



# The Open Psychology Journal

Content list available at: <https://openpsychologyjournal.com>



## RESEARCH ARTICLE

### Elderly Muslim Wellbeing: Family Support, Participation in Religious Activities, and Happiness

Taufik Taufik<sup>1,\*</sup>, Ajeng N. Dumpratiwi<sup>1</sup>, Nanik Prihartanti<sup>1</sup> and Daliman Daliman<sup>1</sup>

<sup>1</sup>Department of Psychology, Universitas Muhammadiyah Surakarta, Surakarta, Indonesia

#### Abstract:

#### Aims:

The aim of this study was to examine the effect of family support and participation in religious activities on the happiness of elderly muslims.

#### Background:

An increase in the number of older age people should be balanced with the increased quality of their life. The quality of life is influenced by internal factors such as self-quality, as well as external factors such as family support and religious activities.

#### Objective:

The objective of this research was to identify differences in the level of happiness of elderly muslims based on several factors: Work, health, salary, Islamic study, and marriage.

#### Methods:

Three hundred and ten elderly muslims (133 male, 177 female) participated in this study. Respondents were selected by simple random sampling of the elderly muslim population in seven districts in Central Java province, Indonesia.

#### Results:

The results showed 1) there was a correlation between family support and participation in religious activities and the happiness of elderly Muslims, 2) a healthy elderly person has a higher level of happiness than a sick elderly person; elderly who partake in Islamic studies one to two times a week have higher happiness than the elderly who do not; the retired elderly have the highest happiness compared to the elderly who still work and the elderly who do not (the lowest level of happiness), and there was no difference in the level of happiness in terms of salary and marriage.

#### Conclusion:

Family support and participation in religious activities are the main predictors of subjective well-being in the muslim elderly. In addition, there are other predictors such as health and participation in Islamic studies.

**Keywords:** Family support, Participation in religious activities, Happiness, Elderly muslims, Subjective well being, Salary.

#### Article History

Received: October 14, 2020

Revised: December 31, 2020

Accepted: January 13, 2021

## 1. INTRODUCTION

In the last 20 years, the elderly population in Indonesia has increased rapidly. Based on the results of a survey conducted by the Indonesian Central Statistics Agency (2017), their number has been increasing every year. The percentage of the elderly population in 2010 was 18.04 million (7.6%), increased

to 20.24 million (8.5%) in 2015, and then increased again in 2017 amounting to 23.66 million (9.03%). In 2020, the elderly population is predicted to be 27.08 million (8.7%), and in 2030 it is estimated to reach 40.95 million or 13.8% [1]. Based on the number of elderly people, Indonesia ranks fourth after China, India, and Japan [2]. The data showed that Indonesia's population continues to increase, one characteristic of which is the significant increase in the number of elderly.

The increasing number of Indonesia's elderly population

\* Address correspondence to this author at the Department of Psychology, Universitas Muhammadiyah Surakarta, Jl. A. Yani No 1 Kartasura, Indonesia;  
E-mail: [taufik@ums.ac.id](mailto:taufik@ums.ac.id)

will have both positive and negative impacts in the future [3]. The positive impact occurs only if they are in healthy, active, and productive condition. However, elderly people become a burden when their health condition deteriorates because health services for them are not yet available. There is a lot of uncertainty that comes with old age and poor support from the government for their welfare [4]. In addition, the elderly have decreased income, increased disability, weak family support, and an environment that is not friendly to them [5]. These negative impacts can pose a serious problem in the future.

The increase in the number should be balanced with the increasing quality of life with elderly services, such as health and social services [6] so that they can be physically, mentally, and socially healthy [7]. The aim of improving these services is to improve the quality of life of the elderly because they require special attention and treatment to achieve their well-being [8] and live a prosperous life.

A number of studies have shown that older people's happiness increases when they have good interpersonal relationships, get social support, and are involved in social activities and in their community [9]. In addition, they have a tendency to be involved in religious activities compared to the young, and those who participate in religious activities are happier than those who do not [10]. On the other hand, Costello also emphasized that the well-being of the elderly has characteristics including being involved in religious activities [11]. It has observed that religious people are happier than non-religious people. The findings above show that religious activity is a predictor of happiness in the elderly [12].

Other studies report that family is the main support for the elderly [13]. The family is a source of physical, mental, spiritual, and social strength for them. Strong support from the family makes the elderly happy [14]. Family support includes four dimensions, namely, instrumental, informational, rewards, and emotional [15]. Family support provided by spouses, children, and grandchildren makes a significant contribution to their happiness [16]. Forms of family support that are expected by the elderly are assistance with daily activities, such as bathing, clothing, and food needs, health service assistance, and attention and financial support [17]. Their psychological, physical, and social needs are expected to be fulfilled by their families.

Research in the city of Kediri (Indonesia) on the role of families for the happiness of the elderly found that seniors who live with healthy families have a better quality of life than those who live with unhealthy families. The family is considered healthy if each function runs effectively [18]. The most dominant function is the psychological function where each individual (father, mother, and child) can play a role in accordance with its function [19]. Children respect parents, and parents love children. The husband facilitates the activities of the wife, and the wife supports the husband's activities. This shows that the family has a quality of harmonious relationships [20]. The need for the elderly to be valued, given a sense of security, and loved by those closest to them is stronger than in their earlier age [14]. In a harmonious family, the elderly will feel calmness and happiness in their old age; in other words, the elderly will prosper.

In addition, demographic factors and social factors in the form of interactions both within specific religious communities and within the family can also improve the well-being of the elderly [21 - 23]. In this study, religious activity and family support are the main predictors of happiness for elderly muslims, while demographic factors such as salary, health status, employment status, Islamic activities, and marital status are considered as additional predictors.

### 1.1. Hypotheses

1) There is a positive relationship between family support, participation in religious activities, and the happiness of elderly muslims.

2) A healthy elderly muslim is happier than the sick one; Elderly muslims who partake in Islamic activities have a higher level of happiness compared to elderly who do not; Retired elderly muslims have a higher level of happiness compared to those who are still working or unemployed; Elderly muslims who earn higher salaries are happier than those with lower salaries; Elderly muslims who are married are happier than those who are not married.

## 2. METHODS

The study population consists of elderly muslims from the Central Java province, Indonesia. Simple random sampling was used to select the respondent. Total respondents were 310 people, comprising 133 (42.90%) men and 177 (57.10%) women. All respondents were above 60 years old. Simple random sampling was the preferred method. Researchers took research samples from Islamic study communities and also from the wider community living in seven districts, namely: Surakarta, Sukoharjo, Klaten, Boyolali, Karanganyar, Sragen, and Wonogiri.

Three types of instruments were used: the scale of happiness (29 items), the scale of family support (26 items), and the scale of participation in religious activities (17 items). In addition, this study also included demographic data on physical health, Islamic activities, salary, job, gender, and marriage.

The happiness scale was made from The Oxford Happiness Questionnaire (OHQ). The OHQ is a measuring tool used to measure personal happiness. This measuring instrument was developed by Peter Hills and Michael Argyle from The Oxford Happiness Inventory (OHI) [24]. The item for this study was made by translating the language from English to Bahasa, Indonesia. The researchers also made adjustments to certain items to be in line with the values and culture of the communities in which participants lived. The total items were 29, and the coefficient of Cronbach's alpha was found to be 0.895. This instrument was made in the form of a Likert scale consisting of five answer choices, namely, (1) Strongly Disagree, (2) Disagree, (3) Doubtful, (4) Agree, and (5) Strongly Agree. After testing the instrument, the researcher then validated all items and continued with the research data collection.

The family support scale made from social support theory from House, Umberson and Landis, included four components:

emotional support such as empathy, love, trust, and care; appraisal support such as information that is useful for the elderly, positive and negative assessments given by the family to the elderly or *vice versa*, strengthening of the elderly by respect or rewards given by the family to the elderly; support information such as advice and general information provided to the elderly; and instrumental support such as tangible assistance and direct service assistance provided by families to the elderly [25]. This scale had 26 items and Cronbach’s alpha coefficient was found to be 0.895. The family support scale had five alternative answers, namely, Always, Often, Sometimes, Rarely, and Never.

The participation in religious activities scale refers to the theory of El-Menouar regarding the five dimensions of religion based on the Islamic concept, which includes central religious duties known as the pillars of Islam (prayer, zakat, fasting, *Haji/Umrah*) and religious knowledge which includes individual knowledge about the teachings [26]. Specifically, researchers made various types of religious activities based on opinions expressed by Suardiman regarding forms of religious activities, such as attending or holding religious activities, listening to religious lectures directly or indirectly (through radio/TV programs), and deep understanding of the contents of the Qur'an and *Sunnah* [6]. The number of items in this scale was 17, with Cronbach’s alpha coefficient found to be 0.920. The scoring system on this scale used five alternative answers, namely, Always, Often, Sometimes, Rarely, and Never.

Data analysis was conducted using two types of analysis techniques: 1) Multiple regression with two predictor variables was used to measure the effect of more than one predictor variable (independent variables) on the dependent variable. In this study, participation in religious activities and family support were variable predictors, and happiness was the dependent variable; and 2) Analysis of variance (ANOVA) was used to test the level of happiness in several path variables, in this case namely, physical health, Islamic activities, salary, job, gender, and marriage.

**3. RESULTS**

**3.1. Family Support, Participation In Religious Activities, And Happiness**

Hypothesis 1: There is a positive relationship between family support and participation in religious activities and happiness. A high level of family support and participation in religious activities will increase happiness in elderly muslims. Based on the findings of multiple regression with two predictor variables test, the following results are obtained (Tables 1 and 2).

The variable of family support and participation in religious activities together correlated with the happiness variable of  $R = 0.616$ . The coefficient of determination (R square) variable of family support and participation in religious activities simultaneously contributed to the happiness variable of 37.9% (Table 3).

Based on the description above, there is a positive correlation between family support and participation in religious activities and happiness. ANOVA Table 3 shows a

calculated F value of 93,863 with a significance level of Sig. 0,000. It means that there is a positive correlation between family support and participation in religious activities and happiness, or in other words, the hypothesis can be accepted.

**Table 1. Descriptive statistics.**

-	Mean	Std. Deviation	N
Happiness	108.40	11,187	310
Family Support	101,93	12,301	310
Religious Activities	66,89	9,842	310

**Table 2. Model summary.**

Model	R	R Square	Adjusted R Square	Std. Error of the estimate
1	.616 <sup>a</sup>	.379	.375	8.840

a. Predictors: (Constant), Religious activities, Family support

**Table 3. Anova<sup>a</sup>.**

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	14669.095	2	7334.55	93.863	.000 <sup>b</sup>
Residual	23989.305	307	78.141		
Total	38658.4	309			

a. Dependent variable: Happiness

b. Predictors: (Constant), Religious activities, Family support

The output coefficient table shows that family support has a greater influence on happiness than the participation in religious activities variable. It is shown by the effective contribution of the family support variable by 23.65% and the effective contribution of the participation in religious activities variable by 23.28% (Table 4).

**Table 4. Coefficients<sup>a</sup>.**

Model	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	beta		
(Constant)	46.605	4.733		9.846	0
Fam. Support	0.384	0.047	0.384	8.129	0
Relig. Activities	0.369	0.046	0.378	7.995	0

a. Dependent variable: Happiness

**3.2. Happiness And Physical Health**

Hypothesis 2: The elderly with better physical health are happier than the sick (Table 5).

**Table 5. Descriptives: Happiness and physical health.**

		N	Mean	SD	Std Error
Happiness	Health	271	108.88	11.094	0.674
	Sick	39	105.05	11.39	1.824
	Total	310	108.4	11.185	0.635

The ANOVA Table 6 shows the different levels of happiness between healthy and sick elderly. Healthy elderly people have a higher level of happiness (Mean = 108.88) compared to those who are sick (Mean = 105.05).

**Table 6. Analysis of Variance (ANOVA): Happiness and physical health.**

		Sum of squares	Df	Mean square	F	Sig.
Happiness	Between groups	500.281	1	500.281	0.038	0.045
	Within groups	38158.1	308	123.89		
	Total	38658	309			

**3.3. Happiness And Islamic Study Activities**

Hypothesis 3: The elderly who join Islamic activities have a higher level of happiness compared to those who do not (Tables 7 and 8).

**Table 7. Descriptives: Happiness and islamic activities.**

		N	Mean	SD	Std Error
Happiness	Following Islamic activities	162	112.43	9.913	0.779
	Not following Islamic activities	148	103.99	10.861	0.893
	Total	310	108.4	11.185	0.635

**Table 8. Analysis of Variance (ANOVA): Happiness and islamic activities.**

		Sum of squares	df	Mean square	F	Sig.
Happiness	Between groups	5499.8	1	599.796	51.086	0
	Within groups	33158.6	308	107.658		
	Total	38658.4	309			

The table above shows that there are differences in the level of happiness between the elderly involved in Islamic activities and those who do not. The elderly who engage in Islamic activities have higher average happiness (Mean = 112.43) compared to the elderly who do not (Mean = 103.99).

**3.4. Happiness And Job Status**

Hypothesis 4: The elderly who are retired have a higher level of happiness compared to those who work or are unemployed (Tables 9 and 10).

**Table 9. Descriptives: Happiness and job status.**

		N	Mean	SD	Std Error
Happiness	Work	143	109.02	10.937	0.915
	Not work	131	106.79	11.494	1.004
	Pension	36	111.81	10.259	1.71
	Total	310	108.4	11.185	0.635

There is a difference in the level of happiness between the elderly who work or are unemployed or retired. The retired have the highest average happiness (Mean = 111.81) compared to working elderly (Mean = 109.02), and elderly who do not work (Mean: 106.79). The elderly who do not work have the lowest level of happiness (Tables 11 and 12).

**3.5. Happiness and Salary**

Hypothesis 5: The elderly who have high salaries are happier than those who have low salaries.

**Table 10. Analysis of Variance (ANOVA): Happiness and job status.**

		Sum of squares	Df	Mean square	F	Sig.
Happiness	Between groups	813.809	1	406.904	3.301	0.038
	Within groups	37844.6	308	123.272		
	Total	38658.4	309			

**Table 11. Descriptives: Happiness and salary.**

		N	Mean	SD	Std Error
Happiness	<1.00.000	218	107.56	11.366	0.77
	>1.500.000	92	110.39	10.544	1.099
	Total	310	108.4	11.185	0.635

**Table 12. Analysis of Variance (ANOVA): Happiness and salary.**

		Sum of Squares	df	Mean square	F	Sig.
Happiness	Between groups	518.762	1	518.762	4.188	0.042
	Within groups	38153.6	308	123.875		
	Total	38672.4	309			

The exposure table shows that there is a difference in the level of happiness when viewed from the salary point of view. The higher salary (>1.500.000) has a higher level of happiness (Mean= 110.39) compared to the lower salary (<1.500.000) (Tables 13 and 14).

**Table 13. Descriptives: Happiness and marriage.**

		N	Mean	SD	Std Error
Happiness	Married	233	104.49	11.455	0.75
	Not married	13	104.77	12.404	3.44
	Widower	18	105.17	11.582	2.73
	Widowed	46	110.24	8.91	1.314
	Total	310	108.4	11.185	0.635

**Table 14. Analysis of Variance (ANOVA): Happiness and marriage.**

		Sum of Squares	df	Mean square	F	Sig.
Happiness	Between groups	517	1	172.333	1.383	0.248
	Within groups	38141.4	308	12.65		
	Total	38658.4	309			

**3.6. Happiness and Marriage**

Hypothesis 6: Married seniors are happier than the unmarried.

Based on the table above, there is no difference in the level of happiness of the elderly who are married and those not married.

#### 4. DISCUSSION

##### 4.1. Participation in Religious Activities, Family Support, And Happiness

Based on the quantitative data analysis, it shows that 1) family support and participation in religious activities are positively correlated with the happiness of elderly muslims. The family support variable had a greater influence on the happiness variable, which was 23.65%, while the participation in religious activities variable contributed to 23.28%.

The results show that family support has an important role in the existence of the elderly. The support provided by the family and still being considered important in the family make them feel valued and cared for, thus bringing happiness. In research on the influence of family support in South America, it was found that the family is a source of hope for the elderly, even more, important than the elderly community that they have [27], and family support is a source of happiness for them [28]. If, on one hand, strong family support brings happiness, weak family support or family rejection, on the other, leads to unhappiness [21, 29].

The family has a multidimensional function in which each family member interacts with each other and works together to achieve goals [30]. One of the family functions is to provide support to fellow family members. Some forms of family support are provided by spouses, children, and grandchildren, as well as other close relatives. Interwoven interaction and communication between the elderly and the family increase emotional well-being and health, improving the welfare of the elderly in general. Providing adequate family support is very important for achieving the happiness of the elderly [28]. Attention given by the family such as often inviting to communicate, providing health care, fulfilling physical needs such as food, drink, clothing and shelter, and giving money as a handle even though not really needed [31], increases the self-acceptance and self-esteem of the elderly. Even though they no longer work, they still have income and are valued by their families. These conditions increase the happiness of the elderly in general both those who participate in religious activities and those who do not participate in religious activities.

In addition to family support, participation in religious activities such as establishing five daily prayers, fasting in *Ramadan* and other fasting as *sunnah*, paying *zakat/fitrah* (rice or money), and happily giving *shodaqoh* (means sharing money), as well as carrying out the pilgrimage, has a strong influence on happiness. In addition, various other activities, such as reading the Qur'an and understanding its meaning (*tadabbur*) and Islamic studies where individuals can interact with the study community are believed by the elderly to have the ability to save them in the afterlife, bring happiness [32]. High expectations from religion bring positive attitudes to those who believe in them. Francis, Ziebertz, and Lewis concluded that a positive attitude toward religion is correlated with happiness [33]. Suhail and Chaudhry conducted a study of

1000 Pakistani muslims and found that affiliation with Islam is a strong predictor of happiness [34]. Specifically, Rathor, Khattak, and Yusof explained that religion functions as a counterweight when the power of the elderly begins to reduce [35]. Usually, the elderly face important issues related to physical health, the death of a spouse and friends who are of the same age. This raises the awareness of the reality of death. Besides, doing activities together in the Islamic community brings happiness to the elderly [36]. They have the opportunity to understand the religion of Islam, and the practice of it can bring happiness [37].

These findings are in line with several previous studies which affirm that joint activities such as volunteerism can reorient the identity and primary role of the elderly from making a living for their families [38]. In addition, participation in community services is closely related to life satisfaction for those who have entered retirement [39]. Furthermore, Van Willigen found that the aged who were involved in voluntary joint activities had better physical health than those not involved in volunteerism [40]. Besides, the physical health and life satisfaction of senior citizens also increased with their involvement in joint activities.

##### 4.2. Job, Physical Health, Islamic Activities, Salary, and Happiness

Based on the analysis of different tests, the following was found 1) Healthy elderly people have higher levels of happiness than the sick. 2) The elderly who are active in Islamic activities have a higher level of happiness than those who are not. 3) The elderly who get salary above Rp. 1.500.000 have a higher level of happiness than those who get below Rp. 1.500.000. 4) The elderly retirees have a higher level of happiness compared to those who are still working, and the working elderly have a higher level of happiness compared to the unemployed. Some previous findings support the results of this study that physical health is correlated with happiness [41, 42]. Healthy elderly people can do a variety of physical and social activities, and can also consume the food they need and want by themselves. Conversely, those who are sick have a variety of limited activities, have problems in consuming food, and experience various sufferings. This condition will reduce happiness. On the other hand, happy conditions can also improve physical health. Emotional conditions can evoke physiological reactions that have a cumulative effect on physical health [43]. Happy people tend to behave in a healthy manner such as not consuming food carelessly, not smoking, not drinking, and also not consuming drugs. Happy people tend to maintain their physical health and body weight by exercising [44, 45]. A person's life that is meaningful encourages him to do positive things in life such as maintaining a healthy body, playing a role in society, and being able to overcome life pressures [46, 47]. There is a correlation between salary and wellbeing [48]. Kahneman and Deaton [49] explained that although income is related to life satisfaction, it has a weak correlation with emotional well being. People with higher incomes are happier than those with less. But the happiness obtained is momentary. They are happy when their salary increases. Furthermore, the level of happiness between before and after the salary increase is relatively the same.

Religious activities include beliefs, rituals, and their practice [50]. Several studies have confirmed the findings of this study, including that religious people have better mental health [51] and are happier than non-religious people [52]. In addition, Abdel-Khalek and Lester's research [53] found a direct relationship between religious activities and happiness in adults, where religious activities cause good feelings [54] and the avoidance of bad behaviours in life.

This study found that retirees have a higher level of happiness than those still having to work. Those who have to work have a higher level of happiness compared to the ones who do not. Basically in old age, everyone wants to prepare for his death [55], and they want to focus on one goal, namely the end of a good life [56]. Therefore they expect a respite from physical activities such as work (to make a living), but on the other hand for their survival, they still expect to earn income. Entering retirement, where they do not need to work but still have a monthly income, is an ideal situation for them. So they still have self-esteem and do not feel troublesome for their children and grandchildren. They can also do various activities such as attending Islamic studies and visiting friends' homes, as well as various other positive activities that are mild. This is what drives the retirees to achieve higher happiness than those still required to work. Shin [57] explains that when the elderly retire, there are economic problems and these problems can be solved with pension funds. In addition, a pension can also help the elderly in a positive way [58].

Those who have to work are less happy than the retirees. However, those still working have a higher level of happiness compared to those who do not work at all. Elderly who do not work and do not get a pension rely on gifts from their spouses or children [59]; however, not all children have the ability to provide for their parents and neither do all children are concerned for their parents [60]. In this situation, the elderly truly suffer physically and mentally because they have no money to live and are not cared for by their children. Some rely on gifts from others who have mercy on them. While those who are still working even though physically not as strong as they used to be, have positive activities, have high self-esteem, and have economic independence.

## CONCLUSION

Based on the above explanation, there are four accepted hypotheses, and two hypotheses are rejected. The accepted hypotheses are 1) family support and participation in religious activities can increase happiness for elderly muslims, 2) a healthy elderly person has a higher level of happiness than a sick one, 3) the elderly who involved in Islamic activities have a higher level of happiness compared to those who do not, and 4) retirees have a higher level of happiness compared to those who work or are unemployed. The other hypotheses are rejected as no difference was detected in the level of happiness based on salary and marriage. Rejection of two hypotheses was based on the fact that some respondents did not have clear information about their monthly income. They worked as labourers or farmers whose income was uncertain so respondents were unable to accurately calculate their salaries. Furthermore, there is no differences in the level of happiness

between elderly muslims who are married and those unmarried because most elderly Javanese rarely engage in joint activities. The elderly tend to sleep separately from their partners and live separately in different children's homes. In other words, even though the elderly may have a partner, they are not happier than those not married.

## ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study was ethically approved and licensed by the Universitas Muhammadiyah Surakarta Research Institute, Indonesia.

## HUMAN AND ANIMAL RIGHTS

No animals were used in this research. All human research procedures that were followed were in accordance with the ethical standards of the committee responsible for human experimentation, and with the Helsinki Declaration of 1975 as revised in 2013.

## CONSENT FOR PUBLICATION

Informed consent was taken from all the participants when they were enrolled.

## AVAILABILITY OF DATA AND MATERIALS

Not applicable.

## FUNDING

None.

## CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

## ACKNOWLEDGEMENTS

Declared none.

## REFERENCES

- [1] Central Bureau of Statistics. Older population statistics Jakarta: Agency Statistics Center. 2018.
- [2] Andesty F. D., & Syahrul, Relationship between social interaction and quality of life of the elderly. *Indones J Public Heal* 2018; 13(02): 69-80.
- [3] Sari S. E.P., & Nuryoto, Self-acceptance is viewed from the emotional maturity of the elderly. *J Psikol* 2002; 2(1): 73-88.
- [4] Panti K D A N. No Title. 2010; : pp. (229)1-6.
- [5] Notoadmojo S. Public health sciences and arts. Jakarta: PT. Rineka Cipta 2008.
- [6] Suardiman S. The psychology of elderly. Yogyakarta: Gadjah Mada University Press 2011.
- [7] Prawitasari J E. Socio-psychological aspects of elderly in Indonesia. *Bul Penelit Kesehatan* 21(4)1993;
- [8] Fitriana KN, Ahdiyana M. Evaluation of social policies to improve the welfare of the neglected elderly. 2020; 2020: 1-10. [LUT].
- [9] Kaučič BM, Filej B, Ovsenik M. The influence of social factors on life satisfaction in old. *Age J Uni Excel* 2016; 5(4): 300-18.
- [10] Mcfadden SH. Religion and well-being in aging persons in an aging society. 1995; 51: pp. (2)161-75. [<http://dx.doi.org/10.1111/j.1540-4560.1995.tb01329.x>]
- [11] Costello MS. The role of spirituality in the second half of life. Symposium at the Library of Congress.
- [12] Rule S. Religiosity and quality of life in South Africa. 2016.
- [13] Pender MA. NJ, Murdaugh, CL., Parsons, Health promotion in nursing

- practice. 4th ed. Stamford: Appleton & Lange 2002.
- [14] Rodziny P, Pedagogy F. The importance of family support in old age. 2014; 4: pp. (4)15-22.
- [15] Friedman EG, MM, Bowden, VR, Jones, Family nursing textbook: Research and theory. Jakarta: EGC 2010.
- [16] Chan YK. Life satisfaction and associated factors in older Hong Kong Chinese. 1995; pp. 252-5.
- [17] Kristianingrum N D, Wiarsih W, Nursasi A Y. Perceived family support among older persons in diabetes mellitus self- management. 2018; 18(1): pp. 1-5.  
[<http://dx.doi.org/10.1186/s12877-018-0981-2>]
- [18] The relationship between family function and the quality of life of the elderly in the Jantung Sehat Surya Group Kediri. Yogyakarta: Gadjah Mada University Press 2011.
- [19] Silverstein M, Giarrusso R. Aging and family life: A decade review. In: *J Marriage Fam.* 2010; 72: pp. 1039-58. PMC3427733  
[<http://dx.doi.org/10.1111/j.1741-3737.2010.00749.x>] [PMID: 22930600]
- [20] Sincihu Y, Maramis WF, Rezki MN. *Jurnal Kesehatan Masyarakat* 2018; 13(1): 374-81.  
[<http://dx.doi.org/10.15294/kemas.v13i3.12024>]
- [21] Botha F. Family functioning and life satisfaction and happiness in south african households family functioning and life satisfaction and happiness in south african households. 2018.
- [22] Pinquart M, Sorensen S. Influences of socioeconomic status, social network, and competence on subjective well-being in later life: A meta-analysis influences of socioeconomic status, social network, and competence on subjective well-being in later life: A meta-analysis. 2000.
- [23] Kahneman B D, Krueger A B, Schkade D A. A survey method for characterizing daily life experience: the day ' a survey method for characterizing daily life experience: the day reconstruction method ' norbert schwarz, Arthur A Stone. 2014.
- [24] Hills P, Argyle M. The Oxford Happiness Questionnaire: a compact scale for the measurement of psychological well-being. 2002; Vol. 33: pp. 1073-82.
- [25] Umberson D. Structures and Processes of Social Support. 2017.
- [26] El-menouar Y. The five dimensions of muslim religiosity. Results of an Empirical Study 2014; 8(1): 53-78.
- [27] Negy C, Snyder D K, Snyder D K. Assessing family-of-origin functioning. 2014.
- [28] North RJ, Holahan CJ, Moos RH, Cronkite RC. Family support, family income, and happiness: A 10-year perspective. 2008.
- [29] Schnettler B, Denegri M, Miranda H, Orellana L, Paiva G, Grunert K G. Family support and subjective well-being: An exploratory study of university students in southern. 2014.
- [30] Morris D. Assessing printed word knowledge in beginning readers: The Early Reading Screening Instrument (ERSI). *Illinois Read Counc J* 1998; 26(2): 30-40.
- [31] Adjustment F. Integrating family resilience and family stress theory 2002; 64(May): 349-60.
- [32] A Al-Qarni, Laa tahzan. Jakarta: Qisthi Press 2004.
- [33] Francis LJ, Robbins M, White A. Correlation between religion and happiness: A replication. 2003; pp. 51-2.
- [34] Ganga S, Hospital R, Abadies K. Predictors of subjective well-being in an eastern muslim culture 2004; 23(3): 359-76.
- [35] I. Journal and H. S. Correspondence to: Prof Dr Mohammad Yousuf Rathor, Dept of Internal Medicine, Kulliyah of Medicine, International Islamic University Malaysia Bandar In-dera Mahkota Campus, Jalan Sultan Ahmad Shah, 25200 Kuantan, Pahang.
- [36] Moen OM. Hedonism before bentham. *J Bentham Stud* 2015; 17(1): 1-18.
- [37] Amrullah HAMK. Tasawuf modern. Jakarta: Republika 2015.
- [38] Greenfield EA, Marks NF. Formal volunteering as a protective factor for older adults. *Psychol Well Being* 2004; 59(5): 258-64.
- [39] Harlow RE. Personality processes and individual still participating after all these years: A study of life task participation in later life. 1996; 71: pp. (6)1235-49.
- [40] Van Willigen M. Differential benefits of volunteering across the life course 2000; 55(5): 308-18.
- [41] Lyubomirsky S, Sheldon KM, Schkade D. Pursuing happiness. *Architecture of sustainable change* 2005; 9(2): 111-31.
- [42] Levy BR, Slade MD, Kunkel SR, Kasl SV. Longevity increased by positive self-perceptions of aging. *J Pers Soc Psychol* 2002; 83(2): 261-70.  
[<http://dx.doi.org/10.1037//0022-3514.83.2.261>] [PMID: 12150226]
- [43] Levels C, Depressed IN, Rate H, Variability HR. Depression, the autonomic nervous system, and coronary heart disease. 2005; 33: pp. (1)29-33.
- [44] Rasciute S, Downward P. Health or happiness? What is the impact of physical activity on the individual 2010; 63(2): 256-70.
- [45] Veenhoven R. Healthy happiness: Effects of happiness on physical health and the consequences for preventive health care. 2014.
- [46] Diener E, Seligman MEP. *Psychol Sci* 2002; 1-5.
- [47] McCullough M E. Forgiveness as human strength: Theory, measurement, and links to well-being. 2000.  
[<http://dx.doi.org/10.1521/jsep.2000.19.1.43>]
- [48] Inglehart C. R., Foa R., Peterson, C., & Welzel, Development, freedom, and rising happiness. *Perspect Psychol Sci* 2008; 3(4): 264-85.  
[<http://dx.doi.org/10.1111/j.1745-6924.2008.00078.x>] [PMID: 26158947]
- [49] Kahneman D, Deaton A. High income improves evaluation of life but not emotional well-being. *Proc Natl Acad Sci USA* 2010; 107(38): 16489-93.  
[<http://dx.doi.org/10.1073/pnas.1011492107>] [PMID: 20823223]
- [50] Houskamp BM, Fisher LA, Stuber ML. Spirituality in children and adolescents: Research findings and implications for clinicians and researchers. 2004; Vol. 13: pp. 221-30.
- [51] Wolf K M, Zoucha R, Mcfarland M, Salman K, Dagne A, Hashi N. Somali immigrant perceptions of mental health and illness: An ethnographic study. 2015.
- [52] Habib DG, Donald C, Hutchinson G. Religion and life satisfaction: a correlational study of undergraduate students in trinidad. *J Relig Health* 2018; 57(4): 1567-80.  
[<http://dx.doi.org/10.1007/s10943-018-0602-6>] [PMID: 29557049]
- [53] Religion M H, Abdel-khalek A M, Lester D. Religiosity, health, and psychopathology in two cultures: Kuwait and USA. 2007.
- [54] Hokelekli H. Psychology of religion. Ankara: Diyanet Yayınları 2008.
- [55] Sana CPC. A voyage to the twilight: Exploring death preparation among the elderly. *Philipp J Nurs* 2014; 84(2): 13-25.
- [56] Grine B. Old age and elderly care: An islamic perspective. *Cultura.* 2014; XI(1)
- [57] Shin I. Could pension system make us happier? *Cogent Econ Financ* 2018; 115: 1-26.
- [58] Philipson TJ, Becker GS. *Claims.* 1998; 106(3): 551-73.
- [59] Panel to Review Risk and Prevalence of Elder Abuse and Neglect Richard J Bonnie and Robert B Wallace, Editors Committee on National Statistics and Committee on Law and Justice Division of Behavioral and Social Sciences and Education THE NATIONAL ACADEMIES PRESS.
- [60] Heger D. The mental health of children providing care to their elderly parent. 2016.