
The Influence of Living Place Towards the Level of Happiness of Elderly Who Stayed at The Social Order of Tresna Werdha and Elderly Who Stayed at The Graha Youtefa

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ABSTRACT

Elderly is someone who has entered the final stages of the life phase. Happiness is a state of mind or feeling of pleasure and peace of life that is born and the mind that enhances self-function. The level of happiness in the elderly during his life becomes an influential factor in his / her health such as the condition of loneliness and social isolation will be an influential factor. The main purpose of this study is to compare the level of happiness of the elderly who live in nursing homes and the elderly who live with their families. The research design used by the researcher is analytical research with cross sectional approach on the population of 48 in the orphanage and 60 in Graha Yotefa Waena with 96 samples by using purposive sampling which is divided into two groups: 48 elderly people in tresna werdha social institutions and 48 elderly people. stay with family. Based on the results of the study, it was found that there was no effect on the level of happiness living in homes and living in families ($P = 0.208$). The elderly who live in homes have a higher happiness level of 41 people (85.4%) compared to the elderly who live with families of 35 people (72.9%). Happiness is felt in the form of a sense of satisfaction with life being lived now, happy to have a family whatever their circumstances, there are friends in the orphanage who complete life, happy to have achievements even though not much.

Keywords: *Residence, Happiness, Elderly*

1. PRELIMINARY

Elderly is someone who is over 60 years old. Elderly (elderly) is someone who has entered the final stages of the life phase. The group that is categorized as elderly will experience a process called *Aging Process* or the aging process (Kushariyadi, 2010). The number of elderly in the world today is estimated at more than 629 million people (1 in 10 people aged over 60 years) and in 2025 is predicted to reach 1.2 m elderly *ilyar*. *World Population Data* reported by the *Population Reference Bureau* (PRB) estimates that the elderly in the world aged 65 years and over reach 8% of the 7 billion world population or amounting to around 564 million people, as many as 53% of all elderly population in the world are in Asia. Until now the population in 11 member countries of the *World Health Organization* (WHO) in the Southeast Asian region aged over 60 years is 142 people and is expected to increase threefold by 2050 (Mila, 2017). Based on Government Regulation No.43 of 2004 concerning the implementation of efforts to improve social welfare of the elderly, article 1, paragraph 4 and 5, which explains that the condition of the elderly in Indonesia can be divided into 2, namely potential elderly and non-potential

elderly, potential elderly is someone who has reached the age 60 years and over who are still able to meet their own needs both able to do work and activities that produce goods or services and do not depend on others, while elderly people who are not potential are someone aged 60 years and over who do not have the ability to meet their needs and depend on others (Kurniasih, 2016). Based on the 2017 Susenas, the number of elderly households is 16.08 million or 24.50 percent of all Indonesian households. Elderly households are families with at least one household member aged 60 years and over. Most of the elderly live with extended family. As many as 42.32 percent of the elderly live with three generations in one household. As many as 26.80 percent of the elderly live with the nuclear family, while those who live with a partner are 17.48 percent (Anggareni, 2017). The study, titled the sources of happiness of the elderly, was viewed from within and outside the home of the nursing home, which was conducted on 100 subjects consisting of 50 elderly people living inside the institution and 50 elderly people living outside the nursing home. The results of the study concluded that the factors which greatly affects the happiness of the elderly in the form of prosperity, family, social, achievement, marriage, religious and leisure activities (Hakim & Hartati, 2014). The level of happiness in the elderly during his life is an

influential factor in his health such as the condition of loneliness and social isolation will be an influential factor. The reduced social interaction of the elderly can cause feelings of isolation, feelings of no longer useful so that the elderly are alone or experience social isolation that will increase feelings of isolation and this condition is vulnerable to the level of health (Miranti, 2017). The elderly want happiness both physically and psychologically. Physical happiness is health, while psychological happiness is a relationship with religion and good relations with family (Hilda & Isnaeni, 2017). Early man ages born to old age, have basic psychological needs. These needs include the elderly need a sense of comfort for themselves, as well as a sense of comfort in the environment. The level of fulfillment of these needs depends on the elderly, family and their environment. If these needs are not met there will be problems in old life that will reduce its independence. Changes in the composition of the elderly population lead to new needs that must be met that are different from the needs of other age groups. So that it can be a problem for the elderly both as individuals, families and communities. The elderly is often considered synonymous with senile, decrepit, sickly and spend money on medical treatment.

On the other hand, the culture of Indonesian people related to the elderly is still thick, namely the appreciation of parents in all forms is a high value so that some Indonesian people choose to care for the elderly in their own families (Anggareni, 2017). The form of family in Indonesia has not experienced many changes because in general it is still in the form of *extended family*. Therefore, it has become a habit that a child or descendant acts as a caretaker and also as a potential source to meet the needs of parents. But there are some elderly who live in nursing homes because they think they do not want to bother their children and families (Anggareni, 2017). Given the importance of providing services for the elderly, Tresna Werdha Social Institution in Jayapura Regency, an elderly social service institution also manages activities, where elderly services are provided in the *Day Care Service* program, namely: social services, physical services, psychosocial services, skills services, services spiritual and religious as well as providing productive economic business assistance (UEP) this service is provided to the elderly who need it as an activity to increase productivity in order to increase income. *Day care service* is also a forum or a positive activity facility in utilizing free time for the elderly (Ministry of Social Affairs, 2015). The tresna werdha social orphanage

does not have permanent or contracted health workers. Based on interviews with the staffing department, all contract employees were terminated because they did not have a budget for salary. When taking the initial data at the Werdha Nursing Home, some elderly people said they were happy with the services provided by the orphanage, but some said they were worried, anxious about their aging, the environment in which they lived, some said they were often visited by family, not living together family because they don't want to bother the children and daughter-in-law. When asked about what makes them happy while at the orphanage, they say they have new friends, happy because there are families who come to visit, eat and be cared for, the officers are kind and friendly. Graha Yotefa Waena Urban Village has 48 elderly people who live with their families. When taking initial data, the elderly's social life is relatively good when socializing when buying vegetables, sitting late with neighbors and selling areca nuts. When asked questions about happiness, some say happy because they can play with grandchildren, others say happy but many think because they are old, are enjoying their old age, selling areca nuts so there is something to do, there are married couples who say diligent worship and get closer to God.

Research Objectives

- Determine the effect of the level of happiness on the elderly who live in the social care center of Wedha and the elderly who live with family.
- Identify the characteristics of the elderly based on age, education, ethnicity and religion.
- Identifying the level of happiness of the elderly who live at Tresna Werdah Social Home.
- Identifying the level of happiness of the elderly who live in the family.
- Knowing the effect of happiness on the elderly based on residence.

Research Benefits

- It is expected to be used as further information in the field of public health, contributing to educational institutions.
- As a reference for further researchers related to the level of happiness in health care.
- It is expected to be used as input or consideration related to the happiness of the elderly as service recipients.

2. LITERATURE REVIEW

Elderly (elderly) is someone who has entered the final stages of the life phase. The group that is categorized as age will experience a process called *Aging Process*. Growing old is a phase that occurs in human life. Getting old is a life-long process that starts from the beginning of life. Growing old is a natural process that means someone has gone through three stages of life, namely children, adults and parents (Wahyudi, 2008). Elderly is the final stage of the aging process. The process of getting old will be experienced by everyone. Old age is the last period of human life, where at this time a person will experience physical, mental and social setbacks gradually so that they cannot carry out their daily tasks (the stage of decline). Aging is a cumulative change in living things that has decreased functional capacity, in humans growing old is associated with degenerative changes in the body. Capacity of regenerative limited, they are more susceptible to various diseases, syndromes and pain compared to other adults (Kholifa, 2016). Age restrictions according to WHO according to the elderly include:

- a. Middle age (*middle age*), which is a group from age 45 to age 59 years.
- b. The *elderly* (aged 60 years to 74 years).
- c. Elderly (*old*), in the range of 60-75 years and 90 years.
- d. Very old age (*> very old*), > 90 years.

2. Characteristics of the elderly

Elderly has the following characteristics (Padila, Nursing Gerontik, 2013):

- a. Aged more than 60 years (in accordance with Article 1 paragraph (2) of Law No.13 on Health).
- b. Problems vary from healthy to sick, from biopsychosocial to spiritual needs, as well as from adaptive to maladaptive conditions.
- c. A variety of neighborhoods

Elderly type is divided into five types, namely wise type, independent type, dissatisfied type, surrender type and confused type (Wahyudi, 2008)

- a. The wise type of wisdom, which is rich in wisdom, experience, adapting to changing times, having a busy life, being friendly, humble, modest, generous, fulfilling invitations and being a role model.
- b. Independent type, which replaces lost activities with new ones, selective in finding work, hanging out with friends, and fulfilling invitations.
- c. Dissatisfied type, namely inner-born conflict against the aging process so that it becomes angry,

impatient, easily offended, difficult to serve, critics and demanding.

d. The type of surrender, which is accepting and waiting for good fortune, following religious activities and doing any work.

e. The type of confusion, which is isolation, inferiority, regret, passivity and indifference.

As a result of the aging process that occurs in the elderly causes significant changes in biological function or behavior, the following changes occur in the elderly (Widyanto, 2014):

Changes in biological function

1) Physical appearance

One of the changes from penuan is changes in individual skin, such as wrinkles and black spots on the skin, the elderly also experience changes in facial structure, the development of the lining of the ear, nose, thinning of the hair and the growth of white or gray hair. The elderly will also experience changes in height that result in changes in posture, emphasis on the spinal layer, reduction in bone density which usually occurs more quickly in menopausal women, this can result in osteoporosis which causes bone fragility.

2) Changes to the sensory system

Sensory system changes that occur in the elderly such as touch, hearing, vision, smell / smell and taste. As a result of changes in the senses of smell and taste can affect the ability of the elderly in maintaining adequate nutritional needs. Changes in touch sensitivity that occur in the elderly such as reduced ability of sensory neurons to efficiently signal detection, location and identification of touch or pressure on the skin. The elderly also loses sensation and proprioception and reception of information that regulates body movements and positions. Visual impairments that commonly occur such as the inability to focus an object at close range or nearsightedness, sensitivity to light, reduced ability to adapt in dark conditions and reduced processing of visual information, and decreased ability of hearing function in the elderly occur as a result of changes in the inner ear, such as damage to the cochlea or primary nerve receptors, difficulty hearing high-pitched sounds (*presbycusis*), and the onset of buzzing sounds continuously (*tinnitus*).

3) Decreased brain

The decline that occurs in the individual brain usually starts from the age of 30 years, these changes occur slowly then faster. This has an impact on reducing

neuro size, starting with the frontal cortex which has a role in memory function and cognitive performance.

4) Changes in the musculoskeletal system

The musculoskeletal system is associated with mobility and security that affect daily activities, changes that occur in the elderly are reduced muscle mass and strength and reduced bone mass and strength. Elderly who experience a decrease in muscle strength and flexibility such as disruption of the hands, strength in the legs to be reduced in men, hand grip and leg strength in women, due to negative functional changes due to changes in the musculoskeletal system resulting in risk factors for reduced muscle strength, flexibility and coordination, limits the range of motion of the joints, and an increased risk of falls and fractures in the elderly

5) Changes in sleep patterns

Sleep or rest time in the elderly tends to be less. Elderly people tend to fly easily when sleeping due to physical conditions and are more sensitive to light exposure, older people experience sleep disorders such as insomnia.

6) Changes in sexual and reproductive functions

Men tend not to experience sexual changes in old age, but it takes a long time for erections and ejaculations and in older age the elderly can experience impotence and reduced testosterone. Whereas in women experiencing decreased sexual function and even tends to be dramatic after menopause.

7) Changes in the neurological system

Neurological system changes in the elderly include delirium, dementia, vestibular disorders and strokes. Delirium is characterized by decreased attention accompanied by decreased ability to think, memory, perception, psychomotor skills and sleep wake cycles

b. Changes in cognitive function

Changes in cognitive function are influenced by the central nervous system, personal characteristics, sensory functions and physical health as well as chemical effects such as medication. Elderly has a weakness in remembering short term (short *term memory*) but not by remembering the past (long *term memory*). While the elderly has increased the ability to integrate information and knowledge related to experience, understanding, communication, the

development of values and thoughts related to the needs of daily life.

c. Psychosocial function changes

Changes in psychosocial functions that occur in the elderly have an impact on life satisfaction and changes in the meaning of life. Elderly people tend to experience many psychosocial changes, such as when children have moved house and lived independently, usually the elderly will experience a deep loss in their lives (*empty nest syndrome*). The elderly who still have a partner tend to be more prosperous compared to the elderly who do not have a partner, a sense of togetherness and relationship satisfaction that is usually not enough to obtain through relationships with children for the elderly, these roles and interactions also make the elderly feel tired or even disagree with children about patterns foster grandchildren. Regarding psychosocial relationships, the elderly spends more time at home due to health conditions or other things such as inadequate social support (Widyanto, 2014).

8) The task of advanced development

The readiness of the elderly to adapt to the task of development is influenced by the process of falling at the previous stage. The task of development in the elderly is as follows (Padila, Nursing Gerontik, 2013):

- a. Prepare yourself to face the declining conditions.
 - b. Prepare to retire.
 - c. Form a good relationship to the community, especially with their age.
- Dividing the tasks of elderly development as follows (Mulyono & Diponegoro, 2015) :
- a. Adjust to the decline in physical strength and health in old age.
 - b. Adjust to retirement, with reduced income or income.
 - c. Adjust to the death of a spouse later.
 - d. Form good friendships with peers or people of the same age.
 - e. Form a satisfying physical life arrangement.
 - f. Adapting social roles appropriately. In old age or elderly, someone really needs support and love from family, especially from their children.

Basic Concepts of Happiness

Definition of happiness

Life satisfaction is satisfaction that is a pleasant or happy condition that can arise if something is expected or certain needs can be achieved (Hurlock, 2009). Happiness is a state of mind or feeling of pleasure and peace of life that is physically and

mentally meaningful to improve self-functioning (Yulia, 2012).

Happiness is a positive attitude towards life, which is fully a form of ownership of cognitive and affective components. The cognitive aspect of happiness consists of a positive evaluation of life, measured either through standards or expectations, in terms of affective happiness consisting of what we generally refer to as a *sense of wellbeing*, finding wealth in life or profit or feeling satisfied or fulfilled by those things ". Happiness is determined from several factors, the first character or nature where happiness is a character or character of someone who tends not to change, which is related to cultural genetic elements and the initial experience of one's life, if there is something or event that affects the level of happiness then it is only temporary because he will return to his original level of happiness, psychologists call this the *Set Point Theory*. The second is social comparison (*social comparison*) where the individual assesses his quality of life is not *absolute* but *relatively* means that he will compare his life with the lives of others. The three basic needs (*satisfaction needs*) where happiness according to this theory is determined by the relationship with family, health level, work and the amount of money they have are basic needs for humans (Rahayu, 2016).

Aspects of happiness

There are several aspects contained in happiness. Shaver and Feedman (in Hurlock, 1997: 19) argue there are three essence of happiness which is called "three A happiness", which is in the form of:
 a. Acceptance (Acceptance)
 Shaver and Feedman (in Hurlock, 1997: 19) say that happiness is how individuals perceive the state of themselves and not compare with other people's

property. Happiness depends on accepting and enjoying the situation of others and what they have, and maintaining a balance between expectations and achievements.

Affection (Affection)

Affection is a normal thing experienced by humans. Compassion arises from the attitude of acceptance of others towards themselves. The more well received by others, the more love is expected. The more affection is felt, the more happiness an individual experience.

Achievement (Achievement)

Achievement is the achievement of a person's goals. Happiness will be created along with the achievements he achieved. If the individual has unrealistic goals, it will lead to failure resulting in dissatisfaction and unhappiness. Andrews and McKennell (in Alan Carr, 2004: 11) said that the results of analytical studies on the measure of happiness and subjective *well-being* (SWB), showed that happiness has two aspects, namely:

- a. Affective aspects in the form of emotional experiences of joy, excitement, satisfaction and other positive emotions. Affective aspects are divided again into two, namely positive affect and negative affect.
- b. Cognitive aspects of satisfaction in various fields of life, such as satisfaction in the field of family or work and other satisfaction experiences.

The same thing is also explained by Diener, et al (in Alan Carr, 2004: 15) who group the component aspects of happiness in the table as follows:

Table 2.1 Components of Happiness

Domain	Cognitive component		Affective Component	
	Satisfaction		Positive affect	Negative
Self	Significant views of others		Happiness	Affect
Family	regarding his life		(happiness)	Depression
Friends of the same age	Satisfaction with the course of events		Excitement	Sadness
Health	life		Feeling like	Envy, jealousy
Finance	Significant views of others		mind	Angry
Profession	regarding his life.		Pride	Stress
Free time	Satisfaction with the past		Affection	Feeling

It was explained that, the components of the happiness aspect consisted of cognitive components

originating from aspects of oneself, family, peers, health, finance, work, and leisure time. Besides

happiness is also obtained from the affective component in the form of positive affect and negative affect. Based on some of the descriptions above, it can be concluded that the aspects of happiness consist of 2, namely the affective and cognitive aspects. Affective aspects of satisfaction from emotional experience due to acceptance, affection, and achievement. Affective aspects include positive affect and negative affect, namely emotional experience in the form of positive and negative emotions. While the cognitive aspects of satisfaction come from the attitude of accepting, affection and achievements obtained from various fields of life such as oneself, family, peers, health, finance, achievements, as well as the amount of free time that can be enjoyed.

Factors that influence happiness

There are several factors that affect happiness, namely:

Internal factors

1) The past

This category of happiness is a person's attitude in responding to past memories. A positive attitude in responding to the past can produce positive emotions in the form of satisfaction, relief, success, pride, and peace or calm (Seligman, 2005). Satisfaction with the past can be achieved in three ways:

- a) Letting go of the past as a determinant of the future. Bad events in the past do not determine the emergence of problems as an adult. So, it is better to free the unfavorable past and change thinking about the present and future.
- b) Give thanks for what is owned and passed through in life. Individuals who are able to give thanks will feel happier and satisfied with their lives. With gratitude, individuals will not compare life and everything that is owned by the property of others.
- c) Forgive and forget. One way to rearrange an individual's view of negative emotions in a bad past life is to forgive. Forgiveness turns bitterness into neutral and positive memories so that life satisfaction will be easier to obtain.

2) The future

This category of happiness contains one's optimism, hopes, beliefs and beliefs. Optimism and hope provide a better ability to deal with depression, improve performance, and improve health. Define optimism as the view that there will be more good things than bad things in the future.

3) The present

The current categories of happiness include excitement, calmness, cheerfulness, overflowing zeal, flowing joy. In addition, according to (Seligman, 2005), happiness today involves two things, namely:

- a) Pleasure (Pleasure) is a pleasure which has a sensory and emotional component of a strong, temporary and involves little thought. Enjoyment is obtained after one motif is fulfilled. Enjoyment is divided into two, namely bodily enjoyment that is enjoyment obtained through the senses and sensory, and higher enjoyment obtained through more complicated activities. There are three things that can temporarily increase happiness, namely avoiding habituation by giving a fairly long interval between pleasant events; *savoring*, which is to realize and deliberately pay attention to a pleasure; and mindfulness (carefulness) that is observing and undergoing all experiences with no hurry because they are fixated on the future.
- b) Gratification (Gratification) is an activity that is highly favored by individuals, but does not always involve basic feelings, and has a longer duration than *pleasure*. Gratification is a pleasant state that follows the attainment of desire. Activities that give rise to gratification generally have a component of challenges, require skills and concentration, have goals, and there is direct feedback, so individuals can sink into it.

External Factors

1) Money

Many individuals argue that money is one of the reasons someone lives happily. Individuals who place money above their life goals will tend to be less satisfied with their lives as a whole.

2) Marriage

Individuals who are married tend to be happier than those who are not married. Happier individuals who are married can be caused by marriage providing psychological and physical intimacy, the context for having children, building a household and affirming the identity and social role as spouses and parents (Aulia, 2010)

3) Social life

The happiest people spend the least amount of time alone and socializing more often. Maintaining some close relationships is believed to have been found to correlate with happiness and subjective well-being (Carr, 2004).

4) Health

Health that is said to affect happiness is health perceived by individuals to how healthy we are. In addition, happy people have a longer life span because happiness protects human physical health (Veenhoven, 2006).

5) Religion

There is a positive relationship between religiosity and happiness, namely religious people are happier and more satisfied with their lives than individuals who are not religious. People who are religious will feel more calm than those who are less religious. That is because with the existence of religion, individuals have a clear handle on life, so it is not easy to sink with the problems faced (Aulia, 2010).

6) Negative emotions

To obtain positive emotions, individuals must be better able to deal with negative emotions, namely by breaking down bad events in life. Individuals who experience a lot of negative emotions will experience a few positive emotions, and vice versa. states that positive emotions are emotions that are desired by individuals, such as: joy, curiosity, love, and pride (Aulia, 2010)

7) Age

Life satisfaction slightly increases with age. Feelings reach a peak and sink into despair in an individual's life diminishing with age and experience.

8) Influence of Happiness

Happiness cannot be discarded as something that must be avoided and that is considered not important. Happiness as a positive emotion has an impact on the individual who feels it. Based on the theory of happiness Martin EP Seligman in Authentic Happiness (2017: 45), there are some effects produced by bliss (happiness), namely:

- a. Positive moods open up individuals to receive new ideas and experiences.
- b. Happiness expands intellectual, physical and social resources.
- c. Positive emotions make individuals more creative, tolerant, constructive, generous and not defensive.
- d. Happy individuals are more likely to be unrealistic about their own abilities.
- e. Happy individuals remember more pleasant events.
- f. Happiness extends age and improves health.
- g. It's easier to get friends to hang out with.
- h. It's easier to get a life partner and get married.
- i. Creating better relationships with other people.

Table 2.2 Types of Emotional Expressions and Their Understanding

Expression Type	Understanding
Anger (angry)	Feelings of displeasure with something that hurts, persecutes, opposes and usually arises spontaneously and wants to fight the cause of this feeling. Expression of angry emotions varies greatly in shape from changes in facial expression, in verbal form, in the form of actions, to in the form of attitudes and anger that are not shown. Anger ventilation can be arrested or even explored. Psychologically too often withstand anger will cause mental shock and it is not good for mental health .
Contemp (fed up)	Feelings or behavior when someone sees something or someone whose quality of actions, processes or abilities is decreasing or low, average or mediocre, or inappropriate.
Disgust (disgusted)	Feelings that arise because of an object that is disgusting, not liked or hated.
Fear (fear)	Feelings of anxiety and incitement because of the presence of something dangerous, evil, or feelings that will hurt. Fear drives humans to take the necessary actions to avoid the dangers that threaten survival. Expression of fear emotion can be in the form of actions such as: screaming hysterically (screaming), jumping, running, ducking, closing ears, or avoiding. Expression of fear is also characterized by physiological changes such as: increased pulse, heart palpitations, blurred vision, cold sweat, and joints feel weak.
Happiness (s enang , happy)	Feelings of something you really like, satisfaction, or joy. Joyful and happy emotions in psychology are emphasized on things that bring meaning to life. A person will achieve happiness when his needs have been met or fulfilled. So that mental health will begin and develop.

C. Tresna Werdha Social Institution

1. History

Tresna Werdah Social Orphanage is one of the government programs that provides social services for elderly people with the aim of improving the welfare of the elderly so that they can enjoy old age with a safe, peaceful, physically and mentally prosperous atmosphere (Salmah, 2010). In 1982 a nursing home was established by Indonesian social minister Nani Sudarsano under the name Sasana Tresna Werdha. Later it was changed to Tresna Werdha Social Home "Tat Twam Asi" which was located in Sentani Jayapura as UPT (Technical Implementation Unit) of the Regional Office of the Ministry of Social Affairs of Irian Jaya Province based on the Decree of the Indonesian Minister of Social Affairs Number. 23 / HUK / 1995 dated 24 April 1995 concerning the Formation of the Naming of the Implementation Unit of the Central Technical Implementation Unit / Sasana within the Republic of Indonesia's Ministry of Social Affairs. At that time there were 80 elderly people with a capacity of 100 people. As the enactment of law No. 22 of 2001 concerning Regional Autonomy and Law No. 21 of 2001 concerning Special Autonomy for Papua, the management of the orphanage was handed over to the Papua Provincial Government in this case the Office of Social Welfare and Isolated Societies with a total of 70 people. Based on Governor of Irian Jaya Province Decree No. 141 of 2001 concerning the Formation of Organizational Structure and Work Procedures of the Regional Technical Implementing Units in the Regional Offices of the Province of

Papua, a merger of 3 (three) Orphanages, namely the Women's Women's Institution, the Senior Women's Institution and the Youth Institution with the name of the Jayapura Social Institution UPTD domiciled Echelon III and in charge of one Head of Subdivision Administration. While the Elderly Institution is in echelon IV position with the Elderly Development Section. In 2018 the Elderly Development Section changed its status to Echelon III under the name Jayapura Senior Citizens' Institution, which oversees one Administrative Head of Subdivision with 55 elderlies.

2. Main Tasks and Functions

1) Providing sponsorship, guidance and services to neglected elderly people who include:

- a) Food and drink services.
- b) Psychosocial guidance.
- c) Social guidance.
- d) Skills guidance.

- e) Religious mental spiritual guidance
- f) Entertainment and recreation services

2) Carrying out reception until termination

3) Carry out coordination with relevant agencies in accordance with applicable law.

b. Function

1) Service center for assistance and protection for age groups.

2) Information center on elderly social welfare through service programs, evaluations and reports.

3) Center for the development of knowledge about the elderly as a place of research for students and health practice.

Sectional approach. This study is used to determine the causal relationship between two variables in an observational manner, where the form of the relationship can be: differences, relationships or influences (Hasmi, 2016).

3. RESEARCH METHODS

A. Research Design

The design used by researchers is the type of analytic research using the *Cross*

B. Operational Definition

No	Research variable	Definition Operational	Tool Measuring	Results Measuring	Scale
1	Characteristics of the Elderly a. Age	The length of time the research subjects lived when data collection	Questionnaire sheet	The measurement results are grouped into: 1. 45-59 years old 2. 60-74 years old 3. 75-90 years old 1. Male	Interval Nominal

	b. Gender	Biological status based on physical characteristics seen	Questionnaire sheet	2. Girl	
	c. Education	The last education that has been passed by the research subject	Questionnaire sheet	1. Elementary school 2. Middle School 3. High school 4. College	Nominal
	d. Suku	Cultural differences in research subjects	Questionnaire Sheet	1. Papua 2. Non Papua	Nominal
	e. Religion	Beliefs are professed by research subjects	Questionnaire sheet	1. Islam 2. Christian 3. Catholic 4. Buddha 5. Hindu	Nominal
2	Residence	A place for shelter, rest and life	Questionnaire sheet check list	1. Live in family 2. Live at PTSW	Nominal
4	Level of happiness	The results of measuring the level of happiness using a questionnaire	Questionnaire sheet check list	Category: 1. SB: 189 - 235 2. B: 142 - 188 3. KB: 95-141 4. TB: 48 - 94 5. STB: 0 - 47	Ordinal

C. Research Variables

This research is quantitative in nature, so in its analysis it uses simple calculations in terms of data distribution according to frequency between categories. This analysis is performed on each variable from the results of the study. In general, this analysis only results in the distribution and percentage of each variable (Notoatmodjo, 2010).

D. Population and sample

1. Population
Population is defined as a generalization area consisting of objects or subjects that have certain qualities or characteristics that are determined by researchers to be studied and then drawn conclusions (Sugiyono, Quantitative, qualitative and R&D research methods, 2011). In this study, the population is all elderly people living in Tresna Werdha Pos VII Sentani Social Home, totaling 48 people and all elderly people living in Graha Yotefa Waena RT.03 / RW. XI as many as 60 people.

2. Sample
The sample is part of the number and characteristics or represent the population, where the sample is a

number of members who will be chosen in a certain way to represent a population (Haerul, 2015).

Based on the above theory, the samples in this study were 96 people divided into 2 groups so that each group consisted of 48 elderly people, the sample technique used was purposive *sampling*, namely the *sampling* technique in the way desired or developed by researchers, so that the sample could represent the sample characteristics of the population by determining inclusion criteria.

E. Place and time of research

This research was conducted at the Tresna Werdha Social Institution in Jayapura Regency and Graha Yotefa Waena RT.03 / RW.XI in February 2020.

F. Research ethics

Research ethics are provisions that apply or are used when researching. There are four research ethics that researchers use, namely:

1. *Informed consent*

The aim is that the respondent knows the purpose and objectives of the study and the impact of the study during data collection. The consent form must

be signed if the subject is willing to be examined, if not, the researcher must respect the subject's decision.

2. Benefits (*male*) and *malefisince* (does not pose a risk)

Beneficience means that the research carried out must have a positive impact on direct and indirect responses and need detailed explanation. *Malefishince* means that this research does not pose a risk to the respondent. Respondents are protected from physical and psychological and not exploited.

3. *Perfect to Person*

In this study, researchers did not display the identity of respondents and maintain the confidentiality of data obtained by using the respondent code. In this study the researcher explained to the respondent the information that the respondent submitted was only for the sake of knowledge development and would be kept confidential by the researcher. Therefore, respondents are asked to only write the name of the initials by abbreviating the name in the format of the respondent's identity (Bitikaka, 2011)

4. *Justice* (justice)

The principle of *justice*, which applies equally to all that is a moral principle with fairness and fairness in attitude as well as in distributing resources. Researchers guarantee the *privacy* of respondents and uphold respondents' self-esteem. Researchers in communicating with respondents do not ask questions that are considered *privacy* for respondents, except those related to research, but still prioritize respect through respondent approval (Polit, 2004).

1. Data collection technique

Data collection techniques are a step in research aimed at obtaining data. Data collection techniques in this study used a questionnaire or questionnaire. Questionnaire or questionnaire is a data collection technique that is done by giving a set of questions or written statements to respondents to answer (Sugiyono, 2011).

2. Research Instruments

The research instrument is a measuring instrument used in the process of giving quantitative limits to variables so that they can be observed, assessed or calculated in magnitude or nominal value as well as variations in certain subjects (Hasmi, 2016). The research instrument used was a questionnaire (questionnaire)scale *Likert* modification. The research instrument used in the form of Happiness Scale (happiness). The scale was developed based on the study of theory about the aspect of happiness and adjusted based on *the Subjective Happiness Scale* were created by Sonja Lyubormirsky and *Satisfaction with Life Scale* compiled by E. Diener. This study uses a scale with a *Liker* scale type. The *Liker* scale is used to measure the attitudes, opinions, and perceptions of a person or group of people about social phenomena (Hasmi, 2016). Sugiyono (2011) explains that with the *Liker* scale, the variables to be measured are translated into indicator variables. Selection of the answer scale in this study uses the *Liker* scale model with 5 answer choices. The answer scale is Very Happy (SB), Happy (B), Unhappy (KB), Unhappy (TB) and Very Unhappy (ST).

G. Data collection techniques and instruments

Table 3.2 Alternative Score answers on the happiness level scale

Alternative answer	SCORE	
	Favorabel	Unfavorable
Very happy	5	1
Happy	4	2
Unhappy	3	3
Not happy	2	4
Very unhappy	1	5

4.RESULTS AND DISCUSSION

A. Overview of the Research Location

In 1982 a nursing home was established by Indonesian social minister Nani Sudarsano under the name Sasana Tresna Werdha. Then it was changed to Tresna Werdha Social Home "Tat Twam Asi" which

was located in Sentani Jayapura as UPT (Technician Implementation Unit) of the Regional Office of the Ministry of Social Affairs of Irian Jaya Province based on the Decree of the Indonesian Minister of Social Affairs Number. 23 / HUK / 1995 dated 24 April 1995 concerning the Formation of the Naming of the Implementation Unit of the Central Technical

Implementation Unit / Sasana within the Republic of Indonesia's Ministry of Social Affairs. At that time there were 80 elderly people with a capacity of 100 people. As the enactment of law No. 22 of 2001 concerning Regional Autonomy and Law No. 21 of 2001 concerning Special Autonomy for Papua, the management of the orphanage was handed over to the Papua Provincial Government in this case the Office of Social Welfare and Isolated Societies with a total of 70 people. The total area of tresna werdha social institution "Tat Twam Asih" is 14,518m² and the building area is 2,396m² for a capacity of 100 people with a capacity of

70 people. The workforce or human resources at Tresna Werdha Social Home are 20 workers, 7 people are S1, 12 people are high school, 1 person is junior high. Facilities and infrastructures include: guesthouse / dormitory 1 unit, isolation room 1 unit, office 1 unit, official residence 6 units, health room 1 unit, hall 1 unit, multipurpose room 1 unit, kitchen 1 unit, mobit garage 2 units, water tub 1 unit, 3 units well, 325 m² fence. Infrastructure includes 2 units of ambulance cars (1 unit damaged in the garage) and 1-unit bus (damaged condition is in the PSBR).

B. Research Results

1. Characteristics of the elderly

Table 4.1 Distribution of respondents according to characteristics who lived in the Werdha and family home in February 2020

Characteristics	Residence		Percentage (%)
	Family (n)	PSTW (n)	
Age			
45 - 59	5	5	10.4
60 - 74	41	30	74
75 - 90	2	13	15.6
Gender			
Male	24	16	41.7
Girl	24	32	58.3
last education			
Elementary school	28	38	68.8
Middle School	14	9	24
High school	6	1	7.3
Suku			
Papua	27	24	53.1
Non Papua	21	24	46.9
Religion			
Islam	12	18	31.2
Protestant	23	20	44.8
Catholic	13	10	24

Table 4.1 shows that most elderly with middle aged 60-74 years old 74%, mostly 58.3% women with 68.8% elementary school education.

Table 4.2 Distribution of respondents according to happiness living in the Nursing Home and family in February 2020

Residence	Happiness				Total	Percentage (%)	P.Value
	Well	Percentage (%)	Less	Percentage (%)			
PTSW	41	85.4	7	14.5	48	100	.208
Family	35	72.9	13	27	48		

Source: Primary Data

Table 4.2 shows that the elderly who live in homes are 85.4% happier than those who live with families 72.9%.

C. Discussion

According to the World Health Organization (WHO) elderly includes *middle age* (middle age) is the age group of 45 to 59 years, old age (elderly) between 60-74 years, old age (old) between 75 to 90 years and very old age (*very old*) over 90 years. Table 4.1 shows the majority of elderly people aged 60 - 74 years who live in institutions as many as 30 people and who live in families as many as 41 people. The sexes who live in the family, 24 women and 24 men, who live in the orphanage are 32 people and 16 men. The most recent education in the elderly who live in families and who live in homes is elementary school. The majority of elderly people living in families are ethnic Papuans as many as 27 people and 24 non-Papuan tribes who live in homes. Elderly who come from Papua mostly live in the orphanage because they do not want to bother the family, the husband has died, the children have grown up and work outside the area. The results of this study are not much different from the research Rinajumita (2011), that more than half of the respondents are early age and the rest are high risk elderly. Novitaningtyas research results (2014), found that most elderly age category with the elderly *elderly* amounted to 82.5%. The results of this study are also comparable to the results of Susenas (2012), according to gender the number of elderly women is more than that of only 8.88 million men or 7.76 percent of the total male population. This is because the life expectancy of older women is higher than that of men. The results of this study are also comparable to the results of Susenas (2012), where the education of the elderly population is still relatively low, there are still many elderly people who have never / never attended school and did not complete elementary school. This research is not much different from the research conducted by Hanum (2013), according to education the number of elderly who do not attend school is 11.1%, elementary school 82.2%, junior high school 82.2% and high school 6.7%. Elderly people who are not in school in 2012 amounted to 26.84%, 32.32% did not complete primary school, 23.49% elementary school, junior high school graduation 6.65%, 7.4% completed high school, graduated from high Peruguruan 3.29% (Oscar, 2013). The lack of education is mostly due to the limited costs of continuing education. In addition, there is an

understanding or culture that requires girls not to pursue higher education.

Happiness is a state of mind or feeling of pleasure and peace of life that is physically and mentally meaningful to improve self-functioning (Yulia, 2012). Table 4.2 shows that the elderly who live in homes are 85.4% happier than those who live with families 72.9%. Happiness is felt in the form of a sense of satisfaction with the life in which they live now, happy to have family whatever their circumstances, there are friends in the orphanage who complete life, happy to have achievements even though not much. When telling stories with the elderly, their faces and expressions look relieved as if there is no burden or nothing to hide, there are elderly people who tell stories while gardening and sewing noken. The results of this study are not much different from the research conducted by Dewi (2012) stating that 30 respondents (46%) expressed happiness and 10 respondents (18.3%) stated that they were unhappy, where happiness felt by the elderly in the form of calm and peaceful feelings, sincere, has no burden, independent, needs are met, some even think that the nursing home is a place of shelter like heaven for residents of the orphanage. Based on the results of research conducted by Nur (2018), the results show that there are differences in the level of happiness in the elderly who live in homes and the elderly who live in families ($p = 0,000$). The elderly who live in a dominant orphanage have a high level of happiness as evidenced by the number of elderly in the high happiness category of 37 people (84.1%) compared to the elderly who live in a family as evidenced by the number of 26 people (59.1%). The elderly who live in the orphanage get support and services from the orphanage in the form of physical, skills, psychosocial, spiritual and religious services and can meet with peers. This study is comparable to research conducted by Rahmah (2013), saying that the elderly chooses to live in an orphanage because they do not want to burden their families and the elderly say that there is a feeling of happiness, happiness when living in an orphanage, with a percentage of 44.3% saying happy and 31, 4 is not happy. Based on the results of research conducted by Yuliani (2019), the results showed that the level of happiness of the elderly in Tresna Werdha Social Home Bandung in the happy category is 26 (56.5%) and the unhappy category 20 (43.5%), can concluded the level of happiness of elderly who live in homes in

the city of Bandung in the category of happiness, this shows because of several factors such as education, age, marital status and religion or belief. This study is comparable to research conducted by Selo (2017), the results of the study prove that less than half (40.7%) of respondents experience moderate levels of happiness in nursing homes and less than half (47.6%) of respondents are unhappy outside of *werdha*, whereas Independent sample t-test results prove "there are differences in the level of happiness in the elderly inside and outside the *Panti Werdha Pangesti Lawang Nursing Home*" with $p\text{-value} = (0.001) < (0.050)$. This study is comparable with research conducted by Kurniuawan (2012), stating that 30 respondents (46%) said they were happy living in a nursing home and 10 respondents (18.3%) were not happy living in a nursing home. Happiness experienced by respondents in the form of comfort in the orphanage, feeling valuable, feeling satisfied with what is being done now. This study is in line with qualitative research conducted by Cicilia (2016), stating that the research subject said he was happy to be at home. The emotions expressed are calm and happy, from the results of research and discussion the researchers concluded that an elderly who lives in an orphanage does not feel happy either in the past, present and future. Another elderly person feels happy for his whole life, and another person has a greater level of happiness than the previous elderly.

Qualitative research conducted by Rama (2016) results of this study indicate that 7 out of 8 elderly subjects have a positive meaning of life that can lead them to find the meaning of happiness in living their lives in the orphanage. On the subject SN is known to be able to accept his existence and he feels fit to live in an orphanage. The subject of MR stated that he felt more comfortable and did not feel lonely. While the AM subject is known to himself feeling living in an orphanage only expecting help from others and making himself useless. On the subject of ST himself felt more appropriate to be in an orphanage and be able to accept all the events in his nature. MS subjects felt that his life was not difficult anymore. The SW subject stated that he was better off at the orphanage and felt at ease. On the subject DN he feels more valuable. RH subject is also known that he feels himself not lonely and no longer bothered. A qualitative study conducted by Hidayah (2016) to 5 respondents, 3 of whom felt happiness from the social support of the *tresna werdha* social institution, the three subjects said that the home provides peace, comfort, feeling less lonely and has gratitude when living at the home. In contrast to

research conducted by Amalia (2014) of 50 elderly people in the family and 50 elderly people in nursing homes, the results of the different tests showed no difference in personal happiness ($F = 0.373, p > 0.05$) and social support ($F = 0.695, p > 0.05$) in the elderly in family communities and nursing homes while the results of the correlation test show that there is no strong and significant relationship between personal happiness and social support for the elderly ($r = 0.686, p = 0.000$), it can be concluded that a person's personal happiness especially the elderly cannot be measured by the size of their place of residence, the assumptions regarding the elderly in nursing homes have less happiness than the elderly who live in family communities completely unproven. Happy and unhappy someone is not seen from where someone lives, because happiness is a personal and subjective thing. Table 4.2 shows that the elderly who live in homes are 85.4% happier than those who live with families 72.9%. Based on the results of research conducted by researchers found that residence greatly affects his happiness, starting from not being noticed by the family, the atmosphere of the house is no longer pleasant, has no money. The results of the study conducted (Tuty, 2013) obtained the results of the environmental domain shows that the elderly in the family have a poor quality of life (71.3%) while those living in the institution have a sufficient quality of life (82.5%). Further statistical tests showed that there was a significant difference ($p = 0,000$) between dwelling and the environmental domain which was an important factor in the quality of life of the elderly. Different living environments result in changes in the role of the elderly to adjust. Based on the statement point 27 of the questionnaire "the atmosphere of the house is less pleasant for me", for the elderly, the changing roles in the family, socio-economic and social community caused a setback in adapting and interacting with their social environment.

Research conducted by Windy (2016), said that the amount of elderly people from year to year *tinggal* in nursing homes Yogyakarta is increasing, mostly elderly people brought their families to the nursing home on the grounds no longer able to maintain and take care of the elderly at home on the grounds that when the elderly being in an orphanage, the elderly can be independent. Based on qualitative research conducted by Ezalina (2020), said that there are types of neglect experienced by the elderly when living with family, namely physical, psychological, and financial neglect. the elderly want to be heeded, listened to by his advice, and listened to

his complaints. Sometimes it also arises fatigue in the body, back pain, and fever because it helps families in cleaning the house, sweeping, cooking, and caring for grandchildren. Elderly Wants that complaints felt by children so that the elderly feel cared for. Older people want to be as busy as they are and there should be attention from children to ask complaints that are felt like the following participant's statement: "I do not want to complain to children, he is very tired after work, so I just accept everything that happens to me, if tired I just rest first, it was work again packing the house ". Ezalina (2020) said that children's attention is highly expected in meeting the needs of the elderly. the elderly does not expect rewards when they have to take care of grandchildren and take care of the house but do not let the assistance provided by the elderly be paid for free. Because basically the elderly is very happy if given money by children even though a little. In fulfilling the needs of the elderly the attention of the child is highly expected, do not make the elderly as an object when living together, and quickly sensitive to what the elderly complained of is highly expected by the elderly.

5.CONCLUSIONS

Based on the research results obtained are:

1. Distribution of respondents according to characteristics who lived in the Werdha Nursing Home and who lived in the family in February 2020 showed that the most elderly with middle aged 60-74 years 74%, most women 58.3% with elementary school level 68.8%, the most ethnic group is the 53.1% Papuans with the majority Protestant 44.8%.
2. The distribution of respondents according to their residence to the level of happiness who lived in the Panti Werdha and who lived in the family in February 2020 showed that the elderly who lived in the orphanage were happier 41 people (85.4%) compared to those living with a family of 35 people (72, 9%).
3. Based on the results of the study according to primary data there is no effect of happiness based on residence (p-value 0.208) , but based on research in the residential area greatly affects the happiness of the elderly.

Suggestions

1. For the management of the orphanage to be able to open and do counseling for the elderly who need it and to overcome the needs of the elderly in increasing happiness can do *Project Love*.

2. For the elderly who live in the family while maintaining communication with children or family so that the elderly in the family are not alienated and the elderly feel calm and peaceful, keep thinking positive about everything that happens to the elderly. The elderly also continues to carry out daily activities both outside the home and outside the home so that the elderly can actualize themselves, get comfort and be able to optimize themselves to remain active and stay happy.
3. For families who live with the elderly it is advisable to control the lives of the elderly so that the elderly feel more attention from the family. The family can take the time to be with the elderly on the sidelines of the busy work done, provide simple happiness so that the elderly feels more respect and appreciation in the family, then the family does not alienate the elderly and do not consider the elderly with a physical condition that has decreased so that communication in family can be woven together well. The family is also more caring for the feelings or emotions of the elderly so that the elderly does not feel sad and lonely.
4. For further research, it is suggested to be able to develop existing theories for further research, then deepen the results of research related to family support variables for the factors that influence a person in providing family support including (emotional support, informational support, support for Awards / Assessment and Instrumental support). Researchers also pay attention to other variables, in addition to family support variables that can affect happiness in the elderly. Researchers also pay more attention to the conditions of the elderly and then researchers then pay attention to and expand the area of research, the number of subjects that are not limited so that the results obtained are more relevant and representative, so that they can use methods other than quantitative methods in gathering data.

BIBLIOGRAPHY

1. Achjar, KA (2012). Family Nursing Care for Students and Health Care Nurse Practitioners. Jakarta: CV Sagung Seto.
2. Afdol. (2011). Socio-Economic Background and Level of Life Satisfaction of Elderly Residents of Werdha Nursing Homes. Thesis PPKP Uniar Surabaya Research Institute .
3. Amalia, S. (2014). Personal Happiness and Social Support and Lasia: Study of the Elderly in Family Communities and Nursing

- Homes. Journal Of Scientific Health Media Husada .
4. Anggareni, RS (2017). The Role of the Family in Elderly Social Services in Jambu Hargosari Tanjungsari Gunungkidul Hamlet.
 5. Audrey J, BS (2010). Nursing Fundamentals: concepts, processes & practices: clinical pocket book. Jakarta: Medical Book Publisher.
 6. Aulia, P. (2010). Effects of Emotional Maturity and Age at Marriage on Marriage Satisfaction in Early Adulthood. Essay. : Faculty of Psychology, Syarif Hidayatullah State Islamic University.
 7. Azizah, LM (2011). Elderly Nursing. Edition 1. Yogyakarta: Graha Science.
 8. Azwar (2010). Introduction to Health Administration. Tangerang: Bina Rupa Aksara.
 9. Azwar, A. (2003). Guidelines for training elderly cadres for healthcare workers. Jakarta: Ministry of Health Republic of Indonesia 2003.
 10. Bitikaka. (2011). Relationship between Family Characteristics, Toddler and Compliance in Visiting Posyandu with Toddler Nutrition Status in Kota Baru Abepura Village, Jayapura. Depok.
 11. Carr, A. (2004). Positive Psychology: The Science of Happiness and Human. Hove & New York: Brunner - Routledge Taylor & Francis
 12. Cicilia, P. (2016). Picture of happiness in the region who chose to live in nursing homes. e-biomedical journal Volume 4, Number 1, January-June 2016 .
 13. Goddess. (2012). Happiness of elderly who live in nursing homes.
 14. DUKCAPIIL. (2019). Profile of Senior Citizens' Institutions. Jayapura.
 15. Ezalina. (2020). Analysis of the forms of neglect experienced by the elderly who live with family. Journal of Mental Nursing Vol 8 No. 1 , 83-88.
 16. Fatimah. (2010). Caring for Old Man A Gerontic Nursing Process Approach. Jakarta: Friedman. (2014). Family Nursing Teaching Book Research, Theory, & Practice. Jakarta:
 17. Gillies, D. a. (1989). Nursing Management. WB. Sanders Company.
 18. Hakim, L., & Hartati, N. (2014). Sources of Happiness for the Elderly Reviewed from Inside and Outside the Nursing Home Residence. UNP RAP Journal , Vol. 5 No. 1, May 2014.
 19. Hanum (2013). Overview of Elderly Nutrition Status at Tresna Werdha Social Home in Cot Bada Tunong Village, Bireuen Regency, Aceh. www.factoryangmiganggaigizilansiapdf.c.o.id. Accessed March 10, 2020.
 20. Hasmi. (2016). Health Research Methods. Jayapura: IN MEDIA.
 21. Hidayah, S. (2016). Social Support and Happiness for the Elderly Living at UPTD Social Institution Tresna Werdha Nirwana Puri Samarinda. ejournal.psikologi.fisip-unmul.ac.id .
 22. Hilda, & Isnaeni. (2017). Happiness of the Elderly Who Lives in the Home of the Werdha.
 23. Ministry of Social Affairs. (2015). Usia Continued Daily Services (Day Care).
 24. Kholifa (2016). Gerontik Nursing. Center for human resources health education, health development and empowerment of human resources for health. 10
 25. Kurniasih, D. (2016). Elderly Coaching through Day Care Service at Tresna Werdha Yogyakarta Social Service Unit Budi Luhur Unit. Thesis at Yogyakarta State University.
 26. Kushariyadi. (2010). Elderly Client Nursing Care. Jakarta: Salemba Medika.
 27. Mila, ST (2017). Description of the Quality of Life of the Elderly at Tresna Werdha Budi Luhur and Elderly Social Institutions in Paal V Village, Jambi City. Batanghari University Jambi. Vol 2
 28. Miranti, S. (2017). Analysis of Elderly Happiness Remarks at PTSW and in the Community. Thesis of Alauddin Islamic State Islamic University Makassar.
 29. Mulyono, & Diponegoro, MA (2015). Physiological Factors Affecting Happiness in Older People in the Klaten Javanese. Psychopedagogia , Vo.4 No.1.
 30. Murwani, A. (2007). Family Nursing Care Concepts and Case Applications. Jogjakarta: Partner: Cendikia Press.
 31. Notoatmodjo. (2007). Health Promotion and Behavioral Sciences. Jakarta: Rineka Cipta.
 32. Notoatmodjo, S. (2010). Health research methodology. Revised Edition. Jakarta:
 33. Nugroho, HW (2015). Gerontik & Geriatrik Nursing. Jakarta: EGC Medical Book Publisher.
 34. Nur, A. (2018). Happiness Level Analysis for elderly beneficiaries and non-beneficiaries of day care service programs.
 35. Polit, D. &. (2004). Nursing research. principle and methods. Philadelphia: Lippincott Williams & Wilkins, a Wolters Kluwer Business.
 36. Puspitorini, YW (2012). Proposal Behavior and Happiness. Thesis publication: Faculty of Psychology, Soegijapranata Catholic University .
 37. Rahayu, PT (2016). Determinants of Happiness in Indonesia. Vol.XIX No.1.

38. Rama, B. (2016). The meaning of life and the meaning of happiness in the elderly at the nursing home nirvana puri samarinda.
39. Rinajumita. (2011). March 10, 2020, from Factors Related to Independence of the Elderly in the Work Area of the Lampasi Health Center, Payakumbuh Utara District:
40. Ritonga, R. (2015). The Need for Employment Data for Sustainable Development. Elderly percentage , 29-31.
41. Rosita, R. (2010). LAW OF THE REPUBLIC OF INDONESIA Number 36 Year 2009 Concerning Health. Jakarta: Legal Bureau and Organization of the Ministry of Health.
42. Salmah, S. (2010). Happy and prosperous in old age. Yogyakarta: B2PP3KS Press.
43. Sardjono, B. (2010). Guidelines for the Development of Elderly Health for Health Care Workers. Jakarta: Ministry of Health of the Republic of Indonesia.
44. Seligman. (2005). Creating Happiness with Positive Psychology (authentic happiness). Bandung: PT Mizan Pustaka.
45. Seligman. (2017). Authentic Happiness: Using The New Positive Psychology to Realize Your Potential for Lasting Fulfilment. Bandung: PT Mizan Pustaka.
46. Selo, J. (2017). Difference Between Happiness Levels In Elderly Inside And Outside Pangesti Lawang Nursing Home. Nursing News .
47. Setadi. (2013). Family Nursing Concepts & Processes. Yogyakarta: Graha Science.
48. Setiadi. (2007). Concept and writing of Nursing Research. Jakarta: Graha Science.
49. Sugiyono (2011). Quantitative, qualitative and R&D research methods. Bandung: Alfabeta.
50. Sugiyono (2011). Administrative Research Methodology. Bandung: Alfabeta.
51. Sujarweni, WV (2014). Nursing Research Methodology. Yogyakarta: Gava Media.
52. Surjaweni. (2015). Statistics for Health. Yogyakarta: Gava Media.
53. Tuty, S. (2013). Quality of life for elderly people living with families and homes.
54. Veenhoven, R. (2006). How Happy We Are? Tonets, implications and tenability of three theories. USA: Paper presented at conference on 'New Directions in the Study of Happiness: United States and International Perspectives', University of Notre Dame.
55. Wahyudi, N. (2008). Gerontik and Geraitrik Nursing Edition 3. Jakarta: EGC.
56. Widyanto, CF (2014). Community Nursing. Yogyakarta: Nuha Medika.
57. Windy, H. (2016). Positive thinking in the elderly at nursing homes.
58. Wreksoatmodjo, BR (2013). Differences in the Characteristics of Older Persons Living in Families with Residents in Nursing Houses in West Jakarta. Vol. 40 No.10.
59. Yuliani, C. (2019). The level of happiness for the elderly at Tresa Werdha Social Institution in Bandung. Indonesia University of Education Repository .
60. Yuliantari, NW (2014). The Difference Between Effect of Cucumber Extract and Ginger Water on Elderly Blood Pressure and Hypertension in the Work Area of Health Center II West Depansar in 2014. 2-3.