The Relationship Between Role of Family with Choice of Therapy for Degenerative Elderly Peoples at Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro Tinan 2024

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Abstract

Degenerative conditions in the elderly impact their psychological and social well-being. Lack of knowledge regarding alternative therapy options also results in families more often choosing pharmacological therapy as the main solution. This study aims to analyze the relationship between the role of the family and the choice of therapy in the elderly with degenerative conditions at Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro Tinan 2024 and identify factors that support and hinder the choice of therapy by the family. This study used a quantitative approach with a cross-sectional design. The sample consisted of families caring for older adults with degenerative conditions in Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro. Data were collected through questionnaires covering the variables of family role, choice of therapy, and supporting or inhibiting factors in decision-making. The results showed that the role of the family in supporting the elderly with degenerative conditions in Suco Horai Quik, Posto Administrativo Maubesse, Munisipiu Ainaro was mainly categorized as good, with 116 or (67.4%) of respondents. The most widely used treatment option was pharmacological, with 108 (62.8%) respondents. Supporting factors for therapy selection included family support, with 103 (59.9%) respondents, as well as the level of awareness and health education with 117 (68.0%) respondents. Barriers included adequate access to health services (62.2%), affordable treatment costs (66.9%), and sufficient knowledge of treatment options (65.7%). The analysis showed a significant relationship between family roles and treatment options in the elderly and between family support as caregivers, awareness raising and health education, and limited access to health services with treatment options. In conclusion, family roles were shown to influence the choice of therapy for the elderly significantly. In contrast, other factors such as family support, awareness raising, and knowledge did not significantly influence the choice of therapy in several other categories.

Keywords: Elderly, Degenerative, Family, Therapy

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1. BACKGROUND

In Timor-Leste, the number of older people (aged 60 years and above) continues to increase as life expectancy increases. World Health Organization (WHO) notes that the elderly in Timor-Leste make up approximately 7.3% of the total population, or more than 95.000 people (WHO CDN, 2024). The population of Timor Leste in 2022 is 1.340.434, with a growth of 1.8%, so the estimate for 2024 is 1.388.932 people, with 101.392 elderly. This leads to an increased reliance on family for daily care. Limited access to health care, both in terms of pharmacological and non-pharmacological therapies, makes the family's role very important in managing this disease.

Degenerative conditions in the elderly, such as joint pain and mobility impairment, not only cause physical pain but also negatively impact their psychological and social well-being. Decreased physical function can lead to loss of independence and even trigger social isolation, ultimately affecting the overall well-being of the elderly. Addressing the multifaceted impact of degenerative conditions on the elderly requires a comprehensive approach that includes medical care, physical rehabilitation, and psychosocial support. Interventions aimed at improving mobility and managing pain can improve physical function, while community programs designed to foster social connections can help reduce feelings of isolation. By recognizing the interplay between physical health, psychological resilience, and social engagement, we can better support the older population in maintaining their overall well-being as they age (Kim et al., 2019; Martinez et al., 2021; Rony et al., 2024).

There are two main approaches to treating degenerative conditions, namely pharmacological and non-pharmacological therapy. Pharmacological therapies, such as the use of analgesics and anti-inflammatories, are very effective in reducing pain, but non-pharmacological therapies, such as physiotherapy, acupuncture, and the use of herbs, can provide additional benefits without long-term side effects. Pharmacological therapy generally involves the use of drugs to reduce pain and inflammation but is often accompanied by side effects, especially in the elderly. As stated by Zhou et al (2023), it involves the use of modern (chemical) drugs such as acetaminophen and non-steroidal anti-inflammatory drugs

(NSAIDs) to manage pain and inflammation. Although effective, these medications can cause side effects, especially in older adults, including gastrointestinal problems and cardiovascular risks.

Traditional Pharmacological therapies, which utilize natural ingredients such as ginger consumption and lemongrass compresses, can also help relieve osteoarthritis symptoms without the side effects of conventional treatment (Szymczak et al., 2024). Non-pharmacological therapies such as physical exercise, physiotherapy, and lifestyle changes can reduce osteoarthritis symptoms without significant side effects. Regular physical exercise is essential to maintain joint function and reduce pain. Physical activity can include isometric exercises for those unable to perform high-impact activities and isotonic exercises such as walking or swimming (Souza Júnior et al., 2019). A tailored physiotherapy program can improve mobility and strength, further alleviating symptoms (Liaghat et al., 2022).

Factors that hinder families in choosing and supporting therapy for elderly people with degenerative conditions include limited access to health services, where medical facilities are not easily accessible. These limitations affect the family's ability to receive appropriate therapy, both pharmacological and non-pharmacological (Fulmer et al., 2021; Becker et al., 2017). High medical costs are also an obstacle, mainly because non-pharmacological therapies, such as physiotherapy or acupuncture, are often not covered by insurance and must be paid for out-of-pocket (Rufener et al., 2024). Lack of knowledge regarding alternative therapy options also makes families more often choose pharmacological therapy as the leading solution (Fulmer et al., 2021).

Factors that support families in choosing and supporting therapy for the elderly include family support as caregivers, which is very important in areas with limited health facilities. Families who actively care for the elderly often play a more significant role in choosing the right therapy. In addition, traditional and herbal medicine, which is more accessible and widely accepted in local culture, is adecisive supporting factor for non-pharmacological therapy. Increasing health awareness and education through educational programs helps families make more informed decisions in elderly care (Rufener et al., 2024).

In Suco Horai Quik, the elderly play an important role in the social and cultural

life of the local community, often being respected as advisors and holders of traditions. However, they face challenges accessing health services due to limited infrastructure and medical facilities in this remote area. The elderly generally depend on family support for daily care, which aligns with the value of the extended family in Timor Leste culture. Although the government has provided social assistance, such as elderly pensions, access to these programs is still limited in areas such as Horai Quik. Therefore, it is important to improve access to health, economic support, and family education to improve the welfare of the elderly in this society. The geographical conditions and health infrastructure in Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro make the family's role very important in supporting elderly health care.

The family is often the primary caregiver in implementing pharmacological and non-pharmacological therapy (CDN WHO, 2024). Literature discussing the health of the elderly in developing countries shows that the role of the family is crucial in daily care, especially in areas with limited access to medical personnel (CDN WHO, 2024). Elderly people in Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro face limited access to health care and tend to depend more on family support. With the increasing number of elderly populations, the burden of degenerative impacts on Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro is relatively high, so special attention is required regarding management and family support.

2. METHODS

This study used a quantitative approach to measure the relationship between family role (independent variable) and choice of therapy (dependent variable) in degenerative elderly. An analytical cross-sectional design was chosen because it allows data collection at one point in time to evaluate the relationship between the variables studied.

The location in Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro Timor Leste was determined by considering the distribution of the elderly population and accessibility for data collection. The study was planned to last 4 months, starting on 28 August and ending on 31 December 2024. This duration was chosen to allow for comprehensive data collection and in-depth analysis of the relationship between family roles and treatment choice among older adults with

degenerative conditions in Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro Timor Leste.

The dependent variable in this study is the choice of therapy. The Independent Variable is the role of the family. Confounding variables are supporting factors and inhibiting factors. Furthermore, this study's population is about families with degenerative elderly.

The affordable population in this study includes all families who have elderly people with degenerative in Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro The selection of these sucos was based on considerations of better geographical conditions and accessibility, thus enabling effective and efficient data collection without compromising the representativeness of the target population, which includes all families with elderly people with degenerative in the region.

With an appropriately determined sample size, this study can provide valid results, accurately represent the elderly population in Suco Horai Quik Posto Administrativo Maubesse Municipiu

Ainaro Timor Leste, and provide insights that can be used for effective health interventions. The sample required was 172 families. Data processing in research is outlined through several systematic stages, ensuring raw data is transformed into information that can be further processed for analysis. The following are the main stages of data processing (Fernandez, 2020): (1) Data Cleaning, (2) Data Coding, and (3) Data Transformation. This systematic data processing process ensures that the generated data is ready for further analyses and can provide accurate results. Data analysis techniques use Univariate analysis, Bivariate analysis, and Multivariate analysis

3. RESULTS

The results of multivariate analysis in this study to see the effect of several independent variables simultaneously on the dependent variable were also used to see the simultaneous effect of several independent variables on the dependent variable and how confounding variables such as supporting factors and inhibiting factors affect this relationship.

Table 1. Frequency distribution of independent variables on treatment choice among older people with **degenerative** Iha Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro Tinan 2024 (N=172)

		N	Marginal Percentage
Therapy Options	Pharmacological (Medical) Therapy	108	62.8%
	Non-pharmacological therapy	7	4.1%
	Combination of pharmacological and non-pharmacological therapy	47	27.3%
	No therapy	10	5.8%
Family Role	Very good	32	18.6%
	Good	116	67.4%
	Fair	18	10.5%
	Poor	6	3.5%
Family Support	Good	59	34.3%
	Fair	103	59.9%
	Less	10	5.8%
Awareness Raising	High	23	13.4%
	Medium	117	68.0%
	Low	32	18.6%
Access to care	Very Limited	14	8.1%
	Limited	51	29.7%
	Adequate	107	62.2%
Cost	Very High	28	16.3%
	High	29	16.9%
	Affordable	115	66.9%
Knowledge	Good	27	15.7%
	Adequate	113	65.7%
	Less	32	18.6%
	Valid	172	100.0%
	Missing	0	
	Total	172	
	Subpopulation	85[a]	

The dependent variable has only one value observed in 69 (81.2%) subpopulations.

Based on the analysis of each variable, several important factors, such as family support, access to services, cost, knowledge, and health awareness, influence the elderly's choice of therapy. Strong family support and adequate access are important in improving older people's adherence to therapy. However, barriers such as high cost, limited access, and lack of knowledge remain challenges that need to be addressed through better policies and intervention programs.

Table 2. Information Fiiting Model, Pseudo R-Square, Likelihood Ratio Tests (Significance Test of Each Variable) in Research on the Relationship between Family Roles and the choice of therapy in the elderly who experience degenerative Iha Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro Tinan 2024.

Model	Model Fitting Criteria	Likelihood Ratio Tests		
	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	257.679			
Final	168.158	89.521	39	.000

Pseudo R-Square	
Cox and Snell	.406
Nagelkerke	.478
McFadden	.276

Based on Table 2, the Model Fitting shows a significant improvement in prediction after the independent variables are included, with a Chi-Square value of 89.521 and p-value = 0.000 (p < 0.05). This shows that the model with independent variables is better than the model without predictors (Intercept Only), which means the overall model is statistically significant.

Based on Pseudo R-Square result, the Nagelkerke R^2 value of 0.478 indicates that approximately 47.8% of the variability in the dependent variable (treatment choice) can be explained by the independent variables in the model. This value is considered good enough for multinomial logistic regression analysis, given that the maximum value for Pseudo R-Square usually does not reach 1 in non-linear analysis. McFadden R^2 = 0.276 also supports that the model has moderate power.

Based on Table 2, the multinomial logistic regression analysis results, the variables of Family Role, Family Support, and Access to Services have a significant influence on the Choice of Therapy. Family Support was the most significant variable, with a Chi-Square value of 48.856 and p-value=0.000, indicating that family support plays a very important role in elderly therapy decision-making. In contrast, Awareness Raising, Cost, and Knowledge showed no significant contribution in this model.

The model also showed moderate strength, with a Nagelkerke R^2 value of 0.478, meaning the model was able to explain approximately 47.8% of the variability in the data. This value suggests that there are other variables that may not have been included in the model and could be considered in future research.

4. DISCUSSION

Interpretation of Multivariate Analysis Results and Simultaneous Effect of Variables

Based on Table 1, most respondents chose pharmacological (medical) therapy, with 108 cases (62.8%) indicating that medical methods are still the main choice in managing degenerative diseases in the elderly. This reflects that pharmacological therapy is still considered a more effective and proven solution in the treatment of elderly medical conditions despite the awareness of other alternative therapies. A total of 47 cases (27.3%) opted for a combination of pharmacological and non-pharmacological therapies, illustrating the need for a more comprehensive treatment approach covering both medical and non-medical aspects. However, only 7 cases (4.1%) chose non-pharmacological therapies, which may be due to limited information or a stronger belief in medical treatment. Finally, 10 cases (5.8%) opted for no therapy at all, indicating potential barriers such as cost, access to healthcare, or lack of family support in the treatment process.

The results of this study show that despite an awareness of the importance of non-pharmacological therapies, such as physical therapy or occupational therapy, pharmacological therapies still dominate as the primary choice in the management of degenerative diseases in the elderly. This is understandable due to the practicality, social acceptability, and short-term effectiveness that pharmacological drugs often offer. On the other hand, the combination of pharmacological and non-pharmacological therapies chosen by 27.3% of respondents indicates that many families are considering a more holistic approach. However, medical therapy remains the top choice. However, the very small number of respondents who chose only non-pharmacological therapies (4.1%) may reflect a lack of adequate information or greater trust in traditional medical treatments.

It is important to note that the 5.8% of respondents who did not pursue any therapy at all suggest that in addition to cost and access factors, there are more profound psychological and social barriers, such as lack of family support or limited availability of medical facilities in remote areas. Therefore, although the government fully covers medical expenses in Timor Leste, access to more holistic therapies and improved family health literacy must be considered to optimize therapy selection.

Based on Table 1, the majority of respondents reported that their family's role in treatment decision-making was in the good to excellent category, with 116

cases (67.4%) stating that their family's role was in the good category and 32 cases (18.6%) reporting an excellent family role. This suggests that families have a significant influence in supporting and making decisions regarding the treatment of older adults with degenerative diseases. Family involvement in the health management of the elderly clearly plays an important role in facilitating better access to therapy, ensuring treatment adherence, and providing the emotional support that the elderly need.

However, there were 18 cases (10.5%) where the family role was considered adequate, and 6 cases (3.5%) where the family role was poor. This difference in the quality of family support could potentially affect the level of compliance of the elderly in undergoing recommended therapies. Suboptimal family support can lead to limited access to therapy, decreased motivation to undergo treatment or even delays in seeking medical care. This suggests that a more active family role and openness to treatment options are crucial in ensuring long-term therapeutic success for older adults.

Based on Table 1, most older adults received sufficient family support in therapy management. A total of 103 cases (59.9%) reported that they received sufficient family support, while 59 cases (34.3%) reported good support. Only 10 cases (5.8%) reported insufficient family support, which could likely contribute to a lack of motivation to undergo treatment, and in some cases, the elderly may not attend therapy at all. This finding suggests that adequate family support is one of the main factors that can increase the chances of successful therapy, especially for degenerative diseases that require long-term care.

Elderly people who receive adequate to good support from their families are more likely to adhere to medical therapy, be it pharmacological therapy or non-pharmacological therapy. Conversely, a lack of family support can worsen the quality of life of the elderly and hinder the success of treatment. Therefore, the quality of family support provided greatly influences therapy adherence and long-term outcomes of degenerative disease treatment in the elderly.

Based on Table 1, most respondents caring for the elderly showed moderate awareness of the importance of undergoing therapy, with 117 cases (68%) reporting moderate awareness of the care required for the elderly. This suggests significant potential to improve families' knowledge through health education programs, which could strengthen their awareness of the importance of ongoing therapy for the

elderly. This moderate awareness suggests that while families understand most of the basic information about therapy, they may still need further support to understand the long-term benefits of treatment for the elderly.

A total of 23 cases (13.4%) showed high awareness, which is very positive as families with high awareness are more likely to choose the right therapy and adhere to the recommended treatment. However, there were 32 cases (18.6%) with low awareness, indicating that there are still many families who do not fully realize the importance of ongoing care and adherence to therapy, which can worsen the health condition of the elderly. This highlights the importance of educational interventions and family counseling to increase their awareness of ongoing therapy for degenerative diseases.

Based on Table 01, most respondents caring for the elderly reported adequate access to healthcare, with 107 cases (62.2%) stating that they had good access to medical facilities. This suggests that the healthcare infrastructure in the area is sufficient to support the management of degenerative diseases in the elderly. This good access allows families to ensure that the elderly receive the necessary treatment periodically and optimally.

However, 51 cases (29.7%) reported limited access to health services, which may be due to limited facilities, lack of trained medical personnel, or geographical difficulties. Such limited access could potentially be a barrier to optimal treatment for the elderly. In addition, 14 cases (8.1%) reported minimal access, indicating that issues such as geographical barriers, health costs, or limited medical facilities in certain areas could be a barrier for families to obtain appropriate therapy for their elderly. These findings suggest that while most families have adequate access, many still face significant challenges regarding healthcare accessibility.

Based on Table 1, the majority of respondents, namely 115 cases (66.9%), considered the cost of the therapy they underwent to be affordable, which shows that in general, the cost of treatment is not the main obstacle for most elderly families in accessing the necessary medical therapy. This reflects that adequate health support may be available from the government or health insurance, which helps reduce the burden of medical costs. Thus, this affordable cost can support the continuation of long-term treatment for elderly people with degenerative diseases who require continuous care.

However, there were 29 cases (16.9%) that considered the cost of treatment to be high, and 28 cases (16.3%) that considered the cost to be very high. This shows that although the majority of respondents feel that treatment costs are affordable, there are still family segments who face financial difficulties in undergoing optimal therapy. High or very high costs can be a significant barrier in managing degenerative diseases, especially in the elderly who have economic restrictions. These findings reflect the need for broader health support or subsidies to ensure that access to treatment is maintained for all levels of society, especially for those in the lower middle economic levels.

These results indicate that the cost of therapy is one of the factors that influences therapy adherence in the elderly. For the majority of respondents who considered the cost of therapy affordable, there were no significant financial obstacles in undergoing treatment, which made it easier for them to follow the treatment plan recommended by medical personnel.

Based on Table 1, most respondents showed a relatively good level of knowledge regarding treating degenerative diseases, with 113 cases (65.7%) reporting sufficient knowledge and 27 cases (15.7%) reporting good knowledge about the therapy required. This shows that the majority of elderly families have an adequate basic understanding of the treatment of degenerative diseases, which enables them to make informed decisions regarding elderly health management. However, 32 cases (18.6%) reported insufficient knowledge, highlighting a knowledge gap that needs to be urgently addressed, considering the importance of adequate knowledge for selecting appropriate therapy and ensuring treatment adherence in the elderly.

These findings indicate that although there is good awareness and understanding among the majority of respondents, there is still an urgent need to improve family and elderly knowledge regarding therapy for degenerative diseases. One solution that can be taken is to increase more intensive health education campaigns, either through social media, direct training, or community-based education. This is important so that elderly families can make more informed decisions about the most appropriate therapy and optimize the elderly's long-term care.

Based on Table 1, the results of multinomial logistic regression analysis show that Family Role, Family Support, and Access to Services significantly influence Therapy Choices for elderly people suffering from degenerative

diseases. Among these variables, Family Support is the most significant variable, with a Chi-Square value of 48.856 and p-value = 0.000, which shows that family support plays a crucial role in making therapeutic decisions in the elderly. This indicates that families who provide full emotional, physical, and financial support can directly influence treatment success and compliance with elderly therapy.

In contrast, Increased Awareness, Cost, and Knowledge did not show a significant contribution in this model, which means that although these three variables are important in theory and practice, they do not have a strong influence on elderly therapy decision-making, at least in the context of the variables tested in the study This. This shows that family support, more than other factors, is the more dominant variable in influencing the choice of therapy for older adults with degenerative diseases.

This model also shows moderate power, with a Nagelkerke R² value of 0.478, which means that this model can explain around 47.8% of the variability in the data. This value indicates that other variables have not been included in the model and may play an important role in influencing the elderly's choice of therapy. Therefore, future research needs to consider other variables that might provide a more complete explanation regarding therapy decisions in the elderly.

The Results of Multinomial Logistic Regression Analysis

These results are very interesting because they show that family support has a more significant influence than other factors, such as cost, knowledge, or awareness, in influencing the elderly's choice of therapy. This indicates that the emotional and practical support provided by the family plays a very important role in ensuring that the elderly receive appropriate and timely treatment. Strong family support not only encourages therapy compliance but can also improve the motivation of older adults to undergo the long-term care they need.

However, cost and knowledge remain important factors to consider. The absence of a significant contribution of these variables in this model may indicate that there may be complexity in their influence on therapy decisions, which more prominent external factors, such as access to health services or existing health policies, may influence. Therefore, further research is needed to explore more complex factors in therapeutic decision-making in the elderly.

Based on the results from Table 02 and relevant literature support, it can be

concluded that family support plays a very significant role in making therapeutic decisions in elderly people with degenerative diseases. Although other factors such as cost, knowledge, and awareness are important, they do not show the same significant contribution that family support does. The analysis model shows that family support greatly influences therapy decisions and, thus, strengthens the role of the family as a key factor in the success of elderly treatment. Therefore, more substantial interventions to increase family knowledge about therapy as well as increase family support could be important steps to ensure treatment success in older adults.

Based on the results of multinomial logistic regression, the analysis shows several important findings regarding the influence of variables on the elderly's choice of therapy. For the pharmacological therapy (medical) category, the majority of family roles had a significant influence. Elderly people who have a very good (category 1) and good (category 2) family role have a very high probability of choosing pharmacological therapy compared to having no therapy at all. This is reflected in the very large B value (31.822 for category 1 and 33.959 for category 2), as well as the very high Exp(B) value, which shows that the role of the family has a big

impact on deciding to undergo medical treatment. Meanwhile, other variables such as family support, increased awareness, access to services, costs, and knowledge did not significantly influence the choice of pharmacological therapy because they had a p-value greater than 0.05.

The analysis results for the Non-Pharmacological Therapy category showed no significant variables influencing the decision to choose this therapy. The insignificant intercept value (2.367 with a p-value of 0.336) and the absence of a significant influence from variables such as family role, family support, access to services, costs, or knowledge indicate that non-pharmacological therapy may be influenced by other factors that are not represented in this model, such as specific medical conditions, patient preferences, or limited access to formal medical services.

Meanwhile, for the Pharmacological and Non-Pharmacological Therapy Combination categories, the model shows similar results, where no significant variables influence the decision to choose combination therapy. All variables tested, including family role, family support, increased awareness, access to services, costs, and knowledge, had p-values greater than 0.05, indicating that these factors did not have a large enough influence on the

decision to choose a combination of therapy compared to no therapy.

This model has a Nagelkerke R² value of 0.478, which indicates that around 47.8% of the data variability can be explained by this model. This indicates that there are other variables that have not been included in the model and need to be considered in future research to get a more comprehensive picture of the factors that influence therapy decisions in the elderly.

Based on these findings, it can be concluded that the family plays a very significant role in influencing the choice of pharmacological therapy in the elderly. Strong family support was shown to have a major impact on the decision to undergo medical therapy, reflecting that the family is a key factor in the management of degenerative diseases in the elderly (Fang et al., 2020). Other variables, such as family support, increased awareness, access to services, cost, and knowledge, did not show a significant influence on therapy decision-making, which may indicate that although these factors play a role in theory, they are not strong enough to influence decisions directly on older adults involved in this research.

In addition, findings related to non-pharmacological therapy and a combination of pharmacological and non-pharmacological therapy indicate that the

knowledge and awareness of elderly families do not directly influence the choice of therapy they undergo. Other external factors, such as specific health conditions, personal preferences, and limited access to medical services, may dominate the choice of alternative or combination therapy. An unbalanced amount of data in this category could also be the reason why the model fails to capture a significant influence on this category.

Based on the results of multinomial logistic regression, it can be concluded that the role of the family has a dominant influence on the choice of pharmacological therapy in the elderly. Good and excellent family support increases the chances of elderly people choosing medical therapy compared to not having therapy at all (Hoel et al., 2021). However, for non-pharmacological therapy and combination therapy, the results showed that factors such as family role, family support, or knowledge did not significantly influence treatment decisions. This suggests that other variables, such as medical recommendations or patient preferences, may play a more significant role in non-pharmacological therapeutic decisions.

5. CONCLUSION

The role of the family in supporting the elderly with degenerative conditions in

Suco Horai Quik, Posto Administrativo Maubesse, Munisipiu Ainaro in 2024 was mostly in the good category, with 116 people (67.4%) respondents. The choice of therapy most widely used by elderly people with degenerative conditions in Suco Horai Quik, Posto Administrativo Maubesse, Munisipiu Ainaro in 2024 was pharmacological therapy, with 108 people (62.8%) respondents. There is a relationship between the role of the family and the choice of therapy in the elderly with degenerative conditions Iha Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro Tinan 2024. Family role has a significant influence in determining the choice of therapy for elderly people with degenerative conditions Iha Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro Tinan 2024. Family Support, Awareness Raising, Access to Services, Cost, and Knowledge, do not have a significant influence on the choice of therapy in elderly people with degenerative conditions Iha Suco Horai Quik Posto Administrativo Maubesse Municipiu Ainaro Tinan 2024.

AUTHOR CONTRIBUTIONS

The author contributes all research activities. Conceptualization: Yoseph Uli Yanto, Maria Goreti Owa, Rahaju Ningtyas. Data curation: Yoseph Uli Yanto, Rahaju Ningtyas. Analysis: Manuela Do Rosario S.S.Ximenes, Faviao Marcal Moreira, Surly Edgar Faria Reis Hendriques. Writing & editing: Yoseph Uli Yanto, Maria Goreti Owa. Manuscript revisions: Yoseph Uli Yanto, Rahaju Ningtyas

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in this research.

DATA AVAILABILITY STATEMENT

The data are available from the corresponding author upon reasonable request.

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