

DO OLDER INDONESIAN WITH CHRONIC DISEASE STILL BE ABLE TO ENGAGE IN AN ACTIVITY AND FEEL HAPPY?



SCAN ME

Santi SULANDARI, S.Psi., M. Ger. ^{1*}

Afrilin DEWI PURNAMA, S. Psi ²

Mei WIJAYANTI, S. Psi. ³

Fitriana DWI HASTUTI, S. Psi. ⁴

Permata ASHFI RAIHANA, S. Psi., MA. ⁵

¹ University of Muhammadiyah Surakarta, Faculty of Psychology, ss280@ums.ac.id, *Correspondent Author.

² University of Muhammadiyah Surakarta, Faculty of Psychology, afrilpipin@gmail.com

³ University of Muhammadiyah Surakarta, Faculty of Psychology, meiwijayanti285@gmail.com

⁴ University of Muhammadiyah Surakarta, Faculty of Psychology, fitrianadh14@gmail.com

⁵ University of Muhammadiyah Surakarta, Faculty of Psychology, par192@ums.ac.id

Article history:

Accepted 05 April 2020

Available online 31 August 2020

Keywords:

Activity,

Chronic Disease,

Health,

Happiness,

Older People.

Abstract

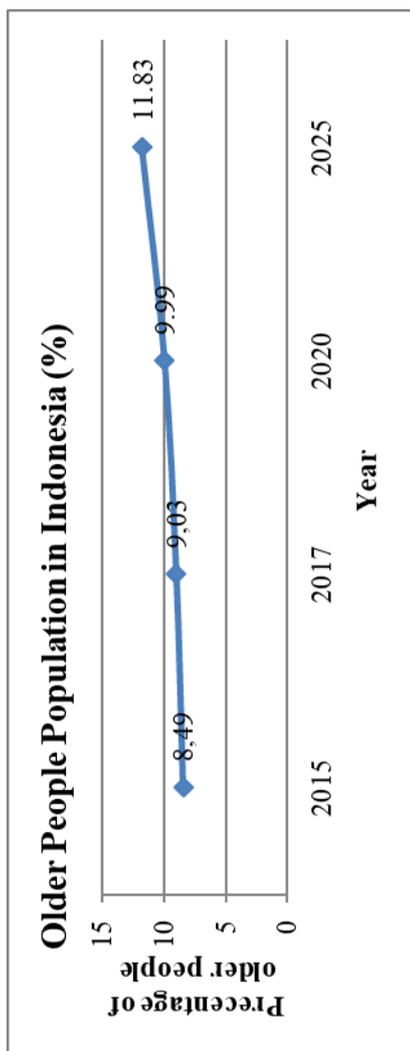
This study aimed to understand what activities could be done by older Indonesian who are physically sick and how those activities can make them feel happy. It was a qualitative study conducted in the Surakarta, Central Java, Indonesia. A total of 6 older people aged >60 years and suffering from the chronic disease were selected for this study. The data were collected by an in-depth interview. The data were analyzed using thematic analysis with the help of the NVivo 12 QSR program. Older people with chronic disease were still able to be active in worship, socializing with the surrounding environment, working, doing the daily chores, and doing older people gymnastic. The benefit of staying engaged in the activity, including the ability to feel happy, be motivated to get a reward, exchange ideas, and share experience, help others, be calm, and have good health. This study emphasized the importance of being engaged in activities for older people to achieve happiness even though there had poor health status.

1. Introduction

Old age is a period that will be passed by anyone, especially for those who are given a long life by God. There are positive and negative things when an individual enters old age. The older people experienced a setback in several things both physically (hearing, vision, wrinkled skin, etc.); cognitive (easy to forget, etc.); or psychological (loneliness, stress, anxiety, fear of death, etc.) (Suardiman, 2011). In addition to experiencing setbacks, the elderly can also be wiser and more sensible in responding to a matter. It is because previous experience has made the elderly more socially mature (advising younger people), emotions (calm in facing certain situations), and cognitive (wiser in making decisions).

The growth of the older people population cannot be avoided. Based on population projection data quoted from the Indonesian Ministry of Health and Ministry's page and Information [Kemenkes RI] (2017), it showed the number of older people experienced a significant increase. In accordance with chart 1, in 2017, there were around 9.03% of the total older people of the total population in Indonesia. This number increased from the previous two years 2015 data of 8.49%. The Indonesian Ministry of Health also predicts that by 2020 the number will still increase to 9.99% and will increase to 11.83% in 2025.

Figure 1. Increase in the Older People Population in Indonesia in 2010-2030



The older people population that experiences growth every year makes one of the causes of the emergence of various problems in the older people. According to Suardiman (2011) states that some problems arise when someone enters old age, including economic problems (reduced income due to retirement), social and cultural problems (lack attention, depressed, lonely), health problems (deterioration of bodily functions). These problems can make the older people vulnerable to various diseases, as well as psychological problems (loneliness, feelings of uselessness, helplessness, lack of confidence, dependence, post power syndrome, and so on).

One of the problems felt by the older people is related to health. As a person ages, it raises various complaints about health. Based on BPS data, it is stated that as people age, they are more susceptible to complaints and illness, indicated by data of 48.39% of the population of young older people (60-69 years), middle-

aged people (70-79 years) amounting to 57.65%, and older people (80-89 years) of 64.01% who complained about their health condition. In addition, based on data in the 2014 older people Population Statistics regarding morbidity rates experienced by the older people in 2014, there was 25.05%, which means that around one in four older people had experienced illness in the past month (Badan Pusat Statistik [BPS], 2014).

Furthermore, according to Siti Setiati as chairman of the Indonesian Medical Gerontology Association, it is stated that in old age, various diseases attack, especially non-communicable (PTM) and chronic diseases, such as the brain, heart, blood vessels, chronic lung disease, and cancer. Older people health problems are generally multi-disease, so they require long-term care (Paramitha & Puspitasari, 2016). Aging causes the quality of the health status of the older people in Indonesia to decline. According to Badan Pusat Statistik [BPS] (2014), the older people are very vulnerable to low health status. The results of basic health research (Riset Kesehatan Dasar [Riskesdas], 2018) showed an increasing number of non-communicable diseases experienced by the older people. Delivered by Siswanto as Head of the Health Research and Development Agency, it is stated that the prevalence increased from 2013 to 2018. Cancer increased by 0.4%, stroke increased by 2.9%, chronic kidney disease increased by 1.8%, diabetes mellitus increased by 1.6%, and blood pressure and hypertension increased by 8.3%.

Health complaints experienced by the older people can disrupt daily activities. Complaints experienced by the older people affect the psychological and physical conditions experienced by them. Furthermore, according to Bestari and Wati (2016) and Steptoe, Deaton, and Stone (2014) stated that, health status is very influential on the happiness of elderly individuals. It is confirmed by the findings from Lobos, Lapo, and Schnettler (2016), which mentioned that health status is one crucial factor in happiness. Findings from Amalia (2017) also noted that the perception of the older people in looking at health affects the level of happiness as much as 8.1%, meaning that the more positive the perception level of the older people in looking at health, the more influential it is on the level of happiness they felt.

In addition, according to Indriana, Kristiana, Sonda, and Intanirian (2010) and Suardiman (2011), it is stated that complaints/disturbances to health can prevent the older people from carrying out their daily activities while also being able to cause stress to the older people. Several factors cause stress experienced by the older people; one of them is a change in self-role caused by the inability to perform daily activities optimally. The results of the study (Nuryanti, Indarwati, & Hadisuyatmana, 2019) showed that changes in the role of the self-experienced by

the older people causes anxiety to experience depression. Furthermore, the findings from Parasari and Lestari (2015) indicated that depression in the older people is characterized by a lack of interest in doing activities, fatigue, lack of confidence, to experiencing difficulties in social activities, different from happy older people, who will be more active in social activities.

Older people, who enter old age with various problems at the end of their lives, especially health problems, are expected to be able to have happiness because happiness is a component in life satisfaction (Nemati & Maralani, 2016). Individuals, especially the older people, have the right to be happy in any condition. Happiness becomes an essential thing for the older people because the older people who experience various declines or setbacks need to adjust to these conditions. Health is one of the factors that influence happiness. However, not all sick older people are not happy because other factors can make older people who are sick still feel happy through their old age.

Research results (Indriana et al., 2010; Nuryanti et al., 2019; Parasari & Lestari, 2015; Suardiman, 2011) are not in accordance with the results of an initial survey conducted by researchers in which 91% of 94 respondents who had health complaints or had chronic illnesses showed that they considered their lives to be very valuable and were satisfied with the lives they lead despite being sick. Furthermore, the initial interview conducted by researchers to the older people with the initials HS, male, and 63 years old.

The informant could not carry out normal daily activities because he had diabetes, so he only carried out activities on a bed and wheelchair if he wanted to do outside activities. He stated that despite experiencing limitations due to illness, the informant did not feel sad or sorry. The informant revealed that he felt calm and happy by using their time to carry out worship (religious activities) even in bed. In addition, the older people also still felt comfortable with a family that always supports him.

It appears from the interview results that the state of illness experienced by the older people did not reduce the level of happiness. Happiness in the older people can be influenced by factors other than health. According to Erlangga (2012), happy older people are older people who can positively evaluate themselves in controlling situations or essential problems in a balanced way in life. The positive assessment conducted by the older people is one of them by doing worship. Then, Mayasari (2014) revealed that the level of religiosity embraced provides happiness that is more directed to a meaningful life that is not just positive or negative feelings but rather leads to independence, great expectations, to optimally utilize the potential within themselves. Likewise, the results of research by Sulandari,

Wijayanti, and Sari (2017) emphasized that worship or religious activities regularly can bring happiness to the elderly. It is supported by Bixter (2015) who conducted research on religious effects, and it is obtained the results that religious factors have a greater effect on one's happiness compared to other factors. Another factor that also affects the happiness of the elderly is family support. Family social support can also improve health and well-being in the elderly (Dharma, 2014; Ikasi & Hasanah, 2014). Furthermore, Mastuti and Sulandari (2016) stated that family support contributes more than 50% of the happiness of the elderly. Demir, Jaafar, Bilyk, & Mohd Ariff (2012) pointed out that happiness is closely related to close relationships with other people. The quality of the relationship is more important in influencing one's happiness than the amount or quantity of the relationship itself.

Based on the background above, the researchers aim to describe what the elderly can still do even in the illness condition and how these activities can bring happiness to them.

2. Literature Review

2.1. Happiness

Happiness, in its definition, is the subjective experience in an individual that includes a positive component, which is characterized by the satisfaction in life that reflects the welfare of an individual as a whole. According to (Seligman, 2013), the concept of happiness is that an individual is sure of what is chosen. Happiness is the fulfillment of a need and hope. Happiness is the same as life satisfaction. Diener (2009) argues that in happiness, there are two components, namely the cognitive component and the affective component. The cognitive component is the result of evaluation in life events, which includes hope, while the affective component is a feeling, which contains the meaning of peace, the absence of feeling depressed to live satisfaction. Happy individuals are individuals who have no psychological problems. When an individual experiences psychological pressure, it positively affects their health and perceived happiness.

Happiness is a component of well-being that reflects feelings and satisfaction for oneself, especially happiness reflects the quality of social relationships (Diener, Ng, Harter, & Arora, 2010; Inglehart, Foa, Peterson, & Welzel, 2008). According to (Lu & Gilmour, 2004; Putri, 2018), it is said that happiness is characterized as follows; be physically free from illness, suffering, live a peaceful, peaceful life, free from feelings of worry or fear, live more pleasant, and be accepted by the community, not isolated, able to maintain and have normal social relations until good relationship in the midst of society. Sources of happiness in the elderly can be obtained from various sources,

such as social support, economic level, religiosity, to good relationships in the environment. Further, the findings from (Chei, Lee, Ma, & Malhotra, 2018) shows that perceived happiness can reduce mortality rates that occur in the elderly.

As the concept of happiness, experts (Valois, Zullig, Huebner, & Drane, 2004; Zhao & Wu, 2018), stated that happy older people are characterized by happy feelings, able to receive and interpret information correctly without affecting feelings of happiness, and optimism and have good social relations with others to achieve the required social support.

2.2. Older People

The older people are the end of period in a person's life span. This period starts at the age of 60 years until the end of one's life cycle or until the end of life (Jahja, 2011). According to Government Regulation of the Republic of Indonesia (PP RI) Number 43 of 2004 concerning Implementation of Efforts to Increase Social Welfare Elderly, it states that an older person is someone who has reached the age of 60 (sixty) years and above.

The older people's population continues to increase. Followed from the (World Health Organization [WHO], 2018), in 2015 to 2050, the number of older people is estimated to increase by 22% from the previous number of 12%, while in 2050, the number of older people will increase, especially in developing countries, as much as 80%. Increasing the number of older people in the world will undoubtedly affect the burden on each country. The health threat is one of the problems experienced by the older people, while changes in lifestyle and changing daily activities are a result of aging. The reduced biological and physical functions experienced by the older people make the older people vulnerable to disease.

Changes in the older people can be seen from changes in physical function. Many changes occur in the older people, including changes in body composition, muscles, bones and joints, cardiovascular system, and respiration. Bones, joints, and muscles are interrelated if the joint cannot be moved in accordance with the Range of Motion (ROM), then the movement becomes limited (Ambardini, 2009).

In addition, several changes occur in the older people (Riyanto, 2014), namely: 1. Changes in physical function, including changes from the cellular level to all organ systems, such as the respiratory, hearing, vision, cardiovascular, body temperature regulation systems, and respiration systems. 2. Changes in cognitive function; among the brain functions that decrease gradually with increasing age is the memory function in the form of a setback in naming and the speed of searching for information

that has been stored in the memory center. The ability to send information from short-term memory to long-term memory deteriorates with increasing age.

2.3. Chronic Disease

Prevalence shows that more diseases that attack the older people are non-communicable diseases, such as diabetes, heart disease, and cancer (World Health Organization [WHO], 2011). Chronic illness is a disease that is often experienced by the older people. The results of the studies (Flynn, Markofski, & Carrillo, 2019; Kraja et al., 2016; Shishido & Sasaki, 2020) noted that health threats are one of the problems experienced by the older people as a result of increasing age, changes in lifestyle, and daily activities so that they are susceptible to chronic diseases. Cai, Zhang, Zhao, and Coyte (2018) and Cockerham, Hamby, and Oates (2017) argued that chronic diseases themselves include cancer, cardiovascular, diabetes, lung, stroke, and hypertension. Furthermore, Prince et al., (2014) mentioned that cardiovascular disease accounts for as much as 30.3%, respiratory disease as much as 9.5%, and musculoskeletal disorders as much as 7.5%. More specifically, in Indonesia's data (Pusat Data dan Informasi Kementerian Kesehatan RI [Kemenkes], 2013) found that health problems experienced by the older people, such as gout, high blood pressure, rheumatism, low blood pressure, and diabetes, as much as 32.99% were followed by other diseases, such as runny nose (11.75) and cough (17.81%).

2.4. Previous Research Related To Older People and Chronic Disease

Health problems for the older people affect the level of life satisfaction at the end of the older people's life. Research result (Stephoe et al., 2014) showed that health status is closely related to age so that subjective well-being, such as hedonism feelings (feelings of anger, sadness, happiness, stress, and illness) and eudemonic well-being (the meaning of life), is disturbed.

Chronic illness affects the physical and psychological condition of the older people. Findings from Lotfaliany et al., (2018) mentioned that depression was found in 6.0% of cases, 95% diabetes, 2.14% arthritis, and asthma 3.14%. Furthermore, the results of (Bestari & Wati, 2016) showed that older people, who have more than one chronic disease, have a three times greater risk of feeling anxious. It seems clear that the older people, who experience chronic diseases, indirectly cause feelings of anxiety and depression, so that it will affect the level of happiness of the older people. Findings from (Chei et al., 2018) indicated that perceived happiness can reduce mortality that occurs in the older people. Happiness comes from various sources. The findings of (Sujarwoto, Tampubolon, & Pierewan, 2018) found that older people would be happier and more satisfied in living life in an

adequate economic position; good service is different in the older people who live in conflict regions, the existence of violence makes the level of happiness decreases, and life satisfaction is low. The results of the previous studies (Hori & Kamo, 2018; Rey, Extremera, & Sanchez-Alvarez, 2019) showed that social support received by older people from friends can increase happiness, especially women, because it contributes positively to emotional well-being and is used in passing through each event life. Social support is in the form of information, advice, to the financial. Meanwhile, other findings (Siqueira, Fernandes, & Moreira-Almeida, 2019; Vishkin, Bigman, & Tamir, 2014; You & Lim, 2018) noted that religious influence in regulating emotions and happiness so that the higher the level of religiosity the higher the level of happiness felt. Furthermore, other research results (Chopik & O'Brien, 2017; Jeon et al., 2016; Lestari, 2017; Richards et al., 2015) stressed that apart from harmonious relationships, a stable economic level is equally important as health, which exerts an influence on happiness older people; it is because, with a healthy state, the older people will increase their physical activities, such as running a hobby, having fun, exercising to socializing.

2.5. Research Question

Based on the problems that have been described, the researchers proposed questions, including whether in the sick condition, the older people are still able to feel happy or not, and how they feel the happiness.

Table 1. Informant Characteristic

No.	Informant	Age	Gender	Type of chronic diseases
1	Informant 1 (I1)	70 years old	Male	Diabetes and heart disease
2	Informant 2 (I2)	68 years old	Female	Diabetes
3	Informant 3 (I3)	76 years old	Male	Stroke and high blood pressure
4	Informant 4 (I4)	85 years old	Male	Diabetes
5	Informant 5 (I5)	62 years old	Female	Diabetes
6	Informant(I6)	65 years old	Male	Stroke

3.3. Data Collection

The research method used semi-structured interviews, utilizing interview guides. Interview guides that would be used are listed in table 2.

Table 2. Interview Questions

No	Questions
1.	(What are your current activities?)
2.	(What are the benefits of these activities for you?)
a.	(How have you been feeling lately?)
b.	(What have you been thinking lately?)

3.4. Research Procedure

The following were the steps taken by the researcher in conducting this research, including the researcher who understood the situation and conditions in the field, took care of

3. Method

3.1. Study Design

This study used a qualitative approach. An in-depth interview was used to collect the data. The researcher used a semi-structured interview. A guided interview was prepared to help the researcher obtaining data.

This research involved six older people. The researcher visited the informant's house directly while asking for permission to conduct an interview. The interview was conducted at the informant's house. This study was conducted in Surakarta Residency, Central Java, Indonesia.

3.2. Informants

The informant in this study was selected using purposive sampling. The informant criteria included: older people aged ≥ 60 years who were in the Surakarta Residency, Central Java, and had health problems.

Six older people who were suffering from the chronic disease were chosen to participate in this study. Chronic diseases included stroke, diabetes mellitus, heart disease, and arthritis hypertension. The informants consisted of four men and two women with Muslim and Christian religious backgrounds.

The language used in the interview process was Indonesian and/or Javanese. The choice of language was adjusted to the desires and language skills of the informants.

permission to informants with the time and place agreed upon together, and took data with an interview duration of $\pm 30-60$ minutes per informant. Researchers conducted interviews back to several informants when the data was felt to be lacking, and the

researchers would check the data to informants in order to validate the data.

3.5. Data Analysis

Data obtained from the results of the interview were then transcribed. This transcript was then analyzed using thematic analysis techniques, assisted by the NVivo12 QSR program. The researcher did the coding and then categorizing the theme, according to the purpose of the study. In purpose of publication, the related transcripts were provided in English.

3.6. Research Ethics

Study ethic included informed consent given, and it was filled out by study informants. This research had been granted permission from the Faculty of Psychology.

4. Result

The results of this study are classified into several sub-sections, including 1. Activities that can still be done by the older people who are sick; and 2. The benefits of conducting these activities.

4.1. Activity

Despite having health problems, research informants continue to do daily activities. Activities done by informants include: Worshiping, socializing with the surrounding environment, working, doing the daily course, and having a gym for the older people.

4.1.1. Worshiping

Worshiping is the most activity conducted by informants. Informants 2, 3, 4, 5, and 6 stated that praying, being grateful, fasting, reading the Qur'an, and joining the recitation were still actively done. Especially for informants 4, 5, and 6, they did the evening prayer in the mosque. Informant 3 stated that praying is done at any time without knowing the time, while the informant 2 stated the form of gratitude is to thank God so that he can get up and do the activities again.

[I usually] thanks to Allah, who always protects me while I am taking a rest or waking up.... [I2]

As a Muslim, I need to pray all the time. There is no particular time to pray [I can do any every time]. [I3]

[I usually] come to a Mosque for praying. [I4]

I pray in Mosque every night. [I5]

I am grateful I am still able to go to the Mosque for praying. [I6]

4.1.2. Socializing with the Surrounding Environment

The information above shows that socializing is done for informants 1, 2, 3, 4, and 6. The socializing forms consisted of gathering with children, talking with friends about the relationship, attending the marriage, and helping neighbors who have an event.

Informant 2 and 3 states that they gathered with neighbors in spare time and take part in the conversation. However, it was different from the informant 4, who states that he had no experience in chatting so that he only became a listener when gathering with neighbors or with family.

I have children ... we spend time together every Sunday. [I1]

We meet and have a chat frequently with neighbors on any occasion, such as community meetings. [I2]

If I would like to have a chat with neighbors, I would come to them. [I3]

I go to my neighbor's house when there are community meetings. [I6]

4.1.3. Working

Working was an activity chosen by informants 2, 4, and 6. The works done by older people are to go to the rice fields, fields, and even catfish farming. From what was conveyed to the informant 4, he took part in processing the rice fields. Furthermore, informant 6 stated that he was not only going to the fields but also planting rhizome, spices, and even farming catfish.

[I usually] go to the rice field for working. [I2]

My main activity is only going to the rice field [for working]. [I4]

I am still able to take a walk and still work ing in the rice field regularly ... lately, I also selling spices ... and I grow catfishes in my pond. [I6]

4.1.4. Doing the Daily Chores

Information was given by informants 2, 3, 4, and 5 that they did the daily chores such as sweeping, cleaning the garden, and cooking when they were at home. Meanwhile, informant 4 said about the activities that should be done by her were cleaning the garden, pulling out the grass and collecting firewood for cooking.

[I usually] clean my house ... boiling water for my husband. [I2]

[The activity that I regularly do] sweeping at home. [I3]

[I] cleaning my field, collecting woods when I clean wild grass. [I4]

I work as a traditional chef [foods are as requested]. [I5]

4.1.5. Joining Older People Gymnastics

Informant 6 actively took part in a fitness exercise that is held on every Saturday morning. It is done routinely of personal desires.

[1] Joining an older people community for doing gym every Saturday ... that is my weekly regular activity ... [besides] engaging in other events run by the community. [16]

4.2. The Benefit of Staying Active

Conducting daily activities provides benefits to the informants. Benefits obtained by the informants include: feeling happy, gaining motivation to get merit, exchanging ideas and sharing experiences, helping others, being calm, and maintaining health.

4.2.1. Feeling Happy

Based on information conveyed by informants 2, 3, 4, and 6, who stated that having activities makes the mind more relax because it can be shared with others. One of the aims in conducting activities for older people was to seek entertainment. It seemed that the activities carried out can make older people feel happy. Although these activities were limited to go to the garden and clean the garden from fallen leaves, it indirectly affected the condition of the older people. Older people felt happier than just sleep. Further, taking a rest even made their situation worse. Some informants reflected:

I am excited . [12]

Almost every day I am doing my activities as an entertainment and it makes me happy. [13]

It is entertaining [makes me happy]. Even I am sick but if I can walk around, I would prefer to do it. I also happy to clean up my field from dried leaves. I do it [activity] as far as I am able to do so. [14]

I am happy [doing my daily activities]. [16]

4.2.2. Maintaining Health

Based on the information obtained, it shows that the benefit obtained from activities carried out by older people is to maintain health. It is supported by the statement of the informant 3 that the activities carried out can smooth blood circulation.

Yes [doing the activities] mainly for body movement so the blood will circulate smoothly. As well as reducing the sitting period, then the sleeping hours also need to be controlled and any other things. [13]

If I am doing nothing, my body feel not good. [14]

4.2.3. Being Motivated to Get Reward

Another benefit that was felt by the older people towards conducting activities was getting merit. It was conveyed by the informant 4 who stated that praying was a provision for the Hereafter. Praying at the mosque could bring more friends and more merit than praying at home. Furthermore, the informant 4 also said that fasting has many merits.

Praying at the Mosque is better that do it at home. Like fasting, if we do not do fasting, we only get ten merits, but if we do fasting, we will receive 700 merits. I do fasting as long as I can. The merits are many. [14]

4.2.4. Exchanging Ideas and Sharing Experiences

The benefit of activities undertaken by older people is exchanging ideas and experiences. It is supported by the statement of the informant 4 that activities carried out with friends was felt more comfortable and can be a place to exchange ideas and experiences because of different ages and knowledge.

I prefer to go to my neighbor's house to share ideas or experiences with friends. The conversation topic between the older and the younger is different. The youths are smart, the older like me did not go to school like the young people nowadays. [14]

4.2.5. Helping Others

Associated with the benefits of activities carried out by the older people, it was obtained that conducting activities can help others. It is supported by the statement of the informant 4 that collecting firewood can help her husband to fulfill their daily needs. Additionally, she stressed that one of her daily activities is providing morning beverage for her husband.

[I am] Working as I desire to do it, the most important one is I still able to do it, collecting woods [to help her husband fulfill their daily needs]. Every early morning, [I] boiling water to serve a hot drink for my husband. [14]

4.2.6. Settling Down

Based on the information that has been found that the benefits of activity, such as worshipping, undertaken by older people can make older people feel calm. It is supported by the statement of the informant 2 that the activities carried out can make calm feelings because everything that is left to God and flows as it is. So we can live in a peaceful mind if we can let everything happened [through worshipping] since it is from God. All will be good and relaxing and flows as it is. [12]

5. Discussion

This discussion will explain the results of the research data that have been done. The following discussion is about the results of the above data:

Physical activity is not always related to sports but can be in the form of activities carried out daily, such as: walking and doing housework (Taylor, 2014). Related to activities, the majority of the older people in this study did not make health problems as a barrier to remaining active in carrying out daily/physical activities. Informants are still involved in activities such as: Worshipping, socializing with the surrounding environment, working, doing the daily course, older people exercise.

(World Health Organization [WHO], 2010) emphasized that carrying out physical activity actively can provide several benefits for the body, especially in older people. Current research found that older people who have health problems but remain active in physical activity will get benefits such as feeling happy, gaining motivation to get merit, exchanging ideas and sharing experiences, helping others, being calm, and maintaining health. It appears that physical activity is undertaken by older people indirectly affects their mental health. It is supported by the results of research (Kim, Chun, Heo, Lee, & Han, 2016) who revealed that utilizing spare time to do activities will obtain good benefits such as creating positive emotions, i.e., life satisfaction and well-being. Further research results (Lera-Lopez, Ollo-Lopez, & Santos, 2017; Pertiwi, 2017; Pool, Sadeghi, Majlessi, & Foroushani, 2014) claimed that physical activity is positively related to happiness.

The results of the study (Kim, Lee, Chun, Han, & Heo, 2016) found that utilizing spare time to do physical activities can bring psychological benefits such as optimism, life satisfaction, and well-being. It is in line with this finding that the older people who did activities during the spare time, such as going to the rice fields, planting, and doing older people exercises every Saturday showed a feeling of pleasure. It was stated by Boylu, Ayfer, Gunay, & Gulay (2017) that life satisfaction has a positive impact on the quality of life of older people, so it appears from the findings of this study that the activities carried out by the older people in their spare time are merely to avoid feeling bored, especially for the health of the older people to reduce pain and relaxes muscles.

Souza, Carvalho, & Ferreira, (2018) stated that the results of a systematic review show that physical activity is essential, not only for older people but also for individuals who have certain diseases, such as parkinsonism, cancer, osteoporosis, rheumatoid arthritis, obesity, depression, etc. Furthermore, (Soraki &

Abolghasemi, 2016) added that there is a positive correlation between happiness and health with life expectancy in patients suffering from chronic diseases (cancer).

According to Hongu, Gallaway, and Shimada (2015) there are five benefits of physical activity for the older people, namely: increasing the chance of living longer, reducing the risk of type 2 diabetes and metabolic syndrome, improving the quality of life, promoting social interaction, and improving brain health. (Francis, 2014) wrote a literature review article related to physical activities. The results of some of the literature reviews indicate that physical activity can prevent various diseases, and the risks of health problems, improve social well being and increase psychological well-being.

One of the interesting findings from this research is related to the activity of "socializing with the surrounding environment" that, in fact, can help informants to interpret a happier life. Socializing with others involves physical activity because informants visit relatives or neighbors. Moreover, more activities are carried out when they are socializing. Forms of social activities include talking with neighbors, coming to weddings, and mourning. The finding from Hsu and Chang (2015) revealed that happiness is not limited to the interaction but rather the involvement between others and the social support received.

Other studies (Didino et al., 2017; Kapikiran, 2016; Moeini, Barati, Farhadian, & Ara, 2018) mentioned that social support in the form of information, judgment, and emotional support received by the older people can positively increase happiness and life satisfaction of older people. Additionally, (Seligman, 2002) added that one crucial aspect of happiness is involvement. Through social activities with other people also foster social support from the surrounding so that it can support the happiness of older people.

Moreover, the support of family and the environment can bring happiness to someone who suffers/has complaints of illness or has a chronic illness. According to (Sulandari et al., 2017), living with family is one of the factors that can bring happiness, as is the case for some older people who care for grandchildren is happiness.

These results are not in line with the finding (Asadullah & Chaudhury, 2012), which uncover that no relationship between religion or gender affects happiness, but interpersonal relationships and social wealth will affect happiness. Hence, it differs from this study that shows that religious activities play an important role in happiness. Further finding (Sander, 2017) showed that religious background impacts on happiness. The findings in this study show that religious activities carried out by older people have a positive impact on the psychological health

of older people, such as feeling calm, happy, gaining motivation to get merit.

Bayani (2014) revealed that there is a significant relationship between religion and happiness. Furthermore, Sulandari et al., (2017) states that some religious activities undertaken by older people can make the older people feel happy through gaining calm and the spirit of activity, feeling happy, and feeling closer to God.

Even though older people are sick, they can still work, and it can grow their satisfaction. It is in line with the opinion (Suardiman, 2011), who stated that older people work to maintain physical condition remains active and motivated by the desire to be independent. Suardiman also added that older people who can meet their needs independently would feel satisfied. It is supported by the opinion of Santrock (2012), who noted that older people will feel happier when they are active, energetic, and productive. Besides, Indriana (2013) also believed that working is not only for economic needs, but also for an opportunity to develop themselves, build relationships, find life experiences, have the creative spirit, and to make themselves useful for others.

6. Conclusion

Based on the results of the study, it can be concluded that older people with chronic diseases were still able to be active in worship, socializing with the surrounding environment, working, doing daily chores, and having older people gymnastic. The benefits of engaging activities include the ability to feel happy, gain motivation to get merits, exchange ideas and share experiences, help others, be calm, and have good health. Older people with chronic disease can feel happy by actively doing various physical and social activities. This study result emphasized the importance of being engaged in activities for older people to achieve happiness even though they have poor health status.

7. Acknowledgement

We thank the Center for Islamic and Indigenous Psychology and Faculty of Psychology, Universitas Muhammadiyah Surakarta, for providing permissions for us to conduct the research and resources. This research receives a specific grant from Universitas Muhammadiyah Surakarta.

References

1. Amalia. (2017). Pengaruh persepsi kesehatan terhadap tingkat kebahagiaan pada lansia [Effect of health perception on happiness levels in the older people]. *Journal Psikovidya*, 21(2), 1689–1699. <https://doi.org/10.1017/CBO9781107415324.004>

2. Ambardini, R. L. (2009). *Aktivitas fisik pada lanjut usia [Physical activity in the elderly]*. Yogyakarta: UNY, 1–9. <http://staffnew.uny.ac.id/upload/132256204/penelitian/Aktivitas+Fisik+Lansia.pdf>
3. Asadullah, M. N., & Chaudhury, N. (2012). Subjective well-being and relative poverty in rural Bangladesh. *Journal of Economic Psychology*, 33(5), 940–950. <https://doi.org/10.1016/j.joep.2012.05.003>
4. Indonesian Central Bureau Statistics [BPS]. (2014). *Statistik penduduk lanjut usia 2014 [The statistics of older people 2014]*. Jakarta. <https://www.bps.go.id/publication/download.html?nr=ZTgzNzViOWI3YThlMGQzODBhMWZkMWRh&xzmn=aHR0cHM6Ly93d3cuYnBzLmdvLmlkL3B1YmxpY2F0aW9uLzIwMTUvMTEvMDIvZTgzNzViOWI3YThlMGQzODBhMWZkMWRhL3N0YXRpc3Rpay1wZW5kdWRlay1sYW5qdXQtdXNpYS0yMDE0Lmh0bWw%3D&twoadfnearfeauf=MjA5MCOwNS0xMiAwND00To0MQ%3D%3D>
5. Bayani, A. A. (2014). The Relationship between religiosity and happiness among students in an Iranian University. *Pertanika Journal of Social Science Humanities*, 22(3), 709–716. Retrieved from <https://core.ac.uk/download/pdf/153832255.pdf#page=23>
6. Bestari, B. K., & Wati, D. N. K. (2016). Penyakit kronis lebih dari satu menimbulkan peningkatan perasaan cemas pada lansia di Kecamatan Cibinong [More than one chronic disease causes an increase in anxiety in the elderly in Cibinong District]. *Jurnal Keperawatan Indonesia*, 19(1), 49–54. <https://doi.org/10.7454/jki.v19i1.433>
7. Bixter, M. T. (2015). Happiness, political orientation, and religiosity. *Personality and Individual Differences*, 72, 7–11. <https://doi.org/10.1016/j.paid.2014.08.010>
8. Boylu, A., Ayfer, Gunay, & Gulay. (2017). Life satisfaction and quality of life among the elderly: moderating effect of activities of daily living. *Turkish Journal of Geriatrics*, 20(1), 61–69. http://geriatri.dergisi.org/uploads/pdf/pdf_TJG_971.pdf
9. Cai, J., Zhang, L., Zhao, Y., & Coyte, P. C. (2018). Psychological mechanisms linking county-level income inequality to happiness in China. *International Journal of Environmental Research and Public Health*, 15(12). <https://doi.org/10.3390/ijerph15122667>
10. Chei, C.-L., Lee, J. M.-L., Ma, S., & Malhotra, R. (2018). Happy older people live longer. *Age and*

- Ageing, 47(6), 860–866.
<https://doi.org/10.1093/ageing/afy128>
11. Chopik, W. J., & O'Brien, E. (2017). Happy you, healthy me? Having a happy partner is independently associated with better health in oneself. *Health Psychology*, 36(1), 21–30.
<https://doi.org/10.1037/hea0000432>
 12. Cockerham, W. C., Hamby, B. W., & Oates, G. R. (2017). The Social determinants of chronic disease. *American Journal of Preventive Medicine*, 52(1), S5–S12. <https://doi.org/10.1016/j.amepre.2016.09.010>
 13. Demir, M., Jaafar, J., Bilyk, N., & Mohd Ariff, M. R. (2012). Social Skills, friendship and happiness: A Cross-cultural investigation. *The Journal of Social Psychology*, 152(3), 379–385.
<https://doi.org/10.1080/00224545.2011.591451>
 14. Dharma, A. (2014). Bentuk dukungan keluarga pada lansia etnis Tionghoa di Kota Bandung [Form of family support for elderly ethnic Chinese in the city of Bandung]. *Temu Ilmiah IPLBI [IPLBI Scientific Meeting]*. <https://adoc.tips/bentuk-dukungan-keluarga-pada-lansia-etnis-tionghoa-di-kota.html>
 15. Didino, D., Taran, E. A., Gorodetski, K., Melikyan, Z. A., Nikitina, S., & Gumennikov, I. (2017). Exploring predictors of life satisfaction and happiness among Siberian older adults living in Tomsk Region. *European Journal of Ageing*.
<https://doi.org/10.1007/s10433-017-0447-y>
 16. Diener, E. (2009). Subjective Well-being. In Diener E. (Ed). *The science of well-being. the collected works of Ed Diener*. New York: Springer.
 17. Diener, E., Ng, W., Harter, J., & Arora, R. (2010). Wealth and happiness across the world: Material prosperity predicts life evaluation, whereas psychosocial prosperity predicts positive feeling. *Journal of Personality and Social Psychology*, 99(1), 52–61. <https://doi.org/10.1037/a0018066>
 18. Erlangga, S. W. (2012). Subjektif well being pada lansia penghuni panti jompo [Subjective well being at the Older people occupants of nursing homes]. Universitas Gunadarma. Retrieved from <http://repository.gunadarma.ac.id/bitstream/123456789/1050/1/10504164.pdf>
 19. Flynn, M. G., Markofski, M. M., & Carrillo, A. E. (2019). Elevated inflammatory status and increased risk of chronic disease in chronological aging: Inflamm-aging or inflamm-inactivity? *Aging and Disease*, 10(1), 147.
<https://doi.org/10.14336/AD.2018.0326>
 20. Francis, P. (2014). Physical activities in elderly. In *Benefits and barriers*. Retrieved from https://www.theseus.fi/bitstream/handle/10024/77087/Francis_Purity.pdf?sequence=1&isAllowed=y
 21. Hongu, N., Gallaway, P. J., & Shimada, M. (2015). Physical activity for older adults: Tips for getting started and staying active. Retrieved from <https://repository.arizona.edu/bitstream/handle/10150/577440/az16792015.pdf?sequence=1&isAllowed=y>
 22. Hori, M., & Kamo, Y. (2018). Gender differences in happiness: the effects of marriage, social roles, and social support in East Asia. *Applied Research in Quality of Life*, 13(4), 839–857.
<https://doi.org/10.1007/s11482-017-9559-y>
 23. Hsu, H., & Chang, W. (2015). Social connections and happiness among the elder population of Taiwan. 7863(September).
<https://doi.org/10.1080/13607863.2015.1004160>
 24. Ikasi, A., & Hasanah, O. (2014). Hubungan dukungan keluarga terhadap kesepian (lonelinnes) pada lansia [Relationship of family support against loneliness in the older people]. *Jurnal Keperawatan Komunitas*, 1(2), 1–7.
<https://jom.unri.ac.id/index.php/JOMPSIK/article/view/3376/3273>
 25. Indriana, Y. (2013). *Gerontology & progeria*. Yogyakarta. Pustaka Pelajar.
 26. Indriana, Y., Kristiana, I. F., Sonda, A. A., & Intanirian, A. (2010). Tingkat stres lansia di panti wredha “Pucang Gading” Semarang [The stress level of the elderly in the "Pucang Gading" nursing home Semarang]. *Jurnal Psikologi Undip*, 8(2), 87–96.
<https://doi.org/10.14710/jpu.8.2.87-96>
 27. Inglehart, R., Foa, R., Peterson, C., & Welzel, C. (2008). Perspectives on psychological science rising happiness: A global perspective (1981–2007). *Perspectives on Psychological Science*, 3(4), 264–285.
<https://doi.org/10.1111/j.1745-6924.2008.00078.x>
 28. Jahja, Y. (2011). *Psikologi Perkembangan [Developmental psychology]*. Jakarta: Kencana Prenada Media Group.
 29. Jeon, S. W., Han, C., Lee, J., Lim, J., Jeong, H.-G., Park, M. H., ... Steffens, D. C. (2016). Perspectives on the happiness of community-dwelling elderly in Korea. *Psychiatry Investigation*, 13(1), 50.
<https://doi.org/10.4306/pi.2016.13.1.50>
 30. Kapikiran, S. (2016). Relationship between life satisfaction and loneliness in the elderly: Examining

- the mediator role of social support. *Elderly Issues Research Journal*, 9(1), 13–25.
31. Indonesian Ministry of Health. (2017). Analisis lansia di Indonesia. In Pusat data dan informasi Kementerian Kesehatan RI [Analysis of the elderly in Indonesia. In Indonesian Ministry of Health data and information center]. Retrieved from [www.depkes.go.id/download.php?file=download/.../infodatin lansia 2016.pdf](http://www.depkes.go.id/download.php?file=download/.../infodatin%20lansia%202016.pdf)
 32. Kim, J., Chun, S., Heo, J., Lee, S., & Han, A. (2016). Contribution of keisure-time physical activity on psychological benefits among elderly immigrants. *Applied Research in Quality of Life*, 11, 461–470. <https://doi.org/10.1007/s11482-014-9374-7>
 33. Kim, J., Lee, S., Chun, S., Han, A., & Heo, J. (2016). The effects of leisure-time physical activity for optimism, life satisfaction, psychological well-being, and positive affect among older adults with loneliness. *Annals of Leisure Research*, 20(4), 406–415. <https://doi.org/10.1080/11745398.2016.1238308>
 34. Kraja, F., Kraja, B., Mone, I., Harizi, I., Babameto, A., & Burazeri, A. (2016). Self-reported prevalence and risk factors of non-communicable diseases in the Albanian adult population. *Medical Archives*, 70(3), 208. <https://doi.org/10.5455/medarh.2016.70.208-212>
 35. Lera-Lopez, F., Ollo-Lopez, A., & Santos, J. M. S. (2017). How does physical activity make you feel better? The mediational role of perceived health. *Applied Research Quality Life*, 12(3), 511–531. <https://doi.org/10.1007/s11482-016-9473-8>
 36. Lestari, M. D. (2017). Persahabatan: makna dan kontribusinya bagi kebahagiaan dan kesehatan lansia
 37. [Friendship: its meaning and contribution to elderly people's happiness and health]. *Jurnal Psikologi Ulayat*, 4(1), 59–82. <https://jpu.k-pin.org/index.php/jpu/article/view/80>
 38. Lobos, G., Lapo, M. del C., & Schnettler, B. (2016). In the choice between health and money, health comes first: an analysis of happiness among rural Chilean elderly. *Cadernos de Saúde Pública*, 32(5), 1–12. <https://doi.org/10.1590/0102-311x00032215>
 39. Lotfaliany, M., Bowe, S. J., Kowal, P., Orellana, L., Berk, M., & Mohebbi, M. (2018). Depression and chronic diseases: Co-occurrence and communality of risk factors. *Journal of Affective Disorders*, 241(1), 461–468. <https://doi.org/10.1016/j.jad.2018.08.011>
 40. Lu, L., & Gilmour, R. (2004). Culture and conceptions of happiness: individual oriented and social oriented swb. *Journal of Happiness Studies*, 5(3), 269–291. <https://doi.org/10.1007/s10902-004-8789-5>
 41. Mastuti, D. A., & Sulandari, S. (2016). Kebahagiaan lansia ditinjau dari dukungan keluarga [Older people happiness based on family support]. Skripsi. Universitas Muhammadiyah Surakarta. <http://eprints.ums.ac.id/47181/>
 42. Mayasari, R. (2014). Religiusitas islam dan kebahagiaan (sebuah telaah dengan perspektif psikologi) [Islamic religiosity and happiness (a study with a psychological perspective)]. *Al-Munzir*, 7(2). <https://scholar.google.co.id/citations?user=iRu258MAAAAJ&hl=en>
 43. Moeini, B., Barati, M., Farhadian, M., & Ara, M. H. (2018). The Association between social support and happiness among elderly in Iran. *Korean Journal of Family Medicine*, 39(4), 260–265. <https://doi.org/10.4082/kjfm.17.0121>
 44. Nemati, S., & Maralani, F. M. (2016). The relationship between life satisfaction and happiness: The mediating role of resiliency. *International Journal of Psychological Studies*, 8(3), 194. <https://doi.org/10.5539/ijps.v8n3p194>
 45. Nuryanti, T., Indarwati, R., & Hadisyatmana, S. (2019). Hubungan perubahan peran diri dengan tingkat depresi pada lansia yang tinggal di Upt Pslu Pasuruan Babat Lamongan [The relationship of changes in self-role with the level of depression in the older people who live in Upt Pslu Pasuruan Babat Lamongan]. *Indonesian Journal of Community Health Nursing*, 1(1), 1–7. <https://doi.org/org/10.20473/ijchn.v1i1.11898>
 46. Paramitha, T., & Puspitasari, R. (2016, May 27). 2050, Lansia Indonesia diperkirakan 80 juta jiwa [Older people Indonesians estimated at 80 million] . Retrieved from <http://life.viva.co.id/news/read/777596-2050-lansia-indonesia-diperkirakan-80-juta-jiwa>
 47. Parasari, G. A. T., & Lestari, M. I. (2015). Hubungan dukungan sosial keluarga dengan tingkat depresi pada lansia di Kelurahan Sading [Relationship of family social support with the level of depression in the older people in Kelurahan Sading] . *Journal of Psikologi Udayana*, 2(1), 68–77. Retrieved from https://simdos.unud.ac.id/uploads/file_penelitian_1_d/ir/32e2446de8cade15a040dcd46400cb4b.pdf
 48. Pertiwi, R. (2017). Kebahagiaan pada lanjut usia ditinjau dari keterlibatan dalam aktivitas sehari-hari [Happiness in the older people is shown by involvement in daily activities] .Universitas Muhammadiyah Surakarta.

- <http://eprints.ums.ac.id/48982/14/Nas-Pub%20Rizkya.pdf>
49. Pool, M. K., Sadeghi, R., Majlessi, F., & Foroushani, A. . R. (2014). Effects of physical exercise programme on happiness. *Journal of Psychiatric and Mental Health Nursing*, 22(1), 1–11. <https://doi.org/10.1111/jpm.12168>
 50. Prince, M. J., Wu, F., Guo, Y., Gutierrez Robledo, L. M., O'Donnell, M., Sullivan, R., & Yusuf, S. (2014). The burden of disease in older people and implications for health policy and practice. *The Lancet*, 385(9967), 549–562. [https://doi.org/10.1016/S0140-6736\(14\)61347-7](https://doi.org/10.1016/S0140-6736(14)61347-7)
 51. Indonesian Ministry of Health Data and Information Center [Kemenkes]. (2013). Gambaran kesehatan lanjut usia di Indonesia [Overview of older people health in Indonesia].
 52. Putri, E. W. (2018). Konsep kebahagiaan dalam perspektif Al-Farabi [The concept of happiness in the perspective of Al-Farabi] . *Thaqafiyat: Jurnal Bahasa, Peradaban Dan Informasi Islam*, 19(1), 95–111. <http://ejournal.uin-suka.ac.id/adab/thaqafiyat/article/view/1321>
 53. Rey, L., Extremera, N., & Sanchez-Alvarez, N. (2019). Clarifying the links between perceived emotional intelligence and well-being in older people: Pathways through perceived social support from family and friends. *Applied Research in Quality of Life*, 14(1), 221–235. <https://doi.org/10.1007/s11482-017-9588-6>
 54. Richards, J., Jiang, X., Kelly, P., Chau, J., Bauman, A., & Ding, D. (2015). Don't worry, be happy: cross-sectional associations between physical activity and happiness in 15 European countries. *BMC Public Health*, 15(1), 53. <https://doi.org/10.1186/s12889-015-1391-4>
 55. Basic Health Research [Riskesdas]. (2018). Prevalensi Penyakit Tidak Menular Meningkat [The prevalence of non-communicable diseases is increasing]. <https://www.suara.com/health/2018/11/02/101437/hasil-riskesdas-2018-penyakit-tidak-menular-semakin-meningkat>
 56. Riyanto, W. B. (2014). Beberapa kondisi fisik dan penyakit yang merupakan faktor resiko gangguan fungsi kognitif [Several physical conditions and diseases are risk factors for cognitive dysfunction] . *Cermin Dunia Kedokteran*-212, 41(1). <https://docplayer.info/97295-Beberapa-kondisi-fisik-dan-penyakit-yang-merupakan-faktor-risiko-gangguan-fungsi-kognitif.html>
 57. Sander, W. (2017). Religion, Religiosity, and Happiness. *Review of religious research*, 59(2), 251–262. <https://doi.org/10.1007/s13644-017-0285-6>
 58. Santrock, J. W. (Ed). (2012). *Life-span development*. Jakarta: PT. Gelora Aksara Pratama.
 59. Seligman, M. E. P. (2002). *Authentic happiness: using the new positive psychology to realize your potential for lasting fulfillment*. New York: The Free Press.
 60. Seligman, M. (2013). *Beyond authentic hapiness: Menciptakan kebahagiaan sempurna dengan psikologi positif [Creating perfect happiness with positive psychology]* . Bandung: PT Mizan Pustaka.
 61. Shishido, K., & Sasaki, T. (2020). Happiness in Japan: A hierarchical age-period-cohort analysis based on JGSS cumulative data 2000–2015. In *Quakity of life in Japan Contemporary Persectives on Happiness* (pp. 15–45). https://doi.org/10.1007/978-981-13-8910-8_2
 62. Siqueira, J., Fernandes, N. M., & Moreira-Almeida, A. (2019). Association between religiosity and happiness in patients with chronic kidney disease on hemodialysis. *Jornal Brasileiro de Nefrologia : 'orgao Oficial de Sociedades Brasileira e Latino-Americana de Nefrologia*, 41(1), 22–28. <https://doi.org/10.1590/2175-8239-JBN-2018-0096>
 63. Soraki, N., & Abolghasemi, S. (2016). Relationship between happiness and health with a life expectancy of cancer patients. *Journal of Current Research in Science*, 2, 403.
 64. Souza, ILidia N. N. DE, Carvalho, P. H. B. De, & Ferreira, Ma. E. C. (2018). Quality of life and subjective well-being of physically active elderly people: A systematic review. *Journal of Physical Education and Sport*, 18(3), 1615–1623. <https://doi.org/10.7752/jpes.2018.03237>
 65. Steptoe, A., Deaton, A., & Stone, A. A. (2014). Subjective wellbeing, health, and ageing. *The Lancet*, 6736(13), 1–9. [https://doi.org/10.1016/S0140-6736\(13\)61489-0](https://doi.org/10.1016/S0140-6736(13)61489-0)
 66. Suardiman, S. P. (2011). *Psikologi lanjut usia [Psychology of older people]* . Yogyakarta: Gadjah Mada University Press.
 67. Sujarwoto, S., Tampubolon, G., & Pierewan, A. C. (2018). Individual and contextual factors of happiness and life satisfaction in a low middle income country. *Applied Research in Quality of Life*, 13(4), 927–945. <https://doi.org/10.1007/s11482-017-9567-y>

68. Sulandari, S., Wijayanti, M., & Sari, R. D. P. (2017). Religious activity: an alternative to achieve happiness in later life. *Journal Of Education and Social Sciences*, 6(2), 55–64. Retrieved from https://www.jesoc.com/wp-content/uploads/2017/04/KC6_32a.pdf
69. Taylor, D. (2014). Physical activity is medicine for older adults. *Postgraduate Medical Journal*, 90(1059), 26–32. <https://doi.org/10.1136/postgradmedj-2012-131366>
70. Valois, R. F., Zullig, K. J., Huebner, E. S., & Drane, J. W. (2004). Physical activity behaviors and perceived life satisfaction among public high school adolescents. *Journal of School Health*, 74(2), 59–65. <https://doi.org/10.1111/j.1746-1561.2004.tb04201.x>
71. Vishkin, A., Bigman, Y., & Tamir, M. (2014). Religion, emotion regulation, and well-being. In *Religion and Spirituality across cultures* (pp. 247–269). https://doi.org/10.1007/978-94-017-8950-9_13
72. World Health Organization [WHO]. (2010). *Global recommendations on physical activity for health*. Geneva: World Health Organization. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK305057/>
73. World Health Organization [WHO]. (2011). *Noncommunicable diseases country profile 2011*. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
74. World Health Organization [WHO]. (2018). *Ageing and health*. Retrieved from [file:///G:/lansia/lansia/lansia/Ageing and health.html](file:///G:/lansia/lansia/lansia/Ageing%20and%20health.html)
75. You, S., & Lim, S. A. (2018). Religious orientation and subjective well-being: The mediating role of meaning in life. *Journal of Psychology and Theology*, 47(1), 34–47. <https://doi.org/10.1177/0091647118795180>
76. Zhao, Y., & Wu, L. (2018). Your health, my happiness: Optimism and socioeconomic status as moderators between spousal health and life satisfaction among the elderly. *Open Journal of Social Sciences*, 06(12), 127–141. <https://doi.org/10.4236/jss.2018.612012>