Journal of Social Knowledge Education (JSKE)
Vol. 7, No. 6, November 2026, pp. 726~736
ISSN: 2722-046X, DOI: 10.37251/jske.v7i6.4590

Family Relationships and Transitions into Residential Care in Later Life: A Life-Course Analysis of Older Adults in Yogyakarta, Indonesia

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Article Info

Article history:

Received Sep 30, 2026
Revised Nov 12, 2026
Accepted Nov 24, 2026
Online First Nov 25, 2026

Keywords:

Family Support
Intergenerational Relationships
Life-Course Perspective
Older Adults
Residential Care

ABSTRACT

Purpose of the study: This study aims to examine how older adults' life histories, family circumstances, and changing intergenerational relationships shape their transitions into residential care. It also explores how older adults perceive family support, institutional care, and their sense of belonging in later life.

Methodology: This study employed a qualitative case study approach through a reanalysis of documented research materials collected at Panti Sosial Tresna Werdha Yogyakarta Unit Abiyoso in 2011. The study focused on six purposively selected older adults, supported by information from three administrators and two family members. Original data collection involved interviews, observations, and documentation, analysed using Miles and Huberman's interactive model and a life-course perspective.

Main Findings: The findings reveal diverse pathways into residential care, shaped by health conditions, widowhood, living arrangements, and limited family caregiving capacity. Family support was not entirely discontinued but reorganised through the involvement of children, siblings, nieces, and nephews. Older adults also expressed different experiences of institutional living: some found greater comfort in residential care, while others continued to desire family closeness and support.

Novelty/Originality of this study: This study offers a life-course interpretation of residential-care transitions by connecting older adults' biographical experiences with changing family relationships and intergenerational support. Rather than viewing institutionalisation solely as a consequence of declining family functions, it highlights diverse care pathways, the involvement of extended kinship networks, and older adults' agency in interpreting care, comfort, and belonging in later life.

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1. INTRODUCTION

Population ageing has brought increasing attention to the ways societies support older adults as they experience changes in health, family relationships, and living arrangements. In many societies, family members remain important sources of emotional, social, and practical support throughout later life [1], [2]. However, the capacity of families to provide such support may be influenced by changing household structures, employment

responsibilities, health conditions, and the availability of other care arrangements [3], [4]. Consequently, ageing within the family cannot be understood solely through expectations of intergenerational responsibility, but also requires attention to the circumstances and relationships that shape everyday care [5], [6]. Understanding how older adults experience these changes is therefore essential to examining the relationship between family support and later-life well-being.

Residential care represents one of the arrangements through which older adults receive assistance when care needs cannot be fully addressed within their previous living environments. Entry into residential care, however, should not be interpreted as a uniform experience or simply as evidence of declining family responsibility [7], [8]. Older adults may enter such settings following illness, bereavement, limited housing options, changing family circumstances, or negotiations among relatives, while their experiences after admission may include both emotional difficulties and a sense of comfort or security [9], [10]. Recent qualitative research in Indonesia also illustrates that institutional ageing is shaped by interactions among family relationships, cultural expectations, spiritual experiences, and institutional conditions [11], [12]. These circumstances suggest that residential care should be examined as a complex social and biographical transition rather than merely as a change of residence.

The life-course perspective provides an analytical framework for understanding how experiences and relationships across different stages of life shape later-life circumstances [13], [14]. This perspective emphasises the interconnected concepts of life trajectories, transitions, turning points, historical context, human agency, and linked lives. In particular, the principle of linked lives highlights how an individual's experiences are connected to the lives and decisions of spouses, children, siblings, and other significant relationships [15], [16]. Earlier life events and family circumstances may therefore influence the timing, conditions, and meanings of transitions experienced in old age. By considering these dimensions together, the life-course perspective enables researchers to examine ageing as a socially embedded process rather than an isolated stage of individual development.

Applying this perspective to residential care makes it possible to examine how older adults' biographies intersect with changing family relationships and arrangements of support. Marriage, widowhood, divorce, childlessness, illness, and changes in the availability of relatives may influence the care options accessible to individuals in later life [17], [18]. These experiences also demonstrate that family support extends beyond relationships between parents and children, as siblings and other relatives may participate in decisions and practical arrangements concerning older adults' care [19], [20]. Research on life-course pathways into family caregiving similarly emphasises that care arrangements develop through accumulated experiences, turning points, and interdependencies among family members [21], [22]. Accordingly, transitions into residential care need to be understood in relation to both individual biographies and the wider family networks in which older adults are situated.

The case of Panti Sosial Tresna Werdha Yogyakarta Unit Abiyoso provides an opportunity to examine these processes within a specific Indonesian institutional and historical context. The original study conducted at the institution in April and May documented the experiences of six older adults from the cross-subsidy group, selected from thirteen residents who still had family connections. Its findings identified several circumstances associated with residence in the institution, including health problems, limited family capacity or willingness to provide care, the absence of suitable accommodation, and changing family circumstances. Nevertheless, the residents' accounts did not reflect a single pattern of family relationships, since some expressed comfort with institutional life while others experienced disappointment or continued hopes for family connection [23], [24]. These differences provide an empirical basis for reconsidering residential care through the diversity of older adults' life histories and family relationships rather than interpreting the transition through a single explanation.

Although the original study examined residents' perceptions of changing family functions, its primary analytical focus was on the perceived shifts in family protection, maintenance, and affection associated with sociocultural change. A life-course reanalysis offers a different analytical emphasis by connecting these experiences to individual biographies, family transitions, intergenerational relationships, and the circumstances surrounding entry into residential care [25], [26]. This approach also makes it possible to consider the involvement of spouses, children, siblings, and extended relatives, as well as the different meanings older adults attach to institutional care. The proposed contribution is therefore not simply to restate that family functions have changed, but to explain how diverse life trajectories and linked family relationships shape the experience and interpretation of care transitions in later life. This analytical reframing addresses the need to understand residential care as a relational and biographical process within its specific historical and social context [27], [28].

Re-examining this case is important because explanations of residential care based solely on family responsibility may overlook older adults' varied experiences, personal circumstances, and capacity to negotiate their living arrangements. A life-course analysis can provide a more nuanced understanding of how health conditions, marital histories, family networks, and significant life events intersect in shaping transitions into institutional care [29], [30]. The study also offers a historical contribution by revisiting qualitative evidence collected in Yogyakarta, while recognising that its findings represent a particular period and institutional setting rather than the current circumstances of all older Indonesians. Its findings may inform discussions on age-sensitive social services by highlighting the importance of understanding older adults' biographies, family relationships, and

subjective experiences when considering care arrangements. Therefore, this study aims to re-examine the life-course experiences of older adults living in residential care by exploring how their life histories, family relationships, and intergenerational support shape transitions into residential care and perceptions of care and belonging in later life.

2. RESEARCH METHOD

2.1. Research Type and Design

This study employs a qualitative approach with a case study design, involving a re-analysis of research data previously collected at the Panti Sosial Tresna Werdha Yogyakarta (Abiyoso Unit) in Pakem [31], [32]. The original study aimed to examine the perceptions of elderly individuals—specifically those within a "cross-subsidy" (subsidized) group—regarding shifts in family functions resulting from socio-cultural changes. In the present study, this data is re-analyzed through a life-course perspective to understand the interconnections between life history, changes in family relationships, intergenerational support, and the transition to institutional care in old age.

The re-analysis situates each informant's experience within the context of their own life trajectory [33], [34]. The analysis focuses on marital history, health status, the presence of children and relatives, changes in residence, and family dynamics both before and after the informants moved into the care facility. Consequently, this study not only identifies the reasons why these elderly individuals reside in the facility but also explores how their life experiences and social relationships throughout their lives relate to the transition process and how they perceive the care they receive in their later years.

2.2. Research Subjects and Data Sources

The primary subjects of this study are six elderly individuals—part of a "cross-subsidy" group—who served as informants during the initial research phase at the Panti Sosial Tresna Werdha Yogyakarta (Abiyoso Unit). These six informants were selected purposively from a pool of 13 elderly individuals within the cross-subsidy group who maintain familial ties, based on their specific circumstances and their willingness to provide information during the initial study [35], [36]. In addition to the elderly participants, the initial research also involved three staff members from the care facility and two family members of the elderly individuals, who served as supplementary sources of information.

The data sources utilized for this re-analysis include the original thesis document, life history accounts of the informants, interview excerpts, observational findings, interview guides, and other available research documentation. Information provided by the facility staff and family members was used to help contextualize the institutional setting and the familial relationships relevant to the experiences of the elderly individuals. To ensure confidentiality, the identities of the informants remain protected through the use of codes or pseudonyms, as established in the original source documents.

2.3. Instruments and Data Collection Techniques

This study does not involve the collection of new field data; instead, it utilizes instruments and documentation from a previous study. The primary instrument from the initial study consisted of a structured interview guide designed for elderly individuals within a cross-subsidization scheme, their family members, the heads or managers of the care facilities, and staff members who interact with the elderly [37], [38]. Supporting instruments included observation sheets covering the facility's environment, the physical condition of the residents, the number of occupants, staff attitudes, relationships among the elderly residents, and the relationships between the elderly and their families.

Data collection techniques in the initial study included interviews, observations, literature reviews, and documentation. In this re-analysis, these sources were re-examined to identify information relevant to a life-course perspective. The following framework serves as an analytical mapping of the aspects included in the original study's interview guides and observation sheets; it is not a new instrument that has been tested or used for conducting follow-up interviews.

Table 1. Research Instrument Grid Based on Preliminary Research Guidelines and the Focus of Re-analysis

No.	Aspects examined	Information indicator
1	Life history of older adults	Age, marital status, life experiences, number of children, and residential history
2	Transition to a care home	Reasons for living in a care home, circumstances prior to admission, length of stay, and those involved in the decision-making process
3	Intergenerational relationships	Relationships with a spouse, children, siblings, and other relatives; frequency of visits; and types of family support

4	Changes in family support	Provision of protection, care, attention, and affection, as well as the family's role in the individual's care
5	Health status and care needs	Physical health, history of illness, need for assistance, and care-related support
6	Experiences and the meaning attributed to living in a care home	Feelings upon initial admission, current well-being, level of comfort, desire to return home, and expectations regarding family
7	Institutional context	Environment of the care home, facilities, resident activities, quality of staff services, and social interactions
8	Nature of social relationships within the care home	Relationships among residents, interactions between residents and staff, and engagement with visiting family members

2.4. Data Analysis Techniques

Data analysis was conducted using a qualitative thematic approach, adapting the interactive analysis stages developed by Miles and Huberman—namely data reduction, data display, and conclusion drawing and verification [39], [40]. During the data reduction phase, research documents were reviewed to select information pertaining to life histories, shifts in family relationships, the experience of entering a care facility, and how the elderly perceive their care. Relevant information was then categorized according to the focus of a life-course analysis.

In the data display phase, information from each informant was organized into case narratives and comparison matrices to identify similarities and differences in their experiences. These comparisons took into account factors such as family circumstances, marital history, the presence of children and relatives, health status, and the extent of family involvement during the transition into a care facility. Subsequently, conclusions were drawn and verified by interpreting these patterns through the concepts of life trajectories, life transitions, linked lives, and human agency. The interpretation also considers the historical context of the data collection, ensuring that the informants' experiences are not generalized to represent all elderly individuals in Indonesia today.

The validity of the interpretation was maintained by triangulating information from various available sources, including interviews with the elderly, input from family members, accounts from facility administrators, observational data, and documentation. Discrepancies between sources were preserved as an inherent part of the complexity of these experiences, rather than being reconciled into a single, monolithic narrative. A critical assessment was applied to ensure the alignment between the documented evidence and the interpretations developed during this re-analysis.

2.5. Research Procedure

The research procedure was carried out in several stages, beginning with a review of the initial research documents and concluding with the formulation of interpretations based on a life-course perspective. The first stage involved identifying and verifying the completeness of the thesis documentation, including interview guides, interview transcripts, observation sheets, and other available records. The second stage consisted of selecting information from six elderly informants and other supporting sources relevant to the research focus.

The subsequent stage involved organizing the data according to life history, the transition to institutional care, intergenerational relationships, and the experiences of the elderly while residing in the care facility. Data from each informant were then compared to identify patterns of experience, variations in family relationships, and differences in how care is perceived. These comparative findings were interpreted through a life-course perspective and verified by cross-referencing the original source documents, before being synthesized into the final research findings and conclusions.

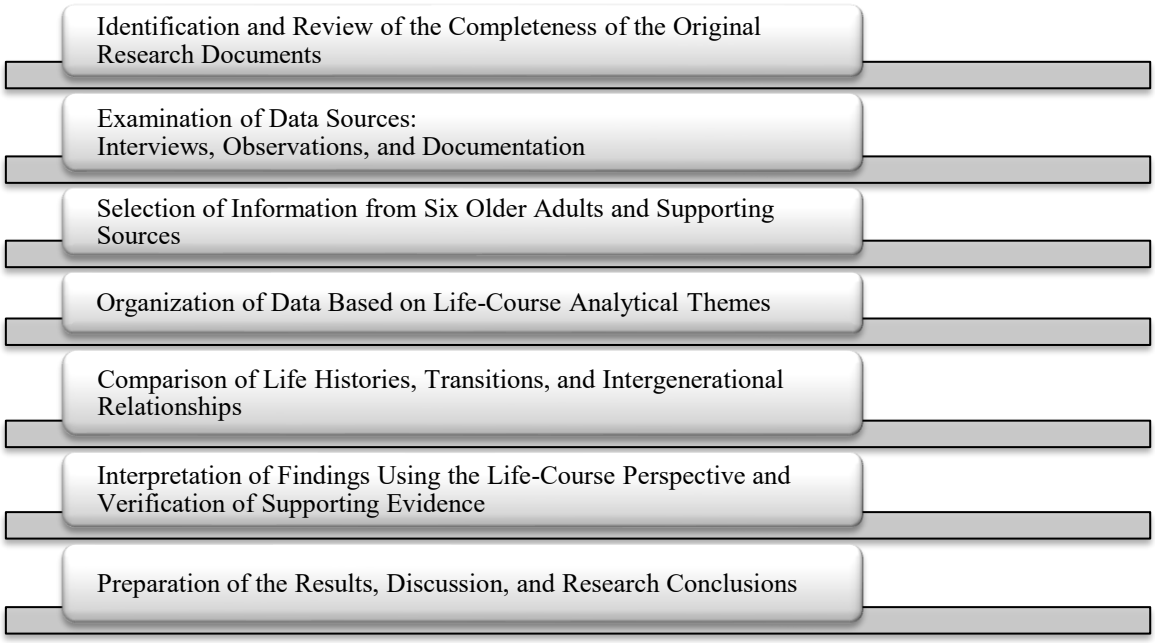

Figure 1. Research Procedures

3. RESULTS AND DISCUSSION

3.1. Diverse Life Histories and Family Circumstances

The six older adults in this study had diverse life histories, particularly in terms of marital status, family composition, health conditions, employment experiences, and previous living arrangements. These biographical differences shaped the availability of family support and influenced their pathways into residential care. Some participants had spouses and children, whereas others were widowed, divorced, unmarried, or had no children. Their experiences demonstrate that later-life family circumstances cannot be understood solely through the presence or absence of children, but must also consider the broader network of spouses, siblings, nieces, nephews, and other relatives.

Mbah SJ, for example, was married and had children, but his relationship with his immediate family changed after he experienced a stroke. Although his wife and children were still alive, his younger siblings became the relatives who arranged and financed his admission to the institution. Similarly, Mbah PD had a wife and three children, but his wife was receiving hospital treatment and he had been living alone before entering the institution. His youngest child subsequently helped arrange his temporary stay so that he could receive care.

Other participants experienced different family trajectories. Mbah UN had never married and had no children; he had previously lived and worked with his siblings. Mbah HD was widowed and had no children, having moved to Yogyakarta after her husband's death and lived with her older brother and sister-in-law. Mbah AH was also widowed but had one child, while Mbah GW was divorced and had two children, one of whom had died. These cases reveal that residential-care transitions occurred within different family configurations and were not limited to older adults without children.

The findings indicate that previous life experiences, marital transitions, health conditions, and the availability of relatives formed important contexts for understanding later-life care arrangements. In particular, the death of a spouse, the absence of children, illness, and changes in living arrangements affected the forms of support available to participants. The diversity of these biographies suggests that institutional placement should be understood as part of a longer life trajectory rather than as an isolated event occurring only because of old age.

3.2. Family Transitions and Entry into Residential Care

The participants' transitions into residential care were associated with several interrelated circumstances, including health problems, limited family caregiving capacity, changes in household arrangements, and difficulties finding accommodation within extended families. The original study identified family-related circumstances as prominent reasons for institutional placement. However, the individual cases show that these transitions did not follow a single pattern and should not all be interpreted as experiences of family rejection.

For Mbah SJ, the transition followed a period of illness and perceived lack of care from his wife. His younger siblings eventually arranged his admission and covered the costs of his stay. Mbah PD's transition, in contrast, was described as a temporary arrangement made by mutual agreement with his child because he lived

alone and needed medical attention and daily care. He expressed the expectation that he would return home after recovering. These two cases illustrate different pathways into residential care: one associated with disappointment in immediate family support and another associated with a practical response to health and living circumstances.

For Mbah UN, the transition occurred after relatives were reportedly unwilling to accommodate him, giving reasons that there was no available room in their homes. This was particularly significant because he had previously contributed to his siblings' livelihoods by working in their businesses. Mbah HD entered the institution after undergoing breast cancer surgery while her older brother was also experiencing health problems. In her case, the institution became an alternative source of support when both her own health and her household's caregiving capacity were constrained.

Mbah AH's placement was associated with her child's demanding business responsibilities and family circumstances, while Mbah GW's account described inadequate care from her surviving child and the involvement of a niece or nephew who eventually brought her to the institution. These cases indicate that decisions about residential care were shaped not only by the older adults' needs but also by the capacities, priorities, and decisions of other family members. The transition therefore involved multiple actors and changing relationships within the family network.

Taken together, the findings suggest that entry into residential care represented a significant life transition produced by the interaction of personal circumstances and family relationships. Health deterioration, widowhood, living alone, limited accommodation, and the unavailability of family care contributed to this transition in different ways. Importantly, the cases also demonstrate that institutional placement could be experienced as a constrained option, a temporary care arrangement, or an alternative living environment that some older adults came to prefer.

3.3. Changing Intergenerational Relationships and Family Support

The findings reveal changes in the ways family members provided protection, physical care, and emotional support to older adults. The original study identified three family functions that participants particularly experienced as changing: protection, maintenance or care, and affection. These functions were not necessarily absent in every family relationship; rather, their availability and expression varied across participants and relatives.

The function of protection was evident in the experiences of older adults who could no longer rely consistently on their immediate families during periods of vulnerability. The institutional administrator described an incident during the Mount Merapi eruption when some families collected their older relatives from the institution, whereas others did not visit or check on them afterward. This account illustrates how family support could become particularly visible during emergencies, while also showing differences in the extent to which relatives remained involved.

The function of physical care was also increasingly provided through institutional arrangements. Participants experiencing health problems or living alone entered the institution partly because they needed assistance that was difficult to obtain within their previous households. Nevertheless, the family network did not disappear entirely after admission. Mbah SJ, for instance, received financial support from his younger siblings, while Mbah PD's admission was arranged through an agreement with his child. These examples show that the transfer of daily care to an institution did not necessarily mean the complete termination of family involvement.

Emotional support and affection, however, remained important dimensions of participants' relationships with their families. Some participants expressed disappointment because they felt neglected or excluded from family life. Mbah UN's account of being unable to find accommodation among his relatives reflected the loss of an expected sense of belonging. Mbah GW also described sadness because she felt that her child did not pay sufficient attention to her living conditions. Such experiences suggest that the meaning of family support extended beyond financial assistance or the provision of a place to stay; it also involved recognition, attention, and emotional connection.

The findings further indicate that intergenerational support should be understood through a broader kinship perspective. Siblings, nieces, nephews, and other relatives also played important roles in arranging care, financing institutional residence, or facilitating transitions. This broadens the understanding of later-life support beyond the conventional parent–child relationship and highlights the importance of extended family networks in older adults' experiences.

3.4. Negotiating Care, Comfort, and Belonging in Later Life

Participants expressed different meanings and evaluations of residential care. Their experiences were shaped by previous family relationships, health conditions, institutional activities, and expectations about later life. Some participants continued to hope for family reunification, while others described the institution as a more comfortable and supportive environment than their previous homes. These differences indicate that residential care cannot be understood exclusively as a negative outcome of family change.

Mbah SJ explicitly stated that he felt comfortable and happy living at the institution and no longer wished to return to his family. His statement reflected disappointment in the care he believed he had not received from his wife, while also expressing appreciation for the support provided by his younger siblings and the institution. Mbah

HD similarly described feeling happier at the institution because she could participate in regular exercise, handicraft activities, and artistic activities, as well as rest comfortably. For both participants, institutional residence had acquired a positive meaning in relation to their previous living circumstances.

Other experiences reflected more complex feelings of separation and belonging. Mbah PD regarded his stay as temporary and expected to return home after recovering. Mbah UN, meanwhile, had hoped to remain among his siblings and expressed disappointment when relatives were unwilling to accommodate him. These accounts suggest that participants' preferences were closely related to their expectations before entering the institution and the quality of relationships they experienced with family members.

The institutional environment also provided opportunities for social interaction and daily activities beyond the family setting. For participants such as Mbah HD, these activities contributed to a sense of comfort and satisfaction. The institution therefore functioned not only as a place providing physical care but also as a social environment in which older adults could develop routines and relationships. Nevertheless, the available accounts do not establish that institutional care fully replaced the emotional meaning of family relationships for all participants.

Overall, the findings show that older adults actively interpreted and negotiated their later-life circumstances. Their accounts reflected different responses, including acceptance, disappointment, hope for returning home, and preference for institutional living. These responses demonstrate that older adults should not be treated merely as passive recipients of family or institutional decisions; their own perceptions and preferences are important in understanding residential-care experiences.

The findings demonstrate that transitions into residential care in later life are closely connected to experiences and circumstances accumulated throughout the life course. Rather than being caused by a single event, such transitions emerged through the interaction of health conditions, marital histories, family composition, living arrangements, and the availability of support from relatives. The experiences of the six participants illustrate that later-life living arrangements are shaped by earlier and ongoing biographical developments. This perspective is important because it moves the analysis beyond the assumption that residential-care placement is simply a consequence of ageing.

The cases of Mbah SJ and Mbah PD illustrate how similar health-related circumstances can lead to different residential-care experiences. Both experienced health problems, but their transitions were shaped by different family arrangements and expectations. Mbah SJ described disappointment with his immediate family's response to his illness, whereas Mbah PD viewed institutional residence as a temporary arrangement made with his child to obtain care. These differences suggest that health deterioration alone cannot explain the meaning of residential-care transitions; the quality and availability of family relationships also influence how older adults experience them. The experiences of Mbah UN and Mbah HD further demonstrate the importance of accumulated life circumstances. Both had no children, but their transitions were shaped by different biographical pathways. Mbah UN had previously depended on and contributed to the livelihoods of his siblings, whereas Mbah HD moved to Yogyakarta after becoming widowed and later faced health difficulties within a household where her brother was also unwell. Their experiences show how the absence of children, widowhood, health problems, and changing household capacities may intersect in shaping later-life care arrangements.

From a life-course perspective, residential care can therefore be interpreted as a transition embedded in a longer trajectory of family and personal change [34]. This interpretation contributes to understanding later-life institutionalisation as more than a response to immediate care needs. It is also a consequence of the changing circumstances through which individuals and their families negotiate support, dependency, and living arrangements. An important finding is that older adults' transitions into residential care were shaped by relationships extending beyond the conventional parent–child relationship. Although children and spouses were relevant in several cases, siblings, nieces, and nephews also played significant roles in providing support or arranging institutional placement [41]. This finding highlights the importance of understanding later-life care through interconnected family relationships rather than treating the nuclear family as the only source of support.

The experiences of Mbah SJ and Mbah GW illustrate this broader kinship structure. Mbah SJ's younger siblings arranged and financed his institutional residence when he experienced difficulties obtaining care from his immediate family. Similarly, Mbah GW was brought to the institution by a niece or nephew after experiencing inadequate support from her surviving child. These cases show that extended relatives may become important sources of assistance when immediate family relationships are unable or unwilling to provide care.

The findings also reveal that family involvement may continue after older adults enter residential care, although its form and intensity can change. Financial contributions, arrangements for admission, occasional visits, and assistance during particular circumstances represent different forms of continuing involvement [42]. The original study also documented that some families visited residents only on particular occasions, including religious holidays, while other family interactions were described as limited. These observations suggest that physical separation does not necessarily eliminate family relationships, but may transform the ways in which support is provided. This finding is relevant to the life-course concept of linked lives, which emphasises that individual experiences are connected to the lives and circumstances of significant others. The decision to enter

residential care was not solely an individual decision or a consequence of an older person's physical condition [43]. It was also influenced by the health, work, household responsibilities, and decisions of family members. Consequently, the availability of later-life care needs to be understood as a relational process involving older adults and their wider family networks.

Another important finding concerns the different ways older adults interpreted their experiences of residential care. The participants did not share a uniform preference regarding institutional living. Some expressed disappointment and a desire to maintain family connections, while others described the institution as a more comfortable place than their previous homes. These differences demonstrate that older adults retain personal preferences and interpretations even when their living arrangements are strongly influenced by family circumstances.

The experiences of Mbah SJ and Mbah HD illustrate how institutional living could become a preferred arrangement. Mbah SJ no longer wished to return to his family, while Mbah HD reported feeling more comfortable at the institution because of its activities and living environment. Their accounts suggest that the meaning of residential care may change over time as older adults compare institutional experiences with their previous family circumstances. In these cases, the institution was not understood exclusively as a place of separation but also as a setting that offered care, routine, and social interaction. In contrast, Mbah UN's experience reflected an enduring desire for family belonging. His willingness to remain with relatives despite limited accommodation illustrates the emotional importance of kinship relationships. Mbah PD also maintained an expectation of returning home after recovering, indicating that institutional residence was not necessarily viewed as a permanent arrangement. These contrasting experiences demonstrate that the meaning of residential care depends partly on individual expectations, previous relationships, and the circumstances surrounding admission.

These findings highlight the relevance of individual agency in later life. Although participants' choices were constrained by health conditions and family circumstances, their accounts reveal different ways of responding to those constraints. Some accepted institutional residence and developed a sense of comfort, whereas others continued to value family reunification [44]. Recognising these differences is important for avoiding the assumption that all older adults experience residential care in the same way or have identical preferences regarding family-based and institutional support. The findings also provide insight into how family functions may be reorganised when older adults enter residential care. The original study identified protection, physical care, and affection as the family functions most visibly perceived as changing. The present life-course interpretation extends this finding by showing that these changes involved not only a transfer of responsibilities from families to institutions but also differences in the continuity and quality of family relationships.

The institution provided an alternative setting for physical care and daily support, particularly for older adults experiencing health problems or limited assistance at home. However, the availability of institutional services did not necessarily eliminate the need for emotional connections with family members. Participants' accounts of disappointment, longing, comfort, and acceptance indicate that physical care and emotional belonging are distinct but interconnected dimensions of later-life well-being. The institution could support daily living, but the meaning of family relationships continued to influence how residents interpreted their circumstances [45], [46].

This distinction has practical implications for residential-care services. Care arrangements should not focus exclusively on meeting residents' physical needs; they should also recognise their family histories, preferences, and continuing social relationships. Maintaining communication with relatives, facilitating meaningful visits, and involving older adults in decisions about their living arrangements may help support their sense of dignity and belonging. Such approaches are particularly relevant because the findings show that family involvement varies considerably across individuals and cannot be assumed to follow a single pattern.

The results therefore suggest that family change should not automatically be interpreted as the complete disappearance of family responsibility. Instead, family support may be reduced, reorganised, or transferred to other relatives and institutions. Understanding these processes requires attention to both the structural circumstances of families and the subjective experiences of older adults. The main contribution of this study is its application of a life-course perspective to understand family relationships and transitions into residential care among older adults in Yogyakarta. Rather than focusing exclusively on the perceived decline of family functions, the analysis connects residential-care transitions with biographical experiences, changing household arrangements, intergenerational relationships, and individual interpretations of later life [47], [48]. This approach provides a more differentiated understanding of institutional residence as a transition shaped by multiple personal and relational circumstances.

The findings offer three related contributions. First, they demonstrate the importance of biographical diversity in understanding later-life care, as participants with different marital and family histories experienced distinct pathways into residential care. Second, they highlight the role of extended kinship networks, showing that support may involve siblings, nieces, and nephews as well as spouses and children. Third, they reveal that institutional residence can have different meanings, ranging from a constrained response to family and health circumstances to an arrangement that some older adults experience as comfortable and supportive.

In practical terms, residential-care institutions should consider residents' life histories and family relationships when developing individual care plans. Assessment should include not only health conditions and

daily assistance needs but also previous living arrangements, significant family relationships, expectations regarding returning home, and preferred forms of social interaction [49], [50]. Institutions may also strengthen communication with relatives and provide opportunities for residents to participate in decisions about their care. These measures could help ensure that institutional services address both physical needs and the social and emotional dimensions of later life.

Several limitations should be acknowledged. First, the analysis is based on a qualitative study conducted in 2011 at a single residential-care institution in Yogyakarta. Its findings therefore represent a specific historical and institutional context and should not be generalised to all older adults or residential-care settings in Indonesia. Second, the reanalysis relies on the interview excerpts, case descriptions, and supporting documentation available in the original thesis. Access to complete interview transcripts, recordings, and field notes has not yet been established; therefore, the depth of interpretation is limited by the information documented in that source. Third, the study does not follow participants over time and cannot establish how their family relationships or perceptions changed longitudinally after entering residential care.

Future research could address these limitations through longitudinal qualitative studies involving older adults, family members, and residential-care providers. Comparative research across different institutional and community-based care settings could also provide a broader understanding of how family support is negotiated in different social and cultural contexts. Such research would help clarify how changing family structures, intergenerational relationships, and institutional arrangements shape the experiences of ageing.

4. CONCLUSION

This study demonstrates that transitions into residential care in later life are shaped by the interaction of individual life histories, health conditions, family circumstances, and changing intergenerational relationships. The experiences of the six older adults reveal diverse pathways into institutional care, including illness, widowhood, living alone, limited family caregiving capacity, and difficulties in obtaining support from relatives. These findings indicate that residential-care transitions should not be understood solely as consequences of ageing or the absence of children, but as significant life-course transitions influenced by broader family and social circumstances.

The study also highlights that family support may be reorganised rather than completely discontinued when older adults enter residential care. Spouses, children, siblings, nieces, and nephews played different roles in arranging, financing, or maintaining care. Furthermore, participants attached different meanings to institutional living: some experienced disappointment and continued to value family relationships, whereas others found greater comfort and support within the institution. These differences emphasise the importance of recognising older adults' personal histories, preferences, and agency in later life.

By applying a life-course perspective, this study contributes to a more comprehensive understanding of the relationship between family change and residential care. It highlights the importance of biographical diversity, extended kinship networks, and individual interpretations of care and belonging. Practically, residential-care institutions should consider residents' life histories and family relationships when developing care arrangements, while maintaining opportunities for meaningful family interaction and resident participation in care decisions. Further research using longitudinal approaches and multiple residential-care settings is needed to examine how these relationships and experiences evolve over time.

ACKNOWLEDGEMENTS

The authors would like to express their sincere gratitude to all individuals and institutions who contributed to the completion of this study. Special appreciation is extended to the management and staff of the residential care institution for their support and for facilitating the original research process. The authors also acknowledge the contributions of the older adults and other participants whose experiences and perspectives provided valuable insights for this study.

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