

MINDFULNESS, SOCIAL SUPPORT, AND ELDERLY QUALITY OF LIFE

Naufalia Adara¹, Diah Krisnatuti Pranadji¹, Defina^{1*)}

¹Department of Family and Consumer Sciences, Faculty of Human Ecology, Bogor Agricultural University, Bogor 16680, Indonesia

^{*)} E-mail: defina@apps.ipb.ac.id

Abstract

The quality of life of the elderly can be influenced by mindfulness which is a person's awareness to accept his life and social support from family, friends, and special people. This study aims to analyze the effect of mindfulness and social support on the quality of life of the elderly. The study involved 66 elderlies, consisting of 33 elderlies in Sindang Barang Village, Bogor City and 33 elderlies in Ciasmara Village, Bogor Regency. The study used a cross-sectional design with purposive sampling according to the research criteria, namely elderly widows who live with children. Mindfulness and social support of urban and rural elderly are categorized as low, while quality of life is categorized as good. There were no differences between urban and rural widowed elderly in mindfulness and social support, but there were differences in quality of life. Rural elderly has a better quality of life than urban. Correlation tests showed that family support was related to quality of life. Regression tests showed family support had a positive effect on quality of life. In widowed elderly, high family support will improve their quality of life.

Keywords: elderly, mindfulness, social support, quality of life

Mindfulness, Dukungan Sosial, dan Kualitas Hidup Lansia

Abstrak

Kualitas hidup lansia dapat dipengaruhi oleh *mindfulness* yang merupakan kesadaran seseorang untuk menerima hidupnya serta dukungan sosial dari keluarga, teman, dan orang spesial. Penelitian ini bertujuan untuk menganalisis pengaruh *mindfulness* dan dukungan sosial terhadap kualitas hidup lansia. Penelitian melibatkan 66 lansia, terdiri dari 33 lansia di Kelurahan Sindang Barang Kota Bogor dan 33 lansia di Desa Ciasmara Kabupaten Bogor. Penelitian menggunakan desain *cross-sectional* dengan *purposive sampling* sesuai kriteria penelitian, yaitu lansia janda yang tinggal bersama anak. *Mindfulness* dan dukungan sosial lansia perkotaan dan pedesaan berkategori rendah, sedangkan kualitas hidup berkategori baik. Tidak ada perbedaan antara lansia janda di perkotaan dan pedesaan pada *mindfulness* dan dukungan sosial, namun terdapat perbedaan pada kualitas hidup. Lansia pedesaan memiliki kualitas hidup lebih baik daripada perkotaan. Uji korelasi menunjukkan dukungan keluarga berhubungan dengan kualitas hidup. Uji regresi menunjukkan dukungan keluarga berpengaruh positif terhadap kualitas hidup. Pada lansia janda, tingginya dukungan keluarga akan meningkatkan kualitas hidupnya

Kata kunci: dukungan sosial, kualitas hidup, lansia, *mindfulness*

INTRODUCTION

Mindfulness is a state of open awareness without judgment towards oneself, accompanied by full consciousness of the present experience (Kwon et al., 2021). In the elderly, mindfulness reflects an individual's state of being awake or aware, enhancing the ability to focus attention on changes occurring within oneself, including physical, psychological, social, and environmental changes. The concept of mindfulness, as described by Zimet et al. (1988), is divided into four main aspects: self-awareness, attention, present moment focus, and self-acceptance. Lack of self-awareness and awareness of changes in the elderly can worsen health conditions, accelerate the aging process, disrupt mental health, and affect physical health in older adults (Kaspar et al., 2023). Elderly individuals tend to experience a decline in attentional focus compared to younger individuals (Dumas, 2015). In Indonesia, the elderly often face challenges in self-acceptance due to societal views that still perceive them as burdensome and unproductive (Malahati, 2023).

Identifying and understanding emotional support for older adults has become an urgent public health concern, particularly considering the rapidly increasing aging population (Devkota, 2023). The availability of social support plays a vital role in promoting the well-being of older adults, as it fosters feelings of love, care, and self-worth—especially among widowed individuals who have lost their primary sources of emotional connection due to death or divorce. A lack of social support has been associated with various adverse outcomes, including depression, loneliness, and deteriorating physical health (Nurrohmi, 2020). Social connectedness and social support exert significant influences on both mental and physical health (Holt-Lunstad, 2024). Therefore, efforts to strengthen both formal and informal support systems are essential to enhance the well-being and economic security of older adults. Participation in community-based social activities and the cultivation of positive interpersonal relationships should be actively encouraged (Shen et al., 2022).

Quality of life is an individual's perception of life within the context of culture and value systems related to goals, expectations, standards, and concerns (WHO, 2022). The elderly is a group that requires attention due to their vulnerability to various physical and psychological issues that can affect their quality of life. Fitria and Prameswari (2021) noted that the quality of life of elderly women is lower than that of elderly men due to hormonal changes during menopause leading to various health conditions in elderly women (Lestari et al., 2021). Krisnatuti and Latifah (2021) found that elderly women tend to experience higher levels of stress compared to elderly men.

The increasing elderly population in Indonesia significantly impacts their quality of life, highlighting the urgency of addressing elderly issues (Sari & Yulianti, 2017). Residential location is one of the factors differentiating quality of life (Li et al., 2013). According to Putri et al. (2019), elderly quality of life in urban areas is better than in rural areas. The percentage of women who are widowed is much higher than men who are widowers. As much as 46.21% of women are widowed and 2.18% are divorced. Meanwhile, the percentage of men who are widowed is 13.49% and divorced only 0.98% (BPS, 2021). Kumar et al. (2014) found that elderly people who have poor quality of life are those who do not have a spouse.

Research indicates that approximately 20 to 40 percent of elderly individuals who lose a spouse never fully recover (Yulia, 2012). Elderly individuals who lose a spouse often experience relatively high psychological stress (Hurlock, 2006). The impact of becoming a widow is a serious issue for women compared to men, as research suggests that women are nearly twice as likely to feel lonely, sad, or even depressed after mourning compared to men (Mustamu et al., 2020). Overall, this study aims to analyze the differences, influences, and relationships of mindfulness and social support with the quality of life of widowed elderly living with their children in urban and rural areas.

METHODS

This study employed a cross-sectional design. In 2024, the number of elderly individuals reached 27,717 in West Bogor (Bogor City Statistics Agency, 2025) and 10,795 in Pamijahan District (Open data, 2025). The research locations were selected purposively, with Sindang Barang Village representing the urban area and Ciasmara Village representing the rural area. The sampling technique was also purposive, based on specific inclusion criteria—widowed older adults living with their children—resulting in a total of 66 participants, comprising 33 from the urban area and 33 from the rural area. Data were collected through structured interviews using standardized questionnaires. The characteristics of the elderly participants included age, years of education, employment status, homeownership, and income. Mindfulness among the elderly was measured using The Cognitive and Affective Mindfulness Scale – Reversed (CAMS-R), developed by Feldman et al. (2007). Social support was measured using the MultiDimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988). The quality of life of the elderly was assessed using the WHO Quality of Life- BREF questionnaire (WHOQOL-BREF 1996). The data analysis technique in this study was carried out through several stages, beginning with data processing (editing, coding, scoring, entering, and cleaning) and followed by statistical analysis using Microsoft Excel and SPSS Statistics 25 for Windows. The statistical analyses

employed included descriptive analysis to determine the mean, standard deviation, and variable indices; the Independent T-Test to examine differences between respondent groups; the Pearson correlation test to identify relationships among variables; and multiple linear regression analysis to assess the influence of elderly characteristics, mindfulness, and social support on the quality of life of older widows. All analytical results were subsequently interpreted to test the research hypotheses and provide a comprehensive depiction of the interrelationships among variables.

RESULTS AND DISCUSSION

Elderly characteristics

The average age of elderly individuals in the city is 63.6 years, whereas in the village it is 65.1 years. The average years of education among elderly individuals in the city are higher compared to those in the village, specifically 7.45 years versus 3.58 years ($p=0.000$). There is a difference in employment status among the elderly ($p=0.026$); elderly individuals in the village have a higher average rate of employment, at 0.67 compared to 0.39 among those in the city. Approximately 63.6% of elderly individuals in both the city and village live in homes they own. There is also a difference in income between elderly individuals in the city and village ($p=0.028$); elderly individuals in the city have a higher average income of IDR1,055,454.55 compared to IDR 522,727.27 among those in the village.

The length of education of the elderly in urban areas is higher than that of the elderly in rural areas. This is in line with Vogelsang's (2016) research which shows that elderly people in rural areas tend to have lower education than elderly people in urban areas. The low level of education in rural areas is due to factors such as limited access to schools, low economy, and more cultural practices than formal education (Cohen and Greaney, 2022). Education is one of the factors that affect the income of the elderly, someone who has a high level of education tends to get a job with a higher wage compared to individuals who have low education (Maulidah and Soejoto, 2017).

There is a significant difference in the income of the elderly. The income of the elderly in urban areas is higher than in rural areas. This is in line with the findings of Levasseur et al. (2020) who found that the income of the elderly in urban areas is higher than that of the elderly in rural areas. The employment status of the elderly in urban and rural areas has a significant difference. The results showed that the status of the elderly still working in rural areas was higher than in urban areas. Many elderly people in rural areas still work relying on physical abilities, such as working as farmers, breeders, and household assistants. This is in line with Vibriyanti's understanding (2018) which states that the elderly in rural areas is still actively working compared to the elderly in urban areas. Elderly people who are still working tend to have the demands of circumstances that force them to continue working. Most elderly people live in their own homes, in line with Isnani and Nurchayati's understanding (2023) which states that elderly people who have lived their lives alone for many years after the death of their spouse prefer to stay in their own homes rather than live in their children's homes and the elderly do not want to be influenced by their children in making daily decisions.

Mindfulness

The average mindfulness index of urban elderly was 68.83 and rural elderly was 64.57. The t-test results did not show any significant differences. The highest mean index was in the self-acceptance dimension, while the lowest mean was in the self-care dimension. The low level of self-care in the elderly is due to the low attention of the elderly to focus on one thing for a long period of time, with an average score in urban areas of 2.61 and in rural areas of 2.39. More than half of the respondents in the dimensions of self-awareness, self-attention and current focus were categorized as low and moderate. Whereas in the self-acceptance dimension, more than half of urban and rural elderly are categorized as moderate and high. More than half of urban elderly (57.6%) and more than three-quarters of rural elderly (78.8%) were in the low category.

Table 1 Distribution of mindfulness

| Dimension | Urban area | | Rural area | | Total | |
|------------------------|-------------------|-------|-------------------|-------|-------------------|-------|
| | n | % | n | % | n | % |
| Self-awareness | | | | | | |
| Low ($\leq 59,99$) | 12 | 36,4 | 14 | 42,4 | 26 | 39,3 |
| Moderate (60,00-79,99) | 13 | 39,4 | 12 | 36,4 | 25 | 37,8 |
| High ($\geq 80,00$) | 8 | 24,2 | 7 | 21,2 | 15 | 22,7 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 25,00-100,00 | | 33,33-91,66 | | 25,00-100,00 | |
| Mean \pm SD | 66,66 \pm 17,17 | | 63,63 \pm 18,02 | | 65,15 \pm 17,53 | |
| <i>p-value</i> | | | 0,487 | | | |
| Self-attention | | | | | | |
| Low ($\leq 59,99$) | 28 | 84,8 | 33 | 100,0 | 61 | 92,4 |
| Moderate (60,00-79,99) | 5 | 15,2 | 0 | 0 | 5 | 7,6 |
| High ($\geq 80,00$) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 15,38-69,23 | | 15,38-53,84 | | 15,38-69,23 | |
| Mean \pm SD | 42,65 \pm 13,61 | | 37,52 \pm 9,37 | | 40,09 \pm 11,87 | |
| Present Focus | | | | | | |
| Low ($\leq 59,99$) | 28 | 84,8 | 31 | 93,9 | 59 | 89,4 |
| Moderate (60,00-79,99) | 5 | 15,2 | 2 | 6,1 | 7 | 10,6 |
| High ($\geq 80,00$) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 23,07-61,53 | | 15,38-61,53 | | 15,38-61,53 | |
| Mean \pm SD | 43,58 \pm 11,58 | | 41,02 \pm 12,26 | | 42,30 \pm 11,70 | |
| <i>p-value</i> | | | 0,378 | | | |
| Self-acceptance | | | | | | |
| Low ($\leq 59,99$) | 3 | 9,1 | 3 | 9,1 | 6 | 9,1 |
| Moderate (60,00-79,99) | 12 | 36,4 | 17 | 51,5 | 29 | 43,9 |
| High ($\geq 80,00$) | 18 | 54,5 | 13 | 39,4 | 31 | 47,0 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 50,00-100,00 | | 58,33-100,00 | | 50,00-100,00 | |
| Mean \pm SD | 80,80 \pm 13,89 | | 77,27 \pm 10,67 | | 79,04 \pm 12,42 | |
| <i>p-value</i> | | | 0,251 | | | |
| Mindfulness | | | | | | |
| Low ($\leq 59,99$) | 19 | 57,6 | 26 | 78,8 | 45 | 68,2 |
| Moderate (60,00-79,99) | 14 | 42,4 | 7 | 21,2 | 21 | 31,8 |
| High ($\geq 80,00$) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 52,38-92,85 | | 45,23-80,95 | | 45,23-92,85 | |
| Mean \pm SD | 68,83 \pm 10,36 | | 64,57 \pm 7,95 | | 66,70 \pm 9,41 | |
| <i>P-value</i> | | | 0,066 | | | |

Notes: n=numbers of respondents, %=percentage, SD=standard deviation

Almost all elderly widows in urban and rural areas are in the low category on the mindfulness variable. The average total mindfulness of urban elderly is higher than that of rural elderly, in line with the research of Mulvaney-Day and Alegria (2008) which states that elderly in urban areas tend to have a higher level of education than those in rural areas. Higher education can be associated with better understanding and application of mindfulness techniques. The results showed that low mindfulness was caused by low self-care of the elderly. Research by Puspita et al. (2023) shows that elderly widows can experience various challenges and obstacles in their daily lives, such as economic deprivation and loss of a spouse, which can affect the elderly's self-awareness and self-care, making them more vulnerable to depression, stress, and other mental disorders.

In the current focus dimension, elderly widows in both urban and rural areas are in the low category, this is in line with research which states that the lives of elderly widows consistently show that they often experience a decrease in focus and overall well-being after losing their partner, this is due to various factors, one of which is the psychological impact of grief and loss (Bi et al., 2022). The dimension of self-acceptance in this study is the only dimension that has a high category, as in line with the results of Umami's research (2019) which shows that the elderly has high self-acceptance. This is reinforced by the findings of Rahmi et al. (2019) that elderly women have high self-acceptance. This is because the elderly has experienced various events throughout their lives including negative events such as losing a partner but have learned to accept and cope with these events better so that they can help the elderly have higher self-acceptance (Maulidhea and Syafiq 2022).

Social Support

The average total index of social support for urban elderly is 52.65 and rural is 54.29. Based on the results of the t-test, there is no significant difference. The highest average is in the family support dimension, while the lowest average is in the friend support dimension. The distribution of social support interaction categories is presented in Table 2.

Table 2 Distribution of social support interactions categories

| Dimension | Urban area | | Rural area | | Total | |
|--------------------------|-------------------|-------|-------------------|-------|-------------------|-------|
| | n | % | n | % | n | % |
| Family | | | | | | |
| Low ($\leq 59,99$) | 8 | 24,2 | 3 | 9,1 | 11 | 16,7 |
| Moderate (60,00-79,99) | 10 | 30,3 | 10 | 30,3 | 20 | 30,3 |
| High ($\geq 80,00$) | 15 | 45,5 | 20 | 60,6 | 35 | 53,0 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 25,00-100,00 | | 25,00-100,00 | | 25,00-100,00 | |
| Mean \pm SD | 71,59 \pm 21,42 | | 79,54 \pm 19,09 | | 75,56 \pm 20,53 | |
| p-value | 0,116 | | | | | |
| Friend | | | | | | |
| Low ($\leq 59,99$) | 23 | 69,7 | 23 | 69,7 | 46 | 69,7 |
| Moderate (60,00-79,99) | 7 | 21,2 | 7 | 21,2 | 14 | 21,2 |
| High ($\geq 80,00$) | 3 | 9,1 | 3 | 9,1 | 6 | 9,1 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 0,00-87,50 | | 0,00-93,75 | | 0,00-93,75 | |
| Mean \pm SD | 41,09 \pm 26,10 | | 39,01 \pm 29,35 | | 40,05 \pm 27,58 | |
| p-value | 0,762 | | | | | |
| Significant other | | | | | | |
| Low ($\leq 59,99$) | 20 | 60,6 | 21 | 63,6 | 41 | 62,1 |
| Moderate (60,00-79,99) | 10 | 30,3 | 10 | 30,3 | 20 | 30,3 |
| High ($\geq 80,00$) | 3 | 9,1 | 2 | 6,1 | 5 | 7,6 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 6,25-100,00 | | 0,00-100,00 | | 0,00-100,00 | |
| Mean \pm SD | 45,26 \pm 26,47 | | 44,31 \pm 26,34 | | 44,79 \pm 26,21 | |
| p-value | 0,885 | | | | | |
| Social support | | | | | | |
| Low ($\leq 59,99$) | 23 | 66,7 | 18 | 54,5 | 41 | 62,1 |
| Moderate (60,00-79,99) | 9 | 27,3 | 11 | 33,3 | 20 | 30,3 |
| High ($\geq 80,00$) | 1 | 30,0 | 4 | 12,1 | 5 | 7,6 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 22,91-93,75 | | 29,16-93,75 | | 22,91-93,75 | |
| Mean \pm SD | 52,65 \pm 15,77 | | 54,29 \pm 18,86 | | 53,47 \pm 17,27 | |
| p-value | 0,703 | | | | | |

Notes: n=numbers of respondents, %=percentage, SD=standard deviation

The factor causing low friend support in this study is that the elderly does not have reliable friends, with an average score in urban areas of 2.21 and in rural areas of 2.03. On total social support, two-thirds of urban (66.7%) and half of rural (54.5%) elderly were categorized as low. Table 2 shows that 53.0 percent of the elderly were categorized as high in the family support dimension. Two-thirds of the elderly were categorized as low in friend support (69.7%). More than half of the elderly were categorized as low in special support (62.1%). The findings indicate that older adults fall into the low category for social support. Widowed older adults experience lower levels of social support, primarily due to the loss of a spouse, which negatively affects both their physical and psychological well-being (Tian & Chen, 2022). In terms of the friend support dimension, older adults also show low levels of support, consistent with the findings of Tamansyah et al. (2023), who reported that limited interaction and emotional closeness with friends outside the family often lead to feelings of loneliness and social detachment among the elderly. Similarly, support from significant others is also categorized as low, aligning with the results of Adamczyk and Segrin (2015), which found that single individuals, such as widowed older adults, tend to receive lower levels of emotional and psychological support compared to those with partners. Conversely, the elderly demonstrate a high level of family support, consistent with the findings of Suardana et al. (2014), who highlighted that family plays a crucial role in providing both emotional and instrumental assistance, helping older adults cope with widowhood and maintain their quality of life. Moreover, according to Jones et al. (2023), perceived neighborhood factors such as trustworthiness, a sense of belonging, and safety contribute to higher social participation among rural elderly populations, supported by community stability and stronger social networks.

Quality of Life

The mean total quality of life index of urban elderly at 59.09 and rural at 62.42 showed a significant difference. Rural elderly have a better quality of life than urban elderly ($p=0.049$). Urban and rural elderly have differences in the physical health dimension ($p=0.025$), rural elderly have higher satisfaction with their ability to move compared to urban elderly. Further differences are seen in the psychological dimension ($p=0.016$), rural elderly feel more useful and more accepting of changes in their bodies compared to urban elderly. The difference in the dimension of social relations ($p=0.006$), rural elderly have higher satisfaction with relationships with others compared to urban elderly.

Table 3 shows that in the total variable, 42.4 percent of the elderly were categorized as poor, while 57.6 percent of the elderly were categorized as good. The highest average is in the psychological dimension, and the lowest average is in the physical health dimension. The low physical health dimension is due to the rarity of the elderly needing medical therapy, with an average score of 2.88 for rural elderly and 2.67 for urban elderly.

Old age is characterized by changes in quality of life which are influenced by several factors. In this study, there were significant differences between elderly widows in urban and rural areas, namely in the total quality of life, physical health dimension, psychological dimension, and social relationship dimension. Elderly in rural areas have higher physical health, psychological and social relations compared to elderly in urban areas, in line with research conducted in Brazil, elderly in rural areas have higher scores in the physical, psychological, and social relations domains in quality of life (Barbosa et al. 2015). This is also supported by research by Jamadar et al. (2015) who found that elderly widows in rural areas showed a better quality of life compared to elderly in urban areas.

Pearson correlation shows that there is a significant positive relationship between age and quality of life in the social relationship dimension. The older the elderly, the higher the level of quality of social relationships. This is reinforced by the results of research by Kemperman et al. (2019) which states that in general older people have smaller social networks or relationships compared to younger people. Years of education are related to the living environment, in line with the research of Rolfe et al. (2020) which states that individuals with higher education are more likely to live in better housing and a healthy environment. Employment status in the elderly who are

still working can improve their psychological health and quality of life, in line with Jurek and Niewiadomska's research (2021) which states that elderly people who work after retirement have a higher level of psychological capital because the elderly are still confident in their ability to work. Elderly people with high income will have a good living environment, in line with research by Schenkman and Bousquat (2021) which states that individuals with high income get a good living environment, thereby improving quality of life.

Table 3 Distribution of Quality-Of-Life Categories

| Dimension | Urban area | | Rural area | | Total | |
|-----------------------------|-------------------|-------|-------------------|-------|-------------------|-------|
| | n | % | n | % | n | % |
| Physical health | | | | | | |
| Poor ($\leq 59,99$) | 23 | 69,7 | 16 | 48,5 | 39 | 59,1 |
| Good ($\geq 60,00$) | 10 | 30,3 | 17 | 51,5 | 27 | 40,9 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 39,28-71,42 | | 39,28-71,42 | | 39,28-71,42 | |
| Mean \pm SD | 53,24 \pm 8,81 | | 58,00 \pm 7,98 | | 55,62 \pm 8,68 | |
| p-value | | | 0,025* | | | |
| Psychological health | | | | | | |
| Poor ($\leq 59,99$) | 10 | 30,3 | 3 | 9,1 | 13 | 19,7 |
| Good ($\geq 60,00$) | 23 | 69,7 | 30 | 90,9 | 53 | 80,3 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 32,14-85,71 | | 53,57-92,85 | | 32,14-92,85 | |
| Mean \pm SD | 64,06 \pm 11,53 | | 70,45 \pm 9,37 | | 67,26 \pm 10,91 | |
| p-value | | | 0,016* | | | |
| Social relationship | | | | | | |
| Poor ($\leq 59,99$) | 18 | 54,5 | 9 | 27,3 | 27 | 40,9 |
| Good ($\geq 60,00$) | 15 | 45,5 | 24 | 72,7 | 39 | 59,1 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 33,33-83,33 | | 50,00-83,33 | | 33,33-83,33 | |
| Mean \pm SD | 61,36 \pm 12,46 | | 69,19 \pm 9,87 | | 63,27 \pm 11,83 | |
| p-value | | | 0,006** | | | |
| Environment | | | | | | |
| Poor ($\leq 59,99$) | 17 | 51,5 | 21 | 63,6 | 38 | 57,6 |
| Good ($\geq 60,00$) | 16 | 48,5 | 12 | 36,4 | 28 | 42,4 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 31,25-78,12 | | 31,25-78,12 | | 31,25-78,12 | |
| Mean \pm SD | 58,99 \pm 10,87 | | 56,72 \pm 10,12 | | 57,85 \pm 10,49 | |
| p-value | | | 0,383 | | | |
| Quality of life | | | | | | |
| Poor ($\leq 59,99$) | 18 | 54,5 | 10 | 30,3 | 28 | 42,4 |
| Good ($\geq 60,00$) | 15 | 45,5 | 23 | 69,7 | 38 | 57,6 |
| Total | 33 | 100,0 | 33 | 100,0 | 66 | 100,0 |
| Min-Max | 40,00-73,00 | | 50,00-74,00 | | 40,00-74,00 | |
| Mean \pm SD | 59,09 \pm 7,75 | | 62,42 \pm 5,53 | | 60,75 \pm 6,89 | |
| p-value | | | 0,049* | | | |

Notes: n=numbers of respondents, %=percentage, SD=standard deviation

The Relationship Between Elderly Characteristics, Mindfulness, Social Support, and Elderly Quality of Life

The results of the Chi-Square test showed that there was no significant relationship between region of residence, employment status, and ownership of housing with quality of life. The p-value

> 0.05 means that there is insufficient evidence to suggest that these factors are associated with quality of life in the elderly. Total mindfulness and self-awareness are positively related to the living environment. The higher the mindfulness and self-awareness of the elderly, the better the quality of their living environment. Family support is positively related to physical health and total quality of life of the elderly. The higher the family support, the better the physical health and quality of life of the elderly. Friend support is negatively related to psychological health, indicating that the higher the friend support, the worse the psychological health of the elderly.

Table 4 Chi-Square Test Results of Elderly Characteristics with Elderly Quality of Life (Index)

| Characteristics, Variable, and Dimension | Quality of Life | | | | |
|--|-----------------|----------------------|---------------------|--------------------|-----------------|
| | Physical health | Psychological health | Social relationship | Living environment | Quality of life |
| Area of residence (1=urban area; 2=rural area) | 0,337 | 0,218 | 0,182 | 0,790 | 0,220 |
| Employment status (1=unemployed; 2=employed) | 0,121 | 0,142 | 0,444 | 0,305 | 0,108 |
| House ownership (1=rent,2=child's,3=owned) | 0,291 | 0,306 | 0,485 | 0,101 | 0,240 |

The Pearson correlation test shows that age is positively related to the quality of life of the social relationship dimension. The older the elderly, the higher the level of quality of social relationships. Years of education and income are positively related to the quality of life in the environmental dimension. The higher the level of education and income of the elderly, the better the quality of their living environment.

Total mindfulness and self-care are positively related to the living environment. The higher the mindfulness and self-care of the elderly, the better the quality of their living environment. Family support is positively associated with physical health and total quality of life. The higher the family support, the better the physical health and quality of life of the elderly. Friend support is negatively related to psychological health, meaning that the higher the friend support, the worse the psychological health of the elderly.

Table 5 Pearson Correlation Test Results of Elderly Characteristics, Mindfulness and Social Support with The Quality of Life of The Elderly (Index)

| Characteristics, Variable, and Dimension | Quality of Life | | | | |
|--|-----------------|----------------------|---------------------|--------------------|-----------------|
| | Physical health | Psychological health | Social relationship | Living environment | Quality of life |
| Age (ratio) | 0,153 | -0,137 | ,270* | -0,029 | 0,035 |
| Length of education (rat | -0,136 | -0,070 | -0,018 | 0,255* | 0,041 |
| Income (ratio) | -0,047 | 0,016 | -0,100 | 0,346** | 0,138 |
| <i>Mindfulness</i> | | | | | |
| Self-awareness | -0,232 | -0,096 | -0,005 | 0,225 | -0,016 |
| Self-attention | 0,226 | -0,002 | 0,037 | 0,266* | 0,047 |
| Present focus | 0,079 | -0,101 | 0,139 | 0,139 | 0,079 |
| Self-acceptance | 0,019 | 0,025 | 0,068 | -0,020 | 0,022 |
| Mindfulness | -0,185 | -0,081 | 0,091 | 0,269* | 0,049 |
| <i>Social support</i> | | | | | |
| Family | 0,304* | 0,233 | 0,211 | 0,231 | 0,367** |
| Friend | -0,236 | -0,261* | 0,117 | 0,090 | -0,131 |
| Significant other | 0,027 | -0,112 | 0,188 | 0,086 | 0,040 |
| Social support | 0,008 | -0,103 | 0,241 | 0,183 | 0,096 |

*Significant at $p < 0,05$ (2-tailed); **significant at $p < 0,01$ (2-tailed)

A significant positive relationship of total mindfulness and the dimension of self-care with the environmental dimension of quality of life. Respondents are generally easy to concentrate on working or doing an activity. The concentration of the elderly is related to the feeling of a healthy living environment. Elderly people in rural areas generally work as farm laborers, garden laborers, and coolies to clean the area, with the elderly concentrating on their work will create a more comfortable and healthier environment. Meanwhile, elderly people in urban areas are easy to concentrate on doing household chores such as sweeping, mopping, cleaning the kitchen which will make their living environment comfortable. This is in line with previous research which states that there is a positive relationship between mindfulness and the quality of life of the elderly (Sari and Yulianti, 2017).

Family support is related to total quality of life and physical health dimensions. Family support plays an important role in improving the quality of life of the elderly, especially in terms of elderly well-being because it is able to provide a sense of security in physical health so that the elderly is able to maintain their quality of life well (Friska et al., 2020). Friend support is negatively related to psychological health, which means that the higher the friend support, the worse the psychological health of the elderly. This contradicts the research of Soewignjo et al. (2020) who found a positive relationship between friend support and the quality of life of the elderly. The existence of a negative relationship in this study is due to the elderly who are more dependent and rely on family than friends, besides that the elderly also feel a lack of trust if they tell their friends, giving rise to negative feelings in themselves. In line with research by Hu et al. (2023) which explains that family members offer a sense of security, comfort, and a sense of belonging that ends in a lifelong relationship. Family members know the elderly better in aspects of their lives and experiences that can create a comfortable and safe atmosphere for telling stories, so that it can reduce anxiety for the elderly to share stories (Cun et al. 2020).

The Influence of Elderly Characteristics, Mindfulness, Social Support on Elderly Quality of Life

The Adjust R² value on the quality of life of the elderly is 0.040. This explains that as much as 4 percent of the quality of life of the elderly is influenced by the input factors, namely the characteristics of the elderly, the dimensions of mindfulness and the dimensions of social support, the rest is explained by other factors outside the variables studied. The results of data analysis show that family support has a significant positive effect on the quality of life of the elderly ($\beta = 0.358$; $p = 0.007$). This means that every one unit increase in family support will increase the quality of life of the elderly by 0.120 points.

Multiple linear regression shows that there is no influence between mindfulness on quality of life. When viewed from the largest β coefficient value, the Self-attention dimension ($\beta = 0.103$) has the closest relationship (although not significant) with quality of life. This means that among all the mindfulness dimensions measured, self-attention makes the greatest contribution to quality of life, although its influence is not statistically significant.

The absence of this influence is due to differences in characteristics with previous studies and differences in perceptions of mindfulness at home and abroad (Arunachalam and Venugopal, 2023). The social support dimension of family support has a positive effect on efforts to improve the quality of life of elderly widows. This is in line with the research of Arini et al. (2016) which shows that family support has a significant effect on the quality of life of the elderly. High family support can improve the quality of life of elderly widows, especially in physical, psychological, and social aspects (Yusselda and Wardani, 2016). Assistance and encouragement from family members can improve physical health and reduce the risk of mental health problems (Wang et al., 2020).

This study has limitations, namely there is a selection of words on the questionnaire that are still poorly understood by the elderly so that they must be more adapted to old age so that they are easier to understand, especially on mindfulness variables. On the mindfulness variable, a foreign questionnaire was used which had not been translated and validated by experts, so there were

sentence discrepancies and caused the reliability value to be less than 0.5, which only reached 0.477.

Table 6 Multiple Linear Regression Test Results of Elderly Characteristics, Mindfulness Dimensions and Social Support on Quality of Life

| Characteristic and Dimension | Quality of Life (Y) | | | Sig |
|------------------------------|--------------------------------|----------------|-------------------------------------|---------|
| | Unstandardized coefficient (B) | Standard error | Standardize coefficient (β) | |
| Constant | 55,134 | 13,301 | | 0,000 |
| Age (year) | -0,022 | 0,174 | -0,017 | 0,898 |
| Length of education (year) | -0,171 | 0,231 | -0,116 | 0,462 |
| Income (IDR) | 1,436E-06 | 0,000 | 0,206 | 0,174 |
| Self-awareness | -0,025 | 0,052 | -0,064 | 0,633 |
| Self-attention | 0,060 | 0,081 | 0,103 | 0,465 |
| Present focus | 0,037 | 0,075 | 0,063 | 0,622 |
| Self-acceptance | -0,050 | 0,074 | -0,090 | 0,499 |
| Family | 0,120 | 0,043 | 0,358 | 0,007** |
| Friend | -0,040 | 0,038 | -0,161 | 0,296 |
| Significant other | 0,023 | 0,040 | 0,089 | 0,565 |
| | R^2 | | 0,188 | |
| | Adjust R^2 | | 0,040 | |
| | F | | 1,274 | |
| | Sig, | | 0,268 ^b | |

*Significant at $p < 0.05$ (2-tailed); **significant at $p < 0.01$ (2-tailed)

CONCLUSIONS AND SUGGESTIONS

Conclusions are a summary of the study's main findings, which are the answers to the research. The average age of elderly widows in urban areas is 63.6 years and in rural areas 65.1 years, which is classified as young elderly. The length of education of elderly people in urban areas (7.45 years) is higher than those in rural areas (3.58 years). The status of the elderly still working in rural areas is more than in urban areas. The monthly income of the elderly in urban areas is higher than the income of the elderly in rural areas. Elderly in urban and rural areas have an average index of low mindfulness and social support categories, while quality of life is categorized as good. The results of the variable difference test found that the quality of life of the elderly in the village was higher than the quality of life of the elderly in the city. Family support has a significant positive relationship and influence on the quality of life of the elderly. This means that the higher the family support received, the higher the quality of life.

Based on the results of the study, the advice that can be given is that the elderly should train their focus by considering their wishes, such as thinking about what is suitable and not suitable for them. The elderly is expected to establish closer relationships with their peers to get stronger support so that they can rely on peers, especially if certain situations occur and require assistance. The elderly is expected to take the time and set aside part of their income for recreation; thus, the elderly can improve their quality of life. The elderly is encouraged to establish open communication with their families. The closest person to the elderly, especially children, is advised to approach the elderly by giving full attention so that the elderly can open about the feelings they experience. The government is expected to pay more attention to the elderly, especially elderly widows, such as providing facilities in the form of job vacancies with decent wages without a minimum age. Future researchers are expected to add the number of respondents, add family characteristics to the study so that the influence on quality of life can be seen and look for questionnaires that have been validated by Indonesian language experts.

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