

OPEN ACCESS

EDITED BY Yongzhong Tan, Zhejiang University, China

REVIEWED BY
Angela M. Goins,
University of Houston–Downtown,
United States
Nuria Novas Castellano,
University of Almeria, Spain

*CORRESPONDENCE
Arif Rahman Hakim

☑ arif.barzanje85@gmail.com;
☑ arifazahadihakeem@gmail.com;
☑ arif.rahman@pasca.unair.ac.id

RECEIVED 27 November 2024 ACCEPTED 16 July 2025 PUBLISHED 21 August 2025

CITATION

Subanti S, Hakim AR, Rahmah M, Riani AL, Pratiwi H, Juansih J, Wibawa WAPM and Uktutias SAM (2025) Do older adults still choose comfortable cities? The quality of life and its affect on Indonesia's older adult population.

Front. Public Health 13:1480485. doi: 10.3389/fpubh.2025.1480485

COPYRIGHT

© 2025 Subanti, Hakim, Rahmah, Riani, Pratiwi, Juansih, Wibawa and Uktutias. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Do older adults still choose comfortable cities? The quality of life and its affect on Indonesia's older adult population

Sri Subanti¹, Arif Rahman Hakim²*, Mas Rahmah², Asri Laksmi Riani¹, Hasih Pratiwi¹, Juansih Juansih², Wahyu A. P. M. Wibawa² and Sendy A. M. Uktutias²

¹Universitas Sebelas Maret, Surakarta, Indonesia, ²Universitas Airlangga, Surabaya, Indonesia

Introduction: Maintaining the quality of life for the aging urban population is becoming more and more crucial since this is becoming a global phenomenon. Cities need to be comfortable and accommodate facilities according to the needs of older adults to support the aging of the urban older adults while improving their quality of life. This paper aims to determine the value of a city's quality of life in relation to its urban facilities and services, as well as to examine the relationship between quality of life and the aging population in Indonesian cities.

Methods: This study measures the quality of life using a hedonic model approach, which determines the price of each component of city comfort, both as facilities and services. We also employed an empirical model to investigate the relationship between quality of life and the aging population in Indonesian cities.

Results: Our research shows that the majority of Javan cities have high quality of life values because older residents have lived there for a long time, they can access facilities and services that meet their needs as they age.

Discussion: The quality of life plays an important role in the number of urban older adults, with health facilities, older adults-friendly transportation, security guarantees, and communication accessibility having a significant effect on the increase in urban older adults in Indonesia. The city governments should provide urban facilities that understand the characteristics and adjust to the needs of older adults.

KEYWORDS

older adults, quality of life, cities, comfortable, Indonesia

Introduction

The global older adults population will continue to grow, as life expectancy and birth rates increase. Recent estimates project that by 2050, older adults will account for 22 percent of the world's population, or around 2.1 billion people will be aged 60 and over. For example, East and Southeast Asia is projected to have 572.5 million older adults aged 65 + by 2050. Urban areas are experiencing an increase in older adults population, with more than 60 percent of the global older adults living in cities, driven by the trend of urbanization (1). In Indonesia, conditions are not much different with the trend of aging accelerating. Older adults population is projected to grow from 10.1% in 2020 to 18.0% in 2040, with a higher proportion of women. By 2050, the United Nations estimates that 25% of Indonesia's population, around 74 million people, will be older adults, a significant increase from 6.86% in 2022 (2). In line with this

projection, older adults will reach 20% of the population by 2040, up from 7.6% in 2010. Indonesia's total population is expected to reach 320.7 million by 2050, a 14% increase from 281.2 million in 2023, with older adults segment growing disproportionately (3).

In the context of aging urban populations as a result of demographic shifts are being guided by a declining birth rate, shrinking households, rising healthcare costs, and fragmentation among traditional family structures (4). A city, defined as a densely populated area surpassing non-urban regions in population, size, or significance (5), cities face a growing older adults population then urban design must enhance older adults quality of life by supporting aging in place (6). Older adults citizens require accessible facilities to maintain independence and perform daily tasks (7). As urban centers advance, many older adults still have experienced neglect from inadequate access to healthcare services, increasing insecurity due to rising crime rates, communication infrastructure which restricts their engagement with digital platforms, and reliable public transportation (8, 9). This highlights the critical need for policymakers to design age-friendly cities that ensure comfort and mobility for older adults (10).

Research highlights the importance of features for older adults such as healthcare services, transportation, communication, safety, and low-crime environments (11-14). Health facilities are very important for older people, especially those with chronic conditions or functional limitations, while accessible health services improve disease prevention and overall health (15) also it can support physical health and well-being in improving their quality of life (16, 17). Transportation should be easily accessible and be a foundation for older people to increase their independence, facilitate access to medical and social services, and foster a sense of autonomy that contributes to their psychological health (18-20). Good communication infrastructure encourages involvement in social activities while reducing the potential for isolation and has the potential to improve emotional health, which is important in improving a more satisfying quality of life in the future (21). An environment that provides a sense of security can provide confidence to actively participate in daily life, thereby increasing life satisfaction (19, 22). Similarly, low crime provides a sense of security in ensuring that older adults can remain engaged in community activities while strengthening social connectedness and overall quality of life (23, 24). Collectively, these interrelated factors can create an ecosystem that supports and empowers older adults to live healthier, more engaged, and fulfilling lives.

As the aging population grows, developing comfortable and inclusive cities to support older adults must become a key public policy priority. There are not many studies that identify this factor in the context of older adults, especially in developing countries, including Indonesia. This research wants to contribute by calculating the city comfort aspects in the context of quality of life from the perspective of older adults, by accommodating specific groups of city facilities needed by them. The findings can highlight the value of older adults as a resource and urge urban development policies must to create more age-friendly cities. The government need address demographic aging by fostering cities that optimize their potential.

Methodology

The framework for measuring quality of life

This study measures the quality of life by referring to the basic framework built by Rosen (25) and Roback (26), analyzing the

differences in compensation and quality of life based on the assumption that consumers or workers have the same preferences and companies are subject to technological similarities in facing local convenience bundles between cities. Spatial equilibrium conditions allow for the absence of incentives to move, where compensation for individuals or households living in cities with high quality of life will face a tendency for low wages and high housing rents. Conversely, those who get a low quality of life encounter a tendency for high wages and low rents for housing. The form of compensation that must be paid and compensation that must be received is the value of local convenience called the quality of city life.

The model comprises two economic agents: households and firms. Each household consists of one worker who is employed by a local firm and earns a wage (w). Households aim to maximize their utility through consumption, subject to a budget constraint involving commodity goods (G) which is assumed to be priced at 1, and housing (H), which provides comfort (A) at a chosen location. This maximization problem can be expressed mathematically as follows.

The variables w and I represent wages and non-labor income, respectively. Through optimization, the optimal levels of consumption (X^*) and housing (H^*) are derived. By substituting these into the initial utility function, the indirect utility function (V) is obtained. The market equilibrium condition for workers as follows.

$$V(w,r;A) = k$$
 (2)

The equation shows that increasing comfort will increase utility if A is the comfort consumed by the consumer $(V_A>0)$. Utility decreases if A is an inconvenience for the consumer $(V_A>0)$ and will not affect if A is not categorized as a comfort factor $(V_A=0)$. Wage and rent adjustments need to be adjusted to ensure equal utility in all locations, so that there is no incentive to move to another city. In other words, if wages increase, it will be followed by an increase in utility for those who work in the city, so that to keep them living or not migrating to another city, it will be followed by an increase in housing rent. Likewise, an increase in housing rent will drive utility down, so that they do not move, it will be followed by an increase in wages. Thus, the utility of those who live in one city and another city will be the same and migration between cities does not occur.

On the firm side, the production function is applied by assuming constant returns to scale, where L is the land used for production and N is the number of workers; the production function for goods (G) is

$$G = f(L,;N,;A)$$
(3)

Through optimization, firms minimize production costs subject to production function constraints, yielding optimal solutions for labor (N^*) and other inputs (L^*) . The equilibrium condition for the company is achieved when the production cost per unit is the same as the product price, expressed as follows.

$$C(w,r;A) = k QoL = \sum Z_i a_i (8)$$

The equation represents the equilibrium condition, which is intended so that there is no incentive for companies to relocate production activities to other cities. The company's cost function will increase along with the increase in production factors, namely C_w , $C_r > 0$ with $C_w = N$, $C_r = L$. The decrease in production costs if A is a convenience for the company/producer $(C_A < 0)$, the increase in production costs will be borne by the company if A is an inconvenience $(C_A > 0)$, and there is no effect on production costs when A is not a convenience for the company $(C_A = 0)$. Wages and rents will be adjusted so that the production costs borne by the company are the same between cities. If workers' wages increase, it will be followed by an increase in the firm's production costs, so that to keep them from relocating their factories to other cities, it will be followed by a decrease in housing rents. Likewise, an increase in housing rents will drive up production costs, so that no relocation will be followed by a decrease in wages. Thus, production costs in one city and another city will be the same and firm relocation between cities will not occur. Next, the effect of convenience on the balance of wages and land rents is obtained

$$V_W dW + V_T dT + V_A dA = 0 \rightarrow V_W \frac{dW}{dA} + V_T \frac{dT}{dA} + V_A = 0$$
 (5)

$$C_{w}dw + C_{r}dr + C_{A}dA = 0 \rightarrow C_{w}\frac{dw}{dA} + C_{r}\frac{dr}{dA} + C_{A} = 0$$
 (6)

Based on the above two equations, a matrix can be formed as

$$\begin{bmatrix} V_w & V_r \\ C_w & C_r \end{bmatrix} \begin{bmatrix} \frac{dw}{dA} \\ \frac{dr}{dA} \end{bmatrix} = \begin{bmatrix} -V_A \\ -C_A \end{bmatrix}, \quad \text{then} \quad \text{solving} \quad \text{this} \quad \text{yields}$$

$$\frac{dw}{dA} = \frac{-V_A C_r + V_r C_A}{V_w C_r - V_r C_w} \quad \text{and} \quad \frac{dr}{dA} = \frac{-V_w C_A + V_A C_w}{V_w C_r - V_r C_w}. \quad \text{By reorganizing}$$
 into
$$\left(\frac{dw/dA}{dr/dA} \right), \quad \text{an equation is derived that shows how relative }$$
 changes in wages and housing rents respond to variations in comfort (A), depending on the relative importance of housing versus labor in production costs. When labor is more significant than housing in production, housing rents tend to be more sensitive to changes in comfort than wages. It's applied to analyze the location decision against the measurement of household or individual willingness to pay for convenience. In the Rosen & Roback model, the willingness to pay

solution (V_A / V_w) is shown by

$$\frac{V_A}{V_w} = y^* \frac{dr}{dA} - \frac{dw}{dA} = Z_j \tag{7}$$

In the literature, it is assumed that each household consumes exactly one housing unit, denoted as y^* , representing the equilibrium housing consumption. This equation quantifies the monetary amount a household must pay or receive for the comfort provided by a city. The quality of life (QoL) index is formulated as follows.

Here, a_j represents the set of comfort variables present in city j. The quality-of-life index, QoL_{ji} is defined as the sum of these comforts, reflecting the total estimated compensation that households for comfort in a city through the housing market and labor market.

The empirical model

In this study, 98 Indonesian cities' older adults quality of life indices were computed in Indonesia (see Appendix 1 for map of cities in Indonesia). The Quality of Life takes into account the facilities that older people require in cities, and it covers the following aspects: economy, health facilities, crime, security, transportation, pollution, open public spaces, and communication. The information needed includes information on wages, rent, and the characteristics of older adults, the condition of houses, and city facilities. The Central Statistics Agency provided the PODES (Village Potential) statistics and the SUSENAS (National Socioeconomic Survey) data for other information regarding city amenities. This study uses both data published simultaneously in 2021, which is the latest publication published by the Indonesian Central Statistics Agency.

The obtained index values will provide us with information on which cities elders find more appealing, comfortable, and desirable than others. We employed an empirical model that was adjusted for this study in order to assess the relationship between the older population as a proxy for the percentage of older adults people and the city facilities or services represented by the Quality of Life Index.

older adults =
$$\gamma_1 + \gamma_2 \text{ QoL} + \gamma_3 \text{ Control} + e$$
 (9)

The dependent variable (older adults) states the proportion of older adults people as the dependent variable, the information for which was obtained from the Central Statistics Agency. Quality of life and control variables represent the independent variables. From the perspective of older adults, the following some component from city comfort can determine a city's quality of life (QoL): health, communication, transport, crime, and security. Additionally, the density of older adult citizens per square kilometer is the control variable that is employed. Both the independent and dependent variables that are included in the model share the same time period.

Results and discussion

Table 1 displays the results of the calculation of the city quality of life index by region. Cities in Java and Bali have the highest average values. These findings show that the quality of life for older adults in cities in Java and Bali is better than in cities in other regions. Conversely, cities located in the provinces of Papua, West Nusa Tenggara, East Nusa Tenggara, Maluku, North Maluku, and Papua are part of other regional groups. Cities in this area offer a range of relatively similar city comforts to elders who prefer to live there. The Java & Bali region has the largest variation in quality of life between regions. The highest variation in quality of life between regions is

TABLE 1 Quality of life based on region.

Region	Number of	Avg.	Std. Dev	Min		Max	
	cities			Value	City	Value	City
Sumatra	34	18.87	6.90	6.71	Gunungsitoli	33.10	Palembang
Java & Bali	35	40.15	10.94	20.31	Serang	60.17	Bandung
Kalimantan	9	24.93	7.99	10.64	Singkawang	36.41	Bontang
Sulawesi	11	18.76	6.58	9.01	Palopo	30.81	Makassar
Others	9	18.26	4.31	11.59	Tual	24.78	Jayapura
Indonesia	98	26.96	13.09	6.71	Gunungsitoli	60.17	Bandung

TABLE 2 The quality of life based on 10 highest city and 10 lowest city.

10 highest city			10 lowest city			
Code	City	Value	Code	City	Value	
3273	Bandung	60.17	1274	Tebing Tinggi	12.24	
3172	East Jakarta	59.20	8172	Tual	11.59	
3275	Bekasi	57.25	1271	Sibolga	11.29	
3578	Surabaya	55.90	6172	Singkawang	10.64	
3175	North Jakarta	53.40	7571	Gorontalo	9.57	
3471	Yogyakarta	52.17	1173	Langsa	9.27	
3371	Magelang	52.08	7373	Palopo	9.01	
3374	Semarang	51.65	1175	Subulussalam	8.44	
3276	Depok	48.32	1174	Lhokseumawe	8.26	
3173	Central Jakarta	46.86	1278	Gunungsitoli	6.71	

found in Java & Bali, where the comfort of cities is supportive of the development of comfort cities for older adults by paying attention to their needs, particularly in terms of facilitating health services, allowing them to engage in independent economic activity, providing open public spaces, and ensuring that easily accessible transportation is affordable (27–29). In addition, these cities must give older adults a sense of security so they may go about their everyday lives and be backed by enough security guards to reduce the possibility that they will become victims of crimes (10).

A comfortable city should be able to accommodate the needs of older adults residents, as this can improve their quality of life and naturally provide them comfort and satisfaction (30). According to the results of the Quality of Life calculations, the cities on Java Island tend to be more comfortable for people to live in and age in place since these cities can accommodate their activities with all the limitations that come with getting older. From the perspective of the perspective of older adults, the city should be able to recognize their needs and adapt its layout to provide the facilities they require (31, 32). Complete health facilities, easy access to communication, a sense of security for them to carry out their daily activities, and easily accessible modes of transportation are some of the facilities that can make older adults people feel comfortable living in the city. and interacting with others (6, 14, 33, 34). Older adults can live well in several non-Javanese cities, as seen by the high quality of life values according to area, including Bandar Lampung, Balikpapan, and Makassar. These are the provincial capitals and have attracted a large number of migrants, allowing for rapid development of cities and the provision of a wide range of additional facilities, including hotels, schools, retail stores, health facilities, and places to entertain (35).

However, developing a city that becomes "home" for all of society, especially older adults, frequently requires high development costs and the determination of regional leaders to make it through (5). This situation frequently arises when the majority of local governments still depend extensively on the national government, particularly when it comes to building mass transportation that is reasonably priced, health facilities, and other centers of economic activity like marketplaces. Since the government cannot afford to provide these facilities, the private sector must play a part in developing infrastructure that can make the city comfortable while improving its quality of life (PwC (36)).

Table 2 presents the results of calculating the QoL Index for cities for older adults in Indonesia. We only present the 10 highest and 10 lowest cities, while the complete calculation results can be seen in Appendix 2. We also present the cities for the 10 highest and 10 lowest categories on the map (Figures 1, 2). Cities on Java Island still dominate this category with cities in DKI Jakarta Province contributing three cities, namely East Jakarta, North Jakarta, and Central Jakarta; then West Java Province is Bandung and Bekasi. The cities in Central Java are Semarang and Magelang, while the Special Region of Yogyakarta Province is Yogyakarta City. Surabaya represents a city from East Java Province in this category. The city of Bandung earned the highest value where this value reflects the price that must be paid by households or older adults individuals implicitly,





which is 60.17 million rupiah, through the housing market and labor market in order to be able to utilize the facilities that make living in the city comfortable.

The findings also show that the cities included in the 10th highest category are dominated by cities that are capitals, both provincial capitals and national capitals, such as the cities of the DKI Jakarta Province, Bandung, Semarang, Yogyakarta, and Surabaya. It demonstrates that Indonesia's development is still concentrated on a few main cities, particularly the capitals that serve as centers for commerce, industry, and services, as well as excellent providers of financial networking services. Consequently, these cities become popular places for individuals to move to and live permanently (37). With complete health facilities, convenient public transportation,

plenty of open public spaces for their activities, complete economic activity centers, and ease of correspondence with family members, residents of cities have many advantages that make them less likely to want to move when they are older (38, 39).

Cities that can support the state capital, like Bekasi and Depok, have the ability to provide support for older adults because their residents have lived there for a long time. The city government also contributes to the improvement of the citizens' quality of life by offering public services and facilities that can accommodate the residents (40). Next, this category includes Magelang, which is a representation of a small city in the province of Central Java. Older adults population in these cities consists primarily of retired state and private public servants who chose the region for its peace, quiet,

minimal pollution, strong social links among residents, and generally reasonable cost of living (41–43). The characteristics of cities often became retirement destinations for those who previously lived in big cities or capitals, giving the city the label of "Retirement City" (44).

There are two cities that are the result of regional expansion, namely Gunung Sitoli and Subulussalam. The availability of open public spaces, the incompleteness of economic activity centers, the need for improved communication access, and the lack of community mobility supported by public transportation are just a few of the facilities that these cities are still unable to provide in order to fully serve the needs of older adults. These cities are still unable to build complete city facilities to accommodate the interests of older adults, such as the availability of open public spaces, the incompleteness of economic activity centers, the need for improved communication access, and the lack of older adults mobility supported by public transportation. Being the capital of a province that is part of this group, Palu must give older adults a sense of security when they go about their daily activities so they will not have to worry about possible crimes that could happen to them. In general, cities in this group need to accommodate the facilities needed by older adults in their city development, such as health, security, transportation, economic activity, and the availability of public space (11, 14, 45).

Based on the empirical estimation results presented in Table 3, we found that several components of quality of life significantly influence older adults population in Indonesian cities. The quality of life component for health has a positive effect and can increase the number of the city's older adults population living and aging in a city. Due to the natural aging process, older people have higher health demands than younger people. As a result of multiple complicated health disorders emerging simultaneously, they often experience a decrease in multiple illnesses at once, which is commonly referred to as geriatric syndromes (46). Older adults require more comprehensive health facilities that can suit their needs because their physical and mental health tends to worsen with age (47). The older population frequently needs intensive care, which is frequently unavailable at home due to their high average length of hospital stays. In addition, this population group stays

longer on average than other population groups. Consequently, the overall need for health services will rise as the number of older adults people increases (16). The city governments must persist in offering public health facilities and services that prioritize the needs of older adults and make use of their abilities and well-being (10). Older adults need support so that they can enjoy an active and independent life so that their quality of life increases when they decide to live and grow old in the city (48).

Security is a component of quality of life that older adults are concerned about because it positively affects older adults population, based on our empirical results. Older adults make safety an important factor for them to be able to age actively. The urban environment in which they age must be safe, inclusive for older adults, and have easy access that accommodates a variety of needs (49, 50). Security can promote older people's mobility since a safe environment will allow them to engage in optional activities that are dependent upon their requirements and how they use the space (51). Older adults people who are comfortable with nature, urban areas, and parks are more likely to select outside activities. In contrast, older adults will choose activities with lots of people around them when they feel otherwise (52).

Older adults will be less interested in residing in a city if there is a high crime rate. Older adults are aware of the elements of crime that could lurk and affect them personally. Older adults people are frequently victims of crimes like aggression, assault, and robbery (24). Older adults who experience extreme anxiety often cut back on their walking to lessen their chance of becoming victims of crime (62). When older adults individuals perceive criminality in their surroundings, they often restrict their mobility or choose different routes if they choose to continue participating in outdoor activities (53). This is because older adults are vulnerable to street crimes such as bag snatching and robbery, so this becomes something frightening for them (54). The aging process has become a natural part of life, which lowers their physical strength and dexterity and makes their body less effective at resisting injury. As a result, they are more vulnerable than young people. Older adults people are susceptible to severe consequences from even slight injuries, including considerable psychological effects and possibly lifelong harm (55).

TABLE 3 Regression output.

DEP: older adultsperc.	Model 1		Model 2		Model 3	
INDEP	Coef.	Sign.	Coef.	Sign.	Coef.	Sign.
health	0.307	***	0.304	***	0.310	***
communication	0.196	***	0.204	***	0.162	***
transport	0.020		0.027		0.005	
crime	-0.038	**	-0.035	*	-0.039	*
security	0.014	*	0.014	*	0.020	***
control	0.011		0.004		0.008	
constant	-1.258	***	-1.304	***	-1.023	
N	98		91		83	
F	54.120		49.500		53.760	
Prob F	0.000		0.000		0.000	
R-Sq	0.902		0.901		0.911	

^{***}sign. $\alpha = 1\%$; **sign. $\alpha = 5\%$; *sign. $\alpha = 10\%$.

The better a city's communication infrastructure provided by local government will make older adults settle and attract other older adults people to choose to live in that area, as a result, the number of older adults tends to increase (56). Older adults will find it easier to communicate information about their condition using voice messages, photos, videos, particular application platforms, and other forms connected to their everyday contacts if communication facilities are improved (21). Encouraging communication will help them stay in touch with their families, their current health, and their daily needs. The more complete communication technology can make it easier for older adults to overcome social and spatial obstacles because they can expand the reach of interaction in various forms of activities anytime and anywhere. The usage of computer and internet media, which require good signals, can help older people who are socially and familiarly lonely by providing them with good communication capabilities (57). Older adults require social support in order to engage with others because sickness and diminished physical capacity are intimately associated with aging. The support of good communication facilities will allow them to make video calls or teleconferences with their families and supporting communities (58, 59). Furthermore, more complete and better communication facilities have the potential to help older adults adapt to new environments such as nursing homes (60). Older adults can also release feelings of control and avoid losing self-esteem because they can still carry out their daily routines and engage in the activities they usually do (61).

Conclusion

Cities should be able to accommodate the various needs of their residents, which often change based on the demographics of the region. In the context of older adults, they often choose to live and aging in cities that can accommodate their needs for services and facilities because they believe these communities can enhance their quality of life. Studies that connect various aspects of city quality of life with older adults population are still limited, and they do not accurately reflect situations in developing countries. This study aims to calculate the value of the quality of life of cities in relation to services and facilities that cater to the requirements of older adult citizens, including public health, public spaces, security, pollution, communication, and transportation. We also examine the relationship between quality of life and older adults population by providing evidence from Indonesia.

Our study results found that the majority of cities with facilities and infrastructure that support the daily activities of older adults are found on Java Island. Cities such as Bandung, Surabaya, East Jakarta, Bekasi, Depok, Yogyakarta, and Semarang are categorized as cities with high quality of life values, followed by the increasing number of older adults people choosing to live there. These cities have become destinations for older adults because they have lived there for a long time to work and decided to grow old there. These cities are also able to provide support for older adults, especially in improving the quality of life by providing public services and facilities that can accommodate their needs. Cities such as Magelang, Cirebon, Salatiga, Tasikmalaya, Batu, Denpasar, and Balikpapan have the potential to become destinations for older adults to grow old in, considering that

these cities are included in the category of cities with a high quality of life.

Cities with a higher quality of life will make older adults choose to live and age in a city, thereby increasing the number of older adults in that city. Older adults who decide to live in cities with a high quality of life do so because it can offer them a comfortable life and cater to their needs, which are directly tied to their restrictions. Older adults people may feel less of a desire to move because cities already provide high-quality healthcare facilities that meet their needs, accessible public transportation that takes into account their unique needs, a sense of security for their everyday activities, public areas where they can socialize and meet new people, well-developed economic hubs, and the ease of communicating to convey news to family and colleagues.

Our study provides suggestions for city governments to create an ideal city for older adults by understanding their characteristics so that city planning can adapt to the needs of older adults. City facilities and services that accommodate the needs of older adults can make them happier and more comfortable to live in while improving the quality of life in their old age. This study has limitations in the availability of data, especially for facilities or services that are closely related to older adults, such as nursing homes, older adults care centers, and libraries, where this information is not available in the data used in this study. Future studies can add city facilities and services related to older adults to improve the quality of life in the city.

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Author contributions

AH: Conceptualization, Formal analysis, Supervision, Writing – original draft, Data curation, Funding acquisition, Investigation, Methodology, Project administration, Writing – review & editing. MR: Conceptualization, Formal analysis, Project administration, Supervision, Writing – original draft. JJ: Conceptualization, Formal analysis, Investigation, Writing – original draft. WW: Formal analysis, Methodology, Software, Writing – review & editing. SU: Data curation, Formal analysis, Software, Visualization, Writing – review & editing. SS: Conceptualization, Formal analysis, Supervision, Writing – original draft, Data curation, Funding acquisition, Investigation, Methodology, Project administration, Writing – review & editing. AR: Conceptualization, Formal analysis, Project administration, Supervision, Writing – original draft. HP: Conceptualization, Formal analysis, Project administration, Supervision, Writing – original draft.

Funding

The author(s) declare that financial support was received for the research and/or publication of this article. This research represents a collaborative between Universitas Sebelas Maret and Universitas

Airlangga; while the article publication is supported by Universitas Sebelas Maret (Grant number: 369/UN27.22/PT.01.03/2025).

Acknowledgments

This research represents a collaborative research effort between Universitas Airlangga and Universitas Sebelas Maret. In particular, both of two Universities played an essential role by supporting the research through partial funding and Universitas Sebelas Maret also contributing to publication. The involvement of both universities reflects a shared commitment to advancing ageing population research in Indonesia. All authors express gratitude to the reviewers for their valuable suggestions and comments.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

References

- 1. UNESCAP. Trends, policies, and good practices regarding older persons and population aging. Report. Bangkok: United Nations (2022).
- ASEAN. Old age poverty and active aging in ASEAN trend and opportunities. Jakarta: ASEAN (2023).
- 3. Indonesian Central Statistican of Bureau. Statistics of elderly year 2018. Jakarta: BPS (2018).
- World Health Organization (2022) Ageing and health. Available online at: https://www. who.int/news-room/fact-sheets/detail/ageing-and-health (Accessed February 17, 2025).
- 5. OECD. Ageing in cities. Paris, France: OECD Publishing (2015).
- 6. Ghenta M, Matei A, Mladen-Macovei L, Stanescu S. Quality of life of older persons: the role and challenges of social services providers. *Int J Environ Res Public Health*. (2022) 19:8573:1–18. doi: 10.3390/ijerph19148573
- 7. Motamed-Jahromi M, Kaveh MH. Effective interventions on improving elderly's independence in activity of daily living: a systematic review and logic model. *Front Public Health.* (2021) 8:516151:1–9. doi: 10.3389/fpubh.2020.516151
- 8. Boetzelaer EV, Browne JL, Vaid S, Pellecchia U, van de Kamp J, Franco OH, et al. Elderly people in humanitarian crises, a forgotten population: a call for action. *PLOS Glob Public Health*. (2023) 3:e0002142. doi: 10.1371/journal.pgph.0002142
- 9. Khan HTA, Addo KM, Findlay H. Public health challenges and responses to the growing ageing populations. *Public Health Challenges*. (2024) 3:e213. doi: 10.1002/puh2.213
- 10. Hoof JV, Marston HR, Kazak JK, Buffel T. Ten questions concerning age-friendly cities and communities and the built environment. *Build Environ*. (2021) 199:1–26. doi: 10.1016/j.buildenv.2021.107922
- 11. Annear M, Keeling S, Wilkinson T, Cushman G, Gidlow B, Hopkins H. Environmental influences on healthy and active ageing: a systematic review. *Ageing Soc.* (2014) 34:590–622. doi: 10.1017/S0144686X1200116X
- 12. Barbaccia V, Bravi L, Murmura F, Savelli E, Viganò E. Mature and older adults' perception of active ageing and the need for supporting services: insights from a qualitative study. *Int J Environ Res Public Health*. (2022) 19:7660:1–20. doi: 10.3390/ijerph19137660
- 13. Menec VH, Brown CL, Nowicki S. How important is having amenities within walking distance to middle-aged and older adults, and does the perceived importance relate to walking? *J Aging Health*. (2015) 28:1–22. doi: 10.1177/0898264315597352
- 14. Rosso AL, Auchincloss AH, Michael YL. The urban built environment and mobility in older adults: a comprehensive review. *J Aging Res.* (2011):816106. doi: 10.4061/2011/816106
- 15. Zhang Q, Northridge ME, Jin Z, Metcalf SS. Modeling accessibility of screening and treatment facilities for older adults using transportation networks. *Appl Geogr.* (2018) 93:64–75. doi: 10.1016/j.apgeog.2018.02.013
- 16. Fulmer T, Reuben DB, Auerbach J, Fick DM, Galambos C, Johnson KS. Actualizing better health and health Care for Older Adults. *Health Aff.* (2021) 40:219–25. doi: 10.1377/hlthaff.2020.01470

Generative AI statement

The author(s) declare that no Gen AI was used in the creation of this manuscript.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

Supplementary material

The Supplementary material for this article can be found online at: https://www.frontiersin.org/articles/10.3389/fpubh.2025.1480485/full#supplementary-material

SUPPLEMENTARY APPENDIX 1

The quality of life in Indonesian cities.

- 17. Neutens T. Accessibility, equity and health care: review and research directions for transport geographers. *J Transp Geogr.* (2015) 43:14–27. doi: 10.1016/j.jtrangeo.2014.12.006
- 18. Kotval-K Z, Keilman L, Wang W. Transportation services for older adults and preventive healthcare attainment. *Urban Sci.* (2020) 4:1–16. doi: 10.3390/urbansci4030038
- 19. Levasseur M, Genereux M, Bruneau JF, Vanasse A, Chabot E, Beaulac C, et al. Importance of proximity to resources, social support, transportation and neighborhood security for mobility and social participation in older adults: results from a scoping study. *BMC Public Health*. (2015) 15:1–19. doi: 10.1186/s12889-015-1824-0
- 20. Zhang N, Yang Q. Public transport inclusion and active aging: a systematic review on elderly mobility. *J Traffic Transp Eng.* (2024) 11:312–47. doi: 10.1016/j.itte.2024.04.001
- 21. Thangavel G, Memedi M, Hedström K. Customized information and communication Technology for Reducing Social Isolation and Loneliness among Older Adults: scoping review. *JMIR Ment Health*. (2022) 9:e34221. doi: 10.2196/34221
- 22. Szanton SL, Roth J, Nkimbeng M, Savage J, Rachel K. Improving unsafe environments to support aging independence with limited resources. *Nurs Clin North Am.* (2014) 49:133–45. doi: 10.1016/j.cnur.2014.02.002
- 23. Ottoni CA, Sims-Gould J, Winters M. Safety perceptions of older adults on an urban greenway: interplay of the social and built environment. *Health Place*. (2021) 70:1–6. doi: 10.1016/j.healthplace.2021.102605
- 24. Serfaty M, Ridgewell A, Drennan V, Kessel A, Brewin CR, Wright A, et al. Helping aged victims of crime (the HAVoC study): common crime, older people and mental illness. *Behav Cogn Psychother*. (2015) 44:140–55. doi: 10.1017/s135246581500048x
- 25. Rosen S. Hedonic prices and implicit markets: product differentiation in pure competition. *J Polit Econ.* (1974) 82:34–55.
- 26. Roback J. Wages, rents and quality of life. J Polit Econ. (1982) 90:1257-77.
- 27. Chen C, Ding S, Wang J. Digital health for aging populations. Nat Med. (2023) 29:1623–30. doi: 10.1038/s41591-023-02391-8
- 28. Han Y, Hu K, Wu Y, Fang Y. Future life expectancy with disability among elderly Chinese individuals: a forecast based on trends in stroke and dementia. *Public Health*. (2021) 198:62–8. doi: 10.1016/j.puhe.2021.06.013
- 29. Hoof JV, Kazak JK, Perek-Bialas JM, Peek STM. The challenges of urban ageing: making cities age-friendly in Europe. *Int J Environ Res Public Health.* (2018) 15:2473:1–17. doi: 10.3390/ijerph15112473
- 30. Mouratidis K. Urban planning and quality of life: a review of pathways linking the built environment to subjective well-being. *Cities*. (2021) 115:103229. doi: 10.1016/j.cities.2021.103229
- 31. Ling TY, Lu HT, Kao YP, Chien SC, Chen HC, Lin LF. Understanding the meaningful places for aging-in-place: a human-centric approach toward inter-domain design criteria consideration in Taiwan. *Int J Environ Res Public Health*. (2023) 20:1373. doi: 10.3390/ijerph20021373

32. Mulliner E, Riley M, Maliene V. Older people's preferences for housing and environment characteristics. *Sustain For.* (2020) 12:5723. doi: 10.3390/su12145723

- 33. Feng J. The influence of built environment on travel behavior of the elderly in urban China. *Transp Res D Transp Environ.* (2017) 52:619–33. doi: 10.1016/j.trd.2016.11.003
- 34. Vine D, Buys L, Aird R. The use of amenities in high density neighbourhoods by older urban Australian residents. *Landsc Urban Plan.* (2012) 107:159–71. doi: 10.1016/j.landurbplan.2012.05.013
- 35. Mayer H, Sager F, Kaufmann D, Warland M. Capital city dynamics: linking regional innovation systems. Cities. (2016) 50:206–15. doi: 10.1016/j.cities.2015.10.001
- 36. PricewaterhouseCoopers Indonesia (2020) Increasing private sector investment into Sustainable City infrastructure. Report. Available online at: https://www.pwc.com/gx/en/industries/assets/pwc-increasing-private-sector-investment-into-sustainable-city-infrastructure.pdf (Accessed March 23, 2025).
- 37. Hakim AR, Nachrowi ND, Handayani D, Wisana IDGK. Do amenities and economic factors affect migration? Empirical evidence from Indonesian cities. *Environ Urban ASIA*. (2022) 13:1–16. doi: 10.1177/09754253221083169
- 38. Lehning AJ. City governments and aging in place: community design, transportation and housing innovation adoption. *Gerontologist.* (2012) 52:345–56. doi: 10.1093/geront/gnr089
- 39. Wiles JL, Leibing A, Guberman N, Reeve J, Allen RE. The meaning of "aging in place" to older people. *Gerontologist*. (2012) 52:357–66. doi: 10.1093/geront/gnr098
- 40. Florida R, Gulden T, Mellander C. The rise of the mega-region. Camb J Reg Econ Soc. (2008) 1:459–76. doi: 10.1093/cjres/rsn018
- 41. Nefs M, Alves S, Zasada I, Haase D. Shrinking cities as retirement cities? Opportunities for shrinking cities as green living environments for older individuals. *Environ Plan A.* (2013) 45:1455–73. doi: 10.1068/a45302
- 42. Noordin N, Zakaria Z, Sawal MZHM, Azmi MS, Aminuddin A. Malaysian smart retirement cities: perspective of retiress. *Environ Behav Proc J.* (2023) 8:141–6. doi: 10.21834/e-bpj.v8isi15.5103
- 43. Tan TH, Lee JH. Assessing the determinants of retirement home ownership among Malaysian young-old seniors. *IJ Hous Markets Anal.* (2019) 11:687–700. doi: 10.1108/IJHMA-08-2017-0072
- 44. Firman T. Demographic and spatial patterns of Indonesia's recent urbanization. *Popul Space Place*. (2004) 10:421–32. doi: 10.1002/psp.339
- 45. Menec VH, Hutton L, Newall N, Nowicki S, Spina J, Veselyuk D. How 'age-friendly' are rural communities and what community characteristics are related to age-friendliness? The case of rural Manitoba, Canada. *Ageing Soc.* (2015) 35:203–23. doi: 10.1017/S0144686X13000627
- 46. Inouye SK, Studenski S, Tinetti ME, Kuchel GA. Geriatric syndromes: clinical, research, and policy implications of a Core geriatric concept. *J Am Geriatr Soc.* (2007) 55:780–91. doi: 10.1111/j.1532-5415.2007.01156.x
- 47. Reynolds CF, Jeste DV, Sachdev PS, Blazer DG. Mental health care for older adults: recent advances and new directions in clinical practice and research. *World Psychiatry*. (2022) 21:336–63. doi: 10.1002/wps.20996

- 48. Ayoubi-Mahani S, Eghbali-Babadi M, Farajzadegan Z, Keshvari M, Farokhzadian J. Active aging needs from the perspectives of older adults and geriatric experts: a qualitative study. *Front Public Health*. (2023) 11:1121761:1–13. doi: 10.3389/fpubh.2023.1121761
- 49. Bachman R, Meloy ML. The epidemiology of violence against the elderly implications for primary and secondary prevention. *J Contemp Crim Justice*. (2008) 24:186–97. doi: 10.1177/1043986208315478
- 50. Ziegler R, Mitchell DB. Aging and fear of crime: an experimental approach to an apparent paradox. *Exp Aging Res.* (2003) 29:173–87. doi: 10.1080/03610730303716
- 51. Fobker S, Grotz R. Everyday mobility of elderly people in different urban settings: the example of the city of Bonn, Germany. *Urban Stud.* (2006) 43:99–118. doi: 10.1080/00420980500409292
- 52. Humpel N, Owen N, Leslie E. Environmental factors associated with adults' participation in physical activity: a review. Am J Prev Med. (2002) 22:188–99. doi: 10.1016/s0749-3797(01)00426-3
- 53. Marquet O, Miralles-Guasch C. Neighbourhood vitality and physical activity among the elderly: the role of walkable environments on active ageing in Barcelona, Spain. Soc Sci Med. (2015) 135:24–30. doi: 10.1016/j.socscimed.2015.04.016
- 54. Moore S. Older people, fear and crime: problems and new directions. Work Older People. (2010) 14:16–24. doi: 10.5042/wwop.2010.0679
- 55. Vaishya R, Vaish A. Falls in older a dults are serious. Indian J Orthop. (2020) 54:69–74. doi: 10.1007/s43465-019-00037-x
- $56.\,TNP2K.$ The situation of the elderly in Indonesia and access to social protection programs: Secondary data analysis. Report. Jakarta: TNP2K (2020).
- 57. Sen K, Prybutok G, Prybutok V. The use of digital technology for social wellbeing reduces social isolation in older adults: a systematic review. *SSM Popul Health.* (2022) 17:1–9. doi: 10.1016/j.ssmph.2021.101020
- 58. Van Orden KA, Bower E, Lutz J, Silva C, Gallegos AM, Podgorski CA, et al. Strategies to promote social connections among older adults during "social distancing" restrictions. *Am J Geriatr Psychiatry*. (2021) 29:816–27. doi: 10.1016/j.jagp.2020.05.004
- 59. Zanjari N, Momtaz YA, Kamal SHM, Basakha M, Ahmadi S. The influence of providing and receiving social support on older adults' well-being. *Clin Pract Epidemiol Ment Health.* (2022) 18:e174501792112241. doi: 10.2174/17450179-v18-e2112241
- 60. Sare S, Ljubičić M, Gusar I, Čanović S, Konjevoda S. Self-esteem, anxiety, and depression in older people in nursing homes. *Health*. (2021) 9:1035. doi: 10.3390/healthcare9081035
- 61. Boamah SA, Weldrick R, Lee TJ, Taylor N. Social isolation among older adults in long-term care: a scoping review. *J Aging Health.* (2021) 33:618–32. doi: 10.1177/08982643211004174
- 62. Gallagher NA, Gretebeck KA, Robinson JC, Torres ER, Murphy SL, Martyn KK, et al. Neighborhood Factors Relevant for Walking in Older, Urban, African American Adults. *J Aging Phys Act.* (2010) 18:99–115. doi: 10.1123/japa.18.1.99