpasar City Population and Civil Registration Service in 2022, the highest number of elderly residents according to sub-districts in Denpasar was in South Denpasar sub-district with a total of 17,293 thousand people and the lowest was in East Denpasar sub-district with 13,517 thousand people. The increase in the number of elderly will require attention from all parties in anticipating various problems related to population aging, especially attention to welfare aspects.

Well-being is the life goal of every individual, especially in the implementation of economic activities. Achieving well-being has received the attention of philosophers for a long time and has become the subject of study by academics in various fields of science (Ayuningsasi et al., 2024). Community welfare is the achievement of successful socio-economic development of district/city communities that occurs in a particular year(Yasa, 2021). Elderly welfare is an action as an effort to meet the needs of society, especially elderly people who cannot carry out their social functions, namely by providing assistance and assistance services. In this way, it is hoped that the elderly can improve the welfare of the elderly so that they are able to live a decent life. Welfare describes a situation where all aspects of human life are fulfilled, not only in terms of prosperity (material aspects of life), but also spiritual and social aspects (Ayuningsasi et al., 2023).

Welfare is important for the elderly because by fulfilling the necessary needs, it can fulfill the quality of life of the elderly. A good quality of life has an influence on the outlook, attitudes and behavior of the elderly when they accept the realities of life and enjoy their twilight days without depending on other people, so that the elderly are able to adapt to various setbacks that occur, and go through life happily in improving the social functioning of the elderly in in his environment (Wenas et al., 2015). Apart from the level of quality of life, the parameter used to measure the well-being of the elderly is the living situation. This life situation is also described in several dimensions. One of the crucial aspects in assessing the condition of

the elderly is income and wealth. This dimension is closely related to the source of income which can come from active work or retirement(Djamhari et al., 2020:35).

The characteristics of an elderly person who is entering retirement age will tend to be more likely to experience problems in physical health which will cause an elderly person to be unable to take part in excessive physical activities so they are advised not to work. Other characteristics possessed by elderly individuals at retirement age who experience a decline often receive an unfavorable view from society, such as the perception that they are an age that requires a lot of help (Jane and Abidin, 2020). It is assumed that retirement age is the age at which a person is no longer able to work productively and is a burden.

Elderly age at retirement, that is, someone is considered able to stop working and enjoy old age. However, there is no clear limit regarding the retirement age in Employment Law no. 6 of 2023 in Indonesia. According to Government Regulation no. 45 of 2015 concerning the National Social Security System concerning the Implementation of the Pension Security Program sets the retirement age at 56 years. Starting January 1 2019, the retirement age will be 57 years and will then increase by 1 year for every next 3 years until the retirement age is 65 years.

The economic life of the elderly population is related to daily needs and general economic conditions, such as job opportunities, benefit systems and family assistance. In modern life, institutions such as pensions, allowances, insurance have developed which can support or alleviate economic problems in old age, nursing homes, social workers, which are not known in traditional life (Andini et al., 2013). In industrialized countries there is diversity in employment opportunities and also the assistance provided by the family, resulting in a decline in productivity with age, a decline in the level of mobility, health and a decline in intelligence which makes the elderly choose not to do excessive activities such as doing work.

Entering retirement age or deciding not to work is a process of ending a regular working period and starting to enter a period of rest, because the active working period has ended. The retirement period is sometimes quite a worrying period, because there is an inaccurate perception in interpreting the retirement problem. The elderly think or perceive retirement or not working as a threat to fulfilling the unfulfilled needs of their lives and their families (Pieter and Lubis, 2010). According to data from the Bali Central Statistics Agency (2022), the majority of the elderly population is active aging in Denpasar, namely 88.23 percent, while the elderly who do not work are 11.77 percent.

The proportion of elderly people who still have a source of income for old age each month is relatively small, so there are still elderly people who have to work because the elderly have

to cover the necessities for living. Work activities are activities that are still carried out by elderly groups to earn income. This means that seniors' access and participation at work can affect their physical and mental health (Djamhari et al., 2020:15).

Every retiree certainly hopes to live his old age prosperously and happily. When entering old age, some elderly people who have retired or are not working can live their days happily, but quite a few elderly people experience the opposite, old age is lived with a feeling of unhappiness, which causes a feeling of discomfort. The condition of the elderly experiences various declines or setbacks in both biological and psychological functions, which can later affect mobility and social contact, one of which is isolation or a feeling of loneliness (loneliness), isolated, feeling no longer cared for, loneliness or more serious is depression (Kadarisman, 2011).

In retirement, this will affect the reduction in finances, status or position, facilities, and even loss of friends (Subekti, 2017). This change has caused the emergence of other health problems in elderly retirees, plus the cost of living has increased and the need for increased medical funds (Wulandari & Lestari, 2018). According to research by Uliyah and Kholish (2015), regarding the relationship between old age retirement and levels of depression, the results showed that respondents in their early retirement age tend to experience depression as a result of significant changes in their work lives. In line with that, according to research by Indrayani (2018), elderly people who enter retirement will feel fear, shock, and even worry about facing retirement, which creates a burden on the mind which then causes the individual to become stressed and their health level decreases.

Health is very important for all humans because without good health, it will be difficult for every human being to carry out their daily activities. According to Health Law no. 36 of 2009 provides a definition, namely that health is a state of physical, mental and social well-being that enables every person to live a socially and economically productive life. Elderly people are often said to be of an age that is no longer productive, this is because in elderly people, physiologically, there is a decline in the functions of the body which causes elderly people to be susceptible to health problems.(Kuniano, 2015). Entering retirement age and experiencing aging, the characteristics of old age will be at risk of experiencing health problems. This can occur as a result of changes in individuals entering retirement age (Agustiningsih, 2022).

Health problems in the elderly start from the deterioration of body cells, so that body function and endurance decreases and the risk factors for disease increase. Health problems that are often experienced by elderly people are malnutrition, balance disorders, sudden

confusion and so on. Apart from that, there are several diseases that can occur in old age, including hypertension, hearing and vision problems, dimensions, osteoporosis and others. (Ministry of Health, 2015).

In Pratiwi and Indrajaya's research(2022)The health variable has a significant and positive effect on the welfare of the elderly, meaning that if the elderly always maintain their health and regularly have health checks, both physical health and psychological health, the level of welfare of the elderly will also increase. With a healthy lifestyle and rarely getting sick, elderly residents can enjoy their days in peace without having to suffer. Elderly people who have good health will be able to live their lives in a healthy and prosperous manner.

There are many things that can support the elderly population to achieve post-retirement welfare, especially socio-economic factors which can be assessed from the conditions of the elderly. One of them is the elderly who have old-age benefits for their old age. Old age benefits are an important form of financial management to prepare for the future. Retirement fund planning can be considered as an investment to face unexpected financial risks in retirement, such as high medical costs and daily living needs. (Yulfiswandi et al., 2023). Seniors who already have pension funds are the dream of every elderly person. Pension funds which can be in the form of savings are assets that will be used to meet all needs after retirement.

To maintain a better quality of life for the elderly, one solution is to have an old age allowance when they enter old age. Elderly people who have a guaranteed income such as a pension will feel that their life is guaranteed (Kartikasari, 2020). The purpose of the old-age allowance is so that elderly people who have entered retirement can live financially independent in old age. Elderly people who are already in the vulnerable group will clearly experience several risks, such as being vulnerable to developing critical illnesses (Djamhari et al., 2020:80). According to researchYanti and Sudibia (2019) shows that there is a partial and significant difference between elderly people who receive old-age benefits and elderly people who do not receive old-age benefits regarding the work participation of the elderly population. In order not to work too hard in old age because of an increasingly declining physical condition, an old age allowance is highly expected by an elderly person to provide support for life.

The elderly can enjoy life in old age happily with the support of the people close to them. Social support, such as support from the closest family, can be in the form of suggestions that encourage the elderly not to work excessively, giving the elderly the opportunity to do activities that are their hobbies. Elderly people who live with their families, such as children, wives, husbands and relatives, are expected to receive social support from the family as a source of social support. (Nurrohmi, 2020).

Social support is the presence of certain people who personally provide advice, motivation, direction and show a way out when individuals experience problems and when they experience obstacles in carrying out activities in a directed manner to achieve goals. This is supported by research by Azwan et al., (2015) which revealed that social support will increase interaction and provide mutual support between the elderly population. Research by Noviarini Dewi and Prabowo (2013) revealed that the existence of social support for individuals who experience problems and pressure can help these individuals to overcome the problems they are experiencing and can improve their quality of life.

According to research by Devi Maya (2018), social support for the elderly is closely related to the well-being of the elderly. The elements that come from social support are sentimental closeness, social consolidation, fulfilled acceptance, a trustworthy figure, guidance, and opportunities to provide care. The ability to get social support for the elderly is very much needed, because it can create a sense of calm and a feeling of being appreciated for the existence of the elderly person. StudyMulyati et al., (2018)state Social support from the family has a positive correlation with the quality of life of the elderly, so the better the social support provided, the better the quality of life of the elderly. This is in line with previous research which states that social support for the elderly is very necessary as long as the elderly themselves are still able to understand the meaning of social support as a support or support for their lives (Kuntjoro, 2002).

3. RESEARCH METHODS

The research design used in this research is a quantitative research design. Quantitative research is based on the research philosophy of positivism, which is rooted in a general theory, then empirical data is collected to be tested according to the hypothesis explained in the previous chapter. In this regard, the quantitative research chosen is associative, namely research that discusses the relationship or influence of two or more variables. The influencing variables (independent variables) are old age benefits, health and family support. Meanwhile, the dependent variable is the welfare of the elderly.

The sampling technique used in this research used a purposive sampling technique. Purposive sampling is a technique for determining samples with certain considerations (Sugiyono 2016: 85). The number of samples used in this research was 100 respondents from each sub-district, totaling 25 respondents from the total number of sub-districts in Denpasar, namely four sub-districts including unemployed elderly.

4. RESULTS AND DISCUSSION

Data Analysis Results

Validity test

Validity is the degree of accuracy between the data that actually occurs on the research object and the data that can be reported by the researcher. Thus, valid data is data that does not differ between the data reported by the researcher and the data that actually occurs on the research object (Sugiyono, 2012: 455). According to Sudarmanto (2005:84), validity can be done by correlating the instrument item scores with the total score of all question items. The minimum limit to meet the requirements is r = 0.3, so to meet the validity requirements, the questions in the research must have a correlation coefficient of >0.3. If the correlation between the score items and the score is <0.3 then the question item or questions in the instrument are declared invalid. The results of the validity test can be seen in Table 3.

Table 3. Validity Test Results

No.	Variable	Code Instrument	Coefficient Correlation	Information
1	Health (X1)	X1.1	0.946	Valid
		X1.2	0.908	Valid
		X1.3	0.922	Valid
		X1.4	0.843	Valid
		X1.5	0.932	Valid
		X1.6	0.789	Valid
		X1.7	0.754	Valid
		X1.8	0.884	Valid
		X1.9	0.822	Valid
2	Social Support (X3)	X3.1	0.843	Valid
		X3.2	0.855	Valid
		X3.3	0.815	Valid
		X3.4	0.871	Valid
3	Elderly Welfare (Y)	Y.1	0.87	Valid
		Y.2	0.844	Valid
		Y.3	0.871	Valid
		Y.4	0.823	Valid
		Y.5	0.789	Valid
		Y.6	0.833	Valid
		Y.7	0.82	Valid
		Y.8	0.84	Valid
		Y.9	0.811	Valid
		Y.10	0.678	Valid

Based on table3 validity test results show that the research instrument consists of the statement items Health (X_1), Social Support (X_3) and Welfare of the Elderly (Y). This test was carried out on 100 research samples so it was said to be valid if the calculated r value was greater than 0.361 (Ghozali, 2016: 52).

Reliability Test

Reliability testing was carried out to measure the consistency and stability of the questionnaire. A variable can be said to be reliable if the Cronbach's alpha value is greater than 0.60 (Ghozali, 2016). Reliability results can be seen in Table 4.

Table 4. Reliability Test

No	Variable	Cronbach's Alpha	Information
1	Health (X1)	0.958	Reliable
2	Social Support (X2)	0.865	Reliable
3	Elderly Welfare (Y)	0.945	Reliable

The reliability test results in Table 4 show that the Cronbach's alpha value for each variable is greater than 0.60, so it can be concluded that the statements in this research questionnaire are reliable and can be used.

Confirmatory Factor Analysis

Confirmatory factor analysis is carried out using analytical steps, namely identifying the variables used first, then extracting the variables so that they become just one factor using the method*principal components*(Suyana Utama, 2016). The variables used in this research are latent variables, namely health (X_1), social support (X_3), and elderly welfare (Y). The results of confirmatory factor analysis in this study are shown as follows.

***Kaiser Major Olkin*(KMO)**

Kaiser Major Olkin is used to determine the construct validity of factor analysis. The KMO test scale ranges from 0 to 1, if the calculated KMO value is lower than 0.5, then factor analysis is not feasible. Meanwhile, if the calculated KMO value is greater than 0.5, then factor analysis is feasible. The KMO test results can be seen in Table 5.

Table 5. Kaiser Major Olkin Test

No	Factor	KMO	*Sig Chi-square*
1	Health (X1)	0.915	0,000
2	Social Support (X3)	0.825	0,000
3	Elderly Welfare (Y)	0.909	0,000

The test results shown in Table 5 show that the Kaiser Mayer Olkin (KMO) value for the health, social support and welfare of the elderly variables is greater than 0.5 and the significance value is smaller than 5 percent, so this means that each variable indicator has feasibility. sample to conduct factor analysis.

Measures of Sampling Adequacy (MSA)

*Measures of Sampling Adequacy (MSA)*used to determine the feasibility of factor testing for each variable. The condition for accepting the MSA test is that if the MSA value is above 0.5, then the variable can be predicted and can be analyzed further. Meanwhile, if the MSA value obtained is below 0.5, then this variable cannot be predicted and analyzed further so this variable must be eliminated. The results of the Measures of Sampling Adequency (MSA) test are shown in Table 6.

Table 6. Measures of Sampling Adequency Test

No	Variable	Indicator	MSA value
1	Health (X1)	X1.1	0.945
		X1.2	0.956
		X1.3	0.941
		X1.4	0.891
		X1.5	0.923
		X1.6	0.916
		X1.7	0.878
		X1.8	0.919
		X1.9	0.869
2	Social Support (X3)	X3.1	0.818
		X3.2	0.795
		X3.3	0.861
		X3.4	0.835
3	Elderly Welfare (Y)	Y.1	0.928
		Y.2	0.900
		Y.3	0.922
		Y.4	0.855
		Y.5	0.855
		Y.6	0.930
		Y.7	0.855
		Y.8	0.943
		Y.9	0.908
		Y.10	0.894

Table 6 shows the MSA test results for each health variable (X_1)consisting of nine indicators. The health indicators show that the MSA value of each variable indicator is greater

than 0.5, which means that each model is suitable for use in the analysis. The indicator that has the highest MSA value is often experiencing digestive disorders ($X_{1.2}$), which is 0.956, indicating a close attachment to the health variable of the elderly, and the indicator that has the lowest MSA (($X_{1.9}$) value is enjoying participating in religious activities, namely 0.869, indicating the weakest attachment compared to the other indicators.

The social support variable has four indicators, namelyshows the MSA value of each variable indicator is greater than 0.5, which means that each model is suitable for use in the analysis. The indicator that has the highest MSA is establishing good communication with family) ($X_{3.3}$), namely 0.861, indicating close attachment to the social support variable, and the one with the lowest MSA is feeling happy interacting with other people) ($X_{3.2}$), namely 0.795, indicating the weakest attachment compared to other indicators.

The elderly welfare variable hasThe ten indicators show that the MSA value of each variable indicator is greater than 0.5, which means that each model is suitable for use in the analysis. The indicator that has the highest MSA is that it is important to have insurance (Y8), which is 0.943, indicating a close attachment to the welfare variable of the elderly and the one that has the lowest MSA with the same value, namely 0.855, is that the elderly feel satisfied with what they have achieved in life (Y4). , people who are influential in the environment where they live (Y5), and feeling worried about how they will die later (Y7) show the weakest attachment compared to other indicators.

Based on research usingthree latent or perception variables, namely the health variable (X_1, the social support variable (X_3), and the elderly welfare variable (Y) with processed KMO results greater than 0.5 with a significance value smaller than 5 percent (0.05) and the respective MSA values The variable indicator is greater than 0.5, which means that each model is suitable for use in regression analysis. Before using it in regression analysis, it is necessary to know that the most dominant indicators that influence the variables of health, social support and welfare of the elderly must be extracted using the principal component analysis (PCA) model in Table 7.

Table 7. Principal Component Analysis (PCA) Test

No	Variable	Indicator	PCA Extraction
1	Health (X1)	X1.2	0.815
		X1.3	0.810
		X1.5	0.808
		X1.6	0.763
		X1.8	0.748
		X1.9	0.710
		X1.7	0.698
		X1.4	0.574
2	Social Support (X2)	X3.2	0.811
		X3.1	0.785
		X3.4	0.763
		X3.3	0.735
3	Elderly Welfare (Y)	Y.1	0.778
		Y.3	0.708
		Y.4	0.689
		Y.8	0.676
		Y.7	0.659
		Y.2	0.657
		Y.6	0.642
		Y.9	0.559
		Y.5	0.588

Based on Table7 it can be seen that the extraction value of each factor is the health variable, social support variable and elderly welfare variable. The principal component analysis (PCA) method is used to determine the value of the most dominant factors in the variables being viewed and the component matrix value of each indicator that has been extracted.

The health variable has nine indicators which have been extracted using the PCA method which aims to determine the factors that determine the health variable. The extraction results show that eight factors have a value of more than 0.5, which means $X_{1.2} X_{1.3} X_{1.4} X_{1.5} X_{1.6} X_{1.7} X_{1.8} X_{1.9}$,, , and are suitable to be used to represent health variables (X_1) in regression analysis. A variable is considered capable of explaining a factor if the

extraction value is greater than 0.5. Of the eight indicators, the one with the most dominant value is the indicator $X_{1.2}$ Perception that elderly people often experience headaches.

The social support variable has four indicators that have been extractedksi uses the PCA method which aims to determine the factors that determine the social support variable. From the extraction, it shows that the four factors have a value of more than 0.5, which shows that all the indicators studied can explain the factor or not so that a variable is considered capable of explaining the factor if the extraction value is more than 0.5. Of the four indicators, the one with the most dominant value is the indicator $(X_3)X_{3.2}$ Perception of the elderly feeling happy when interacting with other people.

The elderly welfare variable has ten indicators that have been extractedksi uses the PCA method which aims to determine the factors that determine the welfare variables of the elderly. The extraction results show that nine factors have a value of more than 0.5, which means Y.1, Y.2, Y.3, Y.4, Y.5, Y.6, Y.7, Y.8 and Y .9 is suitable to be used to represent the elderly welfare variable (Y) in regression analysis. A variable is considered capable of explaining a factor if the extraction value is greater than 0.5. Of the nine indicators that have the most dominant value, indicator Y.1 is the perception that elderly people have various activities every day.

Results of Multiple Linear Regression Analysis

Multiple linear regression analysis is an analytical tool used to measure the relationship between two or more variables. Another function of this analysis is used as a pointing tooldetermine whether there is a positive or negative direction of relationship between the independent and dependent variables (Ghozali, 2013:96). In the analysis, researchers assisted with the SPSS (Statistical Package of Social Science) computer program obtained the results shown in Table 8.

Table 8. Multiple Linear Regression Analysis

	Model	Unstandardized Coefficients		Standardized	t	Sig.
		Coefficients^a				
		B	Std. Error	Coefficients Beta		
1	(Constant)	-0,198	0,116		-1,705	0,091
	Kesehatan (X1)	0,189	0,086	0,189	2,198	0,03
	Tunjangan Hari Tua (X2)	0,295	0,144	0,139	2,048	0,043
	Dukungan Sosial (X3)	0,581	0,087	0,581	6,688	0,000

In this research, multiple linear regression analysis is used which aims to test the influence of two or more independent variables on the dependent variable using a measuring scale or ratio in a linear equation. The independent variables in this research are health (X_1),

old age allowance (X_2) and social support (X_3), while the dependent variable is the welfare of the elderly (Y). As presented in Table 8, a regression can be made as follows.

$\hat{Y}$= -0.198 + 0.189X1 + 0.295X2 + 0.581X3.. ....(6)

Information :

$\hat{Y}$: Elderly Welfare

α   : Constant value

X_1 : Health

X_2 : Pension

X_3 : Social Support

Based on the results of the multiple linear regression test in the results of this study, the constant value is -0.198, this indicates that the elderly welfare variable (Y) has a value of -0.198 if the variables).$(X_1)(X_2(X_3)$), and) have a value of zero. A negative constant value indicates that social welfare tends to decrease when there is no influence from the variables health, old age allowance (X_2), and social support (X_3).

The health regression coefficient X_1 of 0.189 indicates that for every one unit increase X_1, the Y value will increase by 0.189, assuming other variables remain constant. Old-age allowance regression coefficient X_2 of 0.295 indicates that for every one unit increase X_2, the Y value will increase by 0.295, assuming other variables are constant or constant. The regression X_3 coefficient of 0.581 shows that for every one unit increase X_3, the Y value will increase by 0.581, assuming other variables are constant. From the interpretation above, it can be concluded that the variable has the greatest influence on the elderly welfare variable (Y).

Coefficient of Determination (R^2)

Ghozali (2016:95) states that the coefficient of determination (R^2) is the magnitude of the contribution of the dependent variable to the independent variable. The coefficient of determination can be seen through the adjusted R^2 value between zero or one. A small adjusted value shows that the ability of the independent variable to explain variations in the depeR^2ndent variable is very limited. The adjusted R^2 value close to one means the independent variable provides almost all the information needed to predict the dependent variable.

This is also supported R^2 by 0.587, which means that 58.7 percent of the welfare level of elderly people who do not work is influenced by health, old age benefits and social support,

while 41.3 percent of the welfare level of elderly people is influenced by factors other than the factors in the model. research, so that there is an influence of the dependent variable, namely health (X_1), old age allowance (X_2), and social support (X_3) on the independent variable, namely the welfare of the elderly (Y)

Classic Assumption Test Results

Normality Test Results

The normality test is used to determine whether the residual variable has a normal distribution or not. Normality testing in this study uses*software*SPSS. A good regression model is one that has residuals distributed normally or close to normal. The normality test in this study used the non-parametric One Sample Kolmogrov-Smirnov Test. The residuals are normally distributed if Asym Sig is greater than α > 0.05.

Based on the normality test results, it shows that the normality test results use the method*One Sample Kolmogrov-Smirnov*with an Asym Sig (2-tailed) value of 0.200. Thus, it can be assumed that the data used in the regression equation is data that is normally distributed so that in this study it can be declared normal.

Multicollinearity Test Results

The multicollinearity test aims to test whether in the regression model a correlation is found between the independent variables. A good regression model should have no correlation between the independent variables. To detect multicollinearity, this can be done by looking at the tolerance value and variance inflating factor (VIF) value. The VIF limit is 10 and the tolerance value is 0.1. The VIF value is ≥ 10 and the tolerance value is ≤ 0.10 and the F value is between 1 and less than 10. The results of the multicollinearity test are presented in Table 9.

Table 9. Multicollinearity Test Results

No	Model	Tolerance	VIF
1	Health (X1)	0.562	1,778
2	Pension	0.900	1,112
3	Social Support	0.553	1,807

Based on the results of the multicollinearity test in Table 9, it can be seen that the VIF coefficient values of the health variables (X_1), old age allowance (X_2), and social support (X_3)less than 10, where the VIF coefficient value of the health variable is 1.778 (1.778 < 10), the old age allowance variable is 1.112 (1.112 < 10), and the social support variable is 1.807 (1.807 < 10). Meanwhile, the tolerance value of these three variables is more than 0.1, thus it

can be concluded that the regression equation in this study is free from multicollinearity problems.

Heteroskedasticity Test Results

The heteroscedasticity test aims to determine whether in the regression model there is an inequality in the residual variance from one observation to another. A good regression model is one where heteroscedasticity does not occur (Ghozali, 2011). Testing in this research uses the Glejzer test. If the probability level of significance of each independent variable is greater than 0.05, it can be concluded that there is no heteroscedasticity. The results of the heteroscedasticity test are presented in Table 10.

Table 10. Heteroskedasticity Test

No	Model	T	Sig.
1	(Constant)	8,133	0,000
2	Health	-1,809	0.74
3	Pension	-1,534	0.128
4	Social Support	-0.324	0.746

Based on the results of the heteroscedacity test via the Glejzer test in Table 10, it can be seen that sig. each variable has a value of more than 0.05 and it can be said that this shows that heteroscedasticity does not occur in the regression model in this research and the independent variables can be stated as not experiencing heteroscedasticity.

Results of Testing on the Effects of Health, Old Age Benefits, and Simultaneous Social Support for the Welfare of the Elderly (F-Test)

The simultaneous test aims to find out whether all the identified independent variables are healthy (X_1), old age allowance (X_2), and social support (X_3) are appropriately used to predict well-being together. This test is often called the F test.

1) Hypothesis Formulation

   H0: $\beta_1 = \beta_2 = \beta_3 = 0$, meaning that health ($X_1$), old age allowance ($X_2$), and social support ($X_3$) simultaneously have a significant effect on the welfare of elderly people who do not work in Denpasar City.

   H_1: at least one $\beta_1 \neq 0$ (I = 1,2,3), meaning that the variables health (X_1), old age allowance (X_2), and social support (X_1), simultaneously have a significant effect on the welfare of elderly people who do not work in Denpasar City.

2) Real Level

   With a real level of α = 5 percent or a confidence level of 95 percent

$F_{tabel} = \alpha$; (df = nk)

$F_{tabel} = 0.05$; (100-4)

$F_{tabel} = (0.05;96)$

F_{tabel} = 2.6993926

3) Testing Criteria

H_0 accepted if $F_{hitung} \leq F_{tabel}$ or significance value > $\alpha = 0.05$

H_0 accepted if $F_{hitung} \geq F_{tabel} \geq$ or significance value > $\alpha = 0.05$

4) Calculate the test statistical value

Test statistics calculated with the help of SPSS generate F_{hitung} 47.927 and 1.66088 F_{tabel}

Because $F_{hitung} F_{tabel} > H_0$ it is rejected.

5) Conclusion

Because the F test results show F_{hitung} (47.927) > F_{tabel} (1.66088) with a significance value of 0.000 < $\alpha = 0.05$, then H_0 it is rejected, this means that health (X_1), old age allowance (X_2), and social support (X_3) simultaneously have a significant effect on the welfare of elderly people who do not works in Denpasar City.

Coefficient of Determination (R^2)

Ghozali (2016:95) states that the coefficient of determination (R^2) is the magnitude of the contribution of the dependent variable to the independent variable. The coefficient of determination can be seen through the adjusted R^2 value between zero or one. A small adjusted value shows that the ability of the independent variable to explain variations in the dependent variable is very limited. The adjusted R^2 value close to one means the independent variable provides almost all the information needed to predict the dependent variable.

This is also supported R^2 by 0.587, which means that 58.7 percent of the welfare level of elderly people who do not work is influenced by health, old age benefits and social support, while 41.3 percent of the welfare level of elderly people is influenced by factors other than the factors in the model. research, so that there is an influence of the dependent variable, namely health (X_1), old age allowance (X_2), and social support (X_3) on the independent variable, namely the welfare of the elderly (Y).

Test Results of the Effect of Health, Old Age Benefits, and Partial Social Support on the Welfare of Non-Working Elderly in Denpasar City (t-Test)

The results of the hypothesis test (t test) are carried out to determine the influence of the independent variable partially on the dependent variable or the influence of each independent variable on the dependent variable or the influence of each independent variable on the dependent variable assuming the other independent variables are constant. The partial test is described as follows.

1) **Results of Testing the Effect of Health (X_1) on the Welfare of the Elderly (Y) Not Working in Denpasar City.**

a) Hypothesis Formulation

H_0: β_1= 0, meaning that health (X_1) has no significant effect on the welfare of the elderly (Y) in Denpasar City.

H_0> β_1= 0, meaning that health (X_1) has a positive and significant effect on the welfare of the elderly (Y) in Denpasar City.

b) Real Level

With a real level of $\alpha = 0.05$, a confidence level of 95 percent, df = (nk), the result obtained is ttable(0.05;96) = 1.66088.t_{tabel}

c) Testing Criteria

H_0 accepted if $\leq$ ttable or significance value > $\alpha = 0.05$

H_0 rejected if > ttable or significance value $\leq \alpha = 0.05$

d) Calculating Test Statistics Values

The results of the t test with the help of the SPSS program produced health (X_1) of 2.198.

e) Conclusion

Because the results of the t test show that tcount (2.198) > ttable= (1.66088) with a significance value of 0.030 < α =0.05, it is H_0 rejected, which means that health (X_1) has a positive and significant effect on the welfare of the elderly (Y) who do not work in Denpasar City. This means that as the health of the elderly improves, the welfare of the elderly who do not work in Denpasar City will improve.

2) **Test Results of the Effect of Old Age Benefits () on the Welfare of the Non-Working Elderly (Y) in Denpasar CityX_2**

a) Hypothesis Formulation

H_0: $\beta_1 = 0$, meaning that old age allowance (X_2) has no significant effect on the welfare of the elderly (Y) in Denpasar City.

H_0> $\beta_1 = 0$, meaning that old age allowance (X_2) has a positive and significant effect on the welfare of the elderly (Y) in Denpasar City.

b) Real Level

With a real level of $\alpha = 0.05$, a confidence level of 95 percent, df = (nk), the result obtained is ttable(0.05;96) = 1.66088.t_{tabel}

c) Testing Criteria

H_0 accepted if $\leq$ ttable or significance value $> \alpha = 0.05$

H_0 rejected if $>$ ttable or significance value $\leq \alpha = 0.05$

d) Calculating Test Statistics Values

The results of the t test with the help of the SPSS program produce an old age allowance (X_2) of 2.048.

e) Conclusion

Because the results of the t test show that tcount (2.048) > ttable= (1.66088) with a significance value of $0.043 < \alpha = 0.05$, it is H_0 rejected, which means that old age allowance (X_2) has a positive and significant effect on the welfare of the elderly (Y) which does not work in Denpasar City. This means that if the elderly have old age benefits, it will improve the welfare of the elderly who do not work in Denpasar City.

3) **Test Results of the Effect of Social Support () on the Welfare of the Unemployed Elderly (Y) in Denpasar CityX_3**

1) Hypothesis Formulation

$H_0: \beta_1 = 0$, meaning that social support (X_3) has no significant effect on the welfare of the elderly (Y) in Denpasar City.

$H_0 > \beta_1 = 0$, meaning that social support (X_3) has a positive and significant effect on the welfare of the elderly (Y) in Denpasar City.

2) Real Level

With a real level of $\alpha = 0.05$, a confidence level of 95 percent, df = (nk), the result obtained is ttable(0.05;96) = 1.66088.t_{tabel}

3) Testing Criteria

H_0 accepted if $\leq$ ttable or significance value $> \alpha = 0.05$

H_0 rejected if $>$ ttable or significance value $\leq \alpha = 0.05$

4) Calculating Test Statistics Values

The results of the t test with the help of the SPSS program produced social support (X_3) of 6.688.

5) Conclusion

Because the results of the t test show that tcount (6.688) > ttable= (1.66088) with a significance value of 0.000 < α =0.05, it is H_0 rejected, which means that social support (X_3) has a positive and significant effect on the welfare of the elderly (Y) who do not works in Denpasar City. This means that if the elderly receive social support, it will improve the welfare of the elderly who do not work in Denpasar City.

Discussion of Research Results

The welfare of elderly people who do not work in Denpasar City is related to health conditions, old age benefits and social support. This condition is in accordance with research results which state that health factors, old-age benefits and old-age benefits influence the welfare of elderly people who do not work. The results of the F test for health variables, old age allowance and social support can be concluded that all variables have a significant effect on the welfare of elderly people who do not work in Denpasar City. In general, many welfare factors have been studied, but only a few have been found to be related to them. These factors include demographics (age, gender, marital status), socio-economic (type of work, income, household conditions, place of residence), quality of children, beliefs, social relationships or behavior, certain events in life, health, and other activities.

Health is very important, especially for the elderly population, elderly people who have good physical and mental health will influence productivity so that the elderly remain independent in carrying out activities. The results of the t statistical test for the health variable can be concluded that health has a positive and significant effect on the welfare of the unemployed elderly in Denpasar City. This means that the higher the level of health of the elderly, it will affect the level of welfare of the elderly who do not work in Denpasar City. This is in accordance with research conducted by Amalia (2017) that there is an influence of health perceptions on the happiness of the elderly in Malang City. In this research, health was also stated to be positive for the happiness of the elderly in Malang City, this means that the better the health, the welfare of the elderly in Malang City will increase. The positive influence between health conditions and the well-being of the elderly is due to the good health of the elderly, causing the elderly to be able to carry out their activities without causing trouble to other people. The results of this research are also strengthened by the results of an interview with an elderly resident named Nyoman Panca in Denpasar City who stated that:

"I often feel dizzy, achy and less enthusiastic about doing thingsactivities so that lately I often check my health at the nearest health center. "I sometimes take part in activities in the

banjar to increase my stamina so that I can still have activities other than staying at home" (Nyoman Panca, 20 February 2024).

Based on the results of the interview, health is a factor in a person's feeling of well-being. Routine health checks and participating in activities in the surrounding environment can improve the health of the elderly. According to the World Health Organization (WHO), health is a condition that is not only sick or not sick, but where a person has a complete and good physical, mental and social condition. A positive perception of health in the elderly will make the elderly feel that they can do things they enjoy and feel they can contribute to their environment without having to be hampered by the health condition or illness they are suffering from.

Old age benefits are also important in supporting the welfare of the elderly, especially for elderly people who are retired or not working. With the allowance, the elderly do not need to worry about how to meet their daily needs, which can reduce stress and anxiety related to financial problems. The results of the t statistical test for the old-age allowance variable have a positive and significant effect on the welfare of non-working elderly in Denpasar City. This means that the welfare of the elderly population who have old-age benefits is higher than the welfare of the elderly population who do not have old-age benefits. That old-age benefits can improve the welfare of the elderly population.

According to research by Salsabila and Handayani (2020) that elderly people who receive old-age benefits in the form of retirement salaries consider it sufficient to meet their daily needs, so that elderly people do not need to go back to work. The elderly enter a phase where their physical and mental abilities will decline, which can affect the productivity of the elderly so as to maintain the quality of life and health of the elderly by not working. One solution is to have an old-age allowance in retirement, elderly people who have an old-age allowance will feel that their life is guaranteed (Kartikasari 2020).

Social support can help reduce the risk of depression and anxiety in the elderly. The presence of family, friends and community provides a sense of security and comfort, and helps overcome feelings of loneliness and elderly people who feel supported by the people around them tend to have higher levels of life satisfaction. The results of the t statistical test for the social support variable in this study show that social support has a positive and significant effect on the welfare of the elderly in Denpasar City. This means that the better the social support provided to the elderly, the more influence it will have on improving the welfare of the elderly. The positive influence between social support and the welfare of the elderly is due to support from family and people around them so that the elderly feel appreciated and respected.

This is in accordance with research by Mulyatiet al., (2018) stated that social support has a positive effect on the quality of life and well-being of the elderly, social support obtained in the form of appreciation support in the form of praise, gifts, statements of agreement, positive assessments of ideas, accepting shortcomings and emotional support in the form of expressions of affection and feeling. Love from family makes elderly people more prosperous and gain life satisfaction. The results of this research are also strengthened by the results of an interview with one of the elderly residents named I Made Darmiti in Denpasar City who stated that:

"I now have two married children outside Bali, occasionally childrenk me to Bali and accompany me. "Sometimes my children take me on holiday or just to have a family meal so that I don't feel lonely and I also feel happy" (I Made Darmiti, 18 February 2024).

Based on the results of the interview, social support, especially from the family and surrounding area, has a great influence on the welfare of the elderly. There are several forms of social support provided such as information support, assessment support, instrumental support, and emotional support (Wiguna, 2010). The social support provided to the elderly is a form of therapy in dealing with the problems experienced by the elderly. The ability to get social support for the elderly is very much needed, because it can create a sense of calm and a feeling of being appreciated for the existence of the elderly. The success or failure of the social support obtained is greatly influenced by several factors, namely the support recipient, support provider, composition and structure of the social network (Sarafino, 2002).

5. CONCLUSION

Based on the results of the previous discussion and description, conclusions can be drawn, namely

1) Health has a positive and significant correlation with the welfare of elderly people who do not work in Denpasar City. The results of this research show that the more the health of the elderly improves, the more positive the welfare of the elderly will be. However, more attention must be paid to improving the health of the elderly in Denpasar City so that the welfare of the elderly in Denpasar City continues to increase.

2) Old age benefits have a positive and significant correlation with the welfare of elderly people who do not work in Denpasar City. The results of this research show that elderly people who have old age benefits will improve the welfare of elderly people entering their retirement period.

3) Social support has a positive and significant correlation with the welfare of elderly people who do not work in Denpasar City. The results of this research show that the better the social support provided to the elderly, the better the welfare of the elderly.

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FINAL GRADE

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GENERAL COMMENTS

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