Research Article

The Influence of Socioeconomic Characteristics and Family Support on the Quality of Life and Well-Being of the Elderly in Jambi Province, Indonesia

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Abstract

This study aims to analyze: 1) family support for the elderly; 2) the quality of life and subjective well-being of the elderly; 3) the influence of socio-economic factors and family support on the quality of life and welfare of the elderly. The study found that: 1) Family support for elderly people in Jambi Province is relatively good. The dominant type of support is appreciation/recognition support while the lowest support is financial support; 2) The quality of life of the elderly in Jambi Province is relatively good; 3) Socio-economic characteristics of elderly families and the characteristics of elderly individuals have a significant effect on family support for the elderly. The quality of life of the elderly is directly influenced by family support. Furthermore, the elderly welfare is directly influenced by the quality of life of the elderly, family support and dan characteristics of elderly individuals.

Keywords: elderly; family support; quality of life; well-being

Introduction

The world population, including in Indonesia, is currently heading towards an aging process, which is marked by the increasing number and proportion of elderly. The elderly (60 years old and over) in Indonesia experienced a significant increase, in 1990 (Badan Pusat Statistik [BPS], 1992) the new elderly population reached 11.3 million or 6.3 percent of the total population, and the figure increased to 22.5 million or 8.69 percent in 2016 (BPS, 2017).

The increase in the number of elderly was due to the improvement in the socio-economic and health services; also due to the increase in the knowledge level of people.It

has, in turn, an impact on increasing life expectancy. In 1980, the life expectancy in Indonesia was 55.30 years old and it increased in 2016 to 70.9 years old.

As one of the regions in Indonesia, Jambi Province's population age structure is also experiencing an aging process. In 1990 (BPS, 1992), the proportion of the elderly in Jambi Province was 4.00 percent, and in 2016 it became 6.72 percent (BPS, 2017). The increasing proportion of the elderly population in Jambi Province can be interpreted as the success of the development which has succeeded in improving the level of people's health in this region. However, it is important to realize that the elderly will

naturally experience physical, psychological and social deterioration so that they will depend on others (Fatmah, 2010). The dependency of elderly people can be lessened if the elderly are healthy, active, productive, and independent, and have a good quality of life (Yuliati *et al.*, 2014).

Active elderly means that they continue to participate in social, economic, cultural, spiritual and community activities, not only the ability to be physically active and participate in the workforce. The term "active aging" has been promoted globally by WHO (2002), which means that the elderly must actively take the opportunities to stay healthy, actively participate and be financially safe to improve the quality of life (Arifin *et al.* 2012). The life of elderly people who have a good quality of life will lead them to the state of well-being; on the contrary, if their quality of life is low, it will lead them to the state of ill-being (Brown *et al.*, 2004).

Based on the phenomenon, this study aims to analyze: 1) socio-economic characteristics of individuals and the families of elderly in Jambi Province; 2) family support for the elderly in Jambi Province; 3) the quality of life and welfare of the elderly in Jambi Province; 4) the influence of socioeconomic characteristics and family support on the quality of life and welfare of the elderly in Jambi Province.

Literature Review

Definition of Elderly
Elderly is the final stage of the aging process. Departemen Kesehatan Republik Indonesia (2013) identified elderly as someone who is 60 years old or older. Regarding to the limit of age, there are several definitions of elderly. WHO classified elderly into 4 categories, i.e. middle age (45-49 years old), elderly (60-74 years old), old (75-90 years old), and very old (over 90 years old).

Unlike the classification before, Santrock (2002) stated that there are two points of view regarding the definition of elderly. People in Western countries consider elderly as someone who is 65 years old or over. On the other hand, in Indonesia, elderly are people aged 60 years and over. It is based on the Government Regulation of the Republic of Indonesia No. 43 of 2004 concerning Implementation Efforts to Increase Elderly Social Welfare, which defined elderly as those who reach the age of 60 years and over.

Referring to some of those concepts and definitions of elderly, this study considers elderly as those who reach the age of 60 years and over.

Elderly Welfare
Welfare is something that is subjective in nature that each person has different guidelines, goals and ways of life so as to provide different values about the factors that determine the level of welfare (Andriani, 2009). Therefore, welfare is difficult to define and more difficult to measure.

Generally, welfare measures are classified into two categories, i.e. objective and subjective welfare. In this study, subjective welfare / well-being is used to measure the elderly welfare. Subjective well-being reflects an individual's evaluation of his life, including happiness, happy/joyful condition, and life satisfaction, and the lack of unpleasant emotions (Simanjuntak, 2010).

Sumarwan and Hira (1993) in Andriani (2009) stated that satisfaction as variable is a better indicator that happiness as variable, because we can see the gap between aspirations and goals to be achieved (objectives). According to Guhardja *et al.* (1992) whether a person is satisfied or not can be associated to his values and his desired objectives. If the objectives achieved are in accordance with his values, satisfaction is expected. The measure for satisfaction can vary for each individual and is subjective.

Quality of Life
Quality of life (QoL) is an individual's perception of his life or is determined as happiness or life satisfaction (WHO, 1997). According to Calman cited by Silitonga (2007), quality of life is the gap between the hopes and aspiration and actual happens. It is known as "Calman's Gap". Calman revealed the importance of knowing the gap between the actual feelings and the hopes/desires. If the gap is wide, meaning there is an incompatibility, it indicated that a person's quality of life is low, while there is high quality of life if the gap is small.

According to Ventegodt *et al.* (2003), QoL can be classified into three groups centered on a good aspect of life, i.e. (1) Subjective quality of life is how a good life felt by each individual. They personally evaluate how they describe and feel about something; (2) Existential quality of life is how well a person's life. It assumes that individuals have a deeper nature that that the right to be respected and where individuals can live in harmony; (3) Subjective quality of life is how a person's life is assessed in the outside. Objective quality of life explains a person's ability to adapt to cultural values and proclaim his life.

Quality of life in this study refers to aspects of quality of life in WHOQOL-BREF (Skevington *et al.*, 2004). There are 4 domains divided into several phases. These domains are (1) physical health; (2) psychological; (3) social relationship; (4) environment.

The physical health domain consists of sub-domains, i.e. (a) Activities of daily living; describes the difficulties and conveniences individuals feel in daily activities; (b) Dependence on medicinal substances and medicinal aids; describes an individual's dependence on drugs or medical assistance in daily activities; (c) Energy and fatigue; describes the level of energy an individual has in everyday life; (d) Mobility; describes the level of individual mobility; (e) Pain and discomfort; describes the individual discomfort

to the pain they have; (f) Sleep and rest; describes the quality of individual rest; (g) Work capacity; describes an individual's ability to complete tasks; (h) Sexual activity; describes the individual's sexual life.

Psychological domain consists of sub-domains, i.e (a) Body image and appearance; describes how individuals perceive their body image and appearance; (b) Self-esteem; describes how individuals judge and view themselves; (c) Thinking, learning, memory and concentration; describes the cognitive aspects of individuals that allow for concentration, learning and other cognitive functions.

Social relationship domain consists of sub-domains, i.e. (a) Personal relationship; describes individual's relationships with children, daughter/son-in-law, grandchildren and relatives; (b) social support; describes social relationships with neighbors, friends and social support obtained from the surrounding environment.

Environment domain consists of sub-domains i.e. (a) Financial resources; describes the individual's financial condition; (b) Freedom, physical safety and security; describes the condition of physical safety and comfort of surrounding (environment) that can affect their freedom, such as pollution/noise/climate; (c) Health and social care; describes the availability of health and social care; (d) Home environment; describes the condition of individual residences; (e) Opportunity for acquiring new information and skills and accessing transportation as a support for daily activities; describes the presence or absence of opportunities for individuals to obtain information and improve the skills needed; (f) Participation in and opportunities for recreation/leisure activities; describes the opportunities to participate in recreation and for enjoying free time.

Family Support for the Elderly

Family support for the elderly means an assistance or support received by the elderly from individuals in the family, so that the elderly can enjoy their old age in good quality and prosperous manner. Types of family support can be categorized into five, i.e. emotional support, appreciation, information support, and financial support.

Emotional support is an expression of affection and love from people around individuals (Russel, *et al.*, 1994) in Puspitawati (2009). Individuals can devote their feelings, sadness or disappointment to someone, which makes individuals as recipients of social support feel an attachment, closeness to the people giving support, thus giving rise to a sense of security and trust (Conger *et al.*, 1994). Turner and Gartrell (1983) and Mirowsky and Ross (1989) argued that this emotional support is very important and is needed by every individual in every period of life, the outpouring of deep attention makes the individual can express his feelings, and it is very helpful for the mental

health and well-being of individuals. Similarly Sarafino (1996) said that emotional support involves the expression of empathy and attention to the individual, so that the individual feels comfortable, loved and cared for. It is including behaviors such as giving attention and affection and being willing to listen to the complaints of others. This support is usually from people who have close relationships with individuals, such as family, neighbors or maybe friends.

Appreciation/recognition from others for their abilities and qualities makes individuals as recipients of support feel that they have a value in themselves and are appreciated for everything they have done (Cutrona and Russel, 1990; Felton and Berry, 1992). This support can be in the form of praise, prizes, statements of agreement, and positive assessment of ideas, feelings or performance of other people or willing to accept any shortcomings in him.

Information support allows individuals as recipients of support to gain knowledge from others (Felton and Berry, 1992). The knowledge can be in the form of guidance, direction, discussion of a problem or teaching a skill. With the information obtained, the individual can solve the problem or get new knowledge.

Instrumental support involves direct assistance, e.g. in the form of financial assistance/support or assistance in carrying out certain tasks (Sarafino, 1996). Supports are in the form of material or services provided by others to individuals as recipients of support (Borgatta, 1992 in Tati 2004). It can be money, daily necessities or practical assistance, such as providing transportation facilities, lending money or other household items, providing time and energy to take care of children.

Collins *et al.* (1993) divided this type of support in three interrelated elements, that is a) life partner or close friend helps individuals mobilize their psychological resources and mastery of their emotional burden; b) They share in doing work of the individual; and then c) they help the individual as the recipient of support by giving extra money, materials, equipment, skills and cognitive instructions to ameliorate the way he handles the situation.

Financial support. In general, the elderly are retirees or those who are no longer productive. Economically, the elderly can be classified into 3 (three) groups, i.e. steady, less steady and vulnerable (Trimarjono, 1997 in Suhartini, 2004). In steady group, the elderly are highly educated and have been in a high/good position (in their job). They were well established in their productive age, so the elderly can be independent and not dependent on others in their old age. In the group of less steady, they are less successful in reaching a high position, but have had time to invest in their children, for example, to take their children to higher education, so that later they will be supported by their

children. Meanwhile, in the vulnerable group, the elderly are unable to provide sufficient necessities to their children so that when they are retired, it will bring anxiety to them (in old age) because their well-being is threatened.

Previous Researches and Position of This Research

Researches on the quality of life and welfare of the elderly have been carried out in Indonesia and other countries. Hongthong *et al.* (2015) found that the ability to perform daily living activities (*Activities of daily* living/ADL), income, consumption of alcohol and present illness significantly affected the quality of life of elderly people in rural Thailand. The same thing was also found in Pernambuco *et al.* (2012) which stated that the elderly who are active in carrying out physical activities and having good quality activities will have a better quality of life.

Khan, *et al.* (2014) in Bangladesh found that the quality of life of the elderly was determined by gender, marital status, level of education, employment status and income. The same thing was also found by Aghamolaei *et al.* (2011) in Iran which stated that elderly women with low education tend to have a lower quality of life.

Baernholdt *et al.* (2012) in the United States found that the quality of life of the elderly was affected by chronic diseases, ADL and depression. The same thing was found by Xia, *et al.* (2012) in urban China. There is a link between age, gender, and chronic illnesses to the quality of life of the elderly. Rohmah *et al.* (2012) found that some factors such as physical, social, and environmental affect the quality of life of the elderly and psychological is the dominant factor.

Those studies still separately regarded the factors affecting the quality of life of the elderly and the factors affecting the elderly welfare. In this regard, this study takes a position by simultaneously analyzing in the form of a structural model of factors that affect the quality of life and welfare of the

elderly. It is based on the idea that the quality of life and welfare of the elderly are two interrelated aspects, so that the factors that influence it also have interrelations.

Methods

Data, Population and Sample

The study was conducted in Jambi Province. The primary data used were obtained from surveys of elderly respondents. The population in this study is all elderly people in Jambi Province. Sampling was carried out in two stages. The first stage is determining the urban villages as the research location. It was conducted by purposive sampling, with the approach: 1) Jambi Province has 11 regencies/ cities, which can geographically be divided into West and East regions. Of the 11 regencies/cities, each regency/city was chosen to represent the West and East Jambi regions respectively. The selection of regencies/cities was based on the number of elderly people on that area and it was done by choosing regencies/cities with the highest number. Jambi City was selected as the area representing West region and Kerinci regency was selected as the area representing East region; 2) From each selected regency/city, two urban villages with the highest number of elderly were selected. The second stage is determining 50 households which at least one member is an elderly as samples from each selected sub-district/village. The total sample is 200 elderly, and random sampling was conducted.

Data Collection Instruments

Questionnaire was used to collect data on elderly as the samples. In addition to questionnaire, interview guidelines were also used for "in-depth interview" to selected elderly people to obtain qualitative information.

Analysis Tool

Data were analyzed descriptively and inferential analysis used Structural Equation Modeling - Partial Least Square (SEM-PLS) with the model framework shown in Fig. 1.
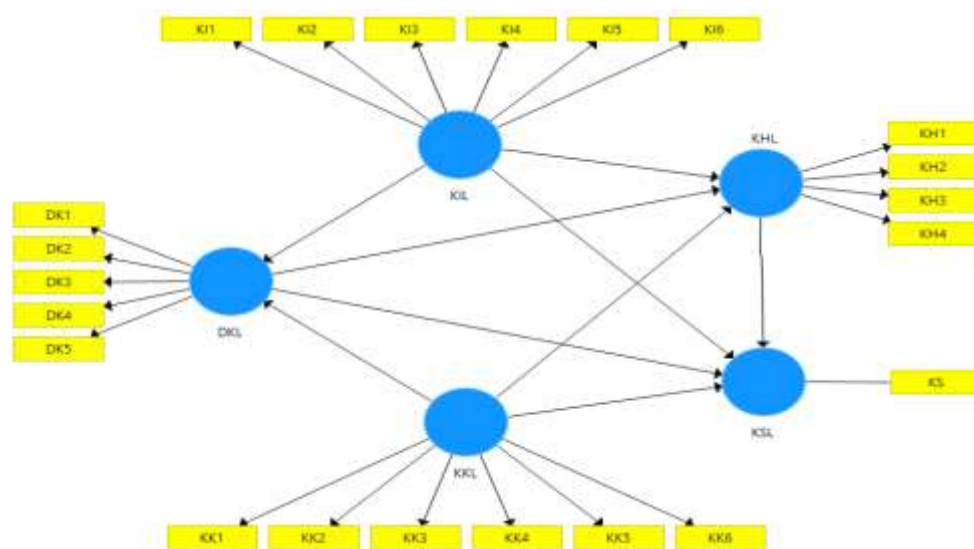

Fig. 1: Research model framework

Table 1: Definition and measurement of variables

Code	Variable	Definition and Measurement
KIL	*Characteristics of the elderly*	
KI1	Age	Divided into five groups of age
		1. 80+
		2. 75 – 79
		3. 70 – 74
		4. 65 – 69
		5. 60 – 64
KI2	Sex	0. female
		1. male
KI3	Marital status	0. Never/ not married
		1. Married
KI4	Level of Education	Level of formal education
		1. Elementary school or below
		2. Junior high school
		3. Senior high school or above
KI5	Main activity before (before becoming elderly people)	1. housewife
		2. unskilled worker
		2. semi-skilled worker
		3. skilled worker
KI6	Current main activity	0. Not working
		1. Working
KKL	*Characteristics of elderly family*	
KK1	Number of children (alive)	in person
KK2	Proportion of children living in the same household as the elderly	In percent
KK3	Average age of children	in years old
KK4	Proportion of children graduated from senior high school or higher	in percent
KK5	Proportion of sons	in percent
KK6	Proportion of independent children	in percent
DKL	*Family Support*	
DK1	Emotional support	The average Likert scale (on a scale 1 – 4) regarding the expression of affection and love from people around them.
DK2	Appreciation/Recognition	The average Likert scale (on a scale 1 – 4) regarding the appreciation from other people for their abilities and qualities.
DK3	Information Support	The average Likert scale (on a scale 1 – 4) regarding the input given from people around them regarding factual, advice, informations or assumptions of the situation.

Table 1: Definition and measurement of variables (Continued.)

Code	Variable	Definition and Measurement
Dk4	Instrumental Support	The average Likert scale (on a scale 1 – 4) regarding the assistance or guidance in carrying out tasks that can be in the form of physical sources e.g. money, goods, or place.
DK5	Financial Support	The average Likert scale (on a scale 1 – 4) regarding assistance received from family financially to meet their needs.
KHL	*Quality of Life of Elderly*	
KH1	Quality of physical health	The average Likert scale (on a scale 1 – 4) regarding physical health condition i.e. pain, energy and vitality, sexual activity, sleep and rest, mobility, activities of daily living and work capacity
KH2	Quality of psychological	The average Likert scale (on a scale 1 – 4) regarding the level of individual acceptance related to bodily image and appearance, **self-esteem**, and memory and concentration ability
KH3	Quality of social relationships	The average Likert scale (on a scale 1 – 4) regarding personal relationships with children, son/daughter-in-law, grandchildren, and relatives.
KH4	Quality of environment	The average Likert scale (on a scale 1 – 4) regarding financial condition, freedom, physical safety and security, health and social care, home environment, opportunities for acquiring new information and skills and accessing transportation, and participation in and opportunities for recreation/leisure activities
KSL	*Elderly Welfare*	
KS	Subjective Well-Being of Elderly	The average Likert scale (on a scale 1 – 4) regarding satisfaction of elderly on the current housing, finance, consumption, physical ability, harmony in relationship with family, neighbors, and friends, role in the community, last job/career, children's independence and freedom of beliefs

Notes: DK1 – DK5, KH1 – KH5, and KS, grouped into:

1. *Low (average score of less than 2)*
2. *Medium (average score of 2 – 3)*
3. *High (average score of more than 3)*

Results and Discussion
Individual Characteristics of Elderly in Jambi Province

Individual characteristics of elderly in Jambi Province were analyzed based on age, sex, marital status, level of education, main activity before, and current main activity. Based on its age distribution, 55 percent of elderly people in Jambi Province are under 70 years old and 45 percent are over 70 years old. There is more elderly women than men. In terms of marital status, about half of the elderly are still married, and the rest are never married, divorced, and widowed (Table 2).

The level of education of the elderly is relatively low. Only about 11.5 percent of the elderly has graduated from senior high school or higher. By having low level of education, it was seen that the main activity before they become elderly people is regarded in the low level. About 78 percent of the

elderly are unskilled workers. Furthermore, even though the elderly are already at an unproductive age, the proportion of the elderly that work is still relatively large. It's about one-fifth of the elderly that works.

Characteristics of Family of Elderly in Jambi Province

Characteristics of family of elderly in Jambi Province, especially characteristics of children of elderly are given in the Table 3. The average number of children who are still alive of the elderly in Jambi Province is 4.17 person. Among these children, 27.20 percent still live at home with elderly. The average age of children from the elderly is 30 years. In terms of sex, the proportion between boys and girls is relatively balanced.

Children's level of education is relatively higher than their parents'. It showed that 65.76 percent of them have graduated from senior high school or above. By getting

better education, the proportion of independent children (working and having sufficient income so that they aren't dependent on their parents) is also relatively high (68.90 percent).

Family Support for Elderly
Family support for elderly was assessed based on emotional support, appreciation/recognition, information support, instrumental support, and financial support. The condition of these family supports is given in the Table 4.

Overall, family support for the elderly in Jambi Province is in the medium category (score of 2.82). Of the total elderly,

only 7.00 percent received low support from their families. The largest share (69.20 percent) received moderate support and 23.80 percent received high level of support.

Based on the types of support, the highest one (score of 3.02) is appreciation/recognition. In this type of support, there is no elderly get support at a low level. On the other hand, the lowest support (score score 2.55) is on financial support. In this type of support, almost a fifth (19.00 percent) of the elderly feels the low economic support of their families.

Table 2: Distribution of elderly in Jambi Province in 2018

Age Group	Qty	%	Level of Education	Qty	%
60 - 64	67	33.50	Never schooling/not graduate from elementary school	44	22.00
65 - 69	43	21.50	Elementary school	115	57.50
70 - 74	42	21.00	Junior high school	18	9.00
75 - 79	25	12.50	Senior high school	15	7.50
80+	23	11.50	Higher education/University	8	4.00
Total	200	100.00	Total	200	100.00
Sex	**Qty**	**%**	**Current main activity**	**Qty**	**%**
Male	76	36.00	Not working	156	78.00
Female	124	62.00	Working	44	22.00
Total	200	100.00	Total	200	100.00
Marital Status	**Qty**	**%**	**Main activity before**	**Qty**	**%**
Never married	4	2.00	Housewife	26	13.00
Married	97	48.50	Unskilled worker	156	78.00
Divorced and not remarried	4	2.00	Semi-skilled worker	8	4.00
Widowed and not remarried	95	47.50	Skilled worker	10	5.00
Total	200	100.00	Total	200	100.00

Table 3: Characteristics of family of elderly in Jambi Province in 2018

Characteristic of family of elderly	Total
Children (alive) (person)	4.17
The proportion of children who live with elderly (%)	27.20
Average age of children (years old)	38.24
Proportion of children graduated from SHS or higher (%)	65.76
Proportion of sons (%)	50.23
Proportion independent children (%)	68.90

Table 4: The elderly based on family support in Jambi Province in 2018

Family support	Score of support				Average score
	Low	Medium	High	Total	
Emotional support	5.00	72.50	22.50	100.00	2.82
Appreciation/Recognition	0.00	72.50	27.50	100.00	3.02
Information support	8.00	65.50	26.50	100.00	2.76
Instrumental support	3.00	72.00	25.00	100.00	2.96
Financial support	19.00	63.50	17.50	100.00	2.55
Total of family support	7.00	69.20	23.80	100.00	2.82

Note: low family support (score of 1.00 – 2.00), medium (2.01 – 3.00), high (3.01 – 4.00).

Quality of Life of the Elderly

Quality of life of the elderly was assessed based on elderly perception on physical health, psychological, social relationships, and environment. Quality of life of the elderly is given in the Table 5.

Overall, the quality of life of the elderly in Jambi Province is in the medium category (score of 2.95). Of the total elderly, only 4.13 percent with low quality of life, and almost one third (32.50 percent) of them are in the high category of quality of life. Based on the type of quality of life, the quality of social relationships has the highest value (score of 3.46 with the high category), while psychological aspect is the lowest (score of 2.58).

Subjective Well-Being of the Elderly

Subjective well-being of the elderly was assessed based on the satisfaction of the elderly on various aspects on their life. Overall, subjective well-being of the elderly in Jambi Province is really good (in the category of high with the score of 3.38). In addition, all sub-components from the subjective well-being are in the category of high (Table 6).

Table 5: The elderly based on quality of life in Jambi Province in 2018

Quality of life	Level of quality				Average score
	Low	Medium	High	Total	
Physical health	6.50	63.50	30.00	100.00	2.79
Psychological	3.00	91.00	6.00	100.00	2.58
Social relationships	3.00	36.50	60.50	100.00	3.46
Environment	4.00	62.50	33.50	100.00	2.95
Total of quality of life	4.13	63.38	32.50	100.00	2.95

Note: low level of quality of life (score of 1.00 – 2.00), medium (2.01 – 3.00), high (3.01 – 4.00)

Table 6: The elderly based on the subjective well-being in Jambi Province in 2018

Satisfaction on	Level of satisfaction				Average score
	Low	Medium	High	Total	
Housing condition	0.0	49.5	50.5	100.0	3.48
Finance owned	1.0	70.0	29.0	100.0	3.11
Food consumption	1.0	63.5	35.5	100.0	3.28
Physical condition	2.0	55.0	43.0	100.0	3.19
Relationship with own family	0.0	39.0	61.0	100.0	3.59
Relationship with neighbors/friends	0.0	61.5	38.5	100.0	3.37
Role in the community	2.0	65.0	33.0	100.0	3.17
Last job/career	10.0	39.5	50.5	100.0	3.23
Independency of children	1.0	35.5	63.5	100.0	3.61
Freedom of beliefs	0.0	20.5	79.5	100.0	3.79
Total of satisfaction score	1.7	49.9	48.4	100.0	3.38

Note: low level of subjective well-being (score of 1.00 – 2.00), medium (2.01 – 3.00), high (3.01 – 4.00)

The Influence of Socio-Economic Characteristics and Family Support On the Quality of Life and Welfare of the Elderly

Before carrying out further analysis, an evaluation of the initial model related to the validity and reliability of the indicators in the latent variable (construct) was done. Convergent and discrimination validity tests were used for validity test. Reliability test used two criteria, i.e. composite reliability and cronbachs alpha.

Convergent validity test is done based on the correlation between the item score and the construct score. The indicator is said to be convergingly valid if the correlation (its loading value) >= 0.50. Furthermore, discriminant validity indicators are assessed by looking at the the square root value of average variance extracted (AVE) value of each construct. The square root value of AVE for each construct shows greater than the correlation value between constructs in the model

The reliability test of construct is measured by two criteria, i.e. composite reliability and cronbachs alpha. Both cronbach alpha and composite reliability must be above 0.7. For Cronbach Alpha, value up to 0.6 is still permitted.

Based on the initial model testing it was found that there were two indicators (KI2 and KI3) on KIL that are invalid and unreliable. In DKL as variable there is one indicator that is DK5, in KHL as variable there is one variable that is KH1 and in KKL variable there are three indicators i.e. KK1, KK2 and KK3.

Modified model after eliminating invalid and unreliable indicators is given in the Fig. 2:

Based on Fig. 2, it can be seen that the correlations (loading factor) of all construct indicators are above 0.5. The same thing can also be seen in the discriminant validity test (Table 7). The square root value of AVE for each construct shows greater than the correlation value between constructs in the model.

Table 7 also indicates that all variables have composite reliability value of greater than 0.60. In other words, this model has good reliability.

The relationship between variables can be seen from the parameter coefficient value and significance of t statistics. A relationship is said to be significant if p-value t statistic less than α=0,01; α=0,05 or α= 0,1 (see Fig. 3, Table 8 and Table 9).

Based on Fig. 3, it can be seen that the characteristics of elderly families (KKL) and the characteristics of elderly individuals (KIL) have a significant effect on family support for the elderly (DKL). Nevertheless, KKL and KIL have no significant effect on the quality of life of the elderly (KHL).The quality of life of the elderly (KHL) is directly influenced by DKL. Furthermore, the elderly welfare (KSL) is directly influenced by KHL, DKL dan KIL.

Furthermore, indirect effects between variables are given in Table 9. Based on table 9, it can be seen that the characteristics of the elderly individuals have a significant indirect effect on the quality of life of the elderly through DKL and through the DKL> KHL path. Furthermore, family support also has an indirect significant effect on the welfare of the elderly through the quality of life of the elderly.
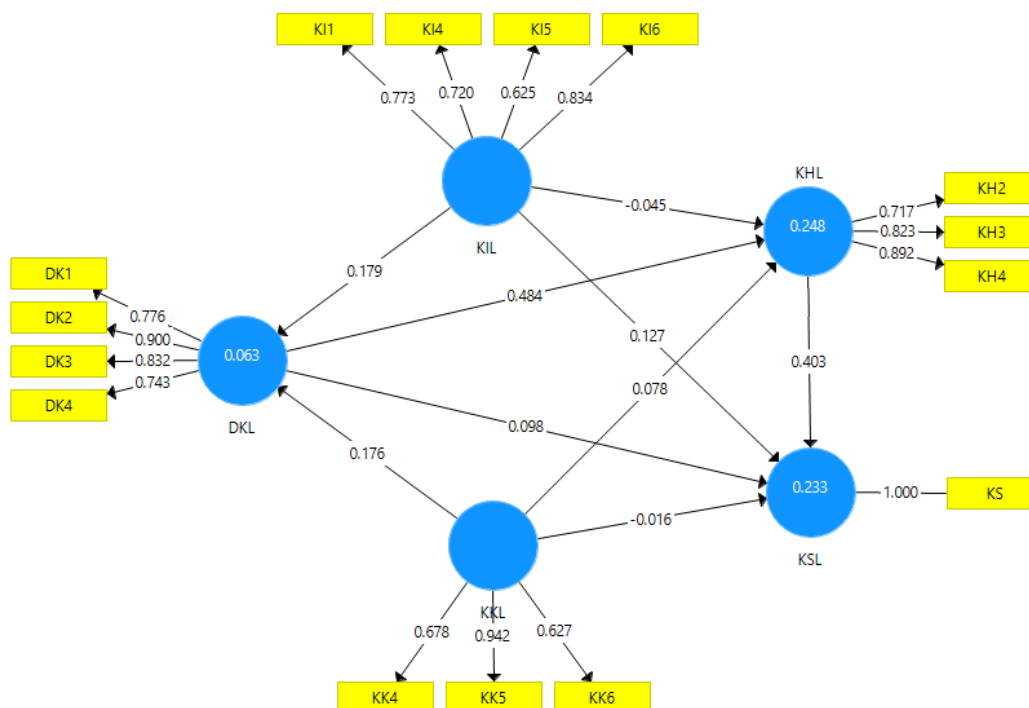

Fig. 2: Modified model

Table 7: Correlation between constructs, square root of AVE, cronbanchs alpha and composire reliability

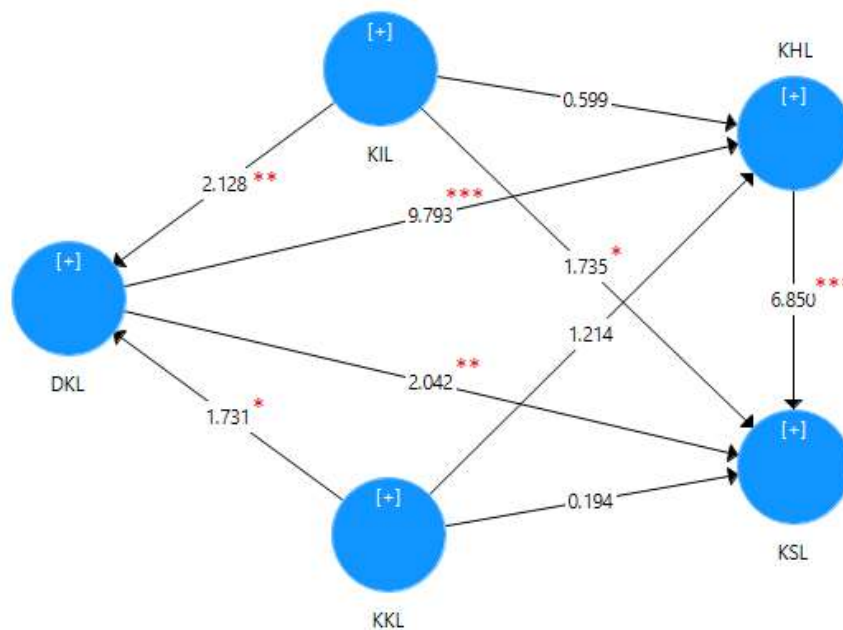|	Correlation					Cronbachs Alpha	Composite Reliability
	DKL	KHL	KIL	KKL	KSL		
DKL	1.000					0.831	0.887
KHL	0.490	1.000				0.752	0.854
KIL	0.180	0.043	1.000			0.725	0.829
KKL	0.177	0.164	0.003	1.000		0.687	0.800
KSL	0.316	0.454	0.162	0.068	1.000		
square root of AVE	0.815	0.814	0.742	0.762			

Fig. 3: t-statistics and significance of the model

Note: * = significant at α 10%, ** = significant at α 5%, *** = significant at α 10%,

Table 8: Path coeficient of the model

Path	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
KKL -> KSL	-0.016	-0.018	0.083	0.194	0.846
KIL -> KHL	-0.045	-0.039	0.075	0.599	0.549
KKL -> KHL	0.078	0.085	0.065	1.214	0.225
KKL -> DKL	0.176	0.171	0.102	1.731	0.084
KIL -> KSL	0.127	0.134	0.073	1.735	0.083
DKL -> KSL	0.098	0.097	0.048	2.042	0.041
KIL -> DKL	0.179	0.194	0.084	2.128	0.033
KHL -> KSL	0.403	0.400	0.059	6.850	0.000
DKL -> KHL	0.484	0.491	0.049	9.793	0.000

Table 9: Spesific indirect effect of the model

Path	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
KIL -> DKL -> KHL	0.087	0.096	0.044	1.971	0.049
KKL -> DKL -> KHL	0.085	0.084	0.051	1.684	0.092
KIL -> DKL -> KSL	0.018	0.018	0.013	1.401	0.161
KKL -> DKL -> KSL	0.017	0.017	0.014	1.277	0.202
KIL -> DKL -> KHL -> KSL	0.035	0.038	0.018	1.914	0.056
DKL -> KHL -> KSL	0.195	0.196	0.032	6.021	0.000
KKL -> DKL -> KHL -> KSL	0.034	0.034	0.021	1.602	0.109
KIL -> KHL -> KSL	-0.018	-0.017	0.031	0.578	0.563
KKL -> KHL -> KSL	0.032	0.034	0.026	1.202	0.230

Conclusions and Recommendations

Conclusions

Family support for elderly people in Jambi Province is relatively good. The dominant type of support is appreciation/recognition support while the lowest support is financial support. The quality of life of the elderly in Jambi Province is relatively good. Social relationships quality has the highest quality score, while psychological quality has the lowest quality score;

Socio-economic characteristics of elderly families and the characteristics of elderly individuals have a significant effect on family support for the elderly. The quality of life of the elderly is directly influenced by family support. Furthermore, the elderly welfare is directly influenced by the quality of life of the elderly, family support and dan characteristics of elderly individuals

Recommendations

Family support for the quality of life and welfare of the elderly has an important role. Therefore, it is suggested that the government can further improve policies related to providing guidance to families that have at least one elderly people as a member of the family.

Furthermore, the characteristics of family of the elderly also have an important role in family support for the elderly and the elderly welfare. Therefore, for further research, it is suggested to develop indicators of the characteristics of family of the elderly, not only limited to the characteristics of children of the elderly (as built by this research model).

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