


## Analysis Of Factors Related To Subjective Well-Being In Diabetes Mellitus Patients In Banjarbaru Region

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Article Info	ABSTRACT
<b>Keywords:</b> Analysis of Factors, subjective well- being, diabetes mellitus	Diabetes Mellitus is a chronic disease with increased blood glucose levels because the body cannot produce enough insulin hormone. Changes in diabetes mellitus patients who view their disease condition negatively need to be reviewed from a psychological perspective. Factors related to subjective well-being values in people with diabetes mellitus need to be identified and improved as an initial step so that later they are able to exercise positive control over themselves. This study used a cross-sectional design using a random sampling method with inclusion and exclusion criteria. The total respondents were 102 people with Diabetes mellitus. Furthermore, the data were analyzed using the Spearman Rank test with a significance level <0.05. The results of the demographic data obtained 81 female respondents, aged 46-55 years and married. There is a significant relationship between subjective well-being and personality ( $\rho = 0.008$ ), and demographic factors including family support ( $\rho = 0.011$ ), and religiosity ( $\rho = 0.029$ ). Meanwhile, contextual and situational factors ( $\rho=0.636$ ), and demographic factors including gender ( $\rho=0.613$ ), and employment status ( $\rho=0.414$ ) did not have a significant relationship with subjective well-being in diabetes mellitus patients in the Banjarbaru area.
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### INTRODUCTION

Individuals diagnosed with Diabetes mellitus (DM) will experience functional changes in the body. This can cause negative emotions such as stress, depression and despair which are not good for their mental health and can worsen their condition. The negative view of DM sufferers about themselves and a number of psychological problems are indications of low subjective well-being (Diener, Oishi & Lucas, 2003). Bener, Al-hamaq & Dafeeah (2011) stated that the level of depression, stress and anxiety in women with DM is higher than in men. The prevalence rate of anxiety in women with DM is 20% while in men with DM it is 11%. From a social perspective, it explains that emotional expression is more acceptable to women than men, meaning they are more willing to display higher levels of positive and negative influences than men, thus affecting the level of subjective well-being (Batz & Tay, 2018).

DM is a chronic disease that occurs when the pancreas does not produce enough insulin as a regulator of blood sugar levels in the blood so that sugar levels increase and

cause serious damage to many body systems, especially the nerves and blood vessels (WHO, 2018).

Currently, DM is a health problem that is often complained about by people in the world because the pattern of occurrence is increasing. In 2017, it was known that 425 million people in the world were diagnosed with DM and it is estimated to increase by 48% to 629 million people in 2045 (IDF, 2017). Based on world diabetes statistics, Indonesia is ranked sixth with 10.3 million DM sufferers (IDF, 2017). DM is ranked 10th in the number of diseases throughout 2017 in Banjarbaru (Banjarbaru City Health Office, 2017). The Basic Health Research (Riskesmas) of the Indonesian Ministry of Health (2017) stated that 48% of people are diagnosed with DM on average in the age range of 35 - 44 years.

Researchers conducted interviews with 2 men and 8 women with diabetes spread across the Landasan Ulin health center, Banjarbaru Selatan health center, and Cempaka health center to find out what problems they experienced while suffering from DM. During the interview, the patients were open and assertive with the researchers and conveyed their complaints. A total of 7 patients expressed anxiety and worry about their health conditions, especially when blood sugar levels increased drastically.

Changes in DM patients who view themselves negatively need to be reviewed from a positive psychology perspective to avoid maladaptive coping and increased stress. A positive psychology perspective is a perspective in psychology that attempts to see the positive side of individuals. Positive psychology focuses on how individuals interpret everything that happens in themselves which is very subjective. Positive meaning of life is important so that individuals with various backgrounds are able to achieve satisfaction in their life conditions. A person's high assessment of their life satisfaction will make someone live their life in a more positive way. A DM patient's positive view of themselves is an indication of high subjective well-being (Arbiyah, Imelda & Oriza, 2008).

Research conducted by Holmes-Truscott et al (2015) showed that patients with type II diabetes mellitus who use insulin injections to control their blood sugar have very low levels of subjective well-being and are even very dissatisfied with their health condition. Subjective well-being in people with DM needs to be improved because it is considered an initial step after someone is diagnosed with DM so that later they are able to exercise positive control over themselves (Altun et al, 2014). There are studies that state the relationship between subjective well-being and health. It seems that people who have subjective well-being tend to experience better health and live longer on average. (Diener, Oishi & Tay, 2018). People who are high in well-being will experience better health is that they are more likely to carry out health behaviors so that they can influence survival and improve quality of life (Diener, Oishi & Tay, 2018).

Subjective well-being is a subjective evaluation of a person's entire life including affective evaluation of positive and negative emotions or feelings and cognitive in the form of happiness and satisfaction in life. The basic aspects of subjective well-being are life satisfaction, positive affect (PA), and negative affect (NA) (Dinner & Emmons, 1984 in Heintzelman SJ, 2018). Positive affect has been defined as a state in which a person is enthusiastic, active and alert, with pleasant involvement. While negative affect (NA) is often

measured by a depression scale and contains stress which is included in negative feelings (Teresi et al, 2017). Predictors in knowing a person's happiness and life satisfaction include personality, contextual and situational factors (marital status), demographic factors (gender, employment status, support and religiosity), institutional factors, environmental factors, and economic factors (Van Hoorn, 2007).

Lykken and Tellegen (in Diener, 2009) explained that personality has a 50% influence on the formation of subjective well-being. Extraversion and neuroticism personalities are related to a person's subjective well-being (Hayes & Joseph, 2003). Extraversion personality shows high enthusiasm, likes to talk in groups, and shows concern for oneself (Goldberg 1993 in Irfham & Wiyani 2013). While neuroticism personality describes the characteristics of a person who experiences emotions that tend to be unstable in dealing with stress. (John, Nauman & Soto, 2008). In the study of Shapiro & Lee (2008) stated that the indicator of characteristics that affect individual happiness is marital status because it is considered to provide quality and purpose in life so that it can improve a person's well-being. Riskiana's study (2014) showed that social support from the family and community environment can foster subjective well-being. Utami's study (2012) revealed that there is a relationship between religiosity and stress management in individuals which has an impact on well-being.

In general, the factors that influence subjective well-being in a person have been widely known in previous studies. However, the factors that influence subjective well-being in DM patients in the Banjarbaru area are still unknown, all depending on the culture, economy and habits of the local community. Efforts are needed to foster a positive assessment of life satisfaction in DM patients so that high subjective well-being is created. Based on this, researchers are interested in knowing the factors related to subjective well-being in DM patients, especially in the Banjarbaru area. This study aims to provide information in order to improve subjective well-being which has implications for better physical and psychological health status in DM patients in the Banjarbaru area.

## METHOD

This study used a cross-sectional design. Respondents were selected from five health centers in Banjarbaru consisting of Landasan Ulin health center, South Banjarbaru health center, North Banjarbaru health center, Sei. Besar health center and Cempaka health center. The selection of respondents used a random sampling method with inclusion and exclusion criteria. The total number of respondents was 102 people with Diabetes mellitus. Data were collected using a demographic questionnaire, personality questionnaire, and subjective well-being questionnaire. Furthermore, the data were analyzed using the Spearman Rank test with a significance level  $<0.05$ .

## RESULT AND DISCUSSION

### Result

#### Respondent's Characteristics

The table below will describe the demographic data of respondents regarding the

demographic characteristics of 102 respondents in the Landasan Ulin health center, Cempakahealth center, North Banjarbaru health center, South health center and Sei health center. Besar. The table is presented based on 1) Gender; 2) Age; 3) Marital Status; and 4) Employment status.

**Table 5.1** Demographics of respondents in the health center work area in January - March2018

No.	Demographic Characteristics	Category	f	%
1.	Gender	Man	21	20,6
		Woman	81	79,4
2.	Age	Late Adulthood(35-45 Y.O)	11	10,8
		Early Elderly(46-55 Y. O)	91	89,2
3.	Married Status	Unmarried	1	1,0
		Married	80	78,5
		Widower	3	2,9
		Widow	18	17,6
4.	Employment Status	Governmentemployees	2	2,0
		Private employees	12	11,8
		Self-employed	25	24,5
		Retired	4	3,9
		Doesn't work	59	57,8

The demographic data of respondents in table 5.1 shows that female gender is the most common gender found, which is 79.4% (81 respondents). According to age data, it shows that the age of 46-55 years is the most common age of respondents, which is 89.2% (91 respondents). Data on respondents' marital status shows that respondents with married status are the most common, which is 78.5% (80 respondents). Data on respondents' employment shows that respondents who are not working are more numerous, which is 57.8% (59 respondents).

#### Relationship of Demographic Factors with Subjective Well-Being Gender with Subjective Well-Being

Gender	Subjective Well-Being				Total		p	r
	High		Low		N	%		
	f	%	f	%				
Man	21	20,6	0	0	20,6	20,6	0,613	0,051
Woman	80	78,4	1	1,0	79,4	79,4		
Total	101	99,0	1	1,0	102	100		

The results of statistical tests with Spearman rho obtained a value stating that there was no relationship between gender and subjective well-being. The correlation coefficient value of the level of relationship between gender and subjective well-being was very weak. The correlation coefficient number is negative, which means that the relationship between

subjective well- being and gender is not in the same direction or opposite. The difference in gender in the research results did not show a significant relationship to the high and low values of subjective well-being.

From the research results, it is known that most respondents are female and on average have high subjective well-being values. Inversely proportional to the number of male respondents.

#### Employment Status With Subjective Well-Being

EmploymentStatus	Subjective Well-Being				Total		p	r
	High		Low		N	%		
	f	%	f	%				
Governmentemployees	2	2,0	0	0	2	2,0	0.414	0,082
Private employees	12	11,7	0	0	12	11,8		
Self-employed	25	24,5	0	0	25	24,5		
Retired	4	4,0	0	0	4	4,0		
Doesn't work	58	56,8	1	1,0	59	57,8		
Total	101	99,0	1	1,0	102	100		

The results of statistical tests with Spearman rho obtained a value stating that there is no relationship between employment status and subjective well-being. The correlation coefficient value of the level of relationship between gender and subjective well-being is very weak. The correlation coefficient number is negative, which means that the relationship between subjective well-being and employment status is not in the same direction or opposite.

The results of the study conducted by the researcher stated that there is no relationship between employment status and subjective well-being. Employment status in the results of this study does not significantly affect a person's subjective well-being. It is known that most respondents are women with unemployed status and have high subjective well-being values.

#### Religiosity With Subjective Well-Being

Religiosity	Subjective Well-Being				Total		p	r
	High		Low		N	%		
	f	%	f	%				
Low Risk	85	83,3	0	0	85	83,3	0,029	0,217
Medium Risk	14	13,7	1	1,0	15	14,7		
High Risk	2	2,0	0	0	2	2,0		
Total	101	99,0	1	1,0	102	100		

The results of statistical tests with Spearman's rho obtained a value stating that there is a relationship between the religiosity aspect and subjective well-being. The correlation coefficient value of the relationship between the religiosity aspect and subjective well-being is low or weak. The correlation coefficient number is positive, which means that the relationship between subjective well-being and the religiosity aspect is in the same direction. The higher the religiosity value, the higher the subjective well-being value.

The results of the study show that most respondents have a low risk of leaving their religious activities or in other words they routinely carry out religious activities. Respondents who have a low risk have a high subjective well-being value so that it can be said that the religiosity aspect affects a person's happiness and life satisfaction.

#### Family Support With Subjective Well-Being

Family Support	Subjective Well-Being				Total		p	r
	High	Low		N	%			
	f	%	f	%				
Positive								
Negative								
Total	101	99,0	1	1,0	102	100		

The results of statistical tests with Spearman rho obtained a value stating that there is a relationship between family support and subjective well-being. The correlation coefficient value of the level of relationship between family support and subjective well-being is low or weak. The correlation coefficient number is positive, which means that the relationship between subjective well-being and family support is in the same direction. The more positive family support given, the higher the subjective well-being value, conversely, negative family support will affect the low subjective well-being value in DM patients in the Banjarbaru area.

#### Contextual Factors With Subjective Well-Being

In this section, data will be presented in the form of a table that explains the pattern of relationships between research variables, namely contextual and situational factors (marital status) with subjective well-being. The following is a table of relationships between these variables.

Married Status	Subjective Well-Being				Total		p	r
	High	Low		N	%			
	f	%	f	%				
Unmarried	1	1,0	0	0	1	1,0		
Married	79	77,4	1	1,0	80	78,4	0,636	0,047
Widow	3	3,0	0	0	3	3,0		
Widower	18	17,6	0	0	18	17,6		
Total	101	99,0	1	1,0	102	100		

The results of statistical tests with Spearman rho obtained a value stating that there was no relationship between marital status and subjective well-being. The correlation coefficient value of the level of relationship between marital status and subjective well-being was low or weak. The correlation coefficient number is negative, which means that the relationship between marital status and subjective well-being is not in the same direction or opposite.

Based on the results of the study, it was found that respondents who were married and still living together had a large percentage and had high subjective well-being. Marital

status did not have a significant effect on the psychology of DM sufferers in the Banjarbaru area. The results of the study showed that most respondents who were not married or were already widowed or widowed also had high subjective well-being values.

### Personality with Subjective Well-Being

In this section, data will be presented in the form of a table that explains the pattern of relationships between research variables, namely personality with subjective well-being. The following is a table of relationships between these variables.

Personality	Subjective Well-Being				Total		p	r
	High		Low		N	%		
	f	%	f	%				
Extraversion	89	87,3	0	0	89	87,3	0,008	0,260
Neuroticism	12	11,7	1	1,0	13	12,7		
Total	101	99,0	1	1,0	102	100		

The results of statistical tests with Spearman rho show that there is a relationship between personality and subjective well-being. The correlation coefficient value of the level of relationship between personality and subjective well-being is low or weak. The correlation coefficient number is positive, which means that the relationship between personality values and subjective well-being is in the same direction. Extraversion is a type of positive personality where the individual is talkative, energetic, friendly, honest, easy to socialize while neuroticism is a type of negative personality where the individual is easily tense, worried, emotionally unstable. The more positive the personality, the higher the subjective well-being value, conversely the more negative the personality, the lower the subjective well-being value in DM patients in the Banjarbaru area.

### Discussion

#### Relationship between Demographic Factors and Subjective Well-Being

##### Relationship between Gender and Subjective Well-Being

From the results of the study, it is known that most respondents who suffer from DM are women. Substantively stating that the level of subjective well-being depends on the extent to which an individual's physical and psychological needs. This does not only consider external or objective structural realities that affect the ability to meet one's needs, but also personal perceptions that physical and psychological needs are met. Gender differences in subjective well-being can be understood in terms of variations in global inequality in economic and social structures. More specifically, differences in access to opportunity structures, resources (eg, income differences). This causes differences in their respective perceptions of their ability to meet their needs. Respondents in the study were mostly housewives and did not work, but they still received instrumental support in the form of finances from their families to meet their medical needs and daily living needs so that their well-being was still guaranteed. High well-being can give rise to good psychological conditions for individuals so that they are able to give rise to positive feelings in themselves, although a study stated that on average women have higher negative feeling values than men.

### **Relationship between Employment Status and Subjective Well-Being**

A person's employment status determines the quality of subjective well-being. In a study conducted by Campbell, Converse, Rodgers (1976 in Diener & Ryan, 2009) found that people who do not work are an unhappy group. Other studies also state that people who enjoy work tend to have higher subjective well-being in contrast to the unemployed who have a negative impact on subjective well-being (Diener & Ryan, 2009).

The significant relationship between employment status and subjective well-being is contrary to the results of the study. The results of the study showed that most of the employment status of DM sufferers in the Banjarbaru area was unemployed with an average age of 45-55 years. This age is the age where productivity levels and physical conditions are decreasing. The unemployed phase causes individuals to lose income in meeting their life needs. In this case, the role of the family is needed to help financially. The existence of positive support makes individuals able to understand life conditions positively so that they produce high subjective well-being values.

### **The Relationship between Religiosity and Subjective Well-Being**

The level of religiosity of DM sufferers in the Banjarbaru area is quite good. Sufferers emphasize religious activities by performing the five daily prayers. They believe that praying often will make their hearts calm and peaceful. The presence of a positive atmosphere makes individuals interpret their life conditions positively and be grateful for what has been destined.

Religious coping is designed to help individuals find a way out in dealing with stress, a meaningful feeling, emotional comfort, self-control, closeness to others, physical health. This specific form of coping can have direct implications for individual health in difficult times because individuals always have the desire to live their lives positively and control themselves well.

### **Family Support with Subjective Well-Being**

Individuals who have social support from their family and community environment tend to have more positive strategies and problem management which will ultimately foster subjective well-being (Riskiana, 2014). A research study in America stated that family support is very important for an individual's development because it can affect the level of happiness and satisfaction in life (Schnettler et al., 2015). Family support has a greater effect on happiness and satisfaction in life when traumatic conditions occur. Support makes a person more cared for and is very useful in controlling a person's anxiety levels and can reduce the stress of conflict that occurs in him.

### **The Relationship between Contextual and Situational Factors (Marital Status) and Subjective Well-Being**

In the results of the study on the relationship between personality and subjective well-being, it shows that the results of the Spearman rho analysis show that there is no significant relationship between marital status and subjective well-being and has a low or weak correlation coefficient.

In describing subjective well-being, the variable of happiness level is used. Because happiness is the main goal of an individual (Benjamin et al., 2014). Marriage is considered to



provide quality and purpose in life so that it can improve a person's well-being (Shapiro & Lee, 2008). One of the most consistent findings is that married individuals report higher levels of happiness and life satisfaction than unmarried individuals (Wadsworth, 2016). This is because married individuals have social, moral and financial support that can help individuals solve the problems they face. In addition, married individuals also have social integration in the form of higher acceptance of the social environment than unmarried individuals so that this affects a person's subjective well-being. Marriage is reciprocally related to subjective well-being. If a person who is married has low subjective well-being, then their marriage tends to increase their subjective well-being.

The results of this study are supported by previous research by Ningsih (2013) which stated that there is no relationship between marital status and subjective well-being. In addition, Amna's research (2017) explains that there is no difference in subjective well-being in divorced individuals in terms of divorced status or divorced status. Individuals in this condition can have high or low subjective well-being depending on how the individual responds to each incident, the more positive the individual is, the higher his/her subjective well-being. The individual has a more dominant positive affect than a negative affect and has a higher life satisfaction in himself/herself.

#### **Relationship between Personality and Subjective Well-Being**

The results of the study showed that most respondents had an extraverted personality with high subjective well-being, namely 89 respondents. Then 12 respondents were known to have a neurotic personality and high subjective well-being, but there was 1 respondent who had a neurotic personality and low subjective well-being. According to Diener (2008) individuals with high subjective well-being tend to have good social relationships in the environment. Individuals who are sociable have the opportunity to build positive relationships with other individuals. In short, Cervone & Pervin (2012) in their research stated that personality expression can change along with the development process. There are many social institutions that can act as a source of personality formation, the most important of which is the family, other institutions, including work, school, peer groups, religion, political parties, and ethnicity.

The results of the study showed that respondents tend to show a positive attitude in living their lives as indicated by the high extraversion personality they have. This extraversion personality illustrates that individuals enjoy being with others, are full of energy, and have positive emotions. They have high enthusiasm, like to talk in groups, and show concern for themselves. When someone has high extraversion personality traits, the meaning of that individual's life will also be high. This is because people with high extraversion tend to have high self-confidence, broad minds, are more optimistic, and have high subjective well-being.

### **CONCLUSION**

Personality is significantly related to subjective well-being in DM patients in the health center area in Banjarbaru. The more positive the personality value is, the higher the subjective well-being value. Contextual and situational factors (marital status) are not

related to subjective well-being in DM patients in the health center area in Banjarbaru. The high and low subjective well-being values are not influenced by marital status. Demographic factors, especially in terms of family support and religiosity, are related to subjective well-being in DM patients in the health center area in Banjarbaru. The higher the support and level of religiosity, the higher the subjective well-being value. On the other hand, demographic factors, especially gender and employment status, are not related to subjective well-being in DM patients in the health center area. The high and low subjective well-being values are not influenced by differences in gender and employment status.

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